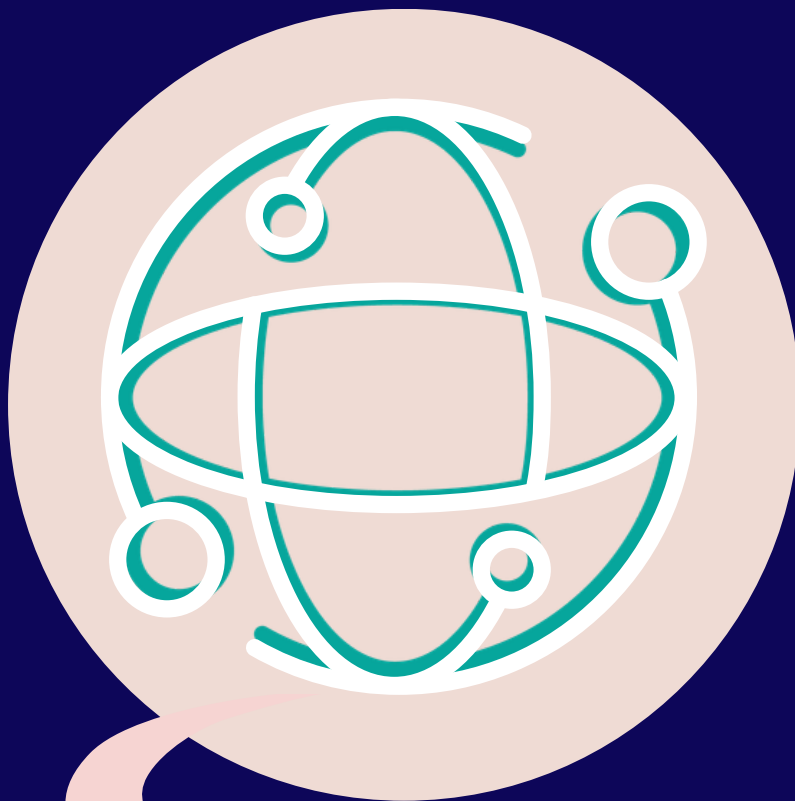




**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

MONITORING OF
**INTERNATIONAL
PROTECTION
ACCOMMODATION
SERVICE CENTRES**
IN 2025



About the Health Information and Quality Authority

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

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

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

Visit www.hiqa.ie for more information.

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A message from the Head of Programme, IPAS Centres Monitoring and Inspection



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

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

HIQA took on the function of monitoring accommodation centres in January 2024. Based on our findings during our first year of monitoring, we focused our programme of work in 2025 on supporting service providers – those responsible for operating the centres – to bring about improvements in key areas including safeguarding, staff vetting, governance, risk management and accommodation.

There has been a steady reduction in accommodation centres falling under HIQA's remit. At the time of reporting, HIQA monitors 10% of accommodation settings for people seeking asylum in Ireland. This means that 90% of accommodation settings are not independently monitored and there is no requirement for service providers of these settings to comply with minimum standards.

Between January and December 2025, we carried out 37 inspections of 32 accommodation centres. Our inspectors engaged with over 1,000 residents of these centres and met with members of staff and service providers. How residents experience life in an accommodation centre provides valuable insight into how well a centre is operating and the level and kind of supports it is providing to the most vulnerable of its population. The majority of residents of these centres told us that, generally, they were happy where they were living, that they felt safe and importantly, part of the wider community. While they expressed their views on what they would like to see improved upon, they

described having a good quality of life, as did their children. We clearly saw that meaningful consultation with residents can inform the delivery of consistently effective services and create a safe and supportive environment for those who need it the most. Importantly, we found that service providers benefited from their first year of being monitored and inspected by HIQA and had brought about many positive changes as a result one year on.

Significantly, we found progress in critical areas of providing safe and effective services. The overwhelming majority of providers ensured that their staff members were appropriately vetted by An Garda Síochána, a considerable shift from our findings in 2024. Governance arrangements had also improved and better systems for oversight and monitoring of centres' performance were found to be in place. This meant that levels of accountability were on the increase which in turn, brought about a focus on quality improvement and a better understanding of managing and controlling risk.

Our experience of monitoring over the last two years has shown that most service providers are eager to comply with national standards and several have achieved full compliance. Others have brought about considerable positive change in how they govern and manage their services. National standards encourage service providers to extend themselves in order to continuously improve and excel.

Although we have found improvements in the provision of accommodation centres, challenges remain across the wider sector in the provision of accommodation to people seeking international protection. An inability to meet demand for both those arriving into Ireland and those seeking to move out of IPAS centres continued in 2025. When combined with limited options for residents with status or valid permission to remain in Ireland to move out of their accommodation centres, overcrowding continued to be a feature of many centres and just under 100 residents remained living in tented accommodation. These conditions cannot ensure a rights-based person-centred approach to service delivery and had a negative impact on the lived experiences of the residents involved. As in 2024, our report highlights the need to build capacity in the international protection accommodation system to reduce overcrowding and find alternative suitable living arrangements for those residents placed in tented accommodation.

While these challenges exist, this report reflects the positive experiences of many residents of accommodation centres. Children and young people happily shared with us that they liked where they lived, felt safe and attended school. They enjoyed accessing centre and local community amenities. The majority of adult residents described having a good quality of life, particularly those who lived in

centres where they could live independently, while benefiting from the support from centre staff members when they needed it.

This report comes at a time when the international protection system is experiencing change and reform, and it highlights where action needs to be taken to promote the delivery of safe and effective accommodation centres where the rights of all residents are promoted and their needs are being met. As in 2024, this includes the ongoing need to build capacity in the international protection system and reduce overcrowding and the use of tented accommodation.

I would like to take this opportunity to thank providers and staff members who have engaged with us over the last year and importantly, to acknowledge the residents who welcomed our inspectors into their homes and openly shared their valued experiences of life in accommodation centres. Your engagement with us is critical to influencing positive change and promoting compliance with national standards.

Bronagh Gibson

Head of Programme – International Protection Accommodation Service
Health Information and Quality Authority

1. Introduction

On 9 January 2024 HIQA assumed the new function of monitoring and inspecting International Protection Accommodation Service (IPAS) centres against the *National Standards for accommodation offered to people in the protection process*.¹

This is the second overview report by HIQA on accommodation centres for people seeking international protection in Ireland. The report presents HIQA's findings of monitoring and inspecting permanent IPAS centres between 1 January and 31 December 2025. Within this 12-month period, HIQA completed 37 inspections of 32 premises² designated by the then Minister for Children, Equality, Disability, Integration and Youth³ as accommodation centres falling under HIQA's remit.⁴

This report aims to support service providers to comply with national standards so that they can promote the best outcomes possible for residents of their respective centres in an informed way.

While this report provides an overview of findings in 2025, it also builds on findings from 2024, when HIQA commenced its programme of monitoring accommodation centres. It is in the context of two years of monitoring accommodation centres that this report presents improvements in levels of compliance with national standards, year-on-year. It highlights areas for continued improvement that require prioritisation at provider or local level so that their accommodation centres are operating in a consistently safe and effective way through compliance with national standards. The report also presents findings which require attention at a national or Government-level to support service providers to comply with national standards and to ensure the delivery of person-centred, rights-based and safe services to people in the protection process.

¹ This function was assumed under the European Communities (Reception Conditions) Regulations 2018 as amended by the European Communities (Reception Conditions) (Amendment) Regulations 2023.

² In January 2025, 32 accommodation centres were monitored and inspected by HIQA. By 31 December 2025, that figure had decreased to 30 accommodation centres.

³ As of January 2025, the Ministerial title changed to Minister for Children, Disability and Equality and responsibility for International Protection Accommodation Services transferred to the Department of Justice, Home Affairs and Migration, effective from 1 May 2025.

⁴ Types of accommodation include catered, self-catered, own-door and congregated settings for families, single persons or a mix of both.

2. Background

Accommodation centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum and has been widely criticised on a national⁵ and international level⁶ since that time. In response, the government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published the White Paper to End Direct Provision and to establish a new international protection support service.⁷ It was intended by government at that time to end direct provision on a phased basis by the end of 2024.

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

In 2024, the Department of Children, Equality, Disability, Integration and Youth published a new strategy which recognised that the underlying assumptions of the white paper had shifted and a planned approach was required to ensure people seeking protection have access to the accommodation and supports they require. This strategy⁸ includes the provision of up to 45,000 beds, 35,000 of which are located in various accommodation settings and will comply with

⁵ Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children.

⁶ United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD).

⁷ Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022.

⁸ Comprehensive Accommodation Strategy for International Protection Applicants (2024).

national standards.

In May 2025, responsibility for the provision of international protection accommodation services transferred from the Department of Children, Disability and Equality to the Department of Justice, Home Affairs and Migration.

In July 2025, the Department of Justice, Home Affairs and Migration published the National Asylum and Migration Management Strategy. This is Ireland's formal plan for its migration policies and is required under a new EU regulation.⁹ It supports the Irish Government to implement the new EU Asylum and Migration Pact and includes how Ireland will support migrant integration in Ireland amongst other objectives. In terms of accommodation, this Strategy intends for a move away from reliance on private providers and an increase in State-owned accommodation, with a projected increase of 25,000 bed capacity across the sector, 14,000 of which will be State-owned. This strategy is accompanied by a national implementation plan which aims to streamline the asylum system to make it more efficient, and new legislation will be developed in line with this plan.

It is within this context of reform to the international protection system to meet need and demand, increased risk in services from overcrowding and limited access to housing in the community which curtails residents' ability to move out of accommodation centres, that HIQA monitors and inspects accommodation centres against national standards.

2.1 Context

At the end of December 2025, there were 32,921 people living in accommodation in various settings across Ireland including: reception centres, emergency accommodation, tented accommodation, a transit hub and accommodation centres. Out of these settings, only accommodation centres fall under the remit of HIQA. Despite the increase in arrivals to Ireland during 2025, the overall number of accommodation settings decreased by 10, from 323 in December 2024 to 313 in December 2025. At the time of writing, there are 30 accommodation centres under the legal remit of HIQA, which provide 4,252 beds. This represents 10% of all accommodation settings¹⁰ and 13% of all beds for people seeking international protection in the country. This means that 90% (283) of all 313 accommodation settings providing 28,669 beds for people seeking international protection are designated as emergency accommodation and therefore are not

⁹ EU 2024/1351 of the European Parliament Council of May 2024 on Asylum and Migration Management.

¹⁰ This includes accommodation centres, reception centres, emergency and temporary accommodation.

required to comply with national standards. As a result, these settings are not independently monitored by HIQA to check their quality and safety against an established set of standards.¹¹

2.2 Engaging with external stakeholders

Throughout 2025, HIQA continued to engage with the Department of Children, Disability and Equality¹² and on transfer of function, the Department of Justice, Home Affairs and Migration regarding its function of monitoring accommodation centres for people seeking international protection in Ireland.

HIQA also engaged with various non-government organisations (NGOs) to share its experience of monitoring accommodation centres.

¹¹ Data for December 2025 in this section published by The Department of Justice, Home Affairs and Migration: IPAS Weekly Accommodation and Arrivals Statistics (December 2025).

¹² Formerly the Department of Children, Disability, Equality, Integration and Youth.

3. HIQA's Monitoring Approach

HIQA monitors and inspects international protection accommodation centres against national standards. HIQA commenced this function on 9 January 2024.

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

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

A core set of 28 of the 40 standards drawn from the 10 themes of the national standards were identified to underpin this monitoring programme¹³ (see Appendix 1). The selection of these core standards was informed by preparatory work carried out by HIQA prior to taking on this new function and included significant engagement with key stakeholders including residents, Government departments, service providers and NGOs, on what was working well and priority areas for improvement across the sector.

HIQA carries out the following types of inspections:

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

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

¹³ Inspectors apply their professional judgment on whether to assess against additional national standards or not to assess against a specific national standard, based on evidence gathered during each inspection.

4. Monitoring of accommodation centres

This section of the report sets out the monitoring and inspection activity relating to accommodation centres between 1 January and 31 December 2025. It describes the accommodation centres monitored by HIQA, inspections carried out and provides an overview of the information received by HIQA in relation to these accommodation centres and how this information was managed.

4.1 Accommodation centres under HIQA's remit

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



The designation of a premises as an accommodation centre falling under the remit of HIQA is the responsibility of the Minister for Justice, Home Affairs and

Migration.¹⁴ By law HIQA must be notified of the existence of an accommodation centre falling under its remit to ensure it can carry out its legal functions effectively. Similarly, HIQA must be notified of the closure of an accommodation centre.¹⁵

At the end of 2025, there were 30 accommodation centres under HIQA's remit. Seven of these accommodation centres operated from State-owned premises and the remaining 23 were commercial properties owned by private providers. The services provided by these accommodation centres, including management, staffing resources, the provision of food and or catering arrangements and day-to-day living supplies such as toiletries and bedding, are privately provided on behalf of the State on a specific contractual basis through the public procurement process.¹⁶ It is the contractual arrangements between the Department of Justice, Home Affairs and Migration and the service provider which separates accommodation centres falling under HIQA's remit from other categories of accommodation, for example, emergency accommodation.

The number of centres falling under HIQA's remit reduced in 2025, a pattern which emerged in mid-2024 (see Figure 2). This reduction reflects changing contractual arrangements between the Department of Justice, Home Affairs and Migration and service providers throughout 2025. This primarily has been a change in contract from providing an accommodation centre, to providing another type of accommodation, such as emergency accommodation.

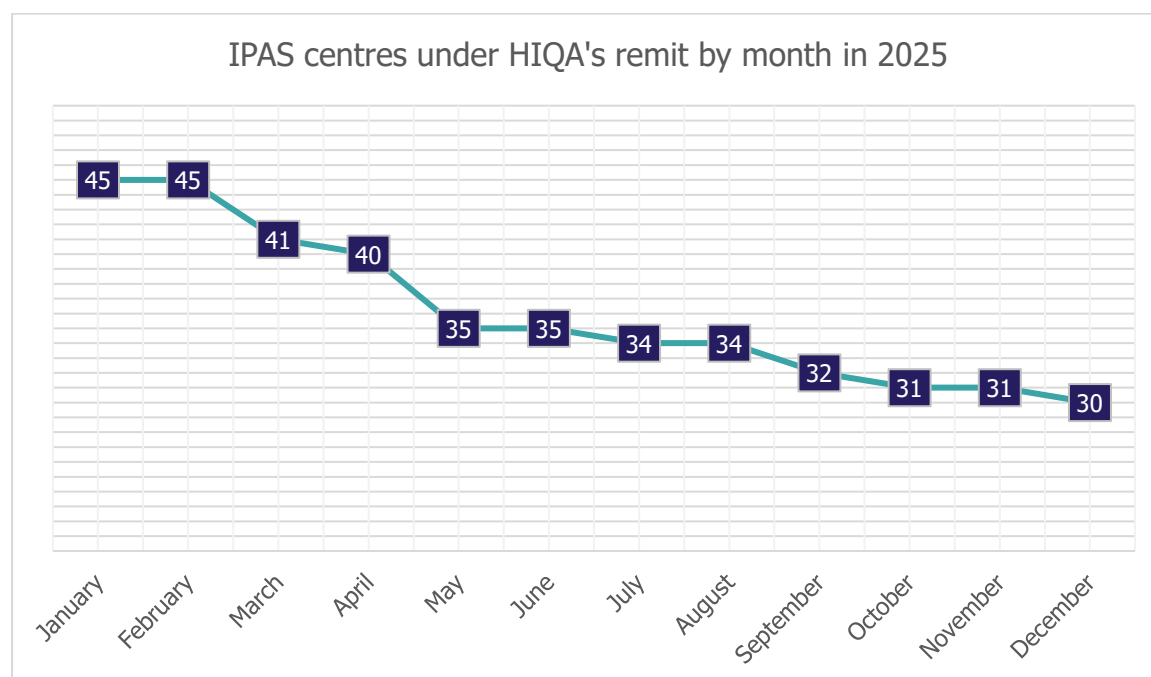
At the time of reporting, HIQA is responsible for monitoring and inspecting 30 accommodation centres. This is a reduction of 15 centres from January 2025, when 45 centres fell under its legal remit (See Figure 2).

¹⁴ This responsibility transferred in June 2025 from the Minister for Children, Equality, Disability, Integration and Youth to the Minister for Justice, Home Affairs and Migration.

¹⁵ Closure includes when an accommodation centre falling under HIQA's remit ceases to operate as an accommodation centre but may remain open for example, as an emergency centre.

¹⁶ This is the process of procuring services, whether under contract or not, of works, supplies and services by public bodies. A tendering process is used in the procurement of accommodation centres.

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

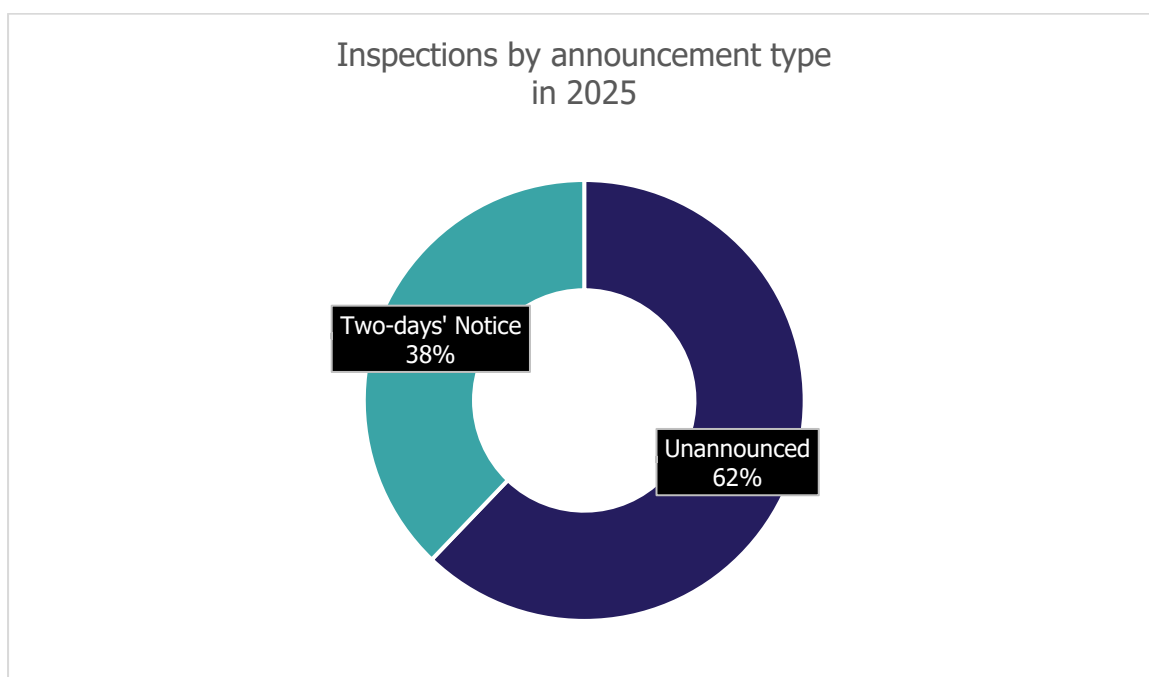


4.2 Monitoring and inspection activity

Between January and December 2025, HIQA conducted 37 inspections of 32 accommodation centres. Four accommodation centres had more than one inspection within this time frame. Of the 37 inspections conducted, 14 were announced at two days' notice and 23 were unannounced. Announced inspections allowed HIQA to confirm that the accommodation centre being inspected remained under its legal remit before conducting the inspection.¹⁷ All inspections were routine monitoring inspections.

¹⁷ While HIQA should receive prompt notice when an accommodation centre no longer falls under its remit, this was not always the case in 2025 and there were significant delays to these notification. Consequently, HIQA was not always aware that an accommodation centre no longer fell under its remit.

Figure 3. Inspections by announcement type



4.3 Receipt of information

As a regulator, HIQA receives information from a variety of sources. This information may be categorised into solicited (requested or required) information from service providers and unsolicited (unrequested) information, which is received from people, including the public or people who use services. This could be information that indicates a non-compliance with the regulations or standards (information of concern), a compliment, or a general comment about an accommodation centre, designated centre, a hospital or a children's social care service.

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

HIQA welcomes feedback about people's experiences of services to inform the assessment of the quality of services received within accommodation centres. This information can be received from people using services, their family members or advocates, health and social care professionals, employees and the general public.

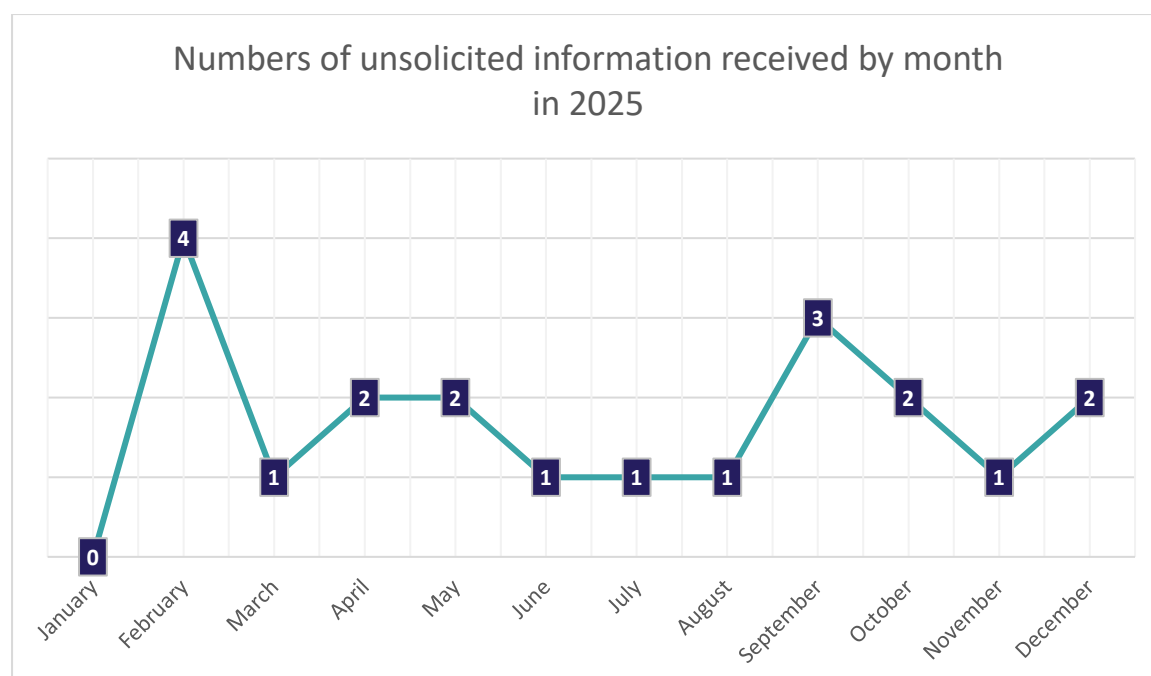
While HIQA does not have a legal remit to investigate an individual complaint about services under the Health Act 2007, it uses this information to monitor the quality and safety of services being provided. All information received is reviewed, risk rated and used alongside the other information gathered about a service to inform regulatory actions.

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

Between 1 January and 31 December 2025, HIQA received 20 pieces of feedback about accommodation centres under its remit. Of these, 16 were received by email and four by phone.

People using services accounted for 75% (15) of the pieces of feedback received about accommodation centres and a further 15% (3) were received from employees, while other sources (2) accounted for 10% of pieces of information received.

Figure 4. Numbers of unsolicited information received by month



4.3.2 Qualitative assessment of information received by HIQA

Of the 20 pieces of feedback that were received in 2025, three (15%), fell under the following theme of the capacity and capability dimension of the national standards which relates primarily to governance and risk management:

- governance and management
- risk management
- complaints
- staffing.

The remaining themes identified from the feedback came under the quality and

safety dimension of the national standards, and included:

- safeguarding
- rights
- communication
- accommodation
- health and wellbeing
- individual, family and community life.

4.3.3 How HIQA managed unsolicited information

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

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

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

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

In addition, where the information indicates that people may be at immediate risk, HIQA will use its full legal powers and report the incident, where appropriate, to An Garda Síochána, the Child and Family Agency (Tusla) or the Health Service Executive's (HSE's) Adult Safeguarding and Protection Team. In

2025 HIQA ensured through its assurance processes that appropriate actions were taken at service provider level, in response to any such information, where required.

4.3.4 Regulatory action

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

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

Unsolicited information received by HIQA between January and December 2025, resulted in one routine inspection being brought forward and completed earlier than planned. The unsolicited information received informed lines of inquiry for this inspection. This inspection found that significant improvements needed to be made in the overall governance of this centre and the accommodation being provided.

4.3.5 Solicited information (statutory notifications)

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

Between January and December 2025, 248 notifications were received from service providers. These are notifications that providers are required to submit to HIQA within the timelines outlined in Table 1.

Table 1. Deadlines for receipt of statutory notifications

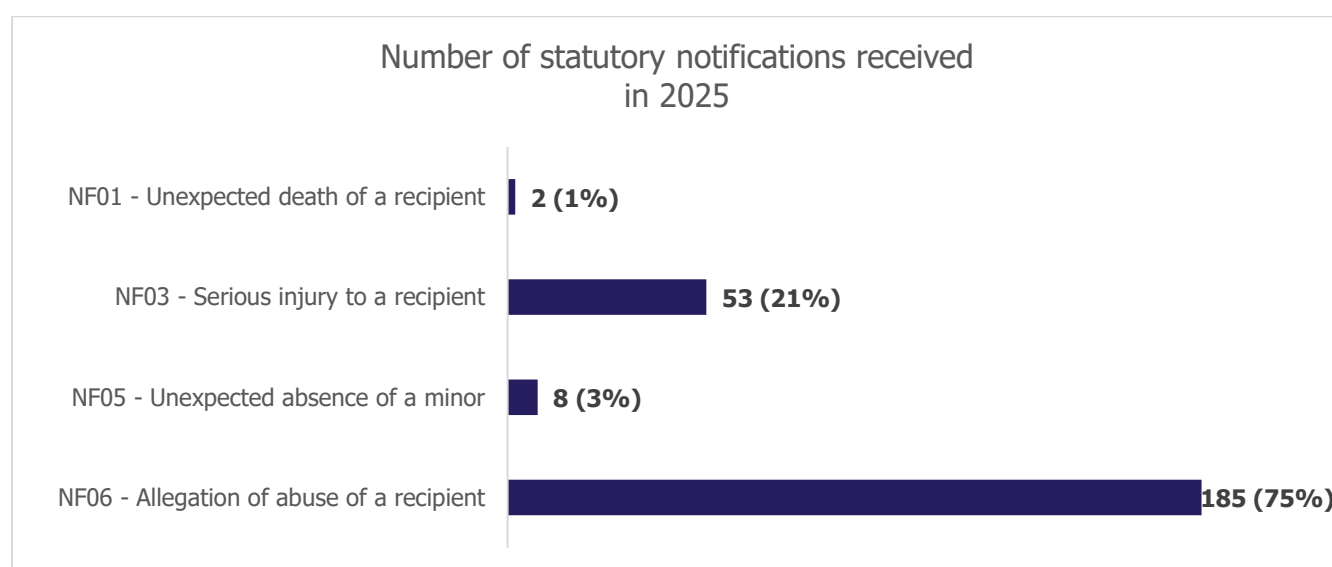
Form	Incident description	Notification deadline
NF01	The unexpected death of a recipient	Within 3 calendar days of the occurrence
NF03	Serious injury to a recipient	Within 3 calendar days of the occurrence
NF05	Any unexpected absence of a minor from the centre	Within 24 hours of becoming aware of the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

The majority of notifications received during this time period related to the

alleged abuse of a recipient,¹⁸ including issues such as lack of supervision of children by parents, interpersonal conflicts between residents, incidents of domestic violence, verbal abuse, behaviours which challenge and threatening or intimidating behaviours. Figure 5 below provides a breakdown of these notifications. Notifications received relating to the serious injury of a recipient mainly involved underlying medical conditions and fractures and minor injuries resulting to accidents.

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

Figure 5. Number of statutory notifications received by type



¹⁸ 'Recipient' is the term used in regulations to describe a resident of an accommodation centre who is in the international protection process. They are referred to in this report as a resident.

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

This section of the report presents the views and lived experiences of residents of accommodation centres that HIQA inspected in 2025. It provides valuable insight into what residents have described as the positive impact of compliance with national standards and where, in their view, improvements could be made.

HIQA inspectors met with 725 residents (487 adults and 238 children and young people) over the course of inspections completed in 2025. This represents 16% of all residents in the centres inspected in the year. Some residents were met with going about their daily activities, while others met one-to-one with an inspector. In addition, three focus group discussions were arranged during the inspection of a large accommodation centre where residents collectively described their experiences.

To supplement the information received from meeting with residents, inspectors distributed questionnaires in seven different languages¹⁹ and collected these before the inspections were completed. There was also an option for residents to complete these questionnaires electronically. Questionnaires offered adult residents an opportunity to provide feedback on a number of areas including: safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff support and accommodation. The questionnaires circulated for children and young people asked for feedback on children's rights; education and play; making a complaint and providing feedback; accommodation; food and catering and safeguarding and protection.

In total, there were 289 questionnaires returned to HIQA by residents of the centres inspected, however some questionnaires were only partially completed. Of the responses received, 254 were completed by adult residents and 35 were completed by children or young people.



¹⁹ Albanian, Arabic, English, French, Georgian, Somali and Urdu.

5.1 What children and young people told us about their experience

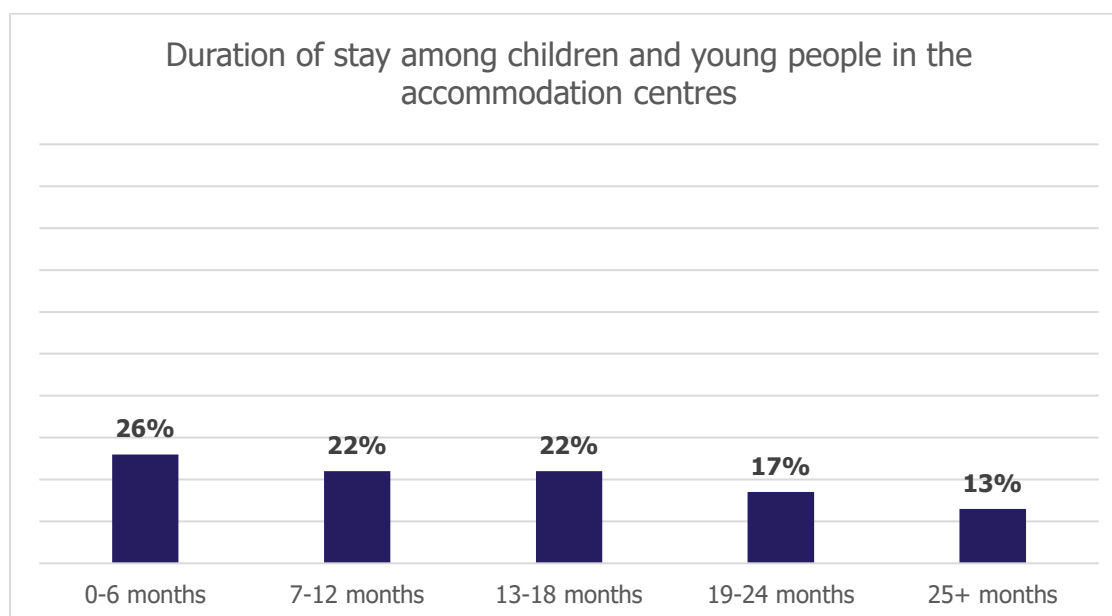
Children and young people told HIQA inspectors that they were generally safe and happy living in their respective centres. They highlighted attending school, playing sports, joining local clubs and making friends, as some of the positive things they liked to do. In many accommodation centres, there were good facilities available such as playgrounds, games rooms, football pitches and study facilities which children and young people told us they enjoyed using. When compared to 2024, children and young people reported overall improved access to facilities in their respective centres.

