



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

MONITORING OF

INTERNATIONAL PROTECTION ACCOMMODATION SERVICE CENTRES

IN 2024



About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children’s special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children’s social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children’s social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

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A message from the Director of Healthcare Regulation



Sean Egan, Director of Healthcare Regulation

I am pleased to present the first overview report on the Health Information and Quality Authority's (HIQA's) monitoring and inspection of accommodation centres for people seeking international protection in Ireland against the *National Standards for accommodation offered to people in the protection process* (2019).

HIQA took on this new function in January 2024, which marked a significant moment for people seeking international protection in Ireland, and for HIQA, as this is the first time these centres have been subject to monitoring and inspection by an independent body.

Over the last 12 months we have carried out 60 inspections of 51 accommodation centres. Our inspectors have met with hundreds of residents of these centres, both adults and children, and have also spoken with centre managers and providers. We have found that most residents were happy with the accommodation centres that they were living in and with their quality of life in those centres. Furthermore, many service providers were clearly striving to ensure that their centres were of a good standard and that the services they were delivering were safe, of a high quality and promoted and protected the human rights of those using their services.

However, as has been well documented, the current system of international protection accommodation faces challenges, and our report highlights many of these as part of its findings. The quality of life and experiences of residents in accommodation centres varies considerably depending on the type of accommodation that they are placed in. Good governance and management arrangements need to be strengthened in accommodation centres as a matter of some importance. As things stand, even where governance structures are in place, they do not always provide the required assurance, either nationally or locally, that a high quality, safe service is being provided to residents.

Our report finds that while many providers are focussed on managing health and safety risks in their centres, this has been to the detriment of recognising and managing risks related to providing consistently safe, person-centred services. In some centres, this means that no risk management policies, frameworks or registers were in place, and as such, some risks were unknown and therefore unreported and unmanaged. In addition, our report identifies significant variations in the vetting practices of personnel working at accommodation centres across the country. Urgent action is needed here to ensure staff and managers are appropriately vetted.

In spite of these challenges, our inspections revealed that there were reasons for positivity and for optimism. For example, most children and young people were generally happy with their accommodation centres and felt safe there. Many centres had facilities such as playgrounds, football pitches and games rooms and children told us that they liked to avail of these spaces. Many adults told us that they were satisfied with the support that they received from staff teams and local communities. For some residents, the accommodation provided security, continuity and an opportunity to live what they termed ordinary lives.

Our report has identified a range of areas that require action in order to promote the delivery of safe and effective accommodation centres as the sector continues to mature, including the urgent need to build capacity in the international protection accommodation system and reduce overcrowding in accommodation centres.

I would like to thank all of the stakeholders who engaged with us as this new function was established. I look forward to continuing our work together into 2025.

Sean Egan
Director of Healthcare Regulation
Health Information and Quality Authority

Introduction by the Head of Programme – IPAS Centres Monitoring and Inspection



Bronagh Gibson, Head of Programme - IPAS Centres Monitoring and Inspection

This is the first overview report on the work and findings of HIQA's inspections of accommodation centres for people seeking international protection in Ireland. Providers of accommodation centres are relatively new to implementing national standards and to being monitored by an independent body. This report comes at an important time and provides an opportunity for improvement across the system, at both a national and local level.

Hearing what the residents of accommodation centres have to say about living in an accommodation centre is central to HIQA's work. This report reflects how they have described their lived experience. It is these experiences that are the ultimate test of how well accommodation centres are performing in terms of complying with national standards and providing services which are outcome focused and centred around the very people they are intended to support.

This sector has not been monitored by an independent body before. Despite this, the findings of our inspections are encouraging. Although areas of risk along with areas in need of improvement were identified, our findings also demonstrated that there are some service providers who are delivering high quality, safe services and who have shown that full compliance with the national standards is achievable.

Our experience of monitoring accommodation centres during the last year has shown that many service providers are keen to deliver safe and effective services and are working hard to meet the expectations of them set out in the national standards. This report describes how well providers have performed as a collective against national standards and should provide some guidance as to where they can focus their efforts going forward.

Our report highlights a number of key areas of the current system where we believe actions are needed to bring about change and improvement. Our report identified an urgent need to build capacity within the international protection accommodation system and to reduce overcrowding in centres. It is essential that stronger governance arrangements are put in place and significant investment at a local level will be needed to achieve such governance arrangements, to deliver consistently safe, effective services.

The protection and safeguarding of people living in accommodation centres is of paramount importance, and more robust monitoring systems are needed at a local level to ensure that residents are protected. To further protect residents, the system of ensuring all personnel are appropriately vetted that is currently in place requires review at national level.

Focused attention on these and other areas, at both national and local level, will support the provision of safe, effective and high-quality accommodation centres to people seeking international protection in Ireland.

I would like to take this opportunity to acknowledge those who have engaged with us to commence this important monitoring function in an informed way. I also want to acknowledge the providers, staff and managers who contributed to our inspections. Finally, I want to thank the residents who have openly welcomed us into their homes and given us an understanding of what it is like to be a person seeking international protection and live in an accommodation centre in Ireland.

Bronagh Gibson

Head of Programme – International Protection Accommodation Service Centres

Health Information and Quality Authority

1. Introduction

Under the European Communities (Reception Conditions) Regulations 2018 as amended by the European Communities (Reception Conditions) (Amendment) Regulations 2023, HIQA assumed the new function of monitoring and inspecting International Protection Accommodation Service (IPAS) centres against the *National Standards for accommodation offered to people in the protection process* 2019 on 9 January 2024.

This is the first overview report by HIQA on accommodation centres for people seeking international protection in Ireland. The report presents HIQA's findings from its first year of inspecting permanent IPAS centres. In 2024, HIQA completed 60 inspections of 51 premises designated by the Minister for Children, Equality, Disability, Integration and Youth as accommodation centres falling under HIQA's remit.¹

HIQA has published this report to ensure people living in accommodation centres can experience the benefits of the protection of national standards in a timely manner and to support service providers to comply with national standards in an informed way.

The overarching aim of this report is to support the transition of a sector primarily grounded in a hospitality model of service delivery,² to comply with national standards which are underpinned by a social care model,³ and which broaden the expectations and responsibilities of service providers when compared to what they have previously experienced.

Informed by findings over the last 12 months, this report presents key areas for improvement that require a targeted approach at provider or local level, to ensure accommodation centres for people seeking protection in Ireland are consistently safe and effective, and comply with national standards. The report also acts as a guide for providers on where to focus their efforts. However, accommodation centres operate within a wider context, and this report also presents findings which require attention at a national or government level to support service providers to comply with national standards, and to ensure the delivery of needs-led, rights-based and safe services to people in the protection process.

¹ Types of accommodation include catered, self-catered, own door and congregated settings for families, single persons or a mix of both.

² Primarily the provision of sleeping accommodation, food and leisure facilities.

³ A model which is person-centred and promotes human rights so people can feel independent and equal with as much control as possible over their own lives.

2. Background

Accommodation centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum and has been widely criticised on a national⁴ and international level⁵ since that time. In response, the Irish government took certain steps to remedy this situation.

In 2015, a working group commissioned by the government to review the international protection process, including direct provision, published the McMahon Report. This group recommended developing a set of standards for accommodation services and for an independent inspectorate to carry out inspections against these standards. A standards advisory group was established in 2017 which developed the *National Standards for accommodation offered to people in the protection process* (2019). These national standards were published in 2019 and were approved by the Minister for Children, Equality, Disability, Integration and Youth for implementation in January 2021.

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published the White Paper to End Direct Provision and to establish a new International Protection Support Service.⁶ It was intended by Government at that time to end direct provision on a phased basis by the end of 2024.

This planned reform was based on average projections of 3,500 international protection applicants arriving into the country annually. However, the unprecedented increase in the number of people seeking international protection in Ireland in 2022 (13,319), and the additional influx of almost 70,000 people fleeing war in the Ukraine, resulted in a revised programme of reform and time frame for implementation.

In 2024, the Department of Children, Equality, Disability, Integration and Youth published a new strategy which recognised that the underlying assumptions of the white paper had shifted and a planned approach was required to ensure people seeking protection have access to the accommodation and supports they require. This strategy⁷ includes the provision of up to 45,000 beds, 35,000 of which are located in various accommodation settings and will comply with

⁴ Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children.

⁵ United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD).

⁶ Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022.

⁷ Comprehensive Accommodation Strategy for International Protection Applicants (2024).

national standards.

It is within the context of an international protection system which is recognised by the Government as requiring reform to meet need and demand, increased risk in services from overcrowding and limited access to housing in the community which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting accommodation centres against national standards in 2024.

2.1 Context

Between December 2023 and December 2024, 32,623 people sought international protection in Ireland. They were provided with accommodation in various settings including, reception centres, emergency accommodation and accommodation centres - which fall under the remit of HIQA. The overall number of accommodation settings increased from 254 in December 2023 to 323 in December 2024. Within the same period of time, the number of people seeking international protection increased by 6,747. At the time of writing, there are 45 accommodation centres falling under the legal remit of HIQA, which provide 7,775 beds. This represents 14% of all accommodation settings⁸ and 24% of all beds for people seeking international protection in the country. This means that 86% (278) of all accommodation settings providing 31,563 beds for people seeking international protection are not required to comply with national standards. Consequently, these settings are not independently monitored by HIQA to check their quality and safety against an established set of standards.⁹

2.2 Engaging with external stakeholders

In January 2024, HIQA held three information sessions for providers of accommodation centres falling under its legal remit. These sessions were held in Dublin, Cork and Galway and their primary objective was to raise awareness amongst service providers about the establishment of this new function, their legal responsibilities under the regulations,¹⁰ and to inform them of HIQA's approach to monitoring.

Throughout 2024, HIQA continued to engage with the Department of Children, Equality, Disability, Integration and Youth regarding its function of monitoring accommodation centres for people seeking international protection in Ireland.

⁸ This includes accommodation centres, reception centres, emergency and temporary accommodation.

⁹ Data in this section published by The Department Of Children, Equality, Disability, Integration and Youth: IPAS Weekly Accommodation and Arrivals Statistics (December 2023 and 2024).

¹⁰ European Communities (Reception Conditions) (Amendment) Regulations 2023.

HIQA met with the Department of Education in line with its established memorandum of understanding in relation to access to education for children living in accommodation centres.

3. HIQA's monitoring approach

In 2024, HIQA began its programme of monitoring and inspection of international protection accommodation centres against national standards. This was the first time that these accommodation centres were inspected by HIQA.

In January 2024, HIQA published four key documents aimed at supporting service providers to comply with national standards and to understand what it means to be monitored and inspected by HIQA. These documents are:

- Assessment-Judgment Framework for the Monitoring of International Protection Accommodation Service Centres
- Guidance on the Assessment-Judgment Framework for the Monitoring of International Protection Accommodation Service Centres
- A Guide to Monitoring of International Protection Accommodation Service Centres
- Self-Assessment Questionnaire and Quality Improvement Tool for International Protection Accommodation Service Centres.



A core set of 28 of the 40 standards drawn from the 10 themes of the national standards were identified to underpin this monitoring programme¹¹ (see Appendix 1). The selection of these core standards was informed by preparatory work carried out by HIQA prior to taking on this new function and included significant engagement with key stakeholders including residents, government departments,

¹¹ Inspectors apply their professional judgment on whether to assess against additional national standards or not to assess against a specific national standard, based on evidence gathered during each inspection.

service providers and non-governmental organisations (NGOs), on what was working well and priority areas for improvement across the sector.

Once inspectors have gathered information during an inspection, they make a judgment about the level of compliance against each standard reviewed. Inspectors judge whether the provider is compliant, substantially compliant, partially compliant or non-compliant with the standards. Appendix 2 contains definitions of compliance levels which we refer to as judgment descriptors.

For HIQA to undertake all its work in a fair, efficient, transparent, proportionate and consistent manner, it has adopted a common Authority Monitoring Approach (AMA). This approach ensures that all monitoring and assessment activities are developed and implemented in a clear and consistent way.

HIQA carries out the following types of inspections:

- **Monitoring inspections:** these are routine inspections that monitor the quality of the service provided at a centre and the level of compliance with national standards.
- **Targeted (focused risk) inspections:** these are in addition to routine inspections and are carried out when information has been received that indicates that there may be a risk posed to residents.

HIQA's monitoring approach includes a review by inspectors of any previous inspection findings and solicited and unsolicited information received by HIQA relevant to each service before inspection. This ensures that HIQA's monitoring activity is prioritised and resourced on the basis of risk posed to people accessing these services. Information available to HIQA, including history of compliance, receipt of statutory notifications and unsolicited information, are considered in this assessment of risk.

As this was the first time that accommodation centres were due for inspection, a history of inspection findings had yet to be established and while information on accommodation centres was known to HIQA in January 2024, the level and type of available information was reflective of a new programme of monitoring.

In the initial stages of its monitoring programme, HIQA used the following criteria for selection of accommodation centres for inspection:

- information known to HIQA
- location – to ensure a regional spread
- service provider – to take a proportionate approach to providers of multiple centres

- accommodation type – to benchmark practice across different types of settings, for example fully catered centres or self-catered arrangements
- resident profile – male and or female only, families and or couples only, or mixed.

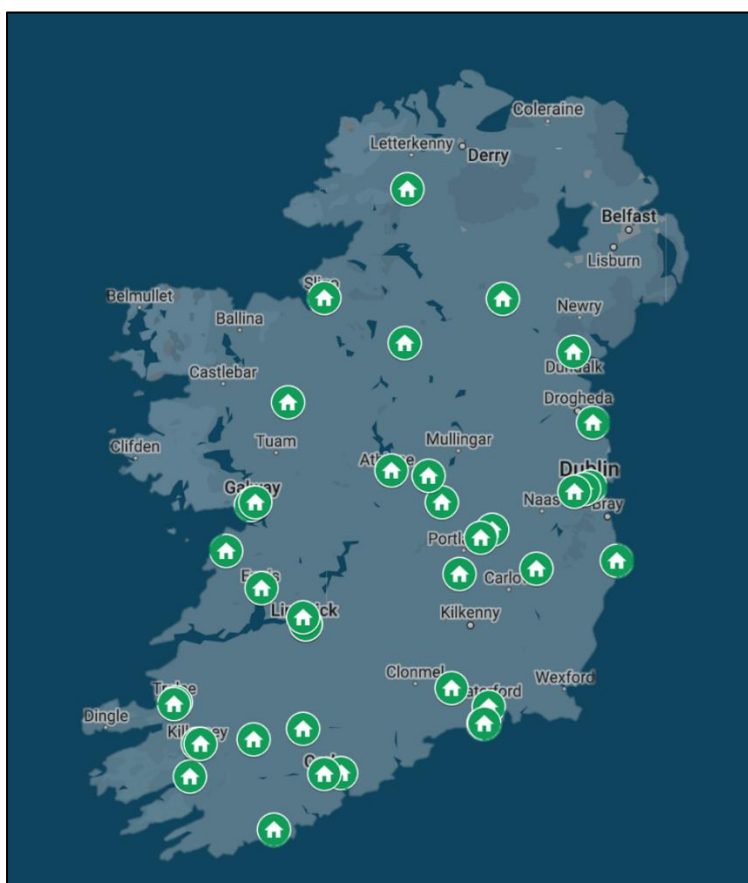
Inspections completed were either announced or unannounced. As this was a new monitoring programme, each centre's first inspection was announced. Where a service provider was operating more than one centre, a mixed approach was taken to include both announced and unannounced inspections as there was an opportunity for the transfer of learning by the provider across their respective centres.

4. About accommodation centres and how they were monitored

This section of the report sets out the monitoring and inspection activity relating to accommodation centres between 9 January and 31 December 2024. It describes the accommodation centres monitored by HIQA, provides an overview of the information received by HIQA in relation to these accommodation centres and how this information was managed.

4.1 Accommodation centres under HIQA's remit

Figure 1. Map of accommodation centres under HIQA's remit



The designation of a premises as an accommodation centre falling under the remit of HIQA in 2024 was the responsibility of the Minister for Children, Equality, Disability, Integration and Youth under the regulations.¹² By law, HIQA must be notified of the existence of an accommodation centre falling under its remit, to ensure it can carry out its legal functions effectively. Similarly, HIQA must be

¹² European Communities (Reception Conditions) (Amendment) Regulations 2023.

notified of the closure of an accommodation centre.¹³

Since taking on this new function, HIQA has been notified of the existence of 51 accommodation centres under its remit. Seven of these accommodation centres operated from state-owned premises and the remaining 44 were commercial properties owned by private providers. The services provided by these accommodation centres including management, staffing resources, the provision of food and or catering arrangements and day-to-day living supplies such as toiletries and bedding, are privately provided on behalf of the State on a specific contractual basis through the public procurement process.¹⁴ It is the contractual arrangements between the Department of Children, Equality, Disability, Integration and Youth and the service provider which separates accommodation centres falling under HIQA's remit from other categories of accommodation, for example, emergency accommodation, which do not.

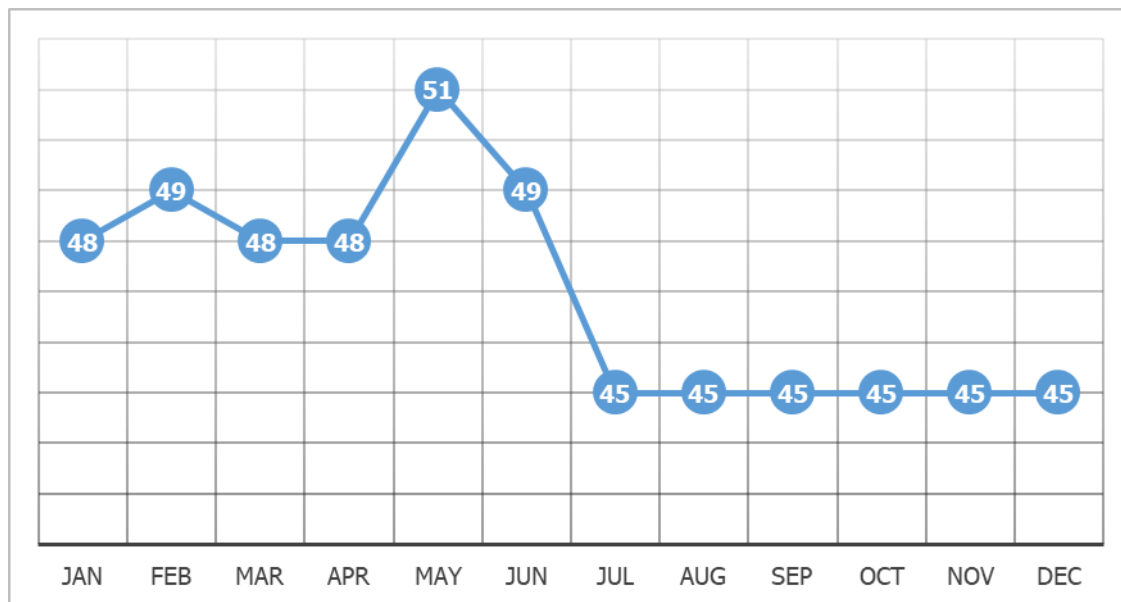
The number of centres falling under HIQA's remit fluctuated since taking on this new function (see Figure 2). This fluctuation reflects changing contractual arrangements between the Department of Children, Equality, Disability, Integration and Youth and service providers throughout 2024. This primarily has been a change in contract from providing an accommodation centre, to providing another type of accommodation, such as emergency accommodation. In the main, shifting from one type of contract to another is an interim measure for service providers, who, once the public procurement process is completed, will return to providing an accommodation centre which is monitored and inspected by HIQA.

At the time of reporting, HIQA is responsible for monitoring and inspecting 45 accommodation centres. This is a reduction of six from the overall total of 51 accommodation centres notified to HIQA between January and December 2024 (See Figure 2).

¹³ Closure includes when an accommodation centre falling under HIQA's remit ceases to operate as an accommodation centre, but may remain open for example, as an emergency centre.

¹⁴ This is the process of procuring services, whether under contract or not, of works, supplies and services by public bodies. A tendering process is used in the procurement of accommodation centres.

Figure 2. Number of accommodation centres under HIQA's remit by month in 2024



Accommodation centres monitored and inspected by HIQA vary considerably in terms of bed numbers, type of accommodation and facilities provided, and their resident population. As set out in Figures 3, 4 and 5, the majority of centres provide accommodation for both families and single adults, who cater for themselves. The number of residents varies significantly, with one centre providing accommodation for almost 1,000 residents while in contrast, four centres have less than 50 people living there (See Figure 6).

Figure 3. Accommodation centres by accommodation type

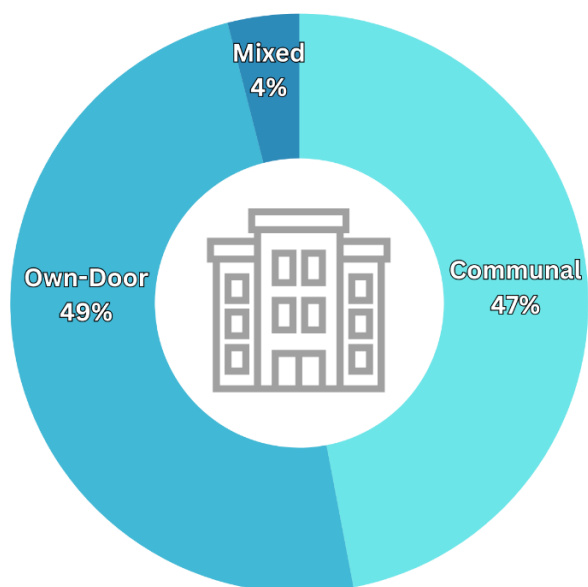


Figure 4. Accommodation centres by type of catering provided

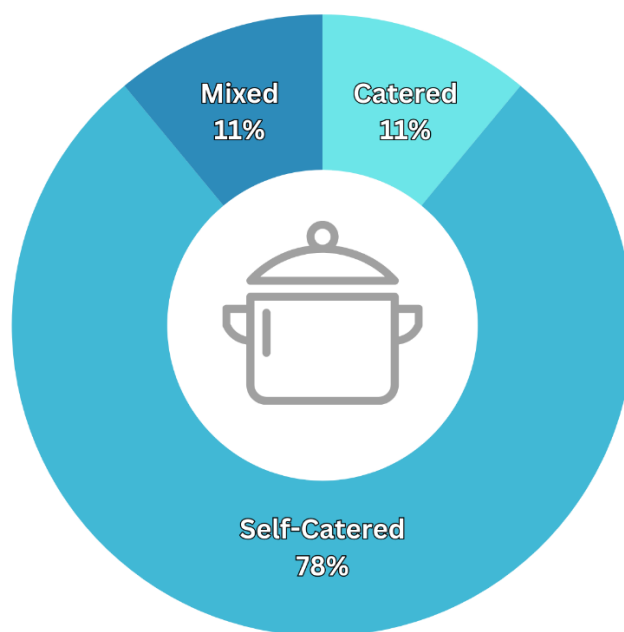


Figure 5. Accommodation centres by resident population type

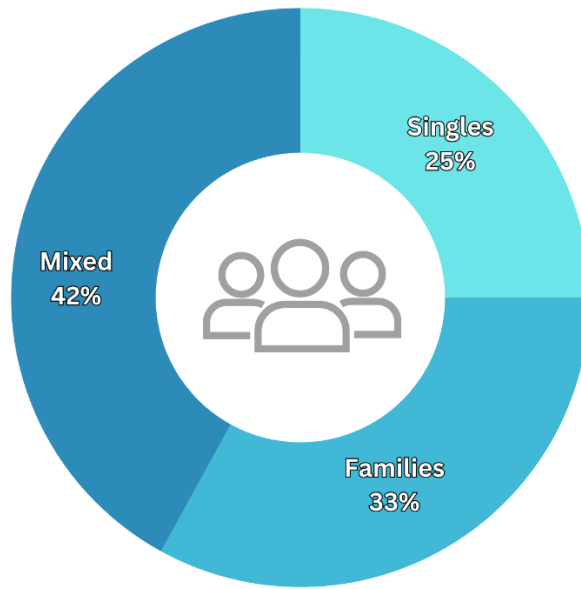
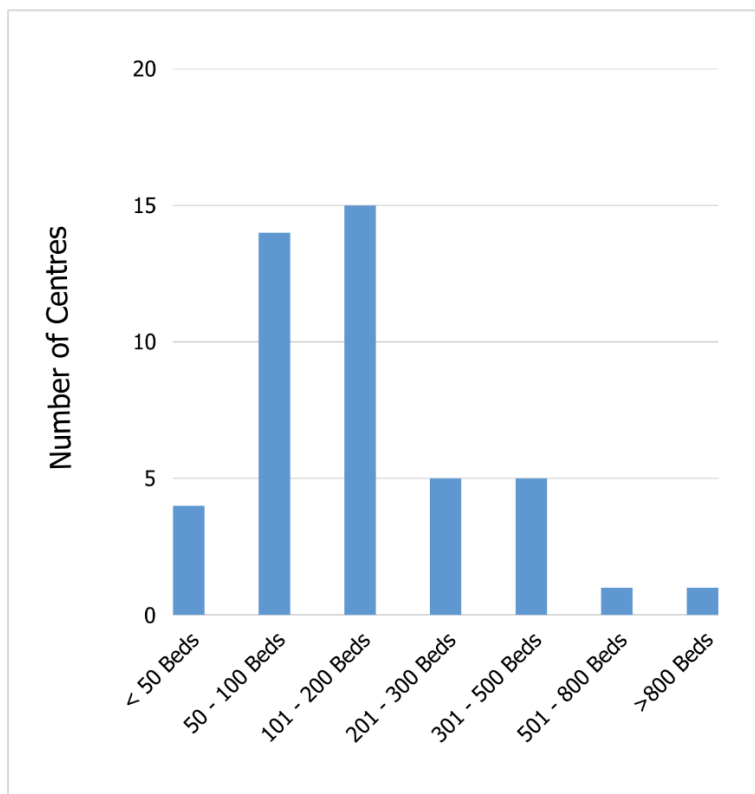


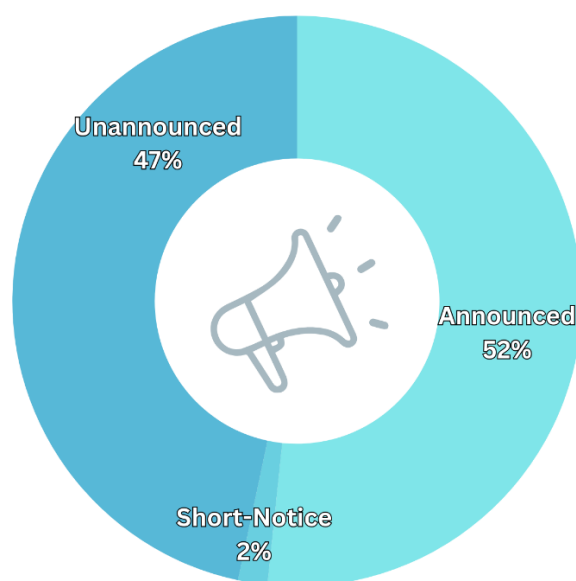
Figure 6. Accommodation centres by contracted number of beds



4.2 Monitoring and inspection activity

In 2024, HIQA conducted 60 inspections of 51 accommodation centres. Seven accommodation centres had more than one inspection within this time frame. Of the 60 inspections conducted, 31 were announced, one was short-notice announced and 28 were unannounced. The majority of inspections were routine monitoring inspections and one was in relation to specific risks identified through unsolicited information received by HIQA.

