



LGBTI+ people living in International Protection Accommodation Services (IPAS) accommodation: Best practices and lived experiences

Prepared by the Department of
Children, Equality, Disability, Integration and Youth
gov.ie/dcediy



LGBT
IRELAND

For Inclusion
For Equality
For Everyone

Copyright © Minister for Children, Equality, Disability, Integration and Youth, 2023

Department of Children, Equality, Disability, Integration and Youth
Block 1, Miesian Plaza, 50 – 58 Lower Baggot Street, Dublin 2
D02 XW14
Tel: +353 (0)1 647 3000
Email: research@equality.gov.ie
Web: www.gov.ie/dcediy

The Department of Children, Equality, Disability, Integration and Youth should be acknowledged in all references to this publication.

For rights of translation or reproduction, please contact the Department of Children, Equality, Disability, Integration and Youth.



LGBTI+ people living in International Protection Accommodation Services (IPAS) accommodation: Best practices and lived experiences

Research Team:

Dr Chris Noone

*Lecturer, University of Galway
Board Member, National LGBT Federation*

Dr Noemi Magugliani

Lecturer, University of Kent

Rory Sugrue

*Research Assistant
LGBT Ireland*

Project Management & Support:

Collette O'Regan

Senior Training & Advocacy Manager, LGBT Ireland

Mariem Ben Chattouh

Key Worker to LGBTI+ international protection applicants, LGBT Ireland



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality,
Disability, Integration and Youth



OLLSCOIL NA
GAILLIMHE
UNIVERSITY
OF GALWAY



University of
Kent

Contents

Acknowledgements	1
Content Guidance	1
1. Introduction	2
2. Methodology	3
3. Legal Standards	3
3.1 Irish law and policy	4
3.1.1 International Protection Accommodation Services (IPAS)	4
3.1.2 McMahon Report and The National Standards	8
3.1.3 Catherine Day Report and the White Paper on Ending Direct Provision	9
3.1.4 The Reception Conditions Regulations and Vulnerability Assessments	12
3.2 European Union Law	14
3.2.1 Reception Conditions Directive	14
3.3 European human rights standards	17
3.3.1 The EU Charter of Fundamental Rights	17
3.3.2 European Convention on Human Rights	18
3.4 International Refugee Law and Human Rights Law standards	21
4. Good Practices	25
5. Focus Group Study	30
5.1 Aim	30
5.2 Ethics	30
5.3 Participants	30
5.4 Data Collection	31
5.5 Analysis	32
5.6 Results	33
<i>Poor management and complaints procedure cannot guarantee safety</i>	33
<i>Harassment and violence create an oppressive environment</i>	35
<i>A culture of homophobia and transphobia exists in many centres</i>	37
<i>Strong feelings of isolation among LGBTI+ residents</i>	39
<i>Accessibility of supports for LGBTI+ residents require attention</i>	40
<i>Safety through community</i>	42
5.7 Limitations	43
5.8 Concluding Remarks	43
6. Recommendations	44
7. Conclusion	45
References	46
Legal Sources	49
Annex 1 – Summary table of good practices	51

Acknowledgements

We are extremely grateful to the people who shared their stories in our focus groups. These experiences were difficult to live through and to share so we really appreciate your efforts in contributing to this research. This study was commissioned by the Department of Children, Equality, Disability, Integration and Youth and we are grateful to Gráinne Collins and Andrew Collins for providing guidance and support throughout. Our heartfelt thanks go to Collette O'Regan and Marien Ben Chattouh from LGBT Ireland for their collaboration with the research team and their support of the research participants.

Content Guidance

Readers should note that this report presents the findings from a research study about individuals' experiences of seeking international protection, living in Direct Provision and experiencing homophobia and transphobia which is upsetting to read about and reflect upon.

Suggested Citation: Noone, C., Magugliani, N., & Sugrue, R. (2023). *Survey of LGBTI+ People Living in International Protection Accommodation Services (IPAS) Accommodation*. LGBT Ireland.

1. Introduction

Research conducted in other European jurisdictions has revealed that the treatment of LGBTI+ asylum seekers tend to fall well-below the standards set by national and international law (Danisi et al., 2021; Jansen et al., 2011). Having already experienced persecution in their country of origin, LGBTI+ asylum seekers are often subjected to secondary victimization due to the lack of preparedness of the receiving country's asylum system (Rosati et al., 2021). Notwithstanding that States are committed to a broad range of human rights standards which specifically apply to people with diverse sexual orientation, gender identity, gender expression, and sex characteristics, the unique and nuanced needs of LGBTI+ asylum seekers are nevertheless often not being attended to within the asylum system. Due to this, LGBTI+ asylum seekers are at a heightened risk of experiencing increased isolation, discrimination, and victimization in the host country (Danisi et al., 2021; Rosati et al., 2021).

In 2019, Ireland committed itself to a [National LGBTI+ Inclusion Strategy](#) which set out the actions that were proposed to create a more inclusive environment for the LGBTI+ community. It recognised the vulnerability of LGBTI+ people within the asylum process and committed to introducing measures to ensure that they are being supported and treated sensitively. These policies and commitments have yet to come to fruition.¹

The aim of this project, commissioned by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), is to develop recommendations which would improve the support of international protection applicants who are members of the LGBTI+ community. To this end, this report aims to generate and synthesise data on legal standards and international models for their support, as well as data on their lived experience in Ireland. Specifically, the objectives of the study have been defined as follows:

- To investigate the experience of LGBTI+ residents in international protection accommodation centres in Ireland;

¹ Of the 108 actions, 17 have been completed and work is ongoing on implementation of the remaining actions. The Strategy has been extended into 2022, see [comments](#) of the Minister for Children, Equality, Disability, Integration and Youth Roderic O'Gorman made on 6th July 2022.

- To establish whether there is a need to change practices in international protection to better support this cohort;
- To produce a report with recommendations for a new operational policy to support LGBTI+ residents in accommodation centres.

2. Methodology

In order to undertake this study and to generate recommendations, a mixed-method approach comprised of doctrinal legal research and qualitative empirical research was employed.

Doctrinal legal research is concerned with the critical analysis and synthesis of the law (Hutchinson, 2015). It was utilized for this report to ascertain the relevant legal frameworks and standards applicable to Ireland in the context of reception conditions of LGBTI+ international protection applications. Doctrinal legal research was deemed the most suitable method to reveal whether or not, and to what extent, Ireland is complying with regional and international standards. By firstly composing a detailed analysis of the law, this method will provide scope for shortcomings to be identified and recommendations to be made. As Ireland is the site of study, domestic law, European law, and relevant international law were analysed.

It has been noted that due to the complexities of investigating the experiences of LGBTI+ asylum seekers, choosing only doctrinal positivist approaches would be insufficient (Danisi et al., 2021, p. 24). We therefore conducted several Focus Groups. The data gathered was then analysed using reflexive thematic analysis. The approach to data collection and analysis of the Focus Groups will be expanded on below at Section 5.

3. Legal Standards

When people arrive in Ireland to claim asylum, after fleeing persecution, conflicts and human rights abuses, they often lack or cannot access resources that would allow them to provide for themselves. Ensuring that asylum seekers have adequate reception conditions is imperative in order to facilitate a cohesive and comprehensive application for international protection. The lack

of adequate reception conditions may put an applicant's ability to properly present their case at risk. Moreover, the lack of adequate reception conditions can give rise to the infringement of an applicant's human rights and can contribute to their re-traumatization. EU law has recognised the need to identify vulnerable asylum seekers and to provide them with specific care and attention to ensure that adequate reception conditions are achieved.

3.1 Irish law and policy

3.1.1 International Protection Accommodation Services (IPAS)

The Irish State has a legal obligation to offer accommodation, food, and a range of other supports to any person who applies for international protection in Ireland while their claim is being processed. The International Protection Accommodation Services (IPAS) is a subdivision of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), and is responsible for providing accommodation to people in the international protection system. Accommodation is organised under Direct Provision, a system which was originally introduced as an emergency measure in April 2000 in response to a rise in the number of people seeking protection. It has since been deemed ill-equipped to respond to shifting trends in international migration and has been described as having failed to respect the dignity and human rights of the individuals housed within it (DCEDIY, 2021; UNCESR, 2015; UNCERD, 2011).

Upon arrival to the State, and following lodgement of an application for international protection, an applicant is referred to IPAS and initially accommodated at Baleskin Reception Centre in Dublin to facilitate a preliminary interview. In addition, the immediate needs of the applicant are assessed and information on the international protection process is provided. It is at this stage that the applicant should undergo a Vulnerability Assessment (VA).² Following the initial processing period, applicants are then dispersed to one of the Direct Provision accommodation centres.

² In February 2022 a Vulnerability Assessment (VA) pilot programme was in operation by the International Protection Accommodation Service (IPAS). The assessment determines if an applicant has special reception needs, what these are, and what actions are needed to address these needs. It has not been confirmed whether Vulnerability Assessments are being conducted on all incoming applicants. See:

According to [IPAS Weekly Accommodation and Arrivals Statistics \(report dated 28/05/2023\)](#), there are 48 IPAS accommodation centres located nationwide, with a further 151 emergency accommodation locations.³ Of the 48 centres within the IPAS portfolio, only three were built with the express purpose of accommodating international protection applicants.⁴ The majority of other locations had a different initial purpose e.g., former hotels, guesthouses, B&Bs, hostels, former convents, former holiday camps, and a mobile home site. Seven centres are owned by the Irish state, with the remainder being privately owned.⁵ All reception centres are operated by private external service providers who have contracts with IPAS. It was reported by IPAS in their [May 2023 monthly statistics report](#) that 20,910 people were living in Direct Provision.⁶ According to these two reports, 6,894 people were living in IPAS accommodation centres, 12,838 were staying in emergency accommodation, 439 were in the Baleskin reception centre, approximately 645 were in the City West transit hub, and 94 were in temporary tented accommodation. 371 were not offered accommodation in May 2023, and 705 were offered accommodation retrospectively.

