



Living in International Protection
Accommodation: Exploring the Experiences of
Families and Children in Direct Provision

Research Paper

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Contents

Summary	4
Introduction	6
1. Literature Review	7
International Protection Accommodation and Social Welfare Payments	7
Child Benefit and the Daily Expenses Allowance (DEA)	8
Minimum Essential Standard of Living for Families in Direct Provision	10
Children’s Rights	11
Children’s Needs and the Impact of Living in Economic Vulnerability	15
2. Methodology.....	18
Sampling and Participants.....	18
Survey	18
Focus Groups	25
Data Analysis	26
Ethical Considerations.....	26
3. Research Findings	28
Stay and experience living in international protection accommodation	28
Basic needs and adequacy of the overall support.....	31
Financial challenges and adequacy of the financial support.....	41
4. Synthesis and Conclusions	51
References	53
Appendixes.....	56

Tables, Figures and Quotations

Table 1: Focus groups participation and details.....	25
Figure 1: Survey respondents gender	19
Figure 2: Survey respondents' country of origin	20
Figure 3: Survey respondents' first language	20
Figure 4: Status in Ireland	21
Figure 5: Type of accommodation	21
Figure 6: County of residence	22
Figure 7: Marital Status	22
Figure 8: Coliving with partner.....	23
Figure 9: Education level.....	23
Figure 10: Employment status	24
Figure 11: Number of children.....	24
Figure 12: Children's ages	25
Figure 13: Challenges living in international protection accommodation	29
Figure 14: Rating of living conditions in the accommodation	30
Figure 15: Suitability of the accommodation for families with children	30
Figure 16: Access to basic services and amenities	31
Figure 17: Has had difficulties accessing basic amenities (sanitation facilities, laundry...) ...	38
Figure 18: Difficulties experienced.....	38
Figure 19: Adequacy of the received support given family's needs.....	39
Figure 20: Challenges or difficulties accessing the support provided	39

Figure 21: Difficulties accessing support.....	39
Figure 22: Receives weekly payment of the DEA for adults.....	41
Figure 23: Receives weekly payment of the DEA for children.....	41
Figure 24: Typical ways in which the DEA for adults is spent.....	43
Figure 25: Typical ways in which the DEA for children is spent	43
Figure 26: Sufficiency of adult DEA	44
Figure 27: Sufficiency of children DEA	45
Figure 28: Sufficiency of DEA to cover children's needs	45
Figure 29: Difficulties meeting family's and children's needs at the current level of support	47
Figure 30: Effects of the lack of financial means on social/extracurricular activities.....	48
Figure 31: Necessary additional support.....	49
Quotation 1: Adequacy of meals in the canteen service	32
Quotation 2: Getting to school with no transportation services	34
Quotation 3: Lack of medication due to elevated costs.....	35
Quotation 4: Limited space in the accommodation.....	36
Quotation 5: Summer with limited space	36
Quotation 6: No visitors in the accommodation	36
Quotation 7: Lack of information and assistance.....	40
Quotation 8: Supplementing for lack of adequate food	47
Quotation 9: School trips and paid activities	48
Quotation 10: Taking children out for leisure	49
Quotation 11: Children see other children	49

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Summary

In March 2023, there were about 20,000 people seeking protection in Ireland's International Protection Accommodation Services (IPAS) system. Among these are families with children who do not receive Child Benefit due to their status as international protection applicants. Instead, they receive a weekly payment (the Daily Expenses Allowance, or DEA) that falls short of covering their basic needs. This research explores families' experiences in the IPAS system, the adequacy of the government support they receive, and the impact of not receiving Child Benefit, especially given the current cost of living crisis.

The research methodology is mixed, including a multilingual survey, focus groups, and interviews. The research reveals that these families face significant challenges, and not receiving Child Benefit undermines children's rights, as outlined in the The United Nations Convention on the Rights of the Child and the Irish Constitution. The findings highlight the challenges participants face as residents of IPAS centres, particularly regarding access to basic amenities and services, including functional meals/food preparation arrangements, transportation, healthcare, and leisure activities. As a result of these challenges, most families are forced to spend the DEA on essentials such as groceries, personal care items, and transportation, leaving little to no funds for other expenses.

This is further exacerbated by the rising cost of living in Ireland, including the costs associated with raising children and by the fact that many people in the international protection process do not have the right to work. As a result, the DEA is often insufficient to cover the many expenses families in IPAS centres face, leading to financial constraints and hindering children's participation in social and extracurricular activities. The research underscores the challenges families face in the international protection system and the need for improved support in areas like nutrition, transportation, and financial assistance. Implementing a universal Child Benefit payment would benefit both short-term well-being and long-term integration of international protection applicants.

Introduction

As of September 2023, approximately 23,000 people live in Ireland's International Protection Accommodation Services (IPAS) system. Those within the system who are awaiting a decision on their status are ineligible for certain social welfare payments, including Child Benefit.

Child Benefit, designed to support parents raising their children, is available to all children in Ireland, irrespective of family income. However, children in the protection process are excluded from receiving it¹, despite facing similar social expectations and needs as their citizen peers. Instead, families in the system receive an allowance of €38.80 per week for adults and €29.80 for children. This does not adequately address children's needs and aspirations, especially growing up in the International Protection Accommodation setting.

It is in this context that the Irish Refugee Council (IRC) embarked on this research project. The focus of this research is to explore the experience of children and families living in international protection accommodation, the adequacy of the support provided by the government, and the impact of not receiving Child Benefit for families without status, especially amidst the current cost of living crisis. Through a multi-faceted approach, combining a survey, focus groups, and interviews, this study sheds light on the challenges faced by these individuals and families seeking protection in Ireland, and provides evidence to support the true universalisation of Child Benefit.

The paper proceeds as follows. Section 1 contains an extensive literature review on the Irish international protection system, social welfare payments and their adequacy regarding children's rights, and the impact of poverty on children's lives. Section 2 details the methodology that was employed in this study. Section 3 offers the research findings, and Section 4 presents the conclusions.

¹ As well as undocumented and Roma children.

1. Literature Review

International Protection Accommodation and Social Welfare Payments

As of September 2023, approximately 23,000 people live in Ireland's Direct Provision and emergency international protection accommodation². This number has more than doubled from 10,447 people in March of 2022³. The International Protection Accommodation system (sometimes referred to as Direct Provision), which is overseen by the International Protection Accommodation Service (IPAS), an agency of the Department of Children, Equality, Disability, Integration and Youth, provides accommodation to people in the international protection process while they await a declaration of their international protection status or a decision on permission to remain. It also accommodates people awaiting the results of an appeal to the International Protection Appeals Tribunal (IPAT), judicial review, or deportation. Due to the current housing crisis in Ireland, many people with refugee status or another permission to remain in Ireland also continue to reside in Direct Provision accommodation centres.

Because people in the system are international protection applicants —and despite not being able to work for the first six months after their arrival— their entitlements to social welfare payments are different than for the average Irish person.⁴ Until they receive a final decision on their status, having been declared refugees or granted subsidiary protection, people in the International Protection process are not eligible to receive certain forms of welfare⁵. This extends to Child Benefit payments, such that children awaiting a positive decision do not receive this payment. Instead, families are provided with a Daily Expenses Allowance (DEA) that pays €38.80 for adults and €29.80 for children each week. People in the system are also

² IPAS. (24/092023)

³ Fletcher, L. (13/03/2023).

⁴ Department of Social Protection. (2020).

⁵ Department of Social Protection. (2019a).

provided with accommodation, food, a medical card and, in the case of children, access to education. If their allowance does not cover some of their exceptional needs, they can apply for an Additional Needs Payment⁶.

While people in the Protection system should be provided with means to address their basic needs, following the above, it is essential to note that the DEA is not a surplus payment that they can spend on luxuries. Even if it were the case that families have their most basic needs covered outside the DEA, the amount provided both for children and adults falls short of delivering its recipients enough money to meet the Minimum Essential Standard of Living, as the Vincentian MESL Research Centre has recently concluded⁷. In the case of children, €29.80 per child (€119.20 per month in a four-week month) amounts to significantly less than the amount citizens receive in Child Benefit payments (€140.00 per child per month). Further widening the gap is the fact that Child Benefit payments are supplemental to other social welfare entitlements and to working parents' incomes, which most families in the system do not have access to. In sum, the entitlements to social welfare payments for people in Direct Provision are very limited, falling short of covering essential needs, especially for children.

Child Benefit and the Daily Expenses Allowance (DEA)

Child Benefit is a form of social welfare payment introduced to Ireland in 1944.⁸ Its function is to support parents with the costs of raising their children, from the birth or registry of the child until the age of sixteen (or eighteen, in the case of children in full-time education or training). Child Benefit is not means-tested, meaning that every child in Ireland has a right for their parent or guardian to receive the payment, regardless of family income. This payment is also not taxable, and it was initially paid to the children's father, but in 1973, the payment began being issued to the child's mother or stepmother⁹.

⁶ MyWelfare.ie (2023).

⁷ Further details about this paper are provided below.

⁸ Irish Statutes Book. (n.d.)

⁹ Department of Social Protection. (2019b).

Statutorily, the right to Child Benefit is enshrined into action by the Children's Allowances Act of 1944 and its amending Act in 1946. In this Act a qualification states that to be a recipient of Child Benefit, one must be an Irish citizen or have been a resident in the country for two years before qualifying¹⁰. However, due to the Habitual Residence Condition, families awaiting a decision on an international protection application are never deemed eligible for Child Benefit.

Furthermore, Child Benefit is one of the most significant expenditures from the Department of Social Protection's annual budget. In 2020 €2.1 billion was paid to 630,000 families for 1.2 million children¹¹. The amount paid has increased in proportion to the cost of living throughout the years, and there have been several campaigns for increases in the amount afforded to parents. This has also been the case during times of national economic pressure, where the amount of child benefit has been increased in the past.

In 2021, as part of the response to COVID-19, the weekly amount of Child Benefit payments was modified in the annual Budget for 2022. There was an increase of €2.00, from €38.00 to €40.00 for children under 12 years of age, and an addition of €3.00, from €45.00 to €48.00 for children aged 12 years and over¹². Also, upon recognition of the recent cost-of-living crisis, Budget 2023 saw a double payment of Child Benefit as part of specific measures taken by the government to alleviate the effects of the rise in the cost of living on families¹³. Finally, Child Benefit also saw a once-off increase of €100.00 in June 2023.

While some aspects of the 2023 Budget were dedicated to the reform of the International Protection Accommodation system, there was no increase in the DEA given to people in it. Budget increases have also been directed toward protecting other vulnerable groups who receive Social Protection payments in times of economic strain, but this has not been the case for people living in the system: the payments for people seeking protection have not

¹⁰ Irish Statute Book. (n.d.).

¹¹ Irish Congress of Trade Unions (22/11/2022)

¹² Citizens Information. (2021).

¹³ Department of Finance. (2022).

been modified to keep up with inflation, emergencies like the COVID-19 pandemic, or the current cost-of-living crisis.

The DEA payment has only increased twice since the establishment of the current International Protection Accommodation system in 2000, from €19.10 per adult and €9.60 per child¹⁴, to the current €38.80 per adult and €29.80 per child. The current rate has remained the same since 2018, despite the Central Statistics Office's estimation that over the five years between March 2018 to March 2023, overall inflation was 16.9%. Moreover, estimated inflation by income deciles ranges from 16.0% for higher-income households to 19.1% for lower-income households¹⁵, suggesting that inflation for those living in the system has been higher than 16.9%.

Minimum Essential Standard of Living for Families in Direct Provision

In 2023, the Vincentian Minimum Essential Standard of Living (MESL) Research Centre published a Working Paper estimating the MESL costs for families living in the International Protection system¹⁶. This estimation was made for families with one or two parents and two children and rests on several relevant assumptions. Most importantly, it assumes that the example family lives in a Direct Provision Centre (as opposed to an Emergency Accommodation Centre, where most international protection applicants live¹⁷). The estimation also assumes that people living in the IPAS centres have access to self-catering facilities and that this is enough to cover their nutrition needs, such that they do not need to dedicate any of their DEA toward food expenses. The estimation also supposes that people living in international protection accommodation are provided transport services. Finally, it

¹⁴ Working Group to report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers. (2015).

¹⁵ Central Statistics Office. (2023).

¹⁶ Boylan, H. (2023). Estimating the MESL costs for families in Direct Provision. Working Paper.

¹⁷ Emergency accommodation tend to be located in more rural places and may have fewer supports in place.

is worth noting that this estimation was made with March of 2022 data, before major cost of living increases in Ireland.

