



FINAL REPORT

SUPPORTIVE SPACES

**Embedding a Trauma-Informed Approach
in the Provision of Accommodation for
People Seeking Asylum in Ireland**



**Co-funded by
the European Union**



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

Project reference:

REFORM/IM2024/028; Nov 2024-May 2026

Beneficiary authority:

International Protection Accommodation Service (IPAS), Department of Justice, Home Affairs and Migration, Ireland

Implementing partner:

United Nations High Commissioner for Refugees (UNHCR)

Funding instrument:

European Union Technical Support Instrument (TSI)

© UNHCR, May 2026.

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.

Cover photo: The Supportive Spaces training panel at the Training-of-Trainers in Dublin, March 2026.

© UNHCR

Layout & Design: BakOS DESIGN

Acknowledgments

The *Supportive Spaces* project is co-funded by the European Union via the Technical Support Instrument, and implemented by the UN Refugee Agency (UNHCR) in cooperation with the European Commission Reform and Investment Taskforce (SG REFORM). This project provides technical support in the form of a trauma-informed approach training programme delivered to Ireland's International Protection Accommodation Service (IPAS) at the Department of Justice, Home Affairs and Migration.

This report was developed by **Leah James**, MHPSS Consultant at UNHCR Ireland and **Annabel Egan**, Senior Programme Associate at UNHCR Ireland and was strengthened by inputs from the Supportive Spaces Advisory Group.

Enormous appreciation is due to all residents and staff who gave generously of their time to share their own experiences of living and working in various international protection Accommodation Centres and in IPAS during project consultations and site visits as well as to all those who took part in video recorded interviews for use in the Supportive Spaces training materials.

The following individuals also generously contributed their expertise in recorded interviews: Diane Ihrwe (UNHCR Ireland); Dr Caroline Jagoe Sherman, (Trinity College Dublin); Dr Sharon Lambert (University College Cork); Violeta Mooney (International Organisation for Migration); and Dr Amy Moriarty (HSE Dublin North City and West). Many thanks to Baleskin, Two Gateway, Citywest and Carnbeg Accommodation Centres for permission to use photographs taken in their Centres.

Thanks are also due to our e-learning course narrators Diane and Ola as well as to all residents and staff involved in the Residents Advisory Panel and the Centre Staff Advisory Panel.

Sincere thanks are due to the individuals listed below who provided quality assurance, technical advice and critical input, significantly strengthening project outputs overall:

Members of the Supportive Spaces Advisory Group: Augusto Arnone (European Commission, SG REFORM); Stephen Crosby (IPAS); Kate Gillen (IPAS); Maria Hennessy (UNHCR Ireland); Enda O'Neill (UNHCR Ireland); Chloe Shortall (IPAS); Sara Stephens (IPAS).

Members of the Supportive Spaces Expert Advisory Committee: Sofia Casas (UNHCR); Marta Cassarà (European Union Agency for Asylum); Erofilis Dagalidi (UNHCR); Christian FitzHugh (UK Home Office); Rachel Hoare (Trinity College Dublin); Caroline Jagoe-Sherman (Trinity College Dublin); Sharon Lambert (University College Cork); Nicola Lester (Psychological Trauma Consultancy and Thrive UK); Nicole Maiorann (Trinity College Dublin); Niamh Marrinan (Health Service Executive, Ireland); Angela Moore (UNHCR); Muireann Ní Raghallaigh (University College Dublin); Máirtín Ó Maoláin (Spirasi); Tracie Ryan (Health Service Executive, Ireland); Laura Tarafás (Spirasi); and Frédérique Vallières (Trinity College Dublin).

Many thanks are due to Dr. Frederique Vallieres, Director of the Trinity Centre for Global Health, Dr. Caroline Jagoe Sherman, Associated Professor, Department of Clinical Speech and Language Studies, and Nicole Maiorano, Doctoral Student at Trinity College Dublin for support in developing the monitoring and evaluation approach for the Supportive Spaces project.

Special thanks are also due to Aideen Reddy, National Lead, Local Authority Integration Teams, Local Government Management Agency for making it possible for her team to contribute to this project as training facilitators.

And finally, a great many thanks to each of the 22 IPAS and Local Authority Integration Team (LAIT) members of the interagency Supportive Spaces Training Panel: Kay Sinnott Browne (LAIT); Ado Byrne (IPAS); Keith Byrne (IPAS); Yvonne Canning (LAIT); Brian Clarke (IPAS); Gerry Condon (IPAS); James Connaughton (LAIT); Joanne Douglas (IPAS); Paul Fallon (LAIT); George Forde (LAIT); TJ Hughes (LAIT); Olena Kryvulya (LAIT); Galina Negru (LAIT); Dave O'Brien (IPAS); Adriana Quinn (LAIT); Rachel Rose (LAIT); Hannah Ryan (IPAS); Hannah Smith (IPAS); Patricia Tallon (LAIT); Enda Whitney (LAIT); Joy Williams (IPAS); and Aga Wypychowska (LAIT).

By leading this work, you are contributing directly to the wellbeing of both residents and staff in international protection accommodation settings.

List of Abbreviations

AG	Advisory Group
CoP	Community of Practice
DOJ	Department of Justice, Home Affairs and Migration
EAC	Expert Advisory Committee
EU	European Union
EU Pact	EU Migration and Asylum Pact
EUAA	European Union Agency for Asylum
HSE	Health Service Executive
IPAS	International Protection Accommodation Service
KAP	Knowledge, Attitudes, Practices
LAIT	Local Authority Integration Team
MHPSS	Mental Health and Psychosocial Support
M&E	Monitoring and Evaluation
SG REFORM	European Commission Reform and Investment Taskforce
TSI	Technical Support Instrument
ToT	Training-of-Trainers
UNHCR	United Nations High Commissioner for Refugees / UN Refugee Agency

TABLE OF CONTENTS

Executive Summary.....	5
1. Context and Rationale.....	7
1.1 Project context and beneficiary authority.....	7
1.2 Policy and reform context.....	8
1.3 Needs addressed by the project.....	9
2. Project Design, Methodology and Approach.....	11
2.1 Overall methodology.....	11
2.2 Inception phase methodology.....	11
2.3 Evidence review methodology.....	11
2.4 Stakeholder consultation methodology.....	12
2.5 Advisory, co-design and quality assurance structures.....	12
2.6 Research and evaluation approach.....	13
3. Implementation and Key Outputs.....	14
Output 2: Inception report.....	14
Output 3: Stakeholder consultation report.....	15
Output 4: Evidence review.....	16
Output 5: Training framework, materials and resources.....	16
Output 6: Training-of-Trainers and pilot delivery.....	18
Publication and dissemination of materials.....	18
4. Cross-Cutting Findings and Lessons Learned.....	19
4.1 Accommodation systems shape wellbeing.....	19
4.2 Staff are central to resident experience and need support.....	19
4.3 Participatory design increases relevance and credibility.....	19
4.4 Training participants' voice should inform system-level change.....	20
4.5 Strategic training panel development is key.....	20
4.6 University partnerships strengthen evaluation, learning, and sustainability.....	20
4.7 Training alone is insufficient without an enabling environment.....	20
5. Produced and Expected Results.....	21
5.1 Produced results.....	21
5.2 Immediate expected outcomes.....	21
5.3 Short- to medium-term expected outcomes.....	21
5.4 Longer-term expected outcomes.....	22
6. Expected Impact.....	23
6.1 Individual-level impact.....	23
6.2 Service-level impact.....	23
6.3 System-level impact.....	23
7. Sustainability and Next Steps.....	24
7.1 National scale-up through the training panel.....	24
7.2 Continued monitoring, evaluation and learning.....	24
7.3 Institutionalising trauma-informed practice across the accommodation system.....	24
7.4 Expanding reach beyond accommodation settings.....	25

EXECUTIVE SUMMARY

The Supportive Spaces project provided technical support to Ireland to strengthen the integration of a trauma-informed approach in the provision of accommodation for people seeking international protection. The project was co-funded by the European Union (EU) through the Technical Support Instrument (TSI) and implemented by the UN Refugee Agency (UNHCR) in cooperation with the European Commission Reform and Investment Taskforce (SG REFORM). The beneficiary authority was the International Protection Accommodation Service (IPAS) within the Department of Justice, Home Affairs and Migration (DOJ), which has responsibility for meeting the accommodation and reception needs of international protection applicants in Ireland.

