Mental Health Social Work

Understanding Safeguarding in Context of Minority Groups: Homeless and Refugees & Asylum Seekers in Ireland

Mental Health Special Interest Group, IASW, Conference

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by

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Understanding of Safeguarding in Context of Homelessness, Refugees and Asylum Seekers, from a Social Work Perspective

Introduction:

Social Work experiences
in afeguarding in context of
Homelessness and Refugees and Asylum Seekers:

Adult Safeguarding, Ireland

'Mary' DIS Review

From Dublin to Dhaka!

POCs and Refugee Camps – Rohingya Camp, Bangladesh and POC Camp, South Sudan

Defining Homelessness:

Homelessness Types:

Rooflessness – accommodation without shelter of any kind – in tents, sleeping rough/street dwellers, and other precarious living arrangements (cabins, containers, mobile home, caravan, car)

Houselessness - a place to sleep **temporarily in institutions or shelters, hostels, hotels, B&Bs.**

Living in **insecure housing** threatened with severe exclusion due to insecure tenancies, eviction and domestic violence

Living in **inadequate housing** - on campsites, unfit housing & extreme overcrowding situations

(Ref Focus Point, McVerry Trust)

Accommodation Provision - Types: (Citizen's Information Centre)

- Temporary Emergency Accommodation. (TEA)
- Supported Temporary Accommodation (STA)
- Private Emergency Accommodation (PEA)
- Long Term Accommodation (LTA) *
- Social Tenancies

*NB Couch surfing, Refuge centres and LTA social tenancies are not regarded as homeless accommodation by the Census.

Total Homelessness in Ireland – Statistics

Numbers relying on emergency accommodation:

2021 10,820

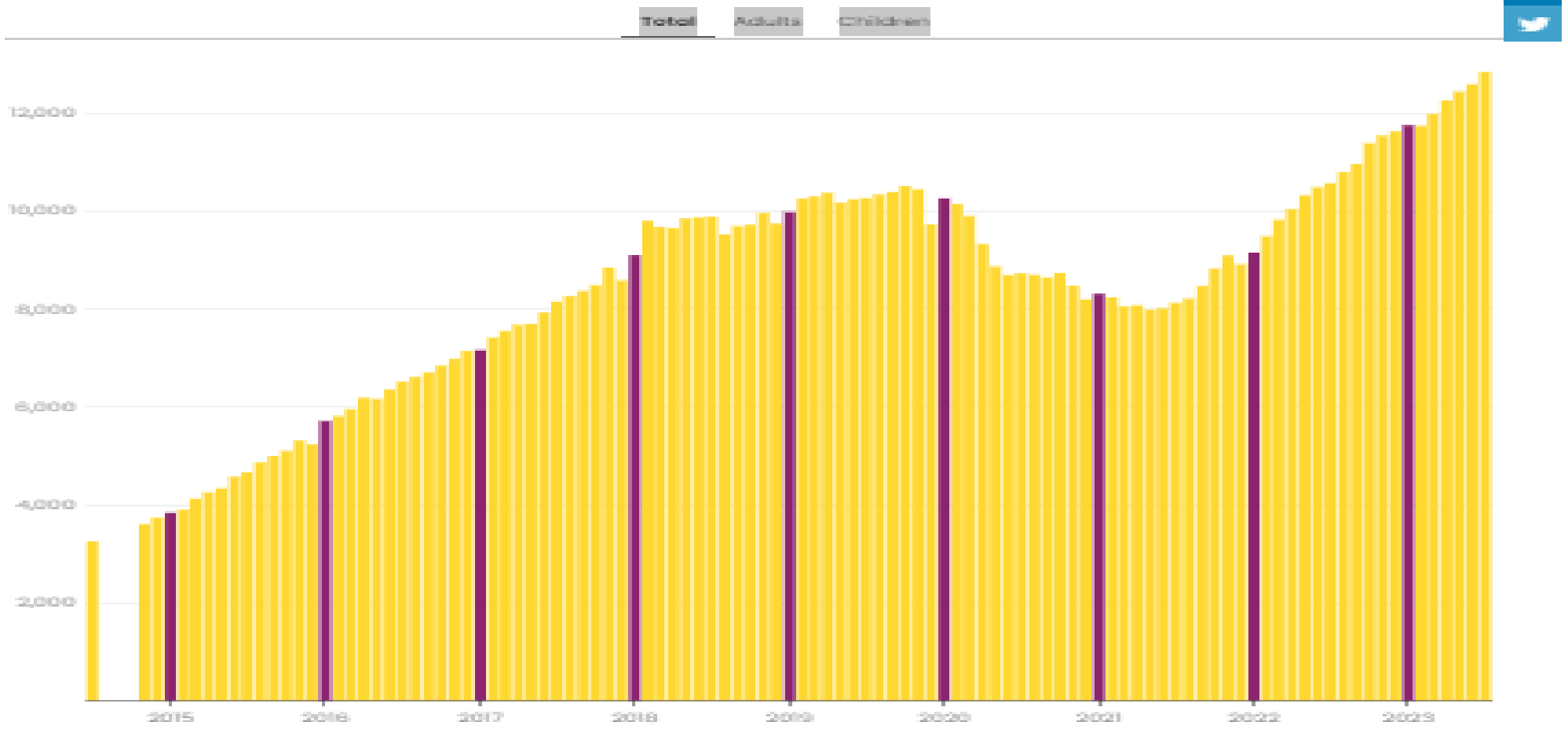
2022 11000+

2023 13,000

2024 14000, 4,170 are children

(Focus Ireland, 2024)

Number of people who are homeless and relying on emergency homeless accommodation

