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An Roinn Dlí agus Cirt,
Gnóthaí Baile agus Imirce
Department of Justice,
Home Affairs and Migration

PROJECT 24IE03 (REFORM/IM2024/028)

Supportive Spaces:

Embedding trauma informed practice

in the provision of accommodation for asylum seekers

INCEPTION REPORT

July 2025

The project is co-funded by the European Union via the Technical Support Instrument, and implemented by UNHCR, in cooperation with the European Commission Reform and Investment Taskforce.

The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

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Acknowledgements

This report was produced by Annabel Egan, Senior Project Associate and Leah James, Mental Health and Psychosocial Support Consultant at UNHCR Ireland. The authors would like to thank each of the 47 individuals from 27 separate organisations who generously gave of their time to take part in interviews conducted for this report. The authors would also like to thank the members of the Expert Advisory Committee, the Residents Advisory Panel and the Accommodation Centre Staff Advisory Panel for their support and involvement in this project.

List of Abbreviations

DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DOJ	Department of Justice, Home Affairs and Migration
SG-REFORM	European Commission Reform and Investment Taskforce
DPD	Detailed Project Description
EAS	Employee Assistance Service
EU	European Union
IP	International Protection
IPAS	International Protection Accommodation Service
LAIT	Local Authority Integration Team
MHPSS	Mental Health and Psychosocial Support
M&E	Monitoring and Evaluation
TSI	Technical Support Instrument
TIP	Trauma-Informed Practice
ToT	Training of Trainers

Executive summary

This inception report outlines the scope, methodology, workplan and timeline for implementation of the Supportive Spaces project. The Supportive Spaces project is co-funded by the European Union via the Technical Support Instrument (TSI), and implemented by UNHCR, in cooperation with the European Commission Reform and Investment Taskforce. The project will provide technical support in the form of a trauma informed practice training programme delivered to Ireland's International Protection Accommodation Service (IPAS) at the Department of Justice, Home Affairs and Migration (DOJ).

Over the course of this project, UNHCR will develop a tailored training curriculum, drawing from consultations with key stakeholders including but not limited to civil servants in IPAS, staff working in accommodation centres and accommodation centre residents, as well as a literature review and a review of existing training frameworks. UNHCR will then conduct a training of trainers (ToT) for an IPAS led panel of 20-25 trainers, cofacilitate training of IPAS staff identified as Frontline+ as well as pilot the training in a select few accommodation centres, and equip the IPAS led training panel with the skills to train some 2,500 staff in accommodation centres around the country in trauma informed practice.

This report outlines findings stemming from interviews with 47 stakeholders from 27 organisations and visits to five accommodation centres conducted during the inception phase (November 2024 - March 2026). It then sets out the project methodology, highlighting the ways in which the methodology has progressed from the Detailed Project Description (DPD) on the basis of these findings, including in particular:

- expansion of the current two-member IPAS training team to a minimum of 20 members, all of whom will participate in the ToT, thereby allowing the efficient and effective delivery of training to staff in accommodation centres following the conclusion of this project;
- piloting of the training package in a few select accommodation centres as part of this project to ensure that the training content and modality are fully tailored to the accommodation centre context and can be seamlessly adopted by IPAS in the subsequent period;
- development of advisory panels consisting of IPAS residents and former residents, and, separately, centre managers, deputy managers, and reception officers to ensure a fully participatory approach;
- expansion of the consultation methodology beyond that envisaged in the DPD to include a total of nine consultation workshops with IPAS staff, accommodation centre staff and accommodation centre residents as opposed to four as originally envisaged;
- inclusion of online focus groups with the Irish Local Development Network (ILDN), HSE and NGO stakeholders in the consultation methodology;

- collaboration with academic partners at Trinity College Dublin on methodology and process evaluation for the stakeholder engagement phase as well as other aspects of the project;
- extension of the deadline for receipt of Output 3 Report on Consultations with Stakeholders to September 2025;
- delivery of a monitoring and evaluation framework as part of the training package, including recommended activities to assess training participant feedback, change in knowledge, perceived confidence to apply skills, and wellbeing, as well as resident wellbeing and perceived support; and development of a resource repository of publicly available best practice resources that can be used to supplement the training.

The training framework for this project will adopt a tiered approach, utilising a hybrid online/in-person modality and addressing a hierarchy of training levels progressing from trauma-informed “aware” (Level 1: online knowledge-based module) to “skilled” (Level 2: in-person skill-based module).

The training framework also includes a recommended Level 3 in-person module addressing workplace/systemic practices and protocols for senior IPAS staff (Assistant Principal and above) and for centre managers, followed by the establishment of an online community of practice for centre managers. While implementation of the Level 3 training and community of practice is beyond the scope of the current project, an outline of this approach will be provided, and if resources and time allow, piloted with relevant IPAS staff. In order for IPAS to continue its journey towards becoming a trauma informed organisation, it is strongly recommended that steps are taken at the earliest opportunity to begin planning for the development and delivery of Level 3 training on organisational practices and protocols and the establishment of the associated communities of practice for centre managers so that trainees can progress seamlessly from one level to the next without major delays and the need for refresher sessions.

1. Introduction

1.1 Project context and scope

SG REFORM has entrusted UNHCR with implementation of a TSI that will provide technical support in the form of a trauma-informed training programme to Ireland's International Protection Accommodation Service (IPAS) at the Department of Justice, Home Affairs and Migration. IPAS is responsible for meeting the accommodation and reception needs of international protection applicants.

From 2022-2024 the Irish International Protection (IP) reception system experienced an unexpected and significant increase in the number of applicants. From 2017-2021, an average of approximately 3,200 people arrived in Ireland each year seeking asylum. In 2022 and 2023, that number rose to over 13,000 people annually and again to over 18,000 people in 2024. This increase coincided with the arrival of almost 113,000 people fleeing war in Ukraine and an acute national housing shortage.

To meet the level of demand for accommodation for people seeking asylum, the Irish government took steps to rapidly increase capacity within the system with the result that by the end of 2024, over 32,000 people were being accommodated in 323 publicly funded centres overseen by IPAS and managed by private sector providers across the country. By comparison, at the end of 2021, just 45 such centres were in operation accommodating approximately 6,700 people. Of the 320+ centres in operation at the time of writing, 51 are designated permanent centres covered by the National Standards for Accommodation Offered to People in the Protection Process (2019) and subject to inspection by the Health Information and Quality Authority (HIQA). The remaining 265+ centres are emergency centres established under contract with private service providers in former hotels and guest houses, repurposed buildings including commercial buildings, prefabricated and modular units and tented sites. Since December 2023, there has not been sufficient capacity in the system to provide all people seeking international protection with accommodation. As a result, up to 19 May 2025, approximately 2,900 male applicants were unaccommodated, some of whom have been forced to sleep rough.

As efforts to expand capacity with the international protection accommodation system have intensified, a notable gap has emerged in terms of the delivery of trauma-informed training for both IPAS staff and centre managers and staff. Without intervention, this gap poses the risk of negatively impacting the wellbeing and mental health of refugees and asylum seekers living in state funded accommodation centres and hindering their integration into society. Private sector staff working in accommodation centres and civil servants working in the international protection reception system may also have unmet wellbeing needs stemming from workplace stressors and risk of vicarious trauma.

The provision of training to staff on engaging with people who have experienced trauma or torture is one of the reforms committed to under the Government's White Paper on Ending Direct Provision of February 2021. In March 2024, a new Comprehensive Accommodation Strategy for International Protection applicants was launched to complement the White Paper and to update the plan in light of the much higher than anticipated level of people seeking asylum in Ireland and the overall pressure on the accommodation system. The Strategy confirms that the delivery of accommodation services should be undertaken by organisations that 'understand the need for equality, diversity, cultural competence and the particular requirements of those fleeing conflict and / or who have

experienced trauma.’ In June 2024, Ireland also opted into the EU Pact on Migration and Asylum and the recast Reception Conditions Directive will apply in Ireland from June 2026. Article 28 of the Directive places stronger requirements on those working with victims of torture and violence to be appropriately and continually trained concerning such persons’ needs and appropriate treatments, including necessary rehabilitation services. The creation of an asylum system informed by a mental health and wellbeing lens with strong capacity to provide ongoing mental health and psychosocial support (MHPSS) to asylum seekers in need is also a central focus of the EUAA guidance on Mental Health and Wellbeing of Applicants for International Protection published in November 2024.