In 2025 overcrowding and lack of space remained significant issues for children and young people. Some explained that they had to share a bedroom or in some instances a bed, with other siblings and they were not happy about this. Others stated they were dissatisfied that they could not experience sleepovers with their friends from school, as this was not permitted in their accommodation centre.

Similar to 2024 inspection findings, children and young people were not well-informed about safeguarding and rarely made complaints. While there were some improvements found over the year in opportunities for children and young people to provide feedback on their accommodation centres, they said that they did not always do so and, overall, they felt excluded from decision-making and not listened to. This indicates a lack of progress in these aspects of practice and again highlights the need for service providers to take a more effective and targeted approach to engaging with, and seeking feedback from, children and young people to better inform service delivery. As part of their compliance plans, relevant service providers committed to taking action in this regard.

Inspection findings showed that, similar to 2024, children and young people who lived in catered centres where residents could not cook for themselves, were not always happy with the quality of food provided and reported limited access to snacks between mealtimes. Where applicable, this was addressed by inspectors with each relevant service provider at the time of inspection.

Figure 6. Length of time children and young people lived in the accommodation centre



The average age of children and young people who completed questionnaires was 12 years. Their duration of stay in the centres varied widely, from a few months to over two years. The average length of time they had lived in their centre was 16 months.

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

5.1.1 Safeguarding and protection

The majority of children and young people who met with inspectors said that they felt safe living in their accommodation centre and 97% of those who responded to the questionnaires also reported feeling safe. Most children and young people said that they knew who the centre manager was and felt comfortable speaking with them if necessary. However, 3% of children and young people who completed questionnaires told us that they did not feel safe and 8% did not know who to talk to, other than their parent(s), if they felt unsafe or worried about something. Where required, HIQA sought assurances from the service provider that immediate and appropriate actions would be taken to manage and mitigate any risks to residents.

Figure 7. Responses to whether children and young people know who to talk to if feeling unsafe

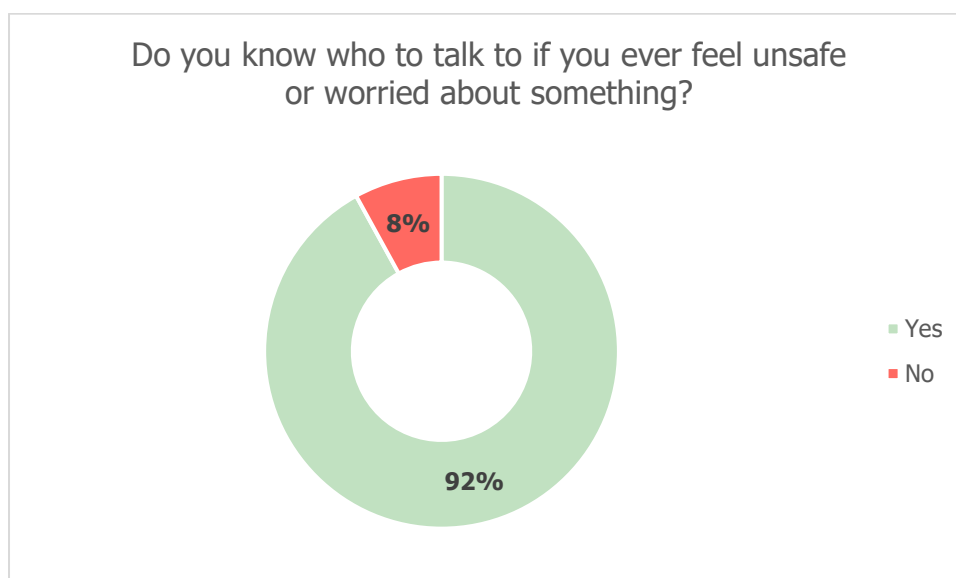
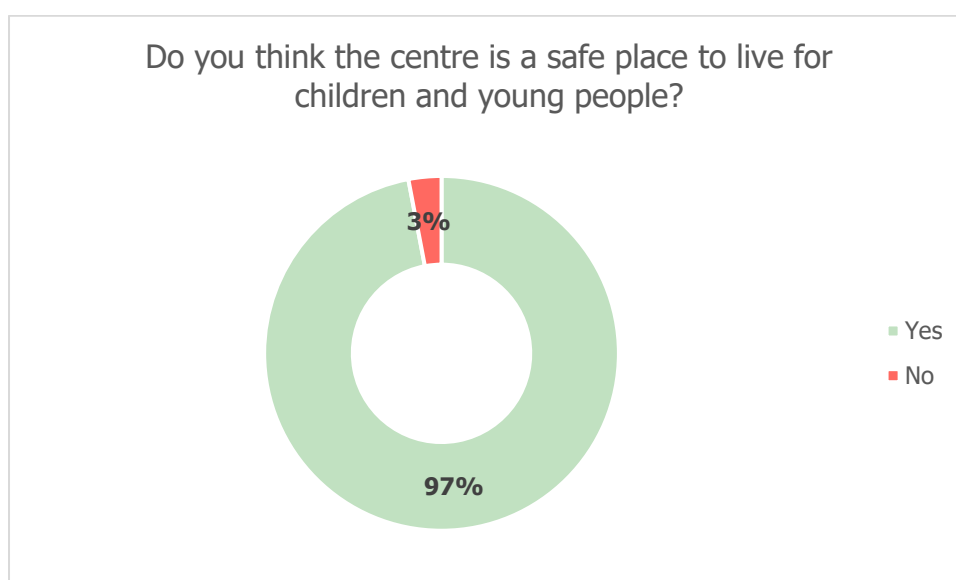


Figure 8. Responses to whether children and young people think their centre is a safe place for them



5.1.2 Education and play

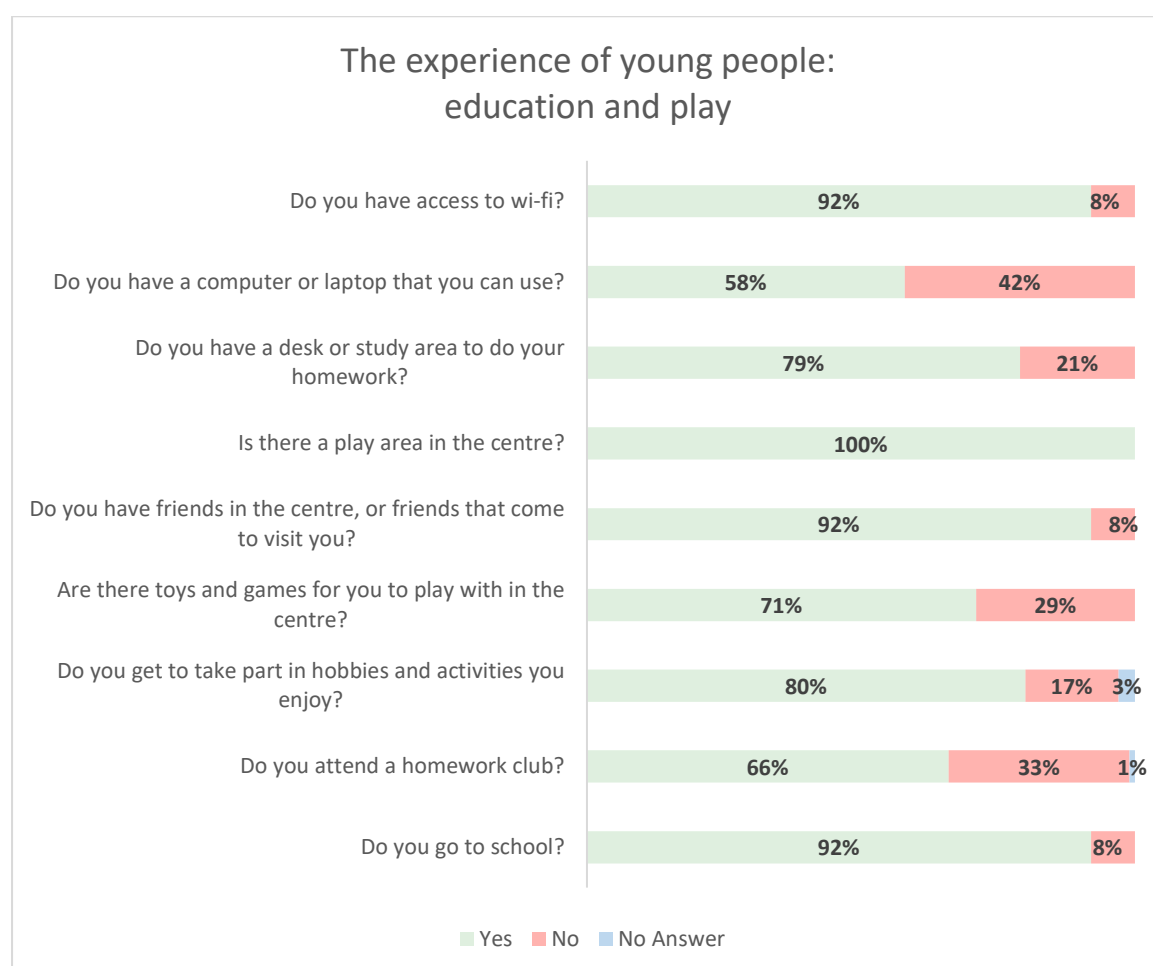
When asked about education and play, children and young people told the inspectors that they enjoyed attending school, making friends and playing sports in their local communities. In many centres, there were facilities provided such as playgrounds, football pitches and games rooms, and children and young people told the inspectors that they frequently availed of these spaces.

There were notable improvements in the facilities necessary to support play and the educational development of children in the centres. 58% had access to a computer or laptop that they could use, compared to 42% in 2024. In 2024, 38% did not have a desk to complete their homework, and this figure had reduced to

21% in 2025. While 92% of questionnaire respondents stated that they had access to Wi-Fi, this demonstrated no improvement over 2024.

33% of respondents did not attend a homework club, a reduction of 4% from the 2024 findings. While lower than the 2024 findings (15%), 8% of school-going aged children stated that they were not currently attending school. This figure reflected children who were new to their centre, either as their first or subsequent placement within the accommodation sector. 8% stated that they did not have friends in the centre or that their friends could not come to visit them there. Some children chose not to bring their friends to their centre as they were embarrassed of their living environment and others lived in centres where local policy did not allow for visiting children, unless they were in the company of their parent.

Figure 9. The experience of children and young people: education and play



5.1.3 Complaints and providing feedback

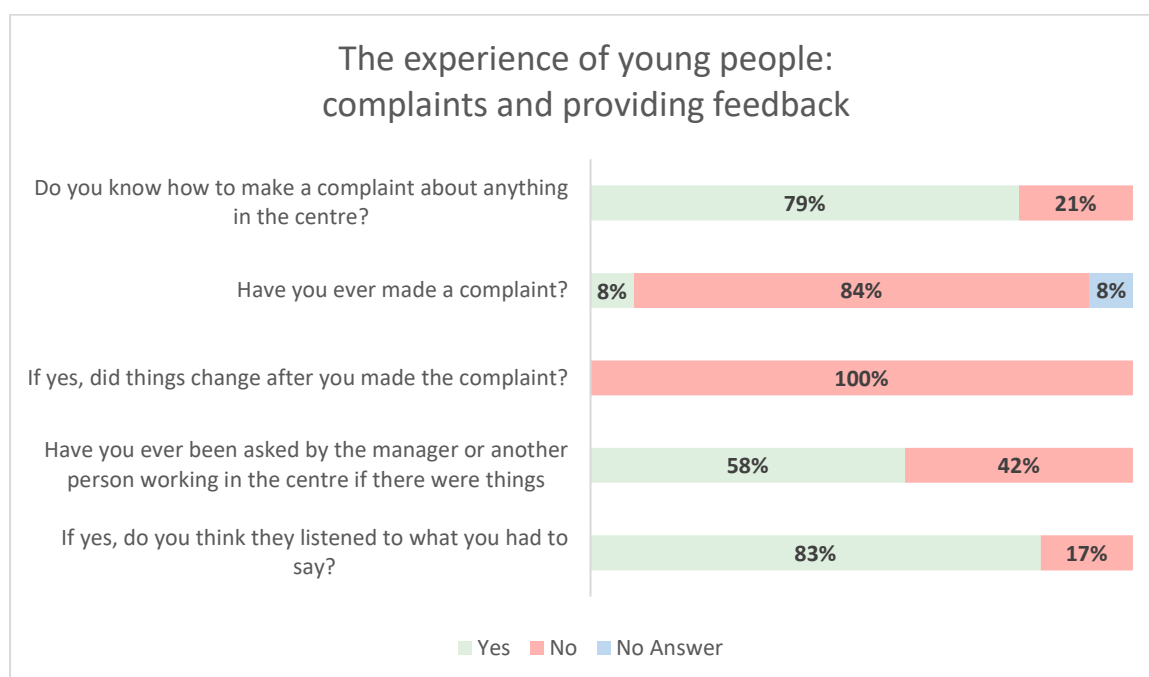
Most children and young people told the inspectors that they had never made a complaint in their accommodation centre. Unlike 2024 findings, inspection findings showed that children were increasingly being asked for feedback by

managers, but they continued to feel like they were not listened to.

Inspection findings showed that 79% of children and young people who completed questionnaires knew how to make a complaint, which was an improvement on the 2024 findings. Although children and young people had a lot to say on areas of improvement when they met with inspectors, 84% reported they had never made a complaint. Of those who had made a complaint, all of them felt it never resulted in positive change, which might account for why some did not feel listened to.

In 2024, 40% of children and young people reported that a manager or another staff member had asked them if there were aspects of the service that could be improved as part of their review of the service.²⁰ This figure increased to 58% in 2025. Among those who had been asked, 83% felt that their feedback was considered or that their feedback had contributed to positive changes in the centres. While it is positive to see an improvement here, there remains a significant cohort of children and young people who have not had the opportunity to contribute to service improvements.

Figure 10. The experience of children and young people: complaints and providing feedback



While basic facilities were in place in accommodation centres, privacy and space remained key concerns for children and young people. They expressed mixed views about their living arrangements. While some were happy with where they lived, many stated that space was limited in their accommodation and that it did not allow for privacy. While most had their own beds, fewer had private

²⁰ This is a consultation process and is separate to the centre's complaints process.

bedrooms. 54% of those who completed a questionnaire told HIQA that they had to share their bedroom with another family member. On a positive note, unlike the 2024 findings, 96% of children and young people reported that they had adequate space for their personal belongings and 100% had access to their own private family bathrooms.

Where required, HIQA sought assurances from the service provider that immediate and appropriate actions would be taken to manage and mitigate any risks to residents.

5.1.4 Accommodation

Figure 11. The experience of children and young people: accommodation



**Note: Figure 11 indicates that 15% of respondents shared their bedroom with an unrelated adult. It was confirmed by inspectors that the young person(s) involved shared a bedroom with a grandparent and had misunderstood the question being asked.*

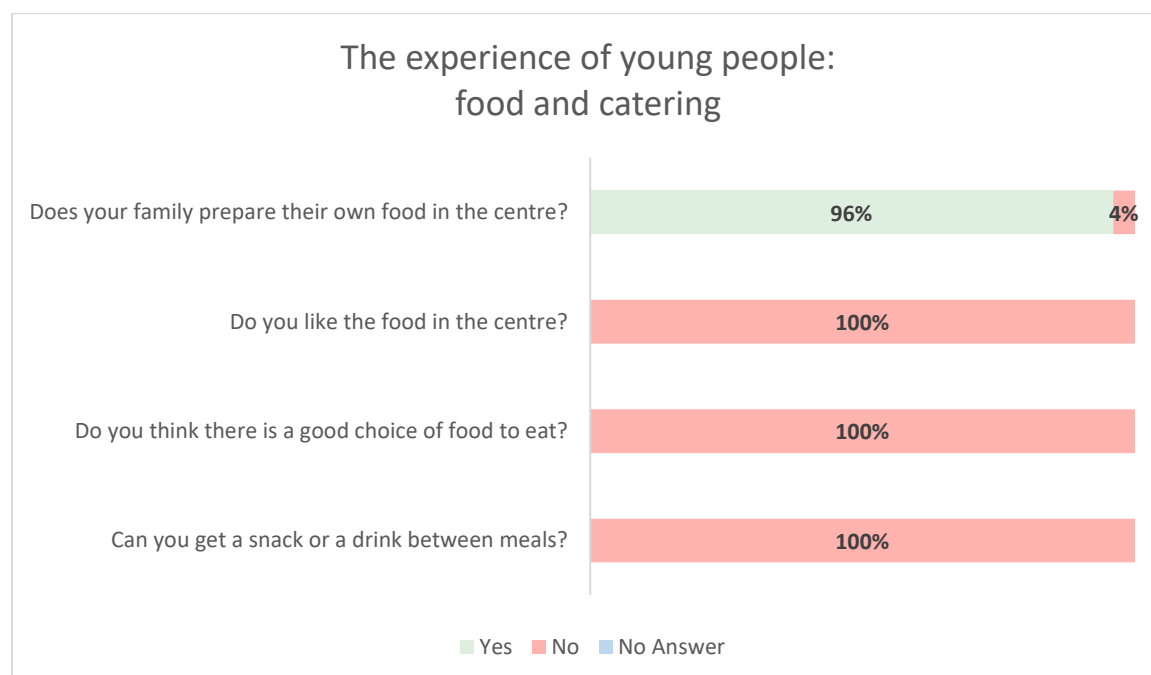
5.1.5 Food and catering

A majority of the children and young people met with during the course of our inspections said that their families could prepare their own meals. However, where catered meals were provided, the children expressed dissatisfaction with the standard and choice of food available and limited access to snacks or drinks between mealtimes.

All of those in catered centres who completed questionnaires told us that they did not like the food provided in their centres. In 2024, 29% of respondents said that they had no access to snacks or drinks between mealtimes in centres which were

catered. There was marked improvement in 2025 with all respondents reporting having access to snacks and drinks between meals.

Figure 12. The experience of children and young people: food and catering



5.1.6 Summary

Children and young people generally felt safe and supported in their accommodation centres, with good access to education and play. However, recurring issues since 2024 included some children and young people who did not feel safe in their centre, and cramped living conditions which resulted in poor experiences for some children and social stigma. While there were some improvements, consultation with children and young people remained less than optimal and many children and young people continued feeling unheard and demonstrated little confidence in local complaints systems.

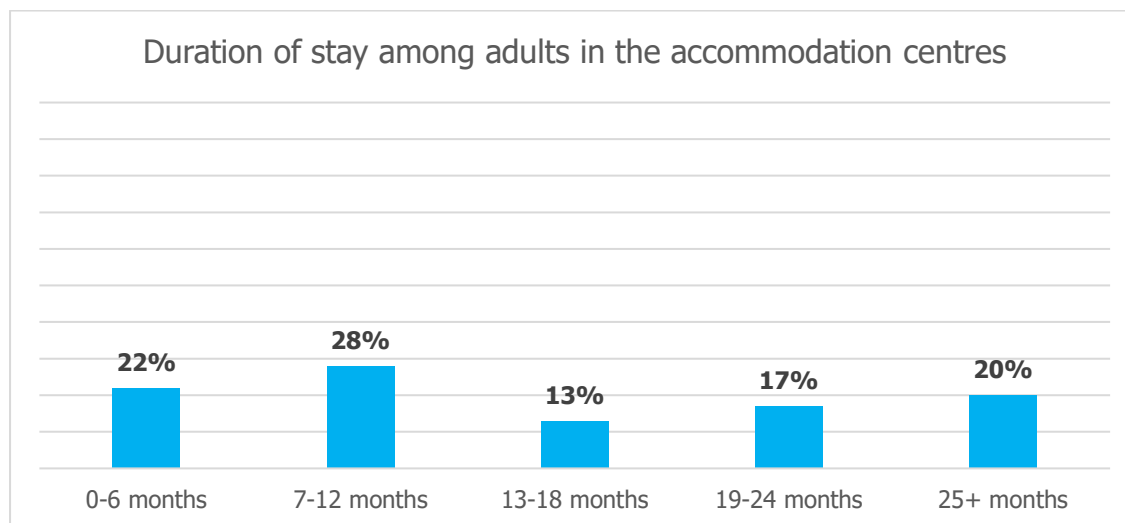
Although many children and young people had positive experiences in education, sports and developing and maintaining friendships, these were not the experiences of all. Some had limited access to study facilities and food choices. Their views and experiences underline the importance of engaging children and young people in shaping their living environment.

5.2 What adults told us about their experience

Adult residents shared a wide range of experiences about life in accommodation centres. Overall, they said that they felt safe, were supported by centre staff and felt connected to their local communities. Many valued the security, continuity

and stability that accommodation centres provided, particularly for families. While many expressed satisfaction with the support they received and felt respected, others highlighted areas they would like to see improved, particularly in relation to their privacy, provision of food, the handling of complaints, consultation, cooking facilities, sleeping arrangements and safeguarding awareness.

Figure 13. The length of time adult residents lived in the accommodation centre



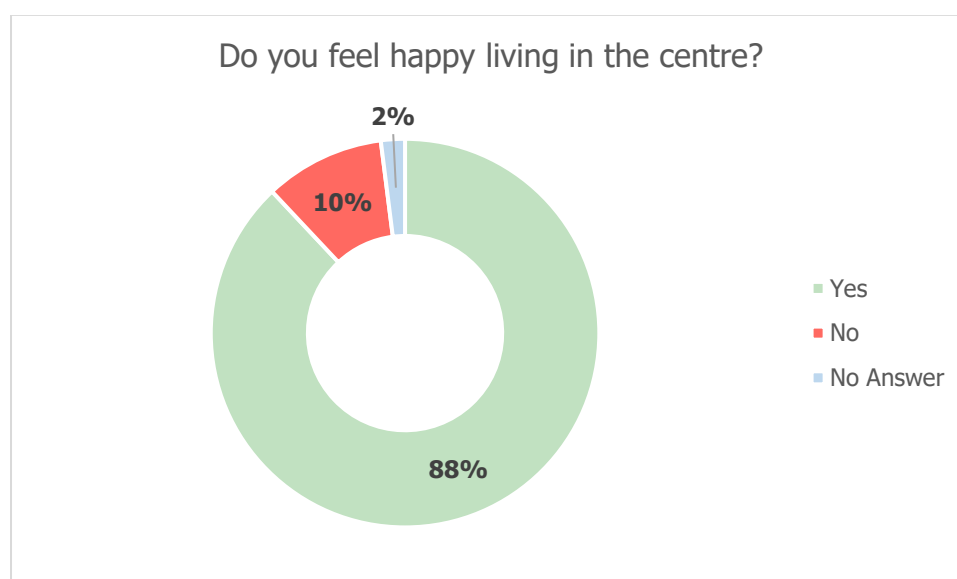
The length of stay among adult residents in accommodation centres varied significantly. The average length of time adult respondents had lived in their centre was 16 months. Residents who had valid permissions²¹ and some who had experienced relatively long stays, told the inspectors that due to a cited lack of alternative accommodation options, they could not avail of more appropriate alternative accommodation in the community.

5.2.1 Living in accommodation centres

Most residents met with during the course of our inspections told inspectors that they were satisfied with the services they received and they were appreciative of the centre staff and managers and the wider community. 88% of respondents were happy living in their accommodation centre and 10% stated they were not. This compares to 83% and 17% respectively for 2024.

²¹ A valid permission is a specific immigration stamp in a passport and issuing of a valid Irish Residence Permit (IRP) card by immigration services.

Figure 14. Percentage of adult residents who were happy-unhappy living in the accommodation centre



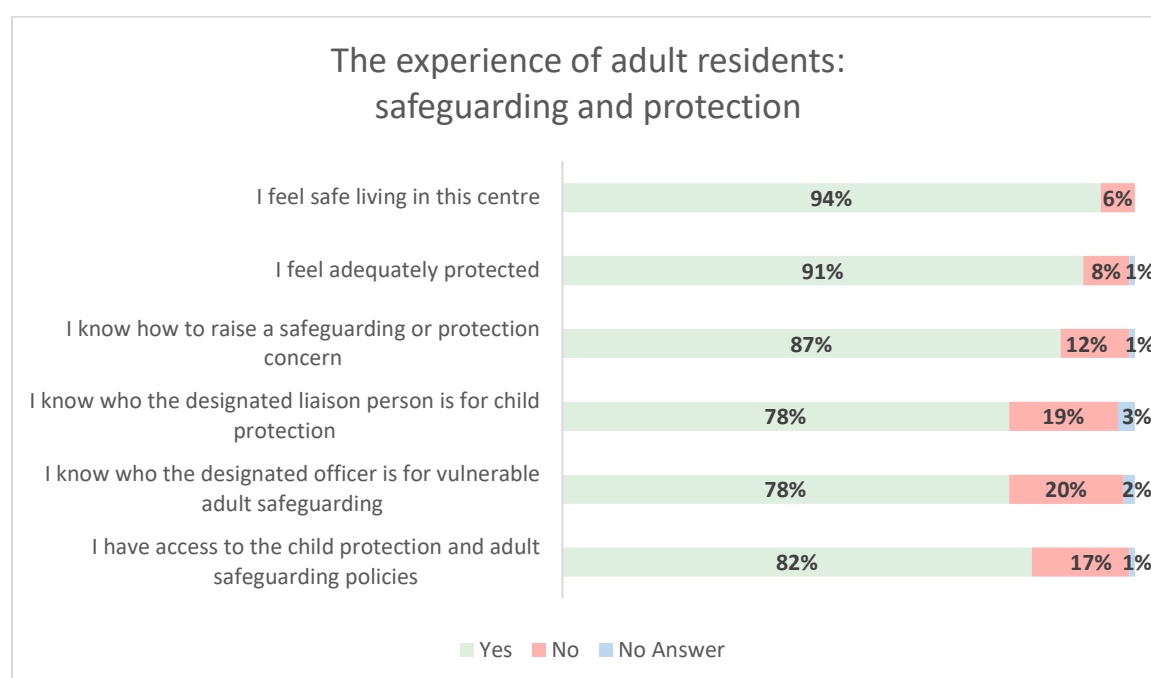
5.2.2 Safeguarding and protection

The majority of adult residents who met with inspectors told them that they felt safe and adequately protected while living in their accommodation centre. They said that staff members were approachable, that they knew them well and how to contact them if they needed to.

The findings showed that the level of awareness among residents around safeguarding and protection practices had improved on 2024's figures. 94% of adult residents reported feeling safe living in the accommodation centres as compared to 88% for 2024. When asked about their awareness of how to raise a safeguarding or protection concern, 87% were now aware of how to do this, compared to 85% for 2024. While the level of awareness had risen, 19% of the residents could not identify the designated liaison person for child protection and 20% could also not identify the designated officer for vulnerable adult safeguarding in their centres.

There was a considerable increase to access to policies since 2024, but 17% of respondents told us they did not have access to the child protection and adult safeguarding policies for their centres. While most adults felt safe, gaps still remained in safeguarding awareness. Where required, HIQA sought assurances from the service provider that immediate and appropriate actions would be taken to manage and mitigate any risks to residents.

Figure 15. The experience of adult residents: safeguarding and protection



5.2.3 Complaints and providing feedback

Residents shared that they felt comfortable to raise a complaint and 82% were aware of who the complaints officer was for their centre, and this had remained the same since 2024. While some centres were utilising the national policy and procedure for managing complaints in 2024, good progress was made in 2025 in adopting this locally to suit the centre. For example, a number of centres had included centre-specific complaints procedures in their residents' charter and welcome packs. As a result, 80% of the respondents told us that they had access to the centre's complaints policy, compared to 78% in the previous year.

84% of adults said that the service provider asked for their feedback on the service they received, however, most residents who engaged with inspectors were not aware of established residents' forums or committees in their centres. They explained that engagement with managers tended to be via email or on a one-to-one basis. A number of centres had suggestion boxes on their premises but they were largely under-utilised and therefore, not very effective.

While most residents said that their views had not been actively sought on how the centre was operated, some centres were at the early stages of implementing resident feedback mechanisms as part of their compliance plans in response to inspection findings. For example, a number of centres had completed resident satisfaction surveys, but the impact of this on staff practice or lived experience of residents was yet to be ascertained.