Even within these ideal assumptions, the study found that, for families with one parent, there is a deficit of €49.26 per week (the DEA covers only 44% of the estimated MESL cost). For families with two parents, there is a deficit of €72.13 (the DEA covers only 52% of the estimated MESL cost). For families with a primary school child, there is a €17.92 deficit (the DEA covers 66% of the MESL cost), and for families with a secondary school child, there is a deficit of €50.32 per week (the DEA covers only 43% of the MESL cost). In the words of Robert Thornton, Research Manager with the MESL Research Centre:

“The potential gap that remains between income supports and the cost of a life with dignity is striking. In a situation where most of the food and accommodation costs are being met, the income supports are so low it means that it may only meet half of the minimum essential standard of living costs for a family and falls far short of meeting the needs that enable inclusion, integration, education, participation, and ultimately for dignity”¹⁸.

The estimated gaps are even wider for people who do not meet the above assumptions.

Children’s Rights

The United Nations Convention on the Rights of the Child (UNCRC) and the Irish Constitution protect children's rights in many ways. These rights are designed to protect children’s developmental rights, preparation for adulthood, and integration into society.¹⁹ The enjoyment of these rights rests heavily on the parents and guardians of children being able to support their children with adequate means relative to their society, and these rights are universal. The insufficiency of the DEA payment for children severely clashes with these rights.

¹⁸ Children’s Rights Alliance. (09/05/2023).

¹⁹ Children’s Rights Alliance. (n.d.).

The United Nations Convention on the Rights of the Child

As a party to the UNCRC as of 1992,²⁰ Ireland must promote the rights contained within the Convention. A fundamental principle within this is that all the rights contained within the Convention must be available equally among all children within its borders:

- *“States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”.*

This principle sets a precedent for any social project in children's best interests to be equally available to all children within a jurisdiction. In the context of social protection, what is good for one child is suitable for another. Child Benefit is undoubtedly one such social project designed to serve the child's best interests. It is egalitarian, with no differing tiers applicable to any group, and is neither taxable nor means-assessed. In terms of the Convention, the provision of Child Benefit can be said to tally with Articles 3.2, 4, and 27:

- Article 3:
 - 2. *“States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and to this end, shall take all appropriate legislative and administrative measures.”*
- Article 4:
 - *“With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.”*

²⁰ Department of Children, Equality, Disability, Integration and Youth. (2019).

- Article 27:
 - 1. *“States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral, and social development”.*
 - 2. *“The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child’s development”.*
 - 3. *“States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall, in case of need provide material assistance and support programs, particularly with regard to nutrition, clothing and housing”.*

The provision of Child Benefit aligns with these articles by recognizing the right of every child to an adequate standard of living. It acknowledges that parents or legal guardians have the primary responsibility to provide for their children's needs but also acknowledges that some families may need assistance due to various circumstances. Child Benefit acts as a support program that aims to ensure children have access to basic necessities such as nutrition, clothing, and housing, even in cases where families might face financial challenges.

The Irish Constitution

Article 42A of the Irish Constitution is the primary provision that deals with children’s rights in the context of parents and of the State:

- *“The State recognises and affirms the natural and imprescriptible rights of all children and shall, as far as practicable, by its laws protect and vindicate those rights.”*
- 2.1. *“In exceptional cases, where the parents, regardless of their marital status, fail in their duty towards their children to such extent that the safety or welfare of any of their children is likely to be prejudicially affected, the State as guardian of the common good shall, by proportionate means as provided by law, endeavour to supply the place*

of the parents, but always with due regard for the natural and imprescriptible rights of the child.”

This compliments Article 27 of the UNCRC, and the United Nations Committee on the Rights of the Child emphasised:

- *“States parties are required to render appropriate assistance to parents, legal guardians and extended families in the performance of their child rearing responsibilities (arts. 18.2 and 18.3), including assisting parents in providing living conditions necessary for the child’s development (art. 27.2) and ensuring that children receive necessary protection and care (art. 3.2). The Committee is concerned that insufficient account is taken of the resources, skills and personal commitment required of parents and others responsible for young children...”*
- *‘Growing up in relative poverty undermines children’s well being, social inclusion and self esteem and reduces opportunities for learning and development. ... States parties are urged to implement systematic strategies to reduce poverty in early childhood as well as combat its negative effects on children’s well being. All possible means should be employed, including “material assistance and support programmes” for children and families (art. 27.3), in order to assure to young children a basic standard of living consistent with rights. Implementing children’s right to benefit from social security, including social insurance, is an important element of any strategy (art. 26).²¹*
- *The comments from the Committee notably highlight ‘relative’ poverty and the effects of this on the inclusion and integration of children in their communities and among peers. There is notable mention of the knock-on effect this has later on in adulthood as a result of impacted social opportunities for development.*

The current IPAS system, and the lack of Child Benefit for the children that live in it, have significant implications for children's rights as outlined in the UNCRC and the Irish Constitution. These rights, which are universal and meant to protect children's well-being

²¹ Brady, A. (2018).

and integration into society, should be available equally to all children within the country's borders. In this sense, the denial of Child Benefit to children without status undermines the principles of equality and protection enshrined in the UNCRC. Additionally, Child Benefit, as an essential social project, aligns with several articles of the Convention by recognizing every child's right to an adequate standard of living and offering support to families facing financial challenges. By neglecting to provide Child Benefit to children in the International Protection process, however, the State fails in its duty to protect and vindicate the natural and imprescriptible rights of all children, as guaranteed by the Irish Constitution²².

Furthermore, the lack of support and resources for families in the International Protection System, as highlighted by the UNCRC, perpetuates relative poverty, which negatively impacts children's well-being, social inclusion, and development. This is discussed in further detail in the following section.

Children's Needs and the Impact of Living in Economic Vulnerability

Having insufficient means poses significant challenges for all families in Ireland, hindering their access to essential resources and facilities necessary for social participation, well-being, and social mobility. This concern is particularly patent for children and adolescents living in IPAS centres, as it severely limits their ability to engage in vital social activities, hobbies, and experiences crucial for their development, as recognised by the UNCRC and child psychologists.

As it has been shown in countless studies (see, for instance, the Literature Review by Gleave, J. & Hamilton, I. C.²³), play is fundamental to children's physical, psychological, and social well-being. Likewise, leisure activities play a substantial role in adolescents' subjective well-being, quality of life, and socialisation with peers, which is vital for their mental health²⁴. The Economic and Social Research Institute has also emphasised the importance of peer support

²² Thornton, L. (2015).

²³ Gleave, J. & Hamilton, I.C. (2012).

²⁴ Orben, A. et al. (2020)

in maintaining self-esteem and fostering social and emotional development for children and adolescents²⁵. As the St. Stephens Green Trust has highlighted in their impact report²⁶, play, interaction with others and the building of friendship relationships is often impossible for children living in Direct Provision due to several barriers like lack of consistent, affordable transportation, lack of means to purchase items necessary for activities, lack of privacy and lack of opportunity and space to spend time with peers from school.

Moreover, families in Direct Provision face unique integration challenges, including adapting to new languages, cultures, and lifestyles, while experiencing hostility and discrimination for various reasons. As international protection applicants awaiting decisions on their status, they may also carry their parents' anxieties regarding their ability to remain in Ireland, further affecting their sense of security and belonging. Also, children lack privacy and stability in this environment, leading to heightened awareness of their differences from peers at school²⁷. This emotional fragility affects their self-esteem and confidence, as they are deprived of normalcy among their peers due to their circumstances.

Moreover, considering the findings of the MESL Working Paper, families in Direct Provision will often face challenges associated with living in economic vulnerability (EV). According to the Economic and Social Research Institute (ESRI)²⁸, in Ireland, living in EV as a child is associated with poorer outcomes across a range of dimensions later in life. Some of these dimensions include educational attainment, school engagement, socio-emotional development, life satisfaction, self-concept, the likelihood of developing chronic illness/disability, obesity, health behaviours, conflict with mother²⁹, and number of friends.

²⁵ Williams et al. (2010).

²⁶ St. Stephens Green's Trust. (2019).

²⁷ Children's Rights Alliance. (09/05/2023)

²⁸ Maitre et al. (2021).

²⁹ As measured by the Pianta Child-Parent relationship scale, which assesses relationship quality based on two subscales: conflict and closeness.

Finally, it is also essential to consider that these children are first-generation or second-generation arrivals in Ireland, having experienced one or more push factors leading to forced displacement, such as war, violence, persecution, natural disasters, or human rights violations. Consequently, they may carry personal or vicarious trauma upon arrival. Living in Direct Provision further exacerbates psychological effects, characterized as degrading, isolating, and inhumane.

In this context, and considering that these children will be growing up in the same context as their citizen peers, sitting the same exams, being expected to pass the same rites of passage, and being subjected to the same peer pressure and social expectations as others their age, implementing a genuinely universal Child Benefit payment would not only serve as a short-term investment in the well-being of young people but also as a long-term investment in the integration of international protection applicants and the overall social prosperity of the wider community³⁰.

³⁰ Moreover, while some might be concerned that the extension of Child Benefit to those in Direct Provision would act as a pull factor, driving more people to seek protection in Ireland, the fact that the number of people seeking protection has consistently increased over the past decade, while the DEA payment has seen little changes and while Child Benefit has not been extended, should be considered. Also, while Cunliffe et al. (2022) from ESRI identify several factors driving the increase in people seeking protection in Ireland in their research paper, welfare payments increases is not one of them.

2. Methodology

This research aims to explore the experiences of children and families living in International Protection Accommodation, assessing the adequacy of the support they receive, with a specific focus on the impact of not receiving Child Benefit³¹. A mixed-methods approach was employed to achieve these goals, incorporating a survey, focus groups, and interviews with individuals residing in IPAS centres.

Sampling and Participants

To ensure diverse representation, participants were recruited from various International Protection Accommodation centres across Ireland, and the survey was available in English, Arabic, and Somali. The study focused on families with children, and the survey was restricted to parents living with their children in Direct Provision. Furthermore, the focus groups were also limited to mothers living with their children due to sensitivity and cultural considerations³².

Survey

A survey was designed and administered to gather quantitative and qualitative data on the experiences and support received by families in IPAS centres. The IRC distributed the survey via social media, email, and through the Asylum Support Network (ASN) and accommodation centres, placing a QR code leading to the online survey in posters that were readily accessible to participants in their living facilities. The survey contained questions related to participants' demographics, their stay and experience living in international protection accommodation,

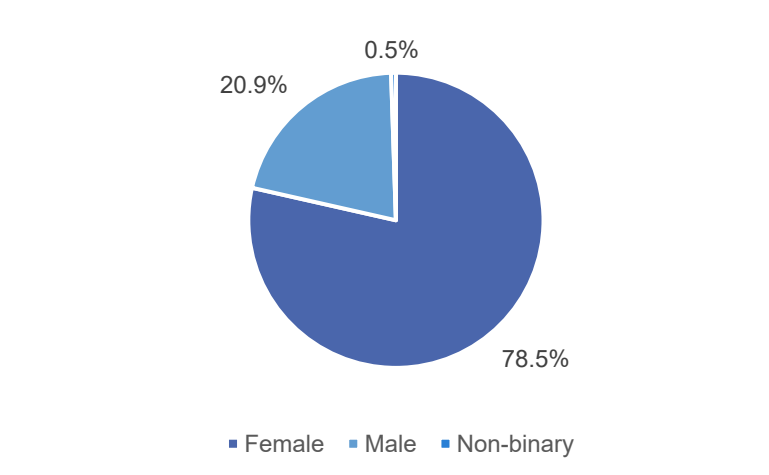
³¹ Participation was restricted to those without status.

³² It's important to acknowledge this research's limitations. Firstly, the number of participants was relatively small, which may affect the generalizability of the findings to a broader population. Additionally, the limited time and resources available for this study constrained our ability to visit all potential locations, potentially leading to variations in the experiences of families in different accommodation centres. These limitations should be kept in mind when interpreting the results of the research.

the overall adequacy of the support they receive, and more detailed questions regarding financial support. The survey can be found in Appendix I, and its translated versions can be consulted in Appendix II.

The survey obtained 231 responses, of which 192 were valid and analysed³³. Such responses are distributed along demographic lines as follows. Regarding gender, as Figure 1 below shows, 78.5% of the survey respondents³⁴ are female, 20.9% are male, and the remaining 0.5% report being non-binary.

Figure 1: Survey respondent's gender



The most common country of origin among respondents is Nigeria, with 32.3% of respondents, followed by Zimbabwe, with 19.8%, as Figure 2 shows. Other common countries of origin are Algeria (9.4%), South Africa (8.3%), Botswana (4.2%), Somalia (3.1%), Ukraine (2.6%), and Pakistan (2.1%). The remaining 18.2% of respondents report coming from other countries³⁵. Meanwhile, 66.1% of respondents indicate that their first language

³³ Answers were filtered by status (excluding those who already have refugee status), by number of children (excluding those who selected 0) and by consent (excluding those who did not check the consent box).

