

# *The Ombudsman & Direct Provision:*



Ombudsman

## *Update for 2021*

A commentary by the Ombudsman

IRPP Covid-19  
Education Asylum Seeker  
Residents Complaints  
Transport Outreach  
Refugee HSE  
Accommodation Transfer  
International Protection IPAS



**Ombudsman**

2022 Office of the Ombudsman

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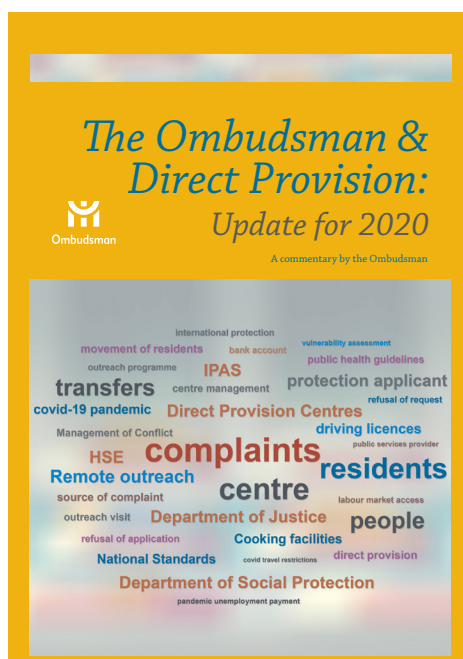
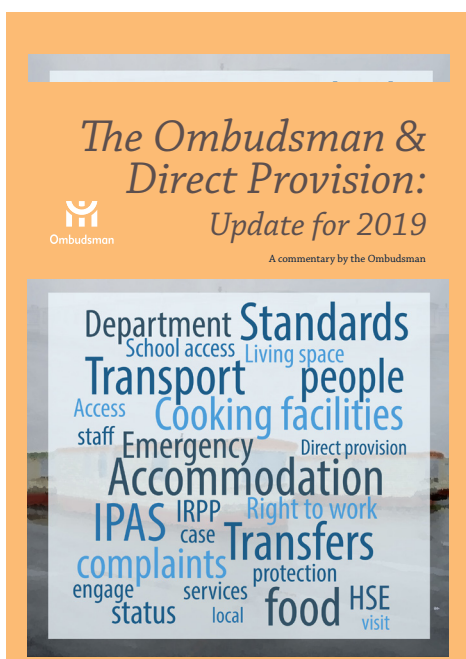
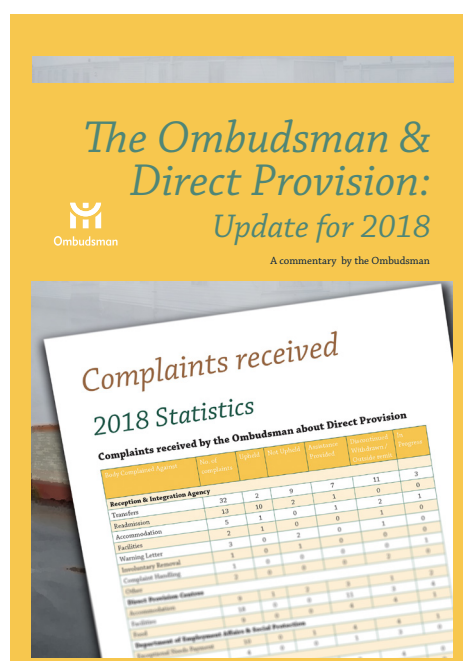
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March 2022

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# Foreword

*In 2018, my predecessor, Peter Tyndall, started an annual publication of a Commentary on the engagement by the Ombudsman's Office in the Direct Provision sector. This followed confirmation in April 2017 of the Ombudsman's jurisdiction over complaints from the sector. Since then there have been separate Commentaries for each of the years 2018 to 2020. I very much support this initiative (my first publication as Ombudsman) and I am delighted to continue this process by presenting this Commentary which covers the calendar year 2021.*

In his Commentary for 2020, my predecessor discussed the impact the Covid-19 pandemic had on the Direct Provision sector. This included highlighting how the Covid travel restrictions then in place limited the ability of my Office to operate the Outreach programme of visits to Direct Provision centres that have been undertaken each year since 2017. Unfortunately, Covid-19 resulted in internal travel restrictions remaining in place until well into 2021. However, I am pleased to report that, with the easing of the restrictions over the Summer, my Office was able to recommence our Outreach programme and our Direct Provision team visited 17 centres over October and November of last year.

This Commentary focusses mainly on what transpired through the Outreach programme, and I comment on interactions my Office had with a range of stakeholders in the sector. These include centre residents and staff, and the agencies within the Department of Children, Equality, Disability, Integration and Youth that are responsible for administration of the Direct Provision system. These are the International Protection Accommodation Service (IPAS) and the Irish Refugee Protection Programme (IRPP). IPAS is responsible for the provision of accommodation and related services to people in the international protection process, whereas IRPP provides similar services to people accepted by Ireland through Relocation and Resettlement Programmes run by the EU and UN and who stay in Direct Provision pending allocation of housing to them.

Our Office also engaged extensively with the Health Service Executive regarding health-related issues raised by centre residents, and with a range of other public service providers who interact with residents including the Department of Education and the Department of Transport.

This Commentary sets out some developments in the sector, detail of the sources and nature of complaints and some case summaries.

It also includes an update on contact our Office has had with IPAS on their work in delivering on the commitments in the Government's White Paper on International Protection Accommodation and Supports that was published on 26 February 2021.

It is very noticeable that many of the issues we have dealt with in relation to Direct Provision arise because of poor communication or a lack of engagement, and are solved through better engagement, facilitated by our Direct Provision team. The team's practical knowledge of the situation on the ground at centres they have visited has proved particularly useful in dealing with certain complaints.

It may seem that some of the matters complained of are not significant. However, it is important to remember that the Direct Provision centres are home to the residents concerned. It is important therefore that the residents' concerns are listened to, and that meaningful engagement takes place when issues arise and clear explanations are given as to why something can or cannot be done. I would like to thank the residents, centre managers and agencies for their cooperation in attempting to resolve complaints. I ask that all concerned continue to engage with each other and with this Office, in order to make the centres as comfortable, pleasant and functional as possible, and to enhance the quality of life of the residents to the greatest extent possible.

I hope this Commentary provides a useful update on the work of our Office in providing access to independent redress for residents of the wider Direct Provision system.



A handwritten signature in black ink, which appears to read 'Ger Deering'.

**Ger Deering**  
**Ombudsman**  
**March 2022**

# Chapter One

## Developments in the sector

### Introduction

*In my Foreword, I mentioned how the Covid-19 pandemic limited operation of our Outreach programme of visits to centres, and referred to the Government's White Paper on International Protection Accommodation and Supports. I comment further on these matters below as I do on IPAS' National Standards for accommodation offered to people in the protection process.*

### The continuing impact of the Covid-19 pandemic

The pandemic continues to impact on so many aspects of our lives. The main impact it has had on the work of our Office's Direct Provision team is that they were unable to visit centres for a period of over two years (apart from one visit in late 2020 when travel restrictions were eased temporarily). There is a clear link between the number of centre visits our staff undertake and the number of complaints our Office receives from residents, with most complaints taken on the day at centres. By way of illustration, our Office took 161 complaints from residents in 2019, when we visited 34 centres, compared to a reduction to 61 in 2020 when we could only visit one centre. That pattern of reduction continued for the first part of 2021 with just 31 complaints received up to the beginning of October. However, recommencement of our Outreach visits from 5 October resulted in an upsurge of complaints, with the 52 complaints taken across the 17 centres visited contributing to an end of year complaints total of 99. That we took 47 complaints through our other complaint sources demonstrates that some residents can manage to reach us outside of the visits. However, the fact that more than half of our annual total of complaints was taken over the seven-week period of our Outreach programme demonstrates just how valuable our visits are in reaching people who, for whatever reasons, would not otherwise complain to us.