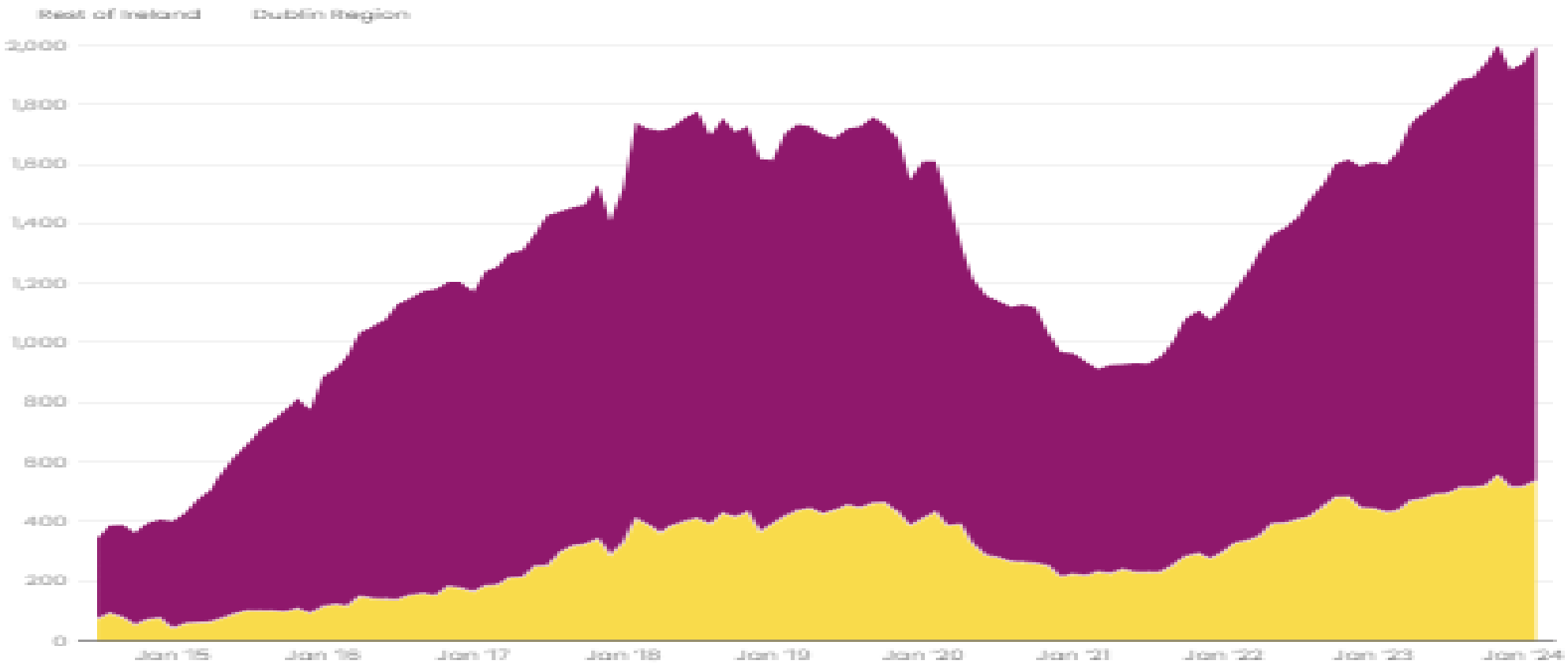


The above official homelessness data published by the Department of Housing identifies the number of people utilising State-funded emergency homeless accommodation on a regional and county basis in the last week of every month. The official figures only record those in state emergency homeless accommodation, but discounts those that are in 'own-door' temporary accommodation, domestic violence refuges, asylum seekers, people who are sleeping rough, and the very many who are 'hidden homeless' and staying with family or friends in insecure housing. No official homeless data was published between Aug-Oct 2014 so a gap exists in the above graph for this period.

Chart: Focus Ireland • Source: Department of Housing, Local Government & Heritage • Get the data

FOCUS Ireland

Number of families in emergency homeless accommodation



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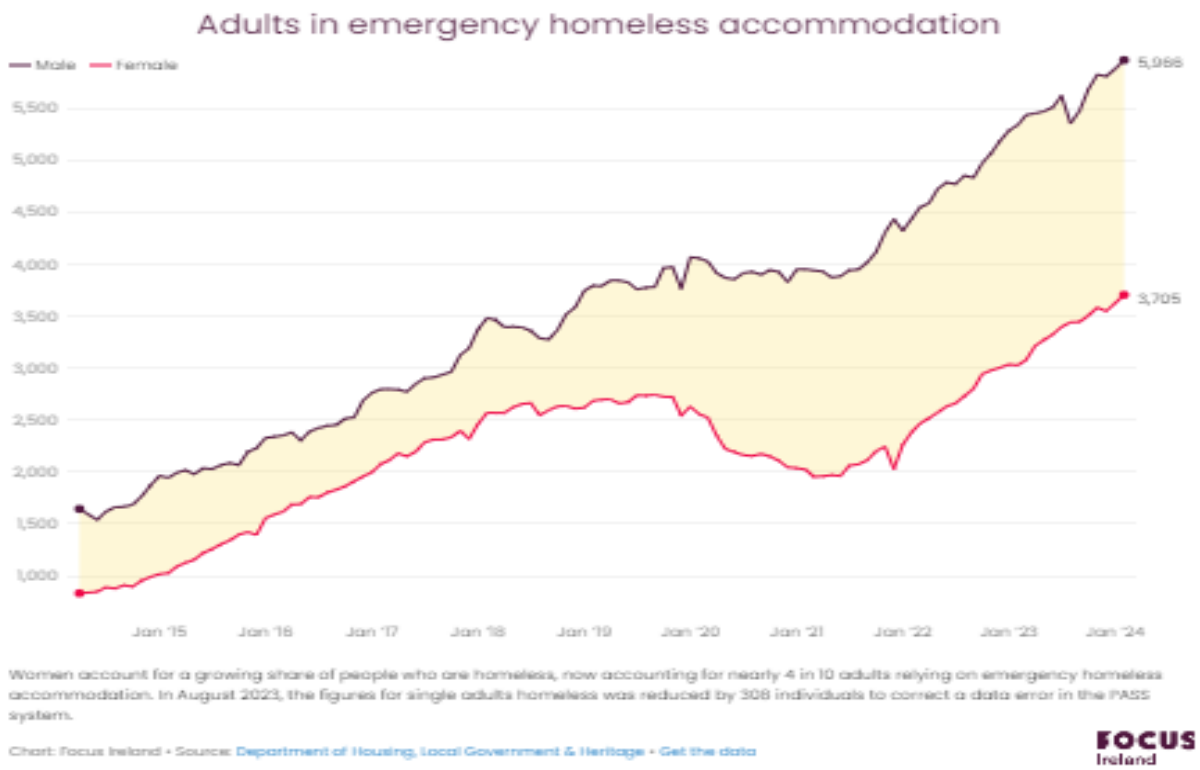
FOCUS Ireland