The project was conceptualised during a period of significant pressure and transformation in Ireland's reception system. From 2022 to 2024, the number of people seeking international protection increased sharply, resulting in the rapid growth of accommodation capacity across the country. While this expansion enabled shelter to be provided for many people in urgent need, it also created operational challenges associated with emergency accommodation. These challenges had important implications for mental health and psychosocial wellbeing. People seeking asylum may have experienced violence and other adversities before or during migration. In addition, post-migration stressors, including the asylum process itself, living in communal or emergency accommodation, uncertainty about the future, limited autonomy, social support, and community integration have significant effects on wellbeing. Both civil servants working in IPAS and private sector staff working in accommodation centres also face significant stressors, resulting in risk of poor staff wellbeing and reduced capacity to support residents.

The Supportive Spaces project addressed these needs through a structured package of outputs including the following:

Output 1

Launch event

Output 2

Inception Report

Output 3

Stakeholder Consultation Report

Output 4

Evidence Review setting out the academic basis of the training

Output 5

Tiered trauma-informed training framework and package including e-learning and in-person training materials

Output 6

Training-of-Trainers (ToT) programme; pilot training delivery; a monitoring and evaluation framework (M&E); a resource hub

Output 7

Project Description Summary

Output 8

Final Report

The work was evidence-informed, participatory and practical. It draws on international research, stakeholder interviews, field visits, consultations with accommodation centre residents and both IPAS and accommodation centre staff, as well as engagement with health, NGO and community actors. Advisory structures, including accommodation centre residents and staff, subject matter experts and the project Advisory Group (AG) also provided quality assurance.

The stakeholder consultation process was central to the overall strength and impact of the project. Twelve consultations were held between May and July 2025 with 184 participants, including accommodation centre residents, centre staff, IPAS staff and participants from NGOs, the Health Service Executive (HSE) and local development organisations. The consultations identified barriers and facilitators to wellbeing which directly shaped the training content and broader recommendations.

A central achievement of the project was the creation of a scalable training model designed to move both IPAS and accommodation centre staff from trauma-informed awareness to trauma-informed skills. Level 1 consists of a knowledge-based e-learning course addressing mental health and wellbeing, the impact of adversity (including trauma, stress, and loss) on the brain and behaviour, and the principles of a trauma-informed approach. Level 2 consists of an in-person training day focused on practical application, including staff wellbeing, interpersonal skills, recommendations for good practices in accommodation settings associated with the principles of trauma-informed approach, and an action planning session.

At the individual level, the project is expected to improve staff knowledge, confidence and capacity to respond to support their own wellbeing and respond to resident and colleague distress in ways that reduce harm and support wellbeing. At the service level, it is expected to contribute to safer, more supportive and more consistent interactions between staff and accommodation centre residents. At the system level, it provides a foundation for embedding trauma-informed principles into the ongoing reform of Ireland's international protection accommodation system.

However, the project also confirmed that while training is an important and valuable entry point for introducing a trauma-informed approach, it is not sufficient on its own to embed this approach sustainably across the accommodation system. Effective implementation requires an enabling environment that supports trauma-informed principles at all levels of the system. This includes clear standards and procedures, leadership commitment, organisational staff wellbeing supports, transparent communication, meaningful mechanisms for resident and staff participation, effective referral pathways for additional support, and alignment between centre-level practice and broader IPAS policies and operational systems.

Since November 2024, significant progress has been made by project partners to begin addressing a number of these foundational issues. At the same time, the project highlighted that developing a fully trauma-informed accommodation system is a longer-term process that will require continued investment, organisational commitment, and system-level reform beyond the lifespan of this project.

1. CONTEXT AND RATIONALE

1.1 Project context and beneficiary authority

The period from 2022 onwards has been marked by an unexpected, significant and sustained increase in arrivals. From 2017 to 2021, an average of approximately 3,200 people sought asylum in Ireland each year.¹ In 2022 and 2023, that number rose to over 13,000 annually,² and in 2024 it rose again to over 18,000.³ In 2025, there were over 13,000 applications.⁴ This increase coincided with the large-scale arrival of people fleeing the war in Ukraine. Since the activation of the Temporary Protection Directive, approximately 125,000 individuals have been granted temporary protection in Ireland,⁵ with around 84,000 remaining active in administrative systems as of February 2026,⁶ against the backdrop of an acute national housing shortage. The combined effect has placed significant pressure on accommodation capacity, necessitating a substantial expansion of the international protection accommodation system, and a growing reliance on emergency accommodation arrangements.

By the end of 2024, more than 32,000 people were accommodated in over 320 publicly funded accommodation centres overseen by IPAS and managed by private providers.⁷ This represented a major increase from the end of 2021, when approximately 6,700 people were accommodated in 45 centres.⁸ This system includes permanent centres covered by the National Standards for Accommodation

Offered to People in the Protection Process and subject to inspection, as well as a larger number of emergency centres located in hotels, guesthouses, repurposed commercial buildings, prefabricated and modular units and tented sites⁹ which, although inspected by DOJ officials are not subject to the National Standards. By late 2025, it was estimated that approximately 90 per cent of accommodation settings were neither independently monitored nor required to comply with the National Standards.¹⁰

As of December 2023, accommodation capacity was insufficient to accommodate all applicants, with the result that by February 2025, approximately 3,500 single male applicants were unaccommodated (based on IPAS data published at the time), with some sleeping rough for varying periods from several days to weeks and months. Although these numbers have since reduced significantly (755 unaccommodated applicants as of May 2026),¹¹ accommodation pressures remain substantial. These pressures are compounded by limited move-on options, with approximately 5,000 people with status unable to leave IPAS accommodation at the end of 2025 due to the national housing shortages.¹²

Since 2022, Ireland has also experienced rising community tensions around accommodation sites,

¹ International Protection Office (IPO), *Statistics Report (2017-2021)*, <https://cutt.ly/xtMyaMIX>. Application numbers: 2,926 (2017), 3,673 (2018), 4,781 (2019), 1,566 (2020) and 2,649 (2021).

² International Protection Office (IPO), *Statistics Report (2022 and 2023)*, <https://cutt.ly/xtMyaMIX>. Application numbers: 13,651 (2022) and 13,277 (2023).

³ International Protection Office (IPO), *Statistics Report for December 2024*, <https://cutt.ly/HtMyuPI6>.

⁴ International Protection Office (IPO), *Statistics Report for December 2025*, <https://cutt.ly/LtMyiRQ8>.

⁵ Oireachtas, *Parliamentary Question No. 425*, 26 February 2026, <https://cutt.ly/YtMyabHK>.

⁶ Central Statistics Office, *Arrivals from Ukraine in Ireland – Series 18*, 18 February 2026, <https://cutt.ly/TtMyp5ta>.

⁷ International Protection Accommodation Service (IPAS), *Weekly Accommodation and Arrivals Statistics*, 31 December 2024, <https://cutt.ly/htMydUcj>.

⁸ International Protection Accommodation Service (IPAS), *Monthly Report*, December 2021, <https://cutt.ly/BtMyfNxx>.

⁹ IPAS phased out tented accommodation at the end of February 2026.

¹⁰ HIQA, *Monitoring of International Protection Accommodation Service Centres in 2025*, <https://tinyurl.com/3vf9rzj3>.

¹¹ International Protection Accommodation Service (IPAS), *Statistics on International Protection Applicants Not Offered Accommodation*, 13 May 2026, <https://tinyurl.com/7ydt9t5>.

¹² Oireachtas, *Parliamentary Question No. 431*, 2 December 2025, <https://tinyurl.com/3y86a44f>.

including protests and incidents of threatening behaviours and violence. Misinformation and disinformation have further contributed to heightened local tensions.¹³

This context created both urgency and opportunity. The rapid expansion of accommodation capacity ensured that many applicants were offered immediate shelter. However, it also exposed widely differing conditions across centres due to many factors including accommodation type as well as differences in applicable standards, staffing, staff training and wellbeing supports, opportunities for resident autonomy and participation, access to services and many others. Community tensions, including violent protests, have impeded integration and felt safety. These contextual and operational realities directly affect the mental health and psychosocial wellbeing of both residents and staff.