### The White Paper

I would like to add my voice to the many who have welcomed the commitments the Government made in its White Paper to reform the Direct Provision system. In essence, the current model of provision of accommodation to protection applicants by way of shared communal centres is to be replaced by a two-stage system. In the new system, protection applicants will stay initially in one of six regional reception centres where they will be linked into appropriate social welfare and health services through the provision of Personal Public Service Numbers (PPSN) and medical cards. All residents will be offered Vulnerability Assessments



that are designed to identify any particular needs people may have so that they can be linked into appropriate support services to deal with those needs. Residents will then be dispersed to own-door accommodation for families, or own room for single people, across the State while their protection applications are processed. Through the White Paper, the Government has committed to having the new two-stage process implemented by the end of 2024.

The Direct Provision team from our Office met with the International Protection Support Service Transition Team in December. The Transition Team provided an update on work undertaken to date in delivering on the commitments in the White Paper. The Transition Team is working on an overall Implementation Plan, which will set out in detail the different actions required to implement each of the commitments set out in the White Paper. To maximise openness in this process, the Transition Team also developed a webpage which went live in February 2022 so that real-time progress in delivering on the overall Implementation Plan will be available to the public once that Plan has been finalised.

In relation to what has been achieved to date, the Transition Team said it is putting in place the building blocks for the new accommodation model including the ownership model and a funding model for Approved Housing Bodies. The County and City Management Association has developed and approved a Local Authority allocation key. In collaboration with the Housing Agency, work has begun on sourcing accommodation in the community. A working group has been convened to support the design of the Interpretation and Translation Services.

With regard to the planned regional reception centres, the Transition Team has confirmed that the planning process for capital projects including the Reception and Integration Centres and an urban renewal scheme will be initiated as priority matters for 2022.

On own-door accommodation, the Transition Team confirmed that €28m has been allocated in 2022 for implementation of the new accommodation model, €12.5m in capital expenditure and €15.6m in current expenditure. This will allow the Transition Team to focus on the following in 2022:

- Sourcing and acquisition of accommodation in the community. This will include a focus on developing funding schemes for Approved Housing Bodies and the sourcing of accommodation through non-capital strands such as a Rent a Room Scheme and private tenancies
- Beginning to move applicants from current IPAS accommodation into accommodation in the community;
- Roll out of applicant based supports for living in the community including income support, childcare and employment outreach

Regarding Vulnerability Assessments, IPAS confirmed that 2,581 Assessments were offered from February to December 2021, of which 686 were completed by the end of that year. The International Protection Office confirmed that there were 2,512 new international protection applications over that eleven-month period. The figures of 2,581 and 2,512 are not directly comparable as some of the Assessments offered by IPAS were to people who applied for protection before 2021. Nevertheless, the figures show that IPAS has made significant progress in implementing the commitment in the White Paper that all protection applicants will be offered a Vulnerability Assessment. I welcome this progress.

It will inevitably take time for the properties acquired through these new initiatives to be ready for assignment to protection applicants. IPAS must also, in the meantime, continue to provide accommodation for its current cohort of residents. Pending newly-acquired properties coming on stream, IPAS is continuing to focus on moving people out of emergency accommodation, most of which is in former hotels, guesthouses and hostels.

IPAS has changed its tendering model so that, pending rollout of own-door accommodation, service providers will need to demonstrate that any accommodation provided will be consistent with the principles of the White Paper.

I welcome the progress being made by the Transition Team on what I accept is the very challenging task of introducing a new accommodation model while at the same time IPAS are continuing to seek to improve the standard of accommodation for those residents currently in the protection process. I welcome in particular the renewed focus on reducing the number of people in emergency accommodation. Some progress was made on this matter during 2021. At the start of the year, there was 1,155 people in emergency accommodation, of which 206 were children, whereas at the end of the year these figures were 1,046 and 129 respectively. While this progress is welcome, the fact that there are just over 10% fewer people in emergency settings now compared to the start of 2021 demonstrates how much remains to be done to get people out of this unsuitable form of accommodation.

I look forward to the further engagement our Office will have with IPAS and the Transition Team on this matter during 2022.

## **National Standards for accommodation offered to people in the protection process**

The National Standards for accommodation offered to people in the protection process, (the Standards) apply to the living conditions and services provided to international protection applicants resident within accommodation centres. The Standards apply to all service providers contracted by IPAS to operate and manage accommodation and reception centres, and came into effect on 1 January 2021. The Department of Children, Equality, Disability, Integration and Youth (the Department) retains responsibility for the implementation of standards and reception conditions. The Standards provide a framework for the continual development of person-centred, high quality, safe and effective services and supports for residents living in accommodation centres. The purpose of the Standards is to improve quality of care and ensure consistency across accommodation centres. They also provide residents with a guide as to what they should expect during their period of residence in an accommodation centre, and will provide a framework for any future assessments. Such assessments will include inspections carried out by or on behalf of IPAS, as to whether service providers are providing high quality, safe and effective services and supports for residents. The Standards also provide our Office with a framework against which we can compare the living space of residents, who complain to our Office about their accommodation, to the living space those residents should be provided with.

The Department is currently engaged in talks with the Department of Health and the Health Information and Quality Authority (HIQA) with regard to undertaking the role of monitoring the Standards. It is hoped that monitoring will begin in the coming months but in the interim accommodation centres continue to be subject to inspections by or on behalf of IPAS.

During 2021, our Office dealt with 17 cases about accommodation. These complaints were made against IPAS. Further details are set out in Chapter 2.

# Chapter Two

## Sources of complaints

*In this Chapter, I comment on the sources of complaints received from residents during 2021. Complaint numbers increased from a low of 61 in 2020, to 99 in 2021. As I mentioned in my Foreword, I am satisfied that this increase is directly due to the recommencement of our Outreach visits in October and November. I comment on the sources and outcomes of a selection of the completed cases below. A table of all complaints received in 2021, and their outcomes, is attached at Appendix 2, and summaries of six cases are attached at Appendix 3.*

We took more than half of our complaints at our Outreach visits to centres. As well as giving residents the opportunity for direct contact with our team, the visits also are of great use to our Office in getting a picture of how things are on the ground at different centres. This practical knowledge means that for many complaints our Office deals with, we have an informed picture of the situation at centres against which we can consider the matters raised by residents and the reasonableness or otherwise of responses we receive from centre management.

### **Complaints about Direct Provision centres**

We received 27 complaints about Direct Provision centres in 2021 compared to eight in 2020, with 16 of the cases taken at our Outreach visits to centres. We visited 17 centres that comprised a combination of new or relatively new centres, emergency centres and other centres we had not visited before. I am satisfied this range of venues gave us a representative sample of the different accommodation types currently in use across the sector.

We continued the practice we started in 2017 of following up on our visits with an open letter to residents. These letters specify which centre-specific issues had been raised, and detail actions that had been agreed or implemented by centre management following the visit. This approach ensures residents are aware of what our staff discussed with centre management.

I comment further below on some of the 27 cases.