³⁴ This report will make reference to those who took part on the survey as *respondents* and to those who took part on the focus groups/interviews as *participants* to distinguish between data sources.

³⁵ A full chart containing all countries of origin can be found in Appendix V.

is English, 12.7% select Arabic, and those who indicate French, Pashto, Somali, Spanish, Ukrainian, Urdu, or Yoruba sum 13.8% of respondents (see Figure 3)³⁶.

Figure 2: Survey respondents' country of origin

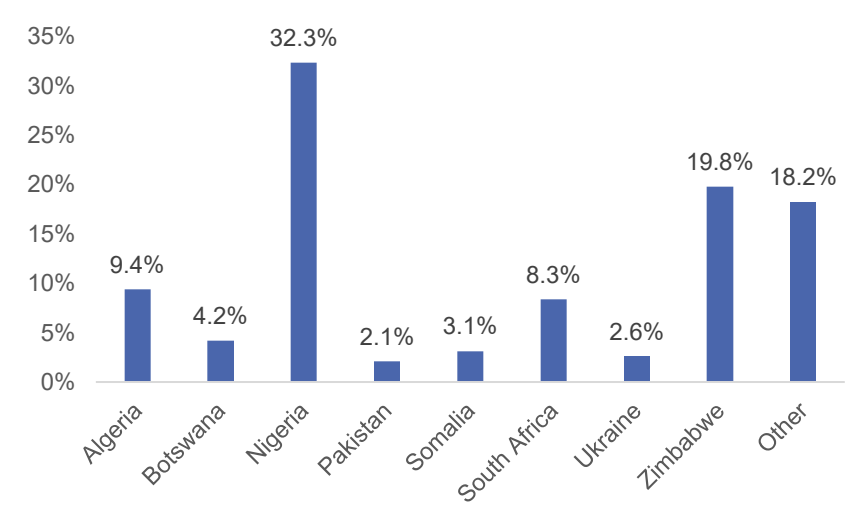
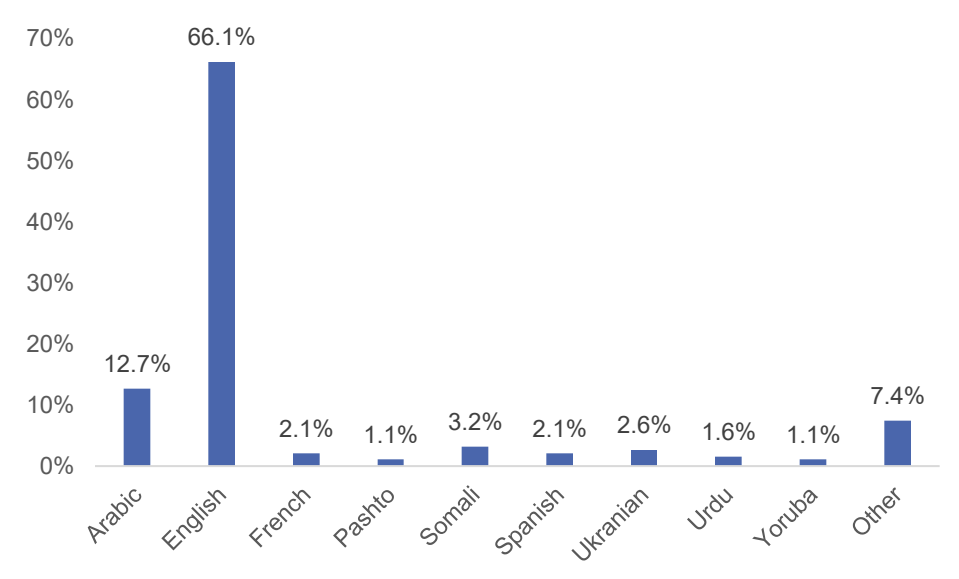


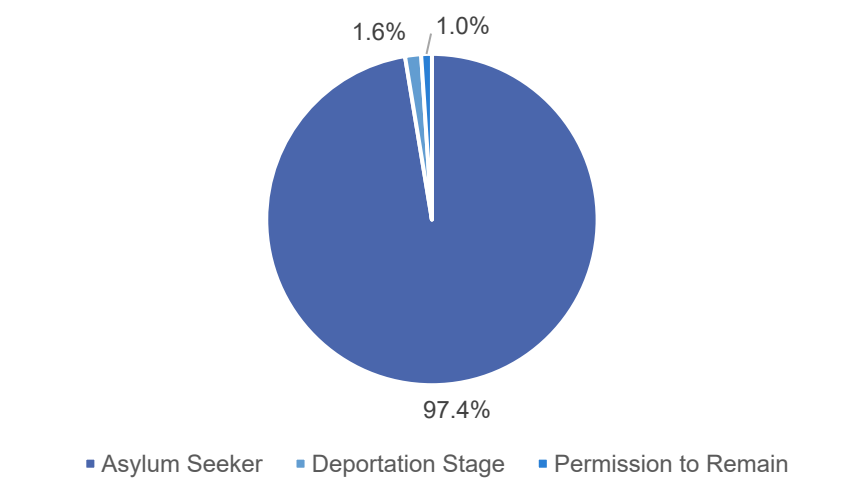
Figure 3: Survey respondents' first language



³⁶ A full chart containing all first languages can be found in Appendix V.

Most respondents (97.4%) are People in the international protection process, while 1.6% are in the deportation stage and 1% have received permission to remain (Figure 4)³⁷. Most respondents (99%) are staying in an IPAS centre, while 1% report staying in private rental accommodation (Figure 5). Regarding the county of residence, respondents most commonly live in County Dublin (22.4%), followed by counties Donegal and Mayo (15.6% and 13.5% respectively). 6.8% of respondents reside in Cork, 6.3% in Galway, and another 6.3% in Wicklow, while those who live in Monaghan, Sligo or Waterford sum 12.5% of respondents. The remaining 16.7% of respondents live in other counties (see Figure 6)³⁸.

Figure 4: Status in Ireland



³⁷ While the people in deportation stage and in permission to remain are different to those seeking asylum, their experiences remain representative of conditions living under the Direct Provision system.

³⁸ A full chart containing all counties of residence can be found in Appendix V.

Figure 5: Type of accommodation

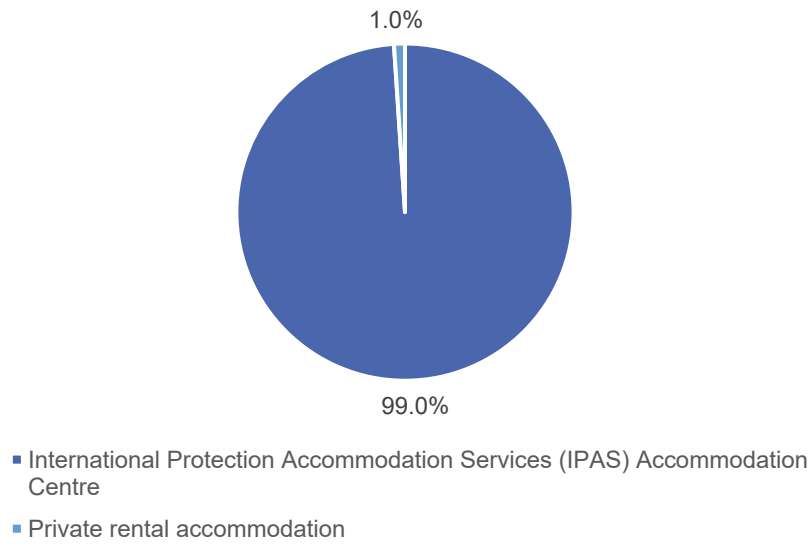
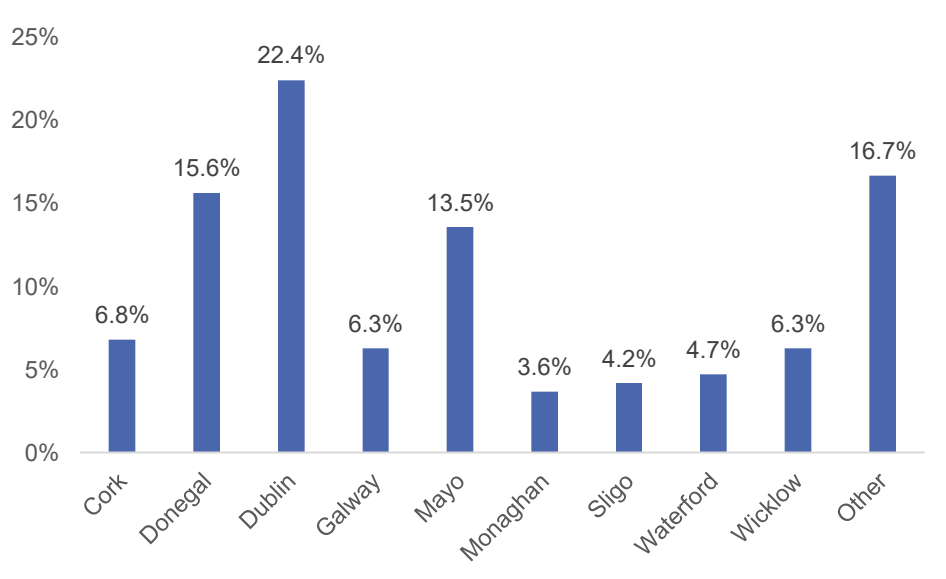


Figure 6: County of residence



Most survey respondents are married (57.9%), while 30% are single, 7.9% are unmarried but in a relationship, 3.2% are divorced, and 1.1% are widowed (see Figure 7). Additionally, 65% of respondents live with their partner in the accommodation, while the remaining 35% do not.

Figure 7: Marital Status

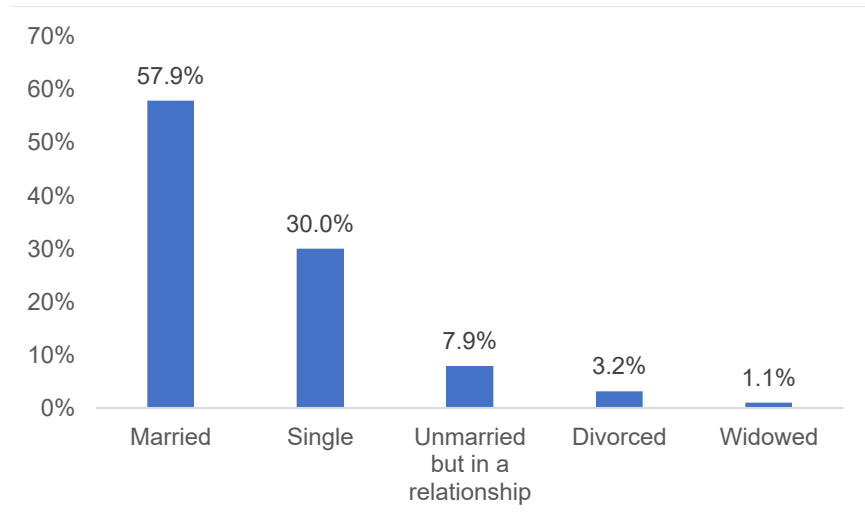
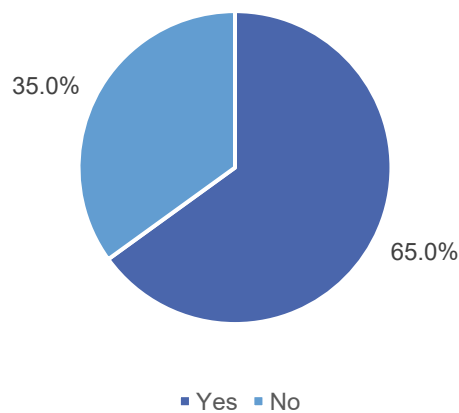


Figure 8: Co-living with partner



As Figure 9 shows, Respondents most commonly hold college/university degrees as their education level (49.2%). Meanwhile, 1.6% of respondents have no formal education, 4.2% completed primary school, 29.6% completed secondary school, 7.4% have vocational training, and 7.9% hold a postgraduate degree.

Regarding employment status, as shown in Figure 10, those who are unemployed, unemployed and waiting for a Labour Market Access Permit (LMAP) and unemployed and looking for work amounted to 60.7% of respondents, whereas 17.3% of respondents are full-time employed, 11.5% are part-time employed, 6.3% indicate being students and 4.2% are homemakers.