Figure 7. Inspections by announcement type



4.3 Receipt of information

As a regulator, HIQA receives information from a variety of sources. This information may be categorised into solicited and unsolicited information. The unsolicited receipt of information is defined as information which is not requested by HIQA, but is received from people, including the public or people who use services. This could be information that indicates a non-compliance with the regulations or standards (information of concern), a compliment, or a general comment about an accommodation centre, designated centre, a hospital or a children's social care service.

4.3.1 Unsolicited information (information of concern or complaints about services)

HIQA welcomes feedback about people's experiences of services to inform the assessment of the quality of services received within accommodation centres. This information can be received from people using services, their family

members or advocates, health and social care professionals, employees, and the general public.

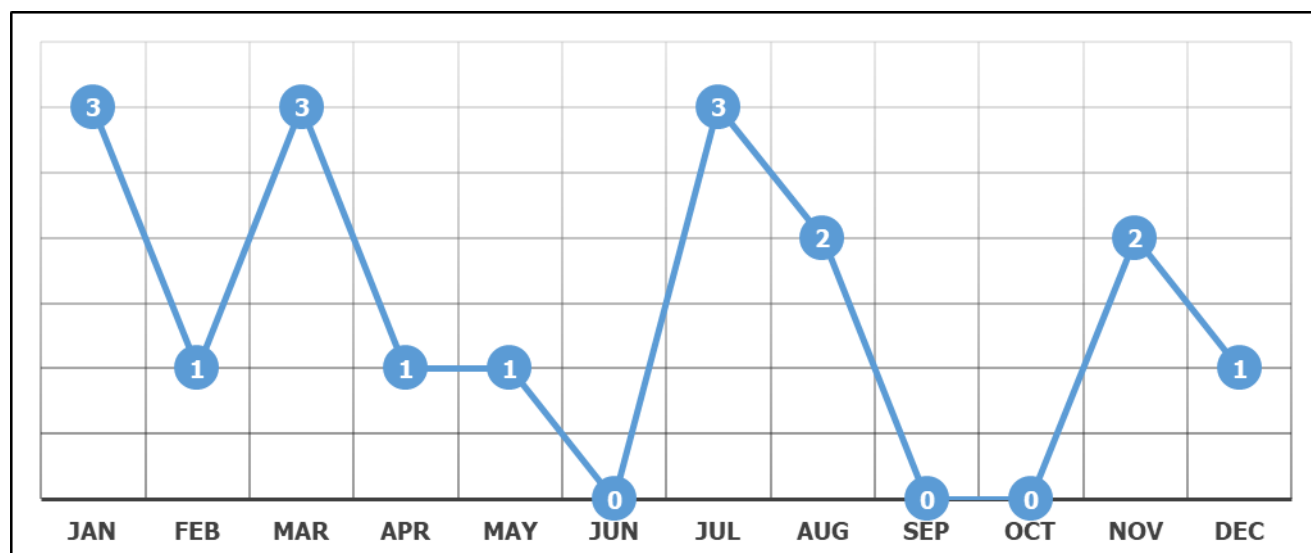
While HIQA has no legal remit to investigate an individual complaint about services under the Health Act 2007, it uses this information to monitor the quality and safety of services being provided. All information received is reviewed, risk rated and used alongside the other information gathered about a service to inform regulatory actions.

This section of the report provides detailed analysis of all unsolicited information received in 2024 relevant to accommodation centres. It also sets out how HIQA used this information to inform its work.

Since taking on this new function, HIQA received 17 pieces of feedback about accommodation centres under its remit. Of these, 12 were received by email, four by phone and one through a published media article.

People using services accounted for 76% (13) of the pieces of feedback received about accommodation centres and a further 18% (3) were received from employees, while other sources (1) accounted for 6% of pieces of information received.

Figure 8. Numbers of unsolicited information received by month in 2024



4.3.2 Qualitative assessment of information received by HIQA

Of the 17 pieces of feedback that were received in 2024, three (33%), fell under the following themes of the capacity and capability dimension:

- governance and management
- risk management

- complaints.

The remaining themes identified from the feedback came under the quality and safety dimension, and included:

- safeguarding
- rights
- communication
- accommodation
- health and wellbeing.

4.3.3 How HIQA managed unsolicited information

All unsolicited information received is acknowledged, logged and examined by HIQA. The information is reviewed by an inspector to establish if it indicates a risk to the safety, effectiveness and management of the service, and the day-to-day care and support that people using services receive. Unsolicited information allows HIQA to:

- ensure services continue to meet high standards of care and support for people using services
- consider how well services handle complaints and use them as opportunities to improve care and support for people using services
- identify any trends or patterns that could indicate that something unacceptable is happening in a service.

If HIQA considers that the service provider may not be compliant with the national standards, we can respond by:

- asking the service provider to submit additional information on the issue
- requesting a plan from the service provider outlining how the issue will be investigated and addressed
- using the information on inspection
- carrying out an unannounced inspection to assess the quality and safety of the care and support being provided in the service.

In addition, where the information indicates that people may be at immediate risk, HIQA will use its full legal powers and report the incident, where appropriate, to An Garda Síochána, the Child and Family Agency (Tusla) or the

Health Service Executive's (HSE) Adult Safeguarding and Protection Team.

4.3.4 Regulatory action

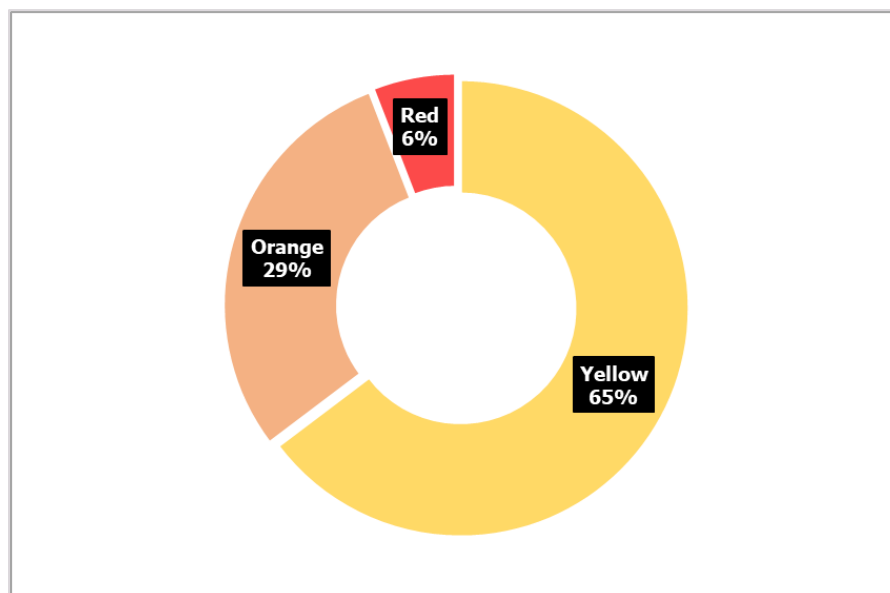
This section of the report provides an account of the regulatory action taken on foot of the inspector's assessment and initial regulatory risk-rating of the information.

All information received by HIQA was risk-rated and managed according to the level of risk involved. Where necessary, further information was sought and received and used as a line of enquiry in upcoming inspections. In some cases, action was required by the service provider following inspection.

One piece of information that was received related to suspected child protection and welfare concerns, the health and wellbeing of residents and governance and management. This resulted in an unannounced, targeted (focused risk) inspection of the accommodation centre.

In addition, one separate referral was made to Tusla in line with the Children First Act 2015, on foot of the receipt of unsolicited information that contained unreported child safeguarding concerns.

Figure 9. Risk ratings of unsolicited information received



4.3.5 Solicited information (statutory notifications)

HIQA receives notifications from service providers of accommodation centres. These notifications are reviewed, risk-rated by an inspector and are used to inform the most appropriate regulatory response.

In 2024, 86 notifications were received from service providers. These are

notifications that providers are required to submit to HIQA within the timelines outlined in Table 1.

Table 1. Deadlines for receipt of statutory notifications

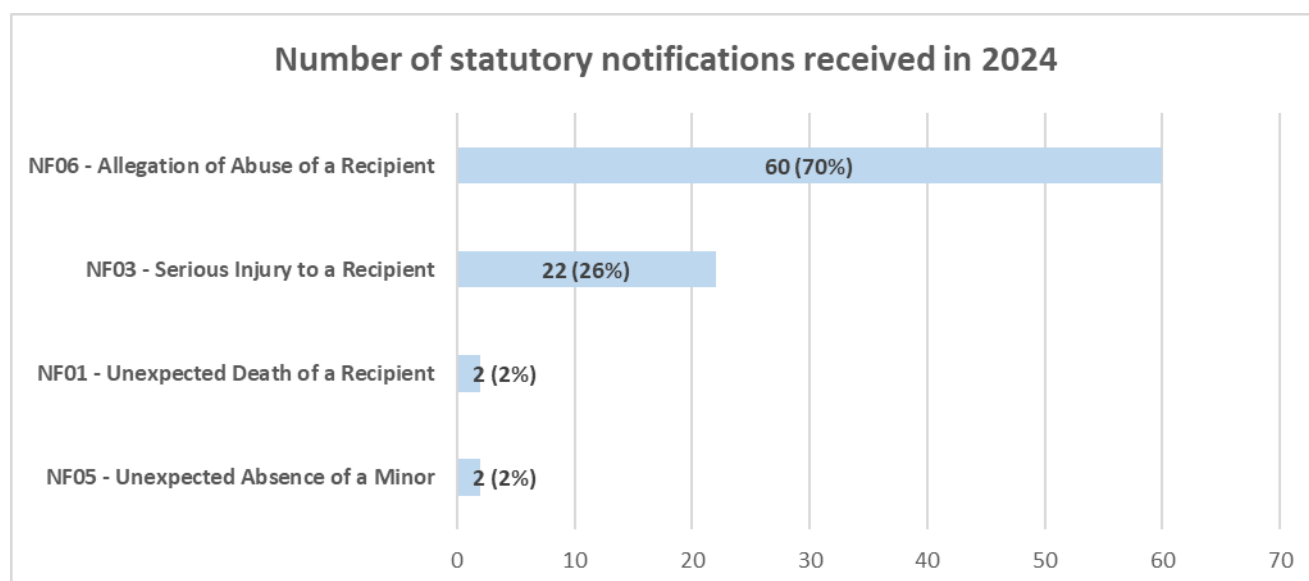
Form	Incident description	Notification deadline
NF01	The unexpected death of a recipient	Within 3 calendar days of the occurrence
NF03	Serious injury to a recipient	Within 3 calendar days of the occurrence
NF05	Any unexpected absence of a minor from the centre	Within 24 hours of becoming aware of the absence
NF06	Any allegation of abuse of a recipient	Within 3 calendar days of the occurrence

The majority of notifications received during 2024 related to the alleged abuse of a recipient,¹⁵ issues such as interpersonal conflicts between residents, communication between residents, physical punishment of children by parents, incidents of domestic violence, self-neglect, behaviours which challenge, and threatening or intimidating behaviours. Figure 10 below provides a breakdown of these notifications. Notifications received relating to the serious injury of a recipient mainly involved underlying medical conditions, fractures resulting from accidents, and minor injuries resulting from altercations.

Each notification was reviewed by HIQA and where required, additional information and or assurance was sought by HIQA from the service provider that any risk to residents was mitigated and managed appropriately. All notifications informed lines of enquiry on inspection.

¹⁵ 'Recipient' is the term used in regulations to describe a resident of an accommodation centre who is in the international protection process. They are referred to in this report as a resident.

Figure 10. Number of statutory notifications received by type



4.3.6 HIQA monitoring metrics: international protection accommodation centres

HIQA collates key data and information, known as monitoring metrics, on each inspection of an accommodation centre. This allows HIQA to monitor progress or otherwise, collectively across all accommodation centres under its remit. While assessing compliance with national standards as part of the inspection process, HIQA uses the triangulation of evidence, which is evidence gathered from more than one source. However, using data by itself allows us to measure how accommodation centres are performing in some areas on a larger scale. Although data alone may not be reflective of quality, it is helpful to gauge, for example, what percentage of centres have a risk register system in place, if specific documents have been developed, or what is the actual occupancy level as opposed to contracted bed numbers at a point in time. Key metrics are presented in Section 6 of this report under the two dimensions of capacity and capability, and quality and safety.

5. Empowering voices: the views of residents of accommodation centres

HIQA inspectors met with 867 adults and 302 children and young people over the course of the 60 inspections completed in 2024. This represents 17.4% of all residents in the centres we inspected. Some residents were met with during the course of going about their daily activities, while others met one-to-one with an inspector. In addition, a number of focus group discussions were arranged during the inspection of larger accommodation centres where residents collectively described their experiences.

To supplement the information received from residents, HIQA developed questionnaires in seven different languages¹⁶ which were distributed by inspectors and collected before our inspections were completed. There was also an option for residents to complete these questionnaires electronically. Questionnaires offered residents an opportunity to provide feedback on a number of areas including, in the case of adult residents, safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff support and accommodation. The questionnaires circulated for children and young people asked for feedback on children's rights; education and play; making a complaint and providing feedback; accommodation; food and catering and safeguarding and protection.

In total, there were 855 questionnaires submitted to HIQA by residents, however, some questionnaires were only partially completed. Of the responses received, 776 were completed by adult residents and 79 were completed by children or young people.



¹⁶ Albanian, Arabic, English, French, Georgian, Somali, and Urdu.

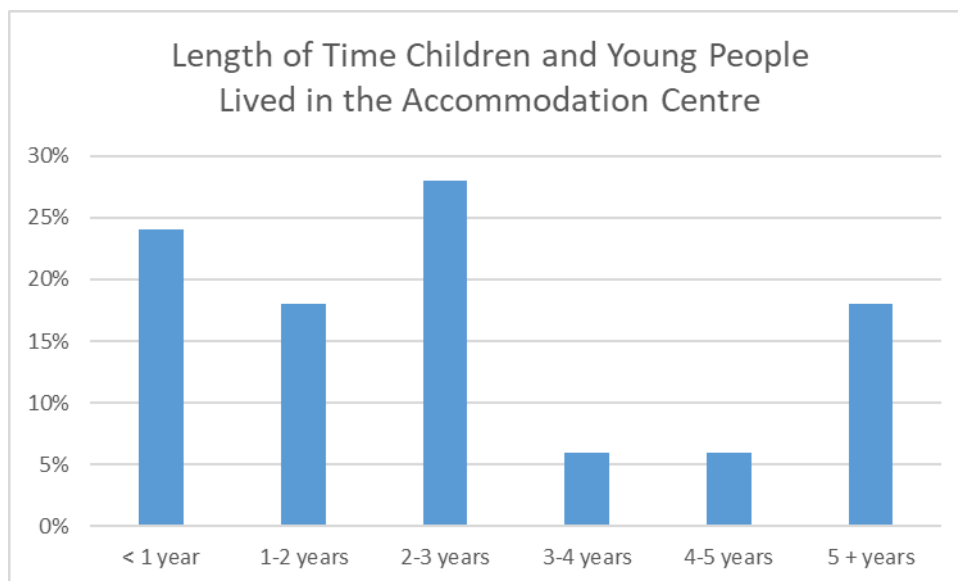
5.1 What children and young people told us about their experience

Children and young people told HIQA inspectors that they were generally happy with their lives and liked attending school, playing sports, joining local clubs and making friends. In many accommodation centres, there were good facilities available such as playgrounds, games rooms, football pitches and study facilities which children and young people told us they enjoyed using. However, in a number of centres such facilities were limited and children told us that this had a negative impact on their experience. Some said that they had to complete their homework while lying on the ground as there was no table space available for them. Others stated that they did not like having to share a bedroom or a bed with other siblings. One group of children explained that they disliked the institutional approaches of locking and unlocking a sports hall where they played indoor football and would like more freedom in this regard. Others stated they disliked how they could not experience sleepovers with their friends from school in their accommodation centre.

Inspection findings showed that many service providers needed to use more effective methods to engage more meaningfully with children and young people. Children and young people have a lot to say when asked and they should be afforded the opportunity to express their views and have them heard. Where necessary, service providers committed to taking action in relation to consulting with children and young people following inspection. Similarly, HIQA observed that there was a clear need to educate children and young people on child safeguarding and how to raise a complaint and provide feedback. The service providers inspected committed to taking steps to do this.

While it is not possible to meet all children's preferences regarding food in catered services, many children and young people who met with inspectors expressed dissatisfaction with the food choices that were provided. Consulting with children and young people may assist service providers in this regard. In centres where residents could not cook for themselves, there were limited, if any, snacks available between meal times and this was addressed by inspectors with each relevant service provider at the time of inspection.

Figure 11. Length of time children and young people lived in the accommodation centre



The average age of children and young people who completed our questionnaires was 11 years. The average length of time they had lived in their centre was just over two and a half years.

The following section provides a breakdown of the questions we asked children and young people during inspections, and what they told us.

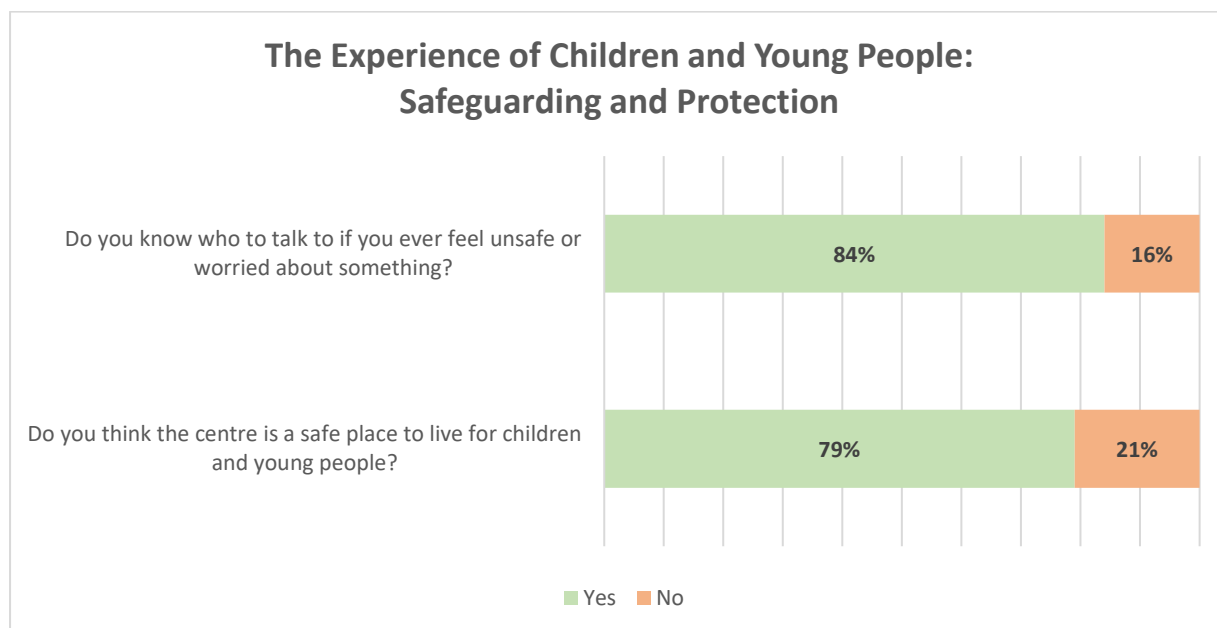
Safeguarding and protection



Children and young people told HIQA inspectors that, for the most part, they felt safe and secure in their accommodation. Most children told the inspectors that they knew who the centre manager was and felt comfortable speaking with them if necessary. Despite this, 21% of children and young people who completed a questionnaire told us that they did not know who to talk to if they felt unsafe or worried about something. Additionally, 16% stated that they thought their centre

was not a safe place for children and young people to live.

Figure 12. The experience of children and young people: safeguarding and vetting



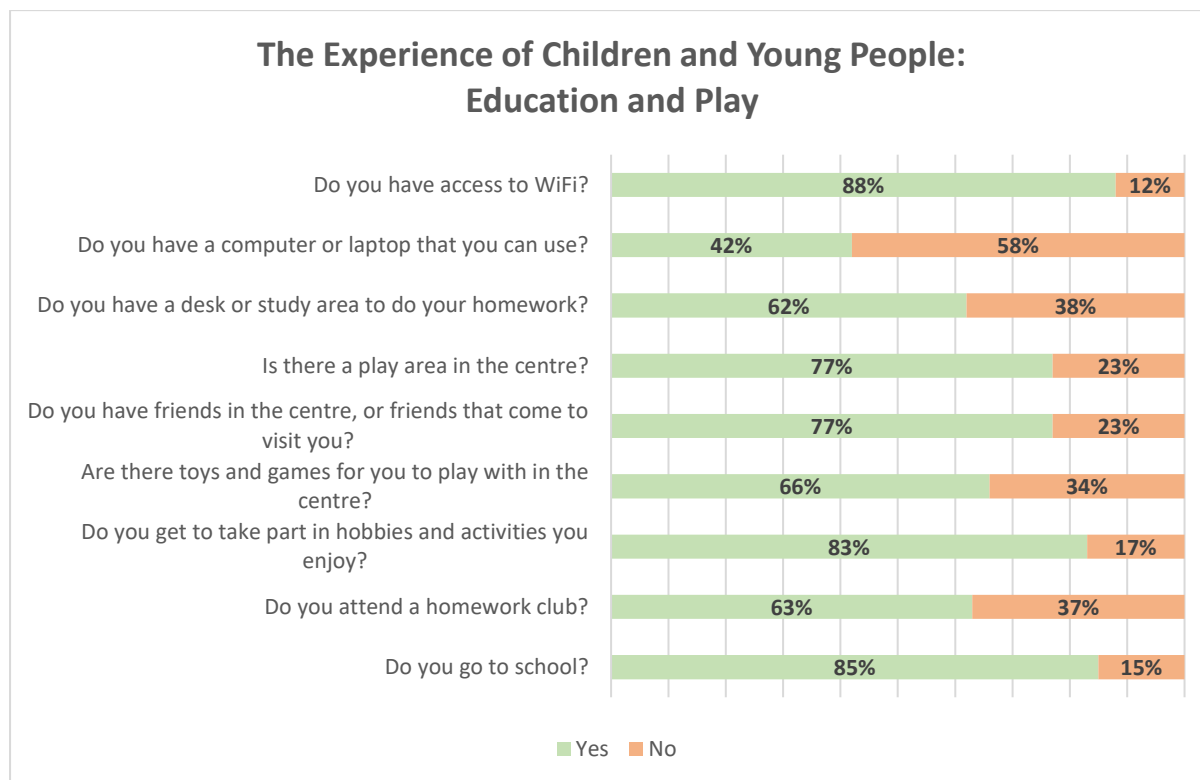
Education and play

When asked about education and play, children and young people told our inspectors that they enjoyed attending school, making friends and playing sports in their local communities. Soccer was the favourite sport of many children but others had joined local Gaelic football and hurling clubs and really enjoyed these opportunities. In many centres, there were facilities provided such as playgrounds, football pitches and games rooms and children told the inspectors that they frequently availed of these spaces. In one case, children asked the inspectors if the grass on the football pitch at their centre could be cut more frequently and in another centre, children told the inspectors how the play areas allowed them to make friends with other children who lived in their centre.

88% of questionnaire respondents stated that they had access to Wi-Fi but only 42% had access to a computer or laptop that they could use. Just over one third (38%), did not have a desk or study area. Compounding this, 37% of respondents did not attend a homework club. Significantly, 15% of school-going aged children stated that they were not currently attending school. This figure reflects children who were new to their centre either as their first or subsequent placement within the accommodation sector. Nearly a quarter (23%) stated that they did not have friends in the centre or that their friends could not come to visit them there. Some children chose not to bring their friends to the centre as they were embarrassed of their living in accommodation. Others lived in centres where local policy did not allow for visiting children, unless they were in the company of

a parent.

Figure 13. The experience of children and young people: education and play

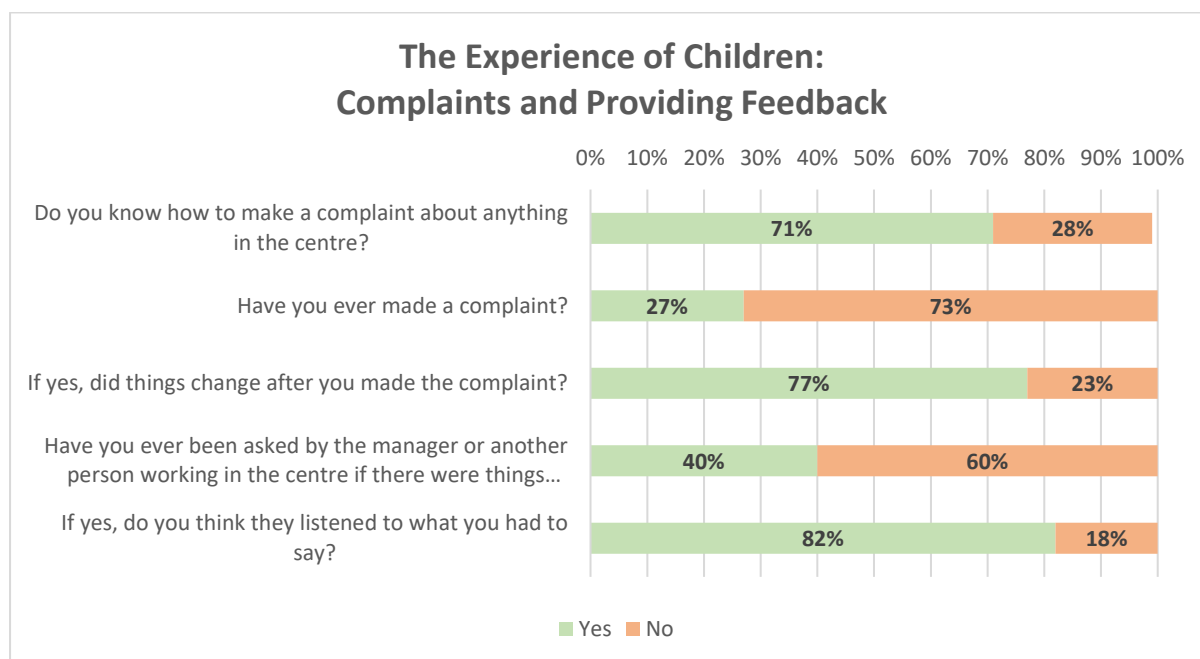


Complaints and providing feedback

Most children and young people told the inspectors that they had never made a complaint in their accommodation centre. Many stated that they had never needed to make a complaint but would be happy to do so if necessary. The vast majority of the children and young people that inspectors spoke with stated that they were happy with the supports they received and held centre staff and managers in high regard. However, HIQA’s findings indicate that children were not always provided with opportunities to express their views on their life in their accommodation centre.

71% of children and young people who completed questionnaires stated that they knew how to make a complaint, although, 73% had never made one. 23% of those who had made a complaint said that the complaint had not brought about change. Only 40% had ever been asked by a manager or another person working in their centre if there were things that could be better. However, of those who had been asked, 82% told us that they felt listened to when they provided feedback.