There is no obligation on an applicant to remain in Direct Provision during the international protection process, however, if they do leave and seek alternative accommodation, their weekly allowance payments will be withdrawn (€38.80 for adults and €29.80 for children). Applicants in Direct Provision centres are accommodated until they are granted some form of status (e.g., international protection, subsidiary protection, or permission to remain). Following this, they should be integrated into the community. Research has demonstrated,

Minister for Children, Equality, Disability, Integration and Youth Roderic O' Gorman, [Response to Question Nos. 124 and 177](#), 3 February 2022. [Last accessed on 6 June 2023]

³ IPAS Weekly Accommodation and Arrivals Statistics, Report date 28/05/2021. Available at: <https://www.gov.ie/en/publication/f4931-may-2023/>. [Last accessed on 6 June 2023]

⁴ Ombudsman, The Ombudsman & Direct Provision: Update for 2019, April 2020. Available at: <https://www.ombudsman.ie/publications/reports/the-ombudsman-direct-prov-1/>. [Last accessed on 6 June 2023]

⁵ Ombudsman, The Ombudsman & Direct Provision: Update for 2019, April 2020. Available at: <https://www.ombudsman.ie/publications/reports/the-ombudsman-direct-prov-1/>. [Last accessed on 6 June 2023]

⁶ IPAS Monthly Statistics May 2023. Available at: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/260289/28971a10-2c34-482d-9759-dc16bdadaf5f.pdf#page=null>. [Last accessed on 5 July 2023]

however, that applicants who have been granted status face a number of difficulties transitioning out of Direct Provision and into independent living. This is mainly due to a lack of available and affordable housing in Ireland, as well as the length of time spent out of the workforce,⁷ and limited economic resources (Ní Raghallaigh et al., 2016). In their [May 2023 monthly statistics report](#), IPAS reported that 5,290 people with status remain in Direct Provision housing.⁸

Data on lengths of stay in Direct Provision were provided in correspondence with DCEDIY and can be observed in the table below:

Average stay in Direct Provision		
Length	Total	Percentage
0 to 5 Months	4320	20%
6 to 11 Months	7874	37%
1 + Years	4383	20%
2 + Years	737	3%
3 + Years	1709	8%
4 + Years	1059	5%
5 + Years	558	3%
6 + Years	248	1%
7 + Years	509	2%

Regarding issues which arise in Direct Provision that may negatively affect LGBTI+ residents, the IPAS [House Rules and Procedures for Reception and Accommodation Centres](#) provides a complaints procedure.⁹ Residents are encouraged to be confident in making complaints, and to use the procedure when needed to tackle issues and problems that arise in accommodation

⁷ An issue which has been slightly alleviated with the introduction of Labour Market Access in 2018 for asylum seekers.

⁸ IPAS Monthly Statistics May 2023.

Available at: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/260289/28971a10-2c34-482d-9759-dc16bdaeaf5f.pdf#page=null>. [Last accessed on 5 July 2023]

⁹ According to the Irish government website, this was last updated in January 2023.

centres.¹⁰ The Rules affirm that the making of a complaint will not affect an individual's application for international protection. The Rules stipulate that all complaints are handled sensitively and in confidence by centre staff and by IPAS. The House Rules provide for a 4-Stage complaints procedure: (1) informally – verbally; (2) formally – in writing; (3) appeal to IPAS, and (4) appeal to Ombudsman or Ombudsman for Children. Informal complaints are handled by the centre manager who will try and resolve the issue. If a resident is not happy with the outcome, they can complain in writing to the centre manager. Having gone through these steps, if a resident is still unhappy, they can complain formally in writing to IPAS by post or e-mail. According to the House Rules, in very serious and exceptional circumstances, a resident can submit their complaint directly to IPAS, bypassing the centre manager.¹¹ If a resident is not satisfied with the outcome of the complaint to IPAS, they may submit a complaint to the Office of the Ombudsman or the Office of the Ombudsman for Children.

In situations where a centre manager has a complaint about a resident who is in breach of the House Rules, there is a similarly prescribed procedure.¹² Complaints from a centre manager can be made in three stages: (1) informally – verbally; (2) formally – in writing, and (3) a referral to IPAS. Minor breaches of the Rules are to be dealt with informally. Where it is considered that a resident has committed a serious breach of the Rules, the centre manager must outline in writing how the rule was breached, what action will be taken, and what will happen in the event of another breach. Finally, if someone has already been warned about breaking the House Rules and a complaint is made that they have broken the Rules again, it is stipulated that the manager will inform IPAS in writing.¹³ Under the Reception Conditions Regulations (discussed below), a resident must comply with the House Rules and if there is a serious breach of

¹⁰ House Rules and Procedures, pp. 33-34.

¹¹ Ibid, p.37.

¹² Ibid, p. 38.

¹³ Ibid, p. 39.

them, the Minister can reduce or withdraw accommodation, or transfer them to an alternative centre.¹⁴

In conversation with staff from IPAS, the duty of centre managers to record complaints, and the availability of a mechanism to that effect, was confirmed. Where complaints are of a serious nature, IPAS will refer the report to the Department of Justice¹⁵ as it may impact their application for international protection. In a meeting between LGBT Ireland and the Health Information and Quality Authority (HIQA), it was highlighted that the threshold to be reached in order for complaints to be referred centrally is quite high. HIQA, who will soon become the competent authority for overseeing conditions in Direct Provision, have confirmed that they intend on taking action to have this threshold lowered.

3.1.2 McMahon Report and The National Standards

The first review of the protection process since the establishment of the Direct Provision system, referred to as [the McMahon report](#), was published in 2015 and included over 170 recommendations.¹⁶ The Government published progress reports on the implementation of these recommendations. The final [2017 progress report](#) asserted that 133 recommendations have been fully implemented, with the further 36 still in progress or partially implemented (Minister for Justice Charlie Flanagan).¹⁷ An independent [review](#) of the implementation progress was conducted by NASC who found that in reality, only 20 of the 170 recommendations had been implemented.¹⁸ The key concerns emerging from this independent review which contradicted the

¹⁴ European Communities (Reception Conditions) Regulations 2018, Regulations 6 and 7.

¹⁵ The Department of Justice, and in particular the International Protection Office (IPO) and the International Protection Appeals Tribunal (IPAT), handles applications for international protection.

¹⁶ Government of Ireland, Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers.

Available at: <https://www.gov.ie/en/organisation-information/b1c0c-working-group-on-the-protection-process/>. [Last accessed on 6 June 2023]

¹⁷ Government of Ireland, Third and Final Progress Report on Improvements to the Protection Process (July 2017).

Available at: <https://www.gov.ie/en/organisation-information/b1c0c-working-group-on-the-protection-process/>. [Last accessed on 6 June 2023]

¹⁸ Nasc, Nasc Working Paper on the Progress of Implementation of the McMahon Report.

Available at: <https://nascireland.org/sites/default/files/Nasc-Working-Group-Report-Dec-2017.pdf>. [Last accessed on 6 June 2023]

official progress report included: slow implementation of recommendations relating to cooking and living spaces; persistent delays in the international protection process, and the lack of a multidisciplinary approach to identification of vulnerabilities.

In 2018, the *Working Group on National Standards* produced a draft [document](#) consisting of a set of proposed national standards for accommodation centres in Ireland.¹⁹ These National Standards were subjected to a public consultation process and the final draft was published in 2019. The Standards were aimed at private operators of Direct Provision centres, however, there was no provision for oversight by IPAS or any independent monitoring body, and the mechanism for assessing adherence was a self-auditing process. When the National Standards became legally binding at the beginning of 2021 it was anticipated that a mechanism for monitoring the implementation of the Standards would be established, however, inspections continued to be carried out by IPAS and private contractors. Later in 2021, it was confirmed that Direct Provision accommodation centres would be monitored by the Health Information and Quality Authority (HIQA) to ensure compliance with the National Standards. The Health (Inspection of Emergency Homeless Accommodation and Asylum Seekers Accommodation) Bill is currently [before the Dáil](#) with a view to placing HIQA's monitoring role on statutory footing.²⁰

3.1.3 Catherine Day Report and the White Paper on Ending Direct Provision

In 2019, the Government announced a new expert advisory group to examine a *“long term approach to how people who are seeking asylum are accommodated and supported”*. The group is chaired by former European Commission secretary-general Dr Catherine Day and was tasked with making a series of recommendations to end the Direct Provision system and transform

¹⁹ Government of Ireland, Launch of consultation process on draft National Standards for Accommodation offered to People in the Protection Process. Available at: <https://www.gov.ie/en/press-release/756f9a-launch-of-consultation-process-on-draft-national-standards-for-accom/>. [Last accessed on 6 June 2023]

²⁰ Health (Inspection of Emergency Homeless Accommodation and Asylum Seekers Accommodation) Bill 2021. (Bill 138 of 2021). Available at: <https://www.oireachtas.ie/en/bills/bill/2021/138/>. [Last accessed on 6 June 2023]

the international protection process. The [report](#) was published in 2020.²¹ Amongst the report's recommendations was the abolition of the congregated and segregated accommodation by mid-2023. Instead, it was recommended that applicants should be initially housed in a State-owned reception centre for a three-month period, where an onsite multi-service centre could assist applicants in accessing the necessary services and entitlements that they should receive. Following the initial 3-month period, it was recommended that applicants ought to be provided with own-door accommodation in a local community and be permitted to access a social housing payment scheme, similar to the Housing Assistance Payment (HAP) scheme. The report also made a number of short-term recommendations, until a new, permanent system entered into force. These included appointing the Health Information and Quality Authority (HIQA) as an independent inspectorate to examine conditions in Direct Provision centres and ensure that the National Standards are being adequately implemented.

The advisory groups' recommendations informed the development of the [Government's White Paper on Ending Direct Provision](#). The White Paper was published in February 2021 and established a variety of measures aimed at ending the system of Direct Provision and replacing it with a not-for-profit model. The White Paper broadly reflects the recommendations of the Advisory Group's report and sets out a roadmap towards establishing a new international protection accommodation policy, to be in place by 2024.²²

The new model envisaged by the White Paper proposes a two-phased approach to accommodating applicants for international protection. Under Phase One, it is proposed that the applicant will be accommodated in a designated Reception and Integration Centre for a period of four months. The focus during this phase will be to identify the applicant's particular needs and

²¹ Government of Ireland, Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process. Available at: <https://www.gov.ie/en/publication/634ad-report-of-the-advisory-group-on-the-provision-of-support-including-accommodation-to-persons-in-the-international-protection-process/>. [Last accessed on 6 June 2023]

²² Government of Ireland, White Paper on Ending Direct Provision. Available at: <https://www.gov.ie/en/publication/7aad0-minister-ogorman-publishes-the-white-paper-on-ending-direct-provision/>. [Last accessed on 6 June 2023]

referring them to appropriate support services. Accommodation in Reception and Integration Centres will be own-door for families and own-room for single people, with specific accommodation tailored to individuals with identified vulnerabilities. Under Phase Two, all accommodation provided will be own-door, self-contained houses or apartments for families, with single people housed in either own-door or own-room accommodation. For vulnerable persons, supports will be provided by not-for-profit organisations contracted and funded by the Department of Children, Equality and Disability, Integration and Youth to provide the service in a particular location. Where an applicant is not deemed vulnerable, resettlement workers, overseen by the Department of Children, Equality, Disability, Integration and Youth, will act at county level to link applicants with supports and services. After 4 months, if a decision has not been made on the application for international protection, the applicant will move to accommodation in the community.

Recently, Minister for Children, Equality, Disability, Integration and Youth Roderic O’Gorman has [stated](#) that Direct Provision is unlikely to come to an end by 2024.²³ Ms. Day, the head of the expert advisory group set up to report on the Government’s promise to end Direct Provision, [stated](#) that she believed the timelines set out by the government would no longer be feasible.²⁴ Ms Day’s expert group has recommended that the State urgently use emergency powers to build two reception centres on State-owned land by May 2023, and another four by the end of 2023. The advisory group has also called on the Government to establish a state agency for the accommodation and integration of asylum seekers by the end of 2024.