Figure 16. The experience of adult residents: complaints and providing feedback²²



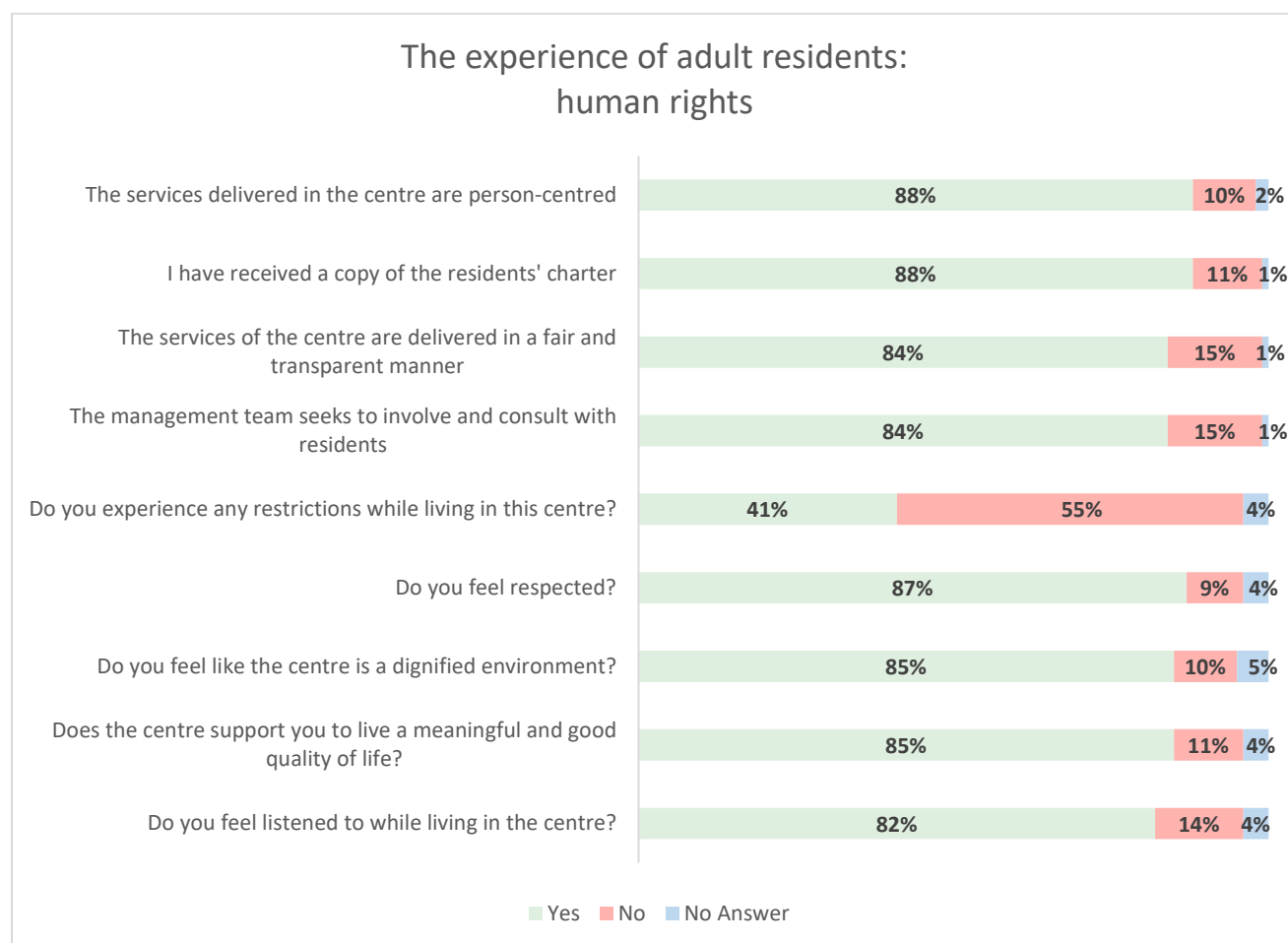
5.2.4 Human rights

The national standards require providers to ensure the service is provided from a rights-based and person-centred approach. The service providers should ensure residents are informed and treated equally and respectfully and in a dignified way. Residents told the inspectors that they were generally comfortable with how their accommodation centre was managed and felt respected by staff teams. However, the majority told inspectors that they had not been informed about their human rights by centre staff or managers. While improvements were noted as compared to 2024, 41% of the respondents reported experiencing restrictions while living in their centres. This was a slight increase from 40% in 2024. Where required, HIQA sought assurances from the service provider that immediate and appropriate actions would be taken to manage and mitigate any risks to residents in this regard.

84% of those who completed the adults' questionnaire were of the view that the services they received were delivered in a fair, transparent and person-centred manner, as compared to 83% for 2024. 88% had received a copy of the residents' charter for the centre. While the issue of overcrowding was a recurring issue in some accommodation centres, 85% felt their centre provided a dignified environment. The majority felt respected, listened to and stated that the centre supported them to live a meaningful and good quality of life.

²² Figures have been rounded up or down as appropriate.

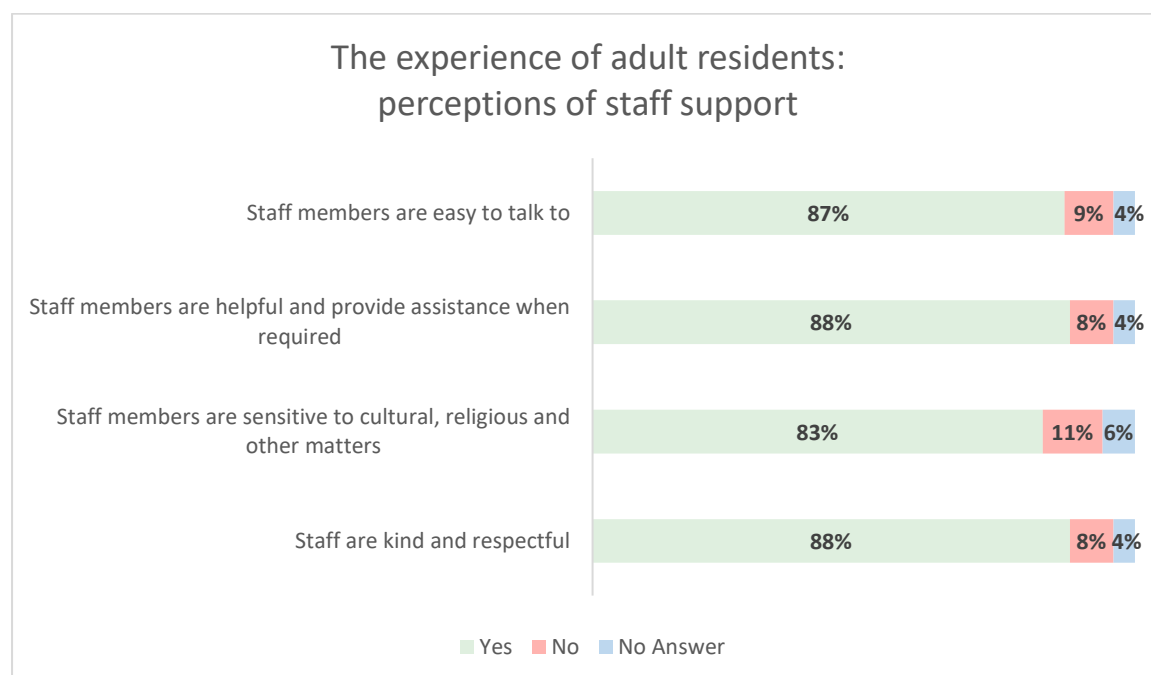
Figure 17. The experience of adult residents: human rights



5.2.5 Staff supports

Residents were generally complimentary of the staff teams in their accommodation centre. Many told the inspectors that the staff members worked hard to support them to integrate into their local community, access health and social services, find school placements for their children and adjust to life in Ireland. The responses to the resident questionnaires reflected what residents who met with inspectors said. When asked if staff were easy to talk to, 87% reported that they were; 88% stated that staff members were helpful and provided assistance when required; 83% stated that staff members were sensitive to cultural, religious and other matters and 88% felt that staff members were kind and respectful in their interactions with them.

Figure 18. The experience of adult residents: staff supports



5.2.6 Accommodation

Most residents expressed satisfaction with their sleeping arrangements, particularly in terms of privacy and dignity. However, some raised concerns about overcrowding and limited space.

In many centres which were compliant with the national standards, residents expressed high levels of satisfaction with their accommodation. These centres generally provided accommodation through self-contained units or apartment-type arrangements. Residents living in other types of arrangements were provided with family bedrooms along with shared living and kitchen facilities. In some of these settings, some residents told the inspectors that they were satisfied with these arrangements while others were not. Where centres catered for single males and or females, many unrelated adults shared bedrooms. While in most cases these individuals acknowledged the service provided to them, some found it difficult to sleep and explained that there was very little space to store their personal belongings and that these environments did not promote their privacy or dignity.

81% of adult residents reported that the allocation of rooms in their centre was fair and transparent as compared to 79% in 2024. 20% stated that their sleeping accommodation did not provide sufficient space to store their belongings compared to 27% in 2024. 88% had a key to their accommodation and 88% said that there was a sufficient number of bathrooms and showering facilities in their centre to meet their needs. 82% stated that their sleeping accommodation afforded them an appropriate level of privacy and dignity, compared to 80% in

2024.

Figure 19. The experience of adult residents: accommodation

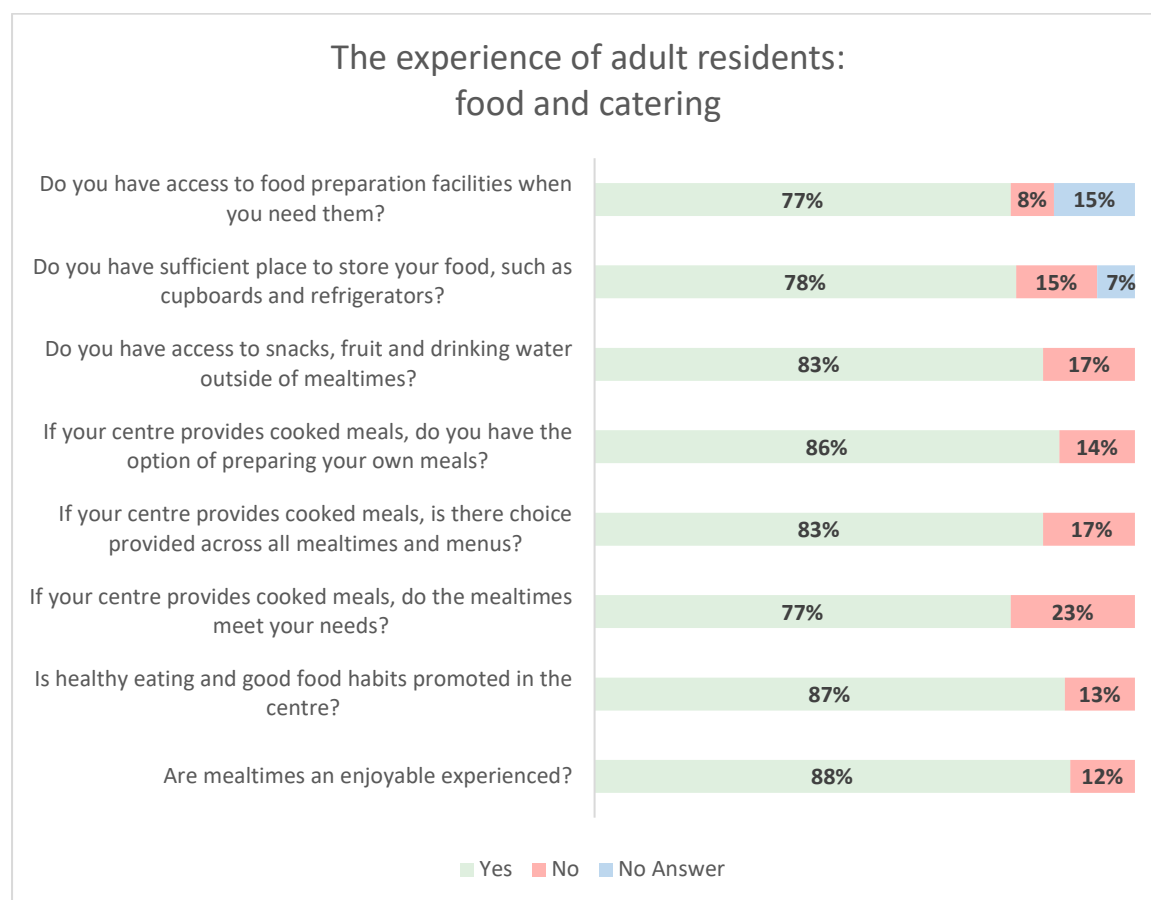


5.2.7 Food and catering

There was overwhelmingly positive feedback from residents where they had facilities available to prepare and cook their own meals. Residents in these centres told the inspectors how this promoted their independence, autonomy and ability to prepare meals for their families in a culturally sensitive way. Experiences differed in accommodation centres where the residents could not cook for themselves. In these centres, residents were catered for. They told the inspectors that they experienced reduced levels of autonomy and felt reliant on the service provider to meet their food needs.

Many experienced restricted opening times of dining rooms, and in most cases, they explained that snacks were not made available between mealtimes.

Figure 20. The experience of adult residents: food and catering



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

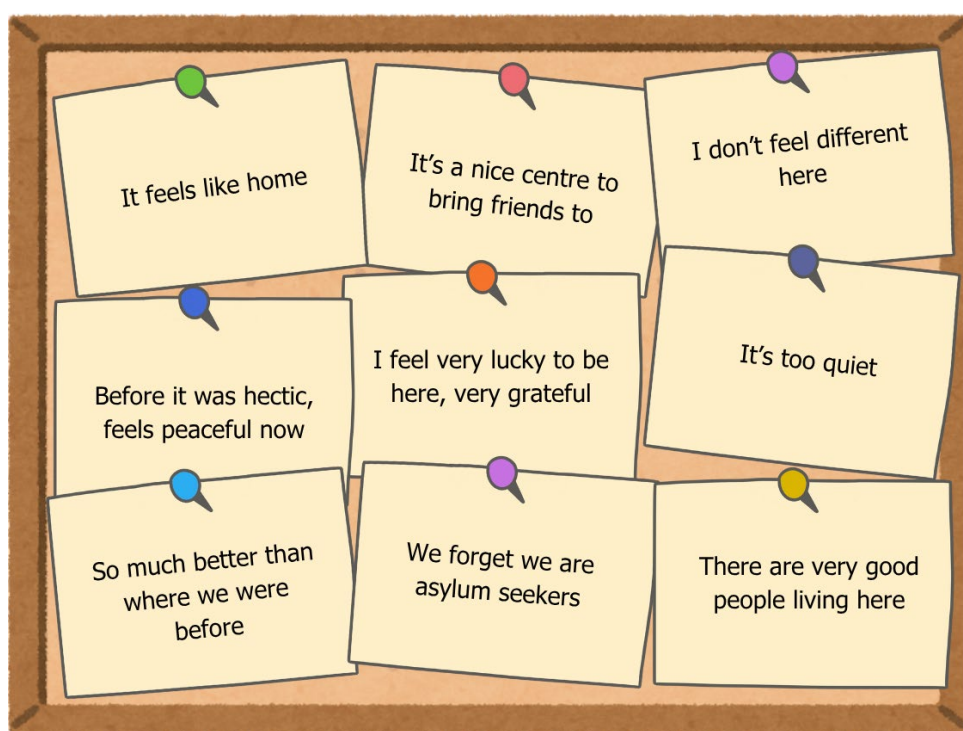
5.3 Resident Feedback Storyboard

This section consolidates direct quotations from adults, children and young people engaged with during the inspections.

5.3.1 About staff



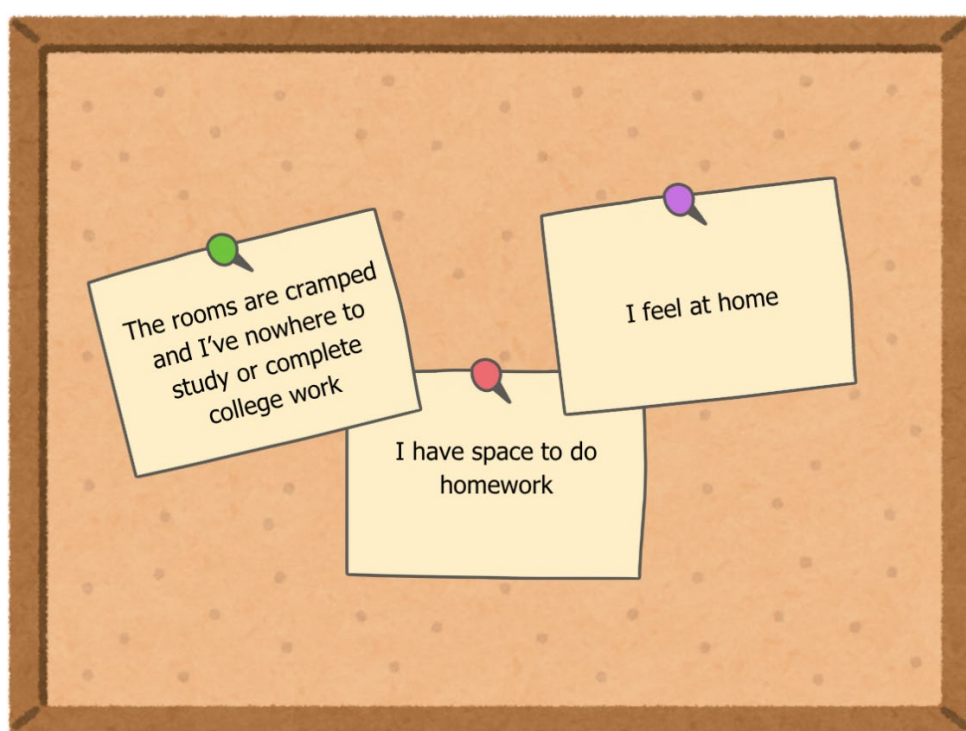
5.3.2 Experiences of living in the centre



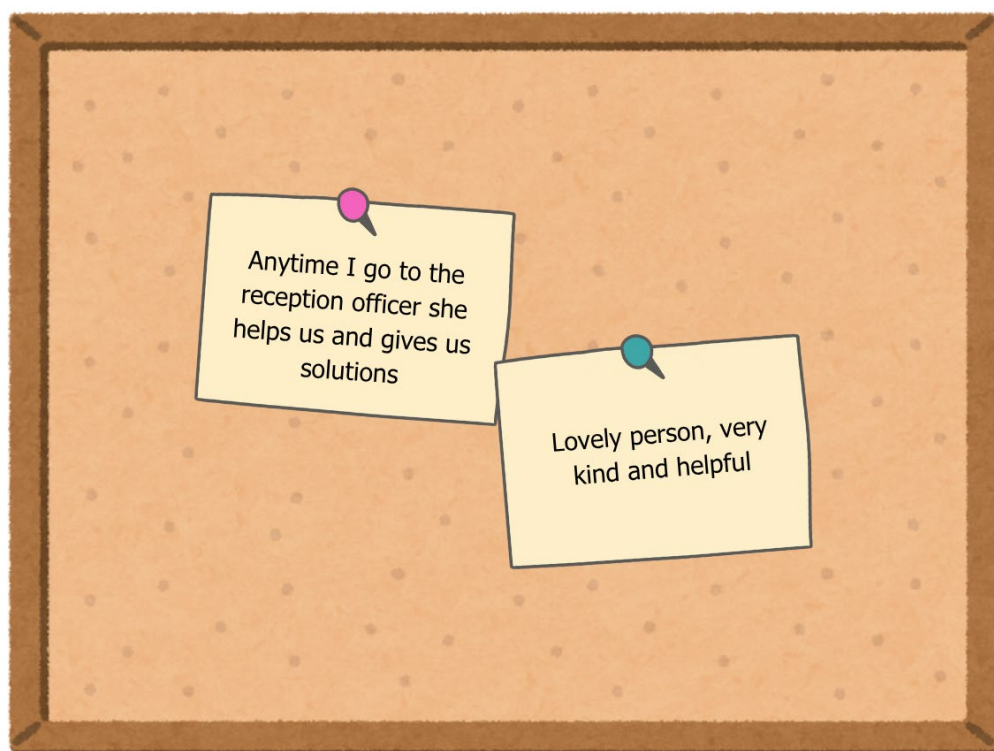
5.3.3 Accommodation: adult residents



5.3.4 Accommodation: children and young people



5.3.5 Working with the reception officer



5.3.6 Integration and interaction with local communities



6. The national picture: An analysis of data

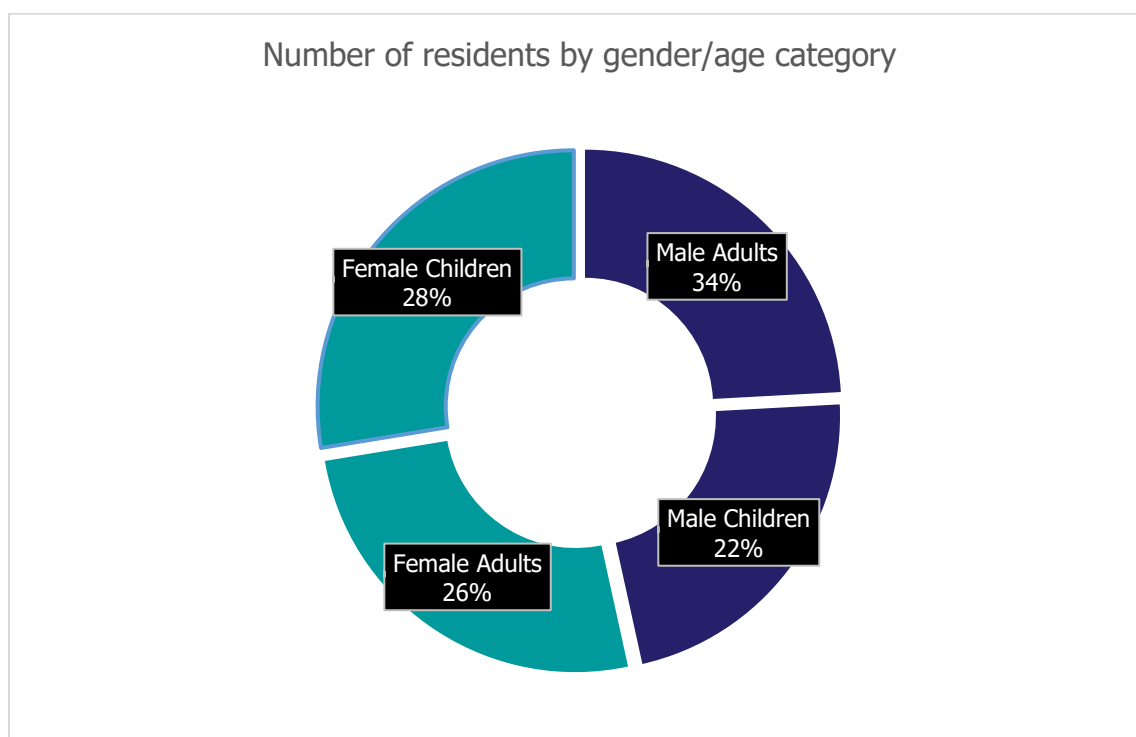
This section of the report provides an analysis of specific data gathered by HIQA as part of its inspections in 2025. While this data on its own is not a reflection of compliance with national standards, it supplements our findings in 2025 (see Chapter 7). It provides a national picture of accommodation centres falling under HIQA's remit and helps us to gauge certain aspects of service quality and delivery on a national scale. For example, this data can tell us what the actual occupancy level is as opposed to contracted bed numbers across the sector; whether all staff members are Garda vetted and what percentage of centres had a risk register system at a specific point in time. This data is useful in identifying trends in services and informs the focus of our monitoring programme going forward.

The data and information gathered by HIQA in 2025 relates to 37 inspections carried out across 32 accommodation centres.

6.1 Accommodation centres

The 32 centres falling under HIQA's remit during 2025 were contracted to provide a total of 5,814 beds and 4,776 of these beds were filled. Our data shows that some centres were operating under bed capacity, with an overall occupancy level of 82.14%. Our inspections found that this was due to some centres requiring multiple rooms to cater for individual families, or to carry out maintenance and or redecoration works. At the time of inspection the majority of beds were being provided to adult males (1,647), followed by adult females (1,411), male children and young people (905), and female children and young people (812). Figure 21 provides a full breakdown of residents in accommodation centres by gender and age.

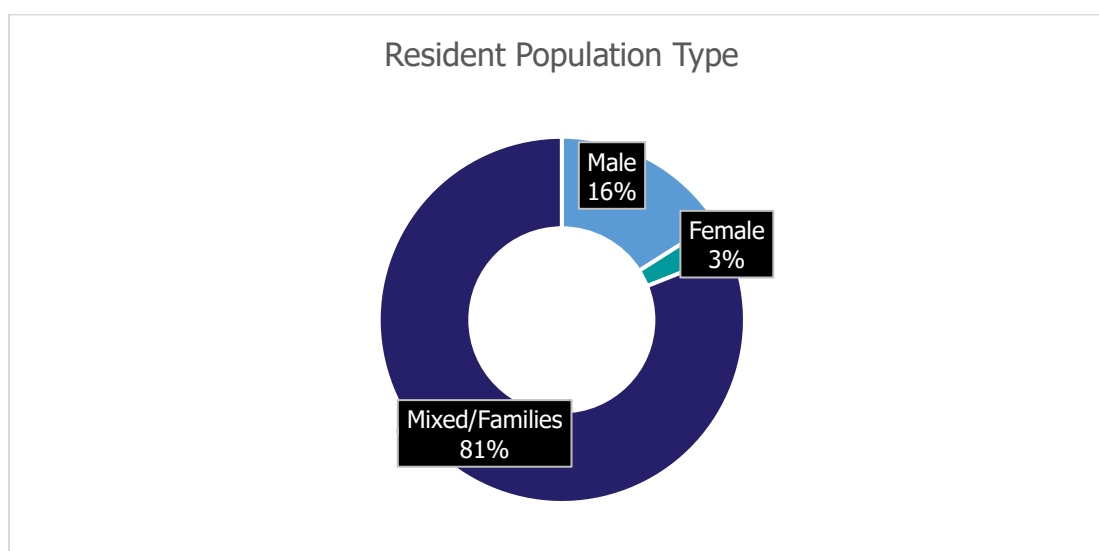
Figure 21. Number of residents by gender/age category



6.1.1 Accommodation centres by population type

The majority of accommodation centres (26) were 'mixed accommodation' and were home to families and single adults (male and female). One provided accommodation to single females and the remaining five catered for males only.

Figure 22. Resident population type

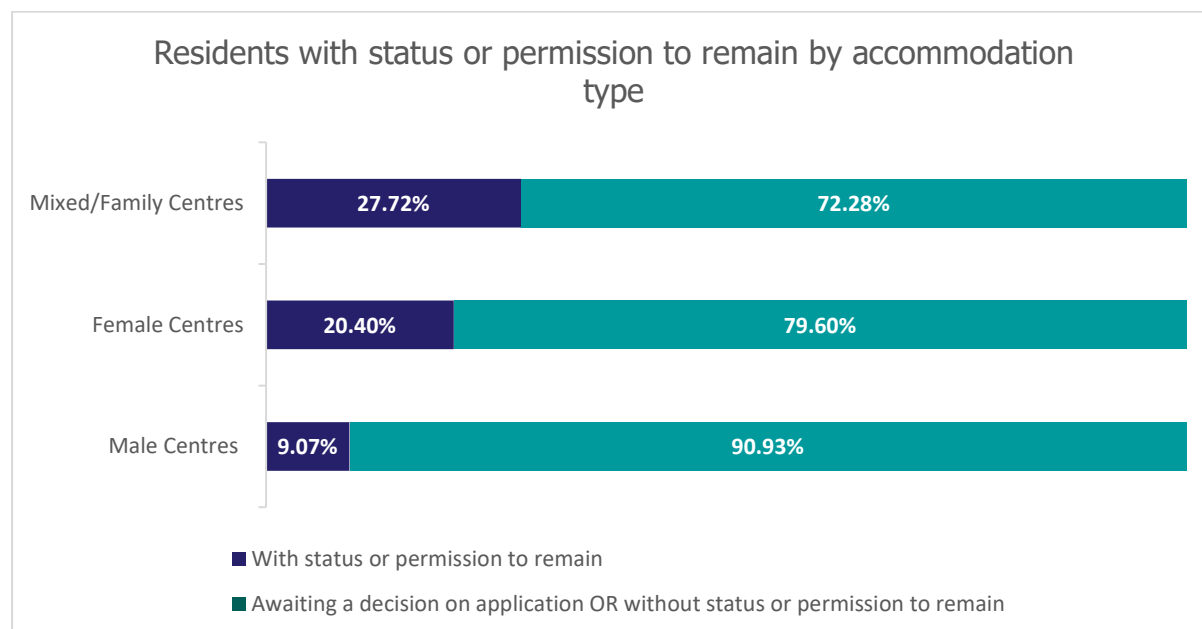


6.1.2 Residents with status/valid permissions

Across 32 accommodation centres, 1,226 residents (21.08%) had status or valid permission to remain living in Ireland. This percentage differed from centre-to-

centre, ranging between 3% and 60% of their respective populations. The largest proportion of residents with status or valid permissions resided in mixed accommodation centres.

Figure 23. Residents with status or permission to remain by accommodation type



6.1.3 Family Units

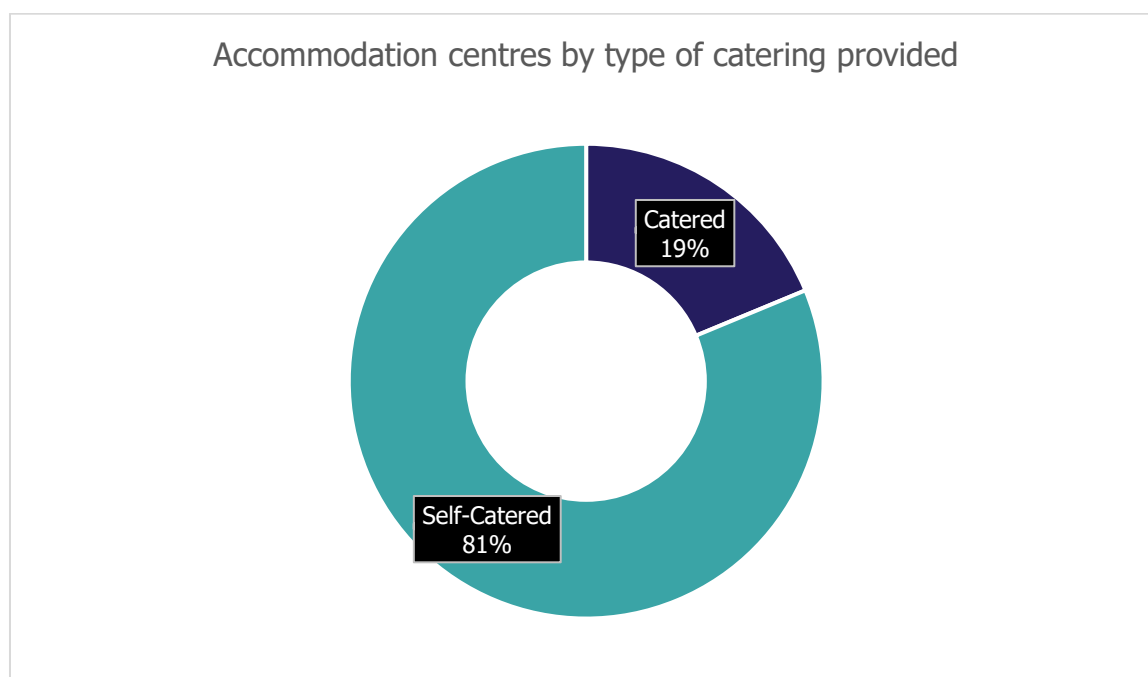
Twenty-five out of 32 accommodation centres provided 'family unit' accommodation. In this context, 'family unit' is defined as accommodation for family members living together, with and without children. Some accommodation centres provided a small number of 'family units' in addition to other types of accommodation such as accommodation for single adults, while others provided 'family units' only. In total there were 1,064 individual family units across 32 accommodation centres.