Women continue to account for a growing share of people who are homeless, now accounting for more than 4 in 10 adults relying on emergency homeless accommodation (Focus Ireland, 2021)



Homelessness in Ireland – Statistics by Focus Ireland

Over 2000 families homeless and residing in emergency accommodation. The majority are single parent families

Some 17% of adults who were homeless were between the age of 18 and 24.

197 people in homeless accommodation are **aged 65 or older.**

McVerry (2022) research found young men aged 18-35 constitute the single largest cohort of homelessness in Ireland.

*** Families in refuges are not included in homeless stats – ref to Tusla**

Homelessness – Challenges, Risks, Barriers and Disadvantages:

Research main findings on Homelessness by Taylor, et al 2021 (UK), on Homeless people found that homeless people

- are often categorized as **'non-engagers',**
- **Structural barriers / challenges** - are frequently unable to access the help they need to stay safe
- are at a high risk of long-term rough sleeping, repeated prison stays and repeat acute hospital admissions
- those who are homeless for 18 months+ have a mortality rate 8 times that of people who have been homeless less than six months
- drug overdose was identified as contributing to over a third of deaths in people experiencing homelessness
- Marginalised, dis-enfranchised and segregated cohort in society

- **Disjointed communication between support services leads to high risk of them falling through the cracks**

(G Taylor, 2021; A O'Carroll 2021;, Dr Clíona Ní Cheallaigh, 2021**)**

Risks in context of homelessness – Slipping Through the Cracks

Service Fatality Reviews (SARs), UK – **Learning:**

- **Stigma** around 'inevitability' creates professional lethargy around risks and vulnerabilities

- **Cliff Edges** – transitions between services from hospital, drug treatment centres or prison to community, drug treatment services, from one worker to another, all present significant risks, if poorly managed.

(Dr Gill Taylor, 2020)

Deaths in Homeless Population and Fatalities

There is a which is high number of deaths in homelessness. A total of **357 people** who had come in contact with homeless services in Dublin prematurely died over the previous five years, according to statistics released under the Freedom of Information Act. The figures include those who died in both long-term and short-term accommodation and in outreach services as well as those who were not service users but had been identified as homeless (Irish Times, 2022. https://www.irishtimes.com/ireland/social-affairs/2022/10/24/homeless-services-in-dublin-record-357-deaths-in-the-past-five-years/

Interim Report on Mortality in Single Homeless Population (Dr A O'Carroll, 2021) found

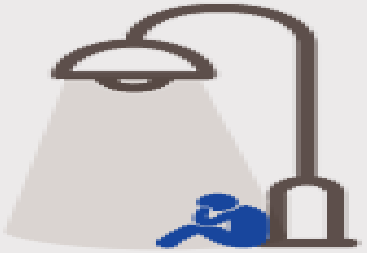
- 47 single homeless people either rough sleeping or placed in emergency accommodation died in 2020 – an 80% increase on the 26 who died in 2019, and a 147% increase on the 19 homeless single adults who died in 2018.
- Those in emergency accommodation for longer than 18 months, accounted for 68% of the single homeless deaths.

The Health Research Board study (2019) found

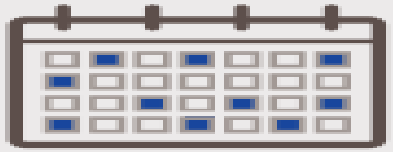
- 84 deaths among people who were homeless (median age was 40 years), the majority of deaths were due to
  - Medical
  - Mental Health - **Half had a history of mental health** issues
  - Drug poisoning
  - Trauma

https://www.gov.ie/en/press-release/363db-report-of-premature-deaths-among-homeless-people-published-by-health-
https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2024_Publications/NDRDI_2024/NDRDI_bulletin_Deaths_homeless_2020.pdf
https://www.drugsandalcohol.ie/deaths-data/

Number of deaths



121 deaths
among people who were homeless in 2020



10 deaths per month

Breakdown by sex

78.5% Male

42 yrs Median age of death

21.5% Female

36.5 yrs Median age of death

Location

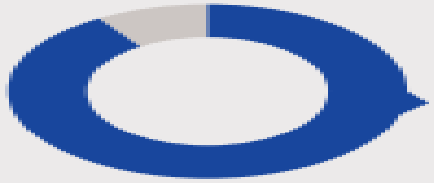
- **56%** in Dublin
- **17%** in Cork
- **27%** Rest of Ireland

