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Unintended Consequences: Divisions of Care within Ireland's Response to Ukrainian Refugees and Impacts on Asylum Seekers

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Abstract: This paper explores the consequences of war on the rights of minorities through analysis of Ireland's response to Ukrainian refugees and its impacts on the position and treatment of asylum seekers in the international protection system. Brining a feminist ethics of care perspective, we consider failures in Ireland's 'duty of care' toward asylum seekers. This mixed methods research begins with sharing empirical evidence from semi structured interviews which sought to understand asylum seekers experiences of care and living 'under the care' of the Irish state in an institutionalized system of Direct Provision accommodation. During the conduct of empirical fieldwork, the Russian invasion of Ukraine created a humanitarian crisis leading to Ireland taking in thousands of refugees as part of their shared responsibility to implement the European Union Temporary Protection Directive. The strain of tens of thousands of new arrivals on the international protection system inadvertently emerged in our research as participants expressed dismay at the differential response of the Irish state and society to people arriving from Ukraine. We complement these impressions with policy analysis that demonstrates incoherence between entitlements the Irish state has immediately afforded Ukrainian refugees compared to the limits of what is awarded to asylum seekers. We add analysis of Irish media revealing how the State and society have responded to the Ukrainian refugee crisis showing shifts in attitudes towards Ukrainian refugees in the context of multiple intersecting crises, particularly housing. We raise concerns that social tensions will inhibit integration of all people seeking international protection in Ireland and suggest that an embrace of care values could reform international protection systems

Keywords: care ethics, Ukrainian refugees, asylum seeker, differential treatment, Ireland.

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Introduction

This paper explores the consequences of war on the rights of minorities through an exploration of Ireland’s recent response to refugees from the war in Ukraine, contrasted with the situation of asylum seekers already living under the State’s international duty of care. The Russian invasion of Ukraine in February 2022 forced millions of people to leave their homes and seek refuge in European Union (EU) member states and other neighbouring countries. In March 2022 the EU activated a Temporary Protection Directive to provide immediate and collective protection to displaced persons (European Union Agency for Asylum 2022a). EU membership confers shared responsibility for implementing the Directive in order to reduce pressure on the national asylum systems of all EU member states.

Drawing on perspectives from the feminist ethics of care, our research offers insights into how Ireland’s duty of care for refugees and asylum seekers from different ethno-cultural groups has disparate features which may not be based solely on the provision of international law. Our analytical perspective is informed by policy and media analysis as well as empirical research which reveals the position and treatment of asylum seekers already living long term and with great precarity in Ireland’s broken international protection system. We reveal hierarchies in the treatment and entitlements for different groups arriving in Ireland with racialised, cultural and geopolitical connotations.

1. Background

We have undertaken a research project in the context of the COVID-19 pandemic era in order to explore the social, political and ethical implications of this public health crisis for the future of care. Within this context we focus on the experiences of asylum seekers in order to illuminate their role as both givers and receivers of care, a positionality under researched among this population. During the conduct of our empirical fieldwork, Russia’s invasion of Ukraine generated an unexpected crisis impacting the international protection system in Ireland, with individual impacts on research participants. The theoretical framework of our research draws on and develops a feminist ethics of care approach in order to re-imagine and envision future care relations, practices and policies in Ireland and beyond.

Concepts developed within the feminist ethic of care support efforts to promote a reformed approach to international protection systems to protect human rights and dignity as well as provide a more caring and enabling environment. Ethical elements of caring have been identified by authors

in this field - attentiveness, responsibility, competence, responsiveness, (Tronto 1993) trust and respect (Barnes 2012). We seek to demonstrate the relevance of these elements in relations within State protection systems to encourage ‘caring with’ (Tronto 2013) and demonstrate solidarity with vulnerable refugees and asylum seekers. ‘Human rights frameworks and the basis for the State’s ‘duty to care’, are grounded in an abstracted ethic of justice. However, as the State enacts its collective responsibility to provide international protection this ‘duty to care’ is limited, if drawing primarily on the Kantian tradition of duty-based ethics which foreground individual autonomy and self-interest. Moreover, motivation for actions to do good (provide international protection) are often assumed to have a value separate from the actions that follow (Timmons 2017). The feminist ethics of care emphasises connection between motives and actions (Noddings 1986), is experiential rather than universalist and elaborates on the politics of care and compassion (Porter 2007). The centrality of care in the organisation of society and institutions of the State is revealed, urging us to perceive care ‘as a value worthy of the kind of theoretical elaboration justice has received’ (Held 2006 38). Care ethicists have suggested that the growth in the resonance of care ethics over time is analogous to the increasing salience and influence of human rights frameworks in the post-war period (Held 2018). We suggest that the State’s ‘duty of care’ toward people seeking international protection could be enhanced and materialised if it were grounded in the feminist ethics of care engendering human connections as well as being attentive to recognising and responding to the needs and experiences of those seeking protection.