The Supportive Spaces project was therefore developed on the premise that staff in IPAS and accommodation centres could be better equipped and supported to apply trauma-informed principles in their everyday work. At the same time, the project recognised that wider organisational and system-level reforms are needed to embed such practices in accommodation provision in a sustainable way.

1.2 Policy and reform context

The project aligns with national and European policy developments. The Government of Ireland's White Paper on Ending Direct Provision committed to training staff on engaging with people who have experienced trauma and set out a transition towards a new accommodation model combining an initial stay in State-provided centres with onward placement in community-based accommodation. However, implementation has been affected by higher than anticipated arrivals, requiring a reassessment of capacity and timelines¹⁴ The Comprehensive Accommodation Strategy for International Protection Applicants,¹⁵ launched in 2024, further recognised the need for accommodation

services to be delivered by organisations that understand equality, diversity, cultural competence and the needs of people fleeing conflict or affected by trauma, and aims to expand reception capacity and develop a more sustainable, State-led and blended accommodation model.

At European level, Ireland's participation in the EU Pact on Migration and Asylum (EU Pact) and the recast Reception Conditions Directive provides an important policy framework. The Directive places stronger requirements on those working with survivors of torture and other forms of violence to be appropriately and continually trained concerning their needs and the required supports. In addition, guidance from the European Union Agency for Asylum (EUAA) on the mental health and wellbeing of applicants for international protection emphasises the importance of reception systems that are informed by mental health and psychosocial support (MHPSS) considerations.¹⁶ Under the EU Pact, Ireland anticipates a more differentiated reception system, comprising screening and border procedure facilities, alongside standard accommodation centres and basic needs centres, with continued reliance on contingency and emergency accommodation to respond to fluctuations in arrivals.¹⁷

The recent signing into law of the International Protection Act 2026 also brings with it a more standardised approach to the monitoring and inspection of reception conditions, aimed at ensuring compliance with the obligations stemming from the Reception Conditions Directive and national accommodation standards.¹⁸ It is possible that this may include an expanded scope of inspections, potentially encompassing a wider range of accommodation settings, including emergency centres. The Act further introduces preliminary vulnerability and health assessments at an early stage of the procedure, representing an important step towards the early identification of applicants with special reception needs or in need of special procedural guarantees.

¹³ RTÉ Prime Time, *Mapped: The fires linked to accommodation for migrants*, <https://tinyurl.com/yb3frba7>; RTÉ Investigates, *Inside the Protests: Cameras capture moment Coolock site attacked*, <https://tinyurl.com/3f6htzme>; RTÉ News, *Copycat arson attacks feared after 16 fires in a year*, <https://tinyurl.com/y559t9bv>.

¹⁴ Government of Ireland (2021), *A White Paper to End Direct Provision and to Establish a new International Protection Support Service*, Department of Children, Equality, Disability, Integration and Youth.

¹⁵ Government of Ireland (2024), *Comprehensive Accommodation Strategy for International Protection Applicants*, <https://tinyurl.com/mr557ec4>.

¹⁶ European Union Agency for Asylum. (2024). *Practical guide on mental health and well being of applicants for international protection: Part I – for senior management*, Publications Office of the European Union. <https://tinyurl.com/ya5awcx5>.

¹⁷ Government of Ireland (2025), *National Asylum and Migration Management Strategy*, <https://tinyurl.com/mvuk5np5>.

¹⁸ See Chapter 4 Part 4 of the *International Protection Act 2026*, available here: <https://tinyurl.com/57mmk966>.

In this regard, the Supportive Spaces project provides a concrete mechanism for translating high-level commitments regarding MHPSS and trauma-informed approaches, wellbeing, dignity and reception standards into a practical training approach and associated recommendations for implementation. This is particularly important in the context of ongoing reform, evolving reception arrangements, and operational uncertainty.

1.3 Needs addressed by the project

The project addressed a set of interrelated needs affecting accommodation centre residents, both IPAS and accommodation centre staff and the wider system. These needs were confirmed through multiple methods, including inception phase interviews with stakeholders, consultations with residents and staff, and a review of international research literature.

Resident needs

The literature review and consultations conducted for this project confirmed that people seeking asylum frequently experience cumulative adversity before, during and after displacement. These adversities may include conflict, persecution, torture, gender-based violence, trafficking, separation from family members, loss of livelihood, dangerous migration journeys, uncertainty and social exclusion. International evidence shows that people seeking asylum and refugees experience elevated rates of mental health problems, including depression, anxiety and post-traumatic stress symptoms, compared with host populations.¹⁹

In line with the trauma-informed approach, the Supportive Spaces project does not assume pathology or seek to diagnose residents with mental health conditions. Rather, it recognises the potential impact of various forms of adversity (including traumatic experiences and ongoing stressors) on all residents and staff, the majority of whom do not meet criteria for mental health conditions, but may still experience mild to moderate reactions such as sleep difficulty, worry, irritability, etc. At the same time, people seeking protection also draw on substantial personal, family, community, cultural and spiritual strengths and protective factors.

The role of accommodation for resident wellbeing

The project addressed the reality that accommodation conditions can either support or undermine wellbeing. Existing research and consultations conducted for this project consistently show that post-migration stressors, including uncertainty in asylum processes, unstable accommodation, limited privacy, restricted autonomy, lack of access to meaningful activities and poor access to services, can exacerbate distress.²⁰ Stable, private, safe and community-integrated accommodation, by contrast, can support recovery and wellbeing. In combination, these factors make the accommodation system an appropriate and important setting for trauma-informed capacity building.

¹⁹ Blackmore, R., Boyle, J.A., Fazel, M., Ranasinha, S., Gray, K.M., Fitzgerald, G., Misso, M., Gibson-Helm, M. (2020a). *The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis*. PLOS Medicine, 17 (9), e1003337. <https://doi.org/10.1371/journal.pmed.1003337>; Blackmore, R., Gray, K. M., Boyle, J. A., Fazel, M., Ranasinha, S., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020b). *Systematic review and meta-analysis: The prevalence of mental illness in child and adolescent refugees and asylum seekers*. Journal of the American Academy of Child & Adolescent Psychiatry, 59(6), 705–714. <https://doi.org/10.1016/j.jaac.2019.11.011>; Patanè, M., Ghane, S., Karyotaki, E., Cuijpers, P., Schoonmade, L., Tarsitani, L., & Sijbrandij, M. (2022). *Prevalence of mental disorders in refugees and asylum seekers: A systematic review and meta-analysis*. Global Mental Health, 9, 250–263. <https://doi.org/10.1017/gmh.2022.29>; Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). *Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis*. JAMA, 302(5), 537-549. <https://doi.org/10.1001/jama.2009.1132>; UNHCR Ireland. (2025a). *Creating Supportive Spaces: Addressing the mental health and wellbeing needs of people seeking asylum through trauma-informed approaches in accommodation settings: An evidence review*.

²⁰ Miller, K. E., & Rasmussen, A. (2017). *The mental health of civilians displaced by armed conflict: An ecological model of refugee distress*. Epidemiology and Psychiatric Sciences, 26(2), 129-138. <https://doi.org/10.1017/s2045796016000172>; Mulcaire, J., Smetham, D., Holt, L., Zard, S., Brady, F., & O'Driscoll, C. (2024). *Impact of the asylum determination process on mental health in the UK and EU+: A systematic review and thematic synthesis*. BMJ Public Health, 2(2). <https://doi.org/10.1136/bmjph-2023-000814>; UNHCR, 2025a.

Staff wellbeing and training needs

The project aimed to impact accommodation conditions by addressing the training and wellbeing needs of civil servants and private sector staff working in the international protection accommodation system. Staff in accommodation centres and IPAS work in complex settings, often balancing operational responsibilities, resident distress, community tensions, and constrained resources. The literature review found that staff working with forcibly displaced people are at risk of poor wellbeing, including burnout and secondary and vicarious traumatic stress reactions, particularly in the absence of organisational clarity, adequate supervision, peer support, and other staff wellbeing supports.²¹ Consultations with staff conducted for this project highlighted stressors such as high workloads, exposure to distressing situations, and negative public sentiment related to migration issues, and identified associated distress reactions among staff. Consequently, the Supportive Spaces materials prioritise staff wellbeing education and support strategies, with the aim of benefiting staff in their own right and strengthening their capacity to support residents.