Against this backdrop, there is a pressing need to build capacity across the international protection accommodation system by establish a comprehensive trauma informed practice training programme addressed to civil servants in IPAS and staff in private accommodation providers, drawing inspiration not only from international best practices but also from the experiences of centre residents, staff, and other stakeholders.

1.2 Defining trauma informed practice

A trauma-informed approach to accommodation for asylum seekers is not a specific intervention targeted at individuals with serious mental health conditions, nor is it limited to those who have experienced acute traumatic events. Instead, it is a universal approach **relevant to all residents and all staff within accommodation centres**.

It is safe to assume that all residents experience some distress associated with adversities experienced prior to and during displacement from their home countries and during the international protection application process, including traumatic events, loss and grief, and chronic stress. Thus, all residents can benefit from a trauma-informed approach that recognises both the impact of past and current adversity, and their strengths and resilience.

Likewise, staff in asylum settings may face adversities in their personal lives and are vulnerable to vicarious trauma and burnout through their work with displaced individuals. Thus, trauma-informed practice includes attending to staff wellbeing, ensuring that they are supported and equipped to care for others effectively.

Importantly, trauma-informed practice is not a specific intervention per say; **it is a holistic way of being and engaging with others in all areas of one’s work** (and life). It entails recognising the impact of adversity on behaviour and relationships and adopting practices that promote healing, connection, and wellbeing. Therefore, it is not specific to staff in clinical or professional roles; rather, in the context of an accommodation centre it can be adopted by *all* staff who engage with residents directly or indirectly or contribute to processes or environments that affect residents.

Moreover, a trauma-informed approach goes beyond individual staff knowledge and skills. It entails **identifying and enhancing workplace and systemic policies and protocols** such that they can promote wellbeing of both residents and staff to the extent possible while also maintaining safety and effectiveness.

Ultimately, the aim is to support organisations and agencies to become fully trauma-informed by aligning their systems in such a way as to facilitate trauma-informed practice. While this is a long-term undertaking, many elements of which are beyond the scope of the current project, it is

nonetheless possible and advisable to begin to lay the foundation for this work even at this early stage in the change process.

1.3 Project Purpose

The Supportive Spaces project will provide Ireland with technical support in the area of migration, asylum and border management, with the purpose of embedding trauma informed practice in the provision of accommodation for people seeking asylum.

The project adopts a training-of-the-trainers approach to capacity building and centres on the development and delivery of a tailored trauma informed practice training curriculum for IPAS. As such, it will give rise to the following outputs set out in the High-Level Description for the project:

1. Kick-off meeting.
2. Project Inception report.
3. Report on the consultations held with key stakeholders, including current or former international protection applicants.
4. Report setting out the academic basis of the training curriculum to be developed and recommendations for its practical application in the specific context concerned.
5. Training framework, materials, and resources for delivery to IPAS and private service providers staff on trauma informed approaches adapted to the nature of their particular roles and level of responsibility.
6. Delivery of train-the-trainer capacity-building support to IPAS training team staff.
7. Project description summary.
8. Final report.

The short-medium term effects of the project (**outcomes**) set out in the DPD are:

- The impact of adversity, distress and traumatic events is recognised and understood by all IPAS staff and private service providers.
- IPAS residents with mental health and psychosocial problems and conditions, related to trauma, are supported in their recovery process.
- Burnout, compassion fatigue, vicarious trauma and related mental health issues among staff related to working with individuals affected by trauma are recognised and addressed in the workplace.

The expected long-term effects of the project (**impacts**) set out in the DPD:

- IPAS and private service providers staff are better prepared and supported when working with applicants with mental health conditions including those related to psychological trauma.
- IPAS residents with mental health conditions related to psychological trauma are better supported.
- IPAS residents with trauma related mental health conditions experience less distress.

The DPD also confirms that IPAS will be responsible for achieving outcomes contributing to the long-term impact of this project, by following the necessary actions to ensure the implementation of the outputs linked to this project and subsequent enforcement of wider policies, which remain outside the responsibility of the European Commission and the UNHCR.

1.4 Report outline

The aim of this inception report is to define the proposed methodology and scope of the project, including project workplan and timeline. The contents of the report are informed by inception interviews conducted with 47 key stakeholders from 27 organisations (Activity 2.1; see methodology below), field visits and identification and review of relevant materials.

Section 2 of this report outlines the inception phase methodology and provides an overview of the key themes identified in the inception interviews and field visits. Section 3 sets out the overall approach and methodology proposed for the project. Section 4 sets out the responsibilities to be undertaken by Ireland to achieve the aims of the project after the involvement of UNHCR comes to an end. Section 5 sets out the project workplan and timeline. The stakeholder engagement strategy proposed for this project is provided in Appendix 2 (Activity 2.2).

2. Inception phase methodology and results

2.1 Inception phase methodology

A total of 47 stakeholders from 27 organisations were consulted through semi-structured online and in-person interviews to inform the inception phase of the project (see Appendix 1 for a list of organisations consulted during the inception phase). Of note, a high number of interviews were conducted in this phase with the objective that they inform the project design, while also contributing to the upcoming stakeholders consultation phase.

The following topics were addressed in interviews:

- Prevalence of mental health need in the resident population and evidence of same;
- Available supports for residents and gaps in support;
- Work related stress and secondary trauma;
- Available supports for staff and gaps in support;
- Trainee profile including experience of previous trauma informed practice training ;
- Existing training opportunities in this area – public access and commissioned;
- Recommendations regarding training delivery (method, mode, duration etc.);
- Sustainability, particularly post April 2026;
- Key stakeholder identification
- Monitoring and evaluating the impact of the training

Additionally, during the inception phase the project team also visited a total of five accommodation centres representing a broad spread of centre types in order to better understand the context within which the training will ultimately be delivered (see Appendix 1 for further detail). These field visits provided opportunities to tour each facility, meet with centre management, interact with staff and in some cases with residents. Due to time constraints, all centres visited during the inception phase were in the Dublin area.

2.2 Key themes identified through inception interviews

Resident wellbeing needs

There is broad consensus among stakeholders that there are significant mental health and wellbeing needs among the IPAS resident population. These include trauma-related reactions stemming from adversity encountered prior to and during displacement, including conflict-related violence, violence associated with human trafficking, domestic violence, and other forms of gender-based violence. Residents also frequently demonstrate chronic stress and grief related reactions. Respondents cited various groups that are likely to have specific mental health needs, including victims of torture, survivors of domestic violence, LGBT+ community members, aged out minors, and others, but noted that most residents are likely to experience some level of distress associated with past and present adversities. Stakeholders observed that resident mental health needs manifested in a variety of ways with some demonstrating externalising behaviors, while other residents experiencing significant distress may be “silent” and therefore hard to identify.

Stakeholders reported that the experience of being in “the system” of seeking international protection can itself lead to or exacerbate mental health needs. Some residents may have had difficult migratory journeys prior to coming to Ireland and may have been in the process of seeking protection for many years. Residents may have been provided with misinformation regarding benefits and ‘rights’ available to them in Ireland and may find the reality to be highly distressing. In addition, in some settings there is frequent tension among residents from different cultures with different practices and beliefs co-existing in close quarters. **These discussions highlighted the importance of broadening the focus of the training beyond traditional experiences of ‘trauma’ (e.g., exposure to conflict-related or gender-based violence) to include stressors encountered as part of the asylum-seeking process.**

A number of systemic challenges were highlighted as having a negative impact on the wellbeing of residents, and in some cases, of staff as well. In particular, interviewees observed a lack of information sharing regarding resident mental health needs and other vulnerabilities among agencies and with accommodation centres. For example, respondents said that when residents are transferred to a new centre, there is typically no information about mental health needs (or other medical needs) shared by the previous centre or by IPAS. This can impede the ability of staff in centres to prepare for and respond to mental health needs (e.g., by linking with appropriate services), requiring residents to repeatedly disclose trauma histories and needs as a result, which can heighten distress. It was suggested that a system which allows residents to give (and withdraw) consent for the sharing of such information could allow for more information sharing which could ultimately improve wellbeing. Similarly, respondents shared that short notice and limited information provided to residents when they are being transferred to different centres can also increase distress.