6.1.4 Accommodation centres by type of catering provided

Six centres were catered and 26 provided facilities for residents to prepare and cook meals (self-catered). Of the six centres which were catered (meals were provided on three occasions daily through a canteen-type arrangement), one centre also had an option for residents to prepare their own meals if they wished to do so and two other centres had facilities for residents to prepare snacks and sandwiches outside of set mealtimes.

Of the 26 centres where residents cooked for themselves, cooking facilities were communal spaces where, for example, kitchens were shared. Self-catered arrangements were available where residents lived in their own unit, such as an apartment.

Figure 24. Accommodation centres by type of catering provided



6.1.5 Governance, management and accountability

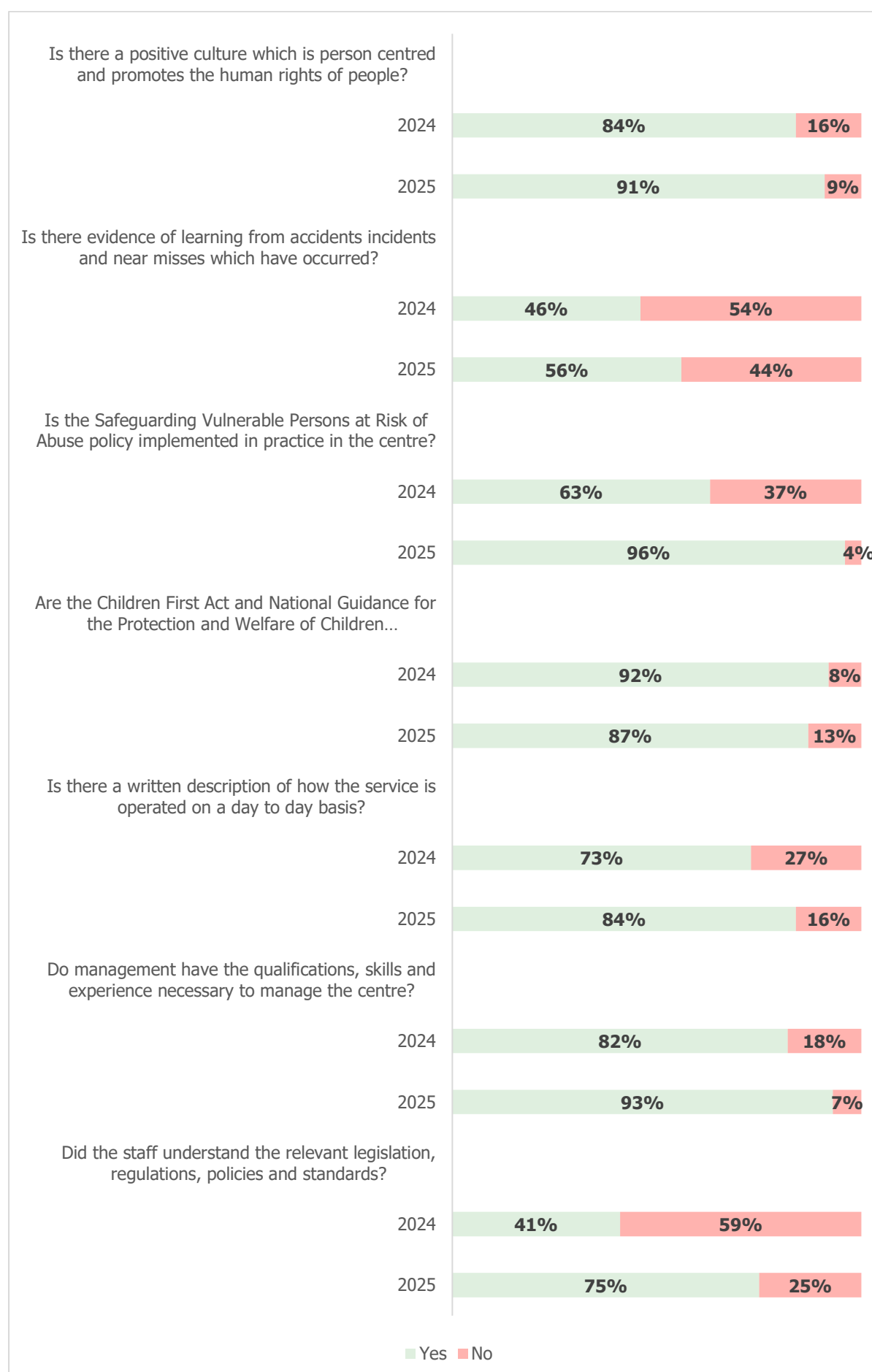
Data and information gathered on aspects of governance and management of accommodation centres inspected in 2025 were in key areas including the successful implementation of relevant legislation and national policy, such as the Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children. There was an increased focus on developing an overall culture of positively promoting residents' human rights and consulting with residents in a meaningful way. More centres had a residents' charter and residents' committees in place in 2025, than in 2024. In addition, over the past year, the number of managers of accommodation centres with appropriate qualifications had increased.

However, data gathered indicated that staff knowledge and understanding of relevant legislation and national policies had declined. Although a culture of continual quality improvement was in place in many centres, only 28% of centres had completed an annual review of the quality and safety of their service and just over half (56%) had a quality improvement plan in place. Overall, the data indicates that on a national scale improvements have been made but more is required.

Figure 25 below provides data related to governance, management and accountability in 2025 and where available, provides a comparison to 2024 data.

Figure 25. Governance, management and accountability metrics





6.1.6 Staffing resources

Data gathered by HIQA shows that there were 531 staff members employed across 32 accommodation centres. On average there were 16.59 staff members per accommodation centre.

A whole-time equivalent (WTE), is a standardised measurement of the workload of employees.²³ The total WTE for 32 accommodation centres was 414.33. This equated to an average of 12.94 WTEs per accommodation centre. The vast majority of staff were employed directly by service providers and 16.89%, such as security staff, were employed through an agency.

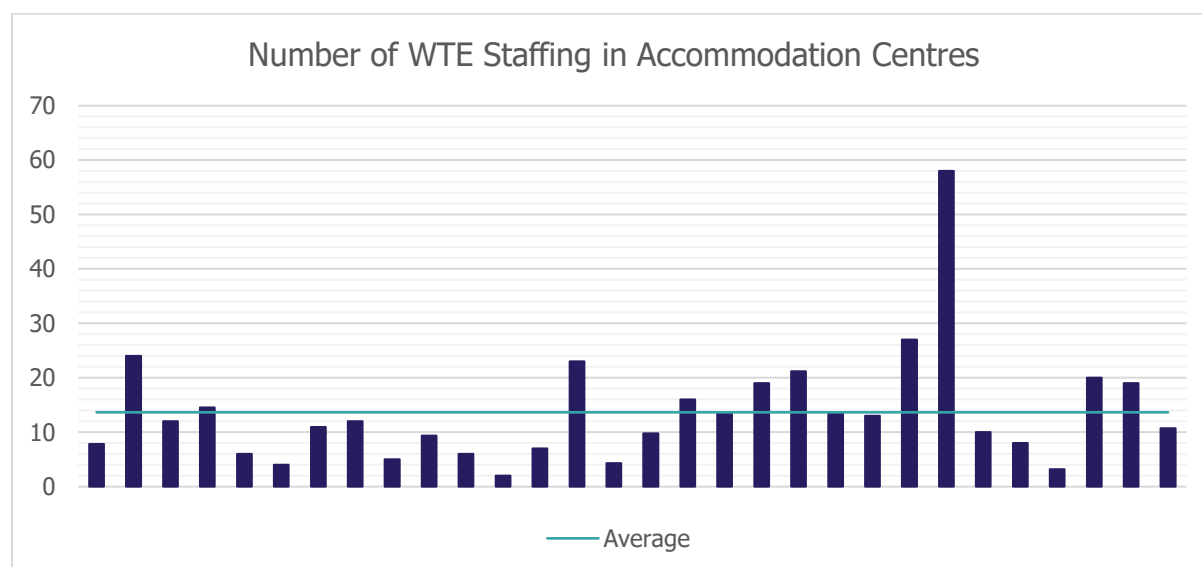
Data gathered on whole-time equivalents showed that there was an average of one staff member per 11.52 residents across 32 accommodation centres. This represented a slightly higher staffing-to-resident ratio when compared with 2024, when there was one staff member employed per 11.99 residents. Table 2 below provides a breakdown of WTEs by number of centres.

Table 2. WTEs by number of centres

Staffing WTE	Number of centres
<5.0 WTE	3
5.0 - 9.9 WTE	12
10.0 - 14.9 WTE	10
>15.0 WTE	7

²³ One WTE for example represents a staff member's workload. However, this could be divided into two part-time positions. As a result, the actual number of staff employed may be greater than the whole-time equivalents.

Figure 26. Whole time equivalents by accommodation centre



In terms of the number of managers employed, there was a reported total of 128.54 WTE managerial posts in place across 32 accommodation centres. This averaged at 4.01 WTE managerial posts per accommodation centre. When considered in comparison to the number of residents living in these accommodation centres, there was an average of 1.0 WTE managerial post per 37.15 residents in 2025. This represented a slight increase on 2024, when there was 1.0 WTE managerial post for every 39.06 residents.

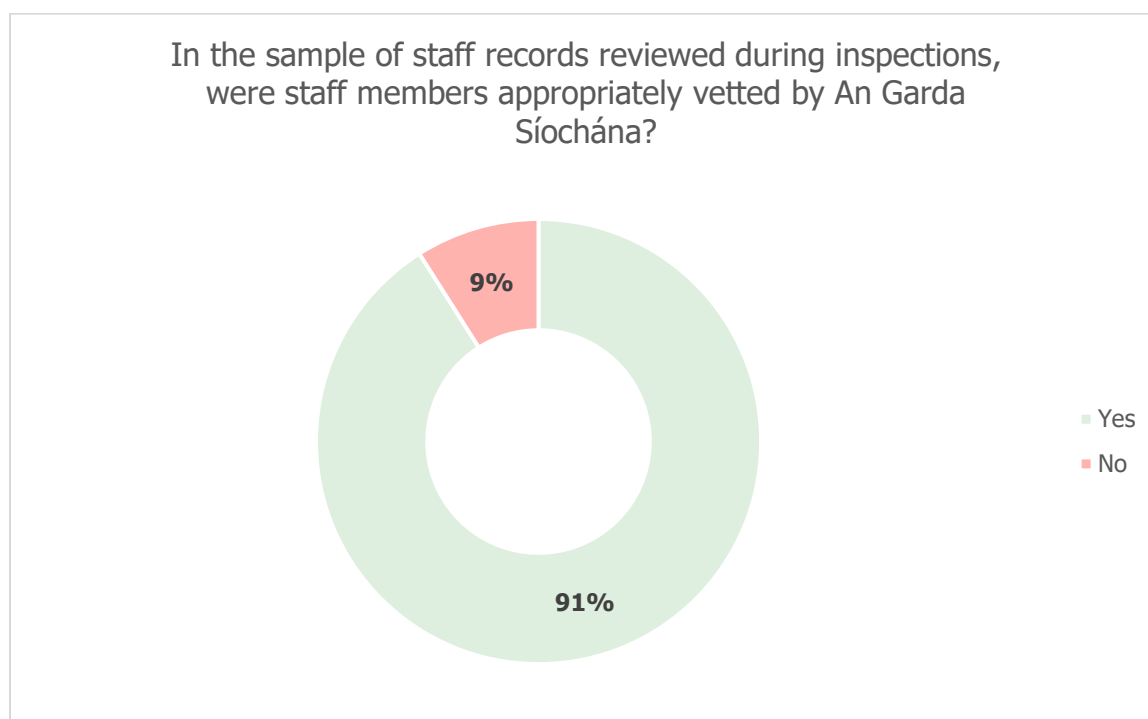
Table 3. Whole time equivalent of managerial posts by number of centres

Management WTE	Number of centres
<4.0 WTE	19
4.0 - 5.9 WTE	8
6.0 - 9.9 WTE	4
>10.0 WTE	1

6.1.7 Staff vetting and recruitment

The following metrics are in relation to staff vetting in 2025, compared to 2024 data. Data gathered from staff records reviewed by inspectors showed that all staff members were appropriately vetted by An Garda Síochána in 29 out of the 32 centres inspected in 2025.

Figure 27. Staff vetting by An Garda Síochána by records reviewed



6.1.8 Staff training and support

Staff supervision was an area that required significant improvement in 2024 and HIQA metrics show that practice had changed for the better in 2025. Data on 32 centres inspected in 2025 showed that staff members in 67% of these centres were receiving regular formal supervision (at least every three months) compared to 31% in 2024. Formal supervision records were maintained for staff in 71% of the centres inspected. There was an effective and fit-for-purpose appraisal system in place for staff in 67% of these centres.

Staff personnel files contained all the required information set out in the national standards in 75% of the centres inspected, but 25% of staff were not appropriately trained. Training was provided based on regular completion of a needs analysis in just over half of the centres inspected (56%) and the majority of managers (53%) were not provided with management and supervision training.

Data gathered by HIQA indicated that there were improvements noted in the level of training provided to staff members and in levels of training actually completed by staff members. For example, all staff members were found to have completed child protection training and 96% of staff members had completed safeguarding vulnerable adults training. Despite these positive indicators, there were some categories of training which were not provided to staff members who required it. Some examples included 53% of staff members had been trained in

responding to the possible needs of victims of torture and trauma, 59% in conflict resolution, 54% in indicators of human trafficking, 42% in person-centred services and supports and 54% in disability training. Figure 28 below provides a breakdown of the percentage of staff who had completed training by year.

Figure 28. Breakdown of percentage of staff who have completed training



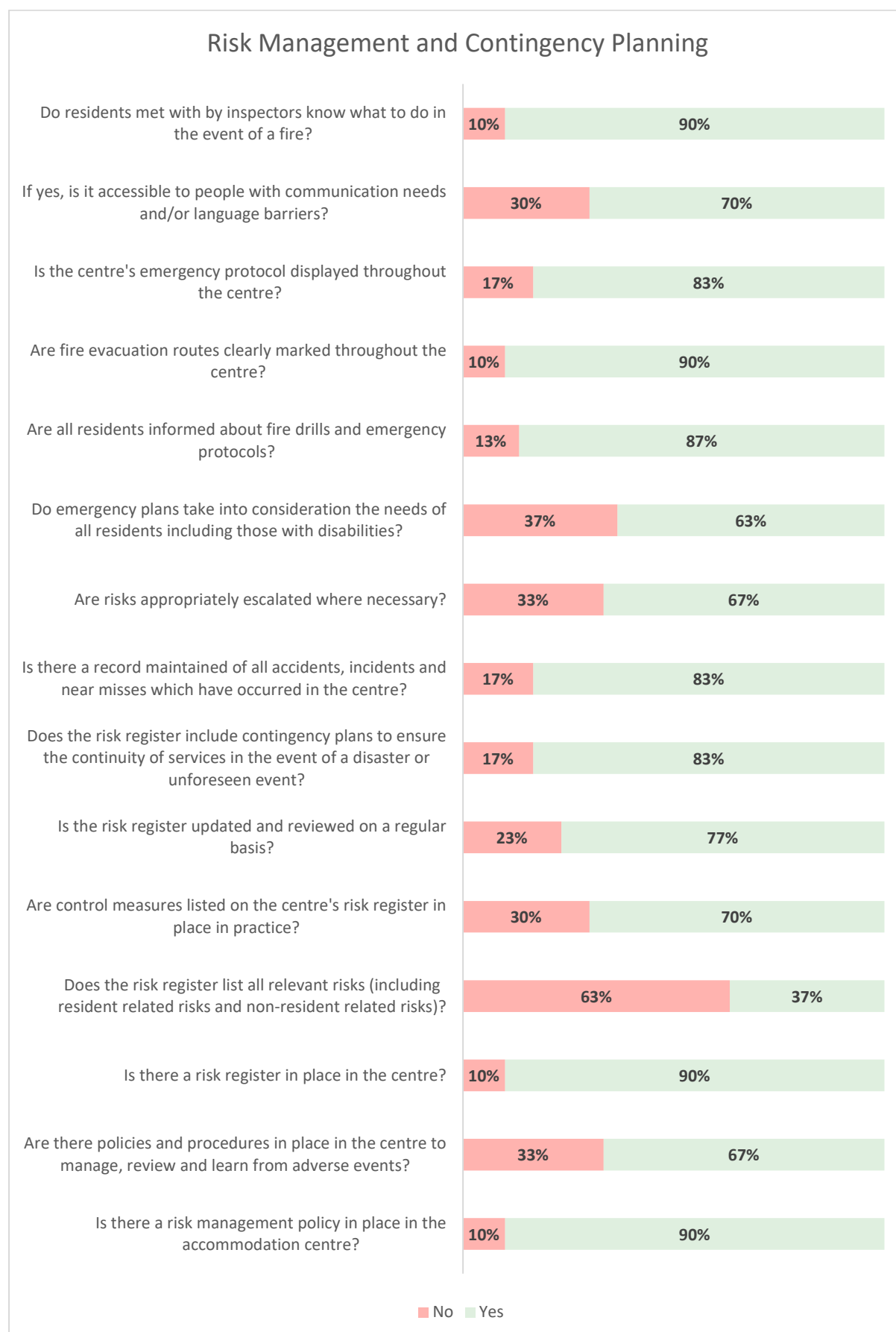


6.1.9 Risk management

Data for 2024 showed that there was an absence of effective systems and poor quality management of risk. Data gathered on inspection in 2025 indicated that improvements were made but more were required. For example, 90% of the centres inspected had a risk register in place, compared to 82% in 2024. Significant improvement was evident in relation to having policies and procedures for the management of risk. In 2024 this stood at 53% of centres inspected and at 90% in 2025, an increase of 37%.

While many centres had a risk register in place, our inspections found that risk registers did not always reflect all risks present in each centre. This rendered the risk register system ineffective in managing all centre risks. Furthermore, consideration needs to be given by providers to ensuring all risks are appropriately escalated, as data gathered by HIQA on inspection showed that 33% of service providers did not utilise escalation pathways effectively.

Figure 29. Risk management and contingency planning



This section of the report presents data collected by HIQA on areas including accommodation, food and catering facilities, the health and wellbeing of residents, safeguarding and protection and special reception needs. Changes in this data year-on-year may be an indicator of improvements or otherwise to accommodation being provided. For example, an increase in population without an aligned increase in toilet and shower facilities and number of bedrooms, could indicate substandard accommodation and overcrowding.

6.1.10 Maintenance and repair

The quality of accommodation provided to residents varied from centre-to-centre. While some centres provided good quality accommodation, five out of 32 centres inspected in 2025 were found to not be in good structural and decorative repair both internally and externally, compared to 15 in 2024. Mould was found in 12 centres, most common in toilets, showers or bathrooms and residents' bedrooms.

Twenty-nine out of 32 centres inspected (91%) had a clear mechanism in place to report and address maintenance needs and 27 (84%) of these centres reported that maintenance and repair works were carried out promptly. In State-owned premises, service providers were escalating any issues related to the premises to the relevant Government department, particularly where the works required were outside of their respective control.

6.1.11 Cleanliness

Generally, accommodation centres were clean and well presented. Some were not, and additional cleaning and upkeep works were required to ensure that a dignified environment was maintained for all residents. The inspectors scored the cleanliness of the accommodation centres inspected across several areas including common areas; dining rooms; kitchen and food preparation areas; toilets, showers and bathrooms; resident bedrooms and external spaces such as playgrounds and car parks. Each score was between zero and five, with five being the highest level of cleanliness. The average score for each category for 32 centres inspected is provided in Table 4.

Table 4. Cleanliness: Average score for 32 centres inspected

Common Areas (Entrance lobby, reception area, hallways etc.) • 4.18 out of 5	Dining Rooms • 4.18 out of 5	Kitchen and Food Prep Areas • 4.21 out of 5
Toilets, Showers and Bathrooms • 3.93 out of 5	Resident Bedrooms • 3.87 out of 5	External Spaces (Play areas, car parks etc.) • 4.03 out of 5

6.1.12 Room allocation and overcrowding

There was evidence of overcrowding in 14 (44%) of the accommodation centres inspected in 2025, compared to 19% in 2024. The 32 centres falling under HIQA’s remit provided a total of 2,587 bedrooms. 524 of these bedrooms were shared by more than one resident. 1,029 residents who shared bedrooms were unrelated.²⁴ 277 (5.79%) of residents were provided with single bedrooms.

There were 2,090 toilets and 1,996 showers provided for a total of 4,776 residents across the 32 centres inspected in 2025. Overall, four (12.5%) of these centres did not meet the minimum space requirements for the accommodation they provided. Our inspections found that this resulted in cramped living

²⁴ This figure does not include family members sharing.

environments.

In line with the standards, providers are required to allocate rooms on the basis of need, for example a mobility issue. Of the 32 centres inspected by HIQA, 28 had a clear, fair and transparent room allocation policy in place. Thirty (94%) of the 32 centres inspected in 2025 accommodated residents in accordance with their identified needs.



On average, there was one toilet per 2.28 residents when considering occupancy levels or one toilet per 2.78 residents when considering contracted bed numbers.



Similarly, there was one shower per 2.39 residents when considering occupancy levels or one shower per 2.91 residents when considering contracted bed numbers.



On average, there were 1.96 residents living in shared bedrooms with unrelated persons unknown to them prior to admission to the centre.



In 84% of centres, there was access to high quality Wi-Fi throughout the accommodation for residents.

6.1.13 Living and sleeping arrangements

Of the 32 accommodation centres inspected in 2025, 25 provided 'family unit' accommodation. There were 1,643 adults and 1,376 children living in such accommodation across the accommodation centres inspected.

The expectations of the national standards are that families should be provided with own-door accommodation, containing facilities for basic food preparation, for example a kettle, toaster and fridge. While this was the case generally, some accommodation did not provide spaces for dining, sitting or study, for example. Three out of the 25 centres providing family units did so by utilising adjoining bedrooms. In these circumstances, residents had to exit into a common hallway to leave one bedroom and enter into the other. Our inspections found that this impacted on children, particularly where they slept in an unconnected bedroom

next to their parent's room. While presented as 'family unit', these arrangement types did not meet the required threshold.

Thirteen (41%) of the centres that catered for families were designed and laid out to include a private living area and bathroom. However, the remainder did not. In these instances, families accessed shared facilities and communal areas in their centres. Furthermore, children had to share beds and or bedrooms with an adult relative (parent or adult sibling) in 16 accommodation centres. While our inspections found that this was a decision often made by some parents to maximise the available floor space within their family unit, there was minimal oversight by the providers involved. In addition, one accommodation centre did not provide all children with a bed and this was addressed by inspectors before they left this centre.

In line with the national standards, the minimum space requirement for each resident is 4.65sqm. While this was met by 28 of the 32 centres inspected in 2025, four (12.5%) did not provide adequate space. The impact on residents was that bunk beds were in use for residents over the age of 15 in six centres (19%).

Significantly, insufficient space to cater for the number of residents in one accommodation centre resulted in 96 adults living in tented accommodation.

Insufficient storage facilities was a common feature of some centres, and our data showed that this was the case in seven out of 32 centres inspected during 2025. This again contributed to cramped living environments which posed a health and safety risk, and in some instances, water damage to stored items where the facilities were not water-proofed.

6.1.14 Play and recreational facilities

Generally, children had access to external play and recreational spaces. However, our data showed that this was not the case in four out of the 26 accommodation centres which accommodated children. Some features of these centres included play areas that were not secure or adequate and play, sport and recreation spaces that were not appropriately furnished or maintained. Similarly, in four of the 26 centres there was a lack of access to appropriate and adequate study facilities for at least some children and young people. Five out of 26 centres accommodating children provided on-site crèche facilities, while the remaining 21 centres supported access to off-site facilities.

6.1.15 Laundry provisions

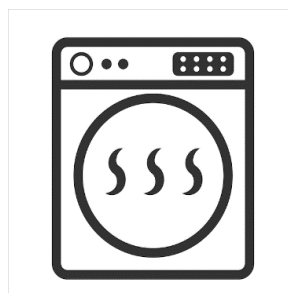
Laundry facilities were the most common topic of discussion between residents and inspectors, particularly in relation to the number of machines available and access to them. On average, there were 15 washing machines and 13 tumble

dryers per centre.

In reality this meant that there was one washing machine available for every 12 residents. When calculated against occupancy levels, this resulted in one washing machine for every 10 residents across 32 centres. Based on actual occupancy at the time of inspection, there was one tumble dryer for every 11 residents, or one tumble dryer for every 14 residents when calculated against the number of contracted beds.



One washing machine per 10 residents



One tumble dryer per 11 residents

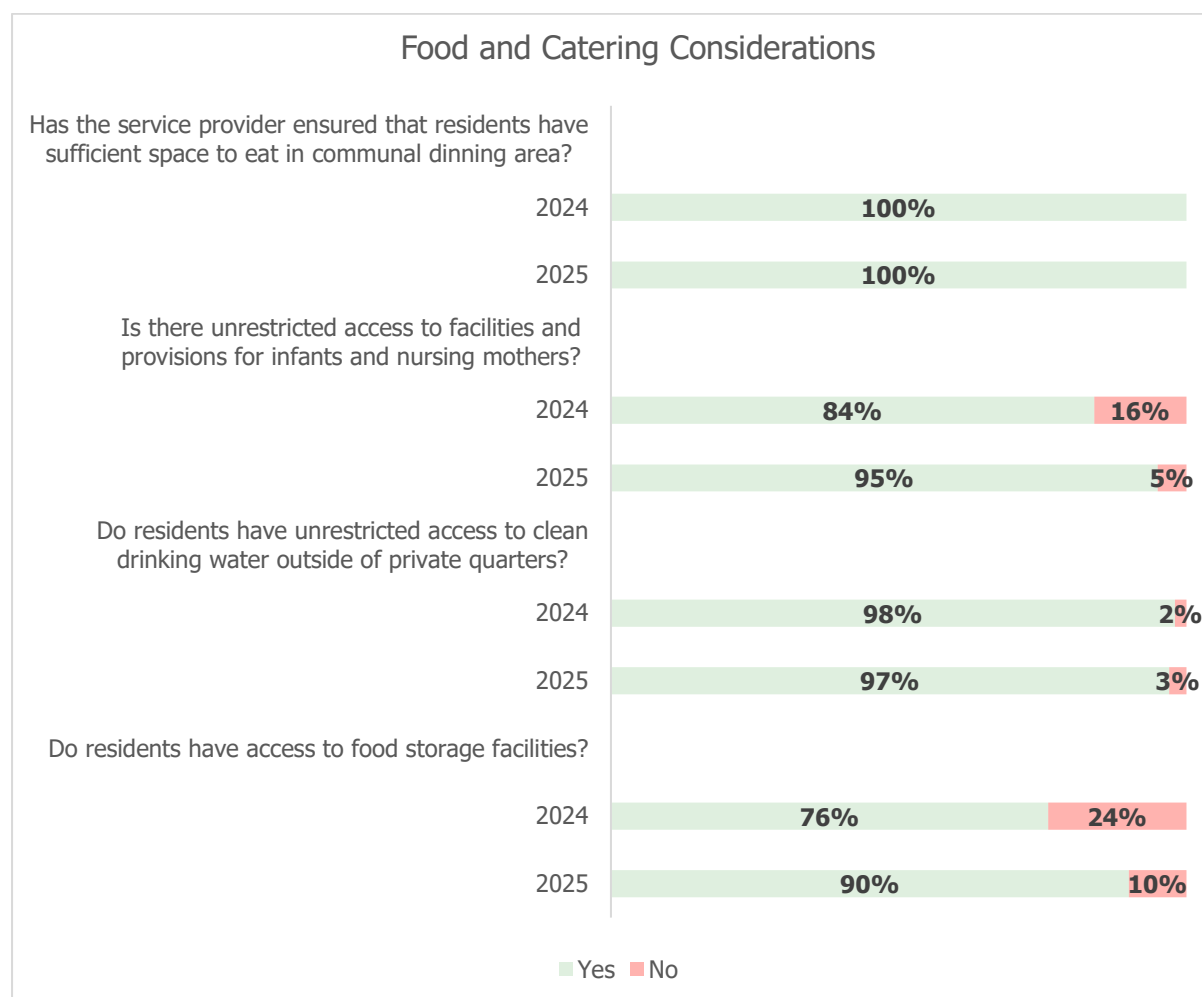
6.1.16 Restrictive practices

Six out of 32 centres inspected in 2025 had restrictive practices in use. They included for example, locking of communal rooms, sports facilities and entrance gates to the centre. In five of the centres inspected, residents were required to sign in and sign out on leaving and returning to the centre.

Other restrictions applied across the centres inspected impacted on residents' privacy and religious practice. For example, some centres had CCTV (closed circuit television) in private visiting areas, three centres did not provide an appropriate visiting area for residents to receive guests and six centres did not provide a non-denominational space for religious practice and worship.