Figure 14. The experience of children and young people: complaints and providing feedback

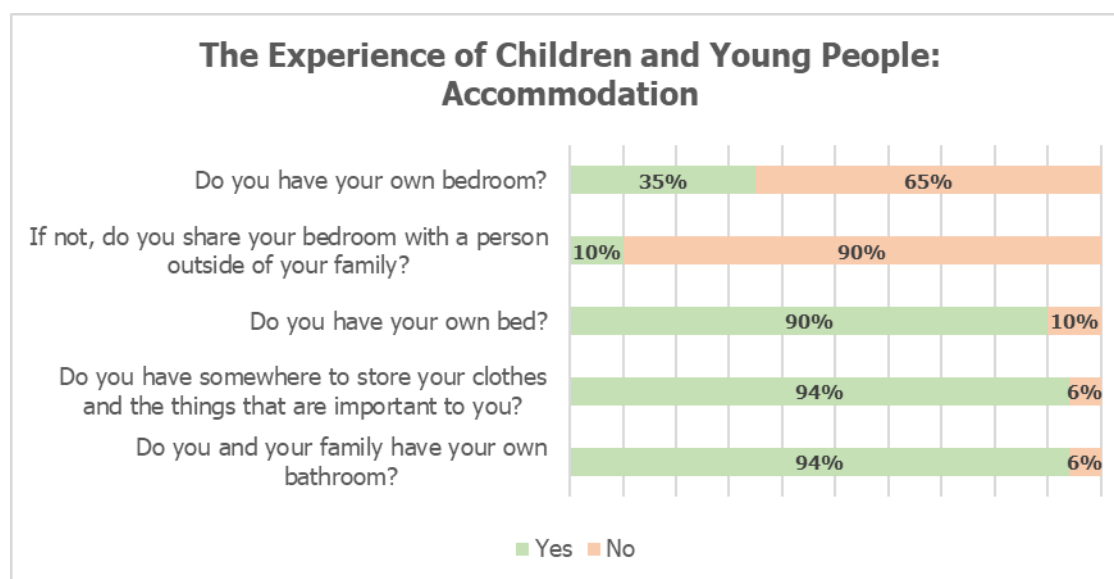


Accommodation

Accommodation was a matter which children and young people were motivated to speak to the inspectors about. Many stated that their accommodation was limited in space and that it did not allow for privacy. In one centre, when a group of children were asked about the future, one child told our inspectors that they dreamed of someday having their own bed or their own bedroom. Some children told the inspectors that there was little space for them to get dressed in private.

65% of those who completed a questionnaire told us that children and young people had to share their bedroom. Most (90%) said that they had somewhere to store their clothes and important items and 94% told us that their family had their own dedicated private bathroom.

Figure 15. The experience of children and young people: accommodation

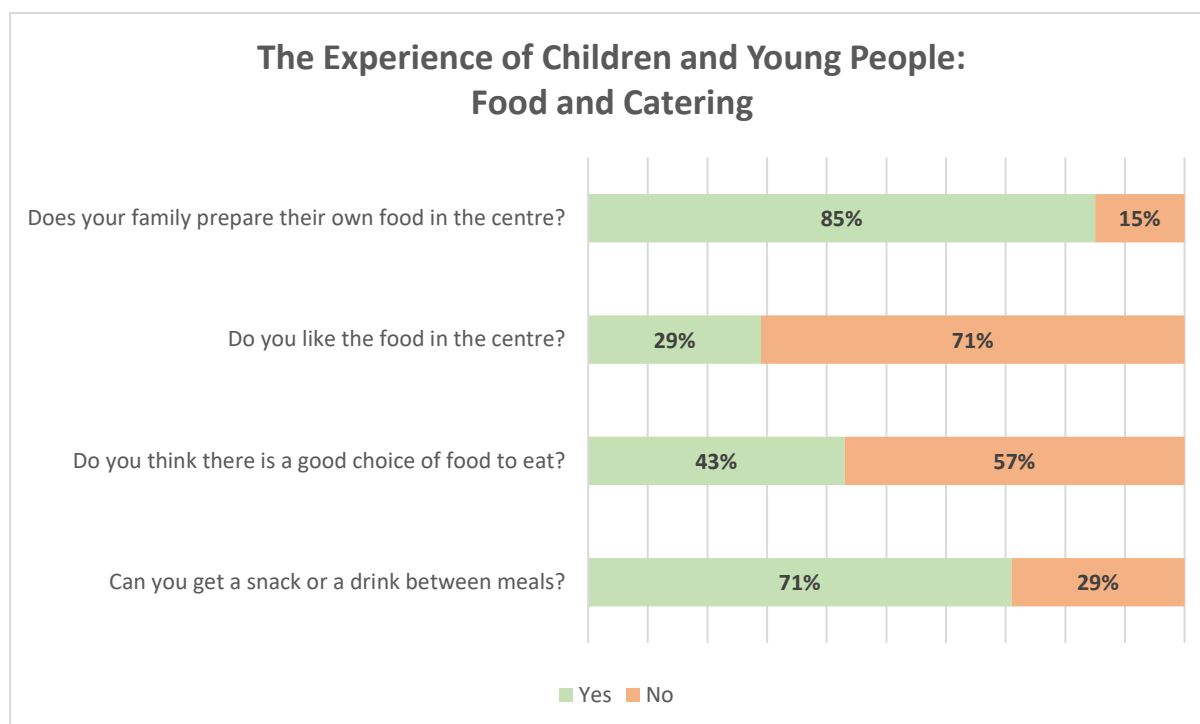


Food and catering

Children and young people met with during the course of our inspections were most critical of the provision of food and catering in their accommodation centres. Many said that their families could prepare their own meals, however, where catered meals were provided, the children expressed dissatisfaction with the standard and choice of food available.

71% of those who completed questionnaires told us that they did not like the food provided in their centre, while 57% stated that there was not a good choice of food to eat. 71% of respondents said that they had access to snacks or drinks between meal times in centres which were catered.

Figure 16. The experience of children and young people: food and catering



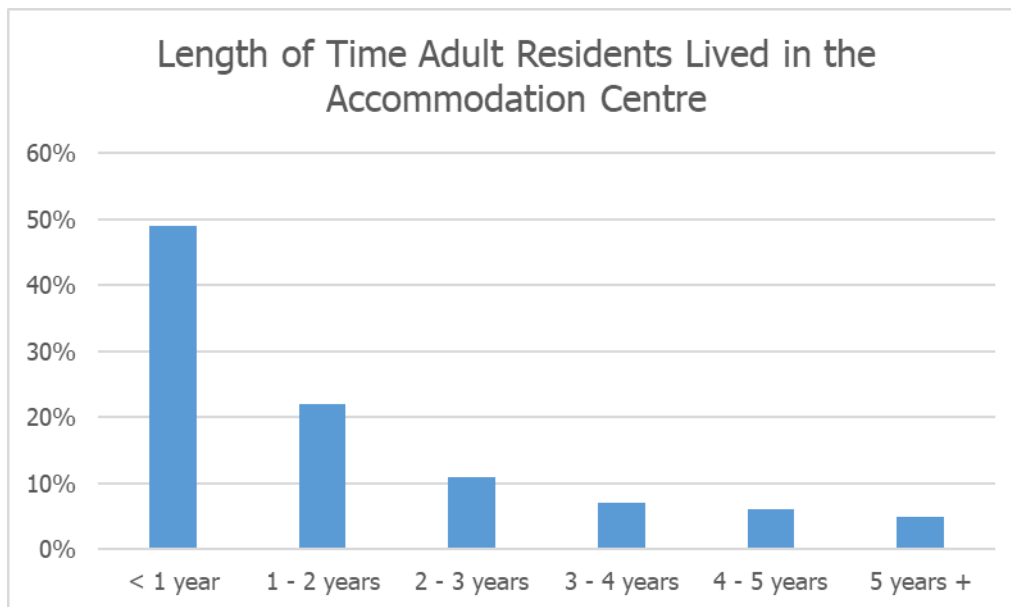
5.2 What adults told us about their experience

Adult residents told inspectors they felt safe living in their accommodation centres and were satisfied with the support they received from staff teams and local communities. The inspectors heard how these supports had facilitated a good quality of life for both individuals and families. Many individuals explained how the accommodation provided security, continuity and an opportunity to live what they termed as ordinary lives.

While experiences were generally positive, in some cases, residents told the inspectors that there was room for improvement particularly in the areas of sleeping accommodation, how they were consulted with, facilities for preparing meals and snacks, the restrictions which exist in some centres and the space available for storing personal belongings.

The average length of time adult respondents had lived in their centre was 18 months and 15 days.

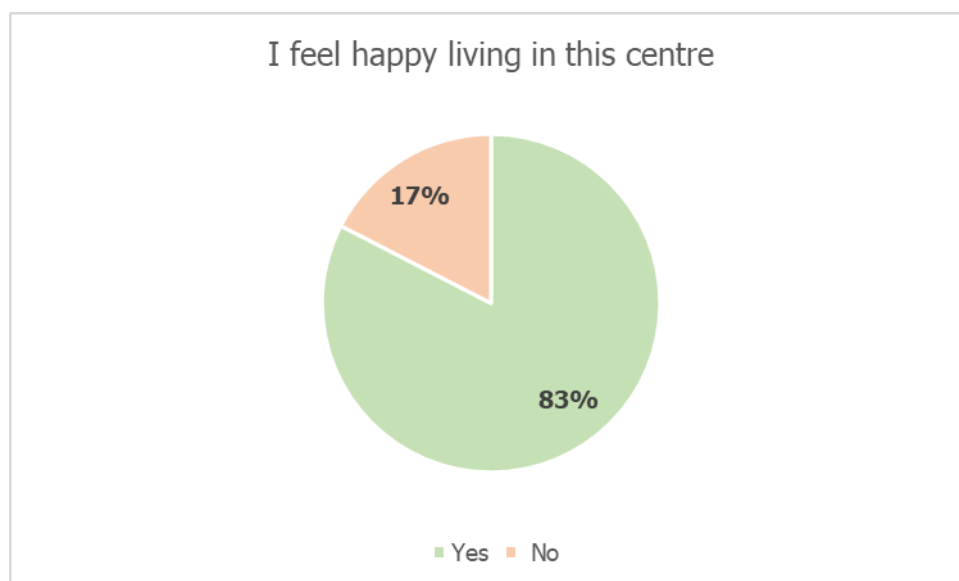
Figure 17. The length of time adult residents lived in the accommodation centre



Living in accommodation centres

Most residents met with during the course of our inspections told inspectors that they were satisfied with the services they received and they were appreciative of the centre staff and managers and the wider community. 83% of respondents to our adult questionnaires were happy living in their accommodation centre however 17% stated they were not.

Figure 18. Percentage of adult residents who were happy-unhappy living in the accommodation centre



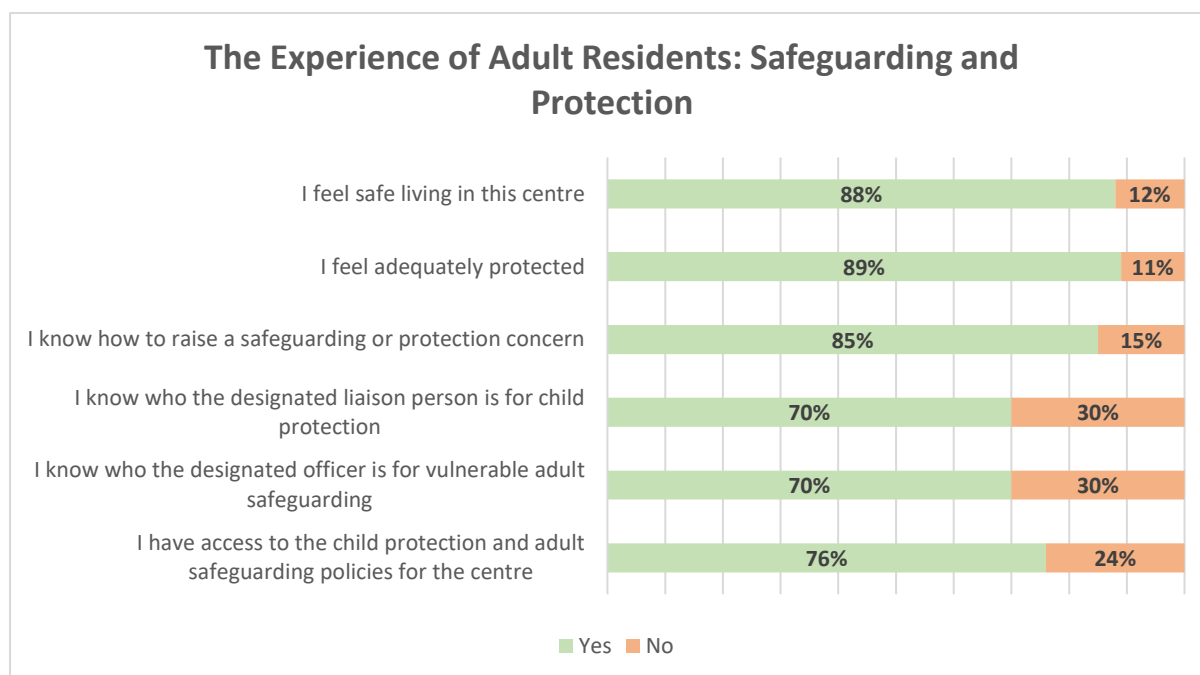
Safeguarding and protection



Many adult residents who met with inspectors told them that they felt safe living in their accommodation centre. They said that where there were security personnel employed, they knew these staff members well and how to contact them if needed. The awareness of residents around safeguarding and protection practices was mixed and some told us that they had not been informed of child or adult safeguarding practices in their centres.

88% of respondents to the adult questionnaires stated that they felt safe living in their accommodation centre. When asked about their awareness of how to raise a safeguarding or protection concern, 15% were not aware of how to do this. Almost a third (30%) could not identify the designated liaison person for child protection and the designated officer for vulnerable adult safeguarding in their centre. A quarter of respondents told us they did not have access to the child protection and adult safeguarding policies for their centres.

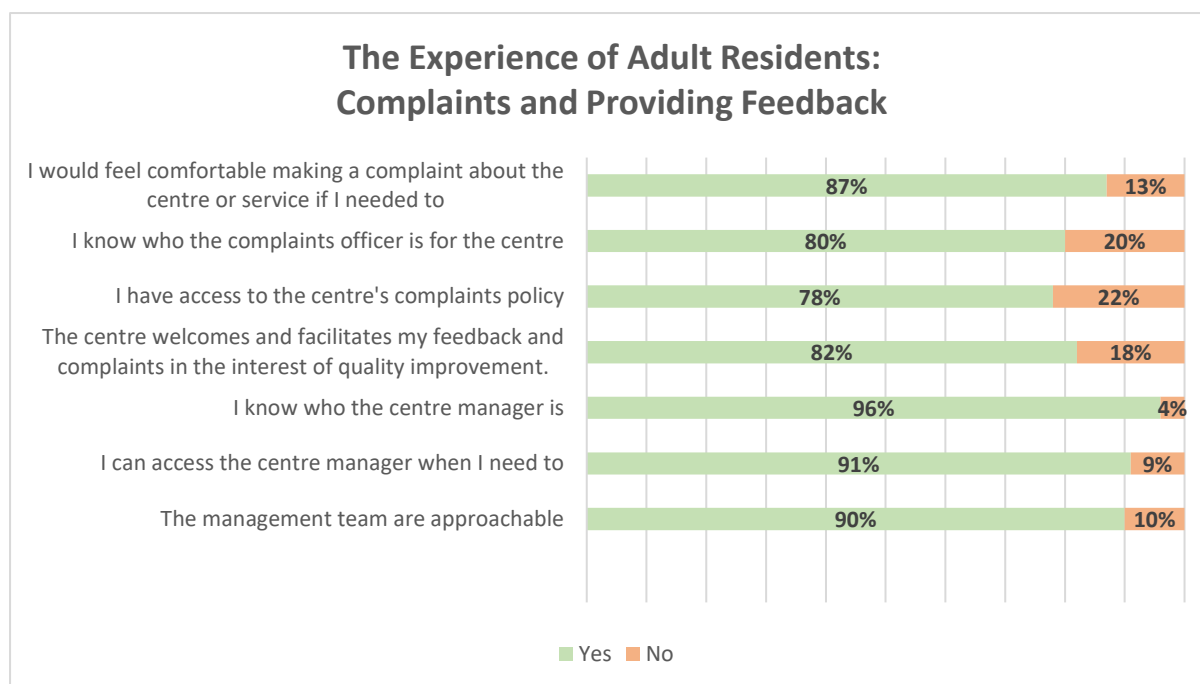
Figure 19. The experience of adult residents: safeguarding and protection



Complaints and providing feedback

Adult residents told us that they knew the manager of their accommodation centre and how to access them when they needed to. Most residents who met with inspectors said that they would be comfortable making a complaint if it was necessary, however, the majority explained that they had never done this. Generally, they were not aware of established residents' forums or committees in their centres and they told us that engagement with managers tended to be via email. Most residents said that their views had never been sought on how the centre was operated, and they were of the view that suggestions or feedback on areas that required improvement in their centre were generally not welcomed. Lack of, or poor methods of consultation with residents was a finding of some inspections and improvements are expected in this area once service providers implement the actions that they submitted to HIQA as part of their compliance plans.

Figure 20. The experience of adult residents: complaints and providing feedback



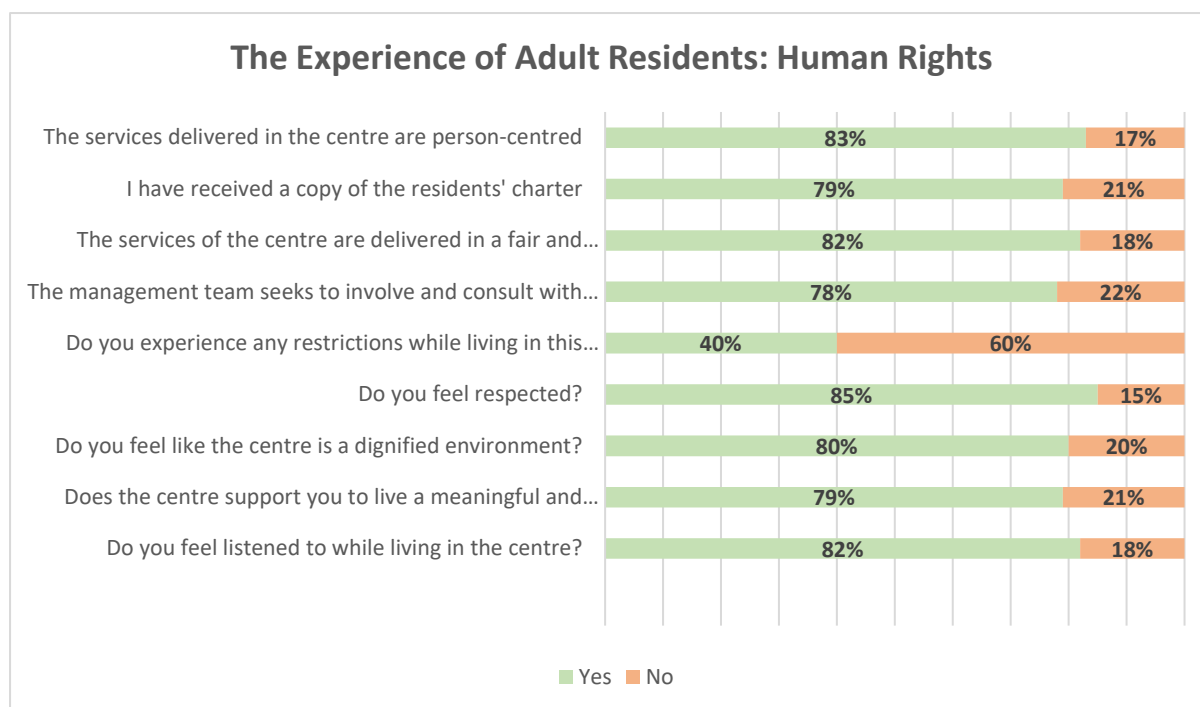
Human rights

The national standards state that the rights and diversity of each resident must be respected, safeguarded and promoted. In a human rights-based approach to practice, service providers should ensure residents are informed and treated equally¹⁷ and respectfully and in a dignified way. Residents told the inspectors that they had not actively considered how their human rights were protected, promoted or upheld in their accommodation centre. Many stated that they were not aware how local practices impacted upon their human rights. Most explained that they were comfortable with how their accommodation centre was managed and felt respected. However, the majority of individuals added that they had not been informed about their human rights by centre staff or managers.

83% of those who completed the adults' questionnaire were of the view that the services they received were delivered in a person-centred way. 79% had received a copy of the residents' charter for the centre. 40% stated that they experienced restrictions while living in their accommodation centre. 85% reported that they felt respected, 80% felt their centre was a dignified environment, 79% stated that the centre supported them to live a meaningful and good quality of life and 82% reported that they felt listened to.

¹⁷ Equal treatment means residents are treated with dignity, respect and kindness. Equality is promoted and respected in relation to the resident's age, gender, sexual orientation, gender-identity, disability, family status, race, religious beliefs and/or membership of an ethnic group.

Figure 21. The experience of adult residents: human rights

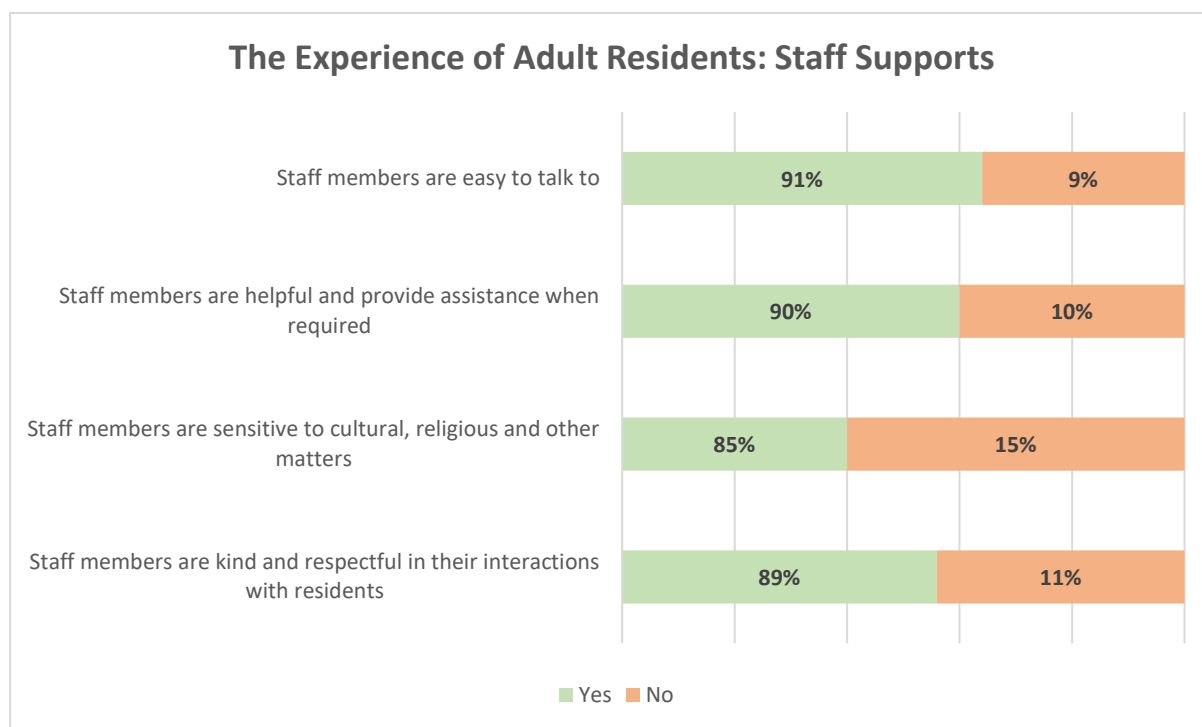


Staff supports



Residents were generally complimentary of the staff teams in their accommodation centre. Many told the inspectors of how staff members worked hard to support them integrate into their local community, access health and social services, find school placements for their children and adjust to life in Ireland. The responses to the resident questionnaires reflected what residents who met with inspectors said. When asked if staff were easy to talk to, 91% reported that they were; 90% stated that staff members were helpful and provided assistance when required; 85% stated that staff members were sensitive to cultural, religious and other matters and 89% felt that staff members were kind and respectful in their interactions with them.

Figure 22. The experience of adult residents: staff supports



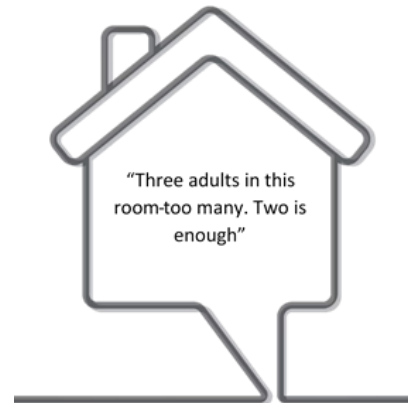
Accommodation

In many centres which were compliant with the national standards, residents expressed high levels of satisfaction with their accommodation. These centres generally provided accommodation through self-contained units or apartment type arrangements. Residents in these centres told the inspectors how this promoted their independence, autonomy and ability to prepare meals for their families in a culturally sensitive way.



Residents living in other types of arrangements were provided with family bedrooms along with shared living and kitchen facilities. In some of these settings, residents told the inspectors that they were satisfied with these

arrangements while others were not. Some residents expressed dissatisfaction with the restrictive nature of the opening times of shared kitchen spaces.

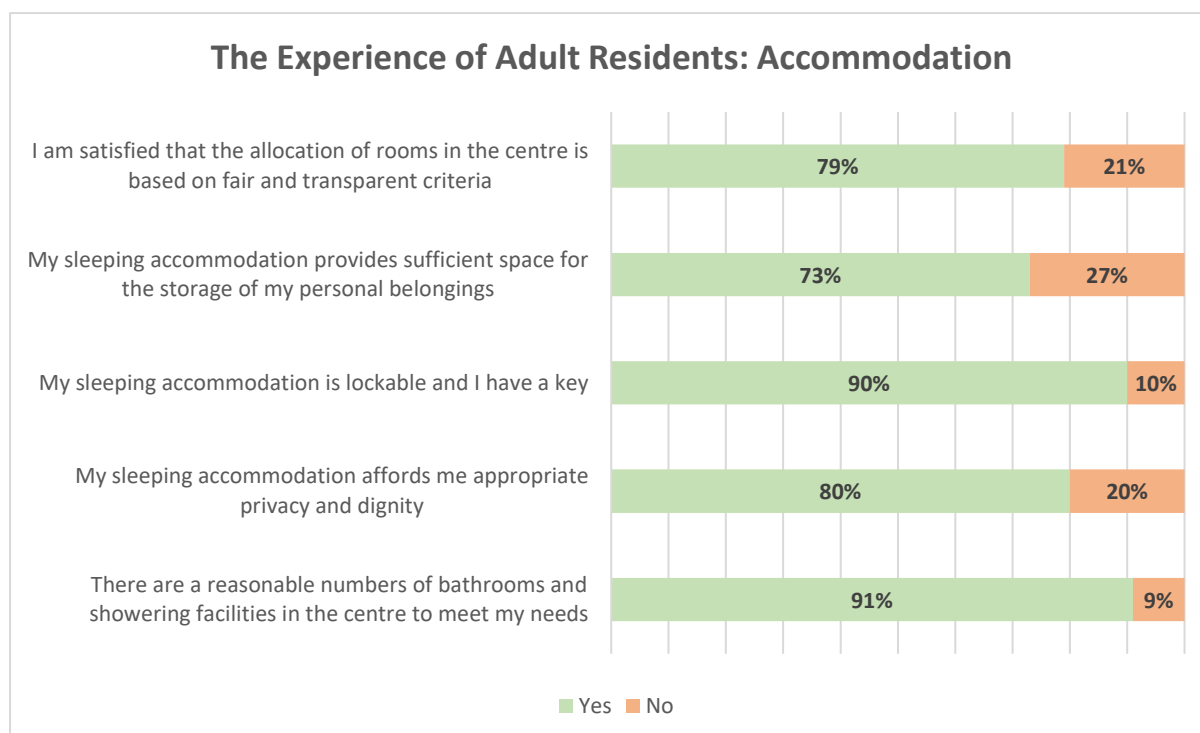


Where centres catered for single males and or females, many unrelated adults shared bedrooms. While in most cases these individuals acknowledged the service provided to them, some found it difficult to sleep and explained that there was very little space to store their personal belongings and that these environments did not promote their privacy or dignity.