Respondents also described stress resulting from lack of clear information provided to residents (e.g., welcome packages and other correspondence detailing the steps needed to secure medical cards, solicitors, work permits, etc.), and a lack of transparency regarding challenges that are likely to be encountered (e.g., delays in securing work permits, lack of available GPs, realistic timeline for achieving status, etc.). It was shared that centre staff may also lack sufficient knowledge about such processes, thus increasing their own stress and that of residents.

Finally, respondents highlighted a major challenge due to insufficient specialised mental health services available in the health system or community generally. As a result, there are very limited options for referral for all people with significant mental health needs, including accommodation centre residents. However, residents also face an additional barrier in that typically, to access specialised services, they must first be enrolled with and get a referral from a GP however due to over subscription, residents often face lengthy delays enrolling with a GP service and many do not succeed.

Staff wellbeing needs

There is general recognition among both IPAS and centre staff that the work environment can be highly stressful, that workloads are frequently heavy, and many staff are exposed to distressing content in the form of resident histories, shared through resident disclosure during direct contact with residents and/or through engagement with resident paperwork. Staff shared that they often think about these stories at home and that it can be difficult to “separate” their work and home lives.

In addition, in some work related settings staff perceived a threat to their safety, which, even when not realised, takes an ongoing toll on wellbeing. In some cases, staff said they had been directly exposed to critical incidents. Moreover, centre staff, especially those with limited experience and/or in smaller or more remote centres, may struggle with feeling overwhelmed by residents' unmet needs and the limits of their own ability to help and with feeling isolated.

IPAS stakeholders described access to staff wellbeing supports, including the Employee Assistance Service (EAS) and a trauma-focused counseling services (Inspire Counseling) which is specifically focused on supporting staff with vicarious trauma reactions. Both services provide a limited number of individual counseling sessions. But most shared that they have not used these services and that their impression is that uptake is seemingly low, possibly due to limited awareness of service availability and to stigma. Staff also have access to presentations and workshops on self-care and other topics, provided by the staff wellbeing team and by the EAS. The staff wellbeing team meets with all new starters and those on probation several times a year to check in on wellbeing and needs.

In centre settings, staff working for larger companies may have access to EASs but others may not. Some stakeholders expressed the view that centre managers are typically supportive, flexible and easy for more junior staff to talk to, but there are few formal staff wellbeing supports in place. In a few cases, respondents mentioned peer support programmes for staff in centre settings.

Respondents recommended that the training include an overview of staff wellbeing supports available to staff, and that steps are taken as much as possible to ensure that sufficient supports are in place at the time that the training occurs.

Training needs and recommendations

Across interviews, staff and stakeholders expressed high levels of need for and interest in TIP training. Mental health and wellbeing-informed practice training was perceived as relevant to all staff, including frontline staff, staff who engage directly with residents face-to-face or with their stories by email, phone or paperwork (frontline+) and non-frontline staff. **In centre environments, it was broadly acknowledged that training should be available not only to centre managers, reception officers, welfare officers and similar but also to security, cooks, housekeepers, shop staff and others. It was also suggested that training should be offered to owners/operators where different from managers.**

While it was agreed that **some level of training should be mandatory** for all staff, some respondents saw potential for differing content and intensity of training by staff role. Some stakeholders emphasised the importance of training that is immediately practical and **tailored to their needs**, rather than topics that are too academic or not sufficiently contextualised. It was emphasised that **clarity about the desired outcomes** of the training is critical and it should be made clear that staff are not being asked to take on the role of 'counselors' or mental health

workers after the training, but will rather learn skills that can be integrated into their regular daily tasks.

Stakeholders who had accessed TIP training in the past and experts engaged in TIP work in various settings emphasised the importance of a **training approach that includes various levels of intervention**, including basic knowledge about the impact of trauma, individual level soft skills for staff, and adoption of organisational practices and protocols to embed a trauma-informed approach at a systemic level. Some experts emphasised that the process of achieving meaningful and sustainable impact “is a journey” that must go beyond a one-off training.

During field visits, management in centres also emphasised in particular the need for cultural sensitivity training, training in de-escalation techniques and basic training on the asylum process.

Existing trainings

Interviewees shared that a range of relevant trainings have been provided to IPAS staff and centre staff by various actors and used in other settings in Ireland and internationally. It was broadly acknowledged that a significant body of high-quality trauma-informed training materials have been developed by various bodies in recent years and several respondents suggested that there is no need to ‘reinvent the wheel’. Rather respondents suggested reviewing and possibly **adapting existing modules, specifically online modules available in the public domain, in order to provide core knowledge-based content, while focusing on development of highly contextualised materials to embed practical skills through an in-person component to the training.**

Training modality and participation

Interviewees universally expressed a strong preference for face-to-face training which is **perceived as more engaging for staff and more impactful overall**. This was especially true regarding practical, skills-based training. Respondents indicated that **1-2 days of in-person training** is typically feasible, although centre staff emphasised that shorter trainings are easier to accommodate and recommended that at least two training session options be provided to each centre so that some staff can plan to attend each session to ensure that the centre is not left unstaffed. Despite the clear preference for in-person training, respondents also noted that a brief **introductory module provided online** can play an important role by ensuring that all staff have immediate access to core training when onboarding and can therefore address some challenges posed by staff turnover.

Respondents expressed enthusiasm about the prospect of **in-person trainings conducted regionally that allow for networking with other centres**. They shared that there are few opportunities for networking among centres and that this relationship building is considered very valuable.

Some respondents stated that, following training, they would benefit from **continued learning opportunities in the form of an online community of practice** that allows them to share challenges and successes as they apply learning from the training in their workplaces and to engage in ongoing learning exchange with peers. However, it was shared that meetings should not be too frequent to avoid conflicting with other priorities and that facilitation by skilled trainers would be necessary.

There was consensus among respondents that both IPAS and centre staff are typically motivated to attend trainings and are unlikely to require much ‘pushing’, but that it still makes sense to make core trainings **mandatory** for staff completion. Several suggestions were shared as to how to motivate/enforce completion of mandatory trainings, including incorporation into accommodation centre contracts with private service providers, awarding of certificates and CPD points, and integration into HR performance goals and workplans. It was explained that while these components are important for motivation and sense of achievement, ultimately training can be considered mandatory because contracts with providers typically specify that centres must comply with instructions from relevant agents of the Minister (including instructions from IPAS to complete this training).

Training team

Stakeholders shared input about the qualities that they would like to see in the training team. **Most significantly, respondents expressed concern about the capacity of the existing IPAS 2-member training team to provide training to all 320+ accommodation centres in a timely manner.** Respondents expressed the view that the training must be sufficiently resourced in terms of staff to handle the high number of trainings needed to complete this project without becoming over-stretched, and to keep the project operational in case of staff turnover, illness or other challenges.

Respondents also described the skills and experience that trainers should ideally possess. Experience delivering experiential, skills-based training was described as critical. Some shared that it is not necessary that trainers are mental health professionals, but said that ‘they need to know the issues in the centres well’ and should have experience working directly with vulnerable groups ideally including residents. In addition, trainers should ideally have experience in a helping role and feel comfortable engaging with staff who may be distressed by training content. Stakeholders shared that the experience of continually facilitating training focused on trauma may ‘take a toll’ on facilitators, and therefore experience engaging with such content would be useful. Moreover, a larger training team could help to reduce workload such that facilitator schedules are more forgiving and allow for downtime between trainings.

More specifically, respondents suggested involvement of IPAS social workers in training roles, though also acknowledging that they have an extensive existing workload. Likewise, some IPAS

frontline staff expressed a desire to contribute to training delivery although they also expressed concern about capacity in light of competing priorities.