## **Complaints involving communication issues**

At one visit, a resident told our staff that a named staff member attempted to deny the resident access to the centre manager to discuss issues the resident had with services at the centre, including the attitude of the named staff member. Our team told the resident that they would raise his issues informally with centre management and if this did not resolve the matter, we would advise him to raise his concerns in writing with his centre and then IPAS. The team discussed the resident's issues with the centre manager who agreed to talk directly to the resident about them. Both the resident and the centre manager subsequently confirmed that they had spoken and that the engagement had resulted in resolution of the resident's issues.

In another case, a resident asked for a new room as her current one has no windows. The centre offered her and her roommate a different room that the resident said is too small. IPAS staff visited the centre but the woman did not meet them due to her work commitments. The team told the woman they understood her reason for not meeting IPAS staff but also that IPAS could not reasonably be expected to schedule clinics at centres based on times residents are not at work. They suggested to IPAS that if the woman was given reasonable notice of when IPAS staff would visit the centre it would be a matter for the woman herself to decide whether to attend. IPAS gave the woman notice of its next clinic at her centre which she attended and at which she discussed her issues with IPAS staff. The woman confirmed after the clinic that IPAS and the centre were considering the issues she raised.

The team took two complaints regarding staff entering residents' rooms at their centre. The residents said staff enter their room when they are absent which infringes on their privacy, and that staff enter very quickly after knocking which does not give residents time to admit them before the staff admit themselves. The centre manager agreed to review how the centre approaches room entry and to give residents greater notice of room inspections which centres are obliged to undertake in line with their contracts.

In these highlighted cases, the team facilitated direct contact between the residents and IPAS or their centre managers, communication which resulted in resolution of the residents' issues or identification of a pathway for such resolution. They highlight a commonly recurring theme the team has observed where a lack of communication between the parties, for whatever reason, can result in relatively straightforward issues remaining unresolved or even escalating. While I appreciate the efforts centre staff made in communicating with their residents, these cases and others like them demonstrate how important constant dialogue between centre staff and residents is to the harmonious running of centres.

## **Complaints about transport**

Centres are required to meet the reasonable transport needs of residents. As centres are located in places ranging from large cities to isolated rural areas, what constitutes reasonable transport needs can vary considerably from one centre to another. For example, a resident in a rural centre can have a reasonable transport need for regular access to shopping or religious services whereas such services can be within easy walking distance of some urban centres. Another variable regarding transport is whether a resident is in paid employment - residents are entitled to seek access to the labour market once they are six months in the protection process and do not have a substantive decision on their protection application. Residents who are working are obviously in a better position to fund their own transport needs than residents not in employment whose only income may be the Daily Expenses Allowance, which amounts to €38.80 per week paid to protection applicants.

These variables are reflected in the fact that most complaints the team get about transport are from rural centres. Residents at one rural centre complained that there was inadequate transport available to take them to the nearest large town. Centre management told the team that the cohort of residents who complained were new arrivals and that issues regarding transport tended to dispel once residents got the right to work. That view is not consistent with the reality that residents are entitled to have their reasonable transport needs met. The team made that point and centre management agreed to discuss the transport issue further with the residents on the basis they could approach our Office formally if they were not satisfied with the outcome of such further discussion.

In another case concerning the right to work, a woman in a rural centre complained that she was not provided with transport to attend classes but that other residents in her centre got such transport. The centre confirmed that the woman had taken up a job in Dublin. As this would mean that the woman should be in a position to source her own transport to her class (should she still wish to attend it), the team did not see a case for pursuing the complaint further.

A woman in a different rural centre complained that she had no transport for her children who had three different arrival and departure times from primary and pre-school. She stated that the frequent trips pushing a buggy has resulted in back strain for which she was being treated. She was told school transport is not available as the facilities are within three kilometres of her centre. The centre manager confirmed that end-of-school childminding is available at the primary school that would reduce the number of collections, and that following the Outreach visit she gave the woman a link to apply for that service. The manager also talked to the woman about engaging with a parents' network at the centre who share school collection as such sharing would reduce the number of journeys the woman would have to make each day. The woman chose not to engage with the parents' network but she did contact the crèche that accepted her children onto its pre-school course. The crèche also offered the woman employment there.

## **Complaints about centre shops**

Residents' shops are now installed in many centres, and are being installed in others, as part of the IPAS programme of moving from Direct Provision to an independent living model of accommodation for protection applicants. The shops are stocked following consultation with residents with items priced on a points basis. Residents are given cards for shop items with points for buying products allocated based on family size and composition.

Residents at different centres complained to the team about the range of items available in their respective shops, including that ethnic preference for particular items was not recognised. The manager of one centre acknowledged that a particular item was not available at that centre but this was because he was unable to find a supplying outlet that stocked it. While I agree that resident preference for particular ethnic food items should be accommodated, I accept that the availability of products in the marketplace can limit the range of such products in some cases. At another centre residents complained that the range of food products in the shop at their centre, which is stocked through residents expressing their product preferences through a dedicated website, was limited in a general way. In both cases, the managers were happy to discuss general stocking of the respective shops with the residents. The team communicated this back to the residents through the post-visit open letters and invited any residents who used this system but were not happy with the outcome to come back to my Office on the matter.

A resident who is in paid employment complained that, due to his working pattern, the residents' shop and kitchen facilities at his new centre were not open at the times he could access them. He said that as the shop closed at 4pm he did not have a reasonable opportunity to access it. In response to a request from our office, IPAS received written confirmation from the centre that the shop is in fact open on Wednesdays from 8am to 8pm, and from 8am to 6pm every other day except Sunday, and that the cooking facilities are open from 8am to 8pm every day. I am satisfied that these opening times would give residents reasonable opportunity to avail of the facilities and our team communicated this view to the resident.

While these cases were about access to residents' shops and the range of items available in them, the outcomes (further discussion between residents and centre staff and clarification on opening hours) again demonstrate the importance of good communication in the harmonious running of centres.

## **Complaints about access to utility services**

A number of residents at a centre complained that the electricity in their apartments runs out without notice and if this happens at weekends, it can take some time to get power restored. Centre management told the team that residents have pre-paid meter cards and are asked to contact centre staff when the level of supply on their cards is low, as this would give time to top up the meter cards before supply runs out. Sometimes this did not happen which results in supply running out, and if this happens at weekends with reduced staffing levels restoration of power can take longer. The centre said that there are no limits on the supply of electricity, but use is monitored as some residents left the heating on when the apartments were empty or had a number of appliances plugged in at the same time. Centre staff also told the team that if there are many appliances on the supply at the same time, or the heating is left on when it is not needed, supply would run out quicker than it should. I agree that the amount of electricity put on residents' meter cards should cover reasonable usage, but also that residents should not have appliances or heating running when they are not needed. The team explained this point to the residents who had complained.

As the team has come across this issue before, and residents at another centre visited in 2021 made similar complaints, they raised it with IPAS as an issue of concern across the sector. IPAS confirmed that they are aware of difficulties some residents who have own-door accommodation have in managing utility services such as electricity and gas. This can become an issue for some residents who will have to pay for such services if their protection applications are approved and they move into housing in the community. In recognition of these difficulties, IPAS is developing training in managing utility services and other household management skills. This training is to be delivered between the time residents' protection applications are approved and they move to housing in the community.

## **Complaints about facilities in centres**

A man complained that IPAS had refused his request for a single room at his centre he had requested so that he could have privacy to study for the course he was taking. IPAS operate a policy where residents are required to demonstrate that there are exceptional circumstances that justify them getting a single room ahead of other people. Such exceptional circumstances could include a mental or physical health need for private space, for example a diagnosis of PTSD, a sleep or noise disorder or something similar. Residents who have such a mental or physical health need would need a written opinion from a relevant medical professional in support of their request for a single room. With the high demand on space in the Direct Provision sector, I accept that the IPAS policy is reasonable. In this case, IPAS did not consider that having access to private study space was an



exceptional circumstance that justified the man getting a single room. I was satisfied that the IPAS refusal of the man's request was in line with its policy and was therefore reasonable.