79% of adult residents reported that the allocation of rooms in their centre was fair and transparent. 27% stated that their sleeping accommodation did not provide sufficient space to store their belongings. 90% had a key to their accommodation and 91% said that there was a sufficient number of bathrooms and showering facilities in their centre to meet their needs. 80% stated that their sleeping accommodation afforded them an appropriate level of privacy and dignity.

Figure 23. The experience of adult residents: accommodation



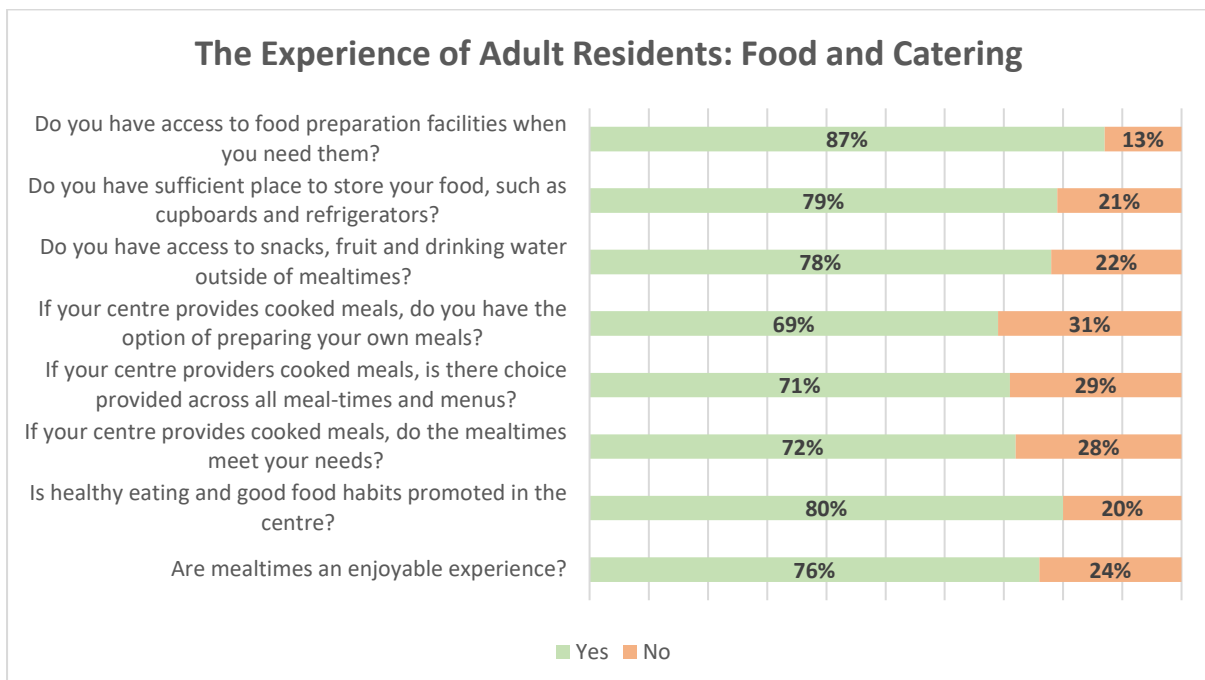
Food and catering

There was overwhelmingly positive feedback from residents where they had facilities available to prepare and cook their own meals. Residents in the centres told inspectors they bought their food through a points system¹⁸ and were complimentary to the staff members operating on-site shops, who sourced and provided culturally sensitive food options. Experiences differed in accommodation centres where the residents could not cook for themselves. In these centres, residents were catered for. They told the inspectors that they experienced reduced levels of autonomy and felt reliant on the service provider to meet their basic needs. Many experienced restricted opening times of dining rooms, and in most cases, they explained that snacks were not made available between meal times.

¹⁸ This system provides residents with points which can be exchanged for food. Each point equates to one euro. This is one of several systems in place across the sector. Some centres use a card system which is debited each week with residents' allocated food allowance.



Figure 24. The experience of adult residents: food and catering



Overall, the experiences of residents as they described them to HIQA reflected the findings of inspections.



6. Inspections findings under the *National Standards for accommodation offered to people in the protection process*

This section presents a summary of the overview of findings related to 60¹⁹ inspections conducted between January and December 2024. Separately, it provides a summary of progress concerning a second inspection of three accommodation centres within this time. It gives a description of how the accommodation centres performed in relation to compliance with the national standards monitored during these inspections under the two dimensions of capacity and capability, and quality and safety.

In summary, service providers varied in their levels of compliance with national standards, and while there were examples of service providers who performed well against many of the standards, there is room for improvement to ensure all service providers come into compliance. This will bring consistency and equity to service provision on a national scale.

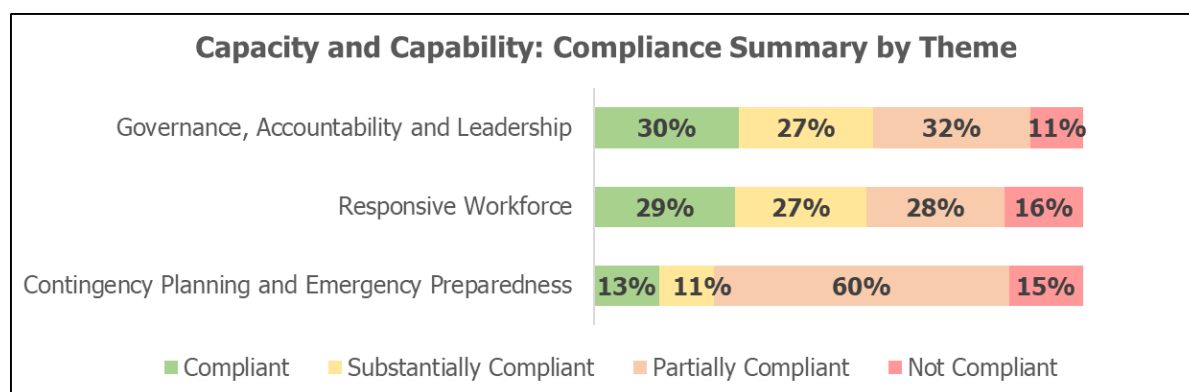
To measure progress in accommodation centres over time, HIQA gathered and collated data and information on all accommodation centres inspected.

6.1 Capacity and capability of the accommodation centres

This section describes HIQA's evaluation of how effective the governance, accountability and management arrangements are in supporting and ensuring that a good quality and safe service is being provided in accommodation centres on a consistent and sustainable basis. It highlights whether there are appropriate oversight and assurance arrangements in place, how safe staff recruitment practices are and how staff members are managed, supported and trained to ensure high quality and safe delivery of care and support to residents. In addition, this section describes how well risk is managed and how prepared the service provider is for any potential interruptions to service delivery.

¹⁹ Findings of an inspection of one accommodation centre is not included as it fell outside of HIQA's remit prior to publication. The inspection report on this centre was provided to the service provider and the Department of Children, Equality, Disability, Integration and Youth, who had the responsibility for this centre.

Figure 25. Capacity and capability: compliance summary by theme



Theme 1: Governance, Accountability and Leadership

To deliver high quality, safe and reliable services, service providers need to have governance arrangements in place with clearly defined roles and responsibilities which focus on outcomes for residents using the service. Service providers should have systems and processes in place to ensure they are meeting their legislative requirements and complying with national standards and policies, and are continually looking for ways to improve their service. Residents should be informed of what to expect from the service, including how complaints are managed.

HIQA found that although some service providers performed well against these national standards, there was room for improvement for many others.

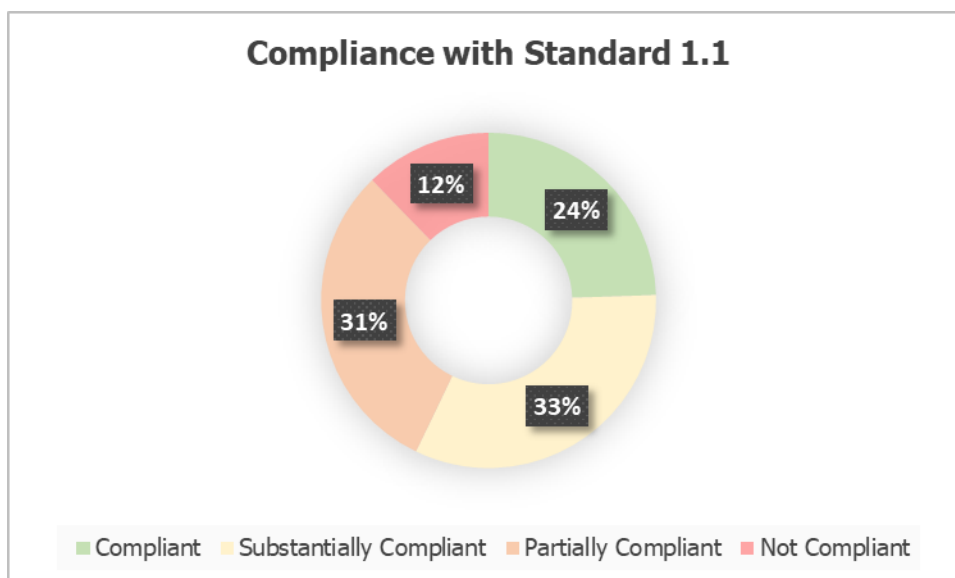
Standard 1.1 The service provider performs its functions as outlined in relevant legislation, regulations, and national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

57% of service providers were compliant or substantially compliant with the standard relating to how well they performed their functions in line with legislation, national standards and policy. These service providers had a better understanding of the regulatory framework within which they operate than other service providers, which in turn had a positive impact on day-to-day practice and ultimately, outcomes for residents.

However, just under half (43%) of service providers had low levels of understanding of the regulatory framework within which they operated. This meant that these service providers could not always meet their legal requirements or fully comply with national standards as they did not have the knowledge or expertise to do so at the time of inspection. These were centres

where overall compliance levels with many of the national standards assessed were generally low.

Figure 26. Compliance with Standard 1.1

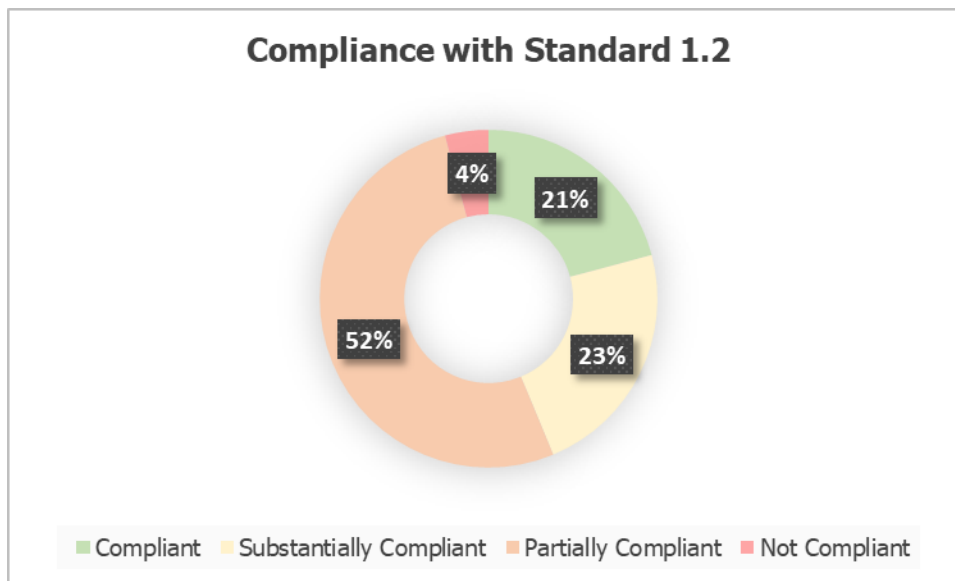


Standard 1.2 The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

44% of service providers complied with the standard relating to governance, leadership and management. They were found to provide a well-managed accommodation centre where levels of accountability are established and staff members know what is expected of them. Day-to-day practice is generally good and the lived experience of the residents is important to the service provider in their efforts to continually improve their service. These are typically service providers who performed well against the majority of all national standards assessed at the time of inspection.

The highest levels of non-compliance related to centres where the service provider had not put clear, effective or sustainable governance arrangements in place for their centre (56%). While there were structures in place in terms of lines of accountability, they were not effective as poor or no formal reporting mechanisms were put in place by the service provider. These were centres where the service provider was less likely to know how well their centre and staff team were performing and they did not have a good sense of risk.

Figure 27. Compliance with the Standard 1.2

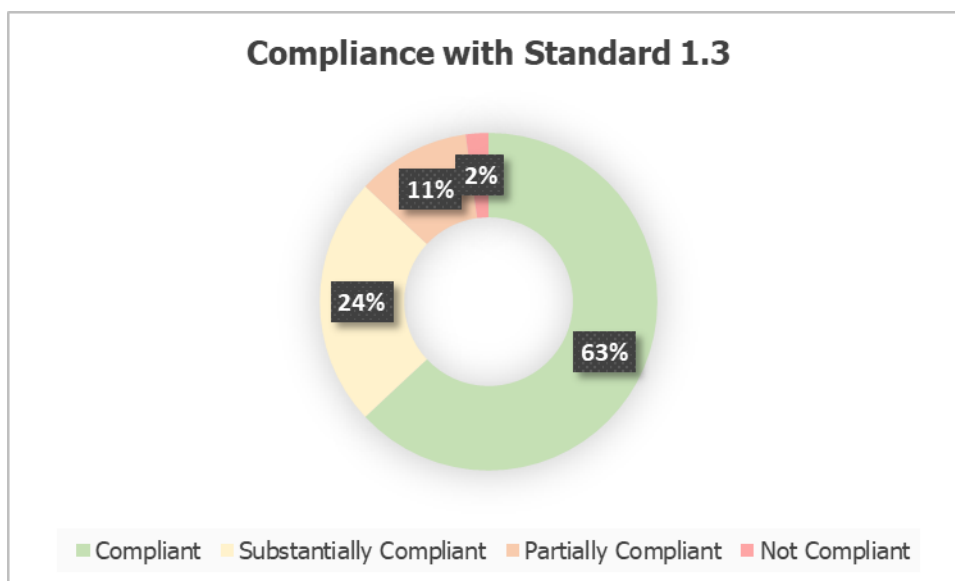


Standard 1.3 There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where services are provided.

Levels of compliance were high in relation to having a residents' charter in place, with 87% of service providers being compliant or substantially compliant with this standard. In these centres, residents were more likely to know what services were available to them and how to access them. They also knew how to make a complaint and were more likely to be confident to do so. However, improved methods of consultation and information sharing were needed in some centres.

Achieving compliance with the national standard for a resident's charter requires minimal effort from service providers, as the charter's content is clearly outlined in the national standards. However, 13% of service providers did not comply with this standard. 2% of service providers were not compliant and the remaining 11% were partially compliant. Non-compliance with this standard was linked to non-compliance with other standards under this theme.

Figure 28. Compliance with Standard 1.3

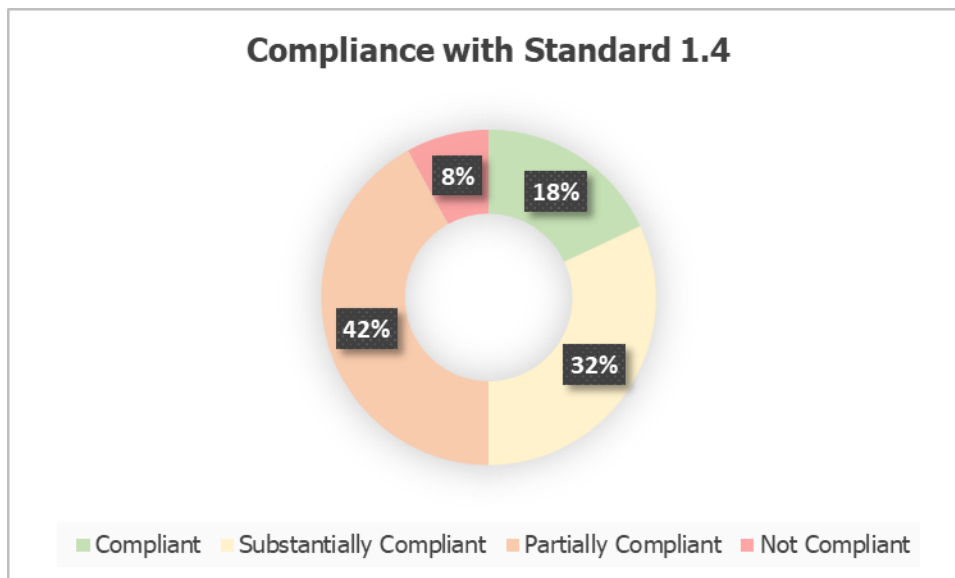


Standard 1.4 The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

50% of the service providers were in compliance with the standard relating to monitoring and reviewing the quality of their service, including how residents experienced living there. 18% were found to comply and 32% were partially compliant. These were service providers who had good reporting mechanisms in place and audited various aspects of practice to ensure they were working well. Where they had identified areas for improvement, these service providers had plans in place to make the necessary changes required. In these centres, the views of the residents were sought and respected and what they told the service provider was taken into account when changes were being made.

The remaining 50% of service providers had no or inadequate systems of monitoring and oversight in place, which would assure them of the quality and safety of their service in a dependable and consistent way. These were typically centres which also lacked formal reporting mechanisms and where the roles and responsibilities of staff members were not clearly defined. In addition, decision-making in these centres was not a transparent or consultative process.

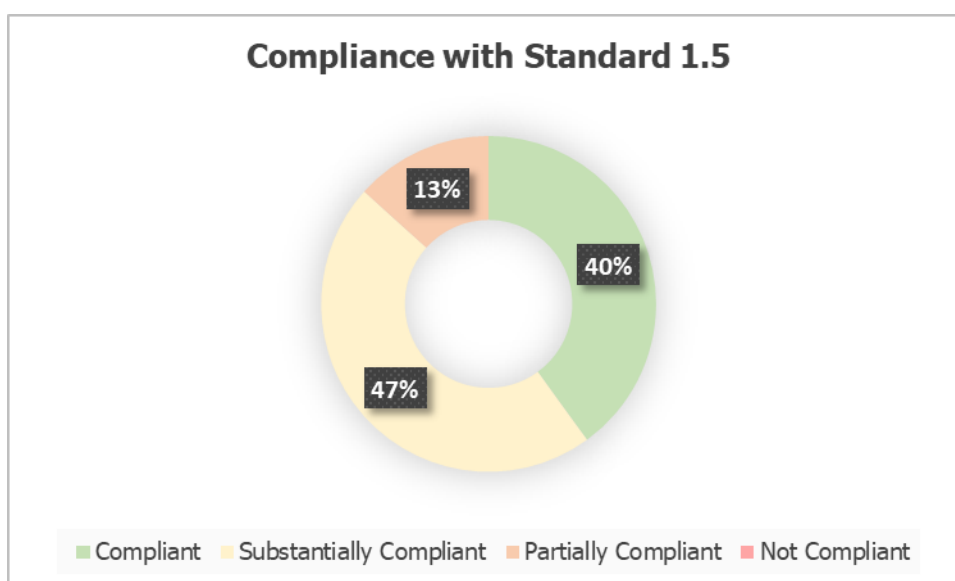
Figure 29. Compliance with Standard 1.4



Standard 1.5 Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

Where assessed, 87% of centres had managers who had initiatives in place to consult with the residents of their centres. This meant that the residents were more likely to have an opportunity to express their views and have a voice in quality improvement plans developed by the service provider. However, significant work was needed in 13% of centres to establish methods of consulting with the residents. This finding is reflected throughout this section of the report under other standards.

Figure 30. Compliance with Standard 1.5



Theme 2: Responsive Workforce

Service providers need to ensure that they have suitable staff in place who are competent and qualified to provide care and support to residents in accommodation centres. They also need to provide the necessary training, support and supervision to their staff members to ensure they perform their job to the best of their ability.

Some service providers performed well under this theme and others did not. Service providers performed best against national standards relating to staff training but there is a significant way to go for the majority in terms of safe recruitment practices and staff supervision and support.

Standard 2.1 There are safe and effective recruitment practices in place for staff and management

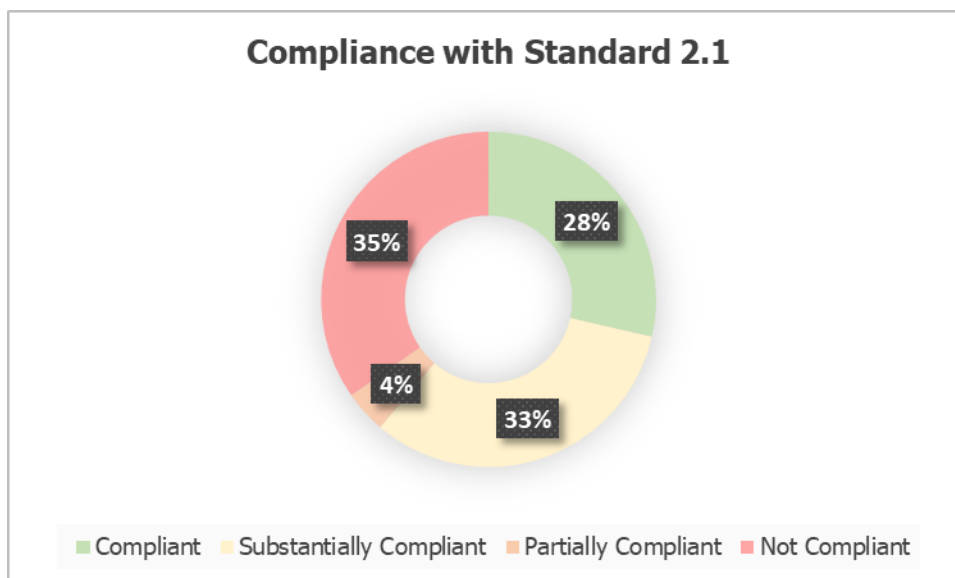
61% of service providers were either compliant or substantially compliant with the standard relating to safe staff recruitment practices. These service providers were aware of their roles and responsibilities in line with relevant legislation and national standards. They also typically performed well against standards relating to governance and safeguarding practices. In these centres, personnel records were well maintained and held all required documentation, including up-to-date vetting by An Garda Síochána and international police checks for staff who had worked outside of Ireland prior to their employment in the centre. These service providers had systems in place to ensure references were sought from previous employers.

39% of service providers did not comply with this national standard. 35% were not compliant and 4% were partially compliant. The main trend in reasons for non-compliance was the lack of Garda checks, international police checks and references for staff members and in some cases, all three were absent. In some instances, Garda vetting was completed, but only after the employee took up their post in the centre. Some service providers were unaware of the requirements of them in this area and had no recruitment policy in place to guide their practice. Where unsafe recruitment practices were found, particularly in relation to vetting of staff by way of Garda and international police checks, HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken to manage and mitigate any risks to the residents.

Other areas of improvement under this national standard included the need to ensure that centre policy on staff recruitment accurately captured intended practice, and that written risk assessments were in place for staff with positive

disclosures.²⁰ Job descriptions needed to be developed in some centres, to provide clarity on each staff member's role and responsibilities in the centre to ensure they have the appropriate training and are held to account for their individual performance.

Figure 31. Compliance with Standard 2.1

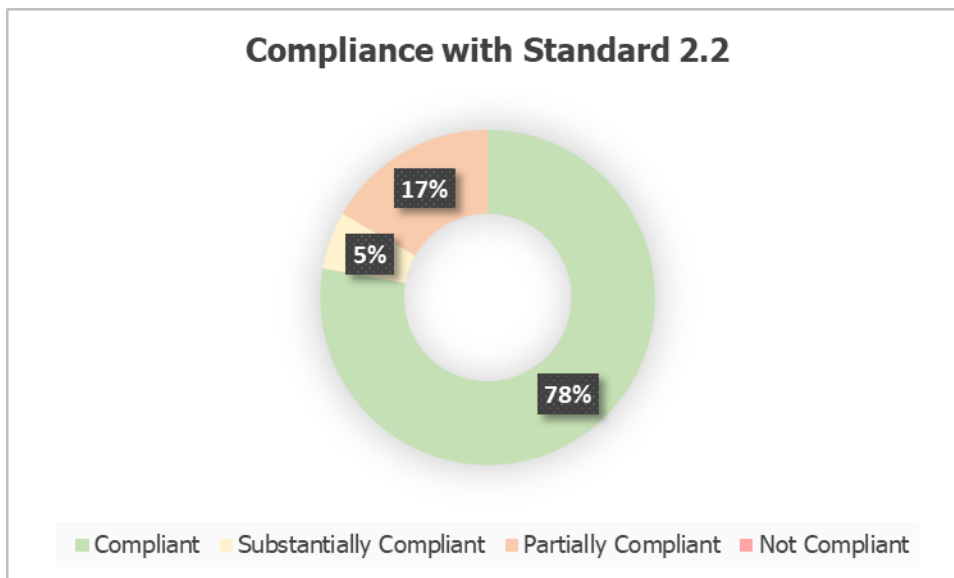


Standard 2.2 Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

Where assessed, 83% of service providers employed staff members with relevant qualifications and experience. This meant that the remaining 17% did not. This finding was strongly related to long established staff members who had worked on the premises before and after it became an accommodation centre.

²⁰ A positive disclosure is when a Garda or international police check discloses a criminal conviction against a person.

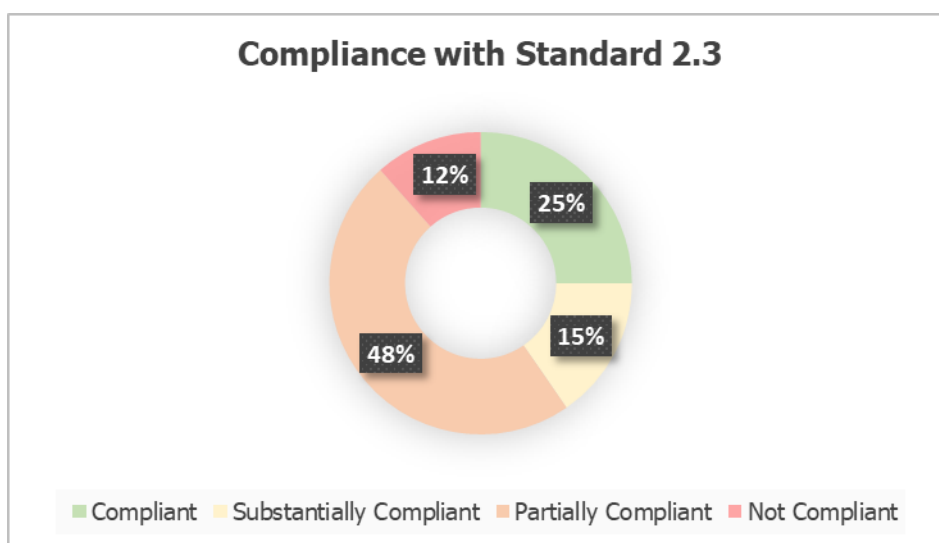
Figure 32. Compliance with Standard 2.2



Standard 2.3 Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

40% of service providers complied with the standard relating to staff support and supervision, however 60% failed to comply. Within this category, 12% were found to be not compliant and 48% were partially compliant. Non-compliance with this standard was a feature of accommodation centres where systems of reporting and accountability were generally underdeveloped or lacked formality and recording mechanisms. In these centres, service providers could not be assured that staff members were being well supported or being held to account for their day-to-day practice.