Others agreed that involvement of Local Authority Integration Team (LAIT) members as co-trainers in trainings delivered to with centre staff could be beneficial.

Initial consultation with the LAIT National Lead suggested preliminary interest in this possibility. Others suggested that Spirasi and/or members of NGOs partnered with IPAS that provide services to residents in centres may take on training roles in centres that they support. The inclusion of representatives from not-for-profit organisations working in the area of integration was also suggested.

Data and monitoring and evaluation

Interviews revealed consensus that baseline data speaking to the mental health needs of residents is limited, although some insights can potentially be gathered from incident and complaint logs, from vulnerability assessments (although these currently exist only for families and for a period were not conducted at all) and from health status questionnaires. Moreover, existing data leaves few options for use as indicators of training impact. Some respondents expressed concern about indicators currently under consideration, such as change in the number and/or nature of reported incidents because there is not necessarily a definitive link between such incidents and trauma exposure.

Similarly, complaints logged centrally by IPAS were perceived to be of limited utility as a general indication of wellbeing in centres since most complaints are addressed by centres and come to IPAS only if unresolved.

Additionally, it was acknowledged that not all individuals manifest mental health needs in the form of conflict or disruptions that may end up in an incident or complaint report and some respondents suggested that “those who are the quietest ones in the centre have the biggest trauma in the background.” Finally, respondents specified that conflicts that may results in incident reports are often not related (solely) to mental health needs, but rather to cultural factors and living in close quarters.

Still, it was suggested that incident and complaint logs could be used as exploratory indicators, without strong expectation of a specific level of change. In addition, stakeholders suggested measuring staff’s self-reported knowledge and confidence to apply trauma-informed practice skills over time and collecting qualitative data from a subset of centres regarding perceived training impact. Others suggested that some practices may be integrated into compliance checklists used when visits are made to the centres in order assess change.

Sustainability and long-term objectives

Stakeholders engaged in enthusiastic discussion around challenges and opportunities associated with ensuring the sustainability of the project and its capacity to reach long term objectives. There was consensus that the project should ultimately result in systems change and that the trainings should be integrated into existing and new protocols and policies. For example, trainings should be included as a necessary component of opening a new centre and onboarding new staff.

Stakeholders proposed that the trauma-informed care approach should be integrated with existing policy and practice resources, including, for example, the new adult safeguarding policy being developed by IPAS, and the related handbook for centre managers. The involvement of the adult and child safeguarding teams and alignment with their briefings was identified as a key component of the sustainability strategy.

Concerns were raised regarding the ability of a stand-alone training to result in significant change to practice and systems over time. Some stakeholders expressed the view that continued support, perhaps through online follow-up in peer groups, would be valuable.

Methodology and stakeholders for consultation phase

Interviewees shared input regarding how to most effectively engage with staff and residents during the consultation phase. Most noted that residents can be reached with brief surveys by WhatsApp, email, or other digital means (e.g., a centre 'portal'). Some shared that face-to-face interaction with residents is most effective, and a few mentioned that resident committee meetings or other regular resident events can be used for this purpose. Interviewees also made suggestions regarding key stakeholders that should be consulted in the consultation phase (see Stakeholder Engagement Strategy in Appendix 2).

3. Proposed project methodology

3.1 Output 3. Report on consultations with stakeholders including current or former international protection applicants

The stakeholder engagement strategy for this project is set out in detail in Appendix 2 and will not be repeated here.

The report resulting from the consultation process detailed in the strategy will summarise the findings gathered from consultations with stakeholders that will be used to inform the training package content and will be submitted in conjunction with the training framework deliverable in September 2025.

The consultation report will include results of stakeholder consultations (focus groups, workshops) used to identify examples of current challenges faced in supporting the wellbeing of residents and/or staff and examples of good practices demonstrating a mental health and trauma-informed approach used to support residents and/or staff currently being applied. Consultations will entail co-design of associated scenarios and case studies demonstrating challenges and good practices. Drawing from these activities, the consultation report will detail perceived training needs and recommendations that can strengthen support to residents and staff.

The DPD specifies that the consultation phase should assess the **availability of mental health and psychosocial supports in Ireland currently available to residents**. A number of service mapping initiatives focusing on the refugee and asylum-seeking populations already underway were identified during the inception phase of this project, including a new mapping initiative currently being implemented by the Local Authority Management Teams as well as the existing Irish Refugee Council Support Maps (<https://www.irishrefugeecouncil.ie/map>). Additional relevant initiatives with a broader remit already in the public domain include but are not limited to: the Geohive health directory (<https://www.geohive.ie/pages/health>), the HSE directory of mental health services (<https://www2.hse.ie/mental-health/services-support/supports-services/#general-mental-health-supports-and-services>) the Youth Theatre Ireland directory of mental health and wellbeing resources for young people (<https://www.youththeatre.ie/resources/mental-health-and-wellbeing-resources>) and the Irish Local Development Network directory (<https://ildn.ie/directory/>). The resource repository developed as part of this project (see below) will include content about ongoing mapping initiatives and how to access service information.

The report will be finalised by 22 September following AG and EAC review.

3.2 Output 4. Report setting out the academic basis of the training curriculum to be developed and recommendations for its practical application in the specific context concerned

From April to July, a report will be drafted outlining the academic basis of the training curriculum (**Activity 4.3**). The report will be shared with the AG and EAC in early July for feedback and will be finalised by July 31. To inform the report, a survey of existing training and pedagogical resources will be conducted to identify good practices in Ireland and internationally (**Activity 4.1**). A literature review will be conducted with a focus on the mental health needs of international protection applicants and staff and the evidence base for addressing these needs through capacity strengthening interventions for staff (**Activity 4.2**). The review will prioritize resources published within the last 10 years, with a focus on the use of mental health or trauma-informed approaches to support refugees/migrants as part of international protection or social care interventions, and/or systematic reviews of trauma-informed practice and training

The aim of the survey and review will be to inform the contents of the Supportive Spaces training curriculum and also to develop a **resource repository** of publicly available best practice resources that can be used to supplement the Supportive Spaces training, which will be included in the training package. This repository will allow trainees to engage in online, self-facilitated training or pursue additional reading as desired for more specialised learning opportunities. IPAS or centre managers may also choose to recommend or make certain trainings or articles mandatory for staff completion. As a result, the repository will facilitate supplementary training in important mental health related topics (e.g., cultural awareness; conflict resolution and de-escalation) that are necessarily beyond the scope of the current training package due to logistical constraints (i.e. need to keep the current package brief to enhance feasibility and acceptability).

3.3 Output 5. Training framework, materials and resources for delivery to IPAS and private service providers staff on trauma informed approaches adapted to the nature of their particular roles and level of responsibility

From August to September 2025, the team will develop a comprehensive training framework outlining summary content and learning objectives (expected change in knowledge, skills, and behaviors) for IPAS and centre staff (**Activity 5.1**). The framework will include multiple levels of training as detailed in the following table.