Figure 9: Education level

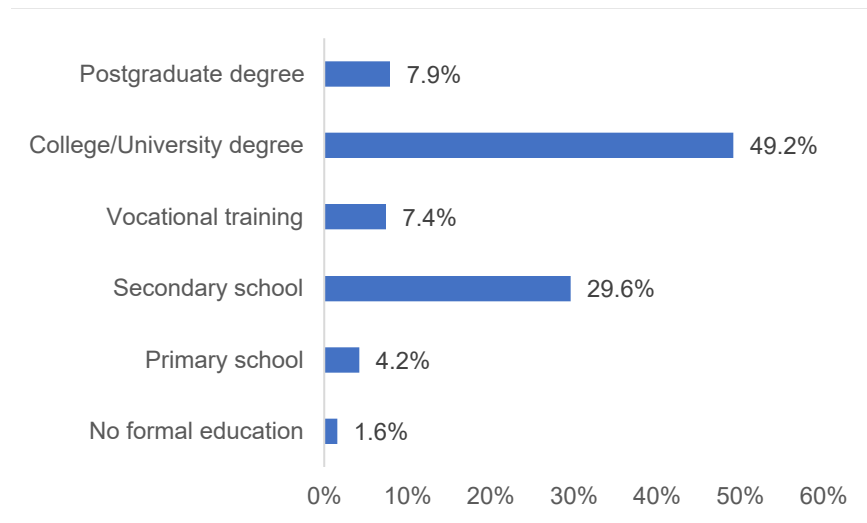
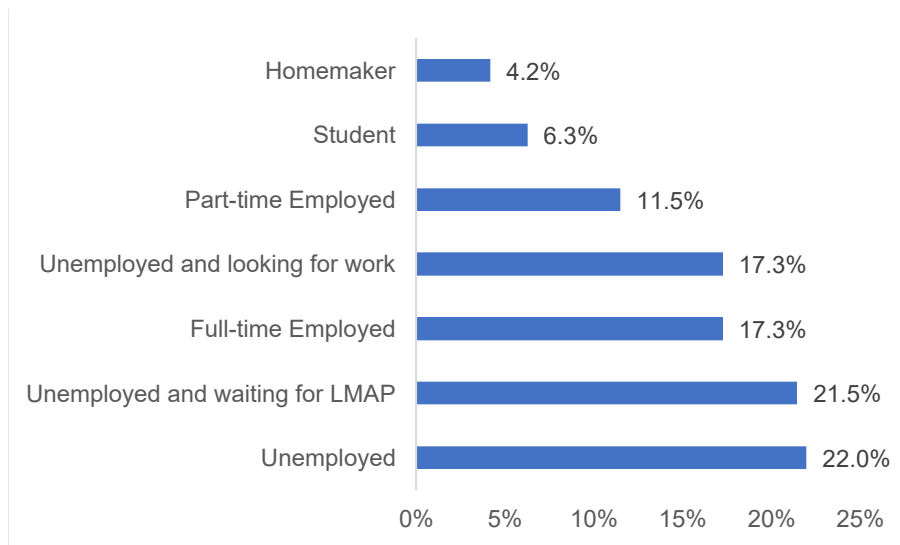


Figure 10: Employment status



Respondents commonly have one or two children (33.3% and 37%, respectively), and having three is also relatively common (20.8%). Those with four children comprise 3.1% of respondents, and those with five or more include 5.7% (Figure 11). Meanwhile, 17% of children are between 0 and 2 years of age, 18.9% are ages 3 to 5, 28.4% are 6 to 10 (the most frequent category), 25.2% are 11 to 15 and only 10.4% are between 16 and 18 years old (see Figure 12).

Figure 11: Number of children

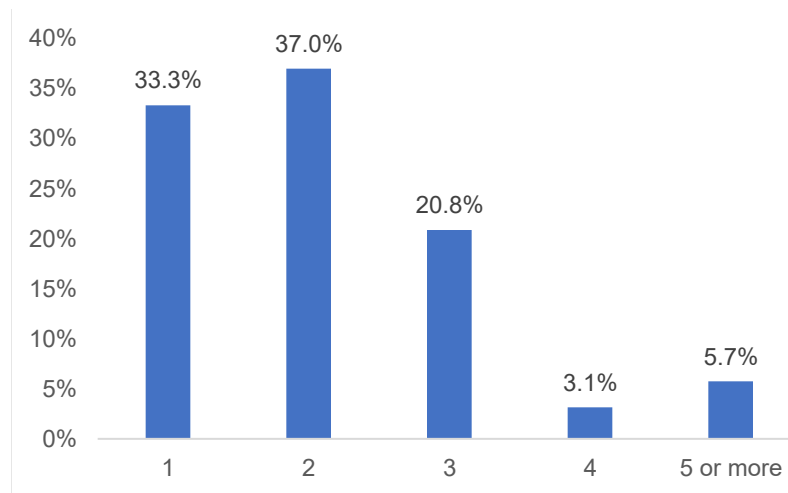
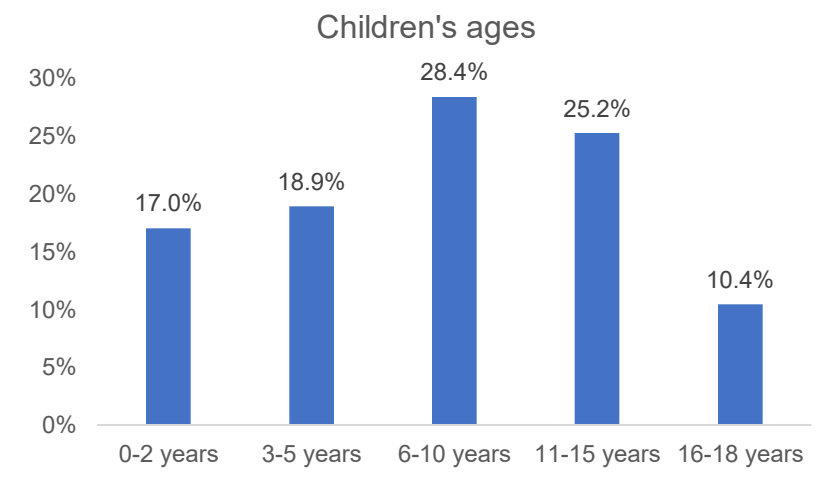


Figure 12: Children's ages



Focus Groups

Nine focus group discussions and one interview were conducted to gain insights and explore the experiences in a group setting with mothers. A trained moderator facilitated the discussions to encourage open and constructive dialogue. Themes related to the adequacy of support, the impact of having insufficient means, and the experiences of families, mothers, and children in Direct Provision were discussed. The questionnaire that guided the conversations during the focus groups can be found in Appendix III, and that for the single

interview that took place can be found in Appendix IV. The following Table 1: Focus group participation and details describes participation in the focus groups:

Table 1: Focus group participation and details

ID	Type	Date	Location	No. participants
FG1	Focus Group	12/08/23	Letterkenny	5
FG2	Focus Group	12/08/23	Letterkenny	2
FG3	Focus Group	19/08/23	Castlebar	12
FG4	Focus Group	19/08/23	Castlebar	12
FG5	Focus Group	19/08/23	Ballycastle	10
FG6	Focus Group	23/08/23	Online	4
FG7	Focus Group	23/08/23	Online	4
FG8	Focus Group	23/08/23	Online	12
FG9	Focus Group	24/08/23	Dublin	5
I1	Interview	24/08/23	Dublin	1
Total number of participants:				67

Data Analysis

The collected data from surveys, focus groups, and interviews was analysed using a thematic analysis approach. The quantitative data from the survey was analysed using statistical methods to provide quantitative insights into participants' experiences. The qualitative data were transcribed and coded to identify recurring themes and patterns, as well as divergent opinions related to the experiences of persons living in international protection accommodation, the adequacy of the support they receive, and the impact of lacking enough financial support.

Ethical Considerations

This research prioritised ethical standards throughout its entire process, following the ethical considerations put forth by Albtran et al. (2022) in their *Research involving people of a refugee background*³⁹ paper. It was ensured that participants joined and remained in the research voluntarily, ongoing consent was obtained from all, and anonymity and confidentiality were strictly maintained throughout the study. Data were securely stored and accessible only to the researcher, and those who participated in the focus groups and interviews were offered a voucher as a token of appreciation for their time⁴⁰. Moreover, people were engaged as active participants throughout the research process, and those who chose to stay in touch with the IRC will be updated on the status of the research and on any impact it may have on the rights of people in the international protection system and the support they receive.

³⁹ Albtran, A., et al. (2022).

⁴⁰ The voucher was worth €10 and people could chose to receive a voucher to shop at LIDL or at Tesco. Additionally, Dublin participants received €15 to cover the cost of transport, which other participants did not incur in.

3. Research Findings

Stay and experience living in international protection accommodation

During the focus groups, participants expressed mixed feelings regarding their overall experience living in international protection accommodation. While some participants highlighted that they are grateful for being in Ireland, as they now feel safe, most participants also expressed dissatisfaction due to various issues, many of which are also analysed in greater detail in the following sections of the report.

One common challenge that participants describe when asked about their experience is overcrowding in the accommodation. Families often share limited space, including bedrooms and bathrooms, with many people, causing discomfort and a lack of privacy. As many participants shared, this lack of privacy can be particularly stressful for some. For instance, Muslim women consider it inhumane to share sleeping spaces with their teenage sons, and breastfeeding moms also reported struggling greatly with privacy.

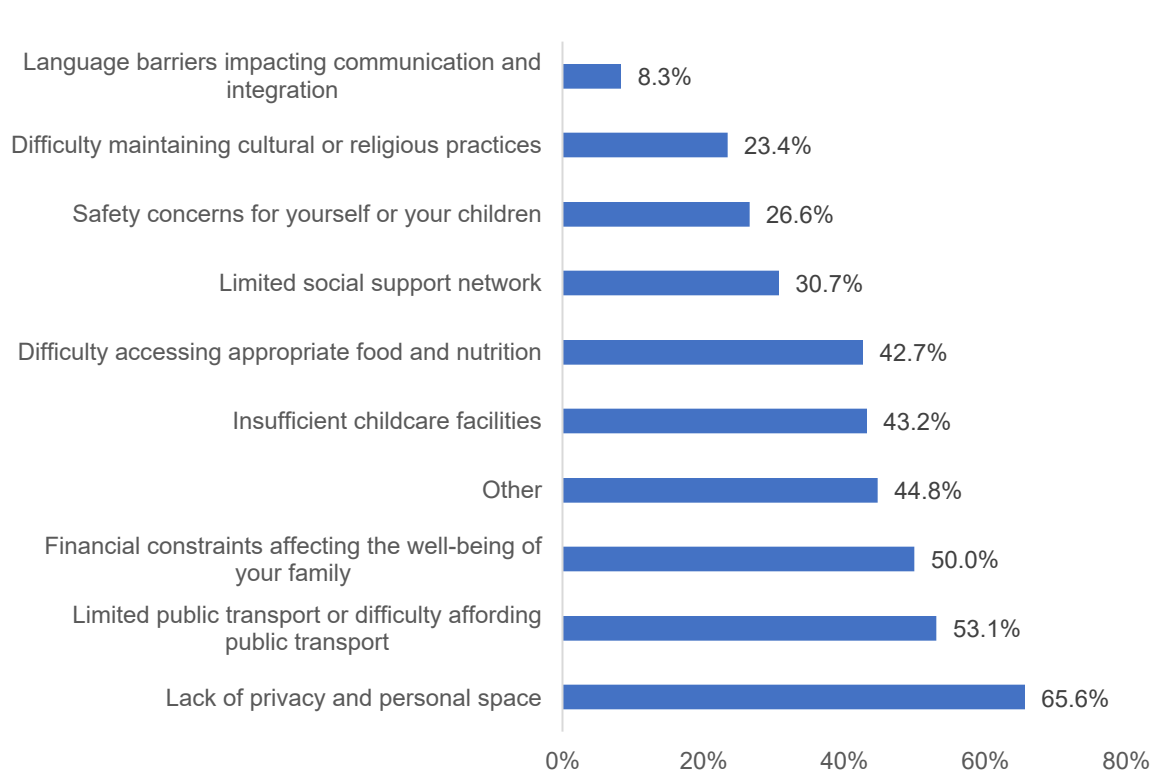
Linked to the issue of overcrowding is also a problem of limited access to shared facilities such as toilets, showers, and kitchens, especially during peak hours. Regarding this, participants have expressed that in some accommodations, a single toilet may be shared among as many as 14 rooms and that the shower and toilet are in the same room, making the system more inefficient. This situation is particularly hard for small children, who often find themselves having to wait for long periods of time to use the toilet, and this leads to accidents.

Another problem that arises is the adequacy of the accommodation accessibility and functionality. Firstly, several participants report that the buildings have several floors but without elevators, which is harsh on small children and pregnant women, and for carrying strollers or other objects like groceries. Additionally, several mothers communicate that the heating system in the accommodation is not enough, leading to considerable discomfort during the winter. Participants also described other challenges (such as nutrition and

transportation problems, lack of information and legal assistance, and language barriers), which are addressed in more detail in the following section of the document.