Place of death

48% died in **emergency accommodation**

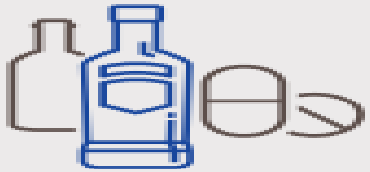
36% died in a **public place, public building, or derelict building**

Substance use

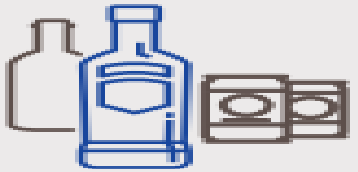


91% had a **history of substance use** or dependency

52% Drugs only



30% Alcohol & drugs



18% Alcohol only

2020: Health Research Board on Deaths in Homelessness

Cause of death

57% Poisoning

43% Non-poisoning

Of non-poisoning deaths:

25% deaths due to hanging

25% deaths due to cardiovascular conditions

Mental health

46% had a **mental health issue**

50% of females

45% of males

2020: Health Research Board on Deaths in Homelessness

SAMHSA - Concept of Trauma and Guidance for a Trauma Informed Approach

Trauma Informed Care – understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatise (University of Buffalo Research Centre)

- Discrimination
- Developmental Trauma
- Individual Trauma or Group/Community
- Complex or Repetitive Trauma
- Single Incident Trauma
- Historic / Generational
- Vicarious Trauma

https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Safeguarding Risk Factors in Context of Homelessness (G Taylor, 2021)

Adverse Childhood Experiences (ACE's) include;

- Abuse
- Neglect and abandonment
- Loss of a parent/care giver
- Divorce and separation
- Parental substance use
- Parental mental health/trauma
- Parental imprisonment
- Homelessness
- Family violence

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- Trauma may occur at any time in a person' life in a single traumatic event or repeated over many years.
- Trauma experiences often overwhelm a persons coping resources. This often leads to the development of new coping mechanisms.

Studies show that adults who experienced multiple ACE's are more likely to:

- Adopt coping mechanisms with significant health risks, e.g. drug and alcohol misuse, heavy smoking, risky sexual behaviour, self-harm,
- Experience difficulties managing or regulating emotions and behaviour
- Die prematurely
- Experience PTSD symptoms – flashbacks, memory problems, disassociation
- Struggle to build or maintain relationships
- Experience severe sensitivity and irritability – startle responses, panic, noise, outbursts
- **Experience chronic homelessness & rough sleeping**

Homelessness - Barriers for Reporting Safeguarding Concerns:

People who are homeless

- can be less likely to disclose or address experiences of abusive harm, human trafficking, violation and sexual exploitation including rape because of the fear that it will put them at greater risk
- lack of information as to where to go or who to talk to about the harm and abuse
- barriers to accessing support / therapeutic services due to no fixed abode, discrimination, etc., (Pavee Point, 2024)
- may feel they will not be taken seriously, believed, or will not have their wishes respected, and have significantly less choice available in relation to their safety
- hold a lack of trust and faith in the system, including the justice system

Safeguarding in Homelessness
Assets-Focused Approach (Gill Taylor, 2021)

Safeguarding Approach in Homelessness – Dr A O'Carroll, 2021

Dr Austin O'Carroll advocated for the following:

- identify and **remove barriers to accessing services** and reporting harm
- **empower drug users to safeguard themselves** - Overdose Prevention Programs and Supervised Injecting Centre eg. Access to Opiate Substitution Treatment and other addiction treatment and detoxes, incl. Inpatient Alcohol and Drug programs
- Establish a **Common Risk Assessment Tool** to identify clients who have a propensity to self-harm, overdose or harm others
- **increase awareness amongst drug users of the risks** of vulnerability, harm and premature death
- Signpost / refer to in / out-reach supports, primary care (incl adults at risk due to self neglect), and **improve access to addiction, mental health, trauma informed practitioners**, **social prescribing -** sports & wellbeing services and **safeguarding services**

A Safeguarding Approach - Wrap Around Approach HSE Response to Homelessness

HSE National Social Inclusion Office - 4 Key Ways for a Wrap Around Approach

to address health and social care needs of homeless individuals:

1. Strengthen **integrated care pathways** and joint ways of working. This includes the enhancement of pathways from hospital/prison/drug treatment clinics, to the community
2. Involve people who use homeless and related services for planning and development
3. Enhance mental health and addiction supports, by enhancing supports and services within homeless accommodation, in-reach specialty support, hospital A&E Depts and prioritising homeless actions outlined in the National Drugs Strategy
4. Provide health services to support the national implementation of Housing First programs, and enhance in-reach primary care within homeless accommodation and outreach services for hard-to-reach people in homelessness with complex needs.

Multi-Agency Working - If the Safeguarding duty/threshold is not met, then consider initiating collaborative working supported by existing legislation to support the adult's wellbeing.

Reflection:

Think about the barriers for homeless people to report abuse and exploitation in your service?

What can you and your team / service do to remove those barriers?

Homelessness and Self Neglect

Safeguarding in context of Homelessness & Self Neglect

To see someone as choosing this lifestyle is not only inaccurate but is likely to hinder the provision of appropriate care and use of appropriate interventions and legal frameworks.

Self Neglect can manifest itself in a multitude of ways and is often accelerated by the absence of safety, security, stability, or when there is a loss, grief and bereavement, trauma, mental health, addiction and disability challenges. It can be both the cause and/or the effect of homelessness.

It is crucial to have a positive and non-judgemental attitude towards persons who are homeless, with the belief and hope that there are things that can be done to make a difference. This requires a non-discriminatory response, relationship-building skills, empathy and creativity.

Curiosity and creative thought and practice is needed to explore whether a person is unwilling and / or unable to address their circumstances - Lack of engagement or non-engagement does not mean we give up!