System level needs:

At system level, the project addressed the absence of a unified, scalable training framework. Prior to the project, training provision was inconsistent across the accommodation system, and many staff in both the public and private sectors had limited access to structured training on trauma-informed approaches. Given the scale and diversity of the system, there was a need for an approach that could support broader reach and longer-term sustainability. The project therefore adopted a hybrid approach combining an e-learning component and an in-person component utilising a ToT approach designed to build internal capacity within IPAS and associated partners, enabling future delivery to accommodation centre staff across the country as well as within IPAS itself.

²¹ European Asylum Support Office (EASO). (2021). *Practical guide on the welfare of asylum and reception staff, Part II: Staff welfare toolbox*. (EASO Practical Guides Series). Luxembourg: Publications Office of the European Union. <https://tinyurl.com/585jnyk5>; Fernandes, P., Buus, N., & Rhodes, P. (2024). *Vicarious impacts of working with refugees and asylum seekers: An integrative review*. *Journal of Immigrant & Refugee Studies*, 22(3), 482-502. <https://doi.org/10.1080/15562948.2022.2049949>; Roberts, F., Teague, B., Lee, J., & Rushworth, I. (2021). *The prevalence of burnout and secondary traumatic stress in professionals and volunteers working with forcibly displaced people: A systematic review and two meta-analyses*. *Journal of Traumatic Stress*, 34(4), 773-785. <https://doi.org/10.1002/jts.22659>.

2.

PROJECT DESIGN, METHODOLOGY AND APPROACH

2.1 Overall methodology

The project used a multi-phase methodology designed to ensure that final deliverables were evidence-informed, participatory, practical and scalable. The methodology combined inception interviews and field visits, an evidence review, a substantial stakeholder consultation phase, AG review, training co-design with the training panel, piloting, and monitoring and evaluation (M&E) planning. This layered approach was important because the project sought not only to produce training materials, but to ensure that those materials were credible, informed by lived experience, and adapted to the Irish international protection accommodation context.

The methodology itself was also trauma-informed in its design. Great care was taken to create opportunities for accommodation centre residents and staff with direct experience of accommodation settings, including training panel members, to participate meaningfully in the development of the training materials and influence the content of the training in a tangible way. This approach placed emphasis on safety, trust, transparency, voice, choice, collaboration and cultural awareness. In doing so, the project attempted to model the very principles it sought to embed in the accommodation system.

2.2 Inception phase methodology

The inception phase²² involved interviews with 47 stakeholders from 27 organisations and visits to five accommodation centres representing a broad spread of centre types. Interviews explored the prevalence and nature of resident mental health and psychosocial needs; available supports and gaps; staff work-related stress and secondary trauma; existing staff support mechanisms; prior training experience; available training opportunities; preferred training delivery methods and modalities; sustainability after the project period; stakeholder identification; and M&E options.

²² UNHCR Ireland. (2025b). *Supportive Spaces: Embedding trauma-informed practice in the provision of accommodation for people seeking asylum: Inception report.*

²³ UNHCR, 2025a.

2.3 Evidence review methodology

The evidence review²³ provided the academic basis for the training curriculum and recommendations to practitioners, policy makers and other stakeholders involved in supporting asylum seekers, particularly within accommodation settings. The review was developed by the UNHCR project team with technical review by the AG and Expert Advisory Committee (EAC). It is not a systematic review, but rather a narrative synthesis of global and European evidence structured around three key themes:

- 1 **The MHPSS needs of asylum seekers**, with attention to the impact of asylum processes and accommodation conditions and policies, as well as the support needs of staff working within these systems;
- 2 **The effectiveness of trauma-informed approaches**, including their impact on service users, staff, and systems, both broadly and within asylum-specific contexts; and
- 3 **Practical recommendations for trauma-informed training and implementation**, aimed at fostering more supportive accommodation environments that reduce harm, promote healing, and support integration into host societies.

As evidence specifically focused on trauma-informed approaches in asylum accommodation settings remains limited, the review also drew from adjacent sectors, including health, housing, social care, education and child protection. This was important for developing a realistic position: trauma-informed approaches are promising and relevant, but they must be implemented with conceptual clarity and system-level support. The review therefore informed not only the training content, but also recommendations regarding tiered training, staff wellbeing, leadership engagement, lived experience involvement, M&E, and organisational alignment.

2.4 Stakeholder consultation methodology

Stakeholder consultation was central to the project. The stakeholder consultation phase was conducted between May and July 2025. It was designed to understand barriers and facilitators to IPAS and centre staff wellbeing and to resident wellbeing in accommodation centres as well as to identify key considerations for developing trauma-informed approaches in Ireland’s international protection accommodation system. A total of 12 consultations were held with 184 participants, representing at least 65 accommodation centres across Ireland. These included five resident consultations with 73 participants, three accommodation centre staff consultations with 62 participants, one IPAS staff consultation with 18 participants and three online focus group discussions with 31 participants from NGOs, the Health Service Executive (HSE) and local development organisations. In addition, the UNHCR team visited six accommodation centres in various regions including rural areas.

The consultation process was designed to include different kinds of expertise. Accommodation centre residents brought lived experience of the accommodation system. Centre staff and IPAS staff brought operational knowledge of daily practice, constraints and responsibilities. NGOs, HSE and local development actors brought perspectives on service access, community connection, health and psychosocial support. Together, these perspectives provided a more complete understanding of what supports or undermines wellbeing in accommodation settings.

The consultations used participatory methods. Activities included small-group activities to identify barriers and facilitators to wellbeing among both residents and staff, as well as identification of ‘flashpoints’ and associated scenarios exploring stress triggers, reactions of both

staff and residents, and possible trauma-informed responses. Consultations also entailed plenary discussions to debrief group activities and reflections on training priorities. Data was gathered through written participant contributions (post-it notes), facilitator notes and online transcripts. Ethical safeguards included informed consent, confidentiality, sharing of mental health and wellbeing resources and supports and agreement to avoid disclosure of personal traumatic experiences. The consultation methodology was supported by Trinity College Dublin and reviewed by the project’s resident and staff advisory panels.

2.5 Advisory, co-design and quality assurance structures

The project used several advisory structures to support relevance, quality and accountability. The project AG included UNHCR, IPAS and European Commission representatives. The EAC brought together expertise in forced migration, trauma and mental health, asylum reception, health systems, training and implementation. Members of the AG and EAC reviewed key products, including the evidence review, consultation report, training framework and training package. Their input helped ensure that the project was technically sound and aligned with international and Irish practice.

Separate resident and staff advisory panels were also established to support a participatory approach. The resident advisory panel included current and former accommodation centre residents. The staff advisory panel included centre managers, deputy managers and reception officers. These panels reviewed the consultation methodology and training materials, helping ensure that methods were safe, relevant and realistic. The Training Panel also played a co-creation role, providing feedback on materials during the Training-of-Trainer (ToT) sessions and piloting phase.

Table 1: Participation summary

Participant group	# consultations	# participants	Modality	Notes
Centre staff	3	62	2 in-person; 1 online	Mixed and non-management staff
IPAS staff	1	18	In-person	All divisions invited
Residents	5	73	In-person	Mixed groups, families, mothers, youth and single men
NGOs, HSE, LCDN	3	31	Online FGDs	Psychosocial and community support staff
Total	12	184	—	—

2.6 Research and evaluation approach

Although not a part of the original Detailed Project Description, the project team formed a collaboration with the Trinity Centre for Global Health at Trinity College Dublin to develop a series of research and evaluation activities designed to assess the effectiveness of the project and inform future work.

Consultation phase process evaluation

The Supportive Spaces consultation process was grounded in principles of participatory programme design, recognising the importance of involving both service users and service providers in shaping interventions that affect them. While participatory approaches are widely recognised as good practice, there remains limited evidence on how to operationalise these approaches effectively and safely within complex accommodation and migration contexts.

In response, the UNHCR team and Trinity College Dublin designed a process evaluation to identify key barriers, facilitators, and lessons learned related to the consultation methodology. The evaluation draws on multiple data sources, including facilitator notes, interviews with consultation leads, and surveys, interviews and focus groups with both staff and resident participants. A content analysis approach was used to identify factors related to facilitation, activities, group dynamics, and participant engagement that supported or constrained the consultation process.