Several theorists have expanded concepts grounded in human care relations in considering international relations and suggest feminist ethics of care perspectives can underpin international cooperation towards an ethic of solidarity (Held 2006, 2018). Thus, a ‘global ethics of care’ (Robinson 1997) could encourage a feminist approach to international human security (Robinson 2011). A growing body of refugee and human security research adopts care ethics perspectives. For example, a study of the role of women volunteers in refugee support work in Germany demonstrates how they enact care values such as responsibility and attentiveness as an alternative framework to integration (Schmid 2019). Other work has applied a feminist ethics of care lens to considerations about the need to ensure a duty of care in offshore immigration detention and refugee camps resulting in concrete recommendations to improve refugee accommodation (Namer 2022). Using this lens to examine Ireland’s international protection system demonstrates that the State can be seen as ‘having a public and care responsibility in developing supports for vulnerable populations, and in being politically

accountable for its national and international care responsibilities’ (O’Riordan 2020: 4).

In Ireland there are existing distinctions between treatment and supports available to individuals under the State’s international protection obligations. These include asylum seekers who arrive independently and await a decision on an international protection application and programme refugees who arrive in the State within shared EU responsibility for internationally recognised refugees. Both these groups are processed through the international protection system and are housed through the Direct Provision and Dispersal System (DP). The latter are also accommodated in Emergency Response and Orientation Centres (EROC) under Ireland’s Relocation and Resettlement Schemes with similarities to DP centres although expected processing times and thus stays tend to be shorter. Some DP centres have allocated spaces to EROC within them, and over time, the boundaries of DP and EROC centres are blurring. The third, and most recent group, are refugees from Ukraine who are catered for under the Temporary Protection Directive and have immediate access to services and entitlements.

The 2001 EU Temporary Protection Directive was activated throughout the EU in March 2022 in response to the invasion of Ukraine by Russian forces and the ensuing mass displacement of people (European Commission, Migration and Home Affairs 2022). This emergency Directive provides for EU-wide immediate and collective protection to displaced persons, intended to reduce pressure on the national asylum systems of EU countries. The terms of the Directive offers expedited stay, residence and work status to: Ukrainian nationals living in Ukraine before 24 February 2022; nationals of a third country or stateless persons with refugee status or an equivalent national protection status in Ukraine living there; family members of persons above whose family already lived in Ukraine; others who were legally and permanently residing in Ukraine who cannot safely return to their country of origin, including nationals from non-EU countries or stateless persons (Department of Justice 2022).

As an EU member state, Ireland is obliged to comply with the Directive and immediately confer a set of rights including; accommodation, access to the labour market, access to medical care, social welfare assistance and means of subsistence, education, family reunification, and exchange of driving licences (European Union Agency for Asylum 2022b). Temporary emergency accommodation is sourced from a variety of channels including rooms or properties (e.g. holiday homes) offered by the general public through the Irish Red Cross (*ibid*), and has a heavy reliance on hotel and tourist-oriented accommodation. By June 2022 Ukrainian refugees

numbered over 33,000 (Central Statistics Office 2022a) rising to over 67,000 by December 2022 (Central Statistics Office 2022b).

Ireland’s Direct Provision and Dispersal system was introduced in 2000 as a means of dispersing international protection applicants, asylum seekers, across the country while they are waiting for decisions on their applications.¹ The International Protection Accommodation Services (IPAS) is responsible for identifying and organising accommodation. Initially a part of the Department of Justice, the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) recently acquired oversight of this agency. Since 2002 over 80,000 people have applied for international protection in Ireland (Government of Ireland 2020; McGee 2023). By 2020 only 20,000 people had been granted status representing a minority of 3.1% of non-Irish nationals and only 0.4% of the population of Ireland (Government of Ireland 2020). The DP system was designed as an emergency response to an increased numbers of international protection applications and envisioned a stay of six months. The reality is that generally people wait much longer for a decision on their application as there is a severe backlog of claims and their time of uncertainty has been described as ‘living liminality’ (O’Reilly 2019; Isaloo 2020).