Figure 33. Compliance with Standard 2.3

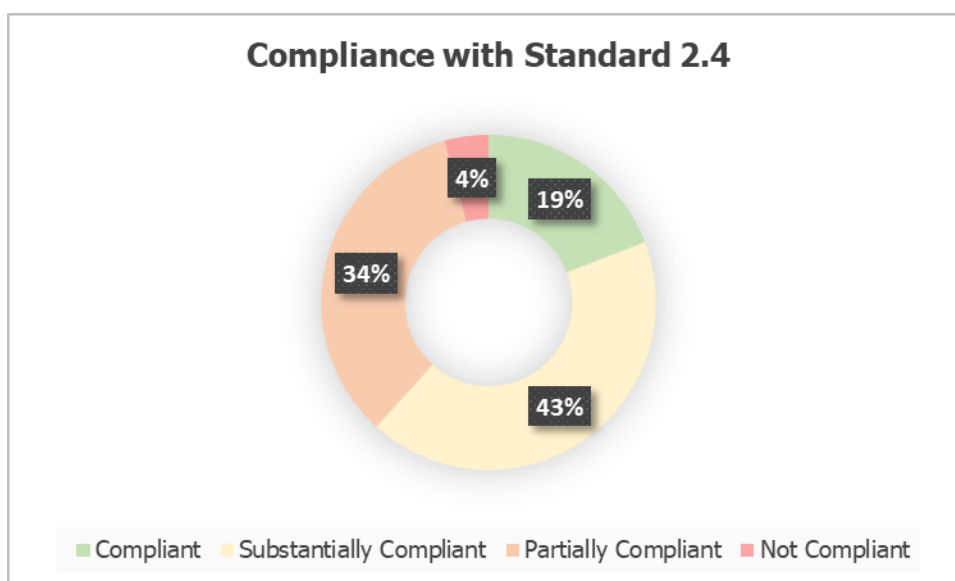


Standard 2.4 Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

Over half (62%) of service providers complied with this national standard. Typically, these service providers had a good understanding of the requirements of the national standards and the needs of the residents living in their centres. They ensured that the training they provided was informed by some form of analysis of training needs and was founded on improving the lived experience of the residents.

38% of service providers did not comply with this standard. 4% were found to be not compliant and 34% were partially compliant. These findings indicate a low value placed on ensuring the centre's staff team has the skills and knowledge to meet the needs of the residents and the service. In some instances, staff training was scheduled but had not yet happened. In others, core training in critical areas such as safeguarding and protection of children and adults was not provided and or refreshed regularly. In these centres, service providers typically failed to comply with performing their functions in line with relevant legislation, national standards and policy.

Figure 34. Compliance with standard 2.4



Theme 3: Contingency Planning and Emergency Preparedness

Managing risk is an inherent part of delivering an accommodation centre, and it is the responsibility of the service provider to ensure risk is identified and managed well. A risk management framework, policy and risk register should be in place and implemented to ensure all risks are known, assessed and have controls in place to reduce or eradicate the risk involved. Contingencies should be included on the centre's risk register to ensure continuity of service in the event of an emergency or unforeseen incident.

Standard 3.1 The service provider will carry out a regular risk analysis of the service and develop a risk register.

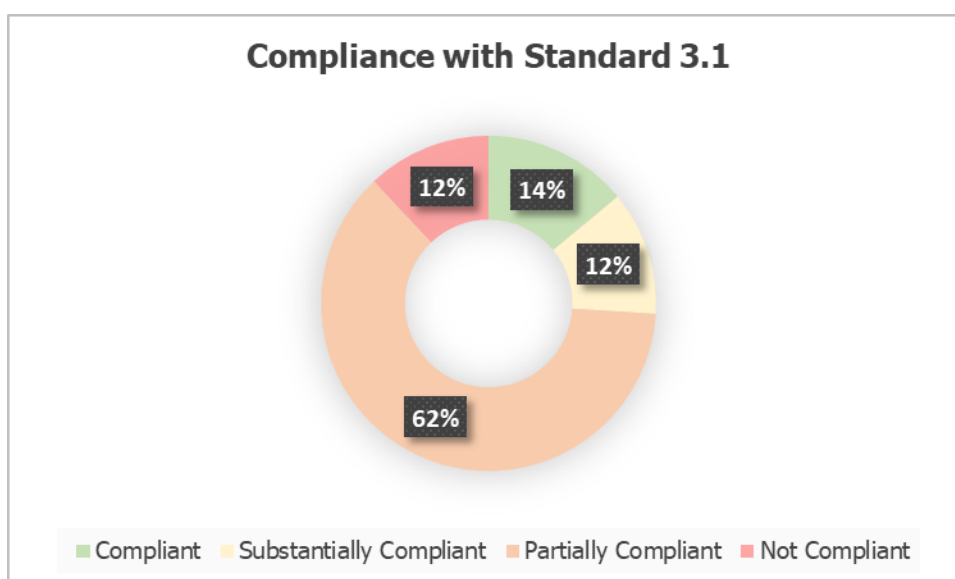
26% of service providers were found to be compliant (14%) or substantially compliant (12%), with this national standard. These were service providers who understood their responsibilities in relation to operating a safe service where risks to residents, staff, visitors and the premises were identified and well managed. These service providers had plans in place to mitigate risks which may interrupt service delivery, such as fire or flood.

Significantly, 74% of service providers were not in compliance with this national standard. 12% were not compliant and 62% were found to be partially compliant. Overall, these service providers had limited or no systems in place to identify, assess and monitor risk in their centres. They lacked a fundamental understanding of risk management and their responsibilities in this area. The majority of these service providers focused on health and safety risks but omitted

to take the same approach to person-centred risks.

Risk reporting systems in these centres were either not in place or lacked development. The risks identified by HIQA were either known to some degree by the service provider and not managed well, or not known to them and therefore not managed at all. Where poorly or unmanaged risks were identified, particularly when they related to the safety and welfare of residents and fire safety, HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken to manage and mitigate any risks to the residents. In two accommodation centres, HIQA increased its regulatory activity to ensure service providers took appropriate steps to eradicate or reduce risk in their centres. One of these accommodation centres remains of concern to HIQA and regulatory activity is ongoing at the time of reporting.

Figure 35. Compliance with standard 3.1



6.1.1 Monitoring metrics – capacity and capability

This section presents a national picture of whether specific requirements of the national standards are in place or not under the dimension of capacity and capability. This data differs from compliance levels as it does not represent all data and information considered to make a judgment on compliance, but is merely one indicator of whether a service provider is compliant or not.

The metrics table below shows that indicators of compliance were not identified in critical areas such as the implementation of national guidance and legislation relating to safeguarding children and adults, supervision of centre managers,

meaningful consultation with residents and quality improvement initiatives.

Table 2. Governance, management and accountability

	Yes	No
Are the Children First Act 2015 and 'Children First National Guidance for the Protection and Welfare of Children' implemented in practice in the centre?	92%	8%
Is the Safeguarding Vulnerable Persons at Risk of Abuse National Policy implemented in practice in the centre?	63%	37%
Do the management team have the appropriate qualifications and the skills and experience necessary to manage the centre?	82%	18%
Are centre managers in receipt of regular supervision from the service provider (at least on a quarterly basis)?	24%	76%
Are records maintained of all complaints made including details of investigations and/or outcomes including if there was effective resolution?	63%	37%
Is there meaningful consultation with people who live in the centre?	63%	37%
Are all reasonable efforts made by the service provider to ensure that residents are provided with all relevant information in an accessible format and manner in which they can understand?	86%	14%
Is there a positive culture which is person centred and promotes the human rights of people?	84%	16%
Is there a Residents' Charter in place which contains all prescribed information?	69%	31%
Is there a 'written description' of how the centre is operated on a day to day basis?	73%	27%
Where required, does the service provider have a quality improvement plan in place?	47%	53%
Has an 'annual review of the quality and safety of the service' been completed?	14%	86%
Is there a Residents' Committee in place in the centre?	51%	49%

The following metrics demonstrate that, of the sample of staff records reviewed, improvements are required in staff vetting, supervision and appraisal and training, and that job descriptions were not in place for all staff.

Figure 36. Percentage of staff members appropriately vetted, from the sample of staff records reviewed on inspection

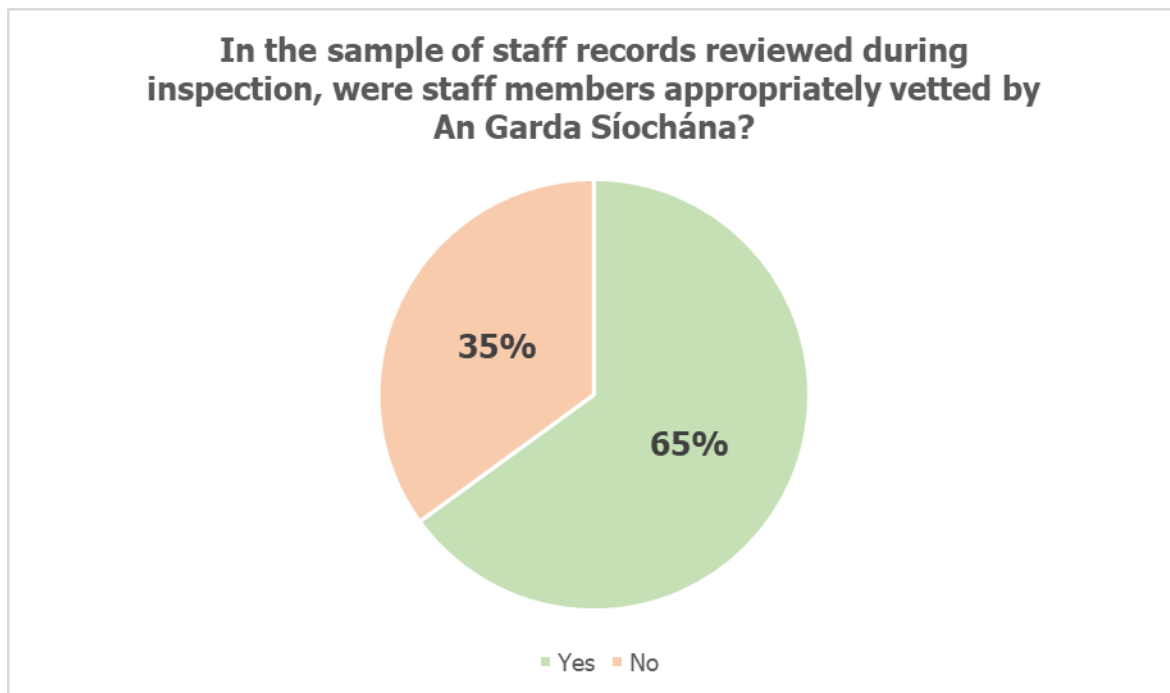
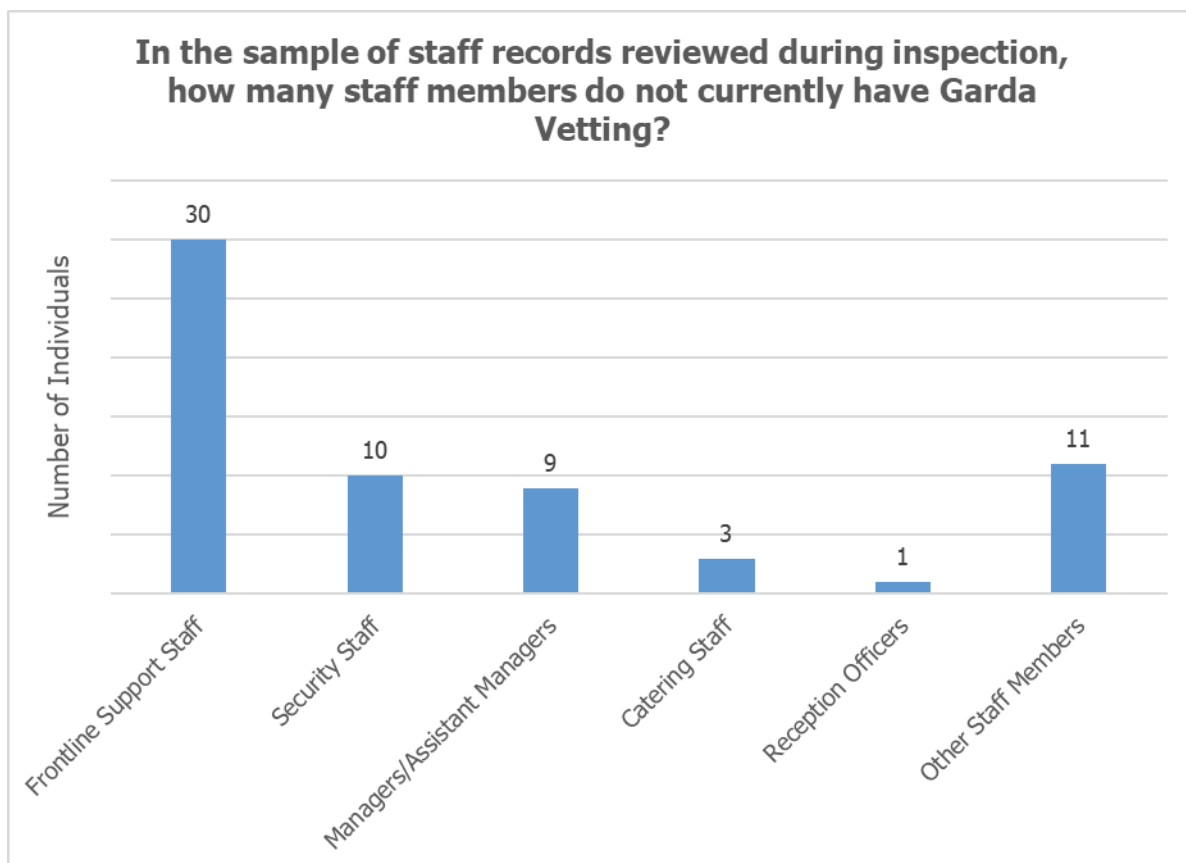


Figure 37. Number of individual staff members not appropriately vetted, from the sample of staff records reviewed on inspection



As shown in Table 3 below, there is an absence of effective systems and poor quality management of risk which is indicative of a sector which is immature in this regard.

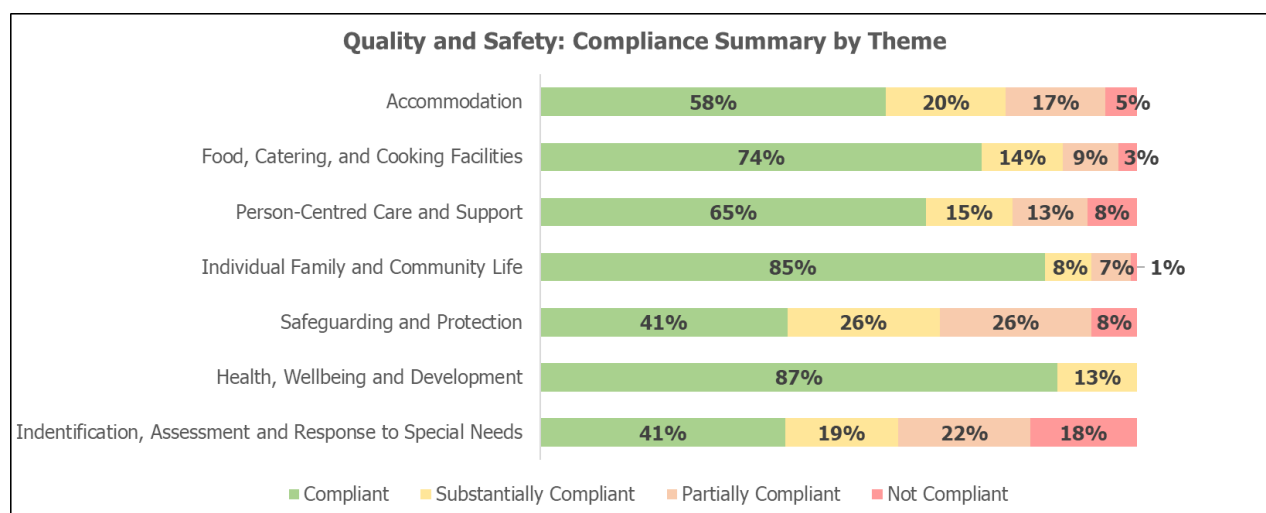
Table 3. Risk management

	Yes	No
Are there contingency plans in place for emergencies or an unexpected shortfall in staff cover?	69%	31%
Are all staff members in receipt of regular formal supervision (at least every three months)?	31%	69%
Are there policies and procedures in place in the centre to manage, review and learn from adverse events?	53%	47%
Is there a risk register in place in the centre?	82%	18%
Does the risk register list all relevant risks (including resident related risks and non-resident related risks)?	30%	70%
Are control measures listed on the centre's risk register in place in practice?	70%	30%
Is the risk register updated and reviewed on a regular basis?	65%	35%
Does the risk register include contingency plans to ensure the continuity of services in the event of a disaster or unforeseen event?	65%	35%
Is there a record maintained of all accidents, incidents and near misses which have occurred in the centre?	76%	34%
Are risks appropriately escalated where necessary?	69%	31%
Are all residents informed about fire drills and emergency protocols?	90%	10%
Are there risk assessments in place relating to situations where the safety of residents may be compromised?	65%	35%

6.2 Quality and safety of the accommodation centres

This section describes the experiences, care and support that people living in accommodation centres receive on a day-to-day basis. It outlines whether the service is a safe, good quality and caring one that is focused on the needs and rights of its residents and in particular, those who are most vulnerable. It is a check on the quality of the accommodation being provided and how residents are supported to integrate into the local community.

Figure 38. Quality and safety: compliance summary by theme



The majority of accommodation centres were pleasant environments where security measures were appropriate and non-intrusive to the residents. Accommodation was allocated in a fair and transparent way and the needs of the residents were taken into account in this regard. Children and adults were provided with what they needed in terms of non-food items, equipment and educational materials. However, some accommodation centres did not perform well under this theme and needed to improve on the quality of the accommodation offered and their approach to delivering needs-led services. Overall, what worked best under this theme was the provision of accommodation which promoted the independence of the residents in terms of their ability to cater for themselves in their own private accommodation. Inequities were identified by HIQA under this theme particularly in relation to the variance in quality of accommodation and in the provision of non-food items.

Theme 4: Accommodation

It is the responsibility of the service provider to ensure that the accommodation they provide is of good quality, safe and informed by the needs of its residents, and the population of the centre should influence the types of facilities available (for example if children live there). Clear and transparent policies and procedures

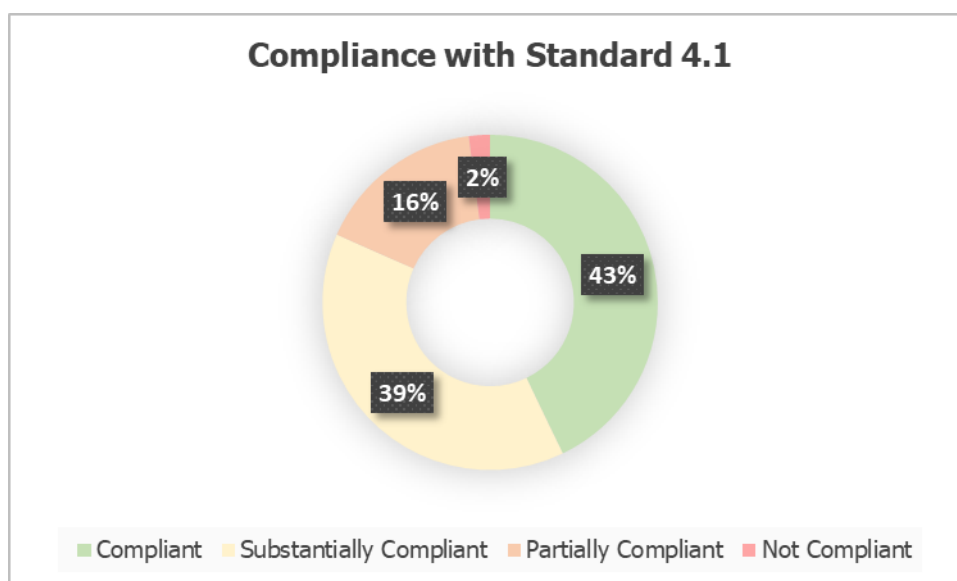
should be in place to guide local practice on the allocation of rooms or individual living units. Private and communal areas should be well furnished and considerate of the rights of the residents to privacy, dignity, choice, good health and - where families live - family life. Where there are security arrangements in place, the service provider should ensure that these arrangements protect each resident's right to privacy and dignity, and the provider should be able to demonstrate there is a need for any such measures by way of a risk assessment.

Standard 4.1 The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

82% of service providers were either compliant (43%) or substantially compliant (39%) with the standard relating to planning, designing and allocating rooms or individual units within their respective centres. These were service providers who ensured that their decisions about where an individual or family would sleep or live independently were centred on their needs, particularly where specific vulnerabilities were identified, such as mobility issues or physical and or mental health concerns.

Almost one fifth (18%) of providers did not comply with this national standard. 16% were partially compliant and 2% were not compliant. These were service providers who did not have a written policy or procedure in place on the allocation of rooms or where they did, it was not adequate or known to the residents. In some instances, the lack of transparent decision-making in relation to room allocation unnecessarily impacted relationships between residents and staff. This was particularly the case when decisions were perceived by some residents to be grounded in favouritism. In other instances, service providers did not comply with this standard because their decisions about room allocations were not informed by identified vulnerabilities of residents.

Figure 39. Compliance with Standard 4.1

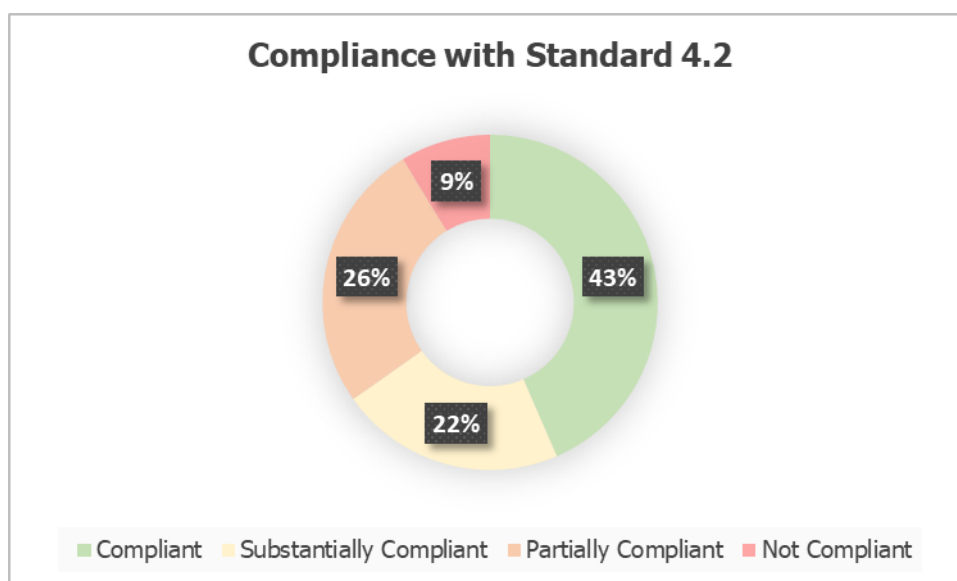


Standard 4.2 The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

65% of service providers assessed against the standard relating to the provision of accommodation which was homely, accessible and adequately furnished were either compliant (43%) or substantially compliant (22%) with this standard. These accommodation centres were found to be pleasant environments for residents which were well furnished and decorated.

For those service providers found to be not compliant (9%) or partially compliant (26%), this was not the case. Some of these accommodation centres were found to be sparsely furnished, with minimal effort made to ensure they had any resemblance to a place where residents could feel comfortable or at home. In others, floor space was at a minimum, particularly where rooms were shared by unrelated adults or large families. These were typically service providers who did not comply with other standards related to accommodation and the promotion of each resident's right to privacy and dignity.

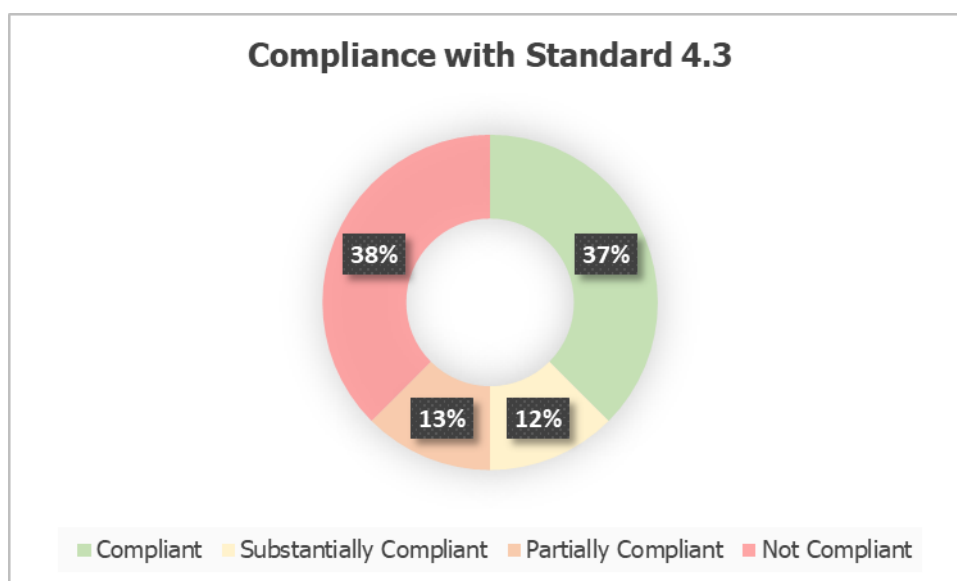
Figure 40. Compliance with Standard 4.2



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

While 49% of service providers assessed were either compliant (37%) or substantially compliant (12%) with the national standard on protecting each resident's right to privacy, dignity and safety, the majority (51%) were not. This was primarily down to the provision of unsuitable, cramped living quarters and or overcrowding. Storage was a particular issue in some of these centres and resulted in poor living environments with non-compliances related to health and safety risks. There were examples of poor bathroom facilities where residents could not bathe with the knowledge that the bathroom door was not locked when in use, or that shower panels did not provide privacy. Where required, HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken to manage and mitigate any risks to the residents.