Social Work and Safeguarding in context of Homelessness and Self-Neglect

Study of social workers' attitudes and approaches to working with people experiencing multiple exclusion homelessness (MEH) who self-neglect, and whether these people receive services, including safeguarding, differently from other populations.

What emerged is a rich understanding of practice responses to self-neglect, but also uncertainties within contemporary social work: ***whether people who are homeless fall under the 'umbrella' of Adult Social Care and safeguarding; and whether self-neglect 'fits' under safeguarding. Additionally, participants described barriers to successful multi-agency support for people experiencing MEH, including stigma and exclusion from some statutory services. There was evidence that recent learning from Safeguarding Adults Reviews and local deaths has led to some examples of stronger multi-agency working in this context. The findings suggest more clarity is needed within the profession to ensure that people experiencing MEH benefit from strengthened social work input and safeguarding expertise.***

Social work practice with self-neglect and homelessness: Findings from vignette-based interviews.

The British Journal of Social Work, Volume 53, Issue 4, June 2023, Pages 2256–2276, https://doi.org/10.1093/bjsw/bcac180
Published: 23 September 2022

Cont./ Study on Social Work Perceptions of Safeguarding in context of Homelessness

- Understandings of adult safeguarding vary, with perspectives ranging from ***'strikes the fear of God into services'*** to 'facilitates positive lawful multi-agency practice in a timely way'.
- Safeguarding referrals can be used as a way of coping with individual or organisational uncertainty – an administrative process of ***'covering one's back'*** – rather than a process securing multi-agency support. Referrals may not always result in a response, or common responses are: ***`They've not given consent'*** **or** ***`It's not really our remit'.*** Attempts to safeguard someone can go round in circles as service responses may be: ***`It's not us, speak to the Police***'; ***`speak to Mental Health Services'.*** For people who are homeless, safeguarding has sometimes felt like no-one's business because no one agency is seen as responsible.
- Whilst some practitioners 'go the extra mile' when trying to support individuals, others fail to recognise the care and support needs, or the duty to reduce future needs, so responses can be ***`if they just came off their drink or drugs, they wouldn't have those needs'.***
- There is great frustration amongst homelessness specialists that all services are not working in a trauma-informed way.
- find the person where they are, not expecting them to come to you, and having **familiar trusted workers not different strangers all the time**. It is not necessarily that somebody does not want support, it may be about what form it takes. How can we be supported to be flexible within our own practice when conventional approaches are not effective?
- Community services do a lot of **relationship and trust building** to help people to get to the point where they will be comfortable sharing information or meeting other professionals and are likely to pick up problems in-between contact with other services. If we call a professionals' meeting, **we want the individual to attend but it can be overwhelming for them,** so there needs to be somebody to say `I'll sit with you' and have a coffee and chat about how they are feeling; that is vital work in supporting them to achieve tangible changes.
- **Didn't engage, 'case closed' -** *'We're still expecting people to fit into our processes when we should fit in with them'.* If they've fallen off the radar we should innovate to get them back into treatment quicker, rather than punishing them by saying `start again'. This repetition wastes resources and can reduce someone's willingness to engage because they are facing rejection - again - and do not want to repeat their story yet again.

https://kclpure.kcl.ac.uk/ws/portalfiles/portal/166324153/CoP_Themes_Report_Homelessness_Self_neglect_Safeguarding_2022.pdful multi-agency practice in a timely way'

Safeguarding in context of Refugees and Asylum Seekers

Safeguarding in Context of Refugee Migrants (UN):

130.8 + million people are expected to be forcibly displaced or stateless by the end of 2024.