²³ GCN, Direct provision unlikely to end by 2024, admits Minister Roderic O’Gorman, 29 August 2022. Available at: <https://gcn.ie/direct-provision-unlikely-end-2024-roderic-ogorman/>. [Last accessed on 6 June 2023]

²⁴ Irish Times, Plan to end direct provision by 2024 no longer possible, says expert, 28 November 2022. Available at: <https://www.irishtimes.com/ireland/social-affairs/2022/11/26/plan-to-end-direct-provision-by-2024-no-longer-possible-says-expert/>. [Last accessed on 6 June 2023]

3.1.4 The Reception Conditions Regulations and Vulnerability

Assessments

The European Union's recast Reception Conditions Directive was brought into Irish law with the adoption of the [European Communities \(Reception Conditions\) Regulations 2018](#) (hereinafter referred to as '*the Regulations*') on 6th July 2018. Although this has placed the reception system on a legislative footing for the first time, practices which preceded the Regulations continue to govern the approach to reception for people seeking international protection. Amongst other things, the Regulations stipulate that **information must be provided** to an applicant for international protection as to the material reception conditions to which they are entitled to, and the contact details of relevant organisations who may offer them support.²⁵ Information is provided by IPAS on rights and obligations through the [House Rules and Procedures](#), which are available in each reception centre as well as online. The Regulations provide for an express **right of access to accommodation centres** to a list of people and organisations including family members, legal advisors, the UNHCR and other relevant NGOs.²⁶

One of the key provisions of the Regulations is the **obligation to conduct Vulnerability Assessments (VA) of applicants within 30 days of their application**.²⁷ The purpose of the VA is to identify whether the applicant is a vulnerable person with special reception needs and to ensure that they receive the appropriate care and attention. Although the definition of "*vulnerable person*" as contained in the Regulations does not include LGBTI+ persons,²⁸ the [Vulnerability Assessment Questionnaire](#) includes a question as to whether the applicant identifies as lesbian, gay, bisexual, transgender, queer, or intersex.²⁹

²⁵ Regulation 3.

²⁶ Regulation 7(6).

²⁷ Regulation 8(1)(a).

²⁸ The Regulations define a vulnerable person as: "*a person who is a minor an unaccompanied minor, a person with a disability, an elderly person, a pregnant woman, a single parent of a minor, a victim of human trafficking, a person with a serious illness, a person with a mental disorder, and a person who has been subjected to torture, rape or other form of serious psychological, physical or sexual violence*" (Regulation 2(5)).

²⁹ Government of Ireland, Vulnerability Assessment Pilot Programme. Available at: <https://www.gov.ie/en/publication/58397-resident-welfare/>. [Last accessed on 6 June 2023]

In January 2021, a pilot programme for the carrying out of VAs was conducted at Baleskin reception centre. From February 2021 to January 2022, 686 vulnerability assessments were undertaken, and 438 applicants were identified as having some form of vulnerability. Of this number, 2% were identified as vulnerable by virtue of being a member of the LGBTI+ community.³⁰ The pilot scheme has now been extended to all applicants seeking international protection. According to the [Vulnerability Assessment Pilot Programme Policy](#), a VA consists of a questionnaire that the applicant can choose to complete and submit to the Resident Welfare Team. It is then reviewed by an Assessment Officer from the Resident Welfare Team at IPAS to determine if the recipient has any special reception needs. The Assessment Officer may refer the person for further assessment(s) with an IPAS Social Worker. It is further explained that IPAS will use the information provided to make a determination of the applicant's vulnerability status (low, medium, or high), and whether there may be special reception needs arising from any vulnerabilities identified.³¹

In explaining how IPAS addresses special reception needs identified by Vulnerability Assessments, the policy states that the Resident Welfare Team works closely with residents to provide information and support to all vulnerable applicants. It states that, where appropriate, the Resident Welfare Team will engage with the centre managers and NGOs onsite to ensure that an applicant's reception needs can be addressed within their current accommodation centre. In some cases, the Resident Welfare Team may refer a person to the Resident Mobility Team in IPAS to address specific accommodation recommendations or requirements. The Resident Mobility Team will then identify the most suitable accommodation for the applicant based on this information.

³⁰ [Minister for Children, Equality, Disability, Integration and Youth Roderic O'Gorman](#), Response to Questions Nos. 124 and 177, 3rd February 2022. [Last accessed on 6 June 2023]

³¹ Government of Ireland, Vulnerability Assessment Pilot Programme. Available at: <https://www.gov.ie/en/publication/58397-resident-welfare/>. [Last accessed on 6 June 2023]

3.2 European Union Law

3.2.1 Reception Conditions Directive

Reception conditions are regulated at an EU level through the Reception Conditions Directive, and its recast, the latter of which Ireland has transposed into Irish law by way of secondary legislation (the Regulations discussed above at 3.1.4). The recast aims to provide better and more common standards in relation to reception conditions. The [recast Reception Conditions Directive](#) (hereinafter referred to as '*the recast Directive*')³², specifies at Recital 11 that:

[S]tandards for the reception of applicants [that] suffice to ensure [applicants for international protection] a dignified standard of living and comparable living conditions in all Member States should be laid down.

The recast Directive ensures that common standards for reception conditions such as housing, food, clothing, and access to health care, education or employment under certain conditions are provided for asylum seekers, and ensures a dignified standard of living in accordance with the Charter. The recast Directive leaves a degree of discretion to define what constitutes a dignified standard of living and how it should be achieved, and therefore standards for reception conditions vary across EU Member States.

Ireland did not opt-in to this instrument during either Phase-One or Phase-Two of [Common European Asylum System \(CEAS\)](#),³³ and it did not transpose the recast Directive until 2018. This was due to Ireland's statutory position at the time, which prohibited an asylum seeker from seeking or entering employment. The recast Directive called for Member States to make provision for granting international protection application access to the labour market, under certain

³² Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast). Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013L0033>.

³³ The Common European Asylum System (CEAS) sets out standards and co-operation to ensure that asylum seekers are treated equally across all Member States. The first phase of the CEAS saw the adoption of five legislative instruments between 2001 and 2005: the Dublin Regulation, the Reception Conditions Directive, the Qualification Directive, and the Asylum Procedures Directive. The second phase of the CEAS saw all the instruments "recast" with the intention to strengthen EU harmonisation and to give greater attention to the rights of applicants under the EU Charter of Fundamental Rights. In accordance with the provisions of Protocol No. 21 annexed to the Treaty on the Functioning of the European Union (TFEU), Ireland is not bound to participate in EU instruments in this area, and must opt-in to any it wishes to (subject to approval of both Houses of the Oireachtas).

conditions.³⁴ In the case of *N.V.H. v. Minister for Justice and Equality* [2017] IESC 35, the Supreme Court found that in the situation of an asylum seeker who had been living in Direct Provision for eight years with no access to employment, with an indefinite prohibition on employment, was unconstitutional. Arising out of this, the Government announced in November 2017 that it would opt-in to the recast Directive.³⁵

The recast Directive states that Member States shall **inform applicants of their rights and obligations** within 15 days of making an application for international protection.³⁶ The recast Directive also provides that the State shall ensure that **material reception conditions** are available to applicants when they make their application for international protection.³⁷ The Directive states that the material reception conditions provide an **adequate standard of living** for applicants which guarantees their subsistence and **protects their physical and mental health**.³⁸

The **type of accommodation** offered per the recast Directive, should take one, or a combination, of the following forms:

- premises for the purposes of housing applicants during the examination of an application for asylum lodged at a border (or in transit zones);
- accommodation centres that guarantee an adequate standard of living;
- private houses, flats, hotels or other premises adapted for housing applicants.³⁹

Article 18(4) of the recast Directive provides that Member States shall take measures to **prevent assault and gender-based violence, including sexual assault and harassment** within the premises and accommodation centres. It is

³⁴ Article 11 of the Directive (Article 15 of its recast), state that if a decision on an applicant's claim at first instance was not made within one year (now 9 months under the recast) and this delay could not be attributed to the applicant, Member States shall decide the conditions for granting the applicant access to the labour market.

³⁵ ECRE, Ireland: planned opt-in to recast Reception Conditions Directive. Available at: <https://ecre.org/ireland-planned-opt-in-to-recast-reception-conditions-directive/>. [Last accessed on 6 June 2023]

³⁶ Article 5 of the recast Directive.

³⁷ Article 17(1) of the recast Directive.

³⁸ Article 17(2) of the recast Directive.

³⁹ Article 18 of the recast Directive.

stipulated that **the situation of vulnerable persons should be taken into consideration**, and that Member States may **exceptionally set modalities** for reception conditions following an assessment of the specific needs of a vulnerable applicant.⁴⁰ The recast Directive states that persons working in accommodation centres shall be **adequately trained**.

Article 21 states that Member States shall **take into account the specific situation of vulnerable persons** when implementing the Directive into national law. The recast Directive does not make any reference to sexual orientation, gender identity, or gender expression, and therefore, it is not common practice among Member States to have a specific policy in place for the reception of LGBTI+ asylum seekers. The definition of vulnerable persons is open and non-exhaustive and therefore does not preclude Member States from including LGBTI+ persons within the definition of vulnerable persons. Further, the European Asylum Support Office (EASO) has [developed a tool](#) to support Member States in the identification and assessment of the special needs of vulnerable international protection applicants (also referred to as the '*IPSN tool*'). The IPSN tool relies on an outline of indicators, linked to different categories of persons with potential special needs. The list includes all categories mentioned by the Reception Conditions Directive, as well as LGBTI+ persons and persons with gender-related special needs.⁴¹

Article 22(1) places an obligation on Member States to **assess whether the applicant is an applicant with special reception needs**, and to indicate what those needs are. It is further stated that Member States shall ensure the support provided to applicants with special reception needs continues throughout the duration of the asylum procedure, and that an appropriate **monitoring** of their situation takes place.

⁴⁰ Article 18(9) of the recast Directive.

⁴¹ European Asylum Support Office, [EASO guidance on reception conditions: operational standards and indicators](#) (2016), p. 41. [Last accessed on 6 June 2023]

3.3 European human rights standards

3.3.1 The EU Charter of Fundamental Rights

All EU legislation (and national implementing legislation) must comply with the [Charter of Fundamental Rights of the European Union](#) (hereinafter referred to as '*the Charter*').⁴² Many of the rights contained in the Charter have their origin in the [European Convention on Human Rights](#) (hereinafter referred to as '*the ECHR*'), which is discussed below.⁴³

Of particular importance in the asylum context is the right to human dignity and integrity of the person, as well as prohibition of torture and degrading treatment.⁴⁴ The Charter explicitly provides for the right to asylum⁴⁵ and the right of non-refoulement.⁴⁶ Also of importance are the equality before the law and the non-discrimination guarantees.⁴⁷

Article 1 of the Charter provides that **human dignity** is inviolable and that it must be respected and protected. The right to human dignity is applicable to all persons, regardless of their nationality or status within the Union. In the [Cimade](#) judgment, the CJEU noted that due to the general scheme and purpose of the Reception Conditions Directive, in order to observe fundamental rights, the right to human dignity must be respected and protected. As a result, asylum seekers may not be deprived, even for a temporary period of time, of the protection of the minimum standards laid down by that Directive.⁴⁸

Article 3(1) of the Charter provides for the **right to the integrity of the person**, meaning that everyone has the right to respect for his or her physical and mental integrity. In the joined cases of [A., B., and C.](#), Advocate General Sharpston considered the right to bodily integrity in terms of assessing facts and circumstances under Article 4 of the recast Qualification Directive and the

⁴² Article 5(1) of the Charter.