As Figure 13 shows, survey respondents reiterated the challenges that focus group participants describe. 65.6% of respondents selected *Lack of privacy and personal space* as a challenge living in international protection accommodation. 53.1% selected *Transportation* as a challenge, 50% selected *Financial constraints*, and 43.2% also indicated having trouble with *Insufficient childcare facilities*. 42.7% of respondents also indicated having Difficulties accessing appropriate food and nutrition, and yet other challenges such as safety concerns, difficulty maintaining cultural/religious practice, and language barriers came up.

Figure 13: Challenges living in international protection accommodation



As a result of the above, survey respondents rated the overall living conditions in the accommodation and their suitability for families with children poorly. When asked to rate the living conditions, 36.5% of respondents selected *Very poor* or *poor*; 38.5% selected *Average*, and those who selected *Good* or *Very good* sum 25% of respondents (see Figure 14). Additionally, 36.5% of survey respondents said the accommodation is *Not suitable at all*

for families with children; 29.2% selected *Not very suitable* (adding up to 65.6% of respondents); 16.1% selected *Neutral*, and those who selected *Suitable* or *Very suitable* make up only 18.2% of respondents (see Figure 15).

Figure 14: Rating of living conditions in the accommodation

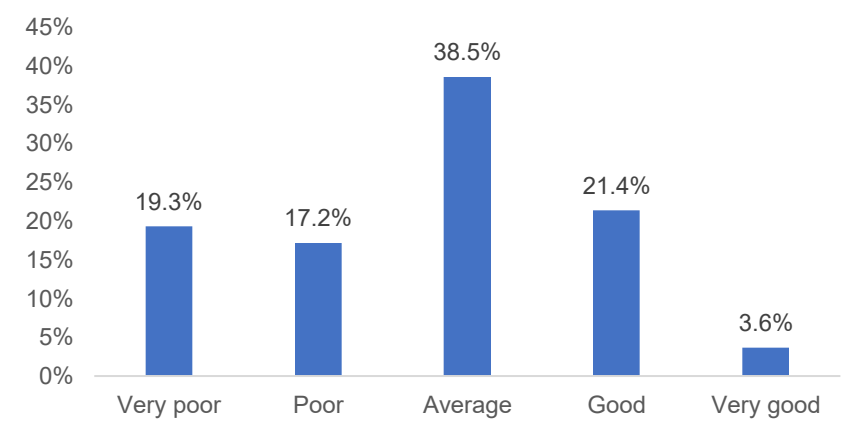
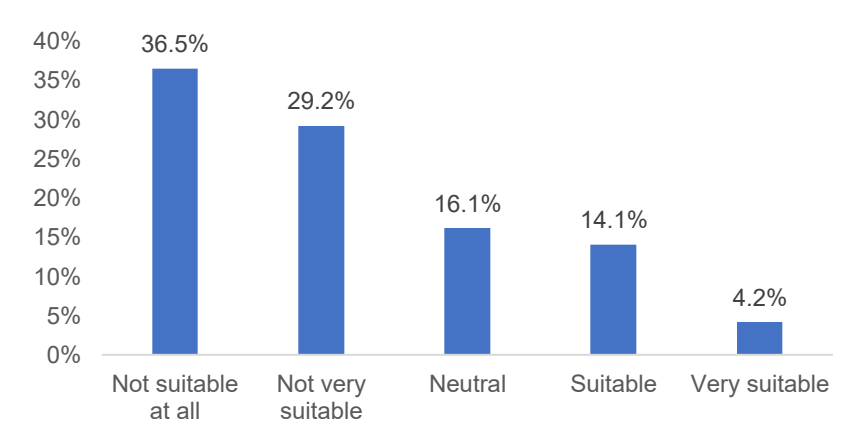


Figure 15: Suitability of the accommodation for families with children

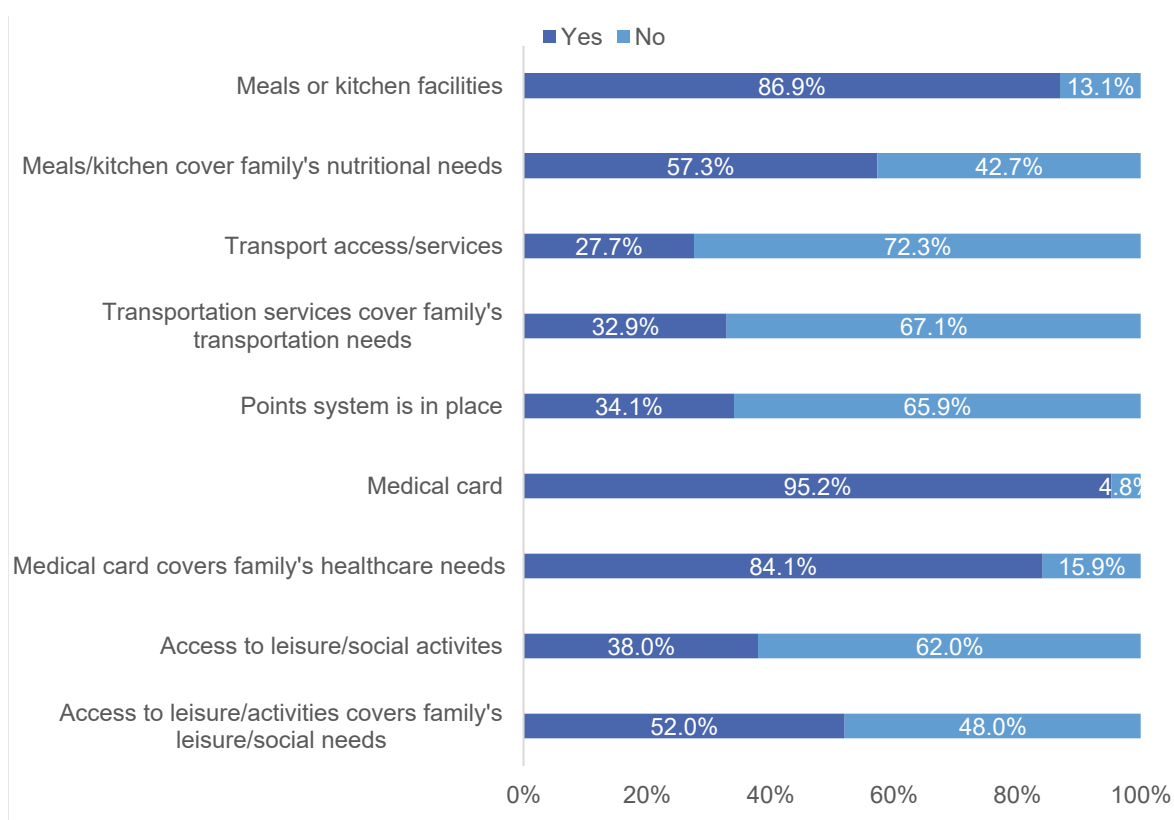


In sum, the focus groups uncovered mixed experiences, but also common themes among people in the international protection process. While some expressed gratitude for safety, most faced significant challenges: overcrowding, privacy issues, limited facility access, and accommodation limitations like no elevators and inadequate heating. Survey results aligned with these concerns, with many expressing dissatisfaction regarding living conditions and suitability for families with children. Subsequent sections delve into issues like nutrition, transportation, and others.

Basic needs and adequacy of the overall support

This section of the report begins to illustrate the adequacy of the support that is given to people in the international protection process to fulfil their basic needs, exploring what they have access to within the accommodation and by the government, difficulties in obtaining such access, and the adequacy of this support. Figure 16 below illustrates whether survey respondents and their families have access to a range of essential services and amenities and whether this access is adequate and sufficient to cover their and their family's basic needs.

Figure 16: Access to essential services and amenities



Nutrition needs

Regarding access to meals or kitchen facilities, as shown in Figure 16, 86.9% of respondents indicate they have access, with the 13.1% remaining indicating they do not. However, when asked if the meals/kitchen arrangement covers their and their family's nutrition needs, the percentage of respondents who select Yes falls to 57.3%. During the focus groups, food and

nutrition emerged as one of the major challenges people in the international protection process face while staying in international protection accommodation. Centres either offer a canteen service, preparing meals for residents, or a kitchen, so residents may prepare their own meals with their own ingredients, which they may obtain with either food vouchers or points if there is a points system in place.

The first type of arrangement, the canteen service, proved inadequate for most focus group participants, who in many instances reported that the food is unsuitable, especially for children and babies. Instances of undercooked food and concerns about diseases like diarrhoea and other health problems such as children being underweight were mentioned. Aside from issues for children and babies, the preparation of meals by the accommodation is also particularly inadequate given that residents come from diverse cultural backgrounds and for people with special nutrition needs (for instance, one participant reported her husband is diabetic and can rarely eat the food that they offer). Quotation 1 below provides an expression of how participants feel about the canteen service.

Quotation 1: Adequacy of meals in the canteen service

♦ “I am a mom, I can resist, I can eat anything, but they are kids.”

Under the second kind of arrangement, residents are provided access to a kitchen where they can prepare their own meals with their own ingredients. While participants expressed considerably more satisfaction with this option, a range of challenges also emerged during the focus groups. First, participants expressed that the kitchens are highly overcrowded (with one accommodation having a single stovetop for 80 residents, for instance). Second, many participants mentioned that the storage space in the kitchen is extremely limited, with reports of one mini fridge for a whole family or of just two or three fridges for the whole centre. Under these conditions, residents are forced to cook meals daily, since there is no

place to store cooked meals, and to shop for groceries every day or almost every day since they also cannot keep ingredients, leading to additional transportation expenses.

Furthermore, for residents who have access to kitchens in their accommodation, 34.1% of respondents say that there is a points system in place, as opposed to receiving food vouchers. While there are issues around food vouchers (the amount that each family receives seems arbitrary by some accounts; the received amount does not suffice for the number of family members; the voucher does not allow for the purchase of culturally familiar products, etc.), these are less problematic than points systems.

Under a points system arrangement, the centre's management does the shopping for residents, bringing products to the accommodation, where residents can then purchase them with points. In addition to sufficiency problems (for instance, one participant in the focus groups shares she only receives 15 euros worth of points per week, for her eight month old baby), participants communicate that the product selection is inadequate, almost appearing random, and that since points reset every month, residents feel pressure to buy things, even if they are not what they need. Some participants share that by the time the management brings the item one needs, one is out of points because they felt they had to spend them.

Transportation needs

When asked about access to transportation, only 27.7% of respondents indicated having access to options⁴¹, and only 32.9% of these people say these options are sufficient to cover their and their family's transportation needs. In most cases, during the focus groups, participants reported that accommodation centres themselves do not provide any transportation services, and the government also does not offer transportation assistance, creating a very significant challenge for them. Additionally, public transportation is limited or

⁴¹ The survey asked if the accommodation provided any sort of transportation service for residents, or if IPAS/the accommodation provided residents with a LEAP Card, or if there was any other sort of transportation arrangement in place.

non-existent in some areas, so participants are only left with costly forms of transport, such as taxis.

As a result, many people indicated that they primarily rely on walking, regardless of the distance and weather conditions, to access essential services and travel within the area. Moreover, in most cases, the accommodation/school does not provide free transportation for children to go to school. Sometimes, people in the international protection process must pay weekly fees to hire a school bus service (which may cost up to 75 euros per week), and sometimes, there is no available service at all, in which case parents must walk to school with their children. In some cases, participants report the school is up to 50 minutes away walking. This situation is particularly hard for small children who come home exhausted from walking. Quotation 2 below illustrates how mothers feel about getting their children to school without transportation options.

Quotation 2: Getting to school with no transportation services

- ◆ “We are trying to make them understand, once we enter winter, it will be very difficult for the little ones to go to school.”

Furthermore, when transportation services are in place, these can be extremely limited. For instance, participants living in a remote location report having access to only one bus per week to get them to the nearest town to shop for groceries. In another case, one participant communicates they give them three buses a day to get to town, but this does not suffice, as the buses have a capacity for 16 people, but there are 300 people in the centre.

Healthcare needs

All people in the international protection process in Ireland must have a medical card to cover their healthcare needs if they are unable to afford private care. Regarding this, 95.2% of survey respondents indicated that they and all their family members have a medical card,

while 84.1% stated the medical card suffices to cover their and their family's healthcare needs. Focus group participants reiterated these figures, communicating that while a few people were waiting on medical cards for themselves or for family members, most of them have a medical card which gives them access to a general practitioner. However, participants mentioned that while they have medical cards, prescriptions are not always fully covered, leading to additional, often high medical expenses, and resulting in delays in accessing necessary medications as Quotation 3 below conveys. Participants also drew attention to the fact that medical cards do not grant access to dental health professionals, which has been a problem for some, particularly for issues like dental emergencies, and they also do not cover certain studies and scans.