However, the team did contact the man's centre as they were aware from an Outreach visit there that there were a number of small meeting rooms in the centre which, in their view, could be used as private study areas for residents who wanted some quiet space in which to work. They suggested to the centre manager that giving the man access to one of those rooms could give him the private study space he had asked for. The centre manager told the team that the man was offered such private study space but that he did not accept the offer. The man confirmed this.

## **Other complaints**

In several cases our team provided residents with pathways through which they could seek resolution of their issues themselves, so the need for my staff to engage with relevant public service providers did not arise. Three cases were from a resident who alleged racism towards him from other residents at his centre. IPAS followed up on the complaints and I am satisfied its conclusion that the resident did not provide enough information for them to properly investigate the allegations was reasonable. In two other cases the residents had not initially complained to the relevant public service provider before approaching my Office, so in line with our normal practice on such cases we advised the residents to do that but to come back to my Office if they remained unhappy having done so. I did not uphold one complaint from a resident about alleged abusive behaviour towards her by centre staff and the remaining cases were still being investigated at the time of the publication of this commentary.

## **Reluctance to complain**

Over the course of the four years we have been visiting centres, our Direct Provision team has, many times, identified a reluctance by some residents to complain about their centres. Some residents expressed concern that any complaint they make about their centre or IPAS could either negatively affect their protection application or have subsequent repercussions for them within their centre. While these concerns were expressed by a range of residents at a number of different centres, and are clearly genuinely felt, the team has yet to see any evidence of a link between a resident making a complaint to my Office and that resident's protection application. In addition, the team has not yet seen any evidence of a resident who complained being subsequently disadvantaged by the actions of management or staff at their centre.

The team took a number of complaints of this type from residents of a centre they visited during 2019. As there were more such complaints at that visit than at others, the team engaged with the Reception and Integration Agency (RIA - IPAS' predecessor) on the matter which investigated the issues complained of and in late 2019 produced a report on their findings. The team planned to visit the centre in spring 2020 to follow up on the findings of the report and announced their intention to do so through an Open Letter to the residents on which the findings of the report were set out. Unfortunately, Covid travel restrictions intervened and the team was unable to visit the centre until 2021.

During that 2021 visit, the team viewed facilities at the centre and discussed the findings of the RIA report with centre management. The team also liaised with a local NGO in scheduling remote meetings with residents in recognition of the stated reluctance by some residents in 2019 to meet the team onsite. Six residents met remotely with the team but none raised any issues that were included in the report. Nor did they express any fear of repercussions for them having complained to my Office. Following these meetings with the residents, their viewing of facilities at the centre, and their discussion with centre management on the findings of the report, the team was satisfied that the findings of the report were implemented and residents' issues reasonably dealt with.

## **Complaints about the International Protection Accommodation Service**

We received 40 complaints about the International Protection Accommodation Service in 2021, compared to 41 in 2020, with 12 of the cases taken at our Outreach visits to centres. Similar to previous years, the biggest source of complaints was refusals of requests for transfers from one centre to another, with 19 such complaints taken in 2021. The remaining complaints included complaints about accommodation, complaints against staff, complaint handling, and readmission to direct provision.

### **Complaints relevant to the National Standards**

The Standards require IPAS to ensure that accommodation is fully compliant with the Housing Act 1966 and building regulations. Specifically, a minimum space of 4.65m<sup>2</sup> per bedroom is to be provided for each resident, and additional space may be required for persons with disabilities. A minimum ceiling height of 2.4m for each bedroom is also a requirement. There are references to various other statutory sources on living space in the Standards, including the Building Control Acts 1990 and 2007, the Building Regulations 1997 to 2017, the Building Control Regulations 1997 to 2009, and the Housing Acts 1966 to 2004. IPAS confirmed that the International Protection Support Service going forward would explicitly incorporate the National Standards when it advertises tenders for the provision of accommodation for protection applicants.

The inclusion of such specific accommodation requirements in the Standards gives my Office an objective baseline to refer to when we investigate complaints from residents contending they have inadequate living space. We are taking this approach to current open complaints on that subject.

Some residents seek to move away from accommodation they consider inadequate by seeking a transfer to another centre, while other residents seek to move within their current centre. Our Office currently has nine cases on hand that we are investigating by reference to the Standards. Our Office will continue to engage with IPAS on this issue and I will provide an update in future Commentaries.

A woman complained that her centre would not change the arrangement of beds in her apartment to allow her daughters to choose their preferred sleeping area. The woman shared a three-bedroomed apartment with her teenage son and her two younger daughters. The woman and her son each had a smaller bedroom, with her daughters sharing the main bedroom. The daughters would prefer to sleep in bunk beds in one of the smaller rooms but the woman said centre management would not allow this so she was sharing with her younger daughter in the main room.



The centre referred the case to IPAS who refused the woman's request because having the two daughters share one of the smaller rooms would breach the IPAS Standards for accommodation space in centres. The team accepted that IPAS and the centre were motivated to apply the Standards and agreed that in that context the IPAS decision seemed reasonable. However, they considered it would also be reasonable to depart from the room dimensions in the Standards where such departure arose due to a specific request from a resident rather than from any action by IPAS or a centre. As the woman stated that her request to change the arrangement of beds was to maintain family harmony within their living space, the team asked IPAS to reconsider its refusal of the woman's request. In recognition of the concern of IPAS and the centre about departing from the Standards, the team suggested that the woman be asked to confirm that the reconfiguration of beds within the apartment resulted from her request rather than any action by IPAS or the centre. The woman provided the confirmation as suggested by the team and IPAS changed its decision so that the arrangement of beds within the apartment would be as requested by the woman.

## **Complaints about refusal of requests for transfers**

As stated above, I accept as reasonable the IPAS policy requiring residents to demonstrate that they have exceptional circumstances that justify a transfer before such a transfer is granted. Our Office investigates complaints about transfers in light of that policy, a sample of which I comment on below.

### *Transfers sought due to inter-resident conflict*

At the meeting of 15 December with our Direct Provision team IPAS confirmed that they are working on the issue of managing interpersonal conflict at centres, including inter-resident conflict and conflict between residents and centre staff. In 2021, they initiated a dispute resolution initiative to help resolve issues and conflicts within IPAS accommodation centres. This initiative involved a trial multilateral consultation and dispute resolution process between various conflicting parties within a centre and IPAS and the Jesuit Refugee Service (JRS) conducted the mediation jointly. IPAS feel the outcome of this trial was very positive and they plan to conduct additional trials in early 2022 along with the JRS. Following that, they aim to produce a framework on how this dispute resolution initiative can be implemented to enhance the existing formal IPAS complaint and dispute resolution procedures.

I accept that such human conflicts occur, particularly where many residents have to share accommodation with people unknown to them. What is important, in my view, is how such conflicts are handled when they occur. In that light I welcome the work IPAS are doing in that area as it is in the interests of all parties concerned that their respective rights and responsibilities are respected when decisions on how to deal with conflicts arising between residents are taken. A mediated agreed resolution to such disputes is always preferable. I would, therefore, urge IPAS to give completion of this important task the urgency it deserves and I look forward to seeing the framework for implementing their dispute resolution initiative when it is completed.