Accommodation is in a shared hostel style, some purpose built but comprising a variety of sites including hotels. It includes meals and board, and a minimum weekly financial allowance. Originally meals were provided communally through centres, but following recommendations included in the report of the Working Group on the Improvements to the Protection Process (Working Group on the Protection Process 2015), residents increasingly have access to cooking facilities. Private accommodation within homes has never been sourced for asylum seekers and many DP centres are isolated from the communities they are located in.

From the outset of operating this system Ireland has been severely and continually criticised on a broad array of human rights indicators. The right to work was awarded in 2018 only after a Supreme Court case was fought by an asylum seeker (European Database of Asylum Law) in 2017, though asylum seekers still have to wait 6 months after they make an international protection application before they can seek employment (European Union Agency for Asylum 2022bb). Ireland has been found to not be complying with international obligations and has been out of step with EU legislation. For example, delaying compliance with the EU Reception Conditions Directive which was only signed by Ireland in 2018, following the Supreme

¹ Applications for international protection are processed by the International Protection Office (IPO) which then makes recommendations to the Minister for Justice on applications.

Court ruling mentioned above. Furthermore, asylum seekers can only apply for a driver’s licence since December 2021, following another legal case taken against the State, this time to the High Court, and have only gained the right to open bank accounts as recently as April 2021.

2. Methodology

We undertook a mixed methods approach utilising policy analysis and media analysis complemented by empirical research. Our empirical research phase commenced in Spring 2022 when we began to explore experiences of asylum seekers within and beyond the COVID-19 pandemic. An objective of the CareVisions research project is to disrupt binary perspectives of people as solely a care giver or care receiver so that we recognise the multiplicity of care roles, relations and conditions over the course of life (Barnes 2012). Thus, within our empirical research we explicitly sought to make the care asylum seekers give visible, building on recognition of health care workers on the frontlines of the COVID who were residing in DP (Houses of the Oireachtas 2020). We also aimed to interrogate the ‘care’ they receive within the Irish State system for international protection accommodation. By contributing greater understanding of how asylum seekers are both in receipt of the State’s ‘duty of care’ and providers of care we were able to explore their care relations and determine in what ways COVID-19 impacted, altered or disrupted their care, and with what effects?

We pursued three sub-studies within this exploration and this article includes data from two of these. One sub-study began with asking an initial group of participants to share their experiences of living in DP during COVID-19 lockdowns and being transferred between DP centres at the onset of the pandemic. A community-based organisation advocating for asylum seekers assisted with identification of individuals who had endured these conditions and we held pre-meetings with potential participants who wanted to provide personal testimony on these matters.

These participants, and subsequently others, agreed to be involved in the research and following ethical approval from University College Cork’s Social Research Ethics Committee, the authors conducted hour long semi-structured interviews online with four participants between April and June 2022. The guiding themes for these interviews include: in what ways has COVID-19 impacted, altered or disrupted asylum seekers’ care networks, and with what effects; and how, if at all, has COVID-19 led to a rethinking of ways in which care practices and relations might be reconfigured for asylum seekers. Findings from another sub-study included in this article

emerge from a focus group conducted with people living in DP engaged in a community garden who were identified through a community-based organisation supporting asylum seekers. Discussion within the focus group explored how asylum seekers experience care in their everyday lives, both as receivers and givers of care, and their thoughts on how care connects to activities at the community garden and the care relations among community of asylum seekers more generally.

Transcripts were drawn from recordings of the interviews and focus group and the interview data was subsequently checked by participants for clarity, providing them another opportunity to consent to revealing these issues. Both authors analysed transcripts to identify themes participants shared and this article explicitly focuses on unexpected findings that emerged during the conduct of these interviews that reveal how the Russian invasion of Ukraine created a humanitarian crisis that impacted the context for all refugees and asylum seekers in Ireland. These issues inadvertently emerged in our research which was not designed to explore the experiences of refugees from Ukraine.