Quotation 3: Lack of medication due to elevated costs

- ◆ "I still have some things that I have not purchased because they are not covered, and it is way too expensive."

Leisure, social and extracurricular needs

When asked if the accommodation/government provide access to leisure or social activities, only 38% of survey respondents said yes, and a little over half of them (52%) say this access is sufficient. During the focus groups, participants consistently expressed that the accommodations do not organise or provide any leisure or entertainment activities for children or for adults, and that the government does not facilitate anything of the sort either. This, along with the prevalence of limited space and lack of spaces that are adequate for children to play, has had a large impact on children, as participants describe. This is exacerbated during the summer months, when children are off school and often face long periods of confinement, as in some centres people are not allowed to be outside of their rooms. These findings are further illustrated by Quotation 4 and Quotation 5.

Participants also mention that, in most accommodation centres, they are not allowed to have visitors, which can be tough on parents (who may be unable to work and face a lack of activities) and even more so on children, as Quotation 6 illustrates.

Quotation 4: Limited space in the accommodation

- ◆ “You have very limited space and for active children it’s very challenging, especially when they want to be children. They feel confined.”

Quotation 5: Summer with limited space

- ◆ “During the summer when they are not in school, we just sit in the room; we literally do everything in one room.”

Quotation 6: No visitors in the accommodation

- ◆ “My daughter has a friend, they invite her for playdates, but she cannot do the same, and she knows it; she understands that everyone else at school has their own room and she does not.”

While the above is representative of the experience that most participants express, there are some positive exceptions where the accommodation does organise activities or residents get access from a social worker or NGO. A few participants mentioned their centres organise occasional activities and outings for the children, which included music lessons, day trips, and visits to water parks. Others said local NGOs will organise day trips for families during weekends, and one person shared that a social worker arranged a two-week summer camp for the children in the accommodation.

Other basic needs

Additional to the above-described needs and the adequacy of the support that is provided in meeting them, during the focus groups other needs (and various degrees of coverage) emerged. Firstly, some participants reported receiving toiletries and basic personal hygiene items from their accommodation, while others said this is not their case (so they must make use of the food vouchers or their own money to cover these expenses). Aside from the provision of such items being inequitable across centres, those who report receiving them sometimes communicate receiving random items, rather than the things they need, or incomplete bundles. For instance, one participant said residents are only provided with toilet paper and toothpaste, while another expressed they only receive toilet paper and sanitary towels.

Furthermore, participants often described that the accommodation does not provide them with any sort of cleaning or laundry products, such as laundry pods, or products for cleaning the shared toilets or kitchen, so these also represent necessary additional expenses. Finally, many mothers expressed their desire to pursue education (such as going back to school or taking English classes) or to do something with their time, such as volunteering, since most of them are unable to work, but found these opportunities inaccessible due to lacking childcare opportunities.

Difficulties accessing basic amenities and adequacy of support

In line with all the above, when asked about difficulties accessing basic amenities, just under half of survey respondents said they have encountered them (49.7%, see Figure 17). Moreover, when asked about which difficulties they have faced, as Figure 18 shows, *difficulties accessing kitchen/self-catering* is the most popular response, with almost half of respondents selecting it (38.5%). Additionally, 26% of respondents select difficulties accessing communal spaces, 19.3% select laundry and 18.2% select sanitary facilities (showers/toilets). Among those who respond “Other”, the vast majority report issues with transportation.

Figure 17: Has had difficulties accessing basic amenities (sanitation facilities, laundry...)

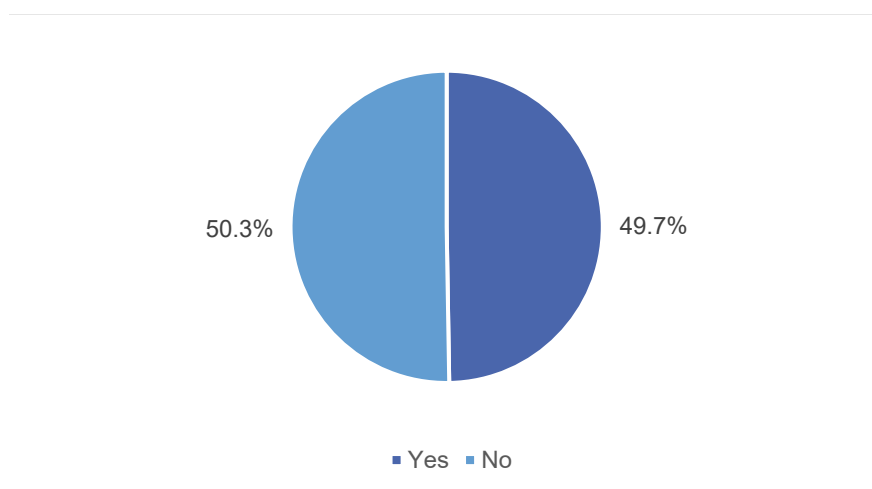
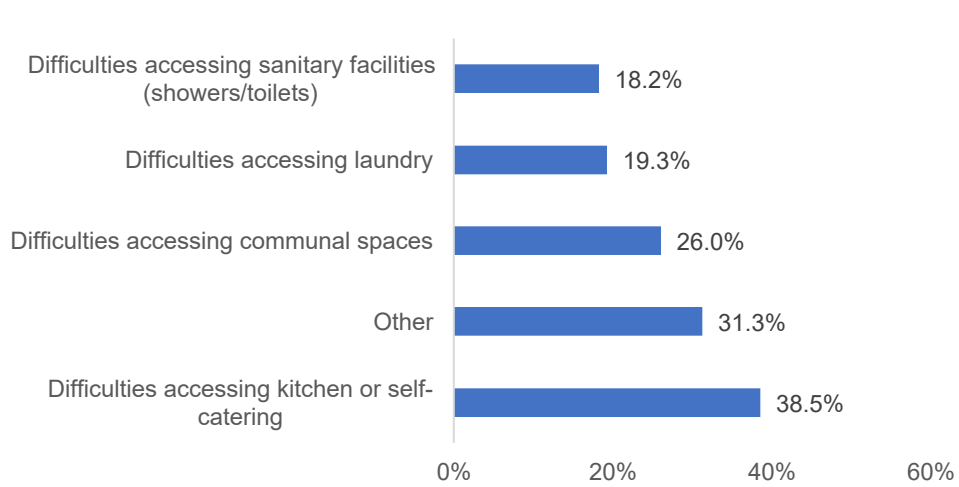


Figure 18: Difficulties experienced



When rating the adequacy of the support that they receive given their family's needs, as Figure 19 shows, 15.3% of survey respondents selected *Not suitable at all*; 30.5% selected *Somewhat suitable*; 28.9% did *Neutral*; 16.8% *Quite suitable*, and only 8.4% rated it *Very suitable*. Additionally, over half of survey respondents reported having faced challenges or difficulties accessing the support that is provided (51.9%, see Figure 20). When asked about which kinds of difficulties they have faced, survey respondents commonly select the *Lack of information* option (45.8%), while 14.6% select *Bureaucratic hurdles*, 12.5% select *Other* and only 6.8% select *Language barriers*.

Figure 19: Adequacy of the received support given family's needs

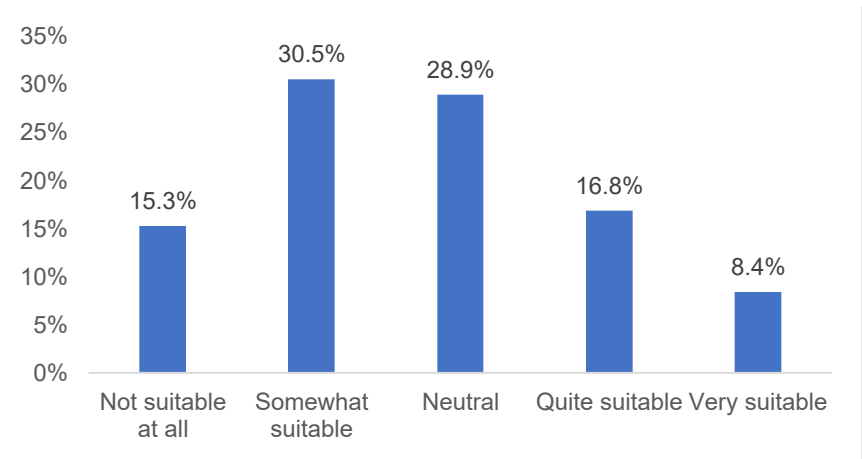


Figure 20: Challenges or difficulties accessing the support provided

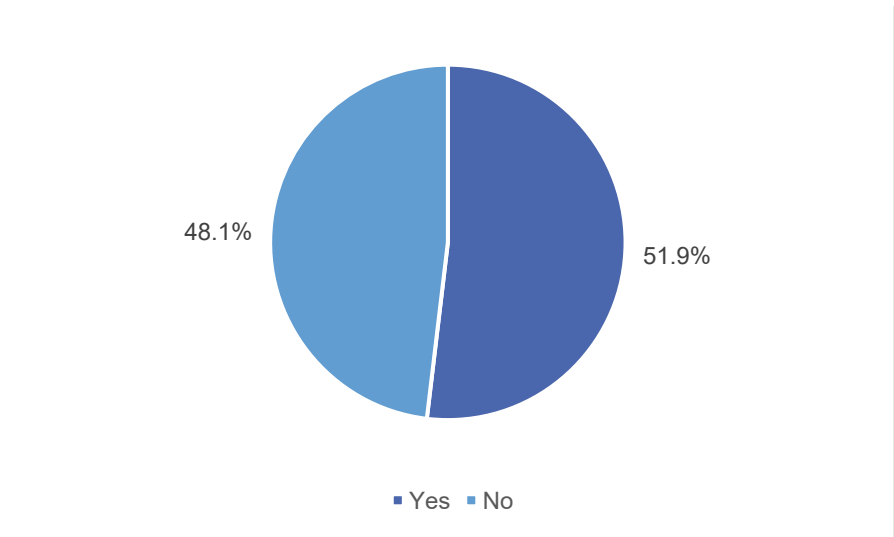
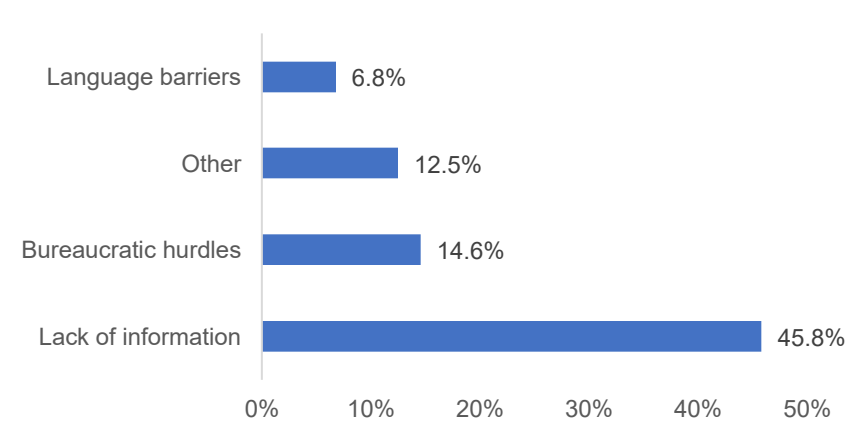


Figure 21: Difficulties accessing support



Regarding these difficulties, focus groups participants often explained that they felt a total lack of information and assistance about necessary procedures and forms (like applying for a work permit), as well as available resources (such as the back-to-school clothing and footwear allowance), causing confusion and stress. Oftentimes, participants find that the only guidance they have comes from one another, and they try to help one another. This is conveyed by Quotation 7 below.

Quotation 7: Lack of information and assistance

◆ “Nobody is going to help us, so we help ourselves; we try to help each other.”

In sum, the assessment of support provided to people in the international protection process reveals considerable challenges in meeting basic needs. Issues include insufficient nutritional support, transportation limitations, partial healthcare coverage, a lack of organized leisure activities, and difficulties accessing essential amenities. As the following section will show, these challenges make it so that the DEA, which is often thought of as “surplus” income for people in the international protection process while their basic needs have been covered, is in fact used to cover these basic needs, often being impossible for people to allocate it to anything else.

Financial challenges and adequacy of the financial support

Regarding the receipt of financial support by people in the international protection process, most survey respondents indicated that their families receive the corresponding DEA for adults and for children. As it is exposed in Figure 22 and Figure 23 below, 95.3% of respondents confirmed they received the Adult DEA and 89.5% did so for the Child DEA. During the focus group discussions, most participants expressed that they received this payment. In a few cases, participants said they were waiting to receive it because they had moved accommodation.