Our Office dealt with three cases of inter-resident conflict in 2021. In cases where criminal assault is alleged, in my view the correct response is to involve An Garda Síochána as the competent authority to deal with such allegations. This happened in all three cases brought to our Office so I am satisfied the appropriate course of action was followed on them. In one case, the resident was unhappy with the actions of An Garda Síochána on his case so our Office advised him to contact the Garda Síochána Ombudsman Commission as the appropriate body to deal with Garda complaints.

### *Transfers sought due to unsuitability of current accommodation*

A man complained at an Outreach visit to his centre that the family's first floor accommodation was unsuitable as his wife had mobility issues and had difficulty in using stairs. The man said IPAS had not replied to his request for a transfer and sent the team a letter from his wife's treating consultant supporting the family's request for ground floor accommodation. The team sent the consultant's letter to IPAS who sent the case for review by their medical assessors. The IPAS medical assessor considered that it was "preferable" for the man's wife to get ground floor accommodation whenever suitable space became available, whereas the consultant described the need as "essential".

This left our Office with two medical opinions that overlap to an extent but which also differ. They both agree on the medical need for ground floor accommodation but differ on the urgency of that need. As the provider of an administrative service, our Office is not in a position to challenge the view of a medical professional on a medical issue. What we can do is seek to ensure that a complainant's medical need is appropriately assessed, which it was in this case as the man's wife's situation was reviewed twice by appropriately qualified medical professionals. That being the case I did not consider that I could find the decision by IPAS to be guided by the view of their medical assessor to be unreasonable.

Although IPAS did not see the need for a move as urgent, they did place the man's wife on their transfer list for a move when suitable accommodation becomes available. The family specified that they would only consider a move within their current area as their son had settled well at a local school. Our staff told the family we completely understood their position but that in practice due to the scarcity of suitable space this could mean they may have to wait longer for a move than they would if they were in a position to consider a wider range of appropriate accommodation.

### *Reclassification of two single people as a couple*

A resident who had presented as a single person, in line with the standard IPAS process, was assigned to a regional centre following her initial placement at the reception centre at Baleskin, Co.Dublin. The resident sought a transfer to a centre in two specified locations for her and her partner. The resident had met her partner, who had also presented as a single person, at Baleskin and they wished to be accommodated as a couple. The resident's partner was assigned to a different centre from the resident. IPAS confirmed that it agreed to the resident's transfer request in principle but that it could not take place as quickly as the resident wished as she and her partner were initially assigned to different centres as single people. Shortly thereafter IPAS confirmed to this Office that accommodation appropriate for a couple was available at a regional centre and would be offered to the resident and her partner. Following further contact with my Office the resident accepted the IPAS offer.

I am grateful to IPAS for the flexibility shown to the newly formed couple in this case.

### *Social isolation as an exceptional circumstance*

A man applied for a transfer to a named centre in another city so he could be near to two close friends. One friend had recently transferred from the man's centre to the named centre that is near where his other friend was living in the community. Our Office asked IPAS to consider in particular the man's wish to be near his friends as an issue of social isolation. IPAS subsequently granted the transfer.

This is the first case investigated by our Office where social isolation was the core issue and I am grateful to IPAS for accepting such isolation as a basis for granting a transfer request.

### *Recognition of special reception needs as an exceptional circumstance*

A person complained that IPAS had failed to respond to a transfer request she had made asking for a move to another centre in the same county. She told IPAS she is a member of the LGBTQ+ community and lived in fear of harassment and victimisation at the hands of another resident in her accommodation centre. The outcome of a Vulnerability Assessment carried out by IPAS confirmed that she was deemed 'a recipient with special reception needs'. She provided evidence to support that she had ongoing medical needs that required her to remain living locally in order to access further medical care and follow up appointments in nearby hospitals. Along with her medical needs, she also provided evidence to support her educational need to remain in the same county. These three factors: her victimisation and vulnerable status; medical needs; and educational needs, led her to submit her transfer request. However, at the time of her complaint to this Office, she had not received a response from IPAS.

The team was of the view that the person had demonstrated the exceptional circumstances that would justify granting her transfer request in line with the IPAS policy on that point, and asked IPAS to grant the transfer at the earliest opportunity. IPAS agreed to transfer the person to a single room in a centre in the same county but told her that she might have to share at some point, but for the time being she has her own room. Given the over-capacity in the direct provision system at present, I am satisfied this would be a reasonable temporary action on IPAS' part but it remains open to the person to come back to this Office if they are required to share a room in the future and they do not consider it reasonable to be asked to do so.

## **Complaint about childcare when parents are unavoidably absent**

A woman complained that there were not proper childminding arrangements in place to cover her absence from her centre to attend a hospital appointment that required an overnight absence from her centre. The woman told the Ombudsman she engaged with the parents' network at her centre to ensure her older children were cared for in her absence. She was unable to get her one-year-old youngest child cared for by the network, which she understood. She felt she had no choice other than to bring that child with her to the hospital.

IPAS confirmed to our staff that Tusla has a process for ensuring appropriate childcare is in place for the children of parents who need to be absent from their centres to attend hospital or for some other approved purpose. However, not all centres were aware of the process. IPAS confirmed it would engage with the centres generally in rolling out guidance on the Tusla process to ensure that, along with parents' networks at centres, appropriate childcare is in place to cover any approved absences from parents from their centres. Our Office will continue to engage with IPAS on this issue and I will provide updates in future commentaries.

## **Complaint about refusal of a request for re-admittance to Direct Provision**

A man complained that his medical records were not transferred to the health service in his new location following his transfer there from a centre in Dublin. This meant that, when he went to hospital from his new centre for continuation of the treatment he had been getting, staff were not aware of his relevant medical history so they could not continue his treatment. The man said IPAS had not replied to his communication to them about his situation so he had no choice other than to leave his new centre so he could continue to get treatment in Dublin. When his treatment finished, the man said he applied to IPAS for readmission into the Direct Provision system but that IPAS did not reply to this contact.

Our Office asked IPAS to set out the process that applies to a resident's medical records when that resident transfers from one centre to another. IPAS confirmed that it tells the HSE about all moves prior to transfers taking place so that the HSE can arrange for transfer of medical records. In this case, the man did not contact the HSE about the new hospital not having access to his medical records before he left his new centre.

When a person who has left Direct Provision wishes to be readmitted into the process, IPAS require them to complete a means declaration form. If a person declares they do not have means they are entitled to avail of IPAS accommodation while their protection application is processed. This applies equally to people arriving in Ireland for the first time and those who have left Direct Provision but wish to be readmitted into the process. IPAS told our Office that the man had not replied to its request for him to complete the means declaration form. The man told the Ombudsman that he never got the form. To bring clarity to the matter, our Office asked IPAS to re-issue the form to the man, which was done. As re-issuing the means declaration form meant the man was given the option of providing the information that was needed for his application for re-admittance to be dealt with, I considered the IPAS response to be reasonable.

## **Complaints about the Irish Refugee Protection Programme**

We received six complaints about the Irish Refugee Protection Programme in 2021, compared to two in 2020. All six complaints were taken from Programme Refugees at an Outreach visit to their centre.