Figure 41. Compliance with Standard 4.3

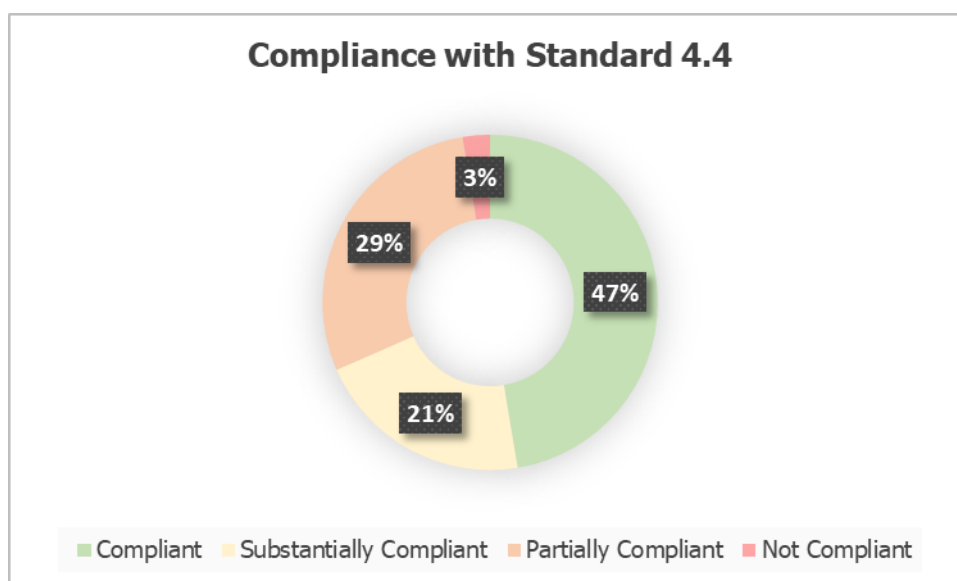


Standard 4.4 The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their caregivers are provided with child-friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

A large percentage of service providers (68%) met the standard of accommodation provided to families. In these centres, families had adequate living space and bathroom facilities for their private use, and their room or independent living unit had a door which could be locked.

However, 32% of service providers did not comply with this standard. 29% were found to be partially compliant and 3% were not compliant. The deficits identified by HIQA in these instances included poor living conditions and inadequate space for families, which impacted on young children's ability, for example, to crawl and develop their motor skills. In other instances, children were found to have to share beds with one or both parents due to a lack of beds. Where this was the case, HIQA sought assurance that immediate and appropriate actions would be taken by the service provider.

Figure 42. Compliance with Standard 4.4

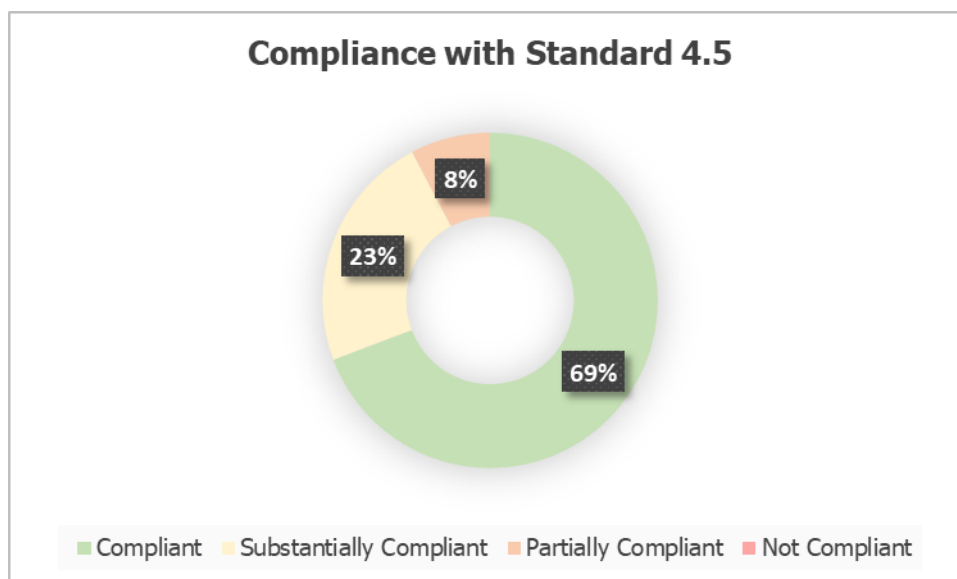


Standard 4.5 The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

A large number of service providers (92%) were found to either comply (69%) or substantially comply (23%) with the standard for the provision of adequate and accessible facilities to adults and children. In these centres, service providers ensured that residents had dedicated areas to practice their religion, socialise and pursue their leisure activities. Children had their own safe space to play and toys and games were made available to them.

8% of service providers were partially compliant with this standard, for reasons including inadequate or no areas for residents to practice their religion or for children to play. Furthermore, there was no or limited consultation with residents on multipurpose or recreational spaces.

Figure 43. Compliance with Standard 4.5

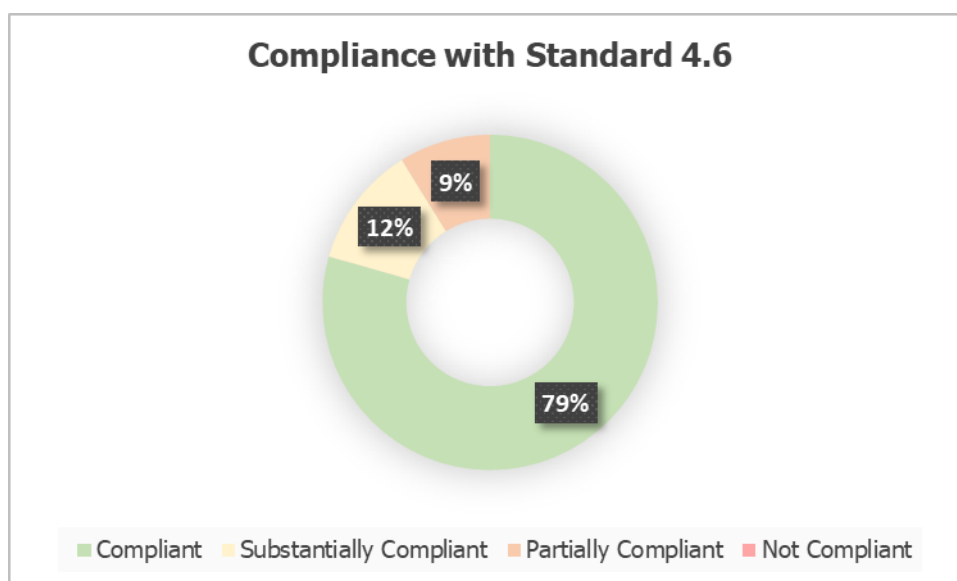


Standard 4.6 The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

It is the responsibility of the service provider to ensure children and young people have adequate facilities and materials to support their educational needs and the vast majority of service providers achieved this standard. 79% were found to be compliant and 12% were substantially compliant. This level of compliance indicated that these service providers placed a high value on children and young people achieving their educational potential in a supportive environment. Young children had access to on site or local crèches.

9% were found to be partially compliant for reasons including poor allocation of space for children to study and or a lack of materials and equipment to support learning and schoolwork. In some instances, no crèche was available on site and while outside of the service provider's control, community-based crèche facilities were not available for all young children.

Figure 44. Compliance with Standard 4.6

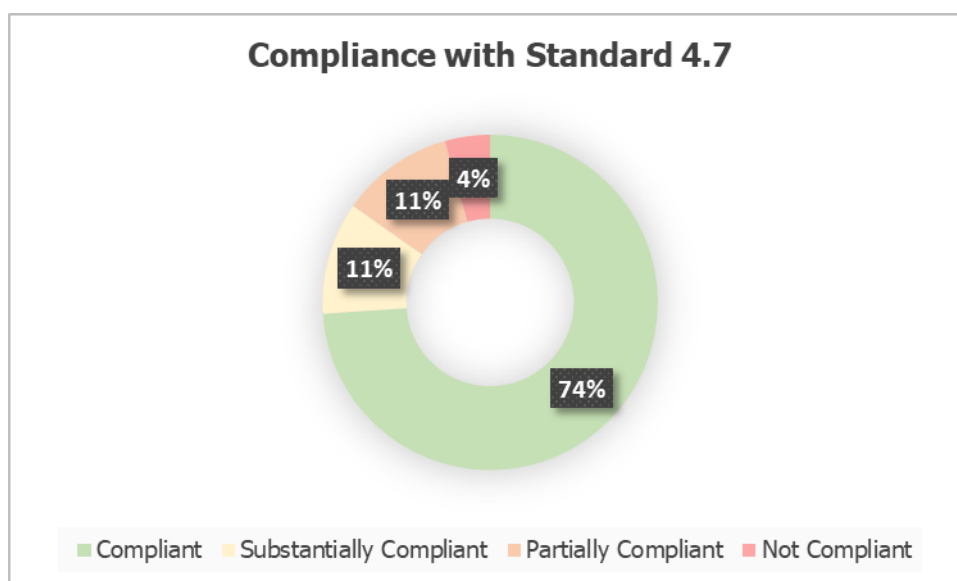


Standard 4.7 The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

The majority of service providers (85%) were either compliant (74%) or substantially compliant (11%) with the standard relating to ensuring common areas of the accommodation centre were clean and good laundry facilities were available to the residents. Some service providers laundered large items such as bedclothes for the residents, which freed up washing and drying machines for smaller items such as clothes. The vast majority provided laundry facilities which met the needs of the residents. In general, accommodation centres were kept clean.

15% of service providers had improvements to make in this area. 4% were found to be not compliant and 11% were partially compliant. In some centres, the laundry facilities were not adequate for the number of residents, materials such as washing powder and or cleaning materials were either not provided and had to be bought by the residents, or were in low supply. In some instances, communal areas required a deep clean and a sustained cleaning schedule, and there was evidence of mould because of poor ventilation. Where poorly or unmanaged risks to the safety and or welfare of residents were identified or cleaning and laundry materials were not made available by the service provider, HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken by them.

Figure 45. Compliance with Standard 4.7

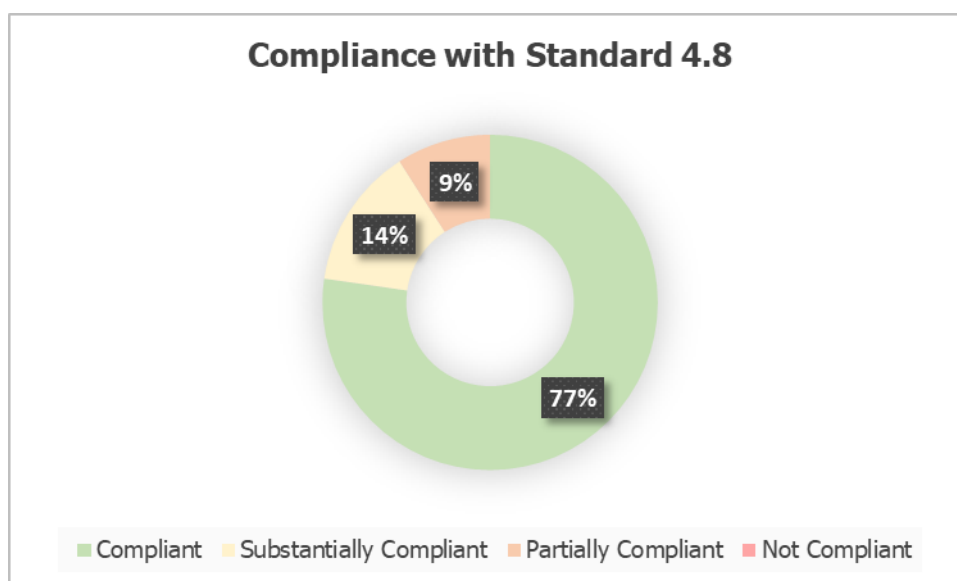


Standard 4.8 The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

91% of service providers were either compliant (77%) or substantially compliant (14%) with the national standard relating to the security measures they had in place in their respective centres. These service providers ensured that any security measures in place were proportionate, appropriate and protected the residents' right to privacy and dignity. These measures included the use of security personnel who were well trained, licensed - including Garda vetted - and had a good understanding of the parameters of their duties in the centre. Closed-circuit television (CCTV) was a common feature in the majority of accommodation centres inspected, and these service providers had a good policy on the use of this system in place which was implemented. Furthermore, service providers who were in compliance were well informed and their staff were trained in data protection. This was critical in ensuring data and information about residents were safeguarded.

9% of service providers were partially compliant with this standard. The most common reasons for this standard not being met included the presence of CCTV throughout the centre, meaning residents had no private area to meet friends, family or for example, their legal representative. In a small number of accommodation centres, the security arrangements were not sufficient and, as a result, were not as effective as they could be in promoting the safety of all residents. Where this was the case, HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken to manage and mitigate any risks to the residents.

Figure 46. Compliance with Standard 4.8

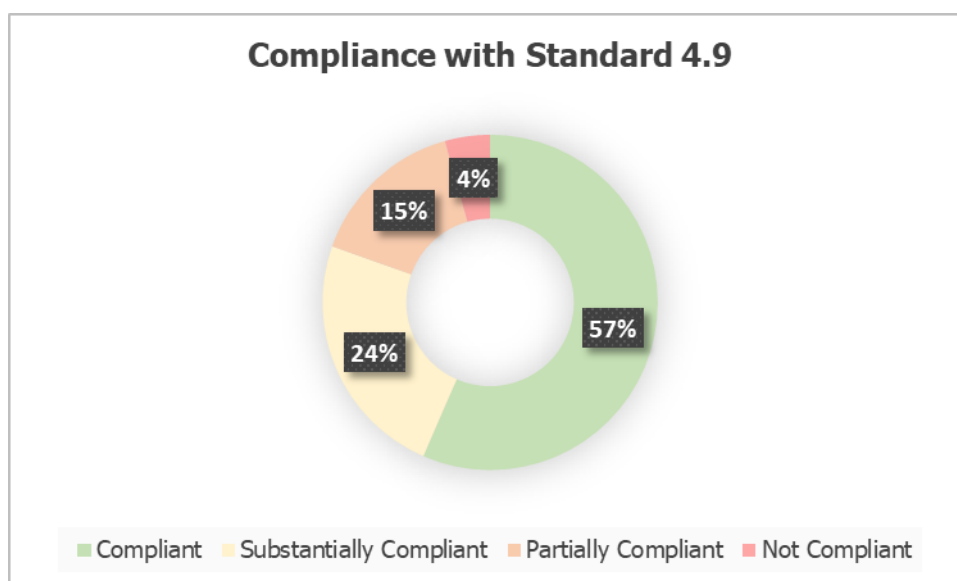


Standard 4.9 The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

It is the responsibility of the service provider to make certain non-food items, such as toiletries, nappies, bedding and towels, and contraception available to residents. 81% of service providers complied with this standard. Of these, 57% were compliant and 24% were substantially compliant. Compliant service providers typically performed well in other areas such as providing good quality accommodation overall, person-centred care and supports, and protecting the rights of residents generally.

Other service providers did not comply with this standard (19%). 4% were not compliant and 15% were partially compliant. Examples of why these service providers did not comply included charging residents for non-food items, not providing residents with adequate bedding or towels and no mechanisms in place to ask residents what items falling within this bracket they required. In some centres, nappies and various toiletries were supplied by local charities and while this is welcome, charitable contributions should supplement, not replace, what the service provider is responsible and funded to provide. Where this practice was identified, HIQA sought information and assurance from service providers that all non-food items would be provided by them in line with the national standards.

Figure 47. Compliance with Standard 4.9



Theme 5: Food, catering and cooking facilities

It is the responsibility of the service provider to ensure that well equipped and maintained food preparation and or dining facilities are in place to meet the residents' needs and to support family life. They should also ensure that religious and cultural requirements related to food and food preparation are accommodated, and that the residents are actively included and involved in decisions about access to food and preparation areas. Where applicable, the service provider should ensure that residents have access to their own private kitchen or to a communal kitchen, and where residents do not have their own kitchen, they are provided with facilities for basic food preparation. In communal settings, there should be transparent and fair arrangements in place between the service provider and residents in relation to accessing space to prepare food.

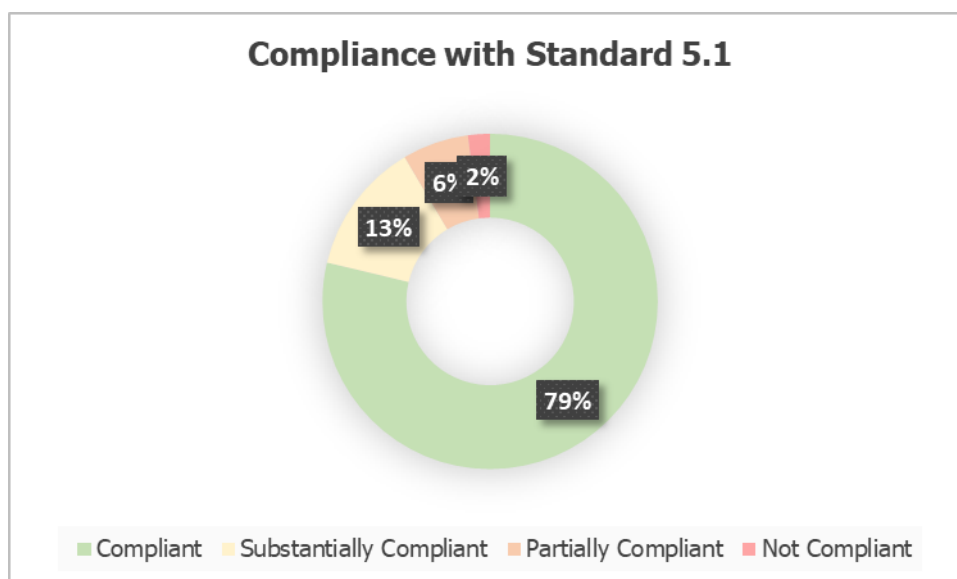
The vast majority of service providers complied with the standards assessed under this theme. They had good and well-equipped facilities in place and were considerate of the needs of their residents. There were some inequities identified in terms of access to dining and cooking facilities and the provision of food. While many residents enjoyed food which was plentiful and varied, and had access to food preparation facilities on a 24-hour basis, others did not. These were primarily down to operational practices in the accommodation centres involved and required review and change.

Standard 5.1 Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

92% of service providers complied with the national standard on food preparation and dining facilities. 79% were compliant and 13% were substantially compliant. While accommodation centres differed in the types of facilities provided for example self-catering, catered and mixed, service providers who performed well under this national standard ensured their centres had good facilities in place which were well stocked and maintained with ample food storage areas. The residents in these centres were either living independently in apartments where they cooked for themselves, or were catered for with the option to prepare food outside of routine mealtimes. This was particularly important to meet the needs of residents who were working, engaged in training, or in education. These service providers acknowledged the needs of the residents and worked well with them to ensure they could eat well at a time that suited them.

A relatively small number of service providers needed to improve in this area (8%). 2% were not compliant and 6% were partially compliant with this national standard. In most cases, the facilities provided were catered and the main deficits identified by HIQA related to institutional practices, where the residents could not access or had very limited access to food preparation areas outside of structured mealtimes. In a minority, food storage areas and or cooking equipment were not adequate. Typically, these were service providers who did not perform well when assessed against standards relating to accommodation, protecting residents' rights and consulting with residents.

Figure 48. Compliance with Standard 5.1



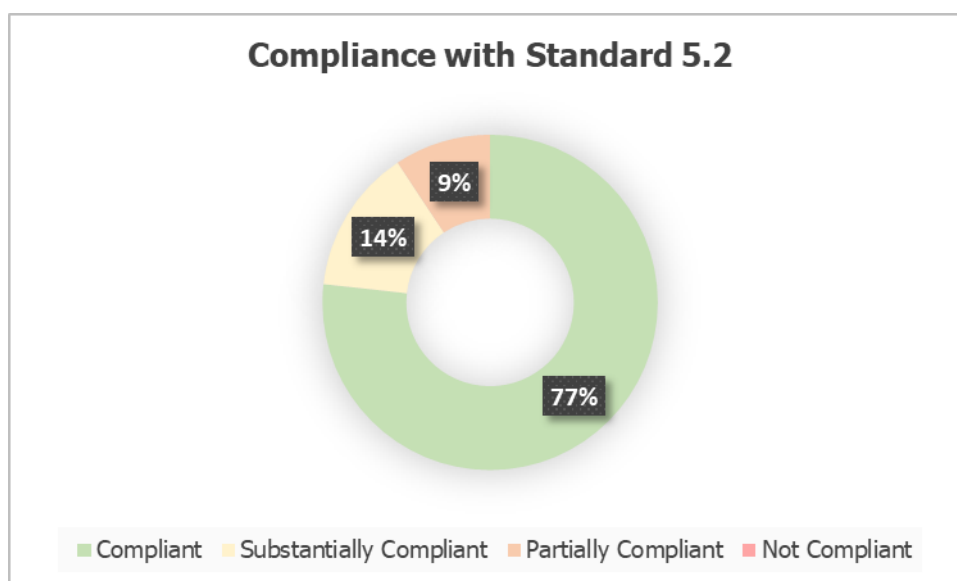
Standard 5.2 The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their

cultural, religious, dietary, nutritional and medical requirements.

The second standard assessed under this theme relates to how well service providers meet the catering needs and autonomy of residents and respect their cultural, religious and dietary needs. The vast majority (91%) of service providers performed well against this national standard. Where food was catered, these service providers consulted with their residents regularly and took into account their needs and right to choice. In these centres, food was plentiful, nutritious and varied. There was ample dining space for residents and access to dining facilities, typically 24 hours a day. Some centres operated an on-site shop where residents used allocated points to get their supplies, and these were found to be well stocked with well-priced items, which meant the residents had enough supplies each week to eat well. Generally speaking, the most favourable arrangement for residents was the ability to cook for themselves either in communal settings or in independent living arrangements.

9% of service providers were found to be partially compliant with this national standard. Some of the reasons for this included poor quality food supplies with little consideration of the ethnicity of the residents, limited access to shared dining areas and the on-site shop, which did not meet the needs of all of the residents. In a small number of instances, residents experienced low food supplies as a direct result of overpricing of food items in on-site shops. Where this was the case, HIQA sought assurance and information to ensure this was rectified immediately by the service provider.

Figure 49. Compliance with Standard 5.2



Theme 6: Person-centred care and support

Service providers were assessed against one core standard under this theme. Under this standard, service providers need to ensure that there is a rights-based approach to practice in the accommodation centre.

The majority of service providers were compliant with this national standard, while others had further work to do in order to come into compliance. Outcomes for residents in these non-compliant centres tended to be poorer than in others.

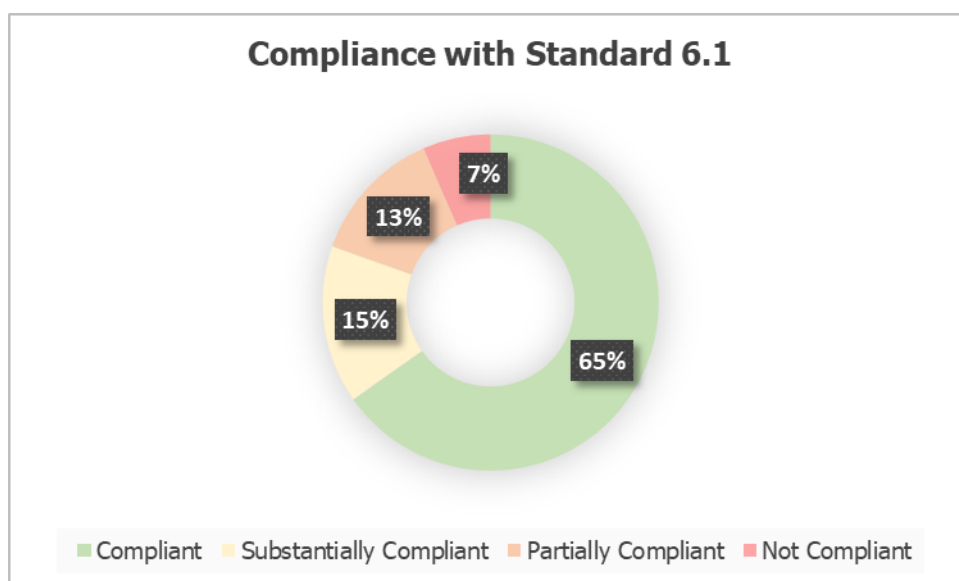
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.

80% of service providers complied with this national standard. 65% were compliant and 15% were substantially compliant. These were service providers who understood the rights of people seeking protection in Ireland and ensured that they informed the residents of their rights, understood them and were encouraged to exercise them. Some good examples emerged of service providers who supported eligible residents to vote and had information and access to advocacy services. Facilities within these centres were generally good and provided space for residents to pray, have their privacy and welcome visitors and family members. A culture of respect and kindness was fostered by these service providers and the residents of these centres had positive experiences of living there.

20% of service providers did not comply with this national standard. 7% were not compliant and 13% were partially compliant. Where improvements were needed, this was typically in relation to restrictive practices, such as limited access to cooking and dining facilities for large portions of the day, unnecessary use of CCTV in private meeting rooms and poor storage, particularly in relation to belongings which were of personal or monetary value to the residents. Some of these centres did not provide prayer facilities for their residents, nor did they ensure that they had good storage facilities for their belongings and valuables.

Where service providers were not compliant with this standard, HIQA found that there was often a poor culture within the accommodation centre. Living conditions were wholly inadequate and therefore could never comply with this national standard. These conditions impacted many areas of these residents' lives, such as their right to privacy, dignity, choice and respect. High numbers of unrelated adults sharing rooms or sleeping quarters had a significant impact on their privacy. Cramped and poorly furnished living conditions impacted their dignity. This level of non-compliance was linked strongly with service providers who did not perform well in relation to the national standards overall. Where required, HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken to manage and mitigate any risks to the residents.

Figure 50. Compliance with Standard 6.1



Theme 7: Individual, family and community life

Service providers should ensure that there is an open and welcoming atmosphere in their accommodation centre which is person centred. Family and friends of residents are encouraged and welcomed by management and staff, and residents can meet and receive visitors in private if they so wish. In addition, service providers are responsible for ensuring public and community-based services and educational settings are accessible to the residents of their centres.

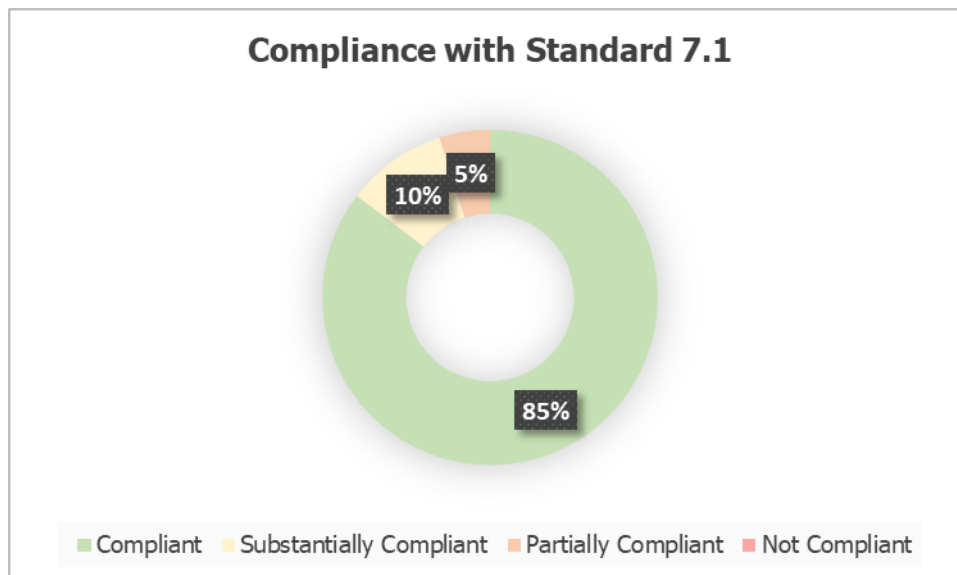
The overwhelming majority of service providers assessed against specific national standards under this theme performed very well. There was a high value placed on family and individual relationships, and on supporting residents to access community-based supports and services that they needed. Where improvements were needed, they were primarily in relation to needs-led transport arrangements.