Title	Content	Participants	Modality	Duration
Level 1: Becoming mental health and trauma aware	<ul style="list-style-type: none">Defining mental health and wellbeing; trauma; chronic stress; loss and grief	Mandatory for all IPAS and centre staff as part of	Online, self-facilitated	1.5 hours

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	<ul style="list-style-type: none"> • Impact of trauma and other adversities across the lifespan – on brain, health, behavior • Understanding stress & resilience • Applying a mental health lens to understanding behavior • Brief introduction to trauma-informed practice (general) • Staff wellbeing 	onboarding /orientation		
Level 2: Developing mental health and wellbeing-informed practice: Staff skills training	<ul style="list-style-type: none"> • Introduction to mental health and wellbeing and trauma-informed practice in IPAS/accommodation centre contexts • Recognising mental health needs among residents • How to apply trauma-informed practice when engaging with residents: interpersonal skills and organisational strategies <ul style="list-style-type: none"> ○ Scenarios/case studies (developed by residents/staff); role play ○ Addressing challenges and applying good practices (with examples from centres) ○ Linking to supports: centre & IPAS roles; community referrals • Staff wellbeing: vicarious trauma – recognising needs; self-care and organisational supports 	Mandatory for all IPAS and centre staff	In-person, interactive, skills-based training	1 day
<i>RECOMMENDED</i> Level 3: Becoming a mental health and wellbeing-informed workplace: An introduction to organisational practices and protocols	<p>Preparing IPAS (and ultimately centre) managers to move toward becoming a mental health and wellbeing and trauma-informed workplace:</p> <ul style="list-style-type: none"> • Self-assessment/review of current organisational practices and protocols with a trauma-informed lens • Development of preliminary workplan toward becoming a trauma-informed workplace, inc staff wellbeing policy. 	Mandatory for IPAS Managers; centre Managers, deputy managers, reception officers;	In-person, discussion-based session	3 hours
<i>RECOMMENDED</i> Community of	Peer support/learning exchange opportunity for centre management after Level 3 training as they work	Recommended for centre managers,	Online, facilitated,	2 hours,

practice for managers	toward adopting a trauma-informed organisational approach	deputy managers etc.	discussion-based	every 2 months
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Note: It is intended that the current project will entail development and ToT for Level 1 and Level 2 training only. The UNHCR project team will develop an outline of the Level 3 training, and if time and capacity permits, deliver a pilot Level 3 training to senior IPAS staff (Assistant Principal and above). However, it is not the intention to include this element of the framework (Level 3) in the ToT nor will trainers be supported to facilitate communities of practice with trainees (Level 4). Rather, these elements are included in the framework for completeness, and it is suggested that their implementation should be the focus of work in the early stages of a subsequent project.

A comprehensive training package (**Activity 5.2**) will be developed from September to December drawing from consultations, literature review, and review of best practice training materials.

The **Level 1: Becoming Mental Health & Trauma Aware** module will draw from close review of the many online training resources that have already been developed and are currently publicly available (see Appendix 2 for table). It is anticipated that it will be possible to use elements of existing online training modules already available in the public domain for Level 1 training, possibly with minimal adaptation to the IPAS context. For example, the project team is exploring the suitability of online trainings offered through HSEland (<https://www.hseland.ie/dash/Account/Login>) as well as the training programme developed by Nicola Lester and hosted by Thrive UK (<https://thrivedn.co.uk/communications/toolkits-and-resources/toolkit/trauma-informed-practice-training/>). The project team will procure the services of an e-learning content developer to design and develop the online module using material sourced and adapted from existing trainings (with permission) as well as bespoke material developed for this project. It is planned that the module will include the following tools (although subject to change following review of existing resources):

- 1) Module script/slides
- 2) Brief knowledge test for trainees (to be completed by trainees after the training)
- 3) Brief training feedback form to be completed by trainees following the training
- 4) Certificate of completion template

The **Level 2: Developing Mental Health and Trauma-Informed Practice: Staff Skills Training** module will be fully contextualised to the specific needs of IPAS and accommodation centres and will be informed by existing resources and literature as well as input from stakeholder consultations. While the core components of the training will be consistent for both IPAS and centre staff, the good practice examples and scenarios/case studies will be separately tailored for each group to ensure applicability. In addition, the IPAS training will include an overview of staff wellbeing supports available through the agency (e.g., Employee Assistance Service; Inspire - trauma counseling).

The module will include the following tools:

- 1) Facilitator handbook;
- 2) Powerpoint slides, to include video resources to support good practice case studies;
- 3) Trainee handbook, including handouts and copies of powerpoint slides;
- 5) Pre/post knowledge test for trainees (to be completed by trainees before and after the training);
- 6) Pre/post efficacy and skills self-assessment for trainees (to be completed by trainees before and 1 month after the training);
- 7) Training feedback form to be completed by trainees following the training;
- 8) Certificate of completion template.

Level 3: Becoming a Mental Health and Trauma-Informed Workplace: An Introduction to Organisational Practices and Protocols. This module is intended as a discussion-based session designed to help managers to develop skills and set a preliminary workplan to move toward integrating a trauma-informed approach into practices and protocols. An outline of this session will be developed as part of the current project, and as possible, piloted with IPAS managers (e.g., focus on review of existing policies with a trauma informed lens and on integration into existing policies and guidance documents). During any subsequent phase of the project this module can be adapted for use with centre managers (e.g., adoption of good practices such as establishing a residents committee and supporting its work; development of staff wellbeing policy, etc.). It is further proposed that trainers should convene **regional online communities of practice** for centre managers to facilitate networking and exchange of peer support and provide continued mentorship as they progress toward becoming trauma-informed organisations. Communities of practice can be established by region, and include approximately 25 individuals, meeting every 2 months, ideally with facilitation by a member of the training team. Creating a mechanism for strengthening social and professional connections is in itself a core element of trauma-informed practice. Although implementation of this component is beyond the scope of the current project, an outline for community of practice sessions will be provided.

This module will include the following tools:

- 1) Outline for 3-hour session with managers;
- 2) Sample outline for community of practice session.

In addition to the materials listed above for each module, the following tools will be available across modules:

- 1) Key terms and definitions (glossary);
- 2) Resource repository;
- 3) Overview of staff wellbeing services available (for IPAS staff only; centres to add as relevant).

The training package will also include a framework and associated tools to measure progress in delivering the project and support the long-term monitoring and evaluation of the training, its outcomes and impact after the involvement of UNHCR has come to an end in 2026. The framework will include the following components:

Evaluation category	Definition	Methods/tools	Target	Timeframe	Who completes
Outputs					
Trainings provided	Number of trainings provided	Schedule of completed trainings	6 IPAS trainings conducted (3 with UNCHR); trainings for 320+ centres conducted (3 with UNCHR) Quarterly targets for number of trainings to be delivered by IPAS led trainings post April TBC	UNHCR trainings conducted by April 2026. Timeframe for delivery of IPAS led trainings TBC	Facilitators
Staff trained	Number of staff trained	Attendance records	All IPAS staff trained All centre staff trained (2,500 approx) Quarterly targets for number of staff trained by IPAS led training team post April 2026 TBC	UNHCR trainings conducted by April 2026.	Facilitators
Outcomes					
Staff feedback	Level of participant satisfaction and feedback that can	Training evaluation/feedback form (online/written	80% of trainees report satisfaction	Following the training	Trainees at all training levels

	be used to make improvements (satisfaction; acceptability, feasibility)	survey; Likert scale & open-ended)	with the training		
Staff knowledge/ learning	Change in knowledge from pre to post training	Pre-post knowledge test for online (Level 1) training (online survey; multiple choice)	On average, trainees show improvement from pre to post test	Before and immediately after the online (Level 1) training	Trainees in Level 1: Online training (brief version)
		Pre-post knowledge test for in-person (Level 2) training (online/written survey; multiple choice)	On average trainees show improvement from pre to post test.	Before and immediately after the in-person (Level 2) training	Trainees in Level 2: In person training (all staff)
Staff perceived skills, confidence and wellbeing (self-report)	Change in perceived skills, efficacy/confidence, and workplace wellbeing from pre to post training	Pre-post efficacy and skills self-assessment for trainees (online survey; Likert scale)	On average, trainees show increase from pre to post training.	Before the online training <i>and</i> three months after the in-person training	All trainees, 1 month after the Level 2 in-person training
Staff behavior (self-report)	Self-report of application of skills in the workplace	Self-report of extent to which skills have been applied in the workplace (online survey; Likert scale and open-ended)	80% of trainees report application of at least one skill in the workplace.	Three months after the in-person training	All trainees, 2 months after the Level 2 in-person training
RECOMMENDED Staff / resident behavior *These indicators pending IPAS confirmation of data availability and feasibility of analyses	Change in incidents reported from pre to post training	Number of incidents/critical incidents (and the nature of these incidents) reported through the IPAS Helpdesk as a percentage of the total population in IPAS accommodation. Number	Fewer total incidents in 2026 (and 2027) in comparison to 2025 (exploratory)	End of 2025; end of 2026; end of 2027	--
	Change in complaints reported	Number of resident complaints (and the nature of these	Fewer total complaints in 2026 (and		--

	from pre to post training	complaints) reported through the IPAS Helpdesk as a percentage of the total population in IPAS accommodation. Number	2027) in comparison to 2025 (exploratory)		
	Change in referrals from pre to post training	Number of referrals of residents in IPAS accommodation to crisis services	Exploratory		--
	Change in cases assigned to IPAS social workers	Number of cases assigned to the IPAS Social Work Team as a percentage of the total population in IPAS accommodation	Exploratory		--
RECOMMENDED: Staff sick days/ retention (TBC)	Change in number of sick days; level of staff turnover	Total number of sick days among IPAS and centre staff; Number of staff voluntarily terminating role	Exploratory	End of 2025; end of 2026; end of 2027	--
RECOMMENDED: Resident wellbeing and perceived support (self-report) (TBC)	Change in resident self-reported wellbeing and perceived support in line with trauma-informed practice principles	Level of wellbeing and perceived support (likert scale)	Overall increase in level of wellbeing and perceived support in aggregated resident data	Baseline data collected during consultation phase (June 2025) and again at end 2026.	Online survey to all residents (TBC)