### **Complaints from an extended family about housing**

A man complained that the offer of accommodation in the community made to him and his extended family of five households was unreasonable. The extended family was offered a number of houses together in a town but they did not want to accept the offer as they felt the town was too far from a large urban area for access to university or work. The man said that there was no work available in the town. He also said that the house IRPP offered to his elderly parents was unsuitable as it was two-storeyed and his parents had mobility difficulties with the stairs. The man said that other families were housed in other towns in the region that had better services. Our staff established that the town in question was 40 kilometres from a city and had frequent public transport services to that city, and IRPP confirmed it had committed to putting a stair lift in the man's parents' house. The team told the man that they considered the IRPP offer to be reasonable. IRPP confirmed that it subsequently offered the man's parents accommodation in a dedicated single-storey older persons' facility close to the housing offered to the rest of the extended family, and that this offer was accepted. The remainder of the extended family also accepted the accommodation offered by the IRPP.

One of the women in the extended family also asked our staff to look into the situation of her sister who was in a United Nations camp in the Middle East and whom the woman alleged was being sexually abused there. While I do not have remit to examine complaints against the United Nations, in an effort to assist the woman, our staff asked IRPP if there were avenues through which the woman could pursue her concerns about her sister's situation. IRPP confirmed the woman could contact the UNHCR in the country in which her sister was living or in Dublin. The Team passed this information on to the woman.

## **Other complaints**

As Programme Refugees have already been granted refugee status before they arrive in Ireland, IRPP issue residents with documents to allow them to travel within the State. A man complained that he did not have travel documents that were given to all other residents. IRPP confirmed that the man entered the country on what is known as a 'laissez passer', which would not have entitled him to a travel document. However, the IRPP had decided to grant travel documents for the 'laissez passer' cohort in the interest of parity of treatment of all Programme Refugees accommodated by IRPP. It confirmed that the man's application for travel documents was in train at the time of contact from our Office and it expected to issue his documents shortly thereafter. Our Office communicated this to the man and told him he could come back to us if there was any delay in his getting the documents. We did not hear further from the him.

## **Complaints about the Health Sector**

There was an increase in the number of health sector complaints, with 17 received in 2021 compared to the one case we received in 2020. Most of the 2021 related to medical cards with the remainder about delays in accessing or complaints about medical services.

### **Complaints about medical cards – proof of residency**

We got complaints from an NGO on behalf of three protection applicants who were refused medical cards. The refusal was because they did not satisfy the residential condition where medical card applicants need to demonstrate that they are resident in the State before being awarded the cards. The NGO told our Office that the refusals were because the three protection applicants she represented were not resident in Direct Provision. Protection applicants who are living in Direct Provision can get medical cards as the HSE accepts their accommodation centre address as the required proof of residency.

The HSE told our Office that the refusals were on foot of guidance from the Department of Health on application of the relevant health legislation which was in the process of being amended to clarify that all protection applicants, irrespective of whether or not they were resident in Direct Provision, would be entitled to medical cards. When contacted by our Office, the Department said it was unaware of any legislative changes in that area. In light of this our Office went back to the Primary Care Reimbursement Service (PCRS) of the HSE and asked it to clarify the guidance it was using as the Department appeared to have a different understanding from the PCRS on the issue. I await this clarification.

In the meantime, the NGO confirmed that the situation had been resolved as the three protection applicants she represented had been granted medical cards.

## **Complaints about medical cards – repeat requests for information already provided**

A manager of a centre complained about delays in residents of her centre getting medical cards. In particular, she complained that when applying on behalf of residents of her centre she was repeatedly asked to provide information she had already provided, thus delaying the provision of the cards to her residents. The complainant escalated her complaint within the PCRS but complained that the issue was recurring on three particular cases.

Our Office looked at the correspondence between the complainant and PCRS. Over the course of our investigation of the matter, PCRS granted medical cards to the three residents on whose behalf the complaint was made. PCRS also told the complainant that it had introduced a new process for its examination of medical card applicants from residents of Direct Provision through which applications from a specified date would be sent directly to a dedicated contact person in PCRS. It committed to decide within two working days on applications for which all relevant information was provided.

I considered the PCRS response to be reasonable. Our Office confirmed to the complainant that she could submit a fresh complaint should the previous repeat information requests recur through the new process on any applications she made on behalf of residents.

## **Complaints about medical cards – refusals on income grounds**

Our Office took three complaints from residents whose medical cards were withdrawn or not renewed as the residents' income exceeded the qualifying threshold for entitlement to the cards. In all three cases, the residents had previously qualified for the cards but had taken up paid employment since being awarded them and were earning in excess of the qualifying threshold when their cards were withdrawn or not renewed. As the decisions on the applications were made in line with the statutory income limits, I did not uphold the complaints.

## **Complaint about medical cards – concern about linking entitlement to protection application**

A resident complained that the PCRS had not replied to her application for renewal of her medical card. The woman's protection application was refused and she was concerned this would result in her losing her entitlement to a medical card, so our Office put the woman's point to the PCRS. The woman later confirmed her medical card was renewed.

In this case, the PCRS was aware that the woman's protection application had been refused when it renewed her medical card. I am satisfied this renewal demonstrates there is no link between a person's protection application and their entitlement to a medical card.



## Complaints about General Practitioner services

Two residents complained separately about their local GP services. In one case, the resident wanted to switch doctor within his local practice. Our Office asked the HSE to confirm if that practice was full, and what avenues the resident has to complain about the standard of care he gets from his current GP or to change doctor within his current practice. The HSE provided details of its patient complaint process but also confirmed that it had engaged with the resident's centre manager who facilitated a switch of doctor within the local practice.

In the other case the resident complained about the standard of service she was getting from her GP. Our Office sent the resident a copy of the HSE patient complaint process and told her she could come back to our Office if she complained to the HSE but was not happy with the outcome of such a complaint.

## Complaints about delays in accessing services

Our Office took four complaints from residents about delays in accessing health or care services.

In one case, a resident at a regional centre complained that he could not get a dental appointment for treatment that he needed. The HSE explained that there was pressure on services in the resident's region and there was a delay in local dental services taking on new clients with medical cards. Our staff facilitated direct contact between the man and the HSE that resulted in the HSE arranging a dental appointment for the man in Dublin that suited him.

In another case, a resident told our staff that her husband is on a waiting list for surgery he needs on his jaw but that he had been waiting a long time and did not get any updates on his case. The family's GP was providing painkillers but due to side effects, the woman's husband could not take them. On foot of advice from our staff, the woman got a letter from their GP recommending priority treatment for her husband. Our staff sent the letter to the HSE and facilitated direct contact between them and the woman that resulted in the HSE providing her with more detailed information on current waiting times for the treatment her husband needs. I sympathise with the situation the woman's husband is in. However, as delays such as his are a direct result of the pressure health services are currently experiencing, I do not consider that the actions of the HSE in this case are unreasonable.

Our staff also facilitated direct contact between a resident and the HSE on the resident's complaint. The man complained that there was undue delay in treatment for his son's eye condition that the resident said was deteriorating. The team engaged with the HSE on the matter who followed up with the hospital treating the man's son that in turn confirmed that the appointment for later in 2022 was in fact a review. This is because the medical opinion on the eyesight condition was that it may correct itself in time and hence the review. The team was satisfied that the hospital's response seemed reasonable as the review appointment meant the man's son would have access to appropriate treatment should it transpire that his eyesight condition did not resolve itself as anticipated by the hospital. This was communicated to the man who was also told it remained open to him to come back to our Office should any further issues regarding his son's treatment arise.

The team took a complaint from a resident about the length of time she is waiting to get a substantive response from Tusla about her request for a dedicated play area for her son in the resident's apartment in her centre. Similar to the complaints about waiting times for HSE services, our staff asked the resident to seek a letter from Tusla recommending a dedicated play area for her son. Our Office did not hear back from the woman.