⁴³ Article 52(3) of the Charter is designed to ensure consistency between the Charter and the ECHR.

⁴⁴ Articles 1 to 5 of the Charter

⁴⁵ Article 18 of the Charter.

⁴⁶ Article 19 of the Charter.

⁴⁷ Articles 20 and 21 of the Charter.

⁴⁸ CJEU, [Cimade and Groupe d'information et de soutien des immigrés \(GISTI\) v. Ministre de l'Intérieur, de l'Outre-mer, des Collectivités territoriales et de l'Immigration \(C-179/11\)](#), 27 September 2012, para 56.

credibility of an applicant's averred sexual orientation. A. G. Sharpston found that medical tests and explicit questions concerning an applicant's sexual activities violated an individual's integrity as guaranteed by Article 3(1) of the Charter (as well as violating the respect for private and family life).⁴⁹ From this it may be deduced that there must be respect for an applicant's individual characteristics, and that this can be extended to the provision of accommodation.

Article 4 provides for the **prohibition of torture and inhuman or degrading treatment or punishment**. Member States cannot place an applicant in conditions that would amount to inhuman or degrading treatment, even if it was not intentional. Where treatment humiliates or debases an individual, showing a lack of respect for, or diminishing, his or her human dignity, or arouses feelings of fear, anguish or inferiority capable of breaking an individual's moral and physical resistance, it may be characterised as degrading and also fall within the scope of Article 3.⁵⁰

The principle of **the right to good administration** is applicable to Member States when applying EU law. Under Article 5 of the recast Reception Conditions Directive, Member States are obliged to provide applicants with information about their rights and obligations with regard to material reception conditions.

3.3.2 European Convention on Human Rights

The ECHR was given effect in Ireland by the [European Convention on Human Rights Act, 2003](#). Many of the rights contained in the Charter (discussed above) have their origin in the ECHR. The European Court of Human Rights (hereinafter referred to as '*the ECtHR*') has recognised **asylum seekers as members of a particularly underprivileged and vulnerable population who are in need of special protection**. This sentiment was reiterated in the case of [M.S.S. v. Belgium and Greece](#), where the Court held that there exists a broad

⁴⁹ CJEU, [A \(C-148/13\)](#), [B \(C-149/13\)](#) and [C \(C-150/13\)](#) v. *Staatssecretaris van Veiligheid en Justitie*, 17 July 2014, paras. 61 and 63.

⁵⁰ ECtHR, [Dikme v. Turkey](#), Application no. 20869/92, 11 July 2000.

consensus at the international and European level concerning the need for special protection, as evidenced by the Geneva Convention and the standards set out in the Reception Directive.⁵¹ The obligation on Member States to provide applicants with information about their rights regarding material reception conditions was also restated.

The case of [O.M. v. Hungary](#) concerned an applicant from Iran, who was a member of a vulnerable group by virtue of belonging to a sexual minority. The Court held that the authorities had failed to make an individualized assessment or take into account the applicant's vulnerability within the detention facility when they ordered his detention without considering the extent to which vulnerable individuals – for instance, LGBTI+ people like the applicant – were safe or unsafe in custody among other detained persons, many of whom had come from countries with widespread cultural or religious prejudice against such persons.⁵² Thus, the decision of the domestic authorities, which did not contain any adequate reflection on the individual circumstances of the applicant as being a member of a vulnerable group by virtue of belonging to a sexual minority in Iran, contributed to the Court's finding that the applicant's detention in that case verged on the arbitrary, and was in violation of Article 5 of the Convention.⁵³ Although the Court in this case held that **authorities should exercise particular care in the placement of vulnerable asylum seekers** in relation to detention facilities, it is within the realms of contemplation that this could extend to the placement of vulnerable asylum seekers within accommodation centres.

In the joined cases of [Abdullahi Elmi and Aweys Abubakar v. Malta](#) the ECtHR held that a **lack of active steps and delays in conducting vulnerability assessments** may give rise to serious doubts as to the authorities' good faith in providing additional safeguards to individuals with specific vulnerabilities.⁵⁴ Although these cases concerned the detention of unaccompanied minors, it is

⁵¹ ECtHR, [M.S.S. v. Greece and Belgium](#), Application no. 30696/09, 21 January 2011, para 251.

⁵² ECtHR, [O.M. v. Hungary](#), Application no. 9912/15, 5 July 2016, para. 53.

⁵³ ECtHR, [O.M. v. Hungary](#), Application no. 9912/15, 5 July 2016, para. 54.

⁵⁴ ECtHR, [Abdullahi Elmi and Aweys Abubakar v. Malta](#), Applications nos. 25794/13 and 28151/13, 22 November 2016, para. 146.

possible that the lack of conducting assessments on other categories of vulnerable applicants, may give rise to criticism from the ECtHR.

There is no specific article within the ECHR which provides for **the right to human dignity**, however, the ECtHR has found that “*the very essence of the Convention is respect for human dignity and freedom*”.⁵⁵ The ECtHR has equated a person’s right to human dignity with the right to be detained in conditions that do not amount to inhuman and degrading treatment.⁵⁶ This standard is also applicable in terms of reception standards.⁵⁷ In the Reception Conditions Directive and its recast, it provides that the reception standards for applicants should ensure a dignified standard of living.⁵⁸ In [Pretty v. UK](#), the Court associated dignity with quality of life, which is intrinsic to Article 8 (right to respect for private and family life). If reception conditions do not provide a sufficient quality of life, the right to human dignity could be engaged. This is particularly pertinent if someone is kept in a reception centre for long periods of time with little recourse to work, medical treatment, educational or recreational activities.⁵⁹

Regarding the **right to private life** under Article 8 of the ECHR, the Court in [Evans v UK](#) held that ‘*private life*’ includes aspects of an individual’s physical and social identity, including the right to personal autonomy, personal development, and to establish and develop relationships with other human beings and the outside world.⁶⁰ If an applicant is placed in an accommodation centre that has very restrictive rules, in very remote locations with limited means to move from there, it could engage the right to private life.⁶¹

⁵⁵ ECtHR, [Pretty v United Kingdom](#), Application no. 2346/02, 29 July 2002, para 65.

⁵⁶ ECtHR, [Orchowski v. Poland](#), Application no. 17885/04, 22 October 2009.

⁵⁷ ECtHR, [Orchowski v. Poland](#), Application no. 17885/04, 22 October 2009, paras 120 and 153.

⁵⁸ Recital 7 Reception Conditions Directive and Recital 11 recast Reception Conditions Directive.

⁵⁹ European Council on Refugees and Exiles, [Reception and Detention Conditions of applicants for international protection in light of the Charter of Fundamental Rights of the EU](#) (2015), p. 16. [Last accessed on 6 June 2023]

⁶⁰ ECtHR, [Evans v. The United Kingdom](#), Application no. 6339/05, 10 April 2007, para 71.

⁶¹ European Council on Refugees and Exiles, [Reception and Detention Conditions of applicants for international protection in light of the Charter of Fundamental Rights of the EU](#) (2015), p. 20. [Last accessed on 6 June 2023]

3.4 International Refugee Law and Human Rights Law standards

At the international level, insofar as refugee or asylum law is concerned, there are two key instruments laying out refugee protection standards: the 1951 Convention relating to the Status of Refugees (hereafter “Refugee Convention”), which defines the term refugee, enumerates the rights of refugees, and establishes the legal obligation of States to protect them, and its 1967 Protocol relating to the Status of Refugees (hereafter “1967 Protocol”), which extends the temporal and geographical scopes of the Refugee Convention. These two key instruments and the standards therein contained have been further developed in the 1979 Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees (and subsequent versions). In addition, in 2012 the United Nations High Commissioner for Refugees (UNHCR) published a guidance note, *‘Guideline No. 9: Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees’*, which replaces the 2008 Orientation Note about Sexual Orientation and/or Gender Identity (SOGI) based cases and provides authoritative guidance on substance and procedure “with a view to ensuring a proper and harmonized interpretation of the refugee definition”.

While the Refugee Convention, its 1967 Protocol and UNHCR guidance recognises SOGI-based cases, they do not provide specific standards with respect to the accommodation and support of LGBTI+ asylum seekers. The non-discrimination provision contained in Article 3 of the Refugee Convention is limited to grounds of race, religion and country of origin – thus not inclusive of all discriminatory grounds, although it must be read in conjunction with existing obligations under International Human Rights Law (IHRL). Chapter IV of the Refugee Convention, which includes provisions on ‘Welfare’, contains very little in terms of obligations on State Parties (e.g., housing) and nothing specific to LGBTI+ asylum seekers.

While international refugee law, and to a certain extent international human rights law, fall short of providing a prescriptive pathway to accommodation and support for LGBTI+ asylum seekers, they offer a framework of principles and obligations that ought to form the basis for any legal or policy action aimed at addressing the rights and needs of the LGBTI+ population in reception centres.

The minimum core content of human rights law applies to all human beings, regardless, *inter alia*, of their gender identity and sexual orientation and regardless of their immigration status. A core principle at the heart of human rights law is the **non-discrimination principle** (as enshrined, *inter alia*, in the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR). In addition, the **Yogyakarta Principles** – a set of principles adopted in 2006 (and revised in 2017) on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) – provide several additional principles that apply in the context of LGBTI+ asylum seekers. These include Principle 2 on the rights to equality and non-discrimination; Principle 5 on the right of security of the person; Principle 14 on the right to an adequate standard of living; Principle 17 on the right to the highest attainable standard of health; Principle 23 on the right to seek asylum; Principle 30 on the right to State protection, which provides that “[e]veryone, regardless of sexual orientation, gender identity, gender expression or sex characteristics, has the right to State protection from violence, discrimination and other harm, whether by government officials or by any individual or group”; and Principle 32 on the right to bodily and mental integrity.