Standard 7.1 The service provider supports and facilitates residents to develop and maintain personal and family relationships.

Overall, service providers supported residents to develop and maintain relationships, whether that was on an individual, family or community basis. Visitors were generally welcome in the centres inspected and where these were communal settings, private rooms were available to the residents and their visitors. While these centres had a policy on visitors, there were sensible arrangements in place that allowed visitors while continuing to respect the privacy of other residents. This was particularly important where unrelated individuals were sharing rooms.

Importantly, family members were living together in either their own private accommodation or at a minimum, had good sleeping arrangements in one or more connecting bedrooms.

Figure 25. Compliance with Standard 7.1



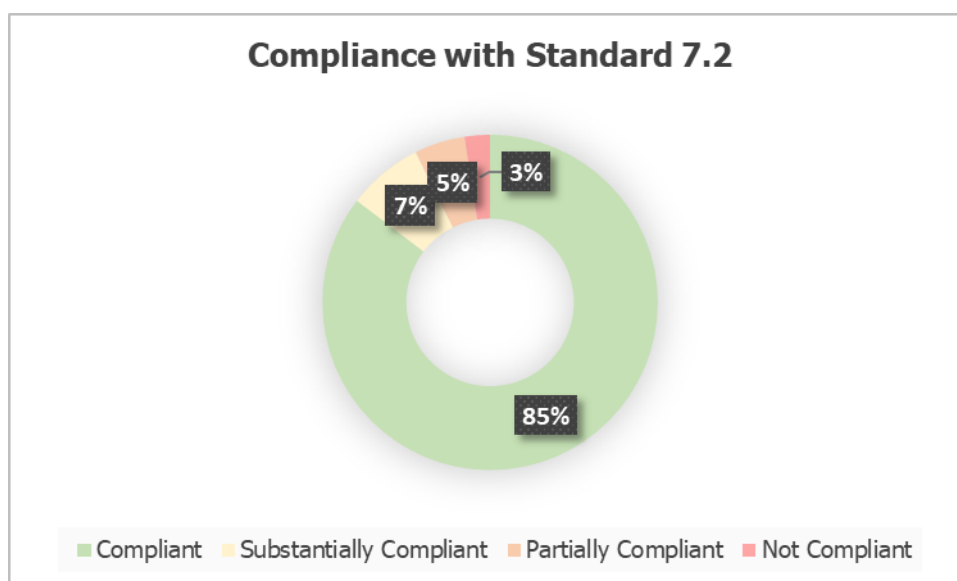
Standard 7.2 The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

Many of the residents who engaged in the inspection process said that they felt very well integrated into their local communities. They said working and pursuing activities nearby had provided them with the opportunity to make friends in their local area. These were typically accommodation centres where the staff team had made strong links with local supports, resources and amenities and went the extra mile to support the residents to be valued members of the community.

Service providers were found to have good transport in place to make services and supports as accessible as possible for the residents and, in particular, for children and residents with for example, specific mobility or health needs.

Figure 52 shows that some improvements were needed. These related to service providers who did not have adequate transport arrangements in place, particularly in rural areas or where local public transport was over relied upon. In some instances, HIQA sought assurance from service providers that these arrangements would be reviewed and changed in order to meet the needs of particularly vulnerable residents or school children.

Figure 262. Compliance with Standard 7.2



Theme 8: Safeguarding and protection

Service providers need to ensure that they consistently promote the safety and welfare of all residents, adults and children, through the implementation of national and local policies and procedures and vigilance of their staff team members. Where incidents or adverse events occur, the service provider should have systems in place to review them for learning and making improvements to everyday safeguarding practices.

Although some service providers performed well in terms of this national standard, there was significant room for improvement. This was a general trend for all three standards under this critical theme of the national standards.

Standard 8.1 The service provider protects residents from abuse and neglect and promotes their safety and welfare.

The first standard under this theme relates primarily to the service providers' responsibility to have appropriate policies and procedures in place which are implemented and ensure staff members are aware of how to monitor, prevent and report suspected abuse of a resident. The residents of the centre should be made aware of these policies and procedures, and where there is a risk that their safety may be compromised, the service provider should assess the level of risk involved and take appropriate actions.

Just over three quarters (76%) of service providers were in compliance with this national standard. 46% were found to be fully compliant and 30% were substantially compliant. These were service providers who had a good

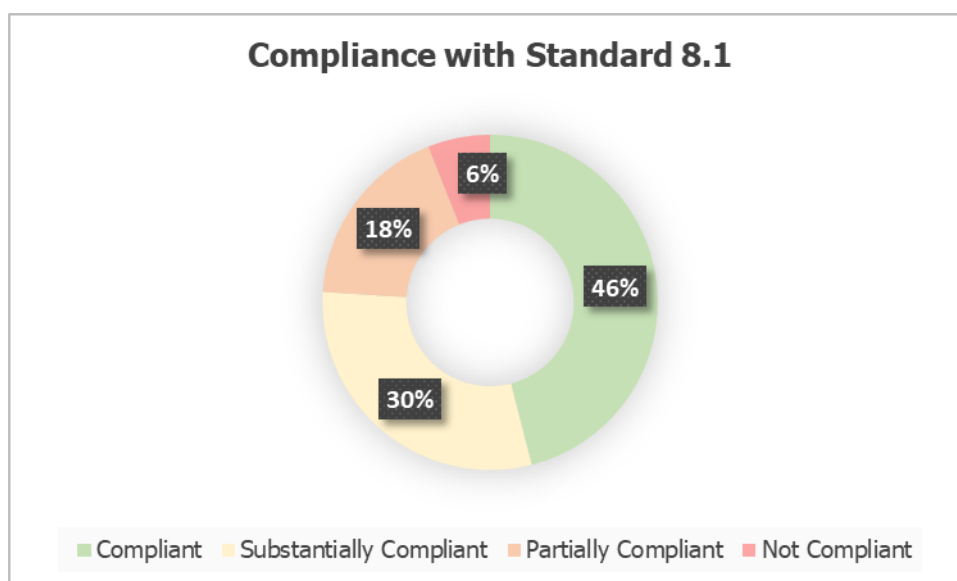
understanding of national policies and guidelines on protecting adults and children. They had procedures in place which were known, understood and implemented by their staff team members. In these centres, conflict between residents was well managed without the application of unnecessarily restrictive measures.²¹ Where allegations of abuse were made to a member of the staff team, they were reported promptly to the relevant authority for example to Tusla and or An Garda Síochána. At a centre-level, appropriate action was taken to prevent incidents recurring where possible.

However, not all service providers performed well under this national standard. 6% did not comply and 18% were partially compliant. These were typically service providers who were unaware of specific national policies, for example, the national policy relating to adult safeguarding.²² As a result, appropriate procedures and staff training were not in place to respond to such safeguarding concerns. In some instances, policies and procedures were in place but not fully implemented. This meant that there were instances of concerns about residents which went unreported and therefore unmanaged. Furthermore, these were usually service providers who did not have a good understanding of risk management overall and did not perform well against national standards on managing risk either. In these accommodation centres, risk assessments were not routinely carried out and as a result, controls were not put in place to reduce or eradicate them. The direct impact on some residents was that they did not always feel safe in their homes. HIQA sought assurance and information from service providers that immediate and appropriate actions would be taken to manage and mitigate any risks to the residents where such risks were identified.

²¹ Restrictive practice is the intentional restriction of a person's voluntary movement or behaviour.

²² Safeguarding Vulnerable Persons at Risk of Abuse (2014).

Figure 273. Compliance with Standard 8.1



Standard 8.2 The service provider takes all reasonable steps to protect each child from abuse and neglect and children’s safety and welfare is promoted.

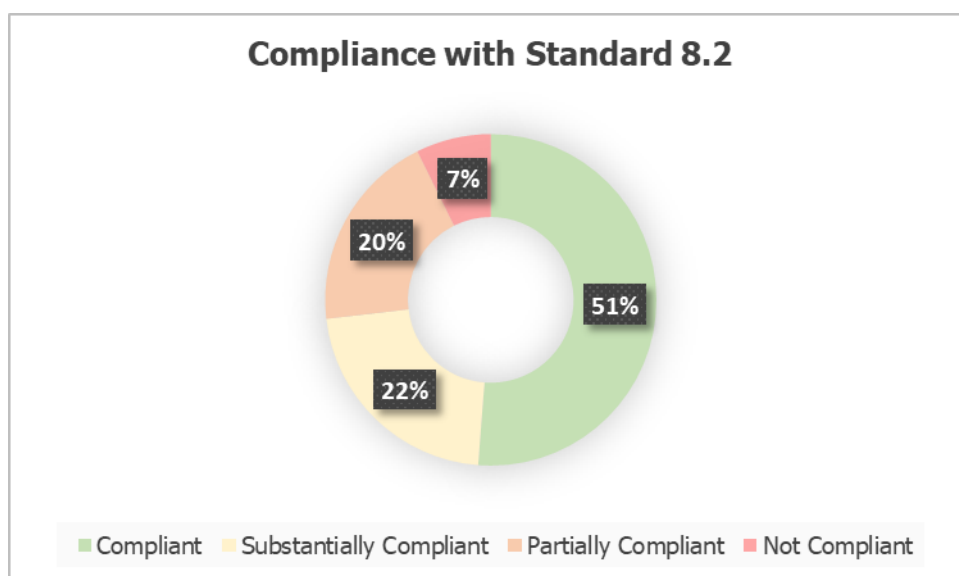
The second standard under this theme relates specifically to safeguarding and protecting children who live in accommodation centres. Similar to the previous standard, service providers need to have policies and procedures in place which reflect national policy and legislation, such as Children First Act (2015). In addition, parents need to be informed and supported to meet expectations of them in relation to supervising their children and children should be aware of community-based supports relating to their safety that they may wish to access.

73% of service providers complied with this standard. 51% were found to be compliant and 22% were substantially compliant. These were service providers who knew and understood the requirements of them and the procedures and protocols in place for reporting and responding to protection and welfare concerns about children. They had well-trained staff members who were vigilant in their observations of children in the centre without being overly intrusive into everyday family life. These service providers ensured that there were strong links established with local social work departments and other local supports for children and families in need. Child protection and welfare concerns were found to be reported appropriately and safety measures were put in place at centre-level where needed, and in tandem with social work safety plans. Overall, these were centres where the service provider had good governance arrangements in place to monitor the quality and safety of the centre.

27% of service providers were not in compliance with this standard. 7% were not

compliant and 20% were partially compliant. Some common reasons for not achieving this standard included a poor understanding by the service provider and staff members of what constituted a child welfare or protection concern. The assessment of concerns about children by the designated liaison person was not accurate or well informed. In some instances, staff members had concerns about children and, although they talked through these concerns with the parents involved, they did not report them in line with national policy or guidance. In several centres, inspectors identified suspected child protection and or welfare concerns about children that were not known to the centre manager and in turn, to the service provider. Overall, record-keeping in these centres was poor and did not support service providers to monitor responses taken at centre-level on foot of any concerns about children. As a result, these service providers cannot be assured of the safety of children living there and some children may potentially be at risk. Where necessary, HIQA either reported any concerns that inspectors had about specific children directly to Tusla, or sought assurance and information that immediate action was taken by the service provider to mitigate any risks to the children involved.

Figure 284. Compliance with Standard 8.2

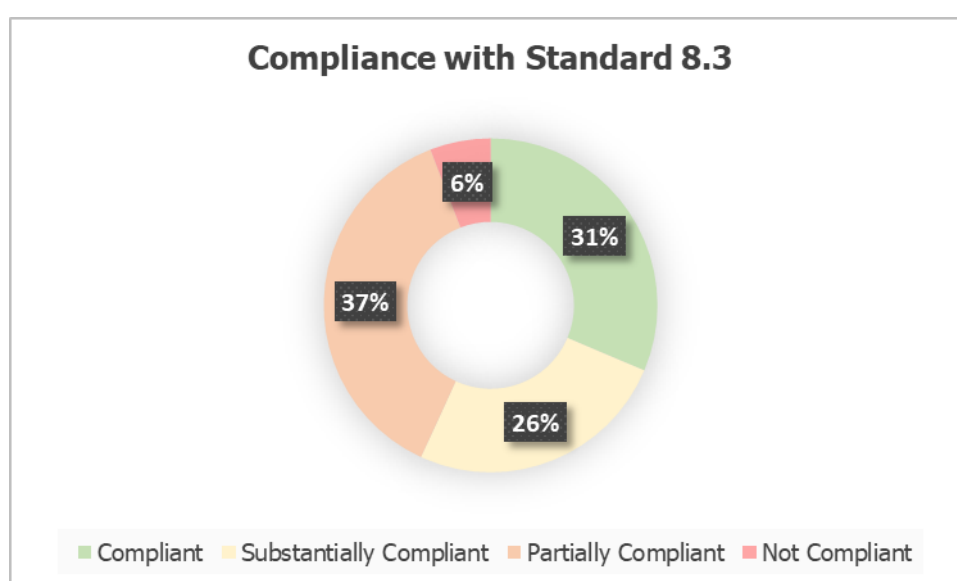


Standard 8.3 The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

Incidents and adverse events can happen in any accommodation centre and the service provider needs to have policies and procedures in place to manage, review and evaluate them. This national standard had the lowest levels of compliance under this theme. While 57% of service providers complied with this standard, 43% of service providers did not comply. Of these, 37% were partially compliant,

while 6% were not compliant. These service providers did not pay adequate attention to incidents and adverse events in their centre as a check on the quality and safety of the centre. While many service providers reported incidents externally in line with national policy, they either did not have any, or had inadequate, systems in place to review incidents. This meant that they could not learn from them or make improvements on foot of this learning. As mentioned previously, poor record keeping was a common feature of these accommodation centres and this did not support monitoring or oversight, which are indicators of good governance by the service providers involved.

Figure 295. Compliance with Standard 8.3



Theme 9: Health, wellbeing and development

Service providers were assessed against one standard under this theme. This relates to how well the service provider promotes the health, wellbeing and development of each resident and meets their needs in a supportive way, whilst taking a rights-based approach to practice. This means that residents make informed decisions about their health and the supports they receive, and maintain their autonomy in this regard.

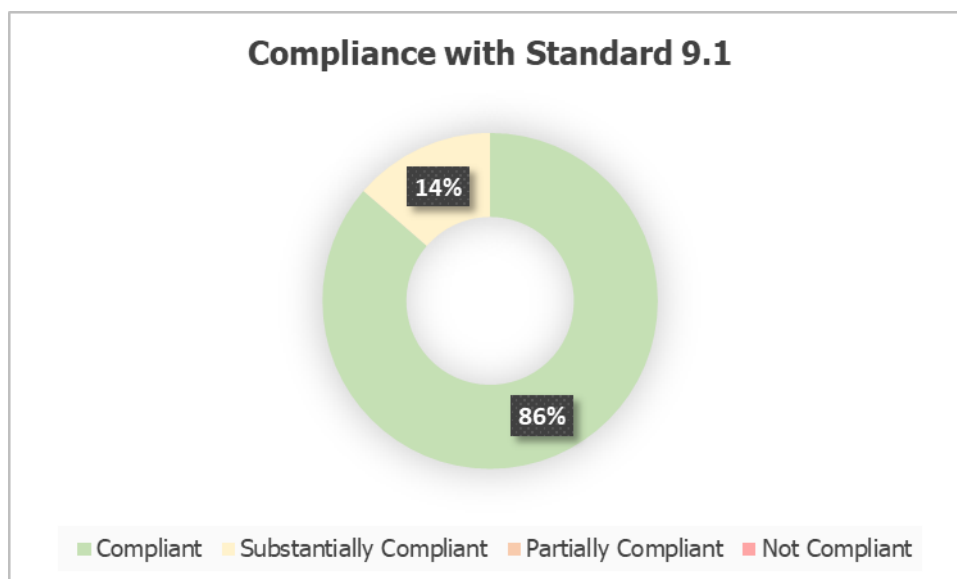
Standard 9.1 The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person-centred and needs-based support to meet any identified health or social care needs.

As shown in Figure 56, all service providers complied with this standard. 86% were found to be compliant and 14% were substantially compliant. This level of compliance showed that service providers ensured residents were given

information on supports that they could access if they wished. There were established links with various community-based agencies and support groups which made their services accessible to the residents. These were typically accommodation centres which welcomed and facilitated non-governmental organisations and other support services, particularly those related to health and housing, to visit and hold clinics in the centre in private with residents. A high level of compliance was typical in accommodation centres where a reception officer was employed, or some members of the staff team had a background in social care. In addition, these service providers had a high regard for the residents, and there was a nurturing, person-centred culture established within the centre, where residents' rights were protected.

14% of service providers were substantially compliant and had slight improvements to make. These providers needed to increase their focus on supporting residents to access the services they needed or provide them with information about support based on their needs, particularly in relation to substance misuse.

Figure 306. Compliance with Standard 9.1



Theme 10: Identification, assessment and response to special needs

Under this theme, the service provider plays an important role in ensuring particularly vulnerable residents are known to them and have access to the right supports and interventions. To achieve this, the service provider must ensure that their staff team is trained to be able to identify a vulnerable resident and know how to respond to their needs. The service provider should have appropriate policies and practices in place to monitor residents who are particularly vulnerable. Where

the service provider is of the view that their service cannot meet the needs of any vulnerable resident they must report their concerns to the relevant government department²³ so that alternative and appropriate accommodation can be provided.

Importantly, the service provider must ensure that a reception officer is in place in the centre with the appropriate qualifications, experience and skills to identify and respond to vulnerable residents and that their practice is guided by centre policy and procedure.

While service providers performed well against some of the standards under this theme, a significant number did not comply with those related to having the appropriate policies and procedures in place and did not have a reception officer in place at the time of inspection. These are critical requirements in the identification, assessment and ability to respond to residents with special reception needs²⁴ who are most likely the most vulnerable residents in their centres.

Standard 10.1 The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

95% of service providers complied with this standard. 85% were compliant and 10% were substantially compliant. To meet this standard, service providers need to ensure that when a resident is notified to them by the relevant Government department²⁵ as having a special reception need, they need to respond to this need in terms of the accommodation and supports they provide them with. The service providers who complied with this standard did respond appropriately and this was evident in cases where, for example, a resident had a mobility issue and required ground floor accommodation and particular equipment. There were other examples of residents with health needs who were found to be well supported and catered for in terms of accessing medical services and staff assistance.

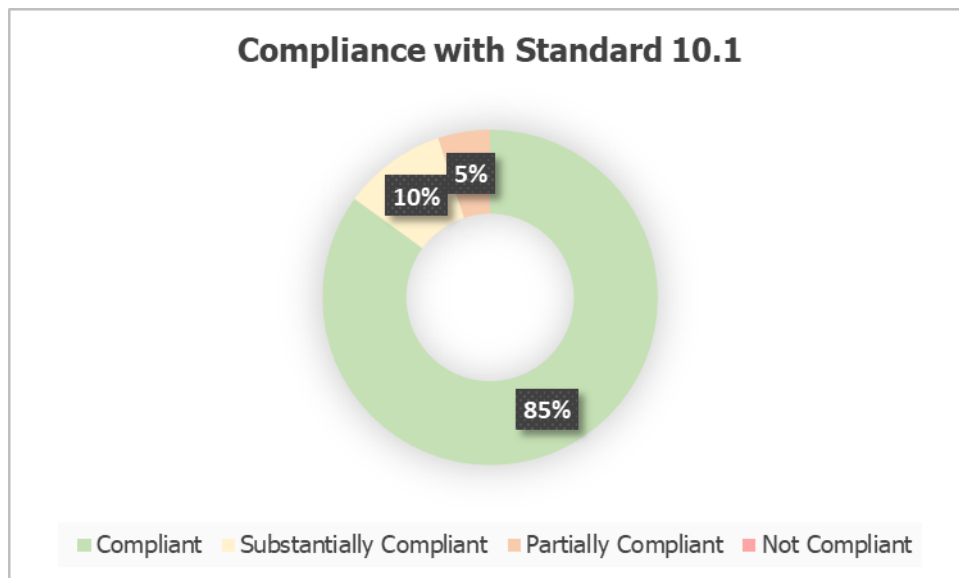
5% of service providers were found to be partially compliant with this standard, and the improvements identified by HIQA related mostly to the allocation of rooms or individual units and poor record-keeping in relation to the residents involved and actions taken by the provider to demonstrate how they responded to identified needs in this context.

²³ At the time of writing this is the Department of Children, Equality, Disability, Integration and Youth.

²⁴ A resident with a special reception need is a resident who has been assessed as vulnerable and in need of special guarantees to benefit from his or her entitlements and to comply with his or her obligations under the European Communities (Reception Conditions) Regulations 2018 (as amended).

²⁵ At the time of writing this is the Department of Children, Equality, Disability, Integration and Youth.

Figure 57. Compliance with Standard 10.1

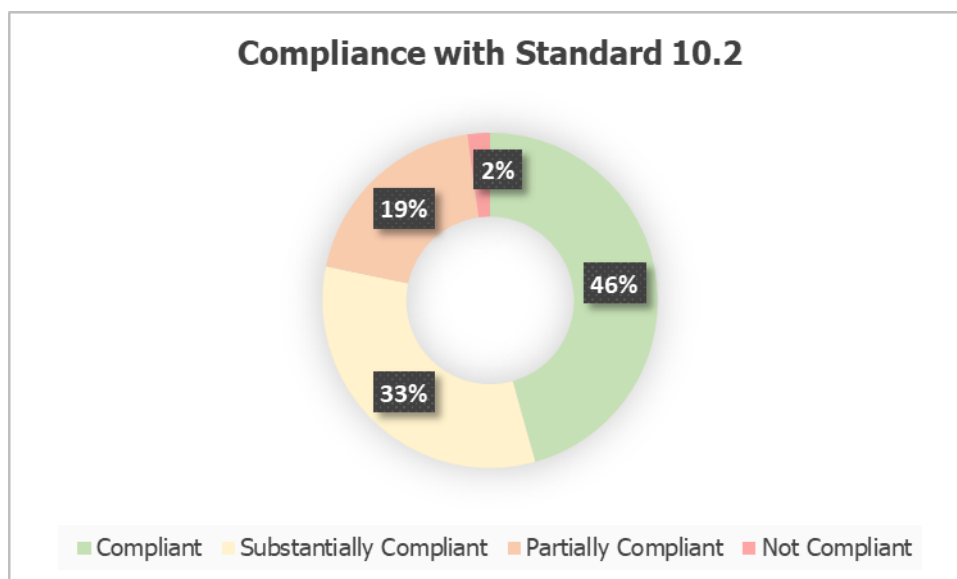


Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.

This standard was complied with by 79% of service providers. 46% were compliant and 33% were substantially compliant. These were service providers who had the necessary supports in place for their staff teams, including appropriate and relevant training and measures to learn from experience.

Where this standard was not met (21%), it was mostly down to poor training provided to staff team members, and little by way of staff supports generally to meet the needs of vulnerable residents and to reflect on practice for learning.

Figure 58. Compliance with Standard 10.2

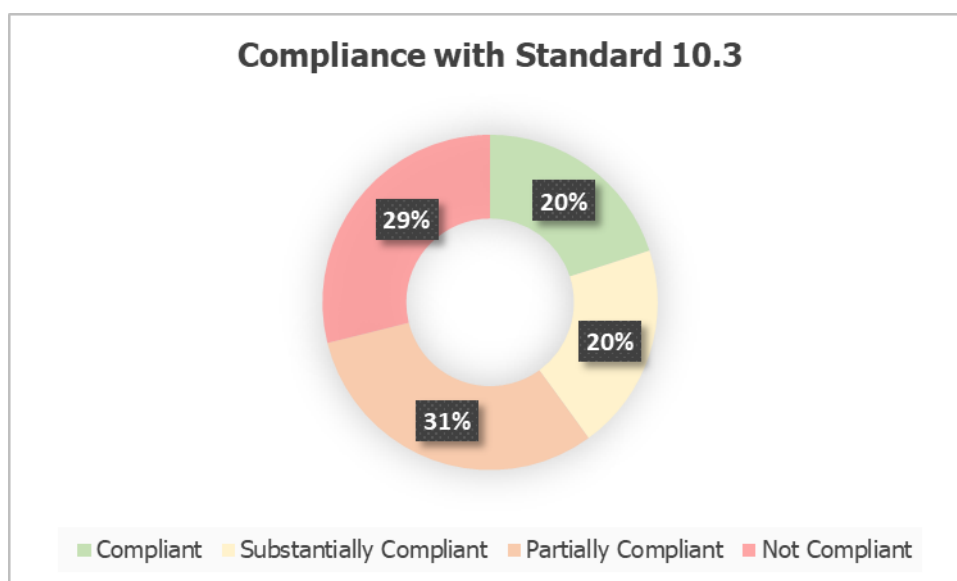


Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

Just 40% of service providers complied with this standard. 20% were compliant and 20% were substantially compliant. These service providers were typically those with reception officers in place and had a policy which guided practice on the identification of special reception needs. Where vulnerable residents were identified, they were notified to the relevant government department and where these residents remained living in the centre, they were well monitored for their safety and wellbeing.

The 60% of service providers that did not comply with this national standard were those with no policy in place and typically no reception officer in place. Where a resident was identified as vulnerable and in need of supports, they were less likely to be referred on to the services they needed.

Figure 59. Compliance with Standard 10.3

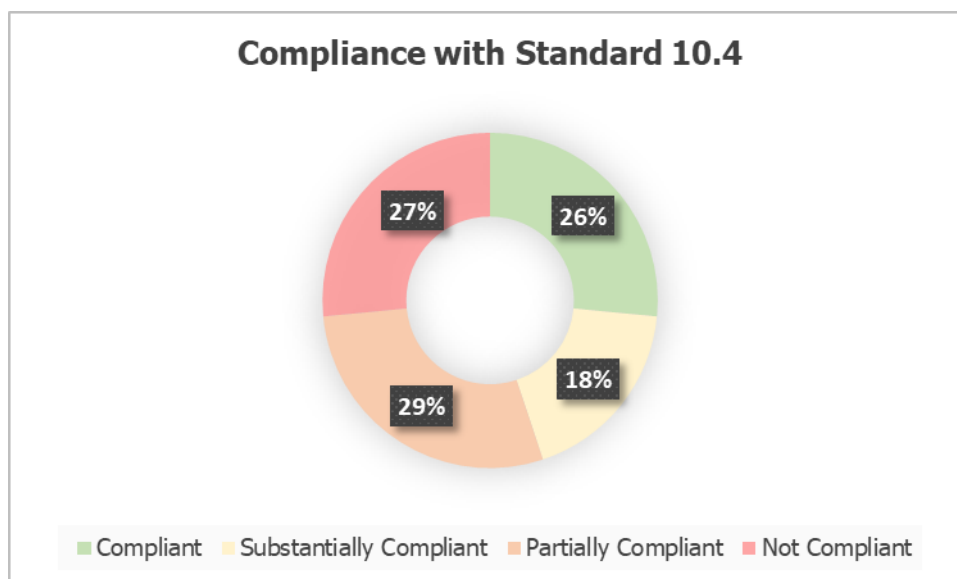


Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

Just under half of service providers complied with this standard (44%). 26% were compliant while 18% were substantially compliant. These service providers had a reception officer employed who was suitably qualified and trained to fulfil the duties attached to this post. HIQA found examples of accommodation centres where reception officers were in post and held clinics for residents who wished to meet with them. They were competent in assessing the needs of the residents and had built trusting relationships with them. This made them accessible to the most vulnerable residents in these centres who benefited from this approach to practice.