Figure 22: Receives weekly payment of the DEA for adults

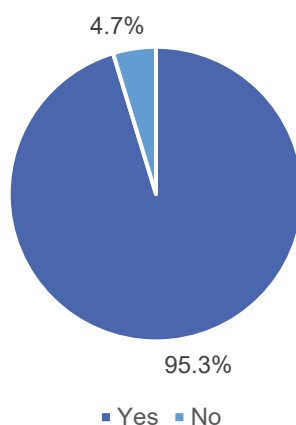
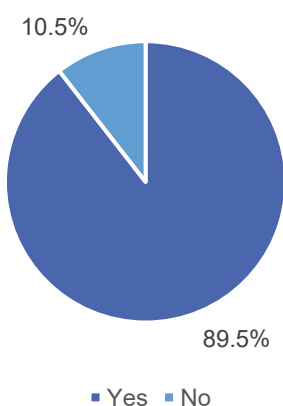


Figure 23: Receives weekly payment of the DEA for children



As Figure 24 and Figure 25 show, both DEA payments are typically spent on purchasing groceries and essential food items (63% of respondents say they spend the Adult DEA on this; while 57.8% say they spend the Child DEA this way), in buying personal care items (62.5% in the case of the Adult DEA and 54.7% in the case of the Child DEA), and in paying for transportation costs (73.4% for Adult DEA and 49% for Child DEA). It is also common for survey respondents to spend the Child DEA on childcare-related expenses (49%), and on healthcare expenses (32.3% in the case of the Adult DEA and 29.2% in the case of the Child DEA).

Additionally, respondents indicate that they use their Adult DEA to meet communication expenses (58.3% of respondents selected this option); for social activities or leisure (23.4%), on educational or professional development expenses (22.9%), for saving for future needs or emergencies (14.6%), and others. For the Child DEA, 26% report spending it on educational development, 25.5% on social activities or leisure, another 25.5% on communication expenses, 13.5% on saving for future needs or emergencies, and others (see Figure 24 and Figure 25).

These findings stemming from the survey match with those from the focus group discussions, where participants expressed that they typically spend the DEA on various essential expenses, with a primary focus on food, as the accommodation's food provisions are often inadequate. Participants also said they usually allocate a considerable portion of the funds for clothing, medicines, toiletries, transportation, and items for their children and babies, such as diapers, wipes, and school lunch supplies.

Figure 24: Typical ways in which the DEA for adults is spent

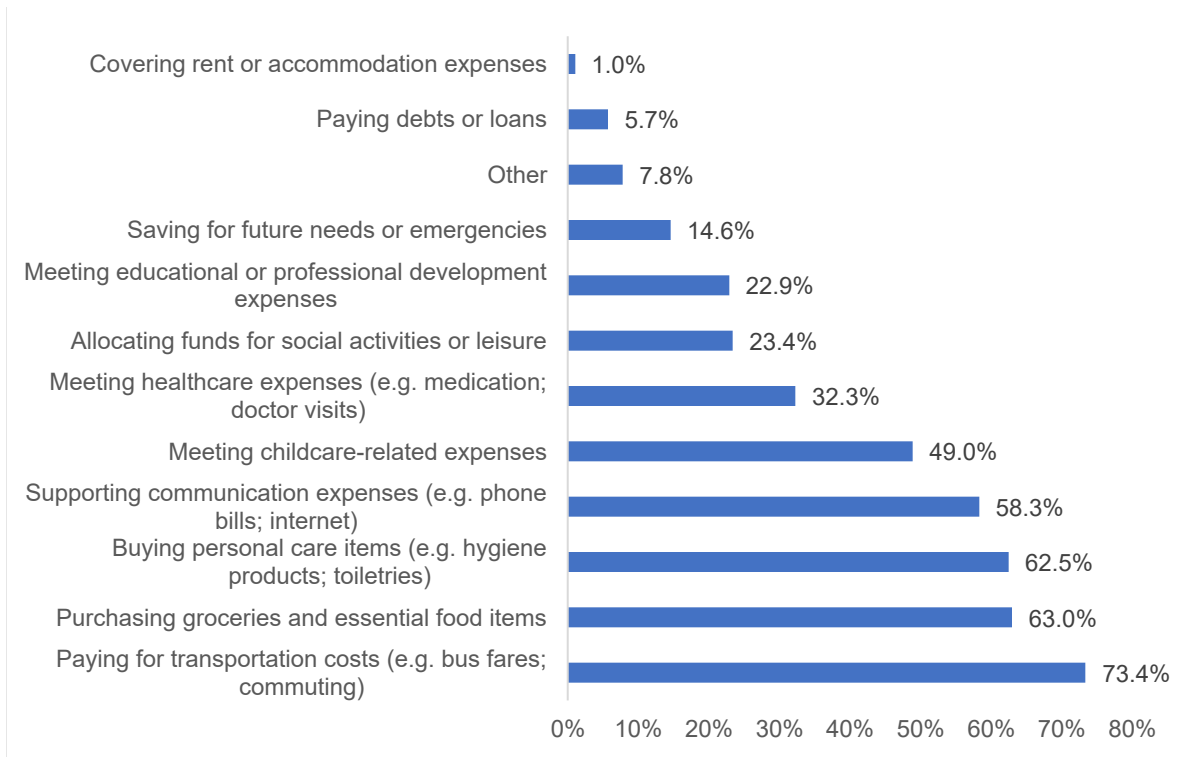
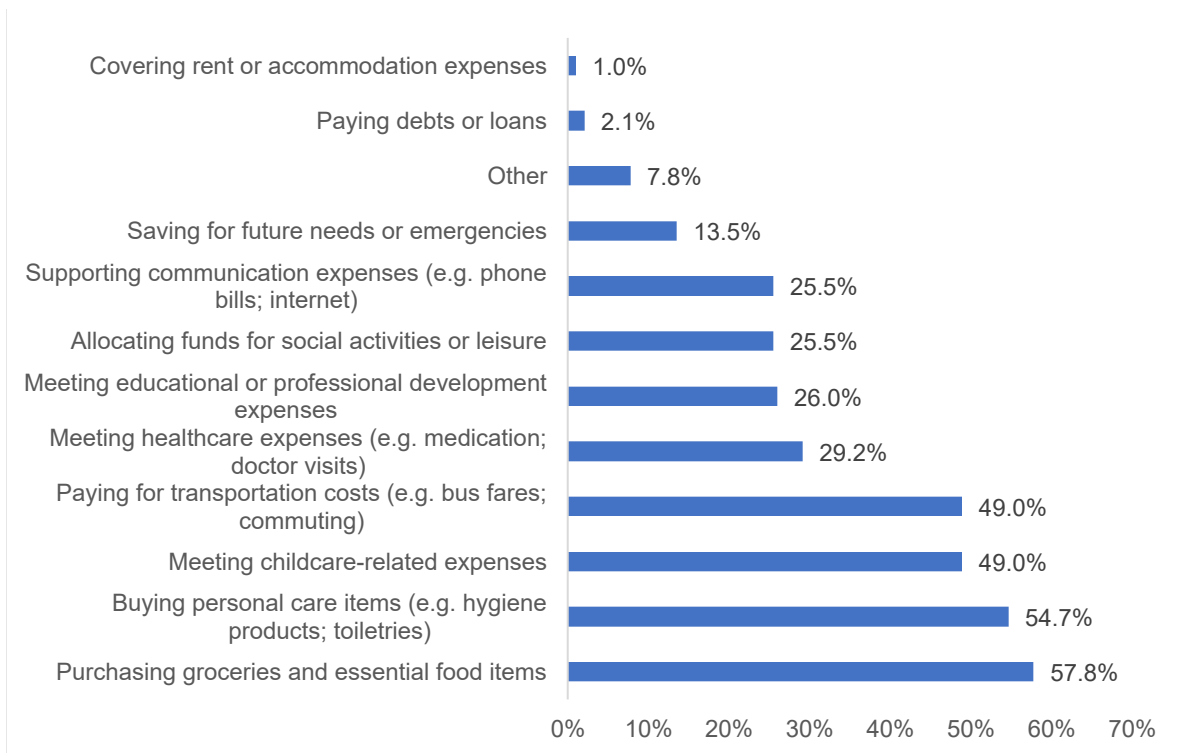


Figure 25: Typical ways in which the DEA for children is spent



About the sufficiency of the DEA, as Figure 26 and Figure 27 show, the proportion of respondents that deem it *Not sufficient at all* or *Not very sufficient* adds up to 68.4% in the case of the Adult DEA, and to 71% in the case of the Child DEA. Also, 19.8% consider the Adult DEA *Neutral*, while 18.8% consider the Child DEA so, and those who think the Adult DEA is either *Sufficient* or *Very sufficient* add up to 11.8% in the case of the Adult DEA and to 10.2% in the case of the Child DEA. Moreover, over 80% of respondents indicate that the DEA is not sufficient to cover six out of the seven listed children's needs, including basic needs (food, healthcare), educational needs (school supplies, books, educational materials...), clothing and footwear needs, extracurricular activities or hobbies, social and recreational needs (participating in school or community events, outings...) and technology and communication needs. 61.3% of respondents also believe the DEA is not enough to cover children's personal care and hygiene needs (see Figure 28).

Figure 26: Sufficiency of adult DEA

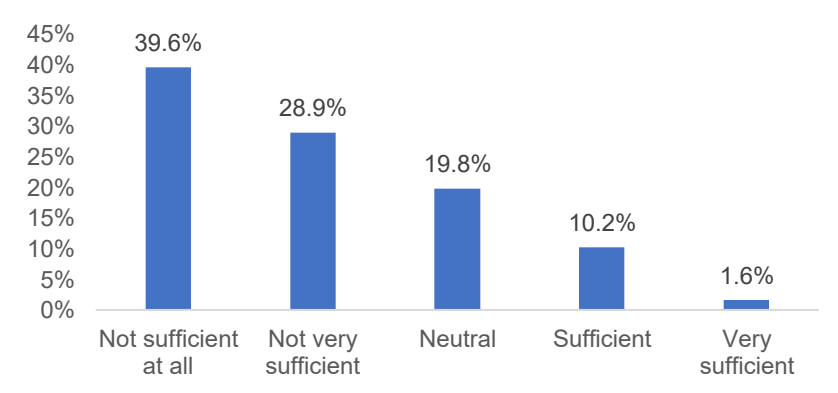


Figure 27: Sufficiency of children DEA

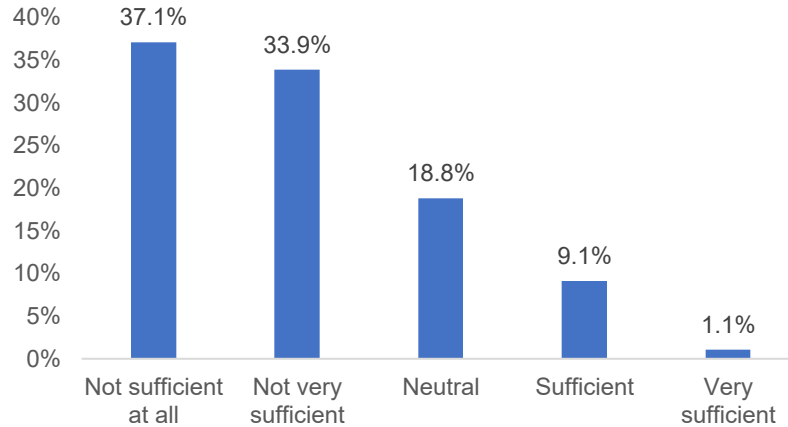
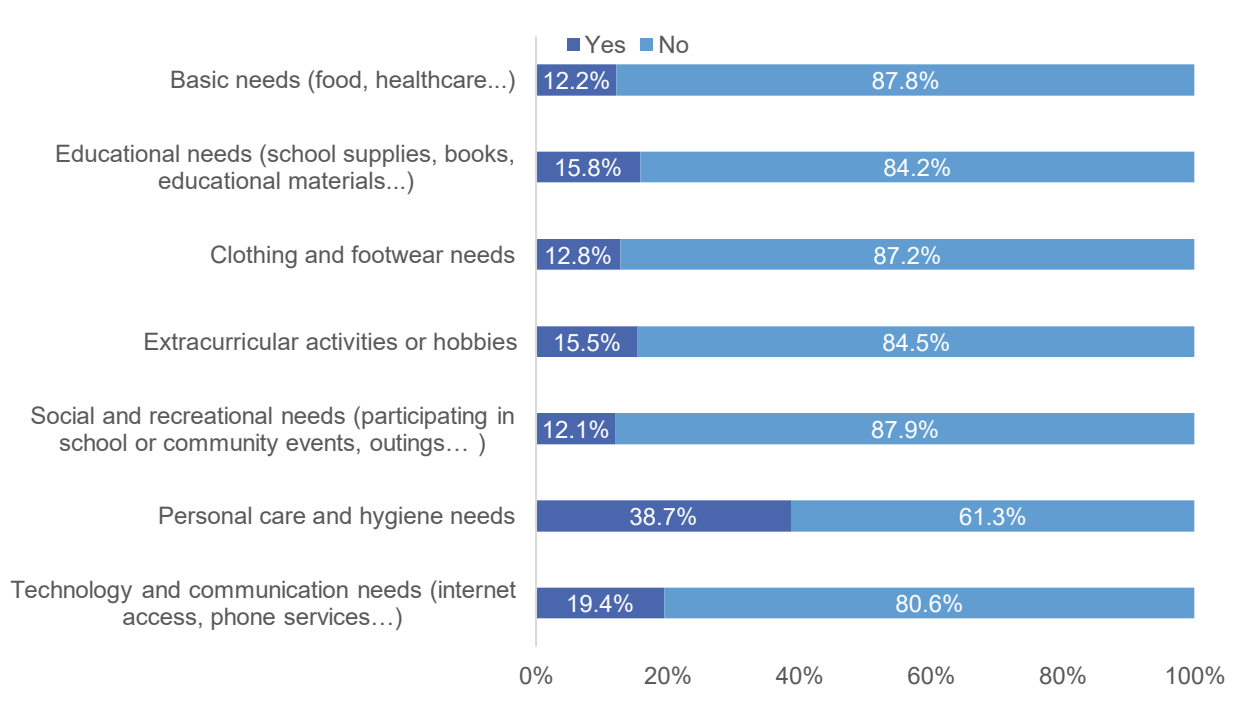