As noted by Nematy (2022), LGBTI+ asylum seekers “face multi-layered discrimination in various settings in host countries (e.g., employment, housing, healthcare system) due to the intersection of race, ethnicity, gender, sexuality, religion, and nationality.” Discrimination experienced by LGBTI+ asylum seekers takes various forms ranging from individual (Jordan, 2009; Kahn, 2015) to structural discrimination (Jordan, 2009; Kahn et al., 2017; Lee & Brotman, 2013). Nematy uses the concept of ‘minority stress’, developed primarily by

Brooks (1981) and Meyer (2003) to refer to “intense chronic stress experienced by members of stigmatized minority groups”, including LGBTI+ asylum seekers. Stress is experienced in a variety of contexts and processes, with a major source of pressure being the hardships encountered by LGBTI+ asylum seekers in navigating the asylum system (Alessi, 2016; Gowin et al., 2017; Jordan, 2009), in accessing mental healthcare (Abramovich et al., 2020; Alessi, 2016), and in accessing LGBTI+ friendly service providers and support groups (Jordan, 2009; Kahn et al., 2018). In addition, anti-LGBTI+ harassment (Alessi et al., 2018) and hate-motivated assaults against this population, both within and outside of accommodation services, undermine the safety and security of queer asylum seekers.

Access to **mental healthcare and psychological support** are particularly relevant in the asylum context and bearing in mind the potential traumatisation of asylum seekers during their asylum interview and, more broadly, in the international protection process. Not only is disclosing one’s gender or sexuality often a complex and emotionally painful experience (Kahn & Alessi, 2017) in and of itself, but the lack of appropriate support before, during and after such disclosure increases the risk of disclosure being detrimental for the person’s mental health. It is therefore of paramount importance, in line with the Yogyakarta Principles, that mental healthcare services are available and appropriate – meaning that they are grounded in trauma-informed approaches (Alessi, 2016; Kahn & Alessi, 2017) and avoid re-traumatisation. Under international human rights law, the human right to health is recognised in numerous international instruments, including under Article 25(1) UDHR and Article 12(1) ICESCR.

Transgender and gender non-conforming asylum seekers, including non-binary and intersex individuals, might have additional healthcare needs, including e.g., gender-affirming healthcare (e.g., hormone replacement and blockers). These should be provided in the early stages of their arrival, in line with Principle 17. As noted by Abramovich et al (2020), this would significantly reduce the risk of suicidality. To protect and fulfil the right to health of gender non-conforming asylum seekers under international law, States have to ensure that basic

healthcare needs of an asylum seeker are met, including trans and intersex specific healthcare.

In addition to access to healthcare, access to **adequate shelter** (or housing, which includes temporary housing) is extremely relevant for LGBTI+ asylum seekers. The right to adequate housing is enshrined in ICESCR. Although it is crucial to distinguish shelter from housing, both semantically and practically, a broad interpretation of Article 11(1) of the ICESCR on adequate standard of living “seems to make [the right] suitable as the legal basis for a right to adequate shelter, particularly if combined with the principle of non-discrimination and states parties’ obligation to immediately fulfil minimum core rights” (Westendorp 2022). In its General Comment No 4, the Committee on Economic, Social and Cultural Rights (CESCR) affirmed that ‘housing’ means a place where a person can live in security, peace, and dignity – all arguably core elements of, and thus applicable to, the concept of shelter (and ever more so of *adequate* shelter). The right to adequate shelter becomes also relevant in conjunction with the **right to life, liberty and security of person** (Article 3 UDHR, Article 9 ICCPR), as well as with the **right to be free from arbitrary interference with one's privacy** (Article 12 UDHR, Article 17 ICCPR) and the **right to freedom of opinion and expression** (Article 19 UDHR, Article 19 ICCPR). In its [2015 Concluding observations on the third periodic report of Ireland](#), CESCR emphasised that:

The [reception] centres have a negative impact on asylum seekers’ right to family life, their mental health [...]. The Committee is also concerned at the restrictions asylum seekers face in accessing employment, social security benefits, health-care services and education (art. 2 (2)).

Although the observation did not specifically refer to LGBTI+ asylum seekers, CESCR squarely addressed the inter-connection between the right to housing (or shelter) and the other aforementioned rights. Similarly, the [Human Rights Committee](#) (HRCttee) has highlighted inter-connections and expressed concerns with respect to:

[The] prolonged accommodation of asylum seekers in Direct Provision centres which is not conducive to family life [and it] regrets the lack of

an accessible and independent complaints mechanism in these centres (arts. 2, 17 and 24).

The findings from the HRCttee and CESCR are significant in addressing the causal connections between the lack of *adequate* housing (or shelter) and broader, negative implications on other human rights. Achieving an adequate standard in ensuring the right to housing (or shelter) should therefore be considered of paramount importance.

4. Good Practices

In the 2011 [Fleeing Homophobia Report](#), a number of recommendations were issued to provide States with a 'blueprint' to establish and implement good practices. These included, *inter alia*, the establishment of **proper and effective complaint systems for dealing with harassment and violence** against LGBTI+ applicants in reception, accommodation and detention centres, as well as of procedures allowing for the possibility of having LGBTI+ applicants be moved **to a single room or to another accommodation** if they are facing harassment or violence in the original location (or the perpetrators to be transferred to another accommodation).

The 2011 recommendations were further discussed and strengthened through the 2021 [UNHCR Global Roundtable on Protection and Solutions For LGBTIQ+ People In Forced Displacement](#). The summary conclusions of the roundtable highlighted the need for mandatory and continuous professional orientation and education to be undertaken by, *inter alia*, Government agencies and officers, security guards, contractors, and civil society service providers who engage with LGBTI+ displaced people on a frontline capacity. The need to establish and consistently implement 'Safe Space protocols' and a refugee-targeted orientation process for all State-run reception centres that accommodate LGBTI+ displaced people was also highlighted, with a particular focus on the following measures:

1. Establish separate facilities or protected areas of accommodation;
2. Appoint trained and dedicated personnel to work with LGBTI+ displaced persons;

3. Display identifying materials, guidelines and resources, information on LGBTI-friendly and trauma-informed service providers;
4. Partner with trusted LGBTI+ focused civil society partners and contractors;
5. Provide written materials and guidance in pertinent languages for LGBTI+ displaced people;
6. Provide a description of the rights of LGBTI+ refugees and asylum seekers and of the acceptability to self-declare their SOGIESC;
7. Provide referrals to telephone or online helplines, and to a continuously updated list of safe service providers and support services, to include medical services, mental health and psychosocial services, legal aid representatives and safety guidelines (depending on the environment for LGBTI+ displaced people).

In the European Union context, several Member States have followed this blueprint and adopted policies and practices to improve the reception conditions – as well as the general wellbeing – of LGBTI+ asylum applicants, although it is very uncommon to find explicit provisions in national laws for extra safeguards to be put in place for LGBTI+ residents of accommodation centres.⁶² Certain Member States, however, have put in place *ad hoc* practices which tend to fall into the following categories:

- Vulnerability assessments for LGBTI+ residents
- Provision of adequate accommodation
- Access to healthcare services
- Access to information
- Inclusion initiatives
- Monitoring procedures

As practices vary from country to country, we have attempted to compile a table drawing from the [Asylum Information Database and European Council on Refugees and Exiles](#) and to provide an overview of what practices are

⁶² This is due in part to the Reception Conditions Directive (and its recast) not making any reference to sexual orientation or gender identity as a 'vulnerability' criterion.

happening, and where (see also the **Annexed** table). Further information was drawn from the [European Union Asylum Agency's annual reports](#). In this section, we will highlight a few good practices from selected jurisdictions, also in consideration that, due to similar legal obligations and structures, they could be easily adapted and replicated in Ireland.

In **Austria**, in many cases lesbian, gay and bisexual asylum seekers receive a **single room or are housed** (upon request) **separately from asylum seekers of their country of origin**. In cases of violence or harassment by other asylum seekers, the victim might be transferred to other accommodation, or the offender might be transferred. LGBTI+ asylum seekers are **usually permitted transfers to Vienna, where the NGO Queer Base provides support**. Housing in flats is usually reserved for vulnerable groups such as victims of violence or LGBTI+ asylum seekers. **Special facilities exist** in some of the federal provinces **to accommodate LGBTI+ people** (e.g., Tyrol, Lower Austria and Salzburg). Where a medical expert states that the person needs hormone therapy, the asylum seeker will be accommodated in Vienna, as medical treatment is only available in the capital. In addition, there is a mechanism whereby **NGOs rent private apartments for asylum seekers to be housed**, upon receipt of the **same daily rate as for a regular facility**, with the difference that refugees are accommodated in apartments and not in reception centres. This is a suitable form of accommodation especially for vulnerable groups e.g., LGBTI+ applicants.

In **Belgium**, upon arrival to a reception facility, the in-house rules are explained to the international protection applicant, **including the prohibition of any type of (and incitement to) racial and other types of discrimination**. Information on the relevant Belgian laws is provided. Where discrimination or violence towards LGBTI+ asylum seekers occurs, the victim is informed of the right to file a complaint with the police. In addition, a disciplinary transfer of the perpetrator will be requested. Whenever the facts are very serious, the perpetrator can be temporarily removed from reception facilities. In Belgium, LGBTI+ **asylum seekers can be transferred to smaller reception facilities, or to centres where they feel safer** because there are fewer residents from their country of origin.

Employees at Fedasil (the Federal Agency for the Reception of Asylum Seekers in Belgium) have previously taken the initiative to support LGBTI+ asylum seekers and in cooperation with LGBTI+ organisations, working in different reception facilities to provide residents with useful information. **Fedasil also organizes trainings in order to sensitise their employees and other residents.** Recently, the first **special reception facility was established for LGBTI+ applicants** in two secret locations in Brussels with a total of 14 places.

In **Denmark**, to **improve reception and support for LGBTI+ applicants** with special needs, the Danish organisation *LGBT Asylum* was granted DKK 2 million (approximately EUR 268,000) for 2022-2025 to provide **counselling and social support** for LGBTI+ applicants.

In **France**, following a request for proposals in 2022, the French Ministry of the Interior made **200 places available in the reception system for vulnerable LGBTI+ applicants** and recognised beneficiaries of international protection.

In **Greece**, a group of 37 NGOs sent a joint letter to the Greek authorities to share their observations on the difficulties faced by LGBTI+ applicants in the asylum procedure and in reception. The letter made a number of recommendations, including: allowing **relocation to a confidential and discreet LGBTI+ specific housing** and ensuring **increased privacy or creating safe spaces in existing housing**, where LGBTI+ specific housing is not available.

In **the Netherlands**, there is a working group within the Central Agency for the Reception of Asylum Seekers (COA), which can be approached about issues regarding discrimination. A protocol was drafted on how to deal with incidents towards LGBTI+ asylum seekers. Whenever possible, residents who are unfriendly towards LGBTI+ people are housed separately from LGBTI+ asylum seekers. COA informs everybody (asylum seekers, employees, volunteers, and security staff) that **discrimination will never be allowed in accommodation centres**. Since 2009, COC Netherlands (a country-wide LGBT+ NGO) has facilitated *Cocktail*, a peer support group for LGBTI+ asylum seekers. COC Netherlands has on previous occasions organised training for staff at COA and reception centre staff.