56% of service providers did not comply with this national standard, as they did not have a dedicated reception officer in place for their centre. While some were in the process of recruiting this post, it had not happened yet. In some of these centres, one or more staff members, typically centre managers, took on the tasks of a reception officer, but they were not suitably qualified or trained and had no policy or procedures in place to support them.

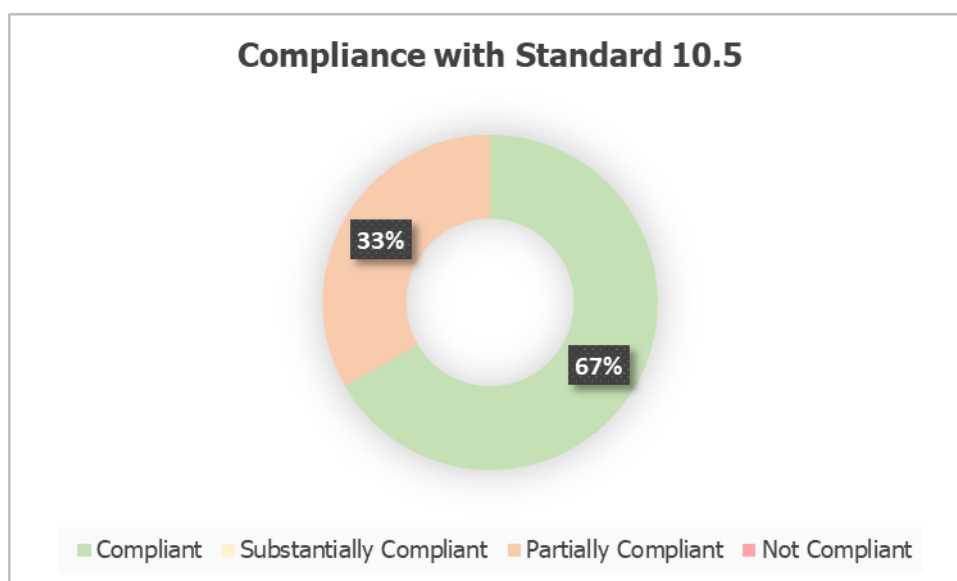
Figure 60. Compliance with Standard 10.4



Standard 10.5 In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

67% of service providers were compliant with this national standard and the remaining 33% did not comply. There were four centres where the level of need and vulnerability of a considerable number of residents was higher than in other centres inspected by HIQA. The levels of compliance show that the majority of the service providers ensured responses to these residents were appropriate to their needs, but this was not the case for the remaining providers. The types of vulnerabilities identified by inspectors included residents with a disability, mental health needs and or challenges with substance misuse. Where required, HIQA sought information and assurance from service providers that action was taken to mitigate the risk to residents.

Figure 61. Compliance with Standard 10.5



6.2.1 Monitoring metrics – quality and safety

This section of the report presents a national picture of whether specific requirements of the national standards are in place or not under the dimension of quality and safety. It also showcases indicators of poor-quality accommodation for residents, highlighting some inequities nationally. As mentioned previously, this data differs from compliance levels as it does not represent all data and information considered to make a judgment on compliance, but is merely one indicator of whether a service provider is compliant.

The tables below present data across a broad range of areas under the quality and safety dimension, ranging from the condition of accommodation itself to safeguarding residents. It demonstrates that some residents are living in poor conditions across the country and that considerable work is needed to support particularly vulnerable people living in accommodation centres.

Table 4. Shared bedrooms

Shared Bedrooms	
What is the highest number of unrelated people sharing one bedroom in the accommodation centre (not including family units)?	Ranges between two and six in the 29 centres where this was applicable.
In total, how many unrelated residents are living in shared bedrooms (not including family units) in the accommodation centre?	Ranges between three and 128 in the 29 centres where this was applicable (1,550 individuals in total).

Table 5. Room allocation

Room Allocation	Yes	No
Is there a clear, fair and transparent room allocation policy in place in the centre?	49%	51%
Are residents accommodated in accordance with their identified needs?	84%	16%
Is there evidence of overcrowding in the accommodation centre?	16%	84%
Does the accommodation provided in the centre meet the minimum space requirements as outlined in the National Standards?	90%	10%
Are there residents aged 15 and over sleeping in bunk beds in the centre when they did not specifically request bunk beds?	6%	94%
Within family units, are there a sufficient number of beds made available?	97%	3%
Are there children sharing beds and or bedrooms with related adults (excluding babies and infants)?	54%	46%
How many children were not provided with a bed?	2	
How many adults were not provided with a bed?	0	

Table 6. Tented accommodation

Tented Accommodation	Yes	No
Are any tented areas being used in the centre to accommodate residents?	2%	98%
If yes, how many children are currently sleeping in tented accommodation?	0	
If yes, how many adults are currently sleeping in tented accommodation?	90 <i>(31% of adults at the one applicable centre)</i>	

Table 7. Maintenance and repairs

Maintenance and Repairs	Yes	No
Are maintenance and repair works carried out promptly and to a suitable standard?	78%	22%
Was there any evidence of mould in the accommodation centre?	27%	73%
Breakdown of areas in centres where mould was found		
Area	Instances	
Resident Bedroom	8	62%
Toilets, Shower or Bathroom	8	62%
Storage Area	3	23%
Common Area	2	15%
Meeting Rooms	1	8%
Offices or Admin Area	1	8%

Table 8. Storage and space

	Yes	No
Are there appropriate storage facilities for residents in their sleeping accommodation?	83%	17%
Are there secure storage facilities available for residents outside of their sleeping accommodation?	90%	10%
Do children have access to secure, accessible and adequate play, sports and recreation spaces which are appropriately furnished and maintained and have a range of appropriate toys and games?	74%	26%
Do children and young people have access to appropriate and adequate study facilities?	94%	6%
Are there crèche and pre-school facilities provided?	13%	81%
Do residents have access to a non-denominational space for religious practice and worship?	78%	22%

Table 9. Food and non-food items

	Yes	No
Do residents have access to sufficient and appropriate personal hygiene products and toiletries, including feminine hygiene products?	76%	24%
Do residents with infants and toddlers have access to sufficient and suitable nappies, wipes and lotions and other items?	74%	26%
Are residents provided with adequate bedding and linen (at least two sets of bed linen and towels which are in good condition)?	84%	16%
If the service is catered, are menu options ethnically appropriate?	100%	0%
Where there are self-catering facilities, are there sufficient facilities provided along with adequate food preparation space, cooking utensils and equipment available to meet the needs of people using the facility?	100%	0%
Do residents have unrestricted access to clean drinking water outside of private quarters?	98%	2%
Is there unrestricted access to facilities and provisions for infants and nursing mothers?	84%	16%

Table 10. Security arrangements and restrictive practices

	Yes	No
Are the security measures employed in the centre informed by regular security risk assessments and in consultation with residents? (if security measures are in place)	66%	34%
Do residents have to sign in and sign out of the centre as they leave and return?	20%	80%
Are there restrictive practices in use in the centre?	33%	67%

Table 11. Resident support

	Yes	No
If a person is absent, (within specified timeframes) their bed is made available to other individuals?	39%	61%
Was there a policy in place in the centre on the use of interpreters and translators?	41%	59%
Is there a contingency plan in place in the centre for times of high volume so as not to infringe on privacy and to avoid overcrowding?	31%	69%
Is there transport provided for adults and children who live in the centre?	100%	0%
Does the transport provided meet the needs of residents?	76%	24%
Does the service provider organise community activities within the centre that reflect and celebrate the diverse cultures, interests and needs of people living at the centre?	82%	18%
Does the service provider ensure that groups and activities organised or managed by external groups within the centre are in compliance with the Department's Child Protection Policy and National Vetting Bureau?	87%	13%
Are there policies and procedures in place in the centre to ensure that all residents are protected from experiencing harm and abuse?	76%	24%

Table 12. Safeguarding and protection

	Yes	No
Is there a Designated Liaison Person (DLP) appointed in accordance with the Children First Guidelines?	94%	6%
Is there a child safeguarding statement on display in the centre?	100%	0%
Is there a statement on the safety, dignity, anti-bullying and anti-harassment policies of the accommodation centre on display?	71%	29%

Table 13. Responding to need and vulnerability

	Yes	No
Is cultural competence training on the awareness of different parenting cultures and styles made available to both parents and staff members?	41%	59%
Is there a substance use statement in place in line with the Department's substance use policy?	47%	53%
Are there residents with special reception needs accommodated in the centre?	90%	10%
Are people who have special reception needs supported and accommodated in accordance with their assessed needs?	77%	23%
Is there effective and timely liaison with the Department in the event the service provider is unable to meet a person's accommodation and support needs, or where supports and services are not available in the locality to meet the person's special reception needs?	86%	14%
Are residents supported by staff members who are trained in the awareness, recognition and management of people who have special reception needs?	61%	39%
Are there policies and processes in place that enable staff members to identify, communicate and address existing and emerging special reception needs?	39%	61%
Are the special reception needs of people responded to promptly and adequately and referrals are made to relevant services?	77%	23%
Does the service provider have a mechanism in place to ensure people with special reception needs are regularly monitored? (if there are people with special reception needs)	55%	45%
Does the reception officer receive regular external specialized training to identify and respond to people with special reception needs?	64%	36%
Does the service provider make available a copy of the reception officer policy and procedure manual?	36%	64%
Do staff members conduct ongoing needs assessments of people to determine their ongoing needs and to outline the supports required and make appropriate referrals?	51%	49%

6.3 Progress in centres inspected for a second time

Seven accommodation centres were inspected on more than one occasion in the latter half of 2024. Two of these centres were of concern to HIQA as there were risks in these centres that required immediate action to be taken by the service provider. One of these centres had progressed well and the actions taken by the service provider had increased their levels of compliance in relation to governance and management, the quality and safety of accommodation provided and risk management.

While action was taken by the provider of the second centre, it was not enough to assure HIQA that residents were in receipt of a consistently safe and effective service which promoted and protected their fundamental right to safety, dignity and respect. This centre was subject to a third inspection where improvements

were found to have been made.

A third centre was inspected for a second time following information received by HIQA. While several of the concerns raised in the information received by HIQA were validated, one was not. While the validated concerns were managed at a local level, they were not reported to Tusla in line with national policy and legislation. Inspectors were assured that this was rectified during the inspection process. Otherwise, this centre showed improvements since it was first inspected.

The remaining four centres were inspected a second time as part of HIQA's routine monitoring of ongoing compliance with the national standards.

7. Discussion

In January 2024, HIQA took on the new function of monitoring and inspecting accommodation centres for people seeking international protection in Ireland against the *National Standards for accommodation offered to people in the protection process*.²⁶ Findings from this new monitoring programme highlight that compliance with the national standards is achievable and that opportunities for improvement exist for the majority of those inspected to come into compliance.

Throughout our monitoring activity in 2024, HIQA has observed the impact of the increased pressures on the State to provide accommodation for people seeking international protection, and that the evolution of the current accommodation system has created legacy issues which remain influential on the rate of progress by many service providers in achieving full compliance with the national standards. It is important to note that HIQA has found some examples of high-quality accommodation centres delivered by progressive service providers and committed and supportive staff teams.

While acknowledging that the number of accommodation centres falling under the remit of HIQA continues to fluctuate, HIQA has identified trends in seven key areas for improvement from inspection findings to date. Focused attention on these key areas at a local and a national level will, in HIQA's opinion, support the provision of safe, effective and high-quality accommodation centres to people seeking international protection in Ireland.

7.1 Meeting demand

The inability of the current system to provide accommodation to people seeking international protection in line with demand is well documented. While outside of the control of service providers, the number of accommodation centres currently in operation is not sufficient to meet demand. In addition, limited access to housing in the community has meant that the majority of residents who could move out of accommodation centres remain living there, reducing the availability of beds in the system. Combined, these factors contribute to the majority of accommodation centres catering for people who are not in the protection process, and providing cramped and unsuitable accommodation for many of those who are. Information gathered by HIQA through its monitoring programme shows that of the 6,544 residents living in accommodation centres it inspected, 2,515 (41%) had received refugee status or had valid permission to remain in Ireland, but continued living in accommodation centres due to a lack of

²⁶ The national standards were approved for implementation in January 2021 by the Minister for Children, Equality, Disability, Integration and Youth.

alternatives.

While HIQA welcomes the Government's *Comprehensive Strategy for International Protection Applicants*, which by 2028, will see an increase in bed capacity, there remains a need to prioritise the areas for improvement highlighted in this report, so that current and planned accommodation centres operate in a consistently safe and effective way.

7.2 Accommodation

Accommodation centres vary to the extent that the experiences and quality of life of their residents are markedly different. This directly relates to the reactive way in which the current accommodation system evolved, and the well-documented reliance on commercially owned properties which were not built or designed with the intention of housing people seeking protection for significant periods of time. HIQA has observed that, as a result, the experience and quality of life of people seeking protection in Ireland is dependent on where they are placed. Some residents experience life in large institutional-type congregated settings, while in contrast, others are provided with their own independent living unit for example a room or apartment, where they can exercise their right to privacy, choice and dignity. In the extreme, there are residents living in tented accommodation which can never comply with national standards. Table 14 below shows the variance in accommodation provided to residents in centres inspected by HIQA up to 31 December 2024.

Table 14. Accommodation by type and number of persons accommodated²⁷

²⁷ Due to rounding, some percentages may not total 100%.

Accommodation type	Residents accommodated	
Single rooms	288	4%
Shared rooms (unrelated persons not previously known to one another)	1,550	24%
Shared rooms (persons related or previously known to one another)	187	3%
Family units	4,429	68%
Tented accommodation	90	1%
	6,544	

While the national strategy may increase bed capacity and reduce the inequities across accommodation centres in time, HIQA believes that in the interim, service providers should be supported to have the autonomy to make decisions about the number and internal allocation of beds, and configuration of rooms within their centre in line with the emerging needs of residents. This will enable them to more freely meet the rights and changing needs of their resident population which is informed by continuous assessment of need and risk.

HIQA's findings to date have demonstrated that although service providers are not operating at a level which exceeds their contracted bed numbers, there is overcrowding in many centres. This situation does not support service providers to take a human rights-based approach to the delivery of safe and quality services.

7.3 Governance, leadership and management

Good governance and leadership is central to providing safe, high-quality accommodation centres, particularly against the backdrop of a strained system.

HIQA's findings highlight the need to strengthen governance and management arrangements in accommodation centres. The majority of service providers have typically moved from providing hospitality services to providing an accommodation centre. HIQA has observed that this transition has challenged many of them. HIQA finds that, overall, while governance structures are in place,

they are not as effective as they should be and cannot provide assurance at a local or national level that a high quality, safe service is being consistently delivered. The development of strong governance arrangements and reporting systems requires prioritisation at a local level so that performance issues and risks are addressed in a timely way. Additional investment by service providers at a management level will support the implementation of strong reporting, oversight and monitoring arrangements and compliance with national standards.

HIQA has observed that, in contrast to what is expected by the national standards, the majority of service providers deliver accommodation centres in the absence of a comprehensive and transparent document which describes their service. This document should, in keeping with the national standards, set out for example, the number of residents and their level of need that the centre can safely and effectively cater for within its available resources and facilities, the centre's model of care and support, and should also reflect day-to-day operations. HIQA is of the opinion that the requirement for this document, as part of the designation of an accommodation centre, will ensure residents are placed in accordance with their identified needs and will support accountability at service provider level for the delivery of high-quality services within its stated capacity.

7.4 Risk management

Similar to other findings by HIQA, legacy issues relating to the evolution of accommodation centres also apply to the management of risk. Our findings show that the systems in place for managing risk in the majority of accommodation centres focus primarily on health and safety risks and less so on risks related to providing safe, person-centred services. This is suggestive of a sector that needs to further mature in its approach to delivering a person-centred service within a social care model, and while HIQA observed progress by some service providers in this regard following inspection, concerted effort is required by others.

The absence of an effective risk management system in accommodation centres is a significant finding by HIQA. When coupled with underdeveloped or inadequate reporting and oversight mechanisms, service providers cannot be assured of the safety of their accommodation centres. Evidence gathered by HIQA in centres inspected to date found that 31% did not have a risk management policy in place. While 82% had a risk register system, 70% of these centres did not have all relevant risks recorded on their register. 30% of providers had not put in place the controls they identified to manage risk in their centres, and in 31% of centres inspected, risk which could not be controlled at centre level was not escalated through an established risk escalation pathway. Focused efforts are required at local level in this area to develop a risk

management framework, policy and risk register, so that risk to residents and the operation of the centre can be mitigated. A process to continuously review risks in the centre should be developed to ensure any controls put in place are effective in reducing risk.

In addition, formal responsive systems of risk escalation external to the service provider require development as a priority at a national level.

7.5 Safeguarding and protection

Inadequate safeguards and protective mechanisms in accommodation centres is a significant finding by HIQA. While many service providers are aware of their responsibilities in relation to protecting children from harmful situations and abuse and reporting any concerns they have to the relevant authorities, they are less aware of their responsibilities around the safeguarding and protecting of adults. Over half (63%) of centres were found to be implementing the Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014), while 37% did not have policies and procedures in place to protect residents from experiencing harm and abuse. Risk in this aspect of service provision escalates when it is compounded by no reception officer in post and a lack of ongoing assessment of vulnerability of residents. In these centres, unidentified risks to vulnerable adults exist.

HIQA's findings show that child protection concerns exist in centres which are unknown to service providers and managers and therefore go unreported and unmanaged. As a result, there are children at potential risk in accommodation centres. In some centres, cultural changes are required to build trust between residents and centre staff to ensure residents are confident and comfortable making any concerns that they have known to centre staff.

HIQA has also found that, although the majority of accommodation centres have a designated liaison person who has the responsibility to ensure concerns are appropriately reported in line with legislation and national policy, not all of these staff members are proficient in this role and in their understanding of what constitutes a protection or welfare concern. Targeted training is required in this area across accommodation centres and should be refreshed where necessary.

Inspections found that some residents of accommodation centres experience peer-on-peer aggression, intimidation and bullying. In addition, environmental issues, such as inadequate security arrangements, particularly at night, and poor safety measures, such as limiting the possibility of exiting through windows from a height, have been identified. Evidence gathered by HIQA from inspection activity shows that risk assessments were not completed when situations arose which compromised the safety of residents in 35% of centres inspected. Overall, these deficits cannot ensure

all residents are as safe as they could be in some centres and need urgent attention at a local level.

Overall, service providers need to ensure that there is a culture within their centre which promotes the safeguarding and protection of both children and vulnerable adults. This should be supported through information sharing, training, clarity on roles and responsibilities of staff in this area, and monitoring mechanisms to ensure adherence to national policy and guidance.

7.6 Vetting

Our inspections found unsafe practice in terms of staff vetting. Vetting of staff members is fundamental to the provision of a safe service and staff should be vetted prior to taking up their employment in an accommodation centre. Vetting includes references from previous employers, Garda checks and international police checks where required. Where the service provider is made aware of any staff member with a criminal conviction, they must carry out a risk assessment to ensure the person is suitable to work in the accommodation centre. In addition, the service provider should have a system in place to ensure security staff are vetted appropriately.

HIQA found considerable variance in Garda vetting practice across accommodation centres, to the extent that it took the step of seeking assurance from service providers that these checks were carried out for a significant number of staff members. Evidence gathered by HIQA during its inspection activity shows that 35% of staff across the centres it inspected were not appropriately vetted by An Garda Síochána. This cohort of staff members included front-line staff, security personnel and managers, amongst others.

The national standards require that staff and management are vetted in accordance with legislation.²⁸ HIQA is of the opinion that urgent attention is required at national and local level to ensure staff and managers in all accommodation centres are vetted appropriately, taking into account the following, which are aligned with current legislation and safeguarding practice:

- ongoing preparedness of all centres to accommodate a child when required, particularly in a fast-moving sector influenced by immigration trends, and in line with contracted arrangements²⁹
- the well documented inherent vulnerability of many people seeking protection in Ireland

²⁸ National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

²⁹ Contracts between service providers and the Department do not specify the populations type of each centre (family/single persons only/mixed) and therefore can change at any point in time in line with need.

- the existence of residents with complex mental health and other relevant vulnerabilities in existing adult only centres
- the lack of vulnerability assessments in accommodation centres for the identification of particularly vulnerable adults, particularly in adult only accommodation centres.

7.7 Need and vulnerability

Each person seeking international protection should have an initial assessment of their level of vulnerability on arrival to Ireland. The findings of this assessment should inform what accommodation centre they are placed in and should identify the supports they may need, for example, physical or mental health services. At the time of writing, vulnerability assessments are not being carried out at national level.

Particular needs or vulnerabilities of residents may emerge over time, and staff in accommodation centres should be competent to identify, assess and respond to these needs. In support of this, the national standards have introduced a reception officer post. The role of the reception officer is intended to focus on the needs of residents and to enhance the social care model of working in accommodation centres, to ensure it focuses on need. Evidence gathered by HIQA through its inspection programme shows that 43% of accommodation centres did not have a reception officer in place.

HIQA's findings show that while there is progress in the recruitment of a reception officer in some centres, it is not for others. Furthermore, while many centre managers and staff team members provide supports and access to services for residents who need them, there is no common framework for the assessment of vulnerable persons and families in place to support them in this endeavour. HIQA inspections show that 61% of accommodation centres inspected did not have policies or processes in place to identify and assess the needs of their residents and 45% did not have mechanisms in place to monitor residents identified as having a special reception need. When all is considered, such as a workforce with little experience of the social care sector, lack of reception officers in post and poor recording mechanisms related to supports provided to residents, the identification, assessment and response to vulnerable residents requires significant focus at national and local level.

8. Conclusion

In 2024, the Irish government published their *Comprehensive Accommodation Strategy for International Protection Applicants*. On implementation, this new strategy will help to increase capacity across the sector in an informed way and should see more residents of accommodation centres being afforded the protection of national standards than is currently happening.

This overview report provides a detailed account of what was working well in accommodation centres monitored and inspected by HIQA in 2024, and identifies areas where improvements are needed. It gives an insight into the quality of life of residents of these centres and provides assurance that many have had a positive experience of care and support when national standards are complied with. The information held in this report should support the implementation of the new national accommodation strategy and the provision of services which comply with national standards, and HIQA looks forward to working with key stakeholders and the Department of Justice, Home Affairs and Migration to ensure future compliance.

It has been well documented that the Irish system for accommodating people seeking international protection is under unprecedented strain. It continues to experience more people seeking a bed than it can provide for, and this level of demand impacts on the delivery of consistently safe, high-quality accommodation centres across the country. However, with strong governance arrangements, a clear and informed vision of what each service provider has the capacity to deliver on, and the agility to respond to emerging risk, compliance with the national standards is achievable. For service providers who are not in compliance, it remains that the safety and welfare of residents should be of paramount importance and supported at national level.

Through analysis of our inspection findings, HIQA has identified seven key areas to promote the delivery of safe and effective accommodation centres. They are:

- The need to urgently build capacity within the international protection accommodation system along with an ongoing assessment of the capacity of need. This will require an assessment of what is currently possible to identify if further capacity can be achieved within current resources. This will also require building capacity external to the international accommodation system to free up beds occupied by people who could be living in the community.
- Every opportunity should be taken to reduce overcrowding in accommodation centres, including a review at national level of contracted bed numbers for each accommodation centre to ensure it

- has the capacity to deliver a safe, effective service and to protect the rights of its residents.
- More responsive and effective governance and management arrangements are required at local level to ensure accommodation is provided in a way which places resident's safety, welfare and rights at the centre of decisions being made and which are agile enough to respond to active and emerging risks.
 - The requirement for a comprehensive document which describes the operations of each accommodation centre at the point of designation. Such a document will support service providers to deliver of safe effective services to people seeking protection in Ireland and increase service provider accountability in line with national standards.
 - More robust systems are required for the identification, assessment, management and escalation of risk at both a national and local level.
 - More robust and effective monitoring systems are required at local level to safeguard and protect residents.
 - All staff in accommodation centres should be vetted appropriately and limitations on Garda vetting for staff in adult only³⁰ accommodation centres requires review and change at national level.
 - A common framework for the assessment of vulnerable residents is required to ensure a consistent approach in practice across accommodation centres, and to inform future provision of accommodation centres targeted to cater for residents who are particularly vulnerable.

HIQA would like to acknowledge the cooperation of residents, centre staff and managers who met and talked with inspectors during the course of our monitoring activity. It is evident that there is an eagerness to comply with national standards and that service providers and their teams are committed to providing good support and care to their residents and keeping them safe in what are often challenging circumstances. The majority of residents who met and talked with inspectors hold staff members in high regard and were keen to tell us how their lives had improved since coming to Ireland, and how welcomed they felt in their centre and local communities. Many said that once they leave their

³⁰ Contracts between service providers and the Department do not stipulate the population of an accommodation and therefore the population may change at any time to include for example, families with children.

centre, they wish to remain in the locality so they can continue working there and maintain the friendships they have built.

For residents, particularly those who shared sleeping arrangements with unrelated residents and those placed in wholly unsuitable living environments which were cramped, overcrowded and in some instances unsafe, their privacy and dignity were compromised and not in line with the human rights-based approach to the provision of accommodation for people in the protection process. Providing overcrowded, unsuitable accommodation, where residents' rights and safety are not fully promoted, poses a significant risk to the provision of safe effective care. Significant and urgent efforts are needed at local and national levels to bring about meaningful and sustained improvements in the provision of accommodation offered to people in the protection process.

8.1 Next steps

HIQA will continue to promote ongoing improvements in accommodation centres by focusing on standards around governance, risk management, safeguarding and vetting, accommodation, rights and meeting the needs of vulnerable residents.

HIQA will also continue to consult with residents of accommodation centres to hear what they have to say about what is working well and what, in their view, needs to improve.

HIQA looks forward to engaging with the Department of Justice, Home Affairs and Migration going forward to inform it of progress and risk in accommodation centres and to inform future plans for the development of the sector.

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Appendices

Appendix 1: Core standards

1. Governance, Accountability and Leadership	1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.
	1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.
	1.3	There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.
	1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.
2. Responsive Workforce	2.1	There are safe and effective recruitment practices in place for staff and management.
	2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.
	2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.
3. Contingency Planning and Emergency Preparedness	3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.
4. Accommodation	4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.
	4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.
	4.6	The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.
	4.7	The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.
	4.8	The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.
	4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.
5. Food, Catering and Cooking Facilities	5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.
	5.2	The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.
6. Person Centred Care and Support	6.1	The rights and diversity of each resident are respected, safeguarded and promoted.
7. Individual, Family and Community Life	7.1	The service provider supports and facilitates residents to develop and maintain personal and family relationships.
	7.2	The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.
8. Safeguarding and Protection	8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.
	8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.
	8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.
9. Health, Wellbeing and Development	9.1	The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.
10. Identification, Assessment and Response to Special Needs	10.1	The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.
	10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.
	10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
	10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
	10.5	In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

Appendix 2: Judgment descriptors

Compliant

A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.

Substantially Compliant

A judgment of substantially compliant means that the service meets most of the requirements of the relevant national standard, but some action is required to be fully compliant.

Partially Compliant

A judgment of partially compliant means that the service meets some of the requirements of the relevant national standard while other requirements are not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.

Not Compliant

A judgment of non-compliant means that one or more findings indicate that the relevant national standard is not being met, and that this deficiency is such that it represents a significant risk to people using the service.



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