## **Complaints about the Department of Transport**

The Outreach team took six complaints about the Department about protection applicants being unable to get Irish driving licences.

### **Complaints about residents' inability to get driving licences:**

In the 2020 Commentary, it was noted that the Department confirmed it was working on legislation to deal with the situation that it hoped to have enacted during 2021. It provided an update for this Commentary on the six complaints mentioned above. The Department told this Office that the Government is acting to improve conditions for people in the International Protection Programme, including access to the driving licence system. However, a number of legal, administrative and technical issues need to be resolved to achieve this.

In November 2021, the High Court ruled that international protection applicants meet the normal residence requirement of the Road Traffic (Licensing of Drivers) Regulations 2006 and are legally eligible to apply for a driving licence. In this regard, the Minister for Transport announced on 17 December 2021 that protection applicants could now use their temporary residence certificates as proof of normal residence in Ireland when applying for a driving licence or learner permit. This means they do not have to wait for the legislation to be enacted and they can apply for licences or learner permits now. All other requirements for a driving licence or learner permit application must also be met. This will allow protection applicants to apply for driving licences in the same way as other residents of the State.

I am satisfied that the Department has taken concrete action to address what I consider to have been the injustice of protection applicants being allowed to work but not allowed to get driving licences. In many cases this effectively prevented them from availing of their legal right to work. I would urge the Department to ensure that it makes the remaining legal, administrative and technical changes as quickly as practicable to fully address this injustice.

## **Complaints about the Education Sector**

The Outreach team took two complaints about education issues during the centre visits. One was about difficulties a resident's daughter has in getting transport to her education course, while the other was about access for residents to third level education.

### **Complaint about difficulties in getting transport to an education course**

A man complained that his daughter was not allowed to take the school bus that went from her centre every day to a local town, as she was not attending school. The man's daughter was attending a course at the Youthreach education facility, close to the secondary school the bus from the centre went to and from every day. The man told our Office that another Youthreach student living in the centre was in the same position as the man's daughter.

Our staff got consent from the parents of the other Youthreach student for their child to be included in the complaint, and contacted the Department of Education and Skills on the matter. The Department confirmed that under its School Transport Scheme it provides transport for eligible children up to the age of 18 attending



Youthreach, including children who reside in Direct Provision. It also confirmed that it asked the local Bus Éireann office to liaise with the accommodation manager of the man's centre on accommodating the man's daughter and the other Youthreach student on the school bus service from the centre.

The man confirmed that his daughter and the other Youthreach student at the centre were subsequently accommodated on the school bus, and he thanked our Office for their assistance on the case.

## **Complaint about access to third level education**

A resident told the Outreach team that her 18-year-old son was told he needed to be resident in Ireland for three years before being accepted for university. Our staff established that the three years is the minimum residency period for any student to become eligible to apply for fee exemption or reduction, and that paid for courses can be applied for at any time. The team also established that some universities operate an access programme called Sanctuary through which protection applicants can seek places on courses on a fee reduction or waiver basis. Time spent in the protection process counts towards the three-year requirement for eligibility for such fee reductions or waivers. Our staff provided this information to the resident.

## **Other sources of complaints**

No complaints categorised as being about 'Other bodies' were received from residents of Direct Provision. Therefore, 2021 is the first time there were no complaints about the Department of Social Protection or the Department of Justice.

The move of IPAS and the IRPP away from the Department of Justice inevitably led to a greatly reduced number of complaints made about that Department. Three complaints were made in 2020 against its Labour Market Access Unit which administers the right to work granted to protection applicants. No such complaints were made in 2021. Our Office took 25 complaints about the Department of Social Protection in 2019 that declined to two in 2020, both of which were about refusal of applications for the Pandemic Unemployment Payment. Again, no such complaints were made in 2021.

Contact with residents by our Office is primarily through Outreach visits or other complaint handling. While this gives us a general overview of resident experience in the sector, it cannot provide a complete picture of the lived experience of all residents in direct provision on a day-to-day basis. Therefore, while we do not have enough information to conclude definitively that the absence of complaints against the two Departments means that all residents are satisfied with all interaction they had with them over the course of 2021, I believe it is a trend to be welcomed.

The fact our Office received complaints against both Departments for each year since 2017 means residents who had issues with either Department were able to contact us. I see no reason to conclude that the ability of dissatisfied residents to contact our Office diminished between 2020 and 2021. Therefore, I do not think it unreasonable to suggest that the absence of complaints is a positive reflection on the nature of interaction between residents and the two Departments over the course of 2021.

# *Chapter Three:*

## *What we will do next*

As I have said above, the impact of the Covid-19 pandemic on the ability of our Direct Provision team to undertake Outreach visits has negatively affected on our ability to connect with residents of Direct Provision. However, with travel restrictions no longer in force at the time of publication of this commentary, our team can continue our outreach work with an increased level of engagement with residents. We will ensure this is done in a safe and accessible manner while taking account of any guidelines and best practice.

We will also continue our engagement with relevant stakeholders in the sector, in particular with IPAS on implementation of the commitments in the Government's White Paper to end Direct Provision.

I look forward to carrying out and commenting on our work for 2022 in relation to Direct Provision matters.

# *Appendices*

# *Appendix One*

## *Definitions*

### **Refugee**

A refugee is someone who, according to the 1951 United Nations Convention Relating to the Status of Refugees, has had to leave their country of origin because of “a well-founded fear of persecution because of reasons including their race, religion, nationality, membership of a particular social group or political opinion”. Under the Convention, an officially recognised refugee must be afforded protection, access to services and the right to work in another convention country.

### **International protection applicant**

An international protection applicant is a person seeking to be granted protection as a refugee outside their country of origin, and is awaiting the determination of his/her status. While their application is being processed, they have a right to protection but not to the freedoms that refugees have. If granted this status, the person is recognised as a refugee and is no longer an international protection applicant. In Ireland, the international protection process is a legal system which decides who qualifies as a refugee and is then entitled to remain in Ireland and under its protection. Those judged not to be refugees can be deported back to their home countries. Others may be granted permission to remain or subsidiary protection.

The terms asylum-seeker and refugee are often confused: an asylum-seeker is someone who claims he or she is a refugee, but whose claim has not yet been definitively determined.

# Appendix Two

## 2021: Complaints received from residents in Direct Provision

Body Complained Against	Complaints Received	Upheld	Not Upheld	Assistance Provided	Discontinued or Withdrawn	Outside Remit	TOTAL
<b>International Protection Accommodation Service</b>							
Transfers	19	4	1	6	5	0	16
Accommodation	10	0	1	1	4	0	6
Re-admission	1	0	0	0	1	0	1
Complaint Handling	3	0	1	0	2	0	3
Complaint Against Staff Member	3	0	0	0	2	1	3
Other	4	0	0	1	1	0	2
<b>Direct Provision Centres</b>							
Accommodation	12	2	1	6	2	0	11
Complaint Against Staff Member	4	0	1	1	2	0	4
Transportation	5	0	0	5	0	0	5
Other	6	0	0	2	3	1	6
<b>Irish Refugee Protection Programme</b>							
Accommodation	4	0	4	0	0	0	4
Other	2	0	0	2	0	0	2
<b>Health Service Executive</b>							
Medical & GP Card	12	0	0	9	3	0	12
Primary & Community Care	3	0	0	2	1	0	3
Other	2	0	0	1	0	0	1
<b>Department of Transport</b>							
Driving Licence	6	0	0	6	0	0	6
<b>Department of Education</b>							
School Transport	1	0	0	1	0	0	1
Other	1	0	0	1	0	0	1
<b>Other Bodies</b>							
TUSLA	1	0	0	0	1	0	1
Total	99	6	9	44	27	2	88

NOTE: Figures for completed cases are cases completed as at 10 February 2022

# Appendix Three

## Case summaries

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### A Direct Provision centre

#### Transport

##### Background

A woman complained at an Outreach visit to her centre that transport had not been provided to her to attend classes but that it has been provided for other residents to attend their classes.