In **Norway**, asylum seekers are **told during the asylum interview that LGBTI+ people have the right to live openly, without being subjected to discrimination or violence, and that they also have this right in the reception centres.** In addition, information is provided about the possibility of contacting the Norwegian NGO *Skeiv verden* (Queer World), a multicultural network of LGBTI+ people, which arranges social gatherings.

In **Germany**, LGBTI+ persons are **listed amongst other vulnerable people for whom “other accommodation”** (i.e., not collective accommodation centres) **can be necessary**, usually upon request and following an individual assessment. Practices differ, however, between federal states. In North Rhine-Westphalia, the guidelines state that vulnerable persons include LGBTI+ persons and they should be given priority when (single) rooms are allocated in accommodation centres. In Rhineland-Palatinate, separate rooms for LGBTI+ persons shall be provided upon request or if considered necessary by the reception centre’s management staff. In several cities, authorities and/or NGOs have opened specialised accommodation centres for LGBTI+ asylum seekers.

In **Sweden**, an **LGBTI+ perspective is integrated into the social information that asylum seekers are initially provided with in the asylum process.** Current solutions for persons with special reception needs includes providing **private apartments** to increase privacy. In cases involving LGBTI+ persons, apartments close to LGBTI+ services and supports are used. The allocation of accommodation to LGBTI+ applicants in special centres occurs on a case-by-case basis.

As the next section will show, several of these good practices have been referenced to in the context of focus groups as urgent measures to be taken by Ireland in line with their international commitments. These overlaps form the basis of our recommendations in Section 6.

5. Focus Group Study

5.1 Aim

The primary aim of these focus groups was to investigate the experiences of LGBTI+ residents in IPAS accommodation centres. We also aimed to identify current good practices and potential changes to practices with regard to support of LGBTI+ residents in IPAS accommodation centres in Ireland.

5.2 Ethics

We applied for ethical approval for this research to the University of Galway Research Ethics Committee and it was granted on September 23rd, 2022 (REF: 2022.08.014).

5.3 Participants

We recruited participants for the focus group study using purposive sampling through cooperation with a peer support group – “Is Rainbow Muid” – that is organised by LGBT Ireland. Is Rainbow Muid is a specialised and enhanced peer support group that provides regular and wraparound support for LGBTI+ people seeking international protection in Ireland and currently living in Direct Provision across the country. To meet the criteria for inclusion as a participant, potential participants had to be over 18 years of age, living in Direct Provision or have been living in Direct Provision within the past 2 years, and had to recognise themselves as having a minoritised sexual and/or gender identity – by this we mean any identity that is not heteronormative, that may be recognised in our culture as belonging to the LGBTI+ community though other terms may be used or preferred in the cultures of those who were eligible to participate in this research.

Members of the LGBT Ireland team that facilitates the Is Rainbow Muid peer support group contacted group members to invite them to participate in the focus groups and to provide an information leaflet. We planned to hold separate focus groups specifically for gay men, lesbian women, bisexual men, bisexual women and trans and non-binary people. Those who wished to take

part were given the opportunity to indicate which focus group they were most comfortable taking part in. This resulted in us facilitating a focus group for gay men with 5 participants, a focus group for bisexual people with 2 participants (one non-binary person and one woman), and a focus group for lesbian women with 5 participants. The size of these focus groups was in line with recommendations for focus group research with asylum seekers from Eklöf and colleagues (2017).

5.4 Data Collection

The focus groups were held at the offices of LGBT Ireland on November 12th and 13th, 2022. We funded travel, accommodation, and subsistence so that nobody faced a financial barrier to participation. The researchers (NM, CN, & RS) and two members of the LGBT Ireland team facilitated the focus groups together with one of the researchers leading the facilitation of each focus group. The focus groups were audio recorded with the permission of all present. These audio recordings were professionally transcribed.

The focus group sessions began with informal welcomes and personal introductions between the researchers and the participants. Next, the researchers explained the aims of the research and allowed time for any questions. At this point, participants were given a chance to review the participant information leaflet again and then they choose whether to provide consent. All those present consented to participate. The researchers then facilitated formal introductions and the development of a group agreement – a set of co-developed ground rules for communication during the focus groups. Following this, the first discussion prompt was shared with the participants. The focus groups were semi-structured – we used a series of discussion prompts but we were also flexible in allowing the participants to guide the discussion. The following discussion prompts were used:

- What were your first impressions of being a LGBTI+ person living in Direct Provision?
- What are the most negative/positive things about Direct Provision for you now?

- How has being gay/lesbian/bisexual/trans/non-binary affected your experience of Direct Provision?
- What, if any, experiences of homophobia or transphobia have you experienced in Direct Provision?
- What, if any, experiences of racism have you experienced in Direct Provision?
- What kinds of supports have you accessed while living in Direct Provision?
- What would you change about Direct Provision? How could there be better supports for LGBTI+ people in Direct Provision?

To wrap up the focus group discussions, we asked each participant to respond to the following question: “When we write up our report of this group, what should we pay attention to? What is one important point that you think we should pay attention to?”. Finally, we debriefed the participants by reminding them of the aim of the study, what we will do next, how they can provide feedback on our work and how they can access support if they need it. To compensate participants for their time, each of them were offered a €50 voucher (though this was not mentioned beforehand to ensure voluntary participation). The focus groups lasted between 1 hour and 1 hour and 53 minutes.

At all times during data collection, members of staff from LGBT Ireland who are trained in providing emotional support were available and there were spaces available in the LGBT Ireland offices for one-to-one support, had they been needed. The focus groups were conducted in English but there was a member of staff from LGBT Ireland who is fluent in English, French and Arabic, and who has lived experience of Direct Provision, present to assist the research team and participants.

5.5 Analysis

We used reflexive thematic analysis from a critical realist perspective (Braun & Clarke, 2006; 2021) as the method of analysis to identify patterns of meaning within the focus group data. This method involves six steps. Step 1 involves getting familiar with the dataset through re-reading and notetaking. Step 2 involves labelling units of meaning, referred to as codes, within the data that

are relevant to the research questions. Step 3 involves the initial identification of patterns across codes and the collation of data relevant to each potential theme. Step 4 involves reviewing the potential themes against the data and developing them to ensure that they are relevant, rich, and specific. Step 5 involves the refinement and definition of each theme. Finally, step 6 involves description of the analysis of each theme supported by extracts from the data and existing evidence. This analysis was facilitated using NVivo 12 qualitative data analysis software.

5.6 Results

Here, we summarise six key themes that we identified as common patterns of meaning across the three focus groups.

Poor management and complaints procedure cannot guarantee safety

Many participants shared stories about how the management style within Direct Provision centres does not instil a sense of safety among LGBTI+ residents. Participants across all focus groups agreed that it was difficult to obtain support from management when they were victimised by other residents. Participants stated that when complaints were made regarding difficulties arising, management often responded saying that disagreements should be resolved amongst each other. As one participant recalled:

[...] that is what the person on duty told me: 'we can't solve the issue between you and resident here, you have to solve your own issue'.

[Gay man]

More than simply not intervening when complaints were made, participants felt as though they were not being listened to by the staff and management, which left residents feeling helpless.

[...] still the staff will always treat you like you don't have a voice to speak. So even if you make a report nothing happens.

[Lesbian woman]

[...] they don't care what you're going through, they don't care, trust me. I know they provided me shelter, but they don't care. Once they put you

in a centre, whatever is happening with you, maybe you are going through depression, they don't care.

[Gay man]

Participants felt that there was a lack of understanding among staff within the centres as to the vulnerabilities of being a member of the LGBTI+ community, and that this impeded their ability to handle complaints of homophobic or transphobic harassment. Some participants suggested that LGBTI+ training for all managers and staff would go a long way in alleviating the feelings that management do not understand them.

If I was to be told something homophobic by someone at the centre, I don't have anyone at the centre that I would be able to talk to.

[Bisexual non-binary person]

So, if they could have maybe even training, I know hiring personnel could be expensive, but at least have the centre managers going through training, sensitization on how they can make their accommodation more LGBTQ friendly.

[Bisexual woman]

Some participants expressed feelings of trepidation around the complaints procedure. Not only do they feel like nothing would be solved, but there was a sense that raising too many complaints might somehow impact their international protection claim.

[W]e flag stuff with management. But at the same point you know, when you flag too many stuff with the management you have this in your mind that the next thing they are going to call the Garda. And this is going to affect your case.

[Gay man]

Although there is no basis for this whatsoever, it was evident that complaints procedures within accommodation centres were subpar, and the laissez faire approach of management in handling issues among residents was impeding LGBTI+ residents from feeling safe and heard. This results in residents feeling unsafe, and without any solution or recourse.

They don't have people skills, like there is no skills like empathize, sympathize like a vulnerable person [...] And it's like they don't have a welcoming thing where you can go and say, listen I have a problem, I need help with this and do you know anything? They don't know anything.

[Lesbian woman]

One participant opined that a no-nonsense approach to complaints from LGBTI+ residents would serve to help send the message that homophobia or transphobia is not accepted in IPAS accommodation centres.

And if it's very explicit and it shows that action will be taken against you, the moment you are homophobic or you say something to make a queer person uncomfortable – serious consequences – that could help.

[Bisexual person]

Harassment and violence create an oppressive environment

Many participants had experienced physical violence and harassment from other residents in accommodation centres. Some participants shared stories of violence in the form of unwanted sexual contact or exposure by male residents. For the gay male participants, taking a shower was dangerous, as the communal facilities exposed them to violence from other residents.

Let's say even in [name of centre], like when you are going to the shower, because you know like it is communal. So, men's washing their private part - just because you are gay and then, you know like, they need sex. So, you know like you are the easy target and then you are being like pulled sometimes, like. So, I have to wait like ok, I had to check in like ok, there's nobody here and then you know. And then just go in and brush my teeth or just go in and take a shower.

[Gay man]

Many participants found communal living quite difficult, particularly as they were forced to live in close quarters with residents who harbour similar homophobic and transphobic sentiments present in the same country which they had left.

[...] you are just thrown in a room and then you get to be with people who are homophobic and then there are 3 beds. And then this is where you know it's very difficult.

[Gay man]

You left your country where you are facing that, and you came in a new country where LGBT is accepted, but then you are being put into a place where you are back to where you were in [country of origin], like everybody was looking at me, like you know: 'ok he's gay'. Like the 'f' word this kind of stuff.

[Gay man]

Another participant shared how he had sought help from management to deal with incidents of homophobic harassment which had been occurring on numerous occasions. The harassment was escalating to threats of violence and threats to life. Absent support from management, the participant felt that there was no other option but to deal with the situation himself, and resorted to violence in order to protect himself. This is not only a reflection of the tense environment within many accommodation centres, but it further buttresses the idea that management style and complaints procedures are subpar.

But one guy that I fought with was [nationality of other resident] and he used to call me all the time [...] and I just couldn't control it, I just have to beat him up, seriously I beat him up.

[Gay man]

I'm not the kind of person who likes fighting with people, but sometimes you have to stand for yourself [...]