6.1.17 Food and Catering

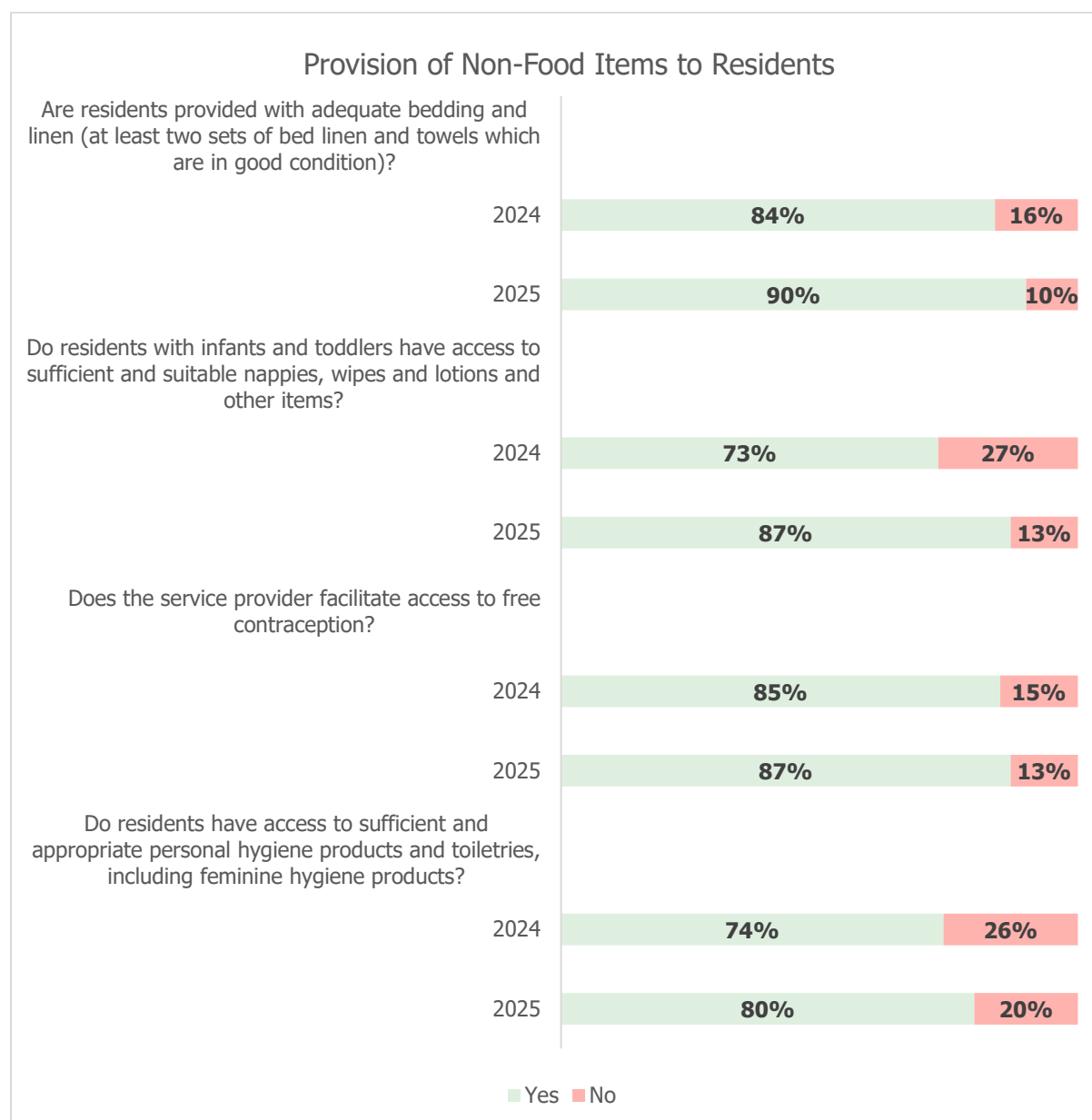
Figure 30. Food and catering considerations



6.1.18 Non-food items

Some aspects related to the provision of non-food items to residents improved during 2025. For example, our data shows that 90% of residents were provided with adequate bedding and linen in 2025, compared to 84% in 2024. Despite this, non-compliance in this area continued. While service providers were funded to ensure all residents received non-food items in line with national standards, items such as toiletries, cleaning products, nappies, wipes and contraception, for example, were not routinely provided.

Figure 31. Provision of non-food items to residents



6.1.19 Safeguarding and protection

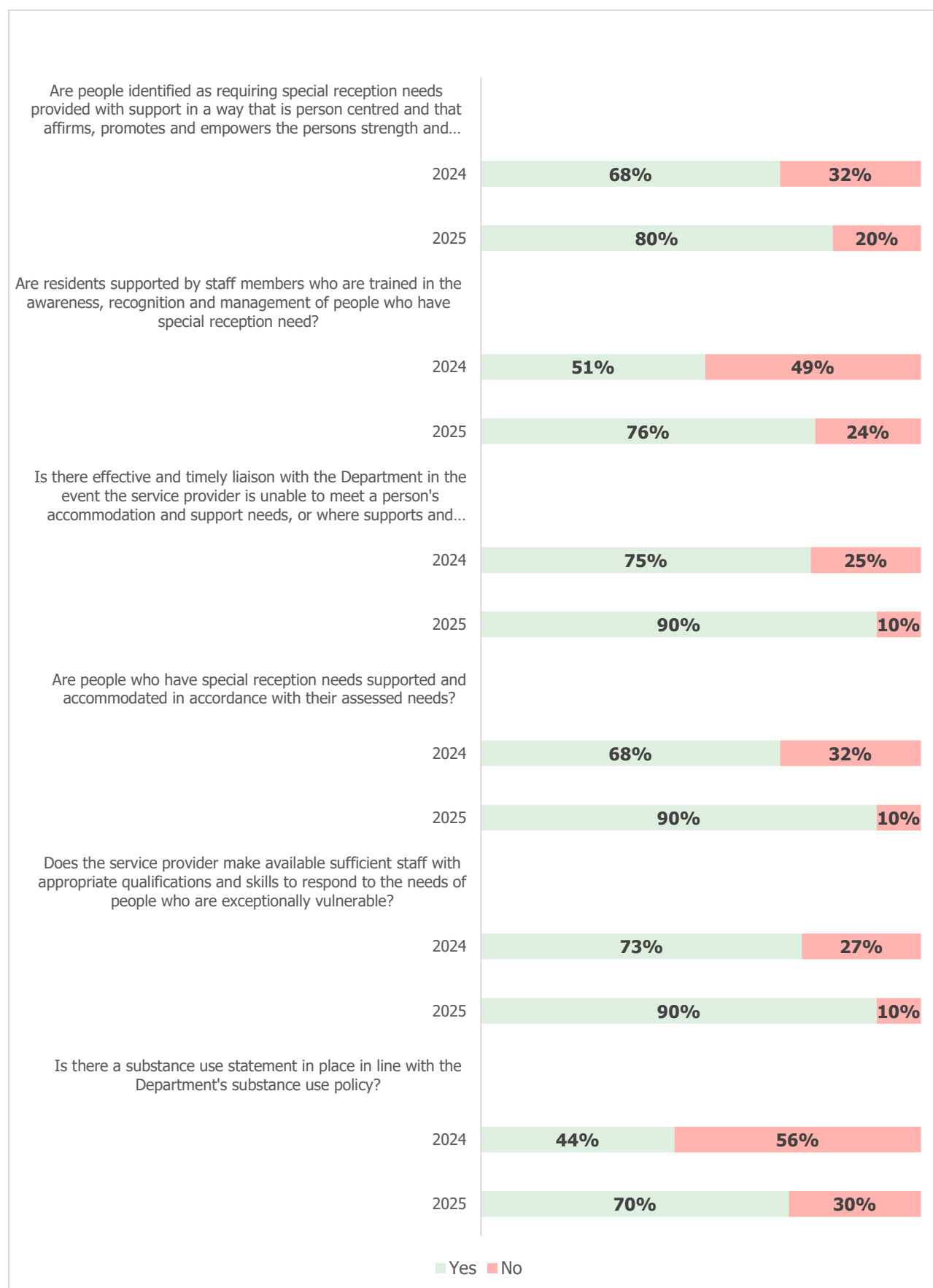
There was a notable improvement in the number of accommodation centres which had policies and procedures in place to ensure that all residents were protected from experiencing harm and abuse. In 2024, 78% of centres had such documents in place and this increased to 93% in 2025. Similarly, improvements were also observed in the number of centres completing risk assessments in situations where the safety of residents may have been compromised. This increased from 64% of accommodation centres in 2024 to 77% of centres in 2025. The number of centres accommodating children which had appointed a designated liaison person (DLP) in accordance with Children First guidelines increased from 92% in 2024 to 97% in 2025.

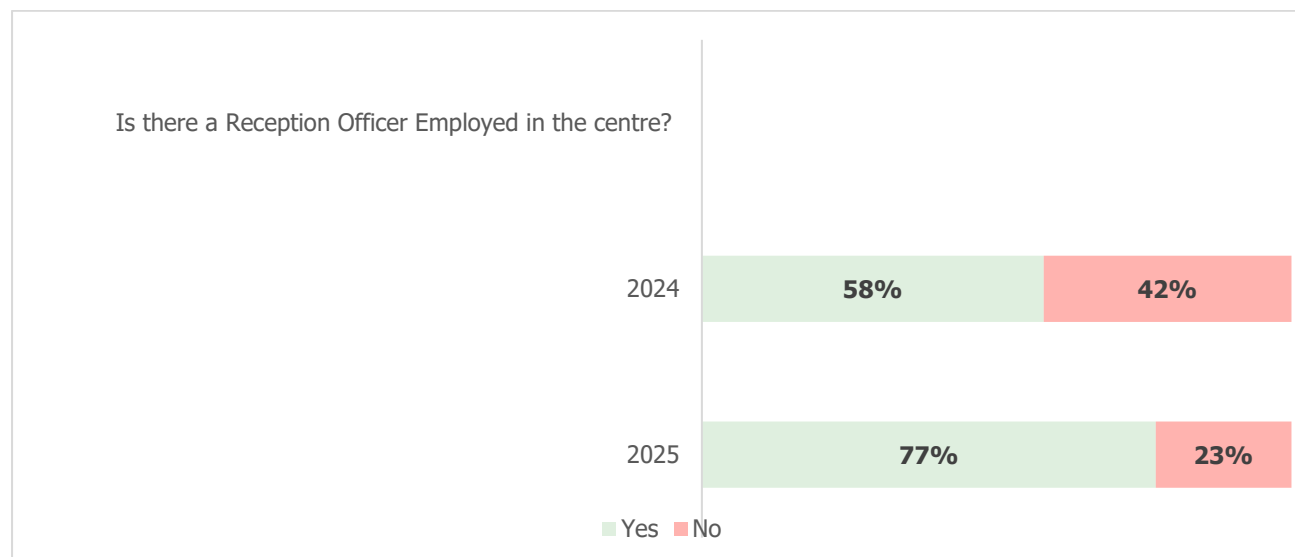
6.1.20 Reception Needs

There were residents with special reception needs in all 32 accommodation centres under HIQA's remit at the time of reporting. Improvements were found in 2025. For example, the number of accommodation centres employing a reception officer increased from 58% in 2024 to 77% in 2025. Similarly, the number of centres with a substance misuse statement in place increased from 44% in 2024 to 70% in 2025. There remained room for improvement, particularly in the development of policies and processes to support staff members to identify, communicate and address existing and emerging special reception needs and on how to support the most vulnerable residents through everyday interactions and observations.

Figure 32. Response to the special reception needs of residents







7. Inspection findings under the *National Standards for accommodation offered to people in the protection process*

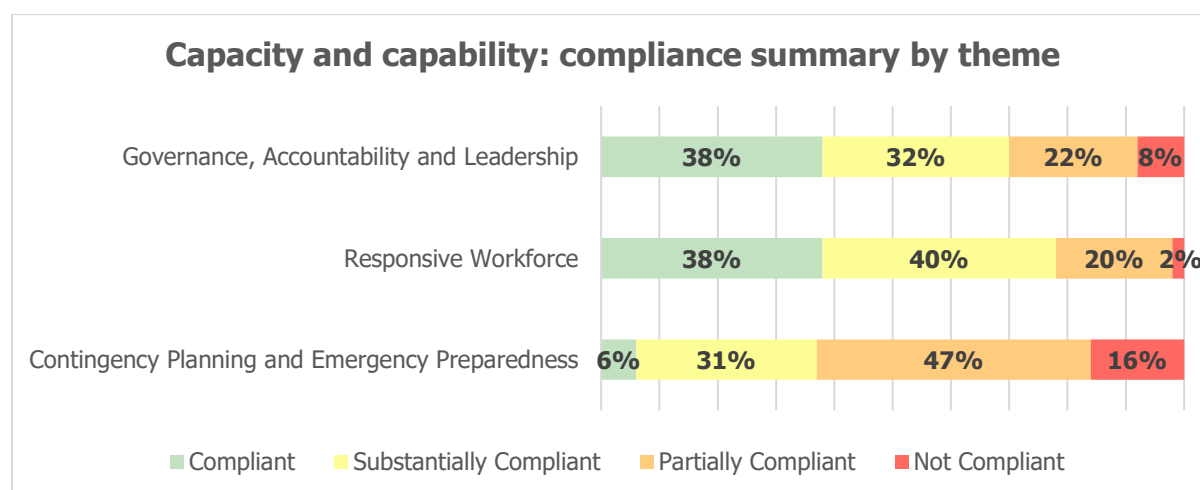
This section presents a summary of the findings from the inspections of 32 centres conducted between January and December 2025. It describes how the accommodation centres performed in relation to compliance with the national standards monitored at the time of their most recent inspection under the two dimensions of capacity and capability, and quality and safety. Separately, it provides a summary of progress concerning four accommodation centres inspected more than once within this time frame.

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

7.1 Capacity and capability of the accommodation centres

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

Figure 33. Capacity and capability: compliance summary by theme



Theme 1: Governance, Accountability and Leadership

Service providers must ensure that they have effective governance arrangements in place whereby management and staff are clear on their roles and responsibilities to deliver safe, high-quality services which are focused on the wellbeing of residents. The management and oversight systems in place must support the service provider to be in compliance with the national standards and meet their legislative requirements. The service provider needs to continually strive for improvement and must consult with residents regularly to ensure the services provided are meeting their needs.

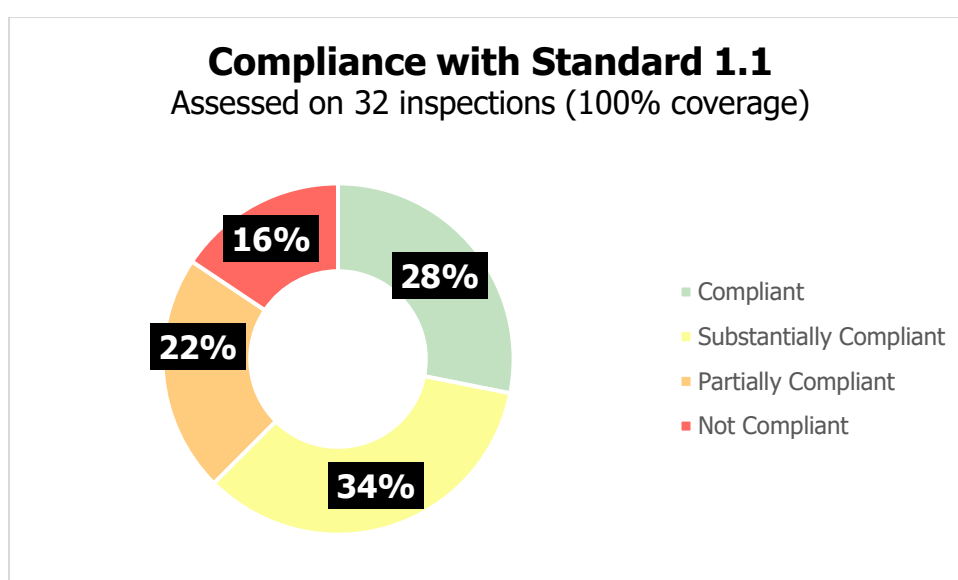
Standard 1.1 The service provider performs its functions as outlined in relevant legislation, regulations, and national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

28% of service providers were compliant and a further 34% were substantially compliant with the standard relating to how well they performed their functions in line with legislation, national standards and policy. This was an increase of 5% on the level of compliance found in 2024. Compliant service providers carried out their functions as outlined in relevant legislation, policies and standards to protect residents in a manner which promoted their welfare and respected their dignity. They were knowledgeable in their roles and oversaw the delivery of safe and effective services. The full implementation of action plans, together with local policies requiring development and implementation led to 34% of services being

substantially complaint with this standard.

16% of service providers were found to be not compliant and 22% were partially compliant in this area. Knowledge of relevant legislation, regulations and national policy and understanding of responsibilities under the national standards was low, which meant that service providers did not always meet their legal requirements under the standards. Inspections found that this was in some part attributable to a lack of ongoing self-assessment by the service provider to ensure compliance with relevant legislation and national policy. In short, they did not have systems in place to continuously review practice which impacted on their ability to drive quality improvement in their service in an informed way.

Figure 34. Compliance with Standard 1.1



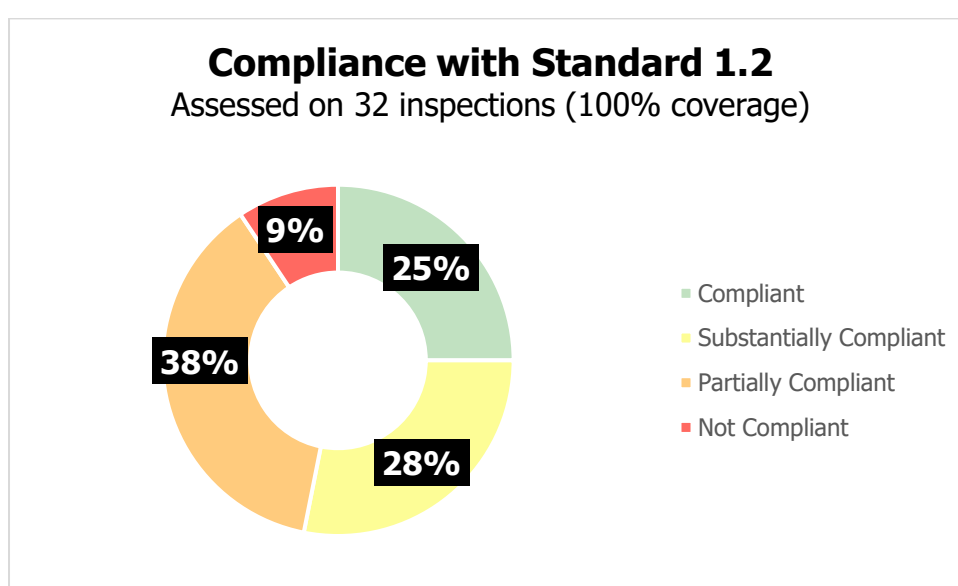
Standard 1.2 The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

Overall, 53% of service providers were either compliant or substantially compliant with the standard relating to governance, leadership and management, indicating an increase of 9% in compliance levels since 2024. One in four (25%) service providers were found to be fully compliant and had competent and knowledgeable management teams, with staff who were clear on their day-to-day roles. These service providers had developed a range of audit and overview systems which supported a culture of continual quality improvement. 28% of services were substantially compliant with this standard as monitoring and oversight systems had improved but needed further development. For example,

there was limited evidence of formal systems of review in relation to areas such as serious incidents, safeguarding concerns, fire safety, complaints, risks and statutory notifications for learning and improvement purposes.

Similar to the figures for 2024, overall, 47% of service providers were not compliant or partially compliant with this standard. This was due to ineffective governance arrangements and the absence of strong leadership at service provider level. Limited engagement by service providers in the operations of their service and the absence of centralised recording and communication systems impacted on the capacity and capability of providers to deliver consistently safe and good quality services.

Figure 35. Compliance with Standard 1.2



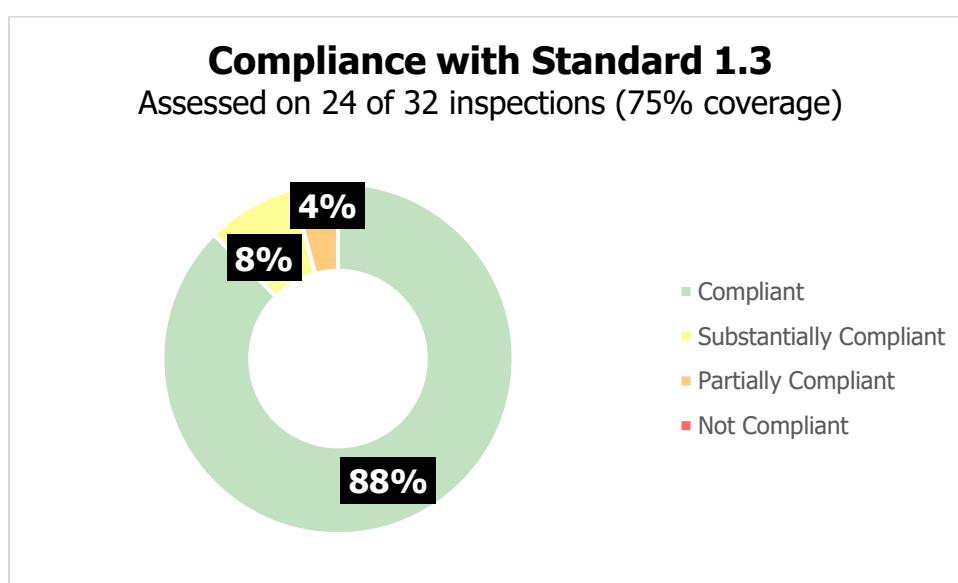
Standard 1.3 There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where services are provided.

Levels of compliance in relation to this standard were 9% higher than in 2024, with 96% of service providers being either fully compliant (88%) or substantially compliant (8%) with this standard. Typically, centres found fully compliant with Standard 1.3 had a residents' charter in place and new residents to the centre were invited to engage in a comprehensive induction programme on arrival. The residents' charter included information on how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. Additionally, information was made available on the complaints process, how the service provider sought the views of the residents, the code of conduct and about how residents' personal information was treated

confidentially. Services found to be substantially compliant with this standard were those who had a residents' charter in place but which was lacking information or detail in some areas such as the complaints process.

4% of service providers were partially compliant with Standard 1.3. This was attributed to services who did not have the required information in the residents' charter as outlined in the national standards and those who had not made the residents' charter available in different languages. There were no centres not compliant under this standard in 2025 which marked an improvement of 2% on 2024.

Figure 36. Compliance with Standard 1.3



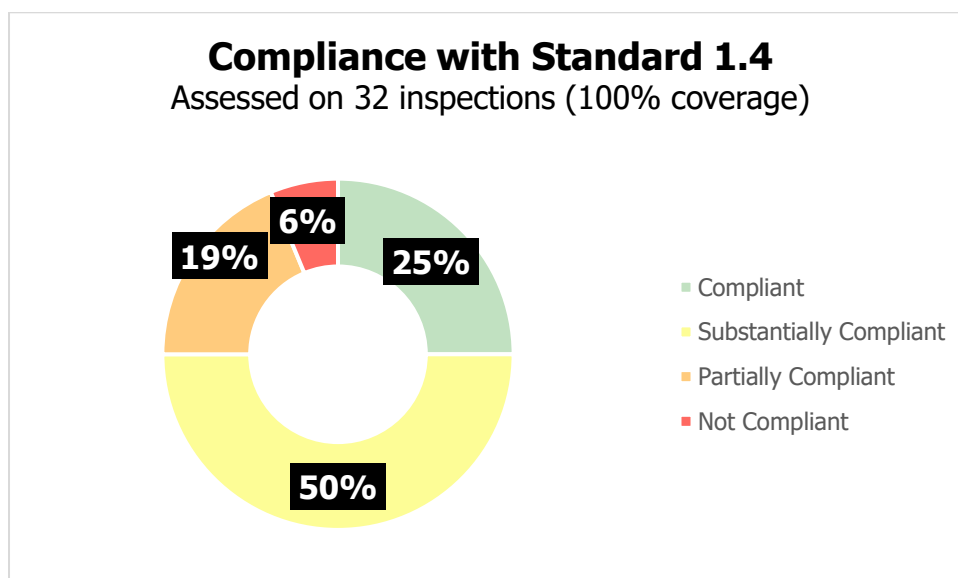
Standard 1.4 The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

Three in every four service providers (75%) were compliant with the standard relating to monitoring and reviewing the quality of their service, including how residents experienced living there. This demonstrated a 25% increase on compliance levels in 2024. 25% were found to be fully compliant. Generally, these service providers had monitoring and quality assurance systems in place which incorporated feedback from residents enabling the providers to review the quality of the services provided. Where services were found to be substantially compliant (50%), processes to consult with residents needed further development and formal annual reviews of the service had not been completed.

While the remaining 25% of service providers were partially compliant, this was a significant decrease (25%) in the level of non-compliance with this standard since

2024. These were typically centres where the systems to monitor and review the quality of the services provided and the experiences of residents were either not in place or ineffective.

Figure 37. Compliance with Standard 1.4

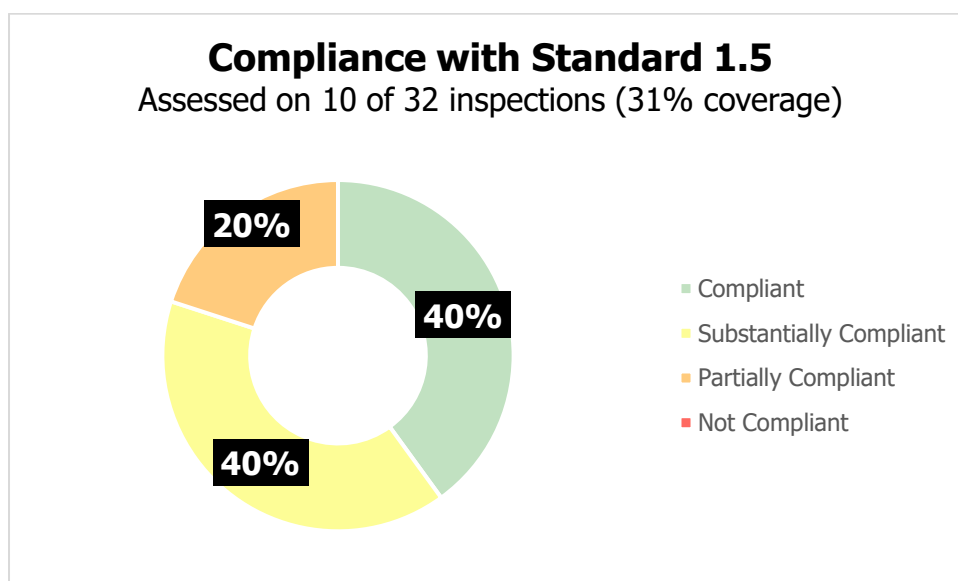


Standard 1.5 Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

Where assessed, 80% of service providers had systems in place to consult with residents regularly. Of these, 40% were fully compliant and ensured residents had opportunities to contribute to quality improvement initiatives within the centre and could demonstrate that residents' feedback was valued and importantly, acted upon. Examples of good initiatives included regular and meaningful resident meetings with centre management, the establishment of resident committees, resident surveys and suggestion boxes. This was typically within a context of a culture of respect. A further 40% of service providers were deemed to be substantially compliant. In these centres, initiatives had commenced which was a positive indication of active inclusion of residents in the delivery of services, and these initiatives were in an early stage of being embedded into practice.

However, significant work was needed in 20% of centres to establish effective communication and consultation systems with residents so that their experiences and views shaped service delivery and informed a needs-led approach.

Figure 38. Compliance with Standard 1.5



Theme 2: Responsive Workforce

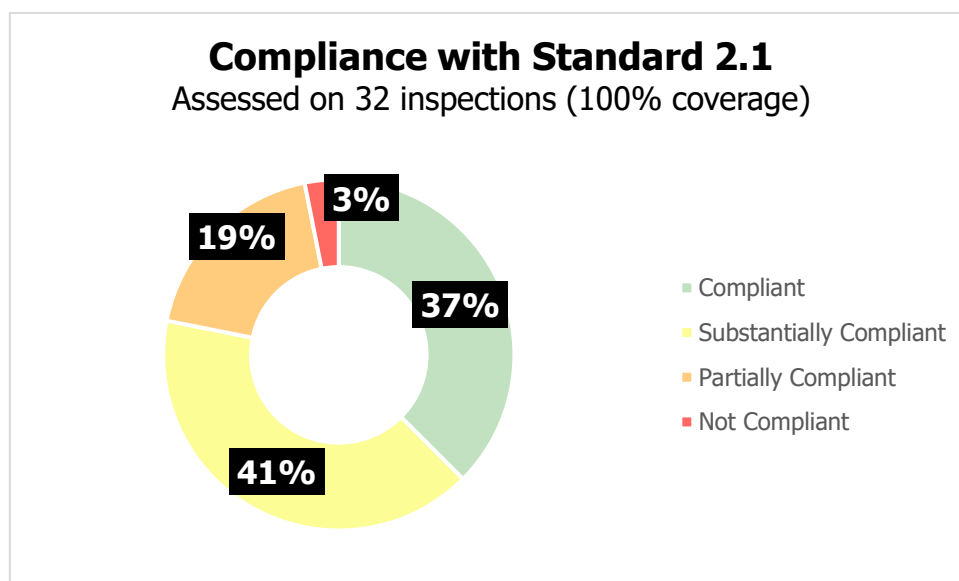
It is the responsibility of service providers to ensure that they have safe recruitment practices in place which enable them to employ staff who are competent and qualified to provide care and support to residents in accommodation centres. The necessary training, support and supervision must be provided to staff members to ensure they carry out their duties in an effective way and are held to account for their practice.

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

78% of service providers were compliant with this national standard. 37% were found to be fully compliant and 41% substantially compliant. These service providers had safe recruitment practices. This included appropriate reference checks, up-to-date vetting by An Garda Síochána and international police checks for staff who had worked outside of Ireland prior to their employment in the centre. Personnel records held all required documentation. This is a significant finding, as it is an increase of 16% in the number of service providers who were found to be compliant or substantially compliant with this standard, rising from 62% in 2024 to 78% in 2025. Some of the reasons service providers did not reach the level of full compliance included a lack of clarity in centre recruitment policies on the number of references required for new staff, and how positive disclosures on completion of the vetting process were risk assessed.

There was a significant decrease in levels of non-compliance which stood at 39% in 2024. One year on, this had reduced to 22% of which 19% were partially compliant and 3% were not compliant. The main trend in reasons for non-compliance was the lack of international police checks, job descriptions, staff induction and probation programmes, and insufficient number of references for some staff members. Recruitment policies needed to be developed or further expanded in some centres to guide recruitment practices.

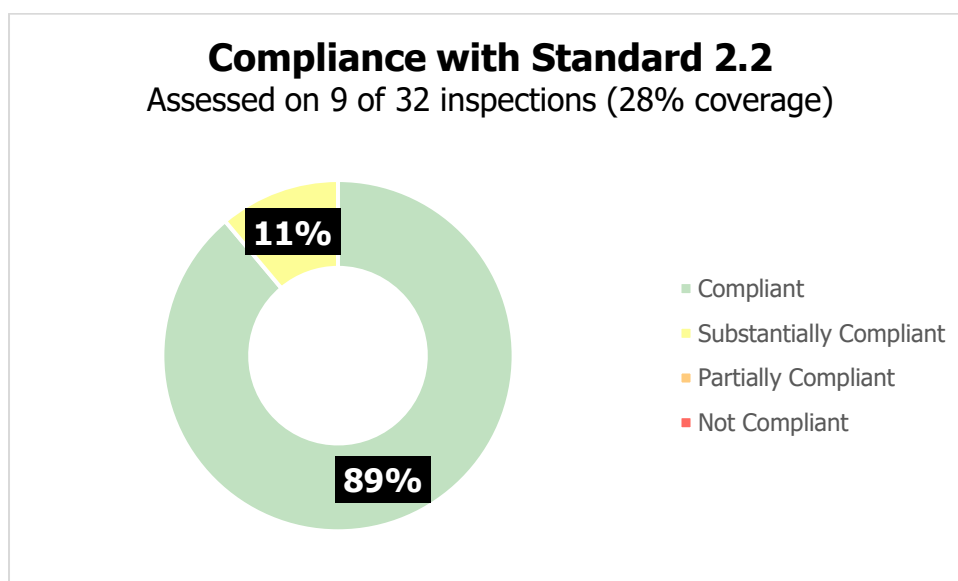
Figure 39. Compliance with Standard 2.1



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

This standard was reviewed in 28% of the inspections completed, and all service providers were found to be compliant (89%) or substantially compliant (11%). In these services, staff were found to have the necessary skills, knowledge and competence to respond to the needs of residents. Sufficient staff numbers were available, with consideration given to the size of the centre and the needs of the residents.