Policy analysis was undertaken by both authors with an approach informed by the Trace methodology which centres perspectives of the feminist ethics of care to analyse the discourses constructed within policy documents that shape how care is constructed, problematized or silenced (Sevenhuijsen 2004). The first author utilized the Trace methodology to analyse the Houses of Oireachtas (Irish Parliament) review of the COVID-19 response through a multi-step process to determine ‘the context in which the text was produced; definitions of care utilised; reference to gendered dimensions of care; the perceived role of the state vis-à-vis care; and what ‘leading values’ are at work in the text’ (Daly and Edwards 2022, 4). Two current policy documents that have significant implications for the standard of care within the international protection system in Ireland were included in that analysis: the *Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process* (Advisory Group Report) (Government of Ireland 2020) and *A White Paper to End Direct Provision and to Establish a New International Protection Support Service* (White Paper) (Department of Children, Equality, Disability, Integration and Youth 2021). Thus, an approach informed by Trace enabled both authors to identify whether care values such as ‘solidarity, community, loyalty and commitment, trust, reciprocity, altruism, friendship and love’ (Sevenhuijsen 2004, 25) are evident in these policies and recognisable alongside normative liberal values such as ‘autonomy, independence, choice, freedom, rights and duties, (self-)interest, equality, responsibility, justice, privacy protection and public-private divisions’

(*ibid*) which underpin these policies and shape international protection at an institutional level. The Advisory Group Report, published in September 2020, was selected for analysis as their investigation reveals care crises and highlights a case for international protection system reform, shaped by weaknesses revealed during the COVID-19 pandemic. The White Paper was selected for analysis because it sets out the Government’s commitments to end the current system, informed in part, by some of the Advisory Group’s recommendations. Our analysis of both these documents and additional data, including State guidance to implement the Temporary Protection Directive, centres on content that reveals the State’s discursive development about Direct Provision in order to reveal how care values might influence system reforms.

To augment our policy analysis and reflect current events to the date of publication both authors have drawn on relevant media reports that offer ongoing and developing perspectives on the changing landscape of support for asylum seekers and refugees. This element of our analysis assists in situating the evolving nature of international protection in Ireland, offer insights into attitudes towards the differentiated cohorts within the system and helps in deepening our understanding of levels of support considered adequate and appropriate, as well as alerting us to emerging tensions.

3. Empirical Findings

Individual experiences of the strain of tens of thousands of new arrivals from Ukraine inadvertently emerged in our exploration of concerns regarding failures in the State’s ‘duty of care’ for asylum seekers during the COVID-19 pandemic. Emerging evidence from semi- structured interviews and a focus group with people living long term in DP reveals dismay at the differential response to people arriving from Ukraine. We note that these findings are from study participants who are applicants for international protection in Ireland, all of whom are Black nationals of sub-Saharan African countries. Their commentary indicates policy incoherence and potential bias within the Irish State’s duty of care in international protection.

Exploring the meanings of care in asylum seekers’ lives led to a focus on living conditions within DP during the pandemic. Participants pointed out a catalogue of failures in relation to the standard of care provided for them during national lockdown as compared with the general public which had to adhere to public health guidelines to prevent the spread of COVID-19. For example, they indicated that they could not socially distance within DP when meals were served communally and could not

be taken to rooms and where they had no option but to continue to use shared toilets and showers which were not sanitised on a regular basis. Furthermore, following COVID-19 outbreaks there was no ability to self-isolate in rooms shared by two or more adults, whilst parents and children were confined to their shared rooms for weeks on end with very limited access to the outdoors. One of the most egregious examples of the care crisis in DP during the COVID-19 pandemic was in a particular DP centre opened hastily in the Skellig Star Lodge in rural county Kerry during the first wave of COVID-19. A COVID-19 outbreak affected many of the asylum seekers that were relocated there and several of our research participants recounted the treacherous situations they encountered during that time. One participant who was active in bringing the public’s attention to the crisis at the Skellig Star argued for the State to improve the standard of care within accommodation for refugees and asylum seekers. He was particularly concerned that this venue was to be used to house Ukrainians and said

‘when they are sending people to a particular place...make sure there’s people on ground to take care of them and they are being monitored. Now they are sending Ukrainians to Skellig again. They are going to send them there. So people, the community are talking... they are scared that they’re going to repeat the same thing’ (participant J).

Another participant who endured the dangerous risks to health and wellbeing at that same DP centre suggested the State must instill care values in their approach to all refugees and asylum seekers. She said that the State should

‘be more caring because anyone can find themselves in this situation. Look at what’s happening in Ukraine now. People in Ukraine are Europeans, you know? Nobody was thinking a European would suffer for anything, you know? So be nicer, be more caring’ (participant K).