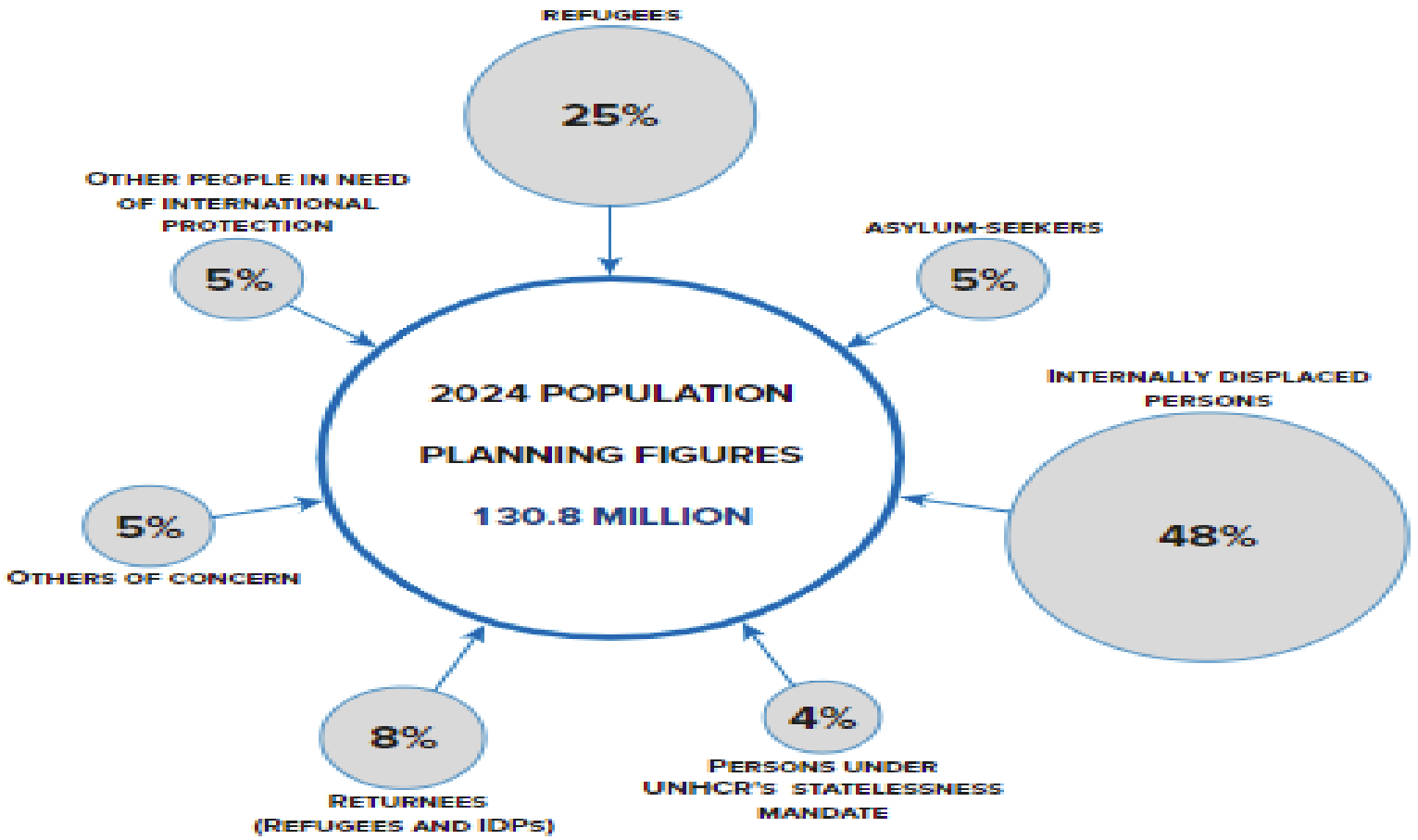
- 25% refugees

- 5% in need of International Protection

- 5% Asylum Seekers

https://reporting.unhcr.org/global-appeal-2024-6383

2024 GLOBAL POPULATION PLANNING FIGURES[1]



	Global total
Refugees	32,574,812
Asylum-seekers (pending cases)	6,978,314

https://reporting.unhcr.org/global-appeal-2024-6383

Understanding Migration - Definitions:

Four different cohorts (though overlapping) of people from a forced migration background:

1. those who arrive independently/ 'spontaneously' to seek **asylum or international protection** ('asylum seekers' or 'international protection applicants' (IPA)
2. refugees who arrive through organised **government resettlement or relocation schemes (Programme Refugees)**
3. **unaccompanied minors** who arrive through one of the aforementioned routes and who are placed in the care of the State (Tusla)
4. people – usually from a forced migration background themselves - who arrive to be **reunited with refugee family members** who are already in Ireland
5. Others are Trafficked for sex, drugs, slavery and organ harvesting.

Assessment process for **refugee status** is carried out on arrival by the IPAS, including referral to relevant support services, if required.

Citizen's Information Centre Information on Rights and Entitlements:

Weekly payments, accommodation, meals, free GP service and medical card

Some with Refugee status have a right to work, and can apply for citizenship

Asylum seekers go into direct provision, can become a refugee, and can stay in direct provision centres.

Refugees in Context of Ireland

There is a marked increase in the numbers seeking international protection in Ireland, currently

- 28,400 applicants for international protection, including 6,755 children, living in State-provided accommodation around the country, with another **1,700 male asylum seekers who are homeless**

- 70,000 + refugees have come in from Ukraine since the Russian invasion last February 2023

https://www.irishtimes.com/ireland/2023/05/02/number-of-asylum-seekers-arriving-in-ireland-decreases-figures-show/

Current IPAS Accommodation Overview

Total Centres 280 Total IPAs 28,867 Of whom Children 6,932

https://www.gov.ie/en/publication/2e772-april-2024/

IPAS Accommodation

- 49 Centres
- 6,886 IPAs
- Of whom 2,113 are children

Emergency Accommodation

- 226 Centres
- 20,497 IPAs
- Of whom 4,765 are children

National Reception Centre

- 1 Centre
- 428 IPAs
- Of whom 54 are children

Citywest Transit Hub

- 1 Centre
- 585 IPAs
- Of whom 0 are children

Tented Accommodation

- 3 Centres
- 471 IPAs
- Of whom 0 are children

What Challenges do you think IP Migrants face in reporting harm?

KEY ISSUES

- **Length of time**: The average length of stay in Direct Provision is 24 months, with some residents having spent up to 10 or 12 years living in these conditions.
- **Profit**: The majority of Direct Provision centres are managed by private contractors on a for-profit basis, on behalf of the State.
- **Employment**: Until February 2018, asylum seekers had no right to work in Ireland – unlike most EU member states. Restrictions still apply and the majority of people who live in Direct Provision centres have no right to access employment.
- **Education**: Limited access to further & higher education.
- **Isolated locations**: Some centres are located in rural areas, with limited transport options and support services.
- **Privacy & overcrowded living conditions**: Residents live in shared accommodation, with single adults sharing rooms with up to eight people of different backgrounds and nationalities.
- **Food**: Three meals are provided at set times each day; limited cooking facilities are available in a small number of centres. Complaints have been made regarding lack of variety and lack of nutritional options in the centres.
- **Standards & monitoring**: The living conditions vary widely from centre to centre. There is little trust in the IPAS complaints procedure & limited publicly accessible information on complaints or transfer decisions. The existing inspection system focusses on health & safety issues and does not consider the social or emotional needs of residents.
- **Health**: Physical and mental health issues among residents are very common. Asylum seekers are 5 times more likely to experience mental health issues and psychiatric conditions.
- **Children**: c.30% of Direct Provision residents are children. Children have been born and raised living in these conditions, the long-term developmental effects of which are still unknown.