##### Investigation

The centre told the Ombudsman that the woman was the only person who wanted transport on the evening of her class, and that transport is provided for other residents as there is enough demand to justify providing the transport on those other evenings. While the Ombudsman understood the centre's point on demand, at the same time he would not consider it reasonable that some residents get transport for the same purpose (access to education) for which transport has been denied to the woman.

In response to the Ombudsman, the centre confirmed that, since the Outreach visit, the woman had taken up a job in Dublin. This would change the position as the Ombudsman's view is that residents who are in paid employment are better able to meet their own transport needs than those who are not working. This would mean that the woman should be in a position to source her own transport to her class (should she still wish to attend it).

##### Outcome

In light of the woman now being in paid employment, the Ombudsman did not consider the centre's refusal to provide her with transport to her class to be unreasonable. The situation would be different if the woman was not in paid employment.

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### A Direct Provision centre

#### Complaint about a staff member

##### Background

A man complained at our Outreach visit to his centre that he did not want a named staff member involved in inspection of his room as the resident did not trust that staff member. He also raised issues about how his laundry was being managed.

### Investigation

The Ombudsman told the man that he would discuss his issues with centre staff and ask them to discuss them directly with the man. If the man was not happy with the outcome of the discussion then he could come back to the Ombudsman. The man agreed to this.

Centre staff agreed to discuss the issues further with the man. The centre subsequently confirmed that it had assigned a different staff member to inspection of the man's room. It also confirmed that it had reviewed camera footage which addressed the man's concerns about his laundry.

### Outcome

The Ombudsman was satisfied that the centre responded reasonably to the issues the man raised.

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## International Protection Accommodation Service (IPAS)

### Refusal of transfer, opening hours of the residents' shop and kitchen

#### Background

A resident requested a transfer to a specified centre in central Dublin. IPAS transferred the man to a different centre, also in Dublin. The resident complained that he needed to transfer to the specified centre on medical grounds.

The man is in paid employment and complained that, due to his working pattern, the residents' shop and kitchen facilities at his new centre were not open at the times he could access them. He stated the shop closed at 4.00 pm which did not give him a reasonable opportunity to access it.

#### Investigation

The Ombudsman asked the resident to provide relevant medical records in support of his request to transfer to the specified centre. The resident provided a letter from his HSE treatment team that confirmed he was availing of their services but did not contain any information to support a move to the specified centre on medical grounds. As the resident could continue to avail of appropriate HSE support services from his new centre, the Ombudsman did not consider that the IPAS decision to transfer him to the other centre in Dublin was unreasonable.

In response to a request from the Ombudsman, IPAS got written confirmation from the man's new centre that the residents' shop is in fact open on Wednesdays from 8 am – 8pm and from 8am – 6pm every other day except Sunday, and that the cooking facilities are open from 8am – 8pm every day.

#### Outcome

The Ombudsman considered that these opening times would give residents reasonable opportunity to avail of the facilities and communicated this view to the resident. While the resident responded to this communication, he did not dispute the opening hours as confirmed by his new centre which did not provide the Ombudsman. Therefore, the Ombudsman remained of the view that the opening times of the resident facilities at the resident's new centre were reasonable.

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## International Protection Accommodation Service (IPAS)

### Delay in granting a transfer

#### Background

A resident who had presented as a single person, in line with the standard IPAS process, was assigned to a regional centre following her initial placement at the reception centre at Baleskin, Co.Dublin. The resident sought a transfer to a centre in two specified locations for her and her partner. The resident had met her partner, who had also presented as a single person, at Baleskin and they wished to be accommodated as a couple. The resident's partner had been assigned to a different centre from the resident.

The resident complained that IPAS had not replied to her transfer request.

#### Investigation

In response to a query from the Ombudsman, IPAS confirmed that it agreed to the resident's transfer request in principle but that it could not take place as quickly as the resident wished as she and her partner had initially been assigned to different centres as single people. Shortly thereafter IPAS confirmed to the Ombudsman that accommodation appropriate for a couple was available at a regional centre and would be offered to the resident and her partner.

The Ombudsman put that offer to the resident who refused it on the basis that the centre in question was not in the locations she had specified. The resident told the Ombudsman she wished to be accommodated in a large urban area to have access to university as she was in the process of applying for third level courses.

The Ombudsman told the resident he considered that IPAS could not reasonably be expected to grant a transfer request so that the resident could attend a course she had not at that point been offered. On that basis he considered the IPAS offer of accommodation at a regional centre to be reasonable. He told her resident that, in the event of her being accepted on to a third level course, it would be at that point open to her and her partner to seek a further transfer to a centre nearer such a course. The Ombudsman confirmed it would be open to the resident to contact him again in the event of refusal of any further transfer as she may seek in those circumstances.

#### Outcome

The resident acknowledged the Ombudsman's position and accepted the IPAS offer.

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## International Protection Accommodation Service (IPAS)

### No response to a transfer request

#### Background

A man applied for a transfer to a named centre in another city so he could be near to two close friends. One friend had recently transferred from the man's centre to the named centre which is near where his other friend was living in the community. The man also felt his employment prospects would be improved by a move to the named centre.

The resident complained that IPAS had not replied to his transfer request.



### Investigation

In response to a query from the Ombudsman, IPAS said that it did not consider the man's desire to improve his employment prospects as a priority reason for granting the request. The Ombudsman considered the response on that point to be reasonable but asked IPAS to specifically consider the man's wish to be near his friends as an issue of social isolation.

### Outcome

IPAS subsequently granted the transfer. The resident confirmed the transfer and thanked the Ombudsman for his assistance.

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## International Protection Accommodation Service (IPAS)

### Failure to act on a complaint

#### Background

A man complained that his centre and IPAS did not deal properly with a complaint he made about alleged assault by his roommates, and that his centre did not respond adequately to his request to be accommodated away from his alleged assailants. By the time he made the complaint the man had moved to another centre.

#### Investigation

In response to a query from the Ombudsman, the centre confirmed that the man had called the Gardaí after the alleged assault who dealt with the incident by speaking to the parties concerned. This was in accordance with what the man told the Ombudsman. The centre stated that it offered the man alternative accommodation within the centre which would involve sharing with one other person as opposed to the two people he had shared with previously. The man confirmed that he had refused the offer as the new room did not have enough space as he had "accumulated a lot of belongings" in his 7 years in Direct Provision.

#### Outcome

The Ombudsman was satisfied that, as the Gardaí had spoken to the relevant parties, the allegation of assault had been dealt with by the appropriate authority. The Ombudsman signposted the man to the Garda Síochána Ombudsman Commission should he wish to complain about the actions of the Gardaí on his case.

The Ombudsman considered that the centre was obliged to provide the man with reasonable space for his belongings but not beyond what would ordinarily be needed by one person. As the man confirmed he had a significant volume of property, the Ombudsman did not consider that the alternative accommodation the centre offered the man was unreasonable.

# Information Factsheets



Our Information Factsheets on the Ombudsman and direct provision are available on our website [www.ombudsman.ie](http://www.ombudsman.ie) in the following languages:

- Arabic
- English
- French
- Russian
- Urdu





**Ombudsman**

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