While these participants demonstrate empathy for Ukrainian refugees, other sentiments were expressed in our research regarding how the State’s response to Ukrainian people made them feel inferior and was re-traumatising them. One participant was quite dismayed by a racialised difference in how the State responds to different groups of people seeking protection. He said

‘everyone deserves to be helped if there is such crisis, you know, and there shouldn’t be racial profiling. That is my main concern, because that seemed to be the, you know, the worst experience in this whole crisis. Like people were being taken serious and others were not taking serious’ (participant L).

This participant also shared how the State’s differential response impacts on international protection applicants from Africa. He continued

‘And so as the Ukrainians were coming, and we were happy that at least they are coming out of those terrible situations, but eventually we realized that some of our own people also who came, and they were not given that much attention as the Ukrainians were getting. And that really broke our heart’ (participant L).

Remarkably in our exploration of care experiences living in DP in the context of COVID-19 and the slow recovery from the impacts of the pandemic on the international protection system, one of our participants identified that racialised differential treatment of Ukrainian refugees was *the most difficult experience* they had endured during two years of precarious life in DP. With reference to such differentiated treatment, he revealed ‘we felt like, OK, is this thing still happening in this world? And it’s, you know, 21st century, you understand so. That is the main problem that I have with this whole ordeal’ (participant L).

Within another part of our studies exploring the care relations among residents of a DP centre, we heard about the care experiences of those engaged with a local organization offering friendship, support and activities that promote social integration. During our focus group discussion, parents of teenagers living at the DP centre shared an incident of social tensions emerging among groups of vulnerable young people in the area: young Black asylum seekers and Ukrainian teens. One mother shared ‘they all went out and the Ukrainians were with them. So, when they came back, they were like ‘the Ukrainians, they were trying to bully us’...I noticed that week the teenage children they did not want to go out anymore’ (participant M). Insightfully, in the course of this discussion, the participants indicated that they weren’t blaming the Ukrainians as at this time the teenagers didn’t know one another and that following more contact and attending the same school, they were getting on better, and no further tensions were evident. The empathy for the difficult social integration of young people arriving in Ireland after fleeing their homes in Ukraine is an example of care values expressed by people living in DP.

These findings provide a contribution to the literature documenting how individuals perceive the standard of care within the international protection system. Participation in our research serves as an outlet for people resident in DP who typically have a lack of voice. Among the issues they shared about living long term in DP they express empathy with refugees from war in Ukraine but also resentment for the entitlements the State has immediately granted to Ukrainians; highlighting the more restricted access

to support and resources afforded to them. The next section will further reveal incoherence in international protection policy in Ireland and divisions among different groups seeking the care of the State.

4. Policy Analysis

This section provides policy analysis of efforts to reform Ireland’s international protection system and how issues arising from the response to Ukrainian refugees expose the intended reform efforts to further scrutiny. We reviewed current policy documents informed by the Trace method to examine whether or how care values are existent in the discourse informing the policies shaping the treatment of asylum seekers and refugees. In response to criticisms that Ireland has sustained and in order to comply with international and EU obligations, several policy developments have set out a new direction for the international protection process. Critical evaluation of DP has been going on for several years without significant changes to the system. In 2015 the *Working Group on the Protection Process on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers* undertook a review. While there was disagreement about limitations of the group’s terms of reference, they issued 173 recommendations covering conditions in DP centres, length of time in system, safety, supports available, and the need for access to employment, education and training. By 2017 the Department of Justice claimed to have implemented 92% of recommendations however conditions in overcrowded DP centres continue to be regarded as inhumane and the significant backlog of claims has still not been adequately addressed keeping people in these settings for unreasonable periods of time.

During the height of the COVID-19 pandemic in 2020, the *Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process* was issued. Key recommendations made by the Advisory Group relevant to concerns about the duty of care include shorter application processing times; ending congregated settings and providing ‘own door’ accommodation. The investigation of the Advisory Group was prioritised due to a commitment in the 2020 Programme for Government to ‘ending the Direct Provision system and will replace it with a new International Protection accommodation policy, centred on a not-for-profit approach’ (Government of Ireland 2020: 76). Recommendations made by the Advisory Group were an influential input into the *White Paper to End Direct Provision and to Establish a New International Protection Support Service* issued in February 2021. This set out the State’s commitment to end

DP and move to a new system grounded in human rights ideals such as equality. It set a target to process and accommodate 3,600 people making international protection applications per year and set a deadline to close all DP centres by the end of 2024. To replace these the White Paper envisions a two-phase accommodation structure fore-fronting community integration, individualised supports, vulnerability assessments and bespoke financial supports. Yet this falls short of the Advisory Group recommendation of ‘own door’ accommodation in local communities and instead maintains shared accommodation, at least for single applicants.