The findings are intended to inform future trauma-informed and participatory programme design initiatives within accommodation and humanitarian settings and can also be used to guide adaptation of the current training materials for use in other settings. A paper presenting the results of the process evaluation is currently in preparation and is anticipated to be submitted for publication by July 2026. Through documenting and disseminating these lessons, the project aims to contribute to broader learning on effective, ethical, and meaningful participatory approaches.

Monitoring and evaluation

An M&E framework was developed to strengthen learning, accountability, and continuous improvement throughout the project, with methods designed in partnership with Trinity College Dublin. The framework was intended not only to assess training outcomes, but also to better understand the broader implementation process and the organisational conditions required to support trauma-informed practice over time.

The evaluation approach includes components focused on both the ToT and the training of accommodation centre/IPAS staff. ToT evaluation activities include feedback forms completed by training panel members, alongside qualitative interviews to be conducted by a master's student at Trinity College Dublin to explore experiences, perceived preparedness, and lessons learned related to facilitation and implementation.

Training evaluation activities include anonymous Knowledge, Attitudes, and Practices (KAP) and staff wellbeing surveys completed at multiple timepoints: prior to the e-learning course, immediately following the in-person training, and approximately one month post-training. These surveys are complemented by post-training satisfaction and feedback forms to assess participant perceptions of relevance, quality, confidence, and applicability to practice. This data will be collected through online surveys (using Survey Monkey) programmed and maintained by Trinity College Dublin. A data sharing agreement has been established between IPAS and Trinity College Dublin.

In addition, the project incorporates qualitative research activities to be conducted by a Trinity College master's student with supervision by PhD student and faculty partners. This includes interviews with training panel members and training participants, to better understand barriers and facilitators to implementation, organisational dynamics, and the extent to which training content is being applied in practice. Trinity College Dublin has secured ethics review board approval for all evaluation and research activities.

The evaluation framework reflects the understanding that trauma-informed implementation is an ongoing process rather than a one-time outcome. The primary aim is therefore not to demonstrate full system transformation within the project timeframe, but rather to assess whether the training strengthens awareness, confidence, and practical application of trauma-informed principles, while also identifying the organisational supports and system-level changes required for sustained implementation.

3.

IMPLEMENTATION AND KEY OUTPUTS

The project delivered the outputs set out in the Detailed Project Description and refined through the inception phase. Table 2. below summarises the main outputs and their status.

OUTPUT 2

Inception report

The [inception report](#) set the foundation for the project. It clarified the project context, defined trauma-informed practice, summarised inception-phase findings and proposed a refined methodology and workplan. It also identified practical risks to implementation and recommended adaptations to strengthen sustainability.

The inception phase identified several themes that influenced all subsequent outputs. These included the mental health and psychosocial needs of accommodation centre residents; staff wellbeing needs; the importance of training that is practical, accessible and role-specific; the need for hybrid training modalities; the importance of expanding the training team; and the need to develop M&E activities. It also recognised that while training could begin the process of embedding trauma-informed practice, long-term change would require organisational and system-level commitments beyond the immediate project period.

The inception phase also generated a series of specific adaptations to the initial project design:

- **First**, the project team recommended expanding the IPAS training panel from two members to a minimum of 20 members so that training could be scaled nationally after project completion.
- **Second**, it was recommended that the training panel include both IPAS staff and Local Authority Integration Team (LAIT) members, recognising the importance of linking central accommodation oversight with local community integration and support structures.
- **Third**, the project added pilot delivery of the training package in selected accommodation centres and with IPAS staff to allow opportunity for training panel members to further practice facilitation with support from the UNHCR, and to gather implementation learning to strengthen the training materials before wider roll-out.

Table 2: Main outputs and their status

Output	Status	Summary
Output 1: Launch meeting	Completed, November 2024	Launch and alignment with beneficiary authority and project partners.
Output 2: Inception report	Completed, July 2025	Scope, methodology, workplan, stakeholder mapping and design adaptations.
Output 3: Stakeholder consultation report	Completed, October/November 2025	Findings from consultations with residents, staff, IPAS and other stakeholders.
Output 4: Academic basis of the training report	Completed, August/September 2025	Evidence review on asylum seeker and staff wellbeing and trauma-informed approaches.
Output 5: Training materials and resources	Completed, April 2026	Tiered training framework, e-learning, in-person training, facilitator guide, handouts, resource hub and M&E tools.
Output 6: Training-of-Trainers and pilots	Completed, March/April 2026	Capacity building for IPAS/LAIT training panel and pilot delivery/refinement.
Output 7: Project description summary	Completed, Feb 2025, updated May 2026 at end project	Summary of project purpose, outputs and key results.
Output 8: Final report	Completed, May 2026	Synthesis of context, methodology, outputs, findings, results and expected impact.

- **Fourth**, the project expanded the stakeholder consultation methodology beyond the initial Detailed Project Description by increasing the number of consultation workshops and adding focus groups with NGOs, the HSE and local development actors.
- **Fifth**, the project established accommodation centre resident and staff advisory panels to provide ongoing input into consultation methodology and training material development.
- **Sixth**, an M&E framework was added to the project design and collaboration with Trinity College Dublin was established to support evaluation activities.
- **Finally**, the inception report also indicated that 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.

These adaptations strengthened both the quality and sustainability of the project.

OUTPUT 3

Stakeholder consultation report

Stakeholder consultation report structure

The stakeholder consultation report presented findings from consultations with accommodation centre residents, accommodation centre staff, IPAS staff and external stakeholders, as well as associated recommendations. The consultations were designed to ensure that the voices of those most affected by accommodation policies and practices informed the training design and wider recommendations.

The consultation report was organised around the core principles of trauma-informed practice: safety; trustworthiness and transparency; empowerment, voice, choice and control; connections, collaboration and peer support; and cultural, historical, gender and disability awareness. It also included two additional categories that emerged strongly from the data: basic needs and living with dignity, and staff wellbeing. This structure allowed the project team to connect concrete accommodation issues (e.g., room checks, communication, transfers, the complaints process, food access, visitor policies and staff support) to the broader trauma-informed framework.

The report also produced a comprehensive set of recommendations for IPAS, centre operators, managers and staff. These included strengthening standards and accountability mechanisms; conducting trauma-informed reviews of policies, practices and facilities; improving information sharing and orientation; strengthening staffing and management; investing in training and continuous professional development; enhancing staff wellbeing and peer support; promoting resident voice and participation; improving trust and transparency through information sharing; and strengthening connections to local communities and services.

How the consultation results shaped the training

The consultation report and broader findings were used to ensure that training materials were grounded in lived and professional experience. The consultation findings directly shaped the training in several ways. First, they determined the themes identified for prioritisation and associated scenarios used in the e-learning course and in-person training. Rather than relying on generic examples, the training uses situations that reflect accommodation-centre realities, such as distress at reception, room change requests, conflict linked to rules, misunderstandings about procedures, stress associated with transfers, and communication. Anonymous quotes from consultation participants were included throughout the in-person training PowerPoint slides.

Second, the findings shaped the emphasis on staff wellbeing. Because staff repeatedly described reactions related to burnout, moral distress and limited support, the training begins with staff wellbeing and treats it as important in its own right, not only as a means to improve resident outcomes.

Third, consultation findings shaped the organisational practice components. Participants repeatedly explained that many difficulties arise not from interpersonal interactions alone, but from underlying system challenges, such as unclear systems, resource constraints and structural pressures. The training therefore encourages participants to identify what is within their control at self, interpersonal and organisational levels, while providing a mechanism for sharing input about systemic problems that are outside of their control with IPAS senior management. It avoids implying that individual staff alone can solve systemic problems.

Fourth, the findings shaped the Resource Hub and supplementary tools, including new staff orientation checklists, resident welcome packet recommendations, accessible communication materials and action planning tools.