IRC December 2023 Report:

In April 2023, the High Court declared that the State's failure to provide accommodation, food and basic hygiene facilities to a newly arrived international protection applicant was unlawful and breached the Applicant's Right to Dignity under the Charter of Fundamental Rights of the European Union (IRC 2023).

It is essential that all people seeking protection are assessed for vulnerabilities through a rigorous and meaningful vulnerability assessment procedure, as required by law.

Applicants with serious physical and mental vulnerabilities are forced to sleep rough, some for extended periods.

Four children, later taken into care by Tusla, and three pregnant women were forced to sleep rough.

IRC noted some unaccommodated applicants accessed temporary "accommodation" (staying on couches, or on floor) through benevolent support in the community. Such arrangements are inappropriate, extremely precarious and potentially dangerous.

IPAS should also ensure that all applicants have a mobile phone and sim card – needs to go further to provide directory of ICE, CIC (translation services), safeguarding and support services.

https://www.irishrefugeecouncil.ie/Handlers/Download.ashx?IDMF=d71252b8-1dee-4b2e-83e3-41f4d0f2a020

Migrants Facing Exploitation, Homelessness and Hopelessness

2016 CSO Census - migrants face a much higher risk of overcrowding and homelessness (CSO)

- *"We see many migrants that live in overcrowded and poor accommodation or find themselves at greater risk of homelessness as a result of eviction, limited support, and lack of knowledge of their rights"* says Doras, 2023.
- *"We have seen discrimination against people availing of the Housing Assistance Payment (HAP), and further discrimination on the basis of the identity, or often just the name, of the individual trying to rent a property. This makes it even more difficult for migrants to secure tenancies*" https://doras.org/news/migrants-facing-exploitation-homelessness-and-hopelessness-when-it-comes-housing

Safeguarding Challenges in Direct Provision

Migrant communities face barriers to access information as well as discrimination and negative attitudes towards them

- Fiona O Reilly, Chief Executive of SafetyNet Primary Care (2022), research found
  - Majority (over 74%) of healthcare workers are unaware of any policies in respect of **providing culturally and psycho-social specific care**
  - A **lack of interpreting services** "impedes" the ability of health and social services to understand the needs of non-English speaking migrants. Many refugees require support including access to interpreters, but do not have access to them and patients applying for asylum “regularly had services they needed denied” because they were only equipped to see English speakers
  - **GPs do not have access to interpreters**, resulting in an inability to communicate effectively with their patients. GPs can also **lack culturally sensitive knowledge.**
  - Navigating health and social care services requires literacy and digital literacy skills which presents a barrier to those that do not possess these skills
  - Staff in healthcare settings had a “lack of awareness” about the challenges faced and trauma, impact of human rights violations, war crimes, torture, persecution, crimes against humanity, genocide and injustice endured by different categories of migrants, which meant that care was not always appropriate to their needs
  - Common issues included filling out online forms and the requirement for email addresses.
  - Cannot afford transport to appointments that are not within walking distance of their home.

https://www.thehumansafetynet.org/stories-and-news/news/forRefugees

Safeguarding Challenges in Direct Provision

Other challenges:

- Limited service provision **–** eg access to Health & Social Care, including screening for sexually transmitted diseases, Mental Health, TIP & Addiction Services, and access to justice.
- Refugees lack understanding of roles and responsibility of professionals and their authority – can be fearful of staff and in general authority figures
- Absence of sufficient multi-lingual services in Ireland - People working in crisis intervention support services are unable to communicate due to language barriers
- Where people do access support services, continuity of care is interrupted when people are involuntarily transferred - closure of a Direct Provision Centre or when there is an unmet accommodation need, such as, disability access or single rooms
- Isolated locations of many Centres and accommodation provided - with limited transport options, or affordability of public transport, can also leave people physically unable to access services.
- Lack of age / language and accessible CRM and safe spaces
- Power analysis - Risks of institionalising abuse and misuse of power with the communal living environment, and staff come and go and do not know the true living experiences of residents.

Dáil to debate Ombudsman for Children's Special Report on Safety and Welfare of Children in Direct Provision 30 November 2023

- The Special Report, the first of its kind ever published by the Ombudsman for Children's Office (OCO), was critical of the crisis driven response being shown by Government, which the OCO believes has made the situation worse for children living in Direct Provision.

- Inadequate standards of accommodation (hotels, B&Bs, etc) in 2021 are still inadequate standards in 2023. We cannot allow, what everyone agreed was not good enough, to become acceptable simply because it is better than tents, or better than nothing."

https://www.oco.ie/news/dail-to-debate-ombudsman-for-childrens-special-report-on-safety-and-welfare-of-children-in-direct-provision/

Safeguarding in Context of Refugees

HIQA inspect permanent Direct Provision Centres - found referral rates to child protection services significantly higher (14%) than the rate in relation to the general population of children. Half related to **child protection** concerns, and half related to child **welfare** concerns.

Research by Dalikeni (2021:12) – found African asylum-seeking families are *"at risk of being over-represented in the **child protection system** when ethnocentrism and racism rather than **culturally appropriate** assessment criteria are used to judge whether maltreatment has occurred"*

In 2023, the Ombudsman set out a number of concerns for the safety and welfare of children living in IPAS including lack of inspections and lack of progress by govt.

INSPECTION REPORTS

After the inspection visit, a report is written and may be published on our website, www.hiqa.ie.

It outlines the findings of the inspection and provides an action plan of any required changes, where necessary. Residents and members of the public can find out which parts of the service are good and which parts need improvement.

CONTACT US

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Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

ABOUT THE MONITORING OF INTERNATIONAL PROTECTION ACCOMMODATION SERVICES

English

ABOUT HIQA

The Health Information and Quality Authority (HIQA) is an independent organisation, set up to help improve the quality and safety of many health and social care services in Ireland.