Figure 28: Sufficiency of DEA to cover children's needs



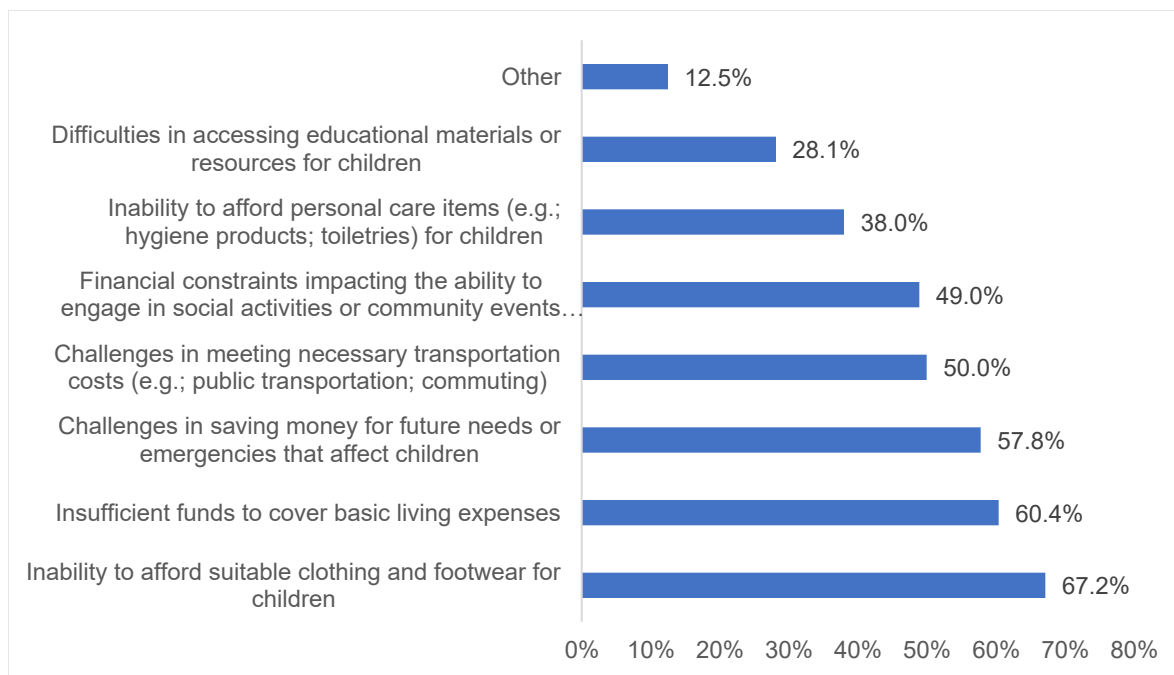
During the focus groups, participants expressed appreciation and gratitude for the DEA as it provides some financial support. However, their consensus is that the allowance is far from sufficient to meet their basic needs and cover the expenses associated with starting a new life in Ireland, especially since parents are not legally able to work, and given the conditions

in international protection accommodation centres, and the inadequacy and insufficiency of the other kinds of support they receive (for nutrition, healthcare, transportation, etc.).

These conditions and the inadequacy/insufficiency of the other kinds of support that people in the international protection process receive leaves families with no choice but to allocate the DEA to meeting their most basic needs, leaving little to no funds for other expenses. This is especially exacerbated by the rising cost of living and by the costs associated with raising children in Ireland. Participants in the focus groups express feeling a lot of pressure to cover a wide range of expenses related to clothing, school, and childcare (clothing and footwear for fast-growing children; expensive uniforms and books; essential items for children and babies...).

This is further illustrated by Figure 29 and Quotation 8 below, which shows that among survey respondents, 67.2% are unable to afford suitable clothing and footwear for children; 60.4% have insufficient funds to cover basic living expenses; 57.8% face challenges in saving money for future needs of emergencies; and 50% face challenges meeting necessary transportation costs. Moreover, 49% report having financial constraints impacting the ability to engage in social activities or community events; 38% are unable to afford personal care items; and 28.1% have difficulty accessing educational materials or resources for children.

Figure 29: Difficulties meeting family's and children's needs at the current level of support

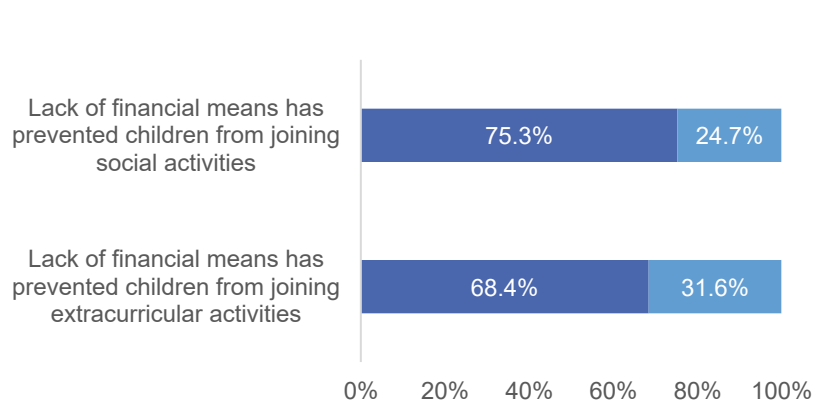


Quotation 8: Supplementing for lack of adequate food

◆ “Because the food situation is bad, then we have to supplement and buy something we are able to eat. For the baby, they are not providing food for at all, then I will have to buy my own stuff from the weekly allowance.”

Additionally, as seen in Figure 30, 75.3% of survey respondents report that a lack of financial means has prevented their children from joining social activities, while 68.4% indicate a lack of financial means has prevented them from joining extracurricular activities. Regarding this, during the focus group discussions, participants expressed that the DEA is often exhausted on vital essentials, leaving them to face considerable financial challenges and with little room to afford leisure, social and extracurricular activities for children. Often, a child’s inability to take part comes with the additional pressure of feeling out of place or wondering why other children have it better. These experiences are further captured by Quotation 9, Quotation 10, and Quotation 11 below.

Figure 30: Effects of the lack of financial means on social/extracurricular activities



Quotation 9: School trips and paid activities

- ◆ "Sometimes there are activities in school where they have to pay, and you do not want to make your child feel out of place by telling them you cannot attend this because we have no money."

Quotation 10: Taking children out for leisure

- ◆ "When you take them out and you can't afford anything, what's the point of taking them out?"

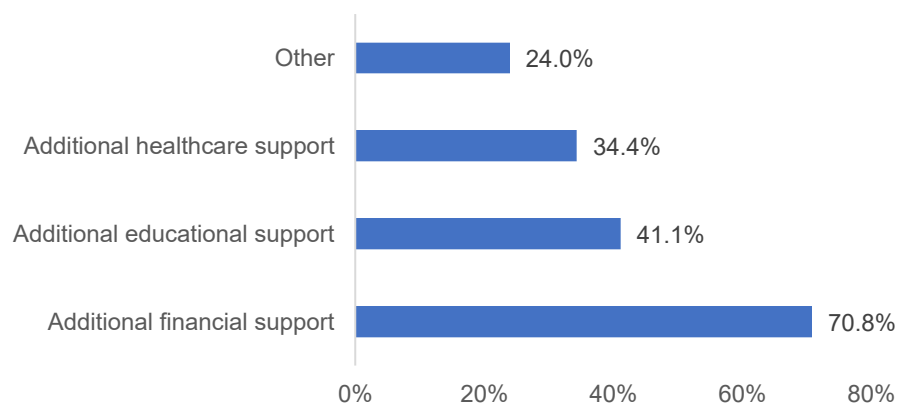
Quotation 11: Children see other children

- ◆ "As an adult, one can manage, but children see other children, and wonder why they have it better."

Lastly, when asked what additional support would be necessary for themselves and their families, 70.8% of survey respondents select additional financial support, while 41.1 indicate

additional educational support, and 34.4% say additional healthcare support. Among those who specify another sort of additional support under “Other”, responses usually involve support to buy clothes and support with transportation.

Figure 31: Necessary additional support



In summary, most research participants receive the Adult and Child DEA, primarily allocating these funds towards essential expenses such as groceries, personal care items, and transportation. While the support is appreciated, a significant portion of respondents and participants find it insufficient to cover their families' basic needs, including food, healthcare, education, and more. The focus group discussions underscored the strain on families as they grapple with limited resources, exacerbated by rising living costs and the demands of raising children in Ireland, and there is a need for additional financial support to enable people in the international protection process to live with dignity.

4. Synthesis and Conclusions

This research gives critical insights into the experiences of families and children living in International Protection Accommodation (IPAS) centres in Ireland. Notably, the study demonstrates the inadequacy of social welfare entitlements within the International Protection Accommodation system. The DEA that people in the international protection process receive is not sufficient to meet their basic needs and cover the expenses associated with starting a new life in Ireland, especially since most parents cannot work and given the living conditions in IPAS centres.

The inadequacy of these conditions leaves families with no choice but to allocate the DEA to meet their most basic needs, leaving little to no funds for other expenses and a significant lack of financial means. This is especially the case given the rising cost of living and the costs associated with raising children in Ireland, and it is exacerbated by the unjust denial of Child Benefit payments to children without status, compounding the financial hardships these families face.

Child Benefit, as a universal social welfare payment, has traditionally been a pillar of support for parents raising children in Ireland. Its universal nature ensures that every child, regardless of family income or immigration status, is entitled to this financial support. As such, the exclusion of families in Direct Provision from receiving Child Benefit starkly contradicts the principles of equality and protection enshrined in the United Nations Convention on the Rights of the Child (UNCRC). The research findings underscore that this exclusion perpetuates relative poverty among protection-seeking families, denying them the financial means to live with dignity and secure a better future.

Our research also highlights the profound impact of economic vulnerability on children's lives. These financial constraints hinder the ability to engage in vital social activities, hobbies, and experiences crucial for their development. Play, leisure activities, and peer interaction are fundamental for children's physical, psychological, and social well-being. The absence of means to participate in such activities, combined with the unique challenges faced by

families in Direct Provision, negatively affects children's social development and mental health.

In conclusion, this research offers a compelling argument for policy reform to address the inadequacy of social welfare entitlements for people in the international protection process and their children in Ireland. The denial of Child Benefit payments to these children is not merely a matter of equality and human rights; it is a pressing concern that directly impacts the well-being, integration, and social development of vulnerable children and families within Irish society.

In addition, while this research has provided crucial insights into the experiences of families and children in IPAS centres, it also underscores the necessity for more extensive research efforts. Given the limited survey responses and the relatively small number of focus groups, future research should aim for broader and more comprehensive data collection to gain a deeper understanding of the challenges faced by these vulnerable populations.

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Appendixes

Appendix I – [Survey](#)

Appendix II – [Survey translations](#)

Appendix III – [Focus Groups Questionnaire](#)

Appendix IV – [Interviews Questionnaire](#)

Appendix V – [Full Figures](#)