This table is aligned with the **indicative logical framework matrix** available in the DPD. In addition to the quantitative indicators listed here, we propose that IPAS consider utilising qualitative methodologies to assess impact in a subset of centres. Methodology for this (e.g., academic case studies; Most Significant Change approach) will be recommended as part of the training package, possibly in collaboration with academic partners.

3.4 Output 6. Delivery of train-the-trainer capacity building support to IPAS training team staff

The schedule for design, development and delivery of the Level 1 e-learning module will be agreed under contract with the service provider selected following a procurement process conducted in

line with UNHCR guidelines. It is anticipated that the development process will commence in September 2025 and that the module will be available to trainees by early March 2026 latest.

The timing of the ToT and subsequent trainings cofacilitated by UNHCR and the IPAS led training team will be discussed and agreed in consultation with IPAS and the LGMA when composition of the training team has been finalised. While the overall approach set out below is confirmed the schedule is therefore subject to change.

February 2026 (TBC), a training of trainers (ToT) will be conducted by UNHCR for an IPAS-led panel of 20-25 participants on delivery of the Level 2 training (**Activity 6.1**). This training will be facilitated in person over a minimum of 21 hours (3 days/7 hours per day) (additional days/hours to be added if determined to be necessary once training curriculum has been developed).

Participants will include the existing IPAS training team (two individuals), IPAS Resident Welfare social workers (TBC, 4 individuals), other civil servants (TBD) and LAIT members (TBD). If remaining spaces exist, consideration will be given to the inclusion of NGO stakeholders and employees of Local Development Companies working with refugees and asylum seekers in accommodation centres (with no expectation that they will deliver trainings).

The ToT will be highly experiential and focus on role play of the Level 2 in-person training, with the following general components:

- Day 1: Training facilitation role play by UNHCR with trainees as participants
- Day 2: Training facilitation role play by trainees with UNHCR and other trainees as participants
- Day 3: Management of facilitation challenges; monitoring and evaluation.

In March 2026 (TBC), joint training will be conducted by the IPAS-led training team with the UNHCR team for IPAS staff members (**Activity 6.2**). IPAS staff members receiving the training will be asked to complete the online Level 1 training in the week prior to the in-person Level 2 training participation. A total of 128 (66 frontline, 62 general) IPAS staff members will need to be trained, in cohorts of 22 (6 cohorts). If the Level 3 training pilot proceeds, IPAS management staff (number to be confirmed) will also participate in an additional half day discussion-based session.

UNHCR will co-facilitate three Level 2 trainings with the IPAS led training panel for IPAS personnel identified as Frontline+. All remaining IPAS staff will be trained by the panel independently. This will allow UNHCR to redirect training time to co-facilitate approximately three trainings for accommodation centre staff alongside members of the IPAS led training panel. Co-facilitated trainings will allow the UNHCR team to observe the trainers and provide feedback. UNHCR will also provide 'supervision' sessions to trainers to help prepare trainings delivered independently before April 2026 as well as debrief sessions following each training. This approach will allow UNHCR to ensure that the IPAS led training panel is fully equipped to provide trainings for both IPAS and centre

staff and to address any challenges that may arise collectively, before UNHCR's involvement comes to an end.

3.5 Output 7: Project description summary

UNHCR will prepare a standardised project description summary in accordance with the provisions of Appendix VII - Communication and Visibility Plan attached to the Agreement. This will be submitted to the AG following finalisation and approval of this inception report.

3.6 Output 8: Final report

UNHCR will draft a final report at the conclusion of the project. It will contain at a minimum the following sections:

- Description of the context of the project of the beneficiary authorities;
- Description of what needs were addressed;
- Methodology and approach used to produce the final deliverables;
- Key deliverables and activities that were undertaken;
- Consultation with stakeholders;
- Key findings and lessons learnt;
- Produced and expected results;
- Expected impact.

3.7 Academic collaboration

The UNHCR team has confirmed collaboration with academic partners at Trinity College Dublin (TCD). [Caroline Jagoe](#), Associate Professor, Clinical Speech and Language Studies at TCD, specialises in development of accessible communication materials and will support UNHCR in ensuring that training materials are accessible to all trainees and in developing sample materials that can be used to clearly and effectively communicate key information to residents. [Frederique Vallieres](#), Professor, Psychology; Director Centre for Global Health at TCD, has recently developed a model for co-design of scenarios for use in training on trauma-informed practice for staff in acute hospital settings. Dr. Vallieres and Dr. Jagoe will support adaptation of this model for use in accommodation centre settings, including methodology for co-design of scenarios with residents, IPAS, and centre staff during workshops in the consultation phase. They and their students will also conduct process documentation to support adaptation and scale up of this approach in other settings. [Rachel Hoare](#), Assistant Professor, French, and Director of Centre for Forced Migration studies at TCD, will support consultations with resident youth and caregivers. As feasible, academic partners may also support monitoring and evaluation activities, including case studies or other methodology to assess outcomes. Ethics review approval will be secured as needed in conjunction with these partners.

4. Subsequent responsibilities to be taken by Ireland to achieve project aims

Following the conclusion of UNHCR's contract, IPAS will be responsible for ensuring delivery of Level 1 and Level 2 training to management and staff in 320+ accommodation centres throughout the country using the materials developed through this TSI. The total number of staff has been estimated by IPAS at 2,500 individuals on the basis that each centre has an average of seven employees (two managers and five other staff). It is understood that this estimated number includes owners/operators where different from managers as well as security staff, both of which we recommend including in training.

In person Level 2 training will be conducted for 20-25 staff in each cohort, requiring the delivery of approximately 100 training sessions if the above estimates are accurate. Each training will be delivered by two facilitators, including at least one individual with experience working directly with accommodation centre residents in particular. Two facilitators allow trainers to share tasks and to fill in for each other as needed (e.g., if a staff member trainee becomes distressed, one trainer can provide support while the other carries on the training). In addition to training delivery, each training will require logistical planning and monitoring and evaluation activities. At a later stage, IPAS should also consider delivering Level 3 training for centre managers as well as establishing an online community of practice for this cohort as already recommended in this report.

An IPAS led panel of 20-25 trainers will be established to allow for training to be provided efficiently and effectively.

It is intended that the IPAS led panel will include the following cohorts and discussions are ongoing to achieve this:

- Existing IPAS training team
- IPAS Resident Welfare social workers
- Additional civil servants (TBC)
- Members of the Local Authority Integration Team (TBC)

LAIT trainers can draw from direct service experience in accommodation centres to support training contextualisation and help to promote application of training content during subsequent engagement with the centres.

If there is remaining capacity, consideration will also be given to the inclusion of a small number of representatives from NGOs with an established presence in accommodation centres and/or specialist knowledge and experience in the area of trauma informed practice

Following training of all centre staff, IPAS and the training panel will continue to conduct training for new centres as they open, and for new staff as they are onboarded.