Figure 40. Compliance with Standard 2.2

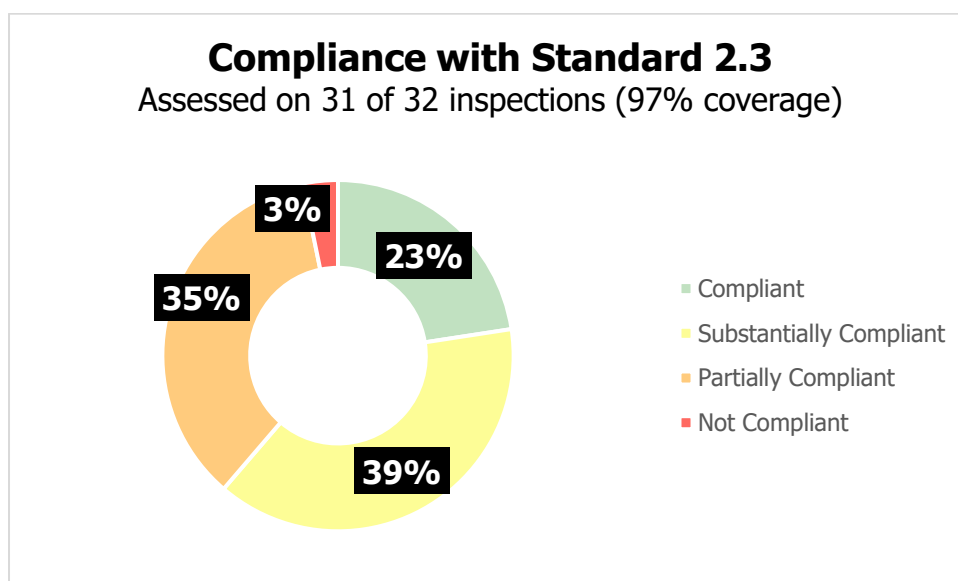


Standard 2.3 Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

Almost two thirds (62%) of service providers complied with the standard relating to staff support and supervision. This was a 22% improvement in overall levels of compliance since 2024. 23% were fully compliant and had well-established supervision and appraisals systems in place which supported staff to carry out their roles. The remaining 39% of service providers were substantially compliant as they needed to make minor adjustments to their recording of staff supervision or staff appraisal meeting records and aspects of these areas of practice required full implementation.

Under this national standard, 35% of service providers were found to be partially compliant and a further 3% were not compliant. These were services where the service provider had yet to implement systems of staff supervision and or appraisal and policies to guide practice in these areas were not in place. In these centres, service providers could not be fully assured that staff members were being well supported or held to account for their day-to-day practice.

Figure 41. Compliance with Standard 2.3

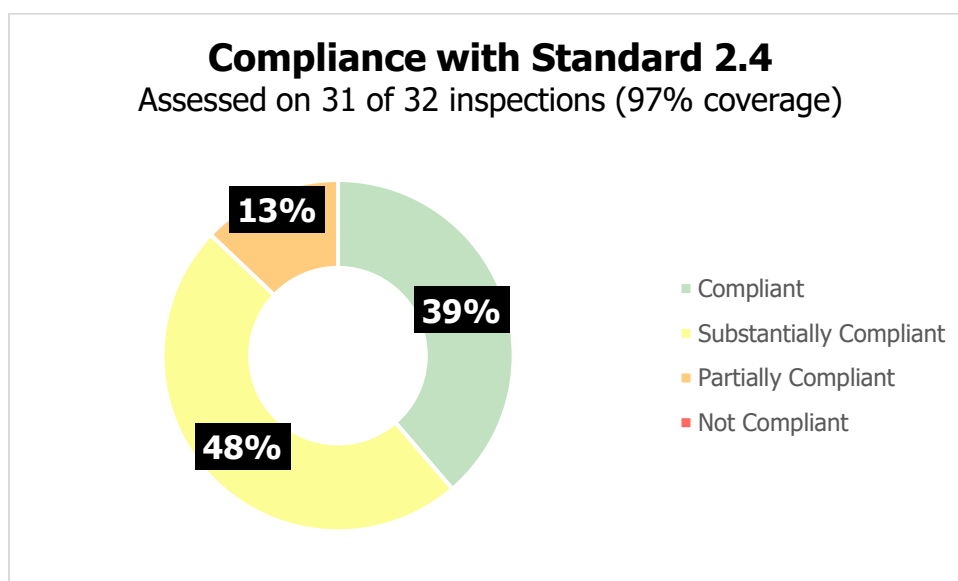


Standard 2.4 Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

A significant percentage (87%) of service providers were found to be in compliance with this standard. This was a 25% increase on last year's compliance levels. The 39% of services that were fully compliant had ensured that staff had received the necessary training to support them in their respective roles. In addition, the training provided was informed by an analysis of residents' needs, and there were effective oversight systems in place to ensure refresher training was completed, when required. For the 48% of services that were found to be substantially compliant, plans to deliver training were in place but the training had yet to happen. For a minority, staff training was provided but was not fully informed by a training-needs analysis.

Nonetheless, 13% of service providers were found to be partially compliant with this standard. Importantly this represented an improvement of 25% in compliance levels since 2024. Reasons for not complying with this standard included a lack of oversight systems to ensure all staff, including contracted security staff, had completed mandatory training, and an absence of training plans. This potentially impacted on staff knowledge and skills to meet the needs of residents.

Figure 42. Compliance with Standard 2.4



Theme 3: Contingency Planning and Emergency Preparedness

Risk analysis and management are critical aspects of the delivery of safe services. The service provider is responsible for ensuring the identification, management and review of risk in their centres including risks related to residents and the continuity of the service. A risk management framework, policy and register should be in place and implemented to ensure all risks are known, assessed and have controls in place to reduce or eradicate the risk involved. In addition, the service provider must have adequate contingency plans in place to ensure continuity of service in the event of an emergency or unforeseen incident.

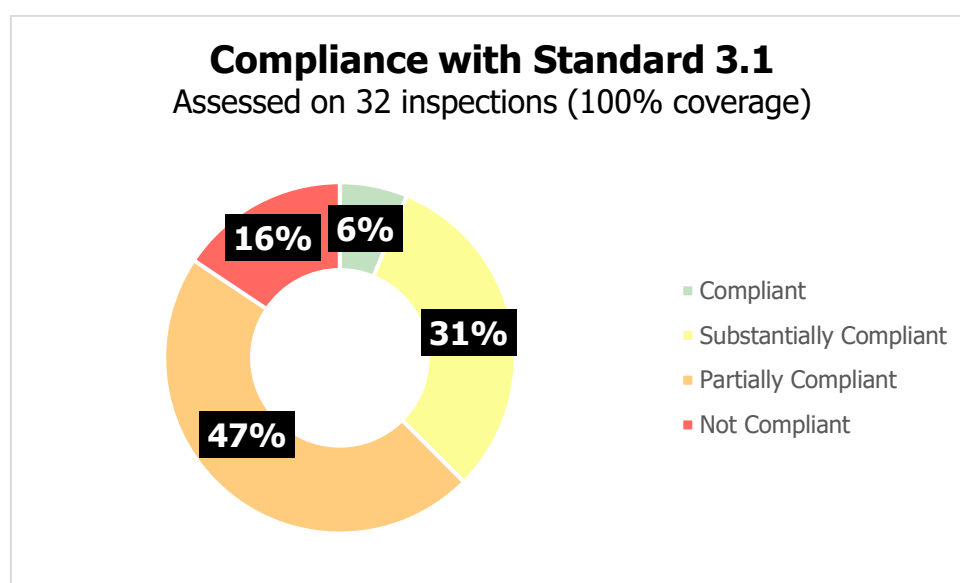
Standard 3.1 The service provider will carry out a regular risk analysis of the service and develop a risk register.

Over a third (37%) of service providers were found to be compliant (6%) or substantially compliant (31%) with this national standard. While there was an 8% decrease in the number of service providers who were fully compliant, there was a 19% increase in the number of providers who were found to be substantially compliant since 2024. These service providers had clear and detailed risk management policies and systems in place to monitor risk. Risk registers were regularly reviewed, and there were contingency plans in place to manage a disruption to the service. The main reasons for some service providers not achieving full compliance with this national standard was the need to focus further on whether the controls they had in place remained effective in managing risk over time and ensuring all risks being managed locally were reflected on the

centre's risk register

Almost two-thirds (63%) of providers were not in compliance with this standard. 16% were not compliant and 47% were found to be partially compliant. In these centres, risk management systems were ineffective. They did not support the service provider to identify, assess and monitor risk. Where risks were identified by HIQA during inspections, they were not known to the provider and therefore had not been managed. In other instances, some of these risks were known to the provider but they had not been appropriately assessed or effectively managed. Furthermore, some risks in relation to fire safety in specific centres had not been assessed or well managed. Regular fire drills and appropriate evacuation procedures for residents with specific needs had not been completed by some of these providers. Where poorly or unmanaged risks were identified, particularly those related to the safety and welfare of residents and fire safety, HIQA sought assurance and further information from service providers that immediate and appropriate actions were taken to manage and mitigate these risks. In two accommodation centres, HIQA increased its regulatory activity to ensure service providers took appropriate steps to eradicate or reduce significant, and in one instance, major risks, in their respective centres.

Figure 43. Compliance with Standard 3.1

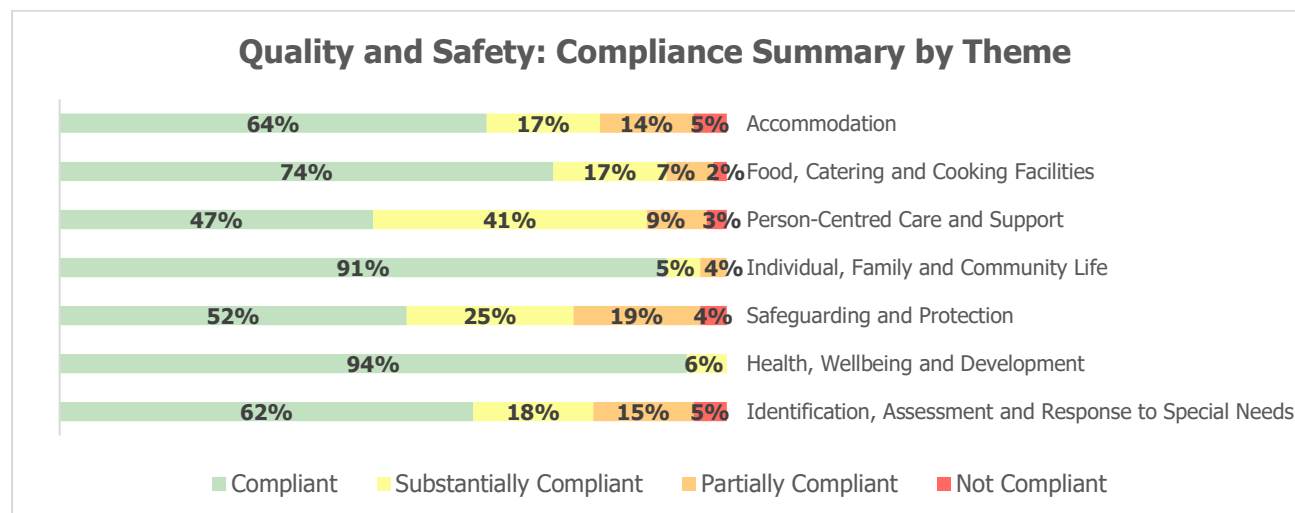


7.2 Quality and safety of the accommodation centres

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

check on the quality of the accommodation being provided and how residents are supported to integrate into the local community.

Figure 44. Quality and safety: compliance summary by theme



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

Theme 4: Accommodation

It is the responsibility of the service provider to ensure that the accommodation they provide is of good quality, safe and informed by the needs of its residents, and the population of the centre should influence the types of facilities available, for example if children live there. Clear and transparent policies and procedures should be in place to guide local practice on the allocation of rooms or individual living units. Private and communal areas should be well furnished and considerate of the rights of the residents to privacy, dignity, choice, good health and – where

families live – family life. Where there are security arrangements in place, the service provider should ensure that these arrangements protect each resident's right to privacy and dignity, and the provider should be able to demonstrate there is a need for any such measures by way of a risk assessment.

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

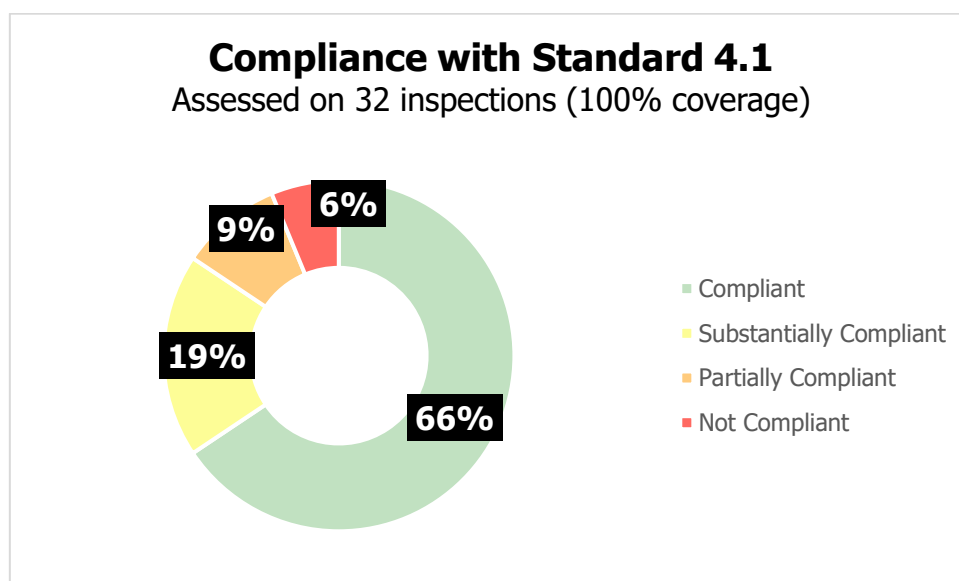
There were good levels of compliance with this standard with 66% of service providers deemed compliant and 19% substantially compliant. These service providers met the requirements in relation to the planning and allocation of accommodation, which was informed by the identified need and best interests of the residents, including children.

The number of centres that were compliant increased by 23% since the 2024 report. These were providers who ensured the allocation of accommodation to residents was fair and transparent and took account of the needs of residents and included consideration of residents who had specific vulnerabilities.

Almost 20% of service providers met most of the requirements of the standard but further action was required to become fully compliant. For the most part, these deficits related to policy and procedures which did not have sufficient detail regarding the factors to be considered when allocating accommodation, or the process where residents could request a change of accommodation.

Challenges arose for some providers including 9% who were partially compliant and 6% who did not comply with the standard. While some of the service providers had policies to guide practice, they were limited in detail. Moreover, some providers had not assessed the suitability of the accommodation available to determine, for example, the types of families they could cater for. In some cases, improvements were also required to processes to allow residents to request changes to their accommodation following their initial admission.

Figure 45. Compliance with Standard 4.1

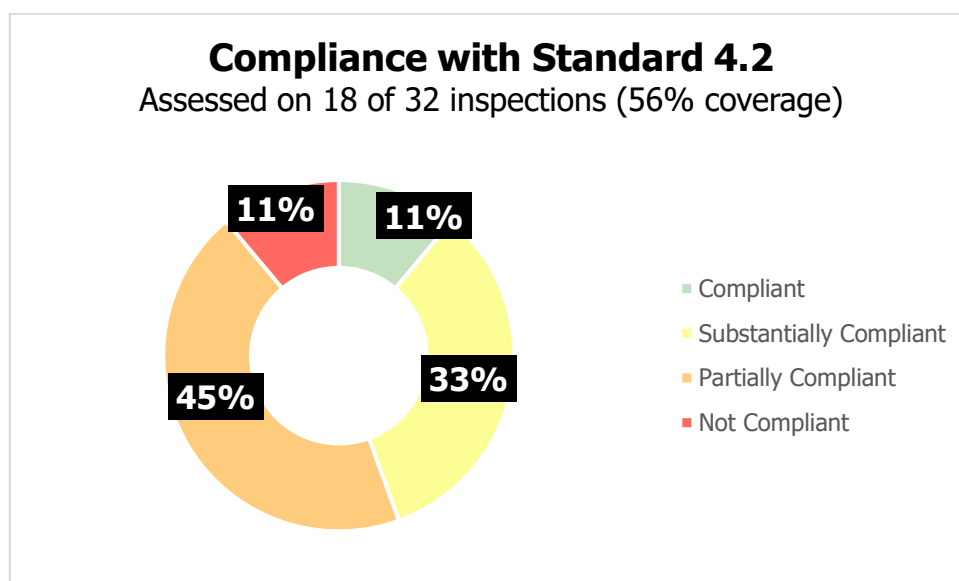


Standard 4.2 The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

Overall, 44% of service providers who were assessed against this standard were deemed to be compliant (11%) or substantially compliant (33%). These services had provided accommodation that was homely, accessible and sufficiently furnished. Where improvements were required in some centres, the service provider had identified the concerns and put appropriate plans in place to progress the issues. These included maintenance-related concerns, such as mould management and the need for additional storage for some residents.

There was a reduction in the number of compliant or substantially compliant centres from 65% in 2024 to 44% in 2025. This meant that 56% of centres assessed against the standard required significant improvements to ensure residents had access to accommodation that was homely, safe, comfortable and accessible. Health and safety concerns were observed in a number of centres, including structural issues and maintenance works that were required, for example, due to water damage. Furthermore, not all bedrooms met the minimum space requirements or had sufficient storage facilities for residents. Finally, there were concerns identified in some centres with regard to the standard of beds and mattresses offered to residents, and a small number of adults had been provided with bunk beds. Where required, HIQA sought assurances from the service provider that immediate and appropriate actions would be taken to manage and mitigate any risks to residents.

Figure 46. Compliance with Standard 4.2

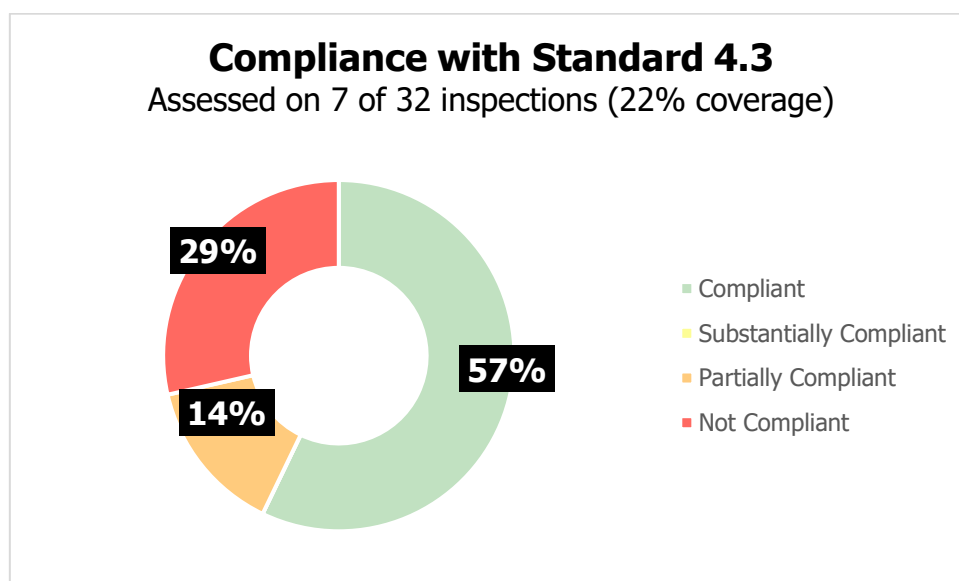


Standard 4.3 The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

While this standard was not inspected against in all centres, just over half of service providers who were assessed against this standard ensured that the physical environment promoted the privacy, dignity and safety of residents. 57% of service providers ensured that residents had access to safe and adequate storage facilities, adequate bathroom facilities and a personal key to their own room, and were therefore deemed compliant but there was an increase in the levels of non-compliance with this standard since the previous year of inspection.

In 2025, 43% of accommodation centres were found to be not compliant with this standard as they had not ensured the privacy, dignity and safety of the residents living in the centre. 14% were partially compliant due to measures in place which did not promote people's dignity with regard to the locking of bathroom doors. In 29% of centres, significant health and safety concerns were identified. The concerns included the presence of pests, mould and accommodation which was overcrowded, cramped and cluttered. Associated risks were not adequately assessed and therefore the physical environment did not promote the safety, health and wellbeing of residents. Where required, HIQA sought assurances from the service provider that immediate and appropriate actions would be taken to manage and mitigate any risks to residents.

Figure 47. Compliance with Standard 4.3



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

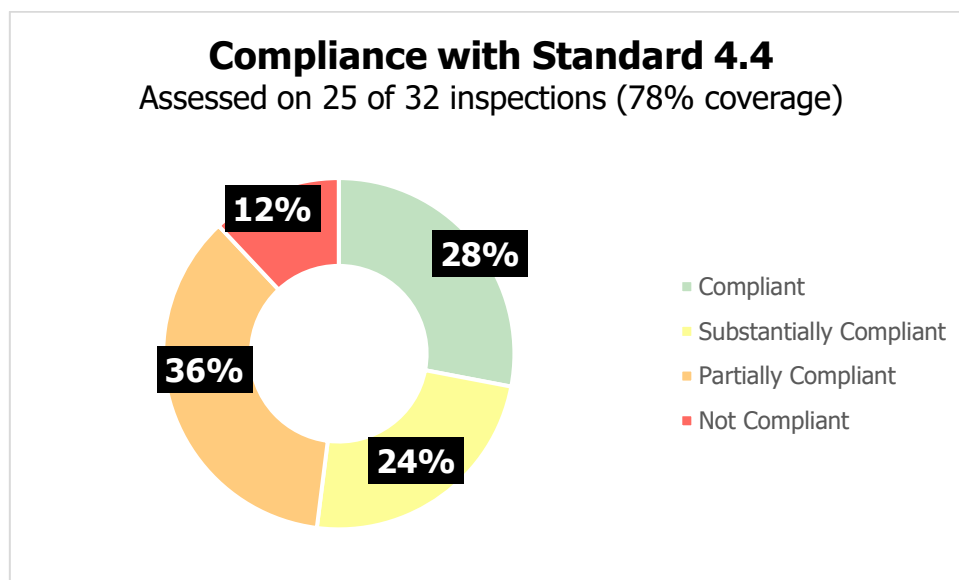
This standard specifically relates to the accommodation provided to children and their families. The level of compliance with this standard reduced by 19% when compared to data from 2024. In 2025, just over half (52%) of service providers promoted the privacy and dignity of family units in terms of the accommodation provided. Some of these centres offered own-door accommodation which provided separate bedrooms for children and their parents who had access to appropriate living space and bathroom facilities. In other centres, the service provider had put measures in place to minimise the potential negative impact on families, for example, where they did not have access to a separate bedroom or living space following an assessment of these risks.

Service providers of accommodation services that were deemed substantially compliant (24%) were required to take some action to reach compliance, particularly in relation to the provision of private living space and to ensure the sharing of bedrooms was in line with policy and procedures.

The remaining 48% of centres inspected did not meet the requirements of the standard due to the configuration of the accommodation provided. While families were accommodated together and the family unit protected, some children shared bedrooms with parents or older siblings of different genders and this impacted the privacy and dignity of these families and was not in line with the

requirements of the sleeping protocols of the Housing Act 1966. The impact of these living arrangements had not been identified and assessed by the provider. A private living space was not provided to some families and available floor space was often limited which impacted on children's opportunities to play and develop.

Figure 48. Compliance with Standard 4.4

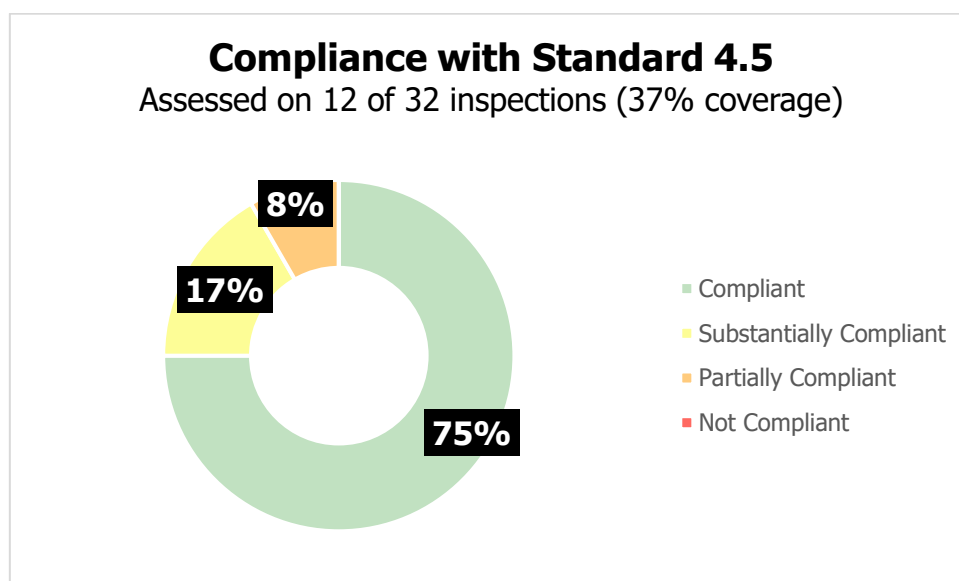


Standard 4.5 The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

While this standard was only assessed in 37% of the inspections completed in 2025, the majority of service providers were found to either comply (75%) or substantially comply (17%) with the standard for the provision of adequate or accessible facilities including dedicated child-friendly, play and recreation spaces. These service providers had ensured that there were appropriate and safe recreation facilities for residents living in the centre. In these centres, children had access to outdoor play areas including playgrounds and green areas and indoor communal spaces which enabled children and young people to engage in social activities with their families and friends. The facilities provided ensured that residents had access to facilities to relax, socialise together and enjoy leisure activities.

8% of service providers were partially compliant with this standard and had not ensured that children had access to sufficient recreation facilities and residents did not have a space to hold meetings in private which impacted negatively on their right to privacy and dignity.

Figure 49. Compliance with Standard 4.5

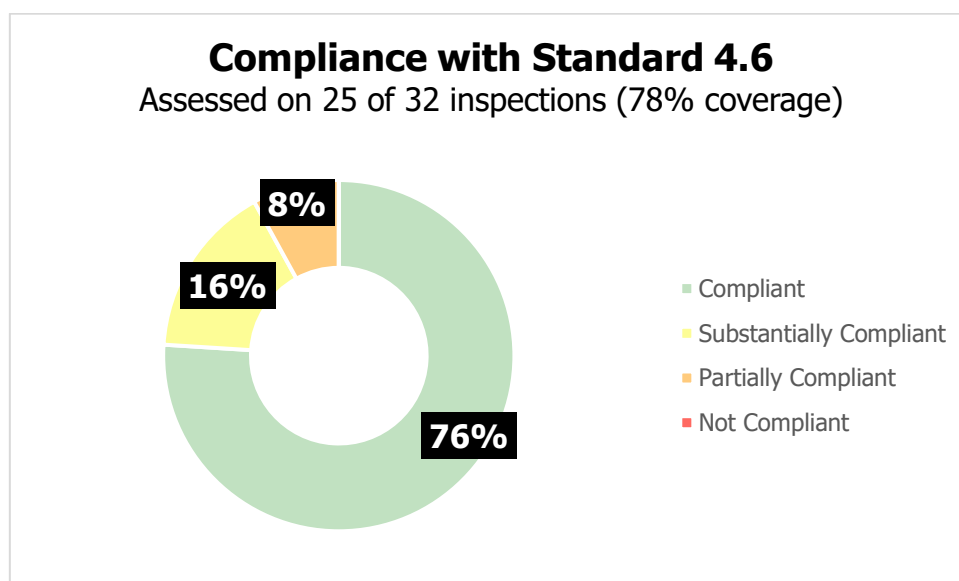


Standard 4.6 The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

The majority of service providers (92%) ensured that children and young people had dedicated and adequate facilities in place to support their educational development. 76% of centres were compliant and the remaining 16% were substantially compliant with this standard. While not all of the children living in these centres had a dedicated area within their living environment, they had access to a homework club or an appropriate room to complete their studies. Parents were supported to access local schools and educational supports in the area. Some improvements were required including access to Wi-Fi in residents' bedrooms and access to computer facilities.

Some service providers (8%) were partially compliant with this standard. It was found that while there were some supports in place for children and parents with regard to educational development, children did not have access to an appropriate area within the centre to complete their homework. These children did not have sufficient space within their own home nor had they access to afterschool or homework clubs.

Figure 50. Compliance with Standard 4.6

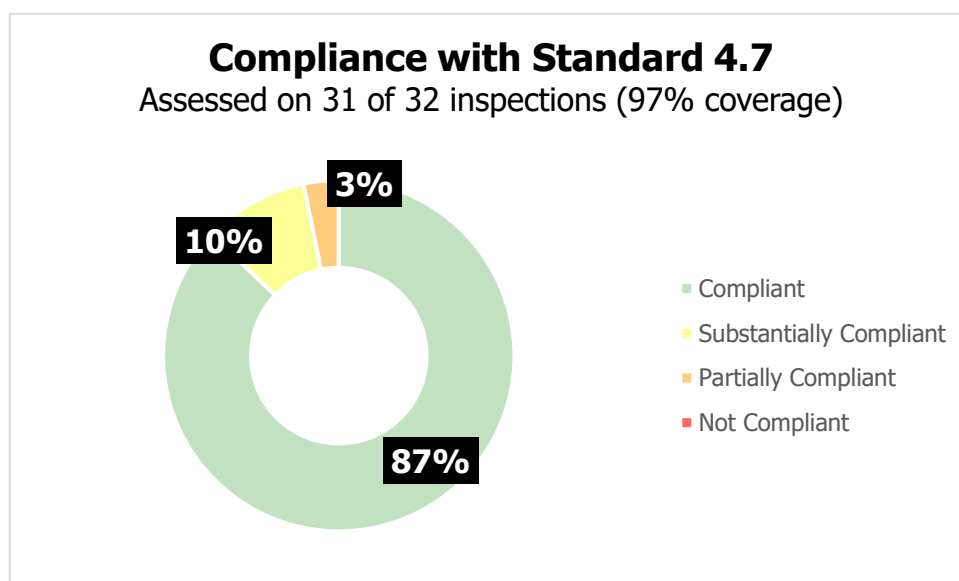


Standard 4.7 The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

It is the responsibility of the service provider to provide an environment that is clean and respects and promotes the independence of residents in relation to laundry and cleaning. 87% of centres inspected were fully compliant and 10% were found to be substantially compliant with this standard. This was an improvement on the inspections completed in 2024 which demonstrated that service providers were committed to providing an environment that was clean and promoted residents' independence with regard to laundry and cleaning. Residents who lived in self-contained apartments had access to their own laundry facilities while others had access to communal laundry facilities which met their needs. It was evident that some centres had increased the number of laundry appliances since they were last inspected which supported increased compliance levels.