We monitor the safety and quality of services such as hospitals, nursing homes and care homes for children and people with a disability.

We also monitor international protection accommodation centres (direct provision). That means that HIQA inspectors visit these services to make sure that they are safe and meet national standards.

NATIONAL STANDARDS

At the request of the Minister for Children, Equality, Disability, Integration and Youth, HIQA monitors accommodation services provided to people in the protection process against the *National Standards for accommodation offered to people in the protection process*.

There are national standards in place since 2019 and can be read on our website at www.hiqa.ie.

THEMES OF THE NATIONAL STANDARDS

The national standards have 10 themes including the management of the centre and its staff, preparedness for emergencies, and the protection of residents from harm.
The standards also set expectations of the quality of accommodation provided and how residents are cared for and supported in their everyday lives, especially those people who need specific supports.

INSPECTIONS

We inspect accommodation offered to people in the international protection process to check whether the service provider meets the national standards. HIQA's on-site inspections help to:

- give a voice to residents about what it is like to live there
- inform the public of the quality and safety of the services being provided and
- drive improvements where needed.

Our inspections may be announced or unannounced. We will make every effort to respect the living arrangements of residents and to minimise disruption to their normal routines.

During the course of the inspection we will:

- talk to residents, staff and managers
- collect completed questionnaires
- review documents, such as policies
- walk through the buildings, and observe everyday life.

Type of Abuse: Organisational

Definition	The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.
Examples	It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse. It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results in a failure for their psycho-social needs to be met. It can occur when service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	Inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Lack of, or poor-quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc. Weak governance of staff and breaches of professional codes of practices can be indicatives of institutional abuse. The absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for service users.

https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/types%20of%20abuse.pdf#:~:text=Organisational%20abuse%20may%20occur%20within%20a%20culture%20that,necessary%20preventative%20and%2For%20protective%20measures%20are%20in%20place.

Safeguarding in Homeless, Refugees and Asylum Seekers

What are the barriers to report abuse and exploitation in context of international protection cohort?

Summary – Key Recommendations:

- Safeguarding - Prevention and Intervention, Recognising and Reporting
- Policy, law and safeguarding due diligence requirements – funders, partners, insurance, and compliance criteria
- Strong theoretical (anti-discriminative and anti-oppressive practice), person-centred, resilience and strengths-based, TIC, psycho-social, survivor-centric and rights-based and culturally sensitive perspective
- Safeguarding policy, procedures, guiding principles and standards of practice
- Inter-agency approach and seamless service deliver to prevent cliff edges and to create safe spaces for safeguarding vulnerable groups.

Safeguarding Practice Approach in Refugee Contexts

- Consult with statutory and support services for advice
- Clarify safeguarding due diligence requirements in the various funding streams and between up-steam and down-stream partners including insurance for health and safety
- Legal Mapping including EU Charter of Fundamental Rights & Community Profile Directory services (CIC) - https://fra.europa.eu/en/publication/2014/handbook-european-law-relating-asylum-borders-and-immigration
- Safe recruitment
- Competency-based safeguarding awareness training including GBV, anti-racism, anti-oppressive and anti-discriminative practice, rights-based, person-centred and TIC
- Understand the barriers to reporting harm for service users, and for staff including multiple reporting pathways and Whistleblower protection for reporting wrong-doing.
- CRM – and review trends, risks, gaps and patterns of complaints/feedback.
- Programme Protection - Risk assessment for prevention and protection of service users, safeguarding action plans, monitoring and evaluation (MEAL).
- Safeguarding measures in the employment cycle – background checks - police certification, self-declaration, Code of Conduct for staff.
- Service users can clarify expectations of roles and service provision including relationship boundaries.

Summary – Key recommendations

- Raise awareness of the complex issues
- Develop a deeper understanding and empathy, a person-centred and rights-based approach, TIC, anti-discriminative and inclusive perspectives, guided by SW (IASW) values and code of ethic practice (advocate, educator, mediator, counsellor and broker – Compton and Galaway, human rights and safeguarding principles (ref national adult safeguarding policies, standards of best practice) and legal literacy.
- Adopt a more integrated systemic holistic approach - one that builds resilience, strengths-based, cultural sensitivity, and social justice perspectives to safeguard service users who are homeless and at risk or harm

Future Adult Safeguarding Policy in Ireland

- There is a need to define what constitutes a preventative culture of safeguarding in policy – i.e. a culture which recognises the personhood of adults at risk and does not define them through a lens of circumstances such as drug addict, race, ethnicity, pathologizing and dis-ease or disability
- Need a safeguarding approach that focuses on upholding rights regardless of circumstances
- Significantly competency-based safeguarding awareness, TIP and legal literacy training including a public health and human-rights approach

Future Safeguarding Policy in Ireland

- Vital to learn from serious cases of abuse and outcomes including deaths in services.
- Focus on outcome-led evaluation, co-produced with people who use services is vital.
- inclusion of trauma informed care TIC
- Need a culturally informed policy and practice approach for the rapidly changing demographic of Irish society including human trafficking as a form of adult abuse.
- Wrap-around, seamless service including Out of Hours
- DOH ASG policy needs to be a societal-wide policy, to help service provision to more streamlined for adults at risk.

Fitness to Practice is also Self Care!

Self Care

Think of how you can adequately support your role?

- ✓ Support structure
- ✓ Support network
- ✓ Clinical Supervision
- ✓ Regular check-ins and formal debriefs (CISM)

Reflective Practice:

What steps will you and your colleagues / service take to appropriately support and safe-guard a person who is homeless, or seeking asylum and refuge in Ireland?

Thank you!

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