In order for IPAS to continue its journey towards becoming a trauma informed organisation, it is strongly recommended that steps are also taken at the earliest opportunity to begin planning for the development and delivery of Level 3 training on organisational practices and protocols and the establishment of the associated communities of practice for centre managers so that trainees can progress seamlessly from one level to the next without major delays and the need for refresher sessions.

5. Workplan and timeline

The expected implementation period of the Project set out in the Detailed Project Description is 18 months from 1 November 2024. The project manager took up her post on 1 December 2024 full time and the MHPSS consultant took up her post full time on 20 February 2025. In order to allow a 15-month implementation period from the point at which the project team was fully on board a non-budget extension to end May is envisaged. The workplan and timeline below is formulated on this basis.

PROJECT WORKPLAN AND TIMELINE			
Output 3 Report on the consultations held with key stakeholders, including current or former international protection applicants			
Activity	Tasks	Start week of:	End week of:
3.1 Conduct interviews with key stakeholders	Schedule remaining interviews (min 8) Develop questions Conduct interviews Schedule focus groups Develop methodology Conduct focus groups Write up notes	3 Mar 25	26 May 25
3.2 Organise workshops with IPAS service providers' staff	Establish centre manager advisory panel Develop workshop methodology (with academic partners) Centre manager panel input/review of methodology Implement workshop(s) Write up	24 Feb 25	30 June 25
3.3 Organise workshops with IPAS service users or former service users	Establish resident advisory panel Develop consultation methodology – survey and/or workshop(s) (with academic partners) Resident panel input/review of methodology Implement consultation Write up	10 Mar 25	15 July 25
3.4 Draft the report	Draft report Internal review AG review Develop a communications strategy for all remaining outputs Procure design and photography services for all remaining outputs (if using)	15 July 25	22 Sep 25
Output 4 Report setting out the academic basis of the training curriculum to be developed and recommendations for its practical application in the specific context concerned			

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Activity	Tasks	Start week of:	End week of:
4.1 Conduct a survey of existing training frameworks, resources and international best practice	Identify existing high quality English language training frameworks including in particular those in the public domain Review existing frameworks Identify best practice Identify necessary adaptations Start building resource repository Commence procurement of AV service (if using)	3 Feb 25	26 May 25
4.2 Conduct literature review	Conduct article and resource search using keywords, with focus on systematic reviews in last 10 years Evaluate credibility of sources Review articles and identify themes	17 Mar 25	26 May 25
4.3 Draft the report	Draft report on the academic basis of the training Internal review of draft EAC review AG review Finalise contents Publish report	26 May 25	31 July 25
Output 5. Training framework, materials and resources for delivery to IPAS and private service providers staff on trauma informed approaches to the nature of their particular roles and level of responsibility			
Activity	Tasks	Start week of:	End week of:
5.1 Develop a training framework	Draft full level 1 training outline Draft RFQ for procurement of e-learning content developer for level 1 training Issue RFQ Review responses and select provider Draft lesson plan for content developer identifying all source material and commence development process Draft full Level 2 training outline with specification of knowledge, skills, and behaviors associated with each training session/activity Internal review of draft Finalise	14 July 25	22 Sep 25
5.2 Develop a training curriculum including pedagogical tools and resources	Draft full training package with tools/resources described in Output 5	18 Aug 25	31 Dec 25 *E-learning module to

	Internal review of draft including e-learning module (Timing TBC), with module to be delivered by early March 2026. Confirm ToT trainees and dates Resident and centre manager panel review EAC review AG review Finalise contents Publish		be delivered by 6 March 2026 prior to training IPAS frontline+ and piloting in 3 centres.
Output 6. Delivery of train-the-trainer capacity building support to IPAS-led training team staff			
Activity	Tasks	Start week of:	End week of:
6.1 Delivery of train-the-trainer capacity building sessions to IPAS-led training team staff	Delivery of final e-learning module (timing TBC) Schedule training Conduct three day ToT	9 Feb 26(TBC)	6 March26
6.2 Delivery of joint training to IPAS staff members	Co-facilitate 3 trainings for IPAS staff Co-facilitate 3 trainings for centre staff Collection and analysis of monitoring and evaluation data	2 March 26 (TBC)	30 Apr 26
Output 7. Project description summary			
Activity	Tasks	Start week of:	End week of:
7.1 Draft a project description summary	Draft summary Internal review Submit to AG for approval Finalise (Publication date TBD)	31 Mar 25	28 Apr 25
Output 8. Final report			
Activity	Tasks	Start week of:	End week of:
8.1 Draft final report	Draft final report Internal review Submit draft to AG for review and approval Finalise Project wrap up	1 May 26	25 May 26

Appendix 1: Inception phase interviews and field visits

The table below lists all stakeholder organisations engaged through inception interviews.

IPAS
DCEDIY
HSE National Social Inclusion Office
Private sector accommodation providers (6)
NGOs:
Crosscare
Depaul
Jesuit Refugee Service
Irish Red Cross
Spirasi
TIP subject matter experts:
European Union Agency for Asylum
International Organisation for Migration
Safeguarding Board Northern Ireland
Thrive LDN (UK)
Trinity College Dublin
University College Cork
University College Dublin
UK Home Office
Other:
Department of Social Protection
Irish Local Development Network
Local Authority Integration Team, Local Government Management Agency
Garda Síochána Ombudsman Commission
The Courts Service

The table below lists all inception phase field visits.

Type	Nature of visit
Single male, tented Catered Emergency	Meeting with centre manager and regional manager. Tour of facility.
Single male Transit Catered	Meeting with IOM site coordinator and senior IOM MHPSS project staff. Tour of facility.

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Single males Catered Emergency	Meeting with centre manager and deputy manager. Meeting with member of Supportive Spaces project resident advisory panel. Meeting with centre residents committee. Tour of facility.
Families, single males Catered Permanent	Observation of welcome meeting facilitated by JRS. Meeting with centre manager and social work team leader. Tour of facility.
Families and single females Catered Emergency	Meeting with centre manager and regional manager. Tour of facility.

Appendix 2: Stakeholder engagement strategy

Stakeholder identification and mapping

Two categories of stakeholders were identified during the inception report process: those that are vital to engage in the project; and those that it is seen as a courtesy to inform about the project.

Vital to engage		
Stakeholder	Input required	Output/s
SG REFORM	Project management and coordination	All outputs
IPAS key contacts	Project management and coordination	All outputs
IPAS training team	Development of training content and modalities Feedback on draft training content ToT participation Piloting of training content Delivery of training within IPAS Piloting of training in up to three accommodation centres (TBC) Development of monitoring and evaluation framework	O2, O3, O5, O6
IPAS frontline	Stakeholder identification Development of training content and modalities Engagement with residents Feedback on draft training content ToT participation (TBC) Delivery of training within IPAS (TBC) Piloting of training in up to three accommodation centres (TBC) Development of monitoring and evaluation framework	O2, O3, O5, O6
IPAS digital frontline	Development of training content and modalities Participation in training Feedback on training to allow revision Development of monitoring and evaluation framework	O3, O5, O6
IPAS other	Training participation Feedback on training to allow revision	O6
Accommodation centre management	Stakeholder identification Development of training content and modalities Workshop design and implementation, survey implementation (TBC) Engagement with residents Support in engaging with residents Development of monitoring and evaluation framework Training participation (TBC) Feedback on draft training content (TBC)	O2, O3, O5

Accommodation centre reception/integration personnel	Stakeholder identification Development of training content and modalities Workshop design and implementation Engagement with residents Support in engaging with residents Training participation (TBC) Feedback on draft training content (TBC)	O2, O3, O5
Accommodation centre general staff	Training participation (TBC) Feedback on draft training content (TBC)	O6
Accommodation centre residents	Development of training content	O3,O5
HSE	Service mapping Development of training content	O3, O4 O5
Local Government Management Agency (Local Authority Integration Teams)	Development of project design Support in engaging with residents ToT participation (TBC) Co-delivery of training with IPAS-led training team (TBC)	O2,O3,O6
NGOs with a presence in accommodation centres (JRS, Crosscare, Depaul, NASC, Peter McVerry Trust, IOM etc)	Support in engaging with residents ToT participation (TBC) Co-delivery of training with IPAS-led training team (TBC)	O3,O4,O6
NGOs and not-for-profit organisations working with international protection applicants	Support in engaging with residents	O3,O4
Trauma Informed Practice training providers	Development of training content	O2, O4, O5
Other Government departments and agencies recently trained in trauma informed practice	Feedback on training experience Lessons learned Recommendations for training development	O2
Academic partners and other experts	Ethics review Workshop and survey (TBC) design and implementation Literature review Identification and review of existing training frameworks Development of training content	O3, O4, O5