A minority of centres needed small improvements to the cleanliness and presentation of some communal indoor and outdoor spaces.

Figure 51. Compliance with Standard 4.7

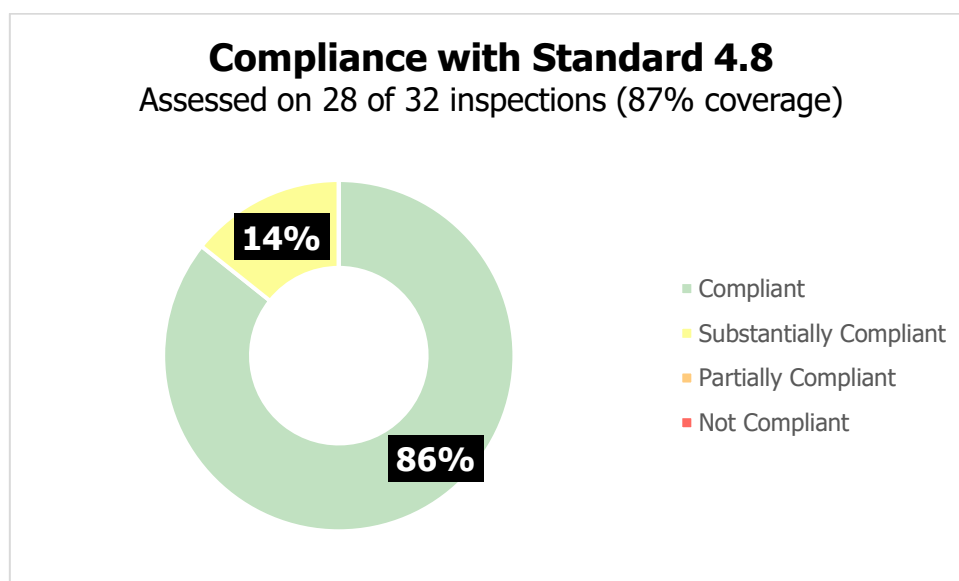


Standard 4.8 The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

All service providers were found to be either compliant (86%) or substantially compliant (14%) with this standard and had appropriate and proportionate security measures in place. In most cases, there were suitable security measures which were found to be based on an assessment of risk in the centre. Security staff, where applicable, were appropriately licensed and trained in areas specific to residents' needs. Closed circuit television CCTV was in operation in communal spaces in the majority of centres which was guided by the service provider's policy.

The inspections carried out in 2025 found that there was an overall improvement on the findings outlined in the previous overview report in 2024, where 9% of service providers were required to take action to enhance their security arrangements. Deficits identified in 2025 were minor in nature and did not impact the safety, privacy or dignity of residents, but related to the review and assessment of security measures which were not adequately detailed.

Figure 52. Compliance with Standard 4.8

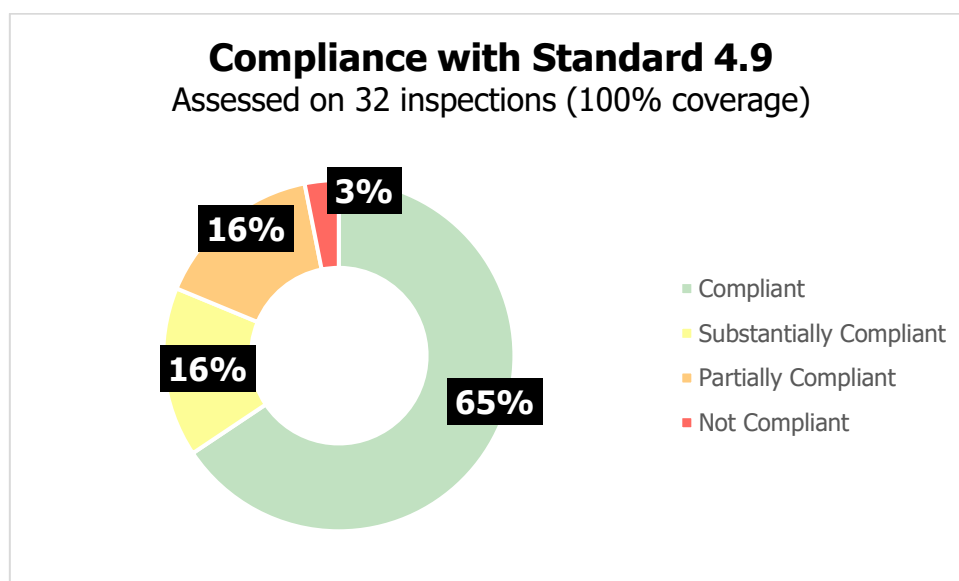


Standard 4.9 The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

65% of service providers had put the necessary measures in place to ensure that residents had access to sufficient and appropriate non-food items and products to ensure the personal hygiene, comfort, dignity, health and wellbeing of residents. A further 16% of centres were found to be substantially compliant and while for the most part residents were satisfied with the provisions in these centres, there was limited engagement with residents regarding their entitlements and associated choices.

In 2025, 3% of service providers did not comply and a further 16% partially complied which meant that residents living in these centres did not have access to the provisions they were entitled to, such as toiletries, cleaning products or baby products. Some of these services operated a points-based system for residents to obtain non-food items from their onsite shop, while others provided residents with a prepaid card to purchase their own goods in the community. While both systems were adequate, the allocation of points or funds had not been reviewed to facilitate residents to obtain non-food items, which was not in line with the requirements of the national standards.

Figure 53. Compliance with Standard 4.9



Theme 5: Food, catering and cooking facilities

Service providers are responsible for the provision of well-maintained and appropriately-equipped food preparation and dining facilities to residents. They should engage and consult with residents in relation to decisions about food and preparation areas to ensure their religious and cultural requirements are met and that the facilities support family life. The facilities provided depend on the type of accommodation offered. Residents living in own-door accommodation should have access to their own private kitchen and those living in other types of accommodation should have access to both communal kitchen facilities and basic food preparation spaces. Where a service provider provides a catered service, it is their responsibility to ensure residents are consulted with in relation to all aspects of this provision of service.

The vast majority of service providers complied with the standards assessed under this theme. They had adequate facilities available to residents to meet the resident's catering and dining needs. Challenges arose in some services whereby the cultural preferences of residents were not adequately catered for both in terms of catered services and other centres where residents bought their own produce in an onsite shop. There were some inequities identified in terms of access to storage facilities and cooking equipment.

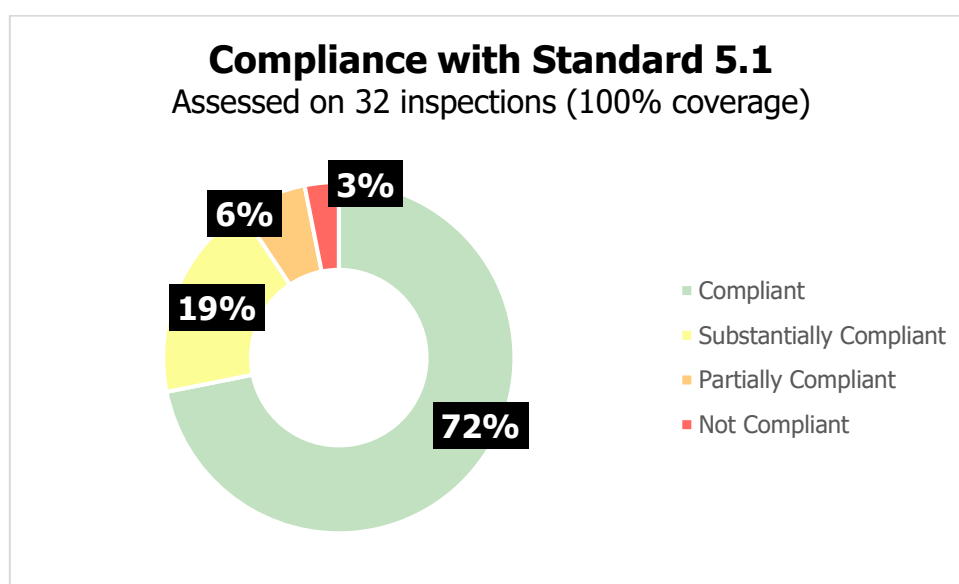
Standard 5.1 Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

A significant percentage (91%) of service providers provided adequate food

preparation and dining facilities which met the needs of the residents and supported family life. 72% of service providers were compliant and 19% were found to be substantially compliant with this national standard. This was similar to compliance levels in 2024. Across this sector, the facilities provided varied depending on the type of accommodation. For instance, some residents enjoyed access to private cooking and dining spaces within self-contained apartments or their own house, which supported family life and autonomy. Residents in other centres shared communal food preparation areas which were adequately equipped to meet their needs. Some reasons for not quite achieving full compliance with this national standard included the cleanliness of food preparation areas on the day of inspection and a need to reconsider the amount of food storage facilities being provided.

Non-compliance with this national standard sat at 9%. These service providers had failed to provide appropriate food preparation and dining facilities. Some residents living in these centres did not have access to basic cooking utensils, adequate refrigerated space or cooking equipment or crockery.

Figure 54. Compliance with Standard 5.1



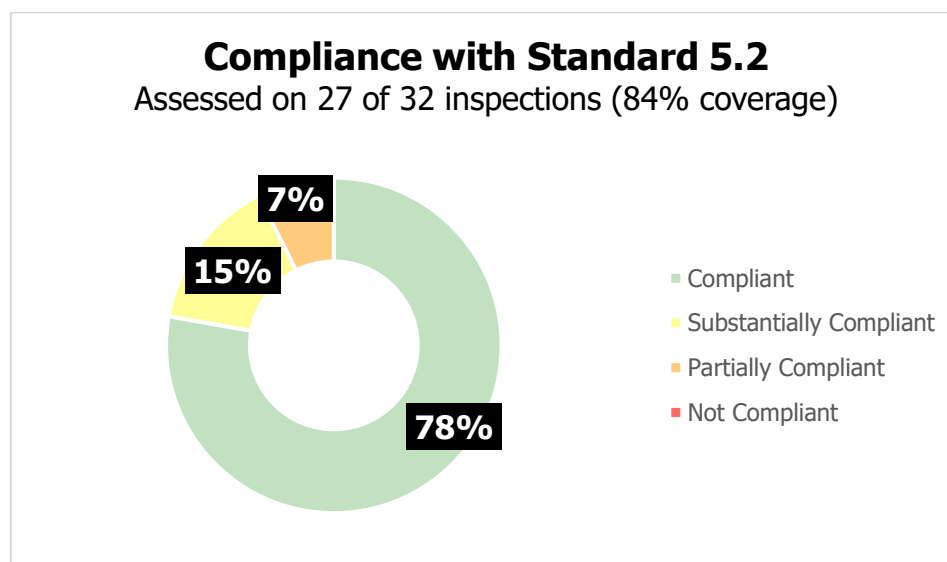
Standard 5.2 The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

The majority of service providers inspected against this standard were performing well, with an overall compliance rate of 93%. 78% of service providers were compliant and a further 15% were substantially compliant. Examples of good practices varied depending on the facilities in each of the centres. For example,

some centres were fully self-catered and residents bought their own groceries using prepaid electronic cards or vouchers for local shops and supermarkets. This facilitated choice and autonomy for residents in relation to their grocery shopping. Other centres operated a points system whereby residents purchased their groceries from an onsite shop owned by the service provider. In these instances, a variety of supplies were available which met the residents' cultural requirements and preferences, and at a suitable price. Residents had opportunities to request different products to suit their preferences and in most cases this was facilitated. Where service providers were substantially compliant, there was a need to ensure there were consistently effective mechanisms in place to seek feedback from residents on food variety, quality and other catering decisions, particularly in the context of changing populations.

7% of providers were found to be partially compliant with this national standard. The main reasons for this was that in catered services the cultural preferences of the residents were not fully considered, and where on-site shopping facilities were provided, the variety of foods, brands sold and best value options were not always available to the residents. Where HIQA found that service providers were not providing value for money in their onsite shops, this was rectified during the course of the inspection, as this impacted on the ability of the residents to purchase what they needed within their budgetary limitations.

Figure 55. Compliance with Standard 5.2



Theme 6: Person-centred care and support

Service providers were assessed against one core standard in this theme which states that that they should ensure that there is a rights-based approach to

practice in the accommodation centre. Service providers must ensure that their policies and procedures adhere to human rights standards, national policies and relevant legislation. The culture of the service underpins the promotion of residents' rights.

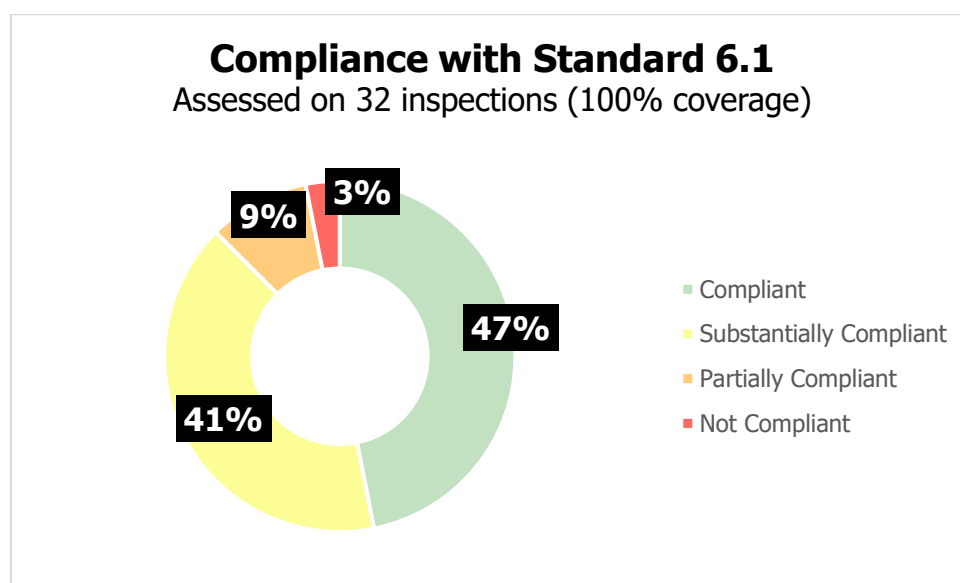
Most service providers were compliant with this national standard, while others had additional work to do to ensure residents' rights to privacy, dignity and equity were consistently promoted. Outcomes for residents in non-compliant centres tended to be poorer than in others.

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

88% of service providers valued diversity and ensured residents were treated with dignity and respect. While overall compliance levels were slightly higher than last year, the number of fully compliant providers dropped from 65% in 2024 to 47% in 2025, and substantially compliant providers increased from 15% in 2024 to 41% in 2025. This indicated an overall improvement in how service providers promoted residents' rights. Examples of good practice included the provision of person-centred supports in line with the needs of the residents, as well as promoting equality in terms of religious beliefs, gender and age. Residents in this context had access to a wealth of information about their rights, community and support services and advocacy supports. The service provider had good systems in place to consult with residents and their views were listened to, valued and informed quality improvement initiatives. These proactive practices supported the residents to have a positive experience living in the centre. While overall these providers promoted the rights of the residents living in the centre, some needed to ensure, for example, increased access to translation services and enhanced consultation mechanisms.

The rights of all residents were not always actively considered, promoted or protected by all service providers. As a result, 12% of service providers did not comply with this national standard. Some examples of non-compliance included inequities in the provision of, and access to, communal or religious spaces; poor living arrangements which resulted in some parents having to share beds or bedrooms with their children and unrelated adults sharing living and sleeping spaces which were cramped and undignified. The ongoing provision of tented accommodation in one centre meant that the national standards could never be met with regard to the promotion of human rights. Where applicable, HIQA sought assurances that living and sleeping arrangements were changed to ensure the rights of all residents were promoted. However, remedies were not always available in the short-to-medium term in some centres.

Figure 56. Compliance with Standard 6.1



Theme 7: Individual, family and community life

Service providers should ensure that their accommodation centres have an open and welcoming atmosphere which is person-centred. The residents should be encouraged to maintain personal relationships with family and friends, who are welcomed into the centre by management and staff. Residents should be facilitated to meet with their visitors in private if they so wish. In addition, service providers are responsible for ensuring that public and community-based services and educational settings are accessible to the residents of their centres.

The majority of service providers assessed against specific national standards under this theme reached a good level of compliance. They understood the importance of supporting residents to maintain relationships and they put the necessary measures in place to ensure residents had adequate space to receive visitors whether they were family, friends or professionals. Where improvements were needed, they related to transport arrangements and availability of private rooms to receive visitors.

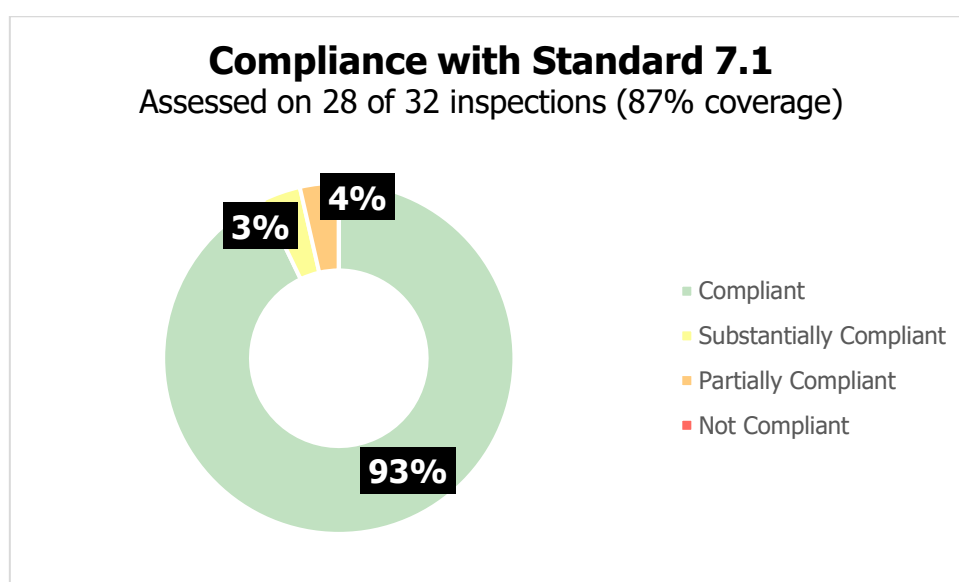
Standard 7.1 The service provider supports and facilitates residents to develop and maintain personal and family relationships.

The vast majority of service providers ensured that residents were supported and facilitated to develop and maintain personal and family relationships. Levels of compliance had increased this year with 96% of centres that were assessed against this standard deemed either complaint (93%) or substantially complaint

(3%). This had a very positive impact on residents who enjoyed opportunities to meet with their family and friends in a comfortable and welcoming environment. There was variation in how residents were facilitated to maintain these relationships depending on the type of accommodation they lived in. For example, in self-contained family units residents could bring their visitors to their own home, while other centres had private meeting rooms available for residents to book. The practice within all of the centres was guided by a visitors policy which ensured it was fair and equitable for all residents regardless of whether they shared accommodation with unrelated residents or lived in family units.

A minority (4%) of service providers did not comply with this national standard. In these centres, private spaces for visits were not always provided or available and in some, meeting areas were fitted with CCTV.

Figure 57. Compliance with Standard 7.1

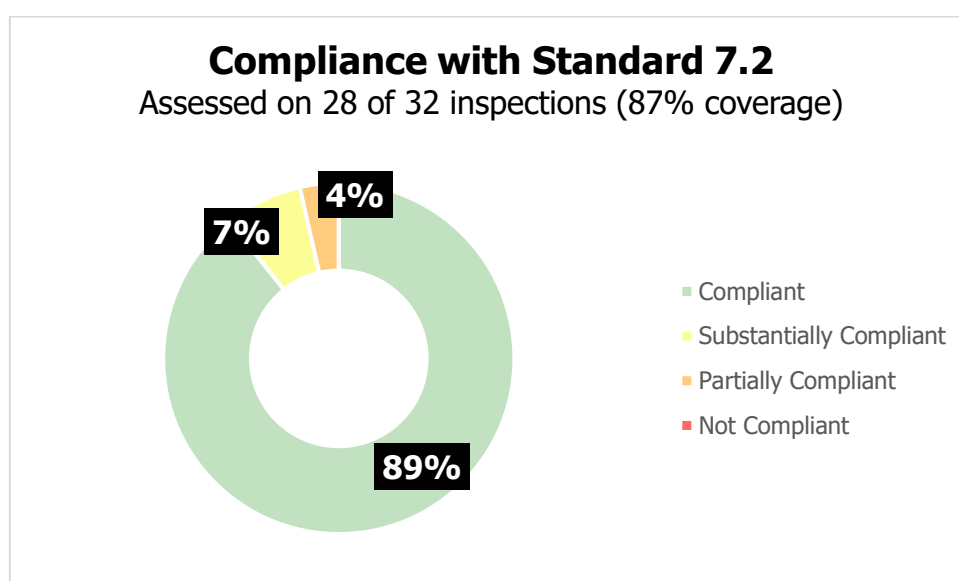


Standard 7.2 The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

Overall, 96% of service providers were performing well under this national standard. 89% of services were fully compliant because residents had access to information about public services, local amenities and relevant support services, and they were well-integrated into their local community. They were encouraged and supported by the service provider to engage in social, leisure and cultural activities and events. Residents in these centres could avail of public transport. Where centres were more rurally located, transport was provided by the centre which met their needs in terms of accessing community activities and supports

and educational facilities.

Figure 58. Compliance with standard 7.2



Theme 8: Safeguarding and protection

Service providers must ensure that they have appropriate policies and procedures in place which are implemented and ensure staff members are aware of how to monitor, prevent and report suspected abuse of a resident, including children. The residents of the centre should be made aware of these policies and procedures, and where there is a risk that their safety may be compromised, the service provider should assess the level of risk involved and take appropriate actions. In addition, where families live in an accommodation centre, parents need to be informed and supported to meet expectations of them in relation to supervising their children and children should be aware of community-based supports relating to their safety that they may wish to access.

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

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

This standard relates to the service providers' responsibility to have appropriate policies and procedures in place which are implemented and ensure staff members are aware of how to monitor, prevent and report suspected abuse of a resident. The residents of the centre should be made aware of these policies and

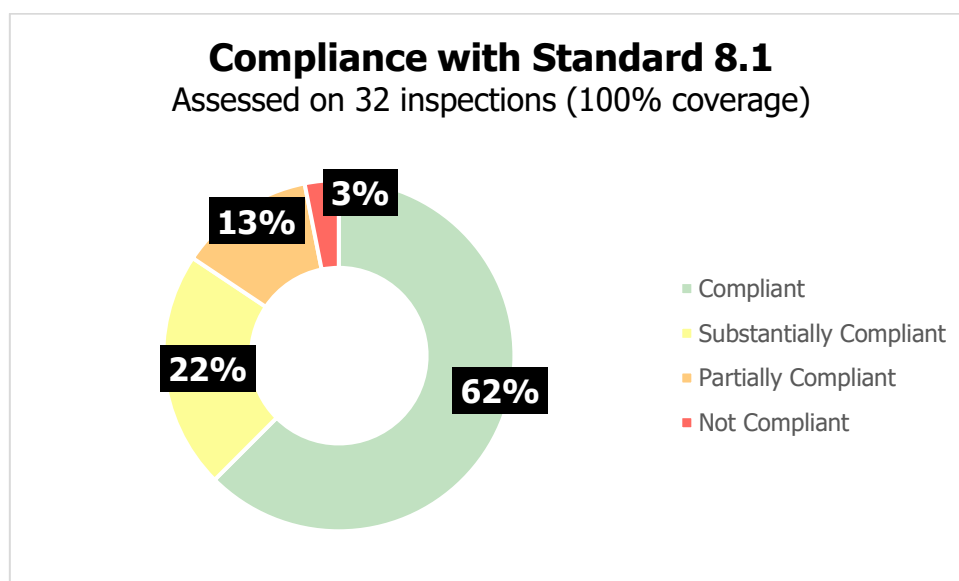
procedures, and where there is a risk that their safety may be compromised, the service provider should assess the level of risk involved and take appropriate actions.

84% of service providers were either compliant (62%) or substantially compliant (22%) with this national standard. This meant that in these centres there were measures in place to protect residents from the risk of abuse or neglect. Compliant service providers had appropriate policies and procedures in place to guide practice and their staff members had the required training. Welfare or protection concerns were well managed and appropriate supports were put in place for residents who needed them. Minor shortfalls in practice included reviewing training and local procedures to fully equip staff members to manage any concerns that may arise.

Considerable action was required by the remaining service providers (16%) who were not in compliance with this standard. 13% were partially compliant as deficits were identified in local procedures and guidance related to responding to safeguarding concerns. Some examples included taking immediate actions and putting safeguarding measures in place where it was reasonable to do so. Other factors contributing to a judgment of partial compliance included inadequate assessments and reviews of safeguarding concerns and ineffective systems of oversight at management level.

3% of service providers were not proactively protecting residents from potential harm. Policies, particularly in relation to the management of allegations against staff were not always in place, or when they were, they lacked sufficient detail to guide the management and investigation of allegations. When allegations were made against staff members, record-keeping was inadequate and did not demonstrate how the allegations were managed by the provider and did not detail what safeguarding arrangements were put in place for the ongoing protection of the residents involved. Where applicable, HIQA sought assurances from the service provider that immediate and appropriate actions were taken to manage and mitigate any risks to residents.

Figure 59. Standard 8.1



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

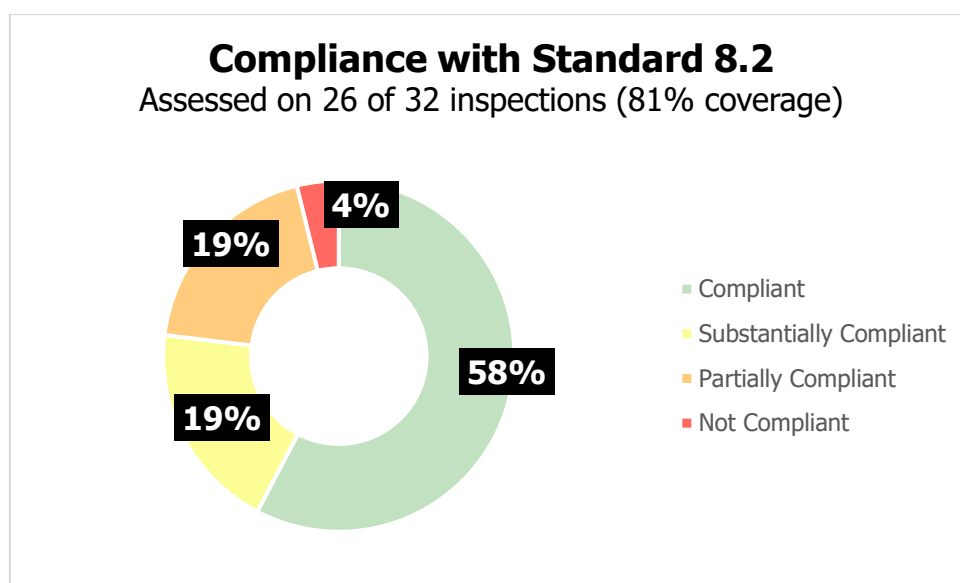
This standard relates specifically to safeguarding and protecting children who live in accommodation centres. It requires service providers to have policies and procedures in place which reflect national policy and legislation, such as Children First Act (2015). It also requires that parents are informed and supported to meet expectations of them in relation to supervising their children, and that children should be aware of community-based supports relating to their safety that they may wish to access.

Just over three quarters (77%) of service providers complied with this national standard, which was a slight increase on 2024 figures. 58% were fully compliant and concerns about children’s welfare or protection were managed and reported in line with local and national policy and legislation. These providers had taken all reasonable steps to ensure children were consistently protected from abuse and harm and their safety and welfare was promoted. Appropriate staff training was provided and local policies were developed and implemented. Good recording systems were in place which supported oversight and tracking of actual and or potential risks to children in this regard in the centre. While practice was generally good, 19% of service providers needed to revisit the oversight mechanisms they had in place to ensure they remained consistently aware of all safeguarding concerns related to children in their centres which would inform safeguarding and risk management practices more fully.

The rates of non-compliance reduced from 27% in 2024 to 23% in 2025. The number of providers judged as not compliant reduced from 7% to 4%. Aspects of practice that led to service providers being partially compliant with this national standard included a lack of reporting of concerns about children to The Child and Family Agency (Tusla), or lack of evidence that centre staff had sought advice from Tusla where this may have been helpful. However, these instances related primarily to low-level welfare concerns which were well-managed at centre level but required reporting to Tusla. In addition, while measures were put in place at centre-level to safeguard children, these measures were not well-recorded or subjected to a risk assessment or monitoring over time for effectiveness.

4% of service providers had not ensured child protection or welfare concerns were appropriately risk assessed and reported to Tusla. Primarily, these related to instances where young children were left unsupervised in their rooms or within the building for significant lengths of time. The service provider was required to take urgent actions by HIQA to address these concerns and satisfactory assurances were provided.

Figure 60. Compliance with Standard 8.2



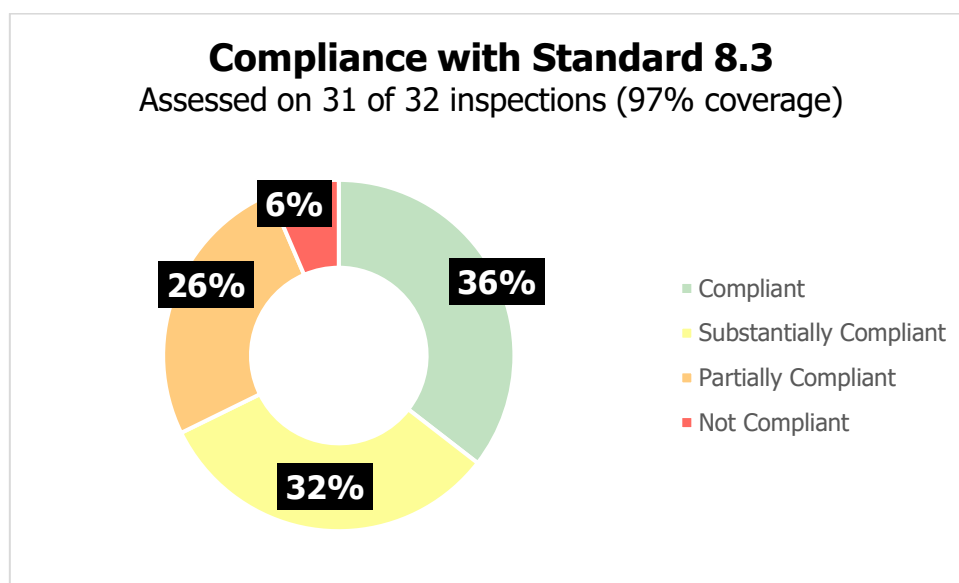
Standard 8.3 The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

It is not unusual for incidents and adverse events to occur in any accommodation centre, but the service provider should have policies and procedures in place to manage, review and evaluate them.