OUTPUT 4

Evidence review

[The evidence/literature review](#) synthesised international research on the MHPSS needs of people seeking asylum and the relevance of trauma-informed approaches in accommodation settings.²⁴ The review confirmed that people seeking asylum experience disproportionately high levels of psychological distress associated with cumulative adversities before, during, and after displacement, including exposure to conflict, violence, persecution, torture, loss, prolonged uncertainty, and post-migration stressors.²⁵ It also found that accommodation systems can function as either protective or harmful environments, depending on the extent to which they support safety, stability, privacy, autonomy, connection, and access to services. The review highlighted that crowding, noise, forced relocations, restricted routines, and lack of social support contribute to distress, while stable and community-integrated accommodation can promote recovery and wellbeing.²⁶

The review also highlighted the needs of staff, particularly those working directly with people seeking asylum. Staff working in international protection accommodation and related reception settings may experience emotional exhaustion, burnout, and secondary traumatic stress, particularly where they are exposed to distressing situations, urgent crises, high workloads, unclear roles, limited supervision, and insufficient organisational support.²⁷ At the same time, the literature highlighted the importance of organisational supports, reflective spaces, peer support, supervision, and recognition of staff strengths and resilience in promoting staff wellbeing and retention.

The evidence review concluded that trauma-informed approaches provide a relevant and promising framework for accommodation settings. Grounded in principles of safety, trust, empowerment, collaboration, and cultural responsiveness, trauma-informed approaches recognise the widespread impact of trauma and seek to prevent re-traumatisation across service delivery

and policy environments.²⁸ While empirical evidence specific to asylum accommodation settings remains limited, the review found that evidence from related sectors, including health, education, housing, and social care, suggests that trauma-informed models can strengthen engagement, improve relationships between service providers and service users, and create safer and more supportive environments.²⁹ The review identified barriers to implementation including workforce pressures, resource constraints, lack of conceptual clarity, and organisational systems that conflict with trauma-informed principles, while facilitators included leadership commitment, lived-experience involvement, tiered training models, cross-sectoral collaboration, and integrated staff wellbeing strategies.

In sum, the evidence suggests that trauma-informed approach training for staff is a key foundational step in supporting staff and resident wellbeing, but also that implementation must extend beyond stand-alone training initiatives. Trauma-informed approaches require leadership commitment, supportive policies and procedures, staff wellbeing systems, resident participation, cultural responsiveness, and organisational practices that are aligned with core principles. This conclusion directly shaped the project's tiered training model and its recommendation for a future Level 3 leadership and systems-focused module.

OUTPUT 5

Training framework, materials and resources

The project developed a tiered training framework designed to build capacity progressively.

Level 1: Online knowledge-based e-learning course

Hosted on HSeLanD, intended to introduce all participants to key concepts. It defines mental health and wellbeing; explains adversity, trauma, stress, loss and positive experiences; describes how adversity can affect the brain, behaviour, and wellbeing; introduces

²⁴ UNHCR Ireland, 2025a.

²⁵ Blackmore et al., 2020; Miller & Rasmussen, 2017; Steel et al., 2009.

²⁶ UNHCR, 2025a.

²⁷ EASO, 2021; Fernandes et al., 2024.

²⁸ Mooney, S., Fargas, M., MacDonald, M., Bunting, L., O'Neill, D., Walsh, C., Hayes, D., & Montgomery, L. (2024). *'We are on a journey': Implementing trauma-informed approaches in Northern Ireland*. Safeguarding Board for Northern Ireland. <https://tinyurl.com/mtx5sabt>. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014); *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services, <https://tinyurl.com/mr3952w4>; UNHCR, 2025a.

²⁹ Mooney et al., 2024; UNHCR, 2025a.

specific examples of adversity experienced by people seeking asylum and by IPAS and accommodation centre staff; and presents the core principles of a trauma-informed approach with examples of organisational and interpersonal practice.

Level 2: One-day in-person, skills-based training for accommodation centre and IPAS staff

The in-person training builds on the e-learning course by focusing on real-world application. The training is organised around five modules. Module 1 welcomes participants, co-develops group agreements to ensure psychological safety, clarifies training aims, and defines key concepts. Module 2 addresses staff wellbeing fundamentals, including sources of stress and positivity in the workplace; common staff reactions, such as burnout and secondary/vicarious trauma; and recommendations for improving staff wellbeing through individual (e.g., self-care, reflection on stress responses and self-calming skills) and team/organisational actions (e.g., access to an employee assistance programme, the availability of supervision as distinct from line management and organisational strategies for building vicarious resilience). Module 3 focuses on interpersonal skills, utilizing facilitator and participant role plays to emphasise the benefits of applying a trauma-informed lens to all interactions with accommodation centre residents and fellow staff members. It also provides an overview of staff responsibilities for supporting residents in distress through signposting to mental health and wellbeing services. Module 4 describes good practices in accommodation settings aligned with the trauma-informed principles of safety, trust and transparency, connection, empowerment and cultural and identity awareness across self, interpersonal and organisational levels, integrating video examples from residents, academia, and community actors. Module 5 gives participants opportunities to identify next steps and develop rapid action plans for their own centres or roles. It also includes an opportunity for participants to share ideas for organisational/system level changes which will in turn be shared with IPAS senior management.

The training package includes a comprehensive set of materials, with separate versions for accommodation centre staff and IPAS staff. These include detailed facilitator guides, PowerPoint slide decks, participant handouts, M&E materials, and an online Resource Hub. The facilitator guides include preparation guidance, trauma-informed facilitation skills and guidance on managing group dynamics in a psychologically safe and participatory manner, detailed agendas, facilitator

scripts for each module with activity instructions and key messages, as well as handouts and supplementary materials developed for this project. The guides emphasise that facilitators are not expected to deliver scripts word-for-word, but rather to preserve the core learning objectives and messages while adapting language, pacing, and examples to the needs of different audiences and their own stylistic preferences.

The project also produced supporting tools and a resource hub. The supplementary materials include recommended core documents for centre welcome packets, new accommodation centre resident and staff orientation checklists, communication accessibility guidance and practical tools to help staff translate training into everyday practice. These materials respond directly to consultation findings about gaps in orientation, unclear information, inconsistent communication and the need for practical, ready-to-use resources. The Resource Hub (website in development) will be hosted on the IPAS website and gathers publicly available best practice materials that can supplement the training and support ongoing learning. It was developed to provide ongoing access to supplementary learning resources, signposting information, and capacity strengthening supports beyond the training itself.

M&E materials, including KAP surveys and feedback tools, were also integrated into the package to support continuous learning and quality improvement.

As part of the training framework, a future Level 3 training/workshop was also recommended to address organisational practices and protocols for senior IPAS staff and centre managers. Level 3 would consist of a half-day workshop focused on embedding trauma-informed principles into workplace systems, policies, routines/procedures, staff wellbeing protocols, supervision, incident response, complaints, information sharing, and accountability mechanisms. This workshop could focus on addressing input shared by Level 2 training participants regarding organisational/system level changes needed to embed a trauma-informed approach.

It is further proposed that Level 3 should include convening 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 panel. Creating a mechanism for strengthening social and professional connections is in itself a core element of trauma-informed practice.

Although Level 3 implementation was outside the scope of the current project, the concept was included in the training framework because the evidence and consultations clearly indicated that leadership and systems alignment are essential for sustainable change.

OUTPUT 6

Training-of-Trainers and pilot delivery

The project adopted a ToT model to support sustainability and national scale-up. An IPAS-led training panel of 22 members was established, with participation from nine IPAS and thirteen LAIT staff. The inclusion of LAITs was a particularly important design adaptation because it created stronger links between accommodation oversight and local community integration actors. In addition it helped build relationships and mutual understanding across different parts of the system. By pairing IPAS trainers with LAIT trainers, it is also possible to ensure that when facilitating trainings, each training pair can draw on personal experience of working with accommodation centre residents and knowledge of IPAS policy and procedures.

The three-day ToT programme prepared participants to facilitate the Level 2 in-person training. It covered the substantive training content, facilitator mindset, trauma-informed facilitation, adult learning, group dynamics, managing challenging discussions, responding to distress and maintaining fidelity while adapting to local context. Teach-back exercises allowed training panel members to practise facilitation and receive feedback. The process also functioned as a team-building opportunity, helping training panel members work through challenging content, build trust and develop a shared sense of purpose.

Pilot trainings were then conducted to test the materials with relevant audiences. Three accommodation centres trainings and three IPAS trainings were conducted, resulting in a total of 105 people trained. Pilot delivery allowed the project team and training panel members to assess whether the content was realistic, sufficiently

tailored to accommodation settings and appropriate for mixed groups of staff. Feedback from pilots and pilots and trainers informed revisions to reduce length, clarify messages, adapt examples for different roles and contexts, and ensure that scenarios reflected common real-world situations.