Courtesy to inform

NGOs and not-for-profits working with trauma and mental health
Other relevant Government units, departments and state agencies
Accommodation centre operators/contract holders

Stakeholder engagement mechanisms

Stakeholders will be engaged in the project by means of the following mechanisms:

Mechanism	Purpose	Stakeholders
Advisory Group	Regular meetings (every 6-8 weeks) to enable SG REFORM, IPAS and UNHCR Ireland to take stock of the status of activities, review output progression and advise on the implementation of the project. All Outputs	SG REFORM IPAS UNHCR Ireland
Centre managers advisory panel	Maximum 8 members representing a diverse spread of centres. To advise the project team on how best to engage centre staff and residents in project consultations and training. To support the development of consultation methodologies including survey (TBC) and workshop(s). To provide feedback on draft training materials. To participate in pilot training (TBC). Outputs O3, O5, O6	Accommodation centre managers
Residents advisory panel	Maximum 8 members. Mix of nationalities, genders and locations. All current or recent accommodation centre residents. To advise the project team on how best to engage residents in project consultations. To support the development of consultation methodologies including survey (TBC) and workshop(s). To provide feedback on draft training materials. Outputs O3, O5, O6	Accommodation centre residents

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Expert Advisory Committee	<p>To support the development and implementation of survey (TBC) and workshops. To identify relevant existing training frameworks. To provide feedback on the review of existing academic literature and relevant training frameworks. To support the development of IPAS training framework and curriculum and review its content.</p> <p>Outputs O3, O5, O6</p>	Academic partners and other experts
Interviews and focus group discussions	<p>Minimum 8 interviews plus potentially two focus groups. To inform decisions relating to the role and responsibilities of ToT participants. To identify relevant existing training frameworks for review. To support the development of training content.</p> <p>Outputs O3, O4, O5, O6</p>	<ul style="list-style-type: none"> - HSE - Local Government Management Agency (LAITS) - NGOs and not-for-profit organisations working in centres/exclusively with international protection applicants - Trauma Informed Practice training providers
Residents survey (TBC)	<p>Online survey. To provide baseline data for monitoring and evaluation of project outcomes. To inform the development of stakeholder workshops. To inform the development of training content.</p> <p>Outputs O3, O5</p>	<ol style="list-style-type: none"> 1. Accommodation centre residents
Workshops	<p>Minimum two workshops. Max 20 participants in each. To provide baseline data for monitoring and evaluation of project outcomes. To inform the development of training content including in particular practice examples and case studies of direct relevance to accommodation centres.</p> <p>Outputs O3, O5</p>	<ol style="list-style-type: none"> 1. Accommodation service providers 2. Accommodation centre residents
Training feedback sessions	<p>Online feedback sessions following delivery of pilot ToT, IPAS and accommodation centre trainings (TBC).</p>	<p>All pilot ToT participants All pilot IPAS trainees All pilot accommodation centre trainees (TBC)</p>

	Outputs O3, O5	
Pre training questionnaire and post training evaluation forms	To assess the impact of training on participants understanding of the topic and capacity to apply their knowledge in the workplace before and after training.	All pilot ToT participants All pilot IPAS trainees All pilot accommodation centre trainees (TBC)
	Outputs O3, O5	

Informed consent

The issue of informed consent is of utmost importance in any research, but particularly research involving vulnerable populations including international protection applicants. For consent to be valid, it must be informed and voluntary. To that end, participants in this project will be provided with clear and accessible information about its aims and the purpose of their involvement. Participants will be given opportunities to withdraw their involvement at any stage should they wish, including during interviews, advisory panel meetings and workshops. Limited personal data will be collected and this data will not be used for any purpose other than that specified at the time of the collection.

Record keeping and data protection

As stated in the contribution agreement (REFORM/IM2024/028) setting out the conditions of the TSI grant for this project, UNHCR will apply its own rules and procedures for protection of personal data and exclusion from access to funding, as assessed in the ex-ante pillar assessment (see General Policy on Personal Data Protection and Privacy at <https://www.refworld.org/policy/strategy/unhcr/2022/en/124207>).

Participant wellbeing

Every stage of this stakeholder engagement strategy will be risk assessed prior to implementation in order to ensure the wellbeing of participants while engaged in this project. Care will be taken to provide workshop and training participants with information about relevant supports including emergency helplines should they become distressed as a result of their participation. Workshop and training facilitators will also have training as to how to provide immediate support to participants who may become distressed during activities.

Expert Advisory Committee

The table below details the members of the Expert Advisory Committee and their respective roles.

Name	Role	Organisation	Location
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The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

Marta Cassará	Training Officer	European Union Agency for Asylum (EUAA)	Regional - EU
Sofia Casas	Regional MHPSS Officer, Europe	UNHCR	Regional – Europe
Erofili Dagalidi	MHPSS Consultant, Greece TSI	UNHCR	Greece
Christian Fitzhugh	Asylum Mental Health and Wellbeing Lead	UK Home Office	UK
Rachel Hoare	Assistant Professor, Director of Centr for Migration Studies	Trinity College Dublin	Ireland
Caroline Jagoe	Associate Professor Department of Clinical Speech and Language Studies	Trinity College Dublin	Ireland
Sharon Lambert	UCC School of Applied Psychology	University College Cork (UCC)	Ireland
Nicola Lester	Mental health nurse	Psychological Trauma Consultancy/ Thrive UK	UK
Niamh Marrinan	Principal Clinical Psychologist, Manager	Social Inclusion HSE Dublin South Wicklow	Ireland
Angela Moore	Senior Community Based Protection Officer, Europe	UNHCR	Regional - Europe
Muireann Ni Raghallaigh	Senior Lecturer & Associate Professor, Social work	University College Dublin (UCD)	Ireland
Tracie Ryan	Senior Clinical Psychologist (Siceolai Cliniciuil) Migrant Health in Primary Care	HSE	Ireland
Frederique Vallieres	Director, Global Health	Trinity College Dublin	Ireland
Pieter Ventevogel	Senior Mental Health & Psychosocial Support Officer	UNHCR	Global
TBC	Trauma Informed Implementation Manager	Safeguarding Board for Northern Ireland (SBNI)	Northern Ireland

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Terms of reference will be provided to EAC members detailing expectations. In order to accommodate busy schedules of EAC members, expectations will be kept relatively light and will utilise both email correspondence and a few meetings. The EAC will provide review of the following products, with additional requests made as needed:

- 1) Concise literature review (June 2025)
- 2) Consultation report and training framework (September 2025)
- 3) Training package (December 2025)

Centre Staff and Resident Advisory Panels

To ensure a fully participatory approach in which the views of primary members of the target audience (centre staff and residents) are thoroughly integrated into the project design, we propose to develop a panel of stakeholders consisting of IPAS residents and former residents (10 members maximum), and, separately, centre managers, deputy managers, and reception officers (10 members maximum).

Each panel will meet approximately five times over the lifetime of the project to fulfil the following functions:

- advise the project team on how best to engage centre staff/residents in project consultations;
- to pilot the consultation methodologies developed; and
- to provide feedback on the draft training content including in particular case studies and best practice examples.

At the time of writing, management/staff from five centres have confirmed their willingness to participate in the centre staff panel including staff from permanent and emergency centres, all male and family centres, and urban and rural centres:

A total of five accommodation centre residents/former residents have also confirmed their willingness to participate in the residents panel including both males and females from Nigeria, Somalia and Syria with experience of living in a variety of centres in Dublin and elsewhere.