[Gay man]

Violence is not always physical. Some participants experienced threatening verbal exchanges with other residents which left them feeling unsafe and unwelcome.

One of the guys where I live asked me: 'what would you do if your son was gay?' I said, 'what do you mean?' He said, 'what would you do?' I said, 'I'll just leave them alone.' And I tried to leave the conversation and he said: 'you know what I would do?' And he explained horrible things, which felt like a personal attack.

[Gay man]

Due to this oppressive environment, the experience of many LGBTI+ residents in IPAS accommodation is one characterised by fear.

I was really scared [...] about sharing that accommodation. [...] I'm very grateful I have a roof on top of my head and been fed. But it's very scary [...] living in direct provision was more scary than sneaking into the country.

[Gay man]

This is the key thing; it's called International Protection. We need to feel safe, we need to feel safe.

[Lesbian woman]

A culture of homophobia and transphobia exists in many centres

Many of the stories shared by the participants suggested that within the cultures that have developed in the accommodation centres, homophobia and transphobia tend to be accepted. Several participants had experienced victimization directly related to their sexual orientation or gender identity from fellow residents. This culture seems to have developed due to several interrelated factors. Firstly, many of the other residents harbour homophobic and transphobic sentiments due to their backgrounds.

My experience was traumatic as 99% of the other residents were conservative and homophobic.

[Gay man]

Even in the [...] when the pride, I watched it with my shirt, with my rainbow t-shirt, and I was like I have to put on my jacket because I don't know if it will be safe for me that people see my t-shirt. I don't know what they are going to say about it

[Lesbian woman]

And as much as they are here as asylum seekers as well, they are still very unkind to LGBT people.

[Bisexual non-binary person]

One participant highlighted how misgendering was a common problem.

There is so much misgendering within direct provision, there's not even a conversation on how to identify, it's just automatically wherever I go, it's just like automatic instantly identified as female [...] I know for a fact

that the only time within direct provision someone actually asked me for my [pronouns] was when I was going to see a GP.

[Bisexual non-binary person]

Secondly, the subpar complaints procedure (discussed above) has resulted in little to no repercussions for the individuals acting on these sentiments. Not only does this create an unsafe space for LGBTI+ residents, but it breeds a culture where transphobia and homophobia is the norm and deemed tolerable.

With the LGBT abuse that they are doing, they feel like it's not going to affect them.

[Gay man]

If the rule book is not specific to say leave gay people alone, someone is just going to be like: 'yeah I'm a very respectful person, I'm kind, but this person is gay!'

[Bisexual non-binary person]

Thirdly, there appears to be a lack of visible LGBTI+ acceptance and signals of inclusion within the accommodation centres. Participants expressed that an increase in this would send a message that IPAS accommodation centres are accepting of all sexual and gender minorities, and that there is zero-tolerance for homophobia and transphobia.

If there was something visible about being safe to share parts of your identity, maybe not with your roommate or people around you, but with the social worker, or the person coming out to do the vulnerability assessment. It would make it a little easier to disclose this information. If there was LGBT Ireland like card, in the Rule Book or somewhere that was visible [...] But there's something at least that makes the centre more LGBT friendly as a space.

[Bisexual non-binary person]

You will never find any rainbow flag in any of the direct provision across Ireland. So people don't know whether these things are allowed, because they are also coming from a place where they are indoctrinated to think in a certain way. And they want to enforce that on you. So I think the LGBTQ visibility should also be something that we do. Let's have LGBTQ flags in the direct provision.

[Gay man]

If it's Halloween: they decorate it. If it's Christmas: they decorate it. If it's Pride: na!
[Lesbian woman]

It is evident from what was discussed by many of the participants, that a change of culture is needed to ensure that LGBTI+ residents feel safe in IPAS accommodation centres.

I think the more the culture in direct provision can be changed, that the people that are coming in, some of them they don't even...they don't know nothing. So the more they see some activities by the LGBTQ people going there, doing whatever or something. I think that could be something that can really change the situation that is on the ground.
[Gay man]

I think having the direct provision centre management to make their statement about being an LGBT plus inclusive supportive space, is the way to go.
[Lesbian woman]

Strong feelings of isolation among LGBTI+ residents

Owing to the culture outlined above, many participants felt that they could not be themselves as LGBTI+ individuals. Many expressed that they had to go back into the closet and conceal their identity. This had negative implications for their social lives, their mental health, and contributed to a sense that there was nobody within the accommodation centres who they could trust. Aside from having to conceal their identity out of necessity, some participants did not feel seen or that their identity was respected.

Personally, the first thing that came to my head was: 'hello closet'. And as much as I was not fully out back home, there were spaces where I was fully out, especially my social... within my social circle. I could have a functional social life and be fully out. And most of the circles I was always with, except for when I went home, home to my mother to visit my mum, I was fully out. But I get into direct provision, the majority of the people that I know of are very conservative... And as much as they are here as asylum seekers as well, they are still very unkind to LGBT people, sometimes I feel like it's hypocrisy of some sort. Like, you are

also here because you don't agree with whatever is happening in your country.

[Bisexual non-binary person]

I felt very unsafe and scared, I had to hide my sexuality. It's not safe, it's not a safe place for me, a lot of people, so I start to be more isolated.

[Gay man]

Participants felt that other LGBTI+ residents were doing the same, making it hard to form meaningful connections even though they would like to. The isolation and lack of safe spaces had a detrimental effect on some participants' mental health.

I feel like depression, I feel like people try to ignore me, or feel like isolated, making me depressed [...]. So I don't have friends, that's it. I don't have friends.

[Gay man]

I don't even know people in my direct provision centre who are gay, I'm sure they are there, I'm pretty sure they are there. But, it's like we don't have a platform [...] and it's so difficult.

[Lesbian woman]

Accessibility of supports for LGBTI+ residents require attention

There was a general consensus among participants that LGBTI+ supports are not signposted very well throughout the international protection process. Many participants discovered supports, such as LGBT Ireland's *Is Rainbow Muid* group, by chance or through their own research.

It was hard for me to find this group. I had to go out and look for it. Some people get referred after going to therapy and going after long process. I happened to find it in 2 or 3 months [...]

[Lesbian woman]

I think they are really bad at communicating those services [...] if you are not lucky enough to find [Is Rainbow Muid] you are likely going to be struggling and suffering wondering what's going on, what's happening, do we even have queer people in Ireland.

[Bisexual non-binary person]

Geographical location also presents difficulties for LGBTI+ residents, due the centralization of many key services in the capital. Those located in rural locations find it difficult to access key supports and have to travel to Dublin which can be expensive, and they do not always have the ability to do so.

It's a big big issue, because you know when you are in country side, there's hardly LGBT facilities, in terms of your counselling, activities. You know because everything is central, everything is in Dublin.

[Gay man]

In Dublin then we have so many, we have LGBT Ireland, we have Outhouse, we have so many counselling facilities and everything. And then I have, like, well [location of participant, I have to come to Outhouse to do my counselling. And compared to Dublin as well, in countryside it's difficult to access all these facilities which you have.

[Gay man]

Raising the awareness of incoming LGBTI+ international protection applicants as to the availability of these services would be very helpful. Participants expressed how the support of organization such as LGBT Ireland gave them a platform to access other supports and services.

I think coming in and knowing that the support is there for you that is really important. Because people don't know: 'can I get the support, is it available?' Also, it's hard to find ... I had to headhunt!

[Lesbian woman]

But even actually when people get their packages because we always get this book, this whole book full of rules. Even slip a contact card for LGBT Ireland. Because I feel like once you find LGBT Ireland, it's a lot easier to start accessing services and platforms and places that are safe.

[Bisexual non-binary person]

Another participant stated that it would be helpful if there was a dedicated LGBTI+ support worker who was visible within the IPAS accommodation system.

Also, it has to be someone visible, someone very visible and also someone that allows the person to take their number or all their contact details without anyone noticing.

[Bisexual non-binary person]

The shortcomings in providing supports to LGBTI+ residents also appear to be reflective of the failures in conducting adequate Vulnerability Assessments. One participant explained how she had been emailed the Vulnerability Assessment form to fill-out and return, but there was no explanation as to what would occur, nor was there any follow-up.

Yes, I did mine, I did the whole assessment [...] my question is then what like afterwards, because they never told us. I got my assessment back and I was like classified as vulnerable. But then what? Ok yes, I'm vulnerable, I knew I was gay, that makes me a target. But?

[Bisexual woman]

Failure to conduct the Vulnerability Assessments and not signposting LGBTI+ residents to the requisite supports and services will further compound a resident's feelings of isolation.

Then if you come as a queer person, you are just there in the world alone, there's no support, there's nothing...nothing for you as a queer person. So I feel like if they can at least give us a little support so like, so someone come, literally if it's once a month or even call, how are you, how's direct provision?

[Lesbian woman]

Safety through community

The feeling of safety within the LGBTI+ community was discussed by many participants, and the idea that when members of the LGBTI+ community have space to come together in solidarity, feelings of isolation and anxiety are alleviated.

If somebody is LGBTQ identifying, I mean they can be placed in a room with somebody within that...I think it might bring them to comfort to a point rather than being placed with maybe someone who is straight and homophobic. That would only depress you more. So, if they don't have to advertise it to anyone. But this procedure in a way that if this person

is lesbian, gay, transsexual whatever, we can pair it with somebody then, at least you heal together.
[Lesbian woman]

The opportunity to meet other members of the LGBTI+ community was an important way for most participants to share and express their true identity.

And then I got to share my caravan with another LGBT person. And this is the main difference, once you are with someone LGBT, you just be yourself.
[Gay man]

If you see someone who is also part of our family it calms you down, because you know that there is someone there, so it becomes a different experience. And that changes the world that you live in.
[Gay man]

5.7 Limitations

There are some limitations of this focus group study that must be noted. The focus groups were conducted through English despite the research participants having a diverse set of native languages. This may have limited the possibilities for expressing themselves that were available to participants. Translation from French or Arabic was available through an LGBT Ireland staff member during the focus groups but no participants required it. While our participants represented a number of nationalities, there may be distinct experiences from LGBT+ asylum seekers of other nationalities that were not captured here. Likewise, we were only able to recruit one non-binary person to take part and we were unable to recruit any trans people who are living in Direct Provision. Further research should be carried out to give voice to the experiences of trans and non-binary people in Direct Provision.

5.8 Concluding Remarks

These focus groups focused on the unique experiences of living in Direct Provision for LGBTI+ international protection applicants. The participants highlighted significant issues with management and complaints procedures, an atmosphere of aggression, homophobia and transphobia and how the isolation

of living in Direct Provision as a member of the LGBTI+ community could be counteracted through more opportunities to meet peers in the community greater accessibility to community supports and services.