Publication and dissemination of materials

The project inception report and evidence review have been published on the UNHCR Ireland website in line with the Detailed Project Description.³⁰ UNHCR will issue a LinkedIn post to mark the end of the project and publication of the Final Report which will also be made available on the UNHCR website. The project has also been highlighted by IPAS on the central government site.³¹

The Supportive Spaces e-learning course has been published on the HSeLanD website. The Supportive Spaces Facilitators Guide and accompanying PowerPoint slide deck has been shared with all project partners and the interagency training panel. Participants in the in-person training (3,500+) will also be provided with digital copies of the slide deck and other supporting materials including handouts, worksheets and access to the resource hub hosted by IPAS.

Events implemented by the project include 12 consultations (eight in person, four online), a three-day ToT even and six pilot trainings. In May 2026, UNHCR also hosted an internal online webinar to promote the project regionally among its staff and encourage adaptation of the training materials to other settings. In May, IPAS also coordinated delivery of 18 separate training events for IPAS and centre staff across the country.

In each case, the role of EU funding has been recognised as stipulated in the EU Visibility Guidelines as well as the contribution of all three project partners.

³⁰ UNHCR Supportive Spaces Project, UNHCR Ireland, <https://tinyurl.com/2vapu74>.

³¹ <https://tinyurl.com/8arjbn2d>.

4.

CROSS-CUTTING FINDINGS AND LESSONS LEARNED

4.1 Accommodation systems shape wellbeing

A central finding of the project is that accommodation systems are not neutral backdrops to wellbeing. The physical environment, centre routines, communication practices, staffing arrangements, rules, complaint processes, privacy, transport, food access, community connection and transfer procedures all affect residents' sense of safety, dignity and control. This finding is consistent with the evidence review, which found that accommodation conditions are strongly linked to mental health outcomes among people seeking asylum and refugees and is strongly supported by input received from residents and staff during consultations conducted for this project.

This finding has important implications for trauma-informed implementation. Training can improve staff knowledge and interpersonal practice, but trauma-informed principles must also be reflected in organisational routines and system-level decisions. For example, if staff are trained to promote transparency but lack timely information to share with residents, the impact of training will be constrained. If staff are trained to offer choice but centre protocols allow limited to no flexibility, training may increase frustration rather than change. The project therefore highlights the importance of aligning this training with an embedded trauma informed approach to policy, standards and operational reform.

4.2 Staff are central to resident experience and need support

The project confirmed that staff interactions are one of the most immediate ways accommodation centre residents experience the accommodation system. Warm, respectful, clear and predictable communication can reduce distress, build trust and support a sense of dignity even when staff cannot resolve the underlying issue. Conversely, dismissive, opaque, or inconsistent interactions can intensify mistrust, fear and conflict. This makes staff training in interpersonal skills highly relevant.

At the same time, staff cannot be expected to provide supportive interactions without support themselves. Thus, staff wellbeing is not only an implementation issue but a core ethical and operational concern. Staff deserve to be well for their own sake, and their wellbeing affects the quality and consistency of the support they can provide. The training therefore emphasises recognition of stress responses, use of self-calming and self-regulation skills, broader self-care practices, as well as team and organisational practices such as peer support, supervision, clear communication, recognition of achievements, and investment and role-modelling by leaders.

4.3 Participatory design increases relevance and credibility

The project demonstrated the value of consultative and participatory design. The involvement of accommodation centre residents, staff, external stakeholders, advisory groups and training panel members strengthened both the content and legitimacy of the outputs. Lived experience helped identify issues that may not have been visible from policy or literature alone, such as the emotional impact of room checks, the importance of predictable communication, the stress associated with short-notice transfers, the role of communal spaces and the practical barriers caused by transport or rural isolation.

Staff participation was equally important. Staff helped ensure that the training did not become unrealistic or judgmental. Their input highlighted constraints, competing responsibilities, safety concerns, the impact of negative community reactions including isolation, limited authority, high workloads and the need for both self-care and interpersonal skill development. The resulting materials are stronger because they recognise both resident and staff realities.

4.4 Training participants' voice should inform system-level change

A key lesson from the project is the importance of ensuring that a channel is created through which training participants' perspectives on necessary system-level challenges can be shared with IPAS senior management, that these perspectives are given due weight and consideration in the relevant decision-making processes and that a mechanism for providing feedback to participants on how their views influenced decision-making is also established.

At the suggestion of IPAS training panel members, it was agreed that participants' perspectives would be captured by facilitators during the action planning activity and shared by email with the internal IPAS Training Team, with a commitment from the Training Team to share this feedback periodically with IPAS senior management. In addition, participants can share anonymous input through training feedback surveys. These channels integrate feedback to IPAS into the training curriculum and enable staff to raise practical challenges related to policies, procedures, and other operational constraints that may affect the application of trauma-informed approaches and share concrete ideas for improvement. The development of clear processes for follow-up and response so that participants can see how their input contributes to decision-making and system-level improvements is now necessary to complete this feedback loop.

4.5 Strategic training panel development is key

The inclusion of both IPAS and LAIT members in the training panel was a particularly valuable design choice. It created opportunities for different parts of the system to learn together, understand each other's roles and build relationships. Participants reported that this collaboration helped demystify and humanise the work of different entities. The ToT process also provided structured opportunities to discuss challenging content, practise facilitation and build confidence and trust with co-facilitators through teach-back sessions. The combined skills and knowledge of the IPAS and LAIT trainers also enhances the credibility of the training itself.

A lesson for future programming is that facilitation capacity building should include sufficient time for team formation and team-building activities, peer support and ongoing reflection. Training panel members expressed interest in a continuing community of practice, which would allow facilitators to reconnect, share learning,

discuss challenges and maintain fidelity to the training model while adapting to different contexts and the IPAS Training Team has undertaken to review this request in consultation with the members of the panel.

4.6 University partnerships strengthen evaluation, learning, and sustainability

Another important lesson from the project was the added value of establishing a strong university partnership to support monitoring, evaluation, research, and organisational learning. Collaboration with Trinity College Dublin strengthened the methodological rigour of the project, including the consultation process evaluation, training evaluation framework, and qualitative research components. The partnership also reinforced accountability by creating more structured mechanisms for reflection, evidence generation, and independent analysis of both implementation processes and outcomes, including after the conclusion of UNHCR's involvement.

Importantly, the partnership increases the longer-term potential for sustainability and scale-up of the approach, both within Ireland and in other accommodation and humanitarian settings. Academic collaboration can support ongoing adaptation and improvement of the training model, contribute to dissemination of learning through publications and presentations, and strengthen opportunities to secure future funding by demonstrating evidence-informed practice and measurable outcomes. The project therefore highlighted the value of integrating research and academic partnerships into trauma-informed systems change initiatives from the outset.

4.7 Training alone is insufficient without an enabling environment

Perhaps the most important lesson is that training is a necessary entry point for embedding a trauma-informed approach across the international protection accommodation system but is not sufficient to bring it about. Trauma-informed practice requires staff who understand and can apply core principles, but it also requires policies, procedures and resources that make the application of those principles possible. The Supportive Spaces project therefore should be understood as laying a foundation for change rather than completing a transformation. It creates a shared language, training infrastructure and practical starting point.

5.

PRODUCED AND EXPECTED RESULTS

5.1 Produced results

The project produced a complete set of core deliverables and supporting materials. These include the inception report, evidence review, stakeholder consultation report, e-learning course, in-person training package including facilitator guide and handouts, supplementary Resource Hub materials, and evaluation materials. A total of 22 training panel members completed the three-day ToT and each facilitated at least one pilot training for either accommodation centre or IPAS staff. One hundred and five participants took part in pilot trainings bringing to 127 the total number of individuals trained during the pilot phase (22 trainers, 105 participants). Together, these outputs provide IPAS with a coherent and scalable capacity-building package.

The project also produced less tangible but important results. It created a shared language around trauma-informed practice with project stakeholders. It established a close-knit and invested training panel capable of continuing delivery beyond the project period. It generated relationships among IPAS, LAITs, UNHCR, Trinity College Dublin, AG members and external stakeholders. It also created an evidence base that can inform future policy and practice beyond the training itself.