Over two thirds (68%) of service providers were compliant with this national standard, which was an 11% improvement on 2024 findings. These providers had appropriate systems in place to manage incidents and review adverse events and they learned from them. 36% were compliant and 32% were substantially compliant. While those judged as substantially compliant were effectively managing incidents in their respective centres, records of how they achieved this needed attention to ensure they captured practice and any learning identified by the provider which would inform quality improvement initiatives.

The remaining service providers (32%) needed to make significant efforts in order to fully comply with this standard. The inspections of these centres found that systems to routinely assess risks associated with incidents had not been developed. In addition, risk escalation procedures were not always in place to ensure that risks associated with incidents were reported at the required level within the centre's governance structure. In some cases, there were substantial gaps in centre policies and procedures on managing incidents and, as a result, measures to manage specific incidents were not implemented.

Figure 61. Compliance with Standard 8.3



Theme 9: Health, wellbeing and development

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

Standard 9.1 The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person-centred and

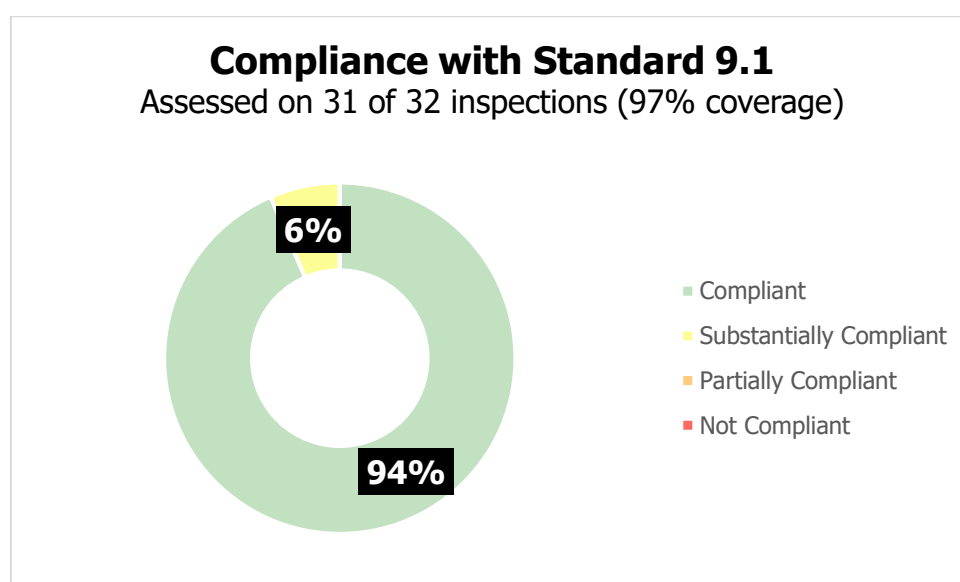
needs-based support to meet any identified health or social care needs.

All of the service providers complied with this standard. 94% were found to be compliant and 6% were substantially compliant.

Service providers who were in full compliance with this standard were those who promoted the health, wellbeing and development of residents and supported them to access the appropriate health and social care services they required to meet their individual needs. Service providers who had good links with local support services and who had a good understanding of residents' rights also received a high level of compliance. Compliant centres facilitated external support services to hold regular information clinics onsite in their centre to support residents to access information and help source housing, medical care and social welfare entitlements. 6% of service providers were substantially compliant and this typically related to slight adjustments to be made in how they provided information to the residents on local supports and gaining access to a general practitioner (doctor). There was also a need to add detail to local substance misuse policies at centre-level.

Over the course of 2025, a low percentage (4%) of service providers were partially compliant with this standard. Following subsequent inspections their compliance levels increased as they had remedied deficits such as a lack of guidance for staff on the steps they needed to follow when specialised medical care and mental health supports were required for any resident.

Figure 62. Compliance with Standard 9.1



Theme 10: Identification, assessment and response to special needs

Under this theme, service providers need to ensure that special reception needs in accommodation centres are identified, assessed and appropriate supports made available to vulnerable residents. The service provider is required to have employed a suitably qualified reception officer and to ensure that all staff are trained to identify vulnerable residents. The service provider must ensure they develop a policy and associated documents such as a vulnerability assessment to guide staff in how to respond to vulnerable residents' needs. If a service provider identifies a resident who presents with vulnerabilities or needs that their service is not in a position to meet, the provider has a responsibility to notify the relevant Government department.

In 2025, levels of compliance were seen to have increased and this is due, in part, to the number of service providers who have a reception officer in place in their respective centres. There was also a notable improvement in the number of service providers who had appropriate policies and procedures in place in relation to identifying and meeting the special reception needs of residents. Failure to meet the standards under this theme related mostly to limited guidance for staff members on special reception needs and mechanisms of oversight of meeting the needs of the most vulnerable residents in accommodation centres.

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

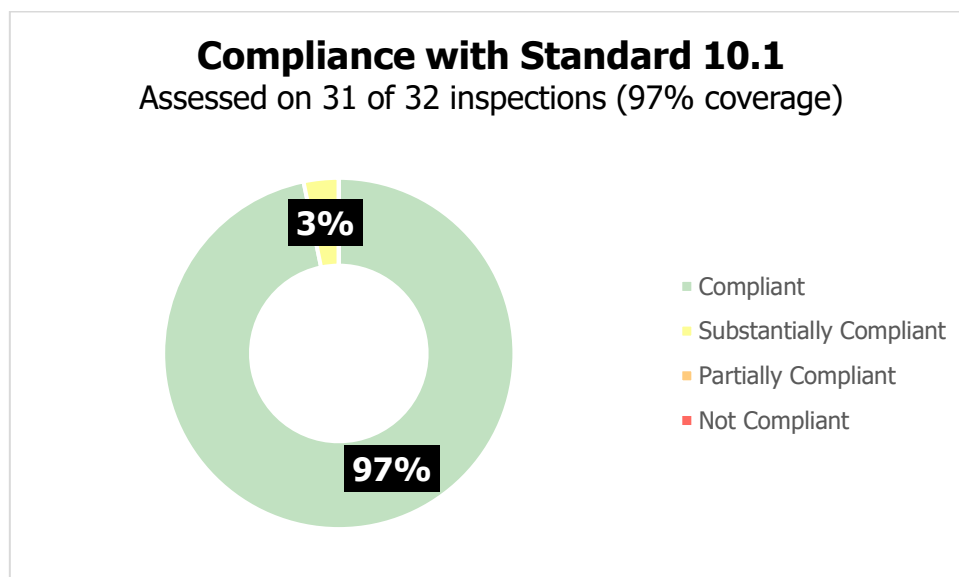
All service providers complied with this standard. This was an increase of 5% on 2024 compliance levels. There were also more service providers who fully complied with this national standard, which is also reflected in the decrease in those who were substantially compliant in 2024.

To meet this standard, service providers need to ensure that when a resident is notified to them by the relevant Government department as having a special reception need, they respond to this need by way of linking the resident with appropriate support services and ensuring their accommodation is suitable. This was achieved for all service providers in 2025. Service providers had ensured that residents received information and referrals to relevant external supports and services as necessary. Service providers were noted to have also offered accommodation that met the needs of the residents and had linked residents with medical and mental health supports, for example counselling services.

There was no partial or non-compliant findings for this standard in 2025. This was reflective of improved record keeping and provision of supports in response to

identified needs. There was also a notable improvement in the service providers' understanding of the standards from 2024, which was indicative of the process of regulation being more established in its second year.

Figure 63. Compliance with Standard 10.1

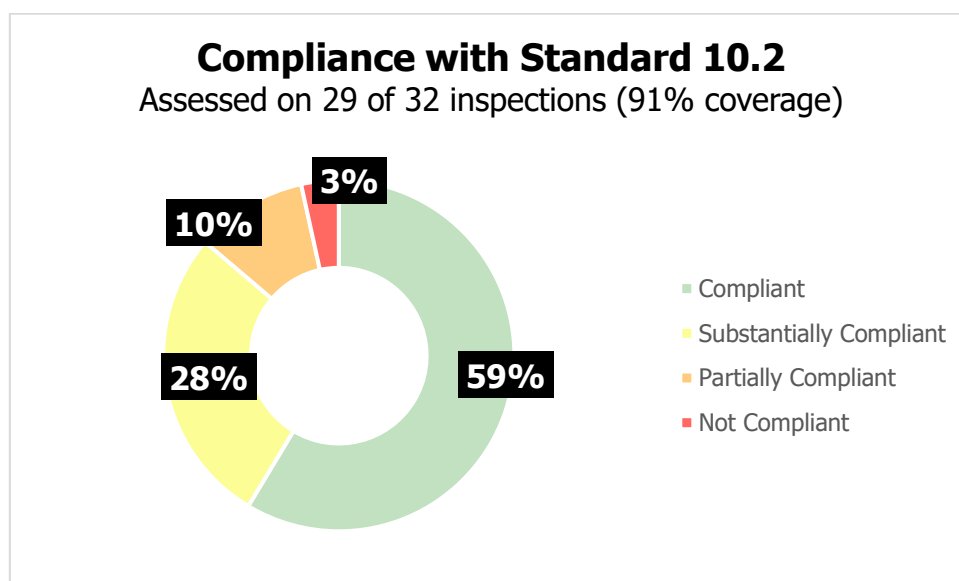


Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.

This standard was complied with by 87% of service providers. 59% were compliant, which was an increase of 13% on 2024, and 28% were substantially compliant – a reduction of 5% on 2024's figures. The service providers who had appropriate training for their staff teams had improved in their levels of compliance. There were also increased compliance levels noted where service providers had a formalised approach in place for sharing experiences, best practice and lessons learned regarding the identification and response to residents' emerging or identified needs.

13% of service providers were partially or not compliant with this standard and this was due to a requirement for additional training and guidance documents to support staff members in identifying and meeting residents' needs. Also highlighted were limited formal opportunities for the staff team to share experiences, best practice and lessons learned regarding the identification and response to residents' emerging or identified needs.

Figure 64. Compliance with Standard 10.2

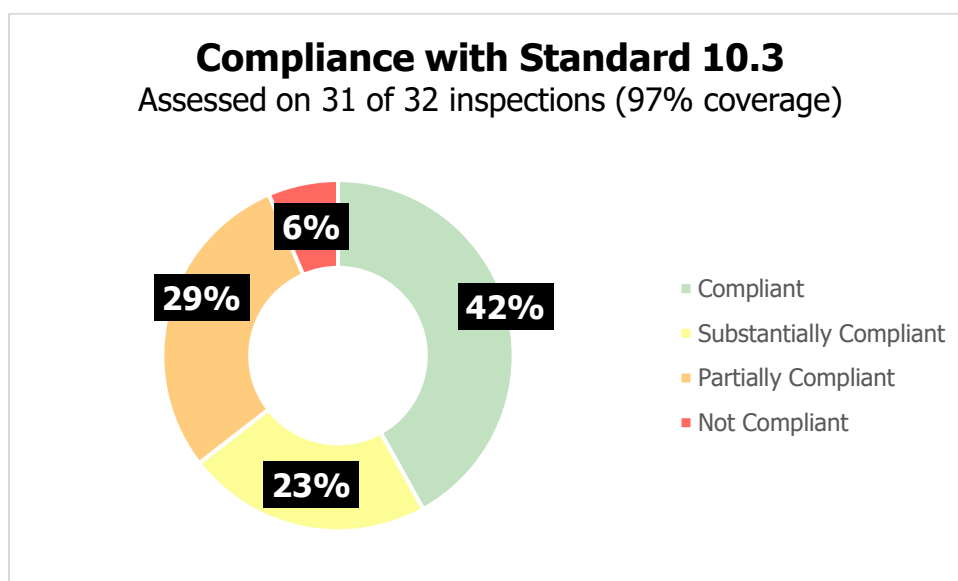


Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

Just under two thirds (65%) of service providers complied with this standard which was an increase of 25% on 2024. 42% were compliant and 23% were substantially compliant. Increased levels of compliance were reflective of those services that had employed a reception officer since their last inspection, and who had developed a special reception needs policy and associated vulnerability assessment to guide staff members in their roles. Service providers who were found to be compliant had identified residents with emerging special reception needs and had communicated those existing or emerging needs to the appropriate Government department.

The remaining service providers (35%) that did not comply with this national standard were those with either no policy in place, or those that had a policy which did not contain sufficient information to guide practice and required further development. Providers who were not compliant with this standard did not have a reception officer in place, or residents had not been engaged in a vulnerability assessment. Additionally vulnerability assessments completed by providers contained minimal information regarding the needs of residents.

Figure 65. Compliance with Standard 10.3

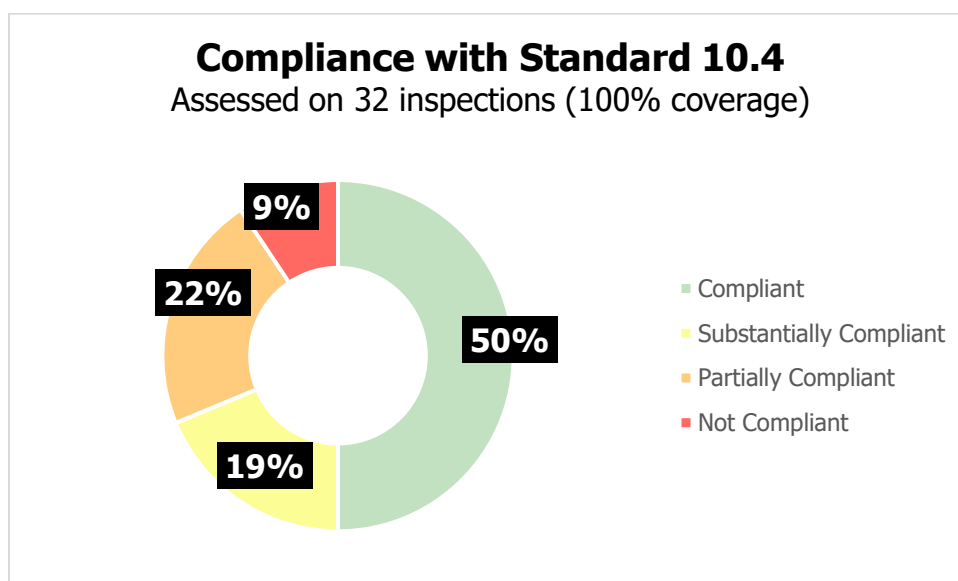


Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents especially those people with special reception needs both inside the accommodation centre and with outside agencies.

69% of service providers complied with this standard. Half were compliant and 19% were substantially compliant. The service providers who were compliant or substantially compliant with this standard were found to have a suitably qualified reception officer in place, who had established links with local services in the area and provided good quality supports to meet the needs of residents. The reception officer was also found to have completed vulnerability assessments for the residents.

31% of service providers did not comply with this national standard. Typically, these service providers did not have a reception officer in place and special reception needs had not been identified. In some cases the reception officer role was not sufficiently resourced to ensure that residents with special reception needs were identified and supported. In some centres the reception officer role was not the staff member's primary role, and the reception officer may have only be employed one or two days each week in the role. Also, some service providers did not have adequate guidance documents in place for staff and vulnerability assessments were not always fully completed.

Figure 66. Compliance with Standard 10.4



7.3 Progress in centres inspected on more than one occasion

Four centres were inspected on more than one occasion in 2025. One was inspected three times and the remaining three were inspected twice. One centre was inspected twice as a routine follow-up to a previous inspection. Increased monitoring activity for the remaining three centres was informed by the levels of non-compliance with national standards and the risk impact of these non-compliances, and in one instance, information provided to HIQA on practice concerns.

Some common themes emerged in the findings of early inspections of these centres including inadequate governance arrangements which meant that the service provider could not be assured of the ongoing safety and quality of their services, immature risk management systems which did not ensure risk was managed well and overcrowding. In one centre, residents did not benefit from the provision of all of the non-food items they were entitled to and there was limited access to food preparation facilities. By year end, improvements had been made across the board in these centres, particularly in relation to oversight mechanisms by the service provider and better risk management systems, which could assure them of the standard of their service in a consistent way.

While some progress has been made in one centre, it remains a concern for HIQA due to the provision of tented accommodation, the condition of the premises, and poor fire safety measures which continue to pose a significant risk to the safety and welfare of residents, staff and visitors to the centre. In addition

to increased monitoring activity, HIQA referred this centre to the relevant local authority with responsibility for fire safety and required the service provider to take immediate action to reduce the identified risks. There has been some progress in terms of taking steps to manage the risks involved at provider-level and HIQA will continue to engage with both the service provider and other external parties in 2026 to ensure appropriate steps are taken to promote the ongoing safety and quality of this service.

8. Discussion

In 2025, HIQA completed its second year of monitoring and inspecting accommodation centres for people seeking international protection in Ireland against the *National Standards for accommodation offered to people in the protection process*.²⁵ Findings from this monitoring programme demonstrated that compliance with the national standards is possible, and that monitoring by an independent authority can influence positive change and increased levels of compliance with national standards.

Monitoring activity in 2025 found that levels of compliance had increased in some of the key areas identified as requiring improvement in 2024. While this is a positive finding, full compliance is dependent on service providers continuing to focus their efforts in specific areas of practice. Some trends that negatively impact on compliance which we identified in 2024 have continued in 2025, and the ongoing pressures on the State to provide accommodation for people seeking international protection continues to impact on the capacity of some providers to achieve full compliance.

Between January 2024 and the end of December 2025, HIQA has seen a reduction of 21 (51 to 30) accommodation centres falling under its legal remit. These 30 centres represent 10% of all settings²⁶ (321) where people seeking international protection are accommodated. However, our findings have the potential to broadly inform local and national provision of good quality, safe and effective accommodation and supports to people seeking international protection in Ireland across all categories of accommodation²⁷, and demonstrate the benefits of independent monitoring as an assurance mechanism. Our monitoring and inspection programme in 2025 builds on our findings in 2024 and has resulted in our identification of trends in seven key areas where improvements have been made and crucially, where room for further improvement remains. These seven key areas are set out below.

8.1 Vetting

Improvements made: In 2024, HIQA identified staff vetting as an area requiring significant improvement. Our inspections in 2025 showed that the overwhelming majority of staff members in accommodation centres inspected were appropriately vetted by An Garda Síochána and international police checks were completed on staff members who had lived outside of Ireland prior to

²⁵ The national standards were approved for implementation in January 2021 by the Minister for Children, Equality, Disability, Integration and Youth.

²⁶ Emergency, temporary, reception centres.

²⁷ Including those not falling under the remit of HIQA.

taking up their posts. In addition, the introduction of local recruitment policies and procedures had resulted in safer recruitment practices including obtaining references for new staff.

Improvements required: While these improvements reflect a significant shift across the sector towards ensuring a safe environment for residents of accommodation centres, a sustained focus on safe recruitment practices is needed, particularly in relation to the risk assessment of positive vetting disclosures.²⁸

8.2 Safeguarding and protection

Improvements made: In 2024, HIQA found inadequate safeguards and protective mechanisms in accommodation centres. Inspections showed that there were considerable improvements in practice over the past year in this area. The improvements were linked with improvements across other aspects of practice such as risk management.

It was evident that service providers had gained a greater understanding of their safeguarding and protection roles in State-provided accommodation during 2025. While parents are primarily responsible for their children's safety, service providers and their staff teams play a key role in safeguarding children and are mandated to report their concerns to the relevant authorities.²⁹ Over the course of 2025, HIQA found that there was an increase in reports to Tusla from accommodation centre staff, particularly in relation to domestic violence. While this may not reflect an increase in incidents, it does reflect the learning across the sector about what constitutes a child welfare and or protection concern. More centres had a designated liaison person³⁰ in place in line with legislation. National policy and local policies and procedures for child and adult safeguarding were developed and were being implemented. Guidance for staff members on child protection and welfare was more readily available and there was better use of local Tusla services for advice purposes.

In relation to adult safeguarding, policies and procedures were in place along with designated officers as required by national policy, and staff members were trained in this area which helped them to better understand their roles and responsibilities.

Other factors contributed to improvements in safeguarding and protection practices. For example, better systems for managing risk had been implemented

²⁸ Where a criminal offence has been identified by An Garda Síochána.

²⁹ Tusla (The Child and Family Agency) and An Garda Síochána.

³⁰ Person designated to ensure concerns which meet the national threshold of abuse are notified to the relevant authorities.

since 2024. There was a broadening of the concept of risk to include risks to the safety and welfare of residents. While risks to residents were reflected on many centres' risk registers, immediate actions to respond to risk were not always put in place and in a timely way. In addition, the number of centres with a reception officer had increased. As they typically work directly with residents on a one-to-one basis, this increase in reception officers brought more vulnerable residents into direct contact with a qualified member of staff on a regular basis.

Improvements required: Although HIQA's findings show that there have been improvements across accommodation centres regarding safeguarding and protection, risks to children continue to exist in accommodation centres. Some of these risks were unknown to service providers and others, while managed locally, went unreported to the relevant authorities. Incidences of peer-on-peer abuse and domestic violence were a feature of some accommodation centres. Generally, incidents were managed on a centre-by-centre basis. However, effective monitoring and oversight mechanisms were not in place to ensure full adherence with legislation and national policy, and that responses to concerns about vulnerable children and adults were timely and effective in managing immediate risk in centres.

8.3 Meeting demand

Improvements made: Legislative and strategic reform is underway in this sector, and bed capacity should increase when the Government's *Comprehensive Accommodation Strategy for International Protection Applicants* is implemented. However, prioritisation of the areas for improvement highlighted in this report will ensure that current and planned accommodation centres have the potential to operate in a safe and effective way.

Improvements required: The inability of the current system to meet the demand for beds in accommodation centres continued in 2025. The number of accommodation centres in operation remained insufficient and residents with refugee status or valid permission to stay in Ireland continued living in accommodation centres due to the lack of available housing in the community. At the end of December 2025, a substantial proportion of residents were unable to move into community-based housing which meant that a significant percentage³¹ of beds across 30 accommodation centres were unavailable to the system for the accommodation of people seeking international protection in Ireland.

³¹ This information was gathered by HIQA through its monitoring programme. Exact percentage not known as accurate data not known to all service providers at the time of inspection.

8.4 Accommodation

Improvements made: There was little change since 2024 in terms of the accommodation provided to people seeking international protection in Ireland and their experiences of that accommodation. While there was a slight increase in centres which were self-catered and more residents had autonomy over food preparation and experienced independent living, the ratio to catered accommodation providing communal living remained largely the same.

Improvements required: Overall, the lack of substantive change in the provision of accommodation continued to highlight the inequities across the sector. While many residents experienced living arrangements which promoted their independence, autonomy and rights, others remained living in institutional-type congregated settings where conditions were cramped, overcrowded and could not fully promote their dignity and privacy. In the extreme, tented accommodation continued to be provided in one centre and although conditions had improved as a result of assurances sought by HIQA, this service provider could never comply with national standards while tented accommodation is provided.

Although there is a difference between contracted bed numbers and those that are actually filled by residents, overcrowding remains a common feature across accommodation centres. Impacts of this on residents' everyday lives include some unrelated adults sharing living and sleeping arrangements, some parents sharing sleeping areas with their children and children sharing either a room or bed with a sibling. Other characteristics include lack of storage space for residents' belongings and limited availability of areas for study or religious worship.

Overall, while the national accommodation strategy is being implemented at Government level, HIQA's findings show that the current system cannot fully support all service providers to comply with national standards and to take a rights-based, needs-led approach to the delivery of their services.

8.5 Governance, leadership and management

Improvements made: Good governance, leadership and management are key to a well-run, safe, quality service.

Ineffective governance and management arrangements which could not provide assurance at local or national level that consistently safe good quality services were being delivered was a finding by HIQA in 2024. HIQA's findings one year on show that there have been improvements to governance and management arrangements across accommodation centres but there is still room for further,

considerable improvement.

Although levels of compliance have remained similar or somewhat improved on 2024 findings, the reasons for non-compliance have changed. Inspection findings show that the majority of service providers have good governance and management structures in place. There has been an investment by many providers in strengthening middle management and generally, this has supported their centres to operate well on a day-to-day basis. Reporting systems have been introduced along with improved methods of communication across staff and management teams.

Improvements required: While the establishment of reporting systems is a welcome finding, what is being reported and how this occurs requires further improvement. Irregular and informal arrangements for reporting between some centre managers and service providers have continued. Reports on how well services are performing are not always informed by trending and analysis of available data and information, particularly in relation to complaints, risks, incidents and outcomes of practice audits. Quality improvements are not always informed by ongoing self-assessment on performance against national standards, an annual review of the service and formal consultation with residents on their lived experience. Service providers should prioritise improving these aspects of governance and management arrangements in their centres to ensure they are aware of how well their service is performing on an ongoing basis and that any quality improvement plans they develop are rooted in dependable data and information, and can be measured for their effectiveness in bringing about meaningful change.

8.6 Risk management

Improvements made: The absence of effective risk management systems in accommodation centres remains a significant finding by HIQA in 2025. Progress was made by some service providers in the development of a risk management framework and policy for their centres and the majority had introduced a risk register system.

Improvements required: There was a low level of understanding of how these risk management systems should operate. This was notably the case in the area of risk escalation, both internal to the centre's governance structure and externally, to the relevant Government department. As a consequence, although risk management frameworks and policies were in place, they were not always effective in 65% of centres inspected in 2025.

HIQA inspectors identified risks that were unknown to service providers and other risks that although known, went unmanaged. For example, risks identified in child

safeguarding statements for a centre were not reflected on its risk register and an inability to meet national standards was not recorded either, particularly where this applied to substandard accommodation. Similarly, risks identified during fire drills related to delayed evacuations of accommodation centres, or residents unable to evacuate without assistance and were not reflected on the risk register. As a consequence, some risks went unmanaged and others were managed poorly. Where HIQA identified risks to the safety and wellbeing of residents, immediate remedial actions were required and other actions were required within stipulated time frames.

Similar to 2024 findings, when poor risk management is coupled with inadequate reporting and oversight mechanisms, service providers cannot be assured of the ongoing safety of their accommodation centres. Where risks related to issues outside of the control of service providers, formal responsive systems of external risk escalation need to be in place and used by providers to manage risk in a safe and timely way.

8.7 Need and vulnerability

Improvements made: On arrival to Ireland, each person should have an initial assessment to identify whether they are vulnerable in any way and require support. For many people however, their needs emerge over time and service providers should ensure that their staff members are trained to identify emerging needs and how to respond to them. Critically, each centre should have a reception officer in-post who is suitably qualified and maintains a focus on the needs of the residents of the centre.

HIQA observed improvements generally in relation to identifying vulnerable residents and providing links to supports they required since 2024. More centres had a reception officer (an increase of 28% in 2025) in-post and many had developed policy and guidance for staff in identifying and responding to special reception needs and vulnerabilities.

Improvements required: However, this was not the case for all. Some centres (39%) continued to operate their centres without a reception officer and others did not resource the post adequately. For example, HIQA found that some reception officers held dual positions and others were reception officer for several centres, which in total catered for more residents than they could provide support to, and were geographically miles apart. Furthermore, non-compliant centres had not developed a policy or guidance documents to support staff to identify and respond to the emerging needs of their centre's residents. These significant deficits had the capacity to have a considerable impact on the wellbeing of vulnerable residents,

particularly as HIQA's inspections in 2025 identified that all 28 centres it inspected accommodated vulnerable people.

9. Conclusion

During the last two years, there have been challenges in the provision of accommodation to people seeking international protection in Ireland – from an inability of the State to meet demand, to transitioning services from the provision of accommodation, food and basic everyday supplies, to delivering services which comply with national standards and take a rights-based and person-centred approach to practice. The majority of inspections of accommodation centres demonstrate that there has been incremental improvements in each centre in one way or another, even though the sector remains under significant pressure which in some instances has not supported providers to achieve full compliance. It is in this context that our monitoring approach has highlighted that:

- There remains a critical need to implement the Irish Government's *Comprehensive Accommodation Strategy for International Protection Applicants* in order to build capacity within the international protection system.
- Overcrowding should be reduced through a review of contracted bed numbers at national level for each accommodation centre to ensure they reflect what a service provider can deliver in a safe and effective way whilst promoting residents' rights.
- Vetting for all staff is possible and sustainable through the consistent implementation of safe recruitment practices.
- Safeguarding of children and vulnerable adults is enhanced when there are effective systems in place to monitor the ongoing safety of the service, to ensure risk is well-managed in a timely and responsive way at local level, and national policy and legislation is fully adhered to.
- Strong leadership and governance arrangements including effective systems for oversight and monitoring centre performance against national standards, policy and legislation, all support the establishment of a culture of service improvement and learning which results in incremental improvements in the provision of good quality services to residents.
- The delivery of safe services is promoted through strong and effective systems for the identification, assessment and escalation of risk at local and national levels.
- The needs of residents can only be met through ongoing

assessments of need and the identification and delivery of supports they require. Reception officer posts need to be in place and fully resourced by service providers for the benefit of the most vulnerable people in accommodation centres.

HIQA would like to acknowledge the cooperation of residents, service providers, centre managers and staff members who talked with inspectors and engaged in the monitoring process over 2025. It is evident that there is a commitment on behalf of service providers and their staff teams to comply with national standards and improve the quality of life of residents who live in their respective centres. The majority of residents who met with inspectors and completed HIQA questionnaires acknowledge the support, camaraderie and work of the staff members in accommodation centres. For the most part, they feel valued, respected and safe as a result. Importantly, the supportive environments many accommodation centres provide ensure these residents are welcomed in to their local communities and have their needs met. Many residents have told us that one of the most challenging issues for them is that they will have to move from accommodation centres where they enjoy living and where their children feel settled and safe.

However, the current strain on the system to meet demand has resulted in many residents experiencing overcrowding and wholly unsuitable living and sleeping arrangements which has had a toll on their wellbeing and in some instances, safety. Urgent efforts are needed at local and national level to bring about quality improvements in the provision of accommodation offered to people in the protection process.

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Appendices

Appendix 1: Core standards

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

Appendix 2: Judgment descriptors

Compliant

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

Substantially Compliant

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

Partially Compliant

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

Not Compliant

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



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