6. Recommendations

Based on triangulation of the review of good practices in Section 4 and the results of the focus groups presented in Section 5, the following recommendations are provided for consideration:

- Own-door accommodation which guarantees the requisite minimum level of privacy to ensure an LGBTI+ resident feels safe must be introduced as a matter of urgency.
- The House Rules must be updated as a matter of urgency to include explicit statements that discrimination and harassment of LGBTI+ individuals are not accepted in accommodation centres, nor anywhere in Ireland.
- Public statements of anti-discrimination must be visible in all centres, in poster form and prominently displayed at reception, in the predominant languages of the residents of each centre. Managers and staff must be obliged to adopt a clear, zero-tolerance policy on harassment.
- The current complaints reporting mechanism must be made clear to all residents, particularly LGBTI+ residents. Centre managers must be more dependable and active in addressing reports. Furthermore, managers must be more willing to refer centrally (to IPAS) complaints regarding repeat offenders.
- The availability of a dedicated support worker within IPAS for LGBTI+ residents would create the opportunity for residents in all centres to feel seen and supported. The name and contact information (email, phone number) must be visible in all centres, which also outlines a safe space for LGBTI+ residents in that centre.
- Trauma-informed training for accommodation centre staff and management, as well as IPAS officials, must be provided.
- Training on issues pertaining to the LGBTI+ community must be provided to accommodation centre staff and management, as well as IPAS officials, so that LGBTI+ residents can be better understood and supported.
- Visibility of the LGBTI+ community, with the necessary protections in place for them, must be increased within accommodation centres to improve their acceptance and understanding, particularly amongst other residents.

- Opportunities that would foster solidarity between LGBTI+ residents must be facilitated. This could include enabling LGBTI+ residents to share rooms with each other.
- The designation of space in certain “safe centres” which have appropriate accommodation types (e.g., own-door apartments, caravans), where priority transfers of vulnerable LGBTI+ residents can happen so they can share with other LGBTI+ residents.
- Vulnerability Assessments must be conducted in a more rigorous manner. Clear protocols for the IPAS Resident Welfare Team must be devised so that follow-ups and interventions with vulnerable LGBTI+ residents can be more effective.
- The introduction of a mechanism, reserved for exceptional situations only, whereby an LGBTI+ asylum seeker would be accommodated with a host family or in a safe house. The homeowner (host) would receive a monthly Accommodation Recognition Payment (ARP) of €800 (as per Ukrainian refugee [response](#)) or the equivalent monthly cost of IPAS accommodating the applicant. The applicant would retain all entitlements, e.g., medical card, access to education, and the applicant would receive a weekly social welfare payment on which to live.
- Funding and resources must be increased for LGBTI+ organizations, and other organizations who support LGBTI+ asylum seekers as part of their operations, to reflect the increase in demand for their services. This could include funding to hire LGBTI+ key workers for these organizations.

7. Conclusion

We have shown, through legal research and focus groups with members of the LGBTI+ community seeking international protection in Ireland, that specific considerations are needed to ensure that the Irish state meets its obligations to provide accommodation and other supports in a manner that affords dignity to members of the LGBTI+ community seeking international protection here. These considerations relate to specific health supports for trans and non-binary people, respect for privacy, communications and standards aimed at eliminating discrimination based on gender or sexual identity, training for relevant staff and the process for making complaints for those who experience homophobia or transphobia. The recommendations that we provide address these considerations and, crucially, were developed based on the suggestions of LGBTI+ people seeking international protection who are currently living in accommodation provided by the Irish state.

References

- Abramovich, A., Lam, J. S. H., & Chowdhury, M. (2020). A transgender refugee woman experiencing posttraumatic stress disorder symptoms and homelessness. *Canadian Medical Association Journal*, 192(1), 9–11.
<https://doi.org/10.1503/cmaj.190974>.
- Alessi, E. J. (2016). Resilience in sexual and gender minority forced migrants: A qualitative exploration. *Traumatology*, 22(3), 203.
- Alessi, E. J., Kahn, S., Woolner, L., & Van Der Horn, R. (2018b). Traumatic Stress Among Sexual and Gender Minority Refugees From the Middle East, North Africa, and Asia Who Fled to the European Union. *Journal of Traumatic Stress*, 31(6), 805–815. <https://doi.org/10.1002/jts.22346>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77–101.
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington.
- Clarke, V., & Braun, V. (2021). *Thematic analysis: A practical guide*. London: SAGE Publications.
- Danisi, C., Dustin, M., Ferreira, N., & Held, N. (2021). *Queering Asylum in Europe: Legal and Social Experiences of Seeking International Protection on Grounds of Sexual Orientation and Gender Identity*. Springer.
Available at: <https://link.springer.com/book/10.1007/978-3-030-69441-8>.
- Department of Children, Equality, Disability, Integration and Youth. (2021). *White Paper on Ending Direct Provision*.
Available at: <https://www.gov.ie/en/publication/7aad0-minister-ogorman-publishes-the-white-paper-on-ending-direct-provision/>.
- Eklöf, N., Hupli, M., & Leino-Kilpi, H. (2017). Planning focus group interviews with asylum seekers: Factors related to the researcher, interpreter and asylum seekers. *Nursing inquiry*, 24(4), e12192.
- European Union Agency for Asylum (EUAA) (2023). *Asylum Report 2023: Annual Report on the Situation of Asylum in the European Union*. Luxembourg: Publications Office of the European Union.
Available at: <https://euaa.europa.eu/asylum-report-2023>
- European Union Agency for Asylum (EUAA) (2022). *Asylum Report 2022: Annual Report on the Situation of Asylum in the European Union*. Luxembourg: Publications Office of the European Union.
Available at: <https://euaa.europa.eu/asylum-report-2022>

- Gowin, M., Taylor, E. L., Dunnington, J., Alshuwaiyer, G., & Cheney, M. K. (2017). Needs of a Silent Minority: Mexican Transgender Asylum Seekers. *Health Promotion Practice*, 18(3), 332–340. <https://doi.org/10.1177/1524839917692750>.
- Hutchinson, T. (2015). The Doctrinal Method: Incorporating Interdisciplinary Methods in Reforming the Law. *Erasmus Law Review* 3, pp.130-138. DOI: 10.5553/ELR.000055.
- Jansen, S., & Spijkerboer, T. (2011). *Fleeing Homophobia: Asylum Claims Related to Sexual Orientation and Gender Identity in Europe*. COC Nederland/Vrije Universiteit Amsterdam.
- Available at: <https://www.refworld.org/docid/4ebba7852.html>.
- Jordan, S. (2009). Un/Convention(al) Refugees: Contextualizing the accounts of refugees facing homophobic or transphobic persecution. *Refuge*, 26(2), 165–182
- Kahn, S., & Alessi, E. J. (2018). Coming out under the gun: Exploring the psychological dimensions of seeking refugee status for LGBT claimants in Canada. *Journal of Refugee Studies*, 31(1), 22-41.
- Kahn, S., Alessi, E., Woolner, L., Kim, H., & Olivieri, C. (2017). Promoting the well-being of lesbian, gay, bisexual and transgender forced migrants in Canada: providers' perspectives. *Culture Health & Sexuality*, 19(10), 1165–1179. <https://doi.org/10.1080/13691058.2017.1298843>.
- Kahn, S., Alessi, E. J., Kim, H., Woolner, L., & Olivieri, C. J. (2018). Facilitating mental health support for LGBT forced migrants: A qualitative inquiry. *Journal of Counseling and Development*, 96(3), 316–326. <https://doi.org/10.1002/jcad.12205>.
- Lee, E. O. J., & Brotman, S. (2011). Identity, refugeeness, belonging: Experiences of sexual minority refugees in Canada. *Canadian Review of Sociology*., 48(3), 242–274.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>.
- Nematy, A., Namer, Y., & Razum, O. (2022). LGBTQI+ Refugees' and Asylum Seekers' Mental Health: A Qualitative Systematic Review. *Sexuality Research and Social Policy*, 1-28.
- Ní Raghallaigh, M., & Thornton, L. (2017). Vulnerable childhood, vulnerable adulthood: Direct provision as aftercare for aged-out separated children seeking asylum in Ireland. *Critical social policy*, 37(3), 386-404.

Rosati, F., Coletta, V., Pistella, J., Scandurra, C., Laghi, F., & Baiocco, R. (2021). Experiences of Life and Intersectionality of Transgender Refugees Living in Italy: A Qualitative Approach. *International Journal of Environmental Research and Public Health*, 18(23), 12385. DOI: <http://dx.doi.org/10.3390/ijerph182312385>.

UNSESCR. (2015). Concluding observations on the third periodic report of Ireland: Committee on Economic, Social and Cultural Rights (8 July 2015). Available at: <https://digitallibrary.un.org/record/798126>.

UNCERD. (2011). Concluding observations of the Committee on the Elimination of Racial Discrimination (10 March 2011). Available at: https://www2.ohchr.org/english/bodies/cerd/docs/co/ireland_auv.pdf.

Legal Sources

United Nations

- Universal Declaration of Human Rights (1948)
- Convention Relating to the Status of Refugees (1951)
- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Protocol Relating to the Status of Refugees (1967)

European Union Law

Legislation

- Charter of Fundamental Rights of the European Union
- Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast)

Case Law of the Courts of Justice of the European Union

- Cimade and Groupe d'information et de soutien des immigrés (GISTI) v Ministre de l'Intérieur, de l'Outre-mer, des Collectivités territoriales et de l'Immigration* (C-179/11), 27 September 2012
- A (C-148/13), B (C-149/13) and C (C-150/13) v Staatssecretaris van Veiligheid en Justitie*, 17 July 2014

Council of Europe

Conventions

- European Convention on Human Rights, 4 November 1950

Case Law of the European Court of Human Rights

- Abdullahi Elmi and Aweys Abubakar v. Malta*, Applications nos. 25794/13 and 28151/13
- Dikme v. Turkey*, Application no. 20869/92, 11 July 2000
- Evans v. The United Kingdom*, Application no. 6339/05, 10 April 2007
- M.S.S. v. Greece and Belgium*, Application no. 30696/09, 21 January 2011
- O.M. v. Hungary*, Application no. 9912/15, 5 July 2016
- Orchowski v. Poland*, Application no. 17885/04, 22 October 2009
- Pretty v United Kingdom*, Application no. 2346/02, 29 April 2002

Irish Law

Legislation

European Communities (Reception Conditions) Regulations 2018 and recast Reception Conditions Directive

International Protection Act 2015

Health (Inspection of Emergency Homeless Accommodation and Asylum Seekers Accommodation) Bill

Case Law

N.V.H. v. Minister for Justice and Equality [2017] IESC 35



Annex 1 – Summary table of good practices

	Vulnerability assessment for LGBTI+ residents (VA)	Provision of adequate accommodation (ACCOMM)	Access to healthcare services (HS)	Access to information (INFO)	Inclusion initiatives (INCL)	Monitoring procedures (MON)
Austria						
Belgium						
France						
Germany						
Netherlands						
Norway						
Portugal						
Romania						
Spain						
Sweden						

Source: [Asylum Information Database and European Council on Refugees and Exiles](#)



LGBT
IRELAND

For Inclusion
For Equality
For Everyone