5.2 Immediate expected outcomes

The immediate expected outcomes are increased trauma-informed knowledge, attitudes and confidence, and practices among training participants. Participants who complete the e-learning and in-person training are expected to better understand mental health and wellbeing, the impact of adversity, common mental health and wellbeing responses, trauma-informed principles, and staff wellbeing risks and supports. They are also expected to have greater confidence in applying concrete trauma-informed practices in their roles.

The project also expects immediate benefits for the training panel. Training panel members should be able to deliver the in-person training with fidelity, adapt facilitation to different audiences, manage group dynamics safely and support practical reflection among participants. The development of this internal capacity is essential to national scale-up.

5.3 Short- to medium-term expected outcomes

In the short to medium term, the project is expected to contribute to more consistent and supportive interactions between staff and accommodation centre residents. Staff will be better equipped to reflect on their own stress reactions and self-calm, recognise distress in others, respond calmly and supportively and conduct basic de-escalation, explain processes transparently, offer small choices, and support signposting. These changes are expected to improve the experience of residents and staff and reduce avoidable conflict and the quantity and severity of incidents.

The project is also expected to increase attention to staff wellbeing. By explicitly addressing this topic, the training helps normalise staff wellbeing as a legitimate and necessary part of high-quality service delivery as well as an important objective in its own right. The project may therefore support stronger conversations about organisational, team, and individual responsibility for staff wellbeing and associated strategies.

At organisational level, the training and tools are expected to prompt practical improvements within centres and IPAS teams. Training participants are encouraged to reflect on centre and team practices through a trauma-informed lens and to develop action plans to inform associated improvements. Examples may include improved orientation processes and welcome materials for new residents and staff, more accessible communication, additional opportunities for resident participation and empowerment, social connection and community integration, etc.

5.4 Longer-term expected outcomes

In the longer term, the project is expected to contribute to a more coherent accommodation system in which trauma-informed principles are integrated into policies, standards, staff development and daily practice. This would mean that the impact of adversity, distress and traumatic events is better recognised and understood by IPAS staff and private service providers; accommodation centre residents with mental health and psychosocial difficulties are better supported; and poor staff wellbeing reactions among staff are recognised and addressed in the workplace. These longer-term outcomes depend on continued investment and leadership. The training package creates a strong foundation, but sustained results will require ongoing delivery, refresher opportunities, management engagement, policy alignment, M&E, and continued resource allocation.

6.

EXPECTED IMPACT

6.1 Individual-level impact

At individual level, the expected impact for accommodation centre residents is improved experience of accommodation settings. Residents are expected to benefit when staff communicate more clearly, respond to distress without escalation, recognise the impact of loss of control, support dignity and privacy, and take practical steps to promote safety, trust and connection. Although training does not replace mental health care, it can help reduce additional harm and create everyday interactions that support wellbeing.

For staff, the expected impact is improved preparedness and support. Staff should be better equipped to understand resident behaviour in context, manage difficult interactions, recognise their own stress responses and use self-care and peer support strategies. This can contribute to reduced emotional exhaustion, improved confidence and a stronger sense of professional purpose.

6.2 Service-level impact

At service level, the project is expected to improve quality and consistency across accommodation settings. A shared training framework can reduce variation in understanding and practice, particularly where centres have different providers, staff backgrounds and operational realities. The training encourages staff to apply common principles while adapting to role and context.

Improved communication, trust and de-escalation may also reduce conflict and crisis escalation. This does not mean that all conflict can be prevented, particularly where structural pressures remain high. However, trauma-informed interactions can reduce the likelihood that distress is intensified by avoidable misunderstandings, dismissive responses, unpredictable practices or lack of clarity.

6.3 System-level impact

At system level, the project contributes to Ireland's broader reception reform agenda. It provides a practical mechanism for implementing policy commitments related to trauma, dignity, training and wellbeing. It also supports alignment with EU-level expectations regarding staff training and appropriate support for people affected by violence, torture and trauma.

The project also strengthens cross-sector collaboration. By involving IPAS, LAITs, HSE, NGOs, local development actors, academic partners, accommodation centre residents, staff and experts, the project created a broader network of stakeholders with a shared understanding of trauma-informed principles. This network can support future implementation, learning and system improvement.

7.

SUSTAINABILITY AND NEXT STEPS

7.1 National scale-up through the training panel

The primary sustainability mechanism developed through the project is the IPAS-led training panel. By training a group of facilitators rather than relying solely on external delivery, the project created internal capacity for continued training from May 2026 onwards. Sustained delivery will require dedicated IPAS capacity for coordination, scheduling, monitoring of fidelity, periodic refresher sessions and updates of training materials, and review of participant feedback and evaluation findings. The commitment of IPAS to this project, and ensuring rapid roll out of the training, is evidenced by the rigorous training schedule established for May 2026. At the time of writing, a total of 14 training sessions have been set throughout the month, reaching seven large centres, all remaining IPAS staff and up to 350 participants in total.

To maintain quality and facilitator wellbeing, the training panel should be supported through a structured community of practice (CoP). It is recommended that IPAS coordinates and facilitates CoP sessions for the training panel online every four to six weeks to discuss implementation challenges, share adaptations and maintain consistency across training sites, review participant feedback, and support facilitator wellbeing.

Additional priorities include integrating trauma-informed principles into onboarding and induction processes; ensuring that all staff groups — including security, reception, housekeeping, catering, management, and IPAS personnel — can access relevant training; maintaining and updating the Resource Hub; and continuing to involve both residents and staff in ongoing quality improvement efforts.

7.2 Continued monitoring, evaluation and learning

The M&E approach developed in collaboration with Trinity College Dublin should be implemented consistently during roll-out. KAP survey data and training feedback data can help assess effectiveness and identify need for change to the training approach. Qualitative interviews can provide deeper insight into barriers and facilitators. Findings should be reviewed periodically by IPAS to identify improvements to training materials and delivery methods.

Evaluation should also be understood as part of a learning system. Trauma-informed implementation will inevitably encounter tensions, including resource constraints, staff turnover, mixed levels of buy-in and structural barriers. The purpose of evaluation is therefore not only accountability, but adaptation and continuous improvement.

7.3 Institutionalising trauma-informed practice across the accommodation system

Following roll-out of the Supportive Spaces training, an important longer-term priority will be embedding trauma-informed principles more consistently within organisational systems, leadership practices, and day-to-day operations across the accommodation system. This includes reviewing operational policies and practices at both IPAS and centre level through a trauma-informed lens. In light of the opportunity to standardise the approach to monitoring and inspecting reception conditions afforded by the International Protection Act 2026, it is suggested that a broad participatory process should be implemented to redefine the 2019 National Standards for Accommodation Offered to People in the Protection Process with the aim of developing universally enforceable standards and associated accountability mechanisms that are explicitly informed by and in alignment with a trauma-informed approach across all accommodation centres, including emergency provision.

As an important next step, the project also recommends prioritising the development and delivery of a Level 3 training programme for senior IPAS staff, centre owners and managers and other decision-makers. This should focus on organisational protocol and leadership, including incident response processes, complaints procedures, communication and information-sharing practices, resident participation mechanisms, supervision structures, staff wellbeing supports, and accountability systems. Project findings consistently highlighted that many of the barriers identified by frontline staff relate to operational and organisational factors beyond their direct control. Without this leadership and systems component, Level 1 and Level 2 training may have limited impact in areas where staff face constraints beyond their authority.

7.4 Expanding reach beyond accommodation settings

Throughout the development and delivery of this project, it has also become apparent that both the need and appetite for training in the trauma-informed approach extends far beyond IPAS and accommodation centre staff to include not only the great many actors that are formally engaged in the international protection system but also those that interface with the daily lives of people seeking asylum (e.g., education, healthcare, housing services, social welfare, social services, An Garda Síochána, community and voluntary sector organisations etc.).

It is therefore suggested that further thought is given to making the products developed with EU funding by this project available to as wide an audience as possible, including in particular the e-learning course and the Facilitators Guidebook for the in-person training. It is also suggested that consideration should be given to the possibility of continuing to work with UNHCR and / or other relevant stakeholders, such as the International Organisation for Migration to train additional teams of trainers and extend the reach of the project.



Co-funded by
the European Union



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