5. A Growing Division of Care

Comparison between entitlements and experiences of people in the international protection system to various features of the recent response to Ukrainian refugees is stark. Given Ireland’s need to comply with the Temporary Protection Directive for displaced persons from Ukraine a range of entitlements, particularly options in types of available accommodation, including facilitating access to private accommodation and immediate access to employment, bank accounts and driving licences, are more generous and expansive than what the State has afforded to asylum seekers. Temporary Information for Ukrainians quickly developed and updated by the Citizens Information Service includes information and contacts for a range of issues from education, work, health, transport to social welfare supports and immigration advice. An Post, the postal service, provides shipping discounts for Ukrainians sending parcels back to Ukraine. Beyond the role of the State, a range of social supports and community initiatives have been a feature of Ireland’s response to arrivals from Ukraine. Community Response Forums were established in every local authority to coordinate an outpouring of community and voluntary activities undertaken to welcome people arriving from Ukraine (Government of Ireland 2022). Charity shops were set up in many places around the country and some nearby the location of DP centres, to provide exclusively for the needs of Ukrainian refugees for secondhand clothes, homewares and toys .

Over the months following Russia’s invasion and Ireland’s increasing intake of Ukrainian refugees fault lines in implementation of the Directive emerged. The State began to account for the need to provide sufficient implementation of the Directive while managing its pre-existing commitments to reform of the international protection system. In July 2022 during a debate in the lower house of the Irish Parliament, the Dáil Éireann, the Minister for the Department of Children, Equality, Disability, Integration and Youth indicated that ‘the war in Ukraine has had an unavoidable impact

on timelines for implementation of the White Paper...A review of the projected timelines for the implementation of the White Paper is currently under way among senior officials in my Department and the International Protection Support Service transition team’ (Houses of the Oireachtas 2022). In the next section we present media coverage that reveals shifts in how the State and society are responding to Ukrainian refugees contrasted with the care of international protection applicants.

6. Media Analysis

Through a complementing our policy analysis and empirical findings with selected media sources, from newspapers and websites, we round out the picture of differential features of Ireland’s response to Ukrainian refugees. Media coverage conveys differences in how the Irish public has responded to those fleeing a war on European soil which suggest this group of refugees have been embraced on a more widespread basis than is typically found in solidaristic efforts to support asylum seekers and other refugee groups. Some coverage seems to draw on notions of the caring values embodied in Irish national identity, yet obscures the differential treatment compared to other refugees and asylum seekers. For example, the CEO of the Immigrant Council of Ireland, with reference to support offered to Ukrainians, said in March 2022 ‘The immense outpouring of public good-will has demonstrated once again that values such as compassion, empathy and solidarity are the guiding light of the Irish public’ (Immigrant Council Ireland 2022).

6.1. Shifting State Commitments

The media began to track the fault lines in Ireland’s implementation of the Temporary Protection Directive and draw connections to longstanding weaknesses particularly in the State’s housing policies. Media reports acknowledged that Russia’s invasion of Ukraine ‘has put pressure on Ireland’s capacity to house asylum seekers and refugees’ (Dornan 2022). By October 2022 the Irish Refugee Council shared on its website that ‘the Government had stated that it cannot guarantee it will be able to provide temporary accommodation to all people fleeing the war in Ukraine...due to a serious housing crisis, it is struggling to source accommodation to house new arrivals...Ukrainians have the right to rent private accommodation in Ireland. However, due to the housing crisis and a lack of accommodation in the private rental market, very few have been in a position to do this (Irish Refugee Council 2022). Reinforcing the sense of the State’s shifting commitments, the *Irish Times* reported a week later in October that ‘the

Ukrainian embassy in Ireland has issued a warning to Ukrainians planning to travel to the Republic, that they may not be guaranteed free accommodation upon arrival. As the Government continues to grapple with a significant shortage of accommodation for Ukrainians fleeing the war with Russia, the Ukrainian embassy has cautioned Ukrainians about travelling to Ireland for shelter’ (Power 2022).

Looking for novel solutions, the Minister of State at the Department of Rural and Community Development said on a national weekly news review programme, that ‘[t]here is a draft paper at the moment that indicates for a limited number of people who may be in serviced accommodation by the State, that there may be some nominal fee paid...This is not rent like we would normally understand’ (RTÉ 2022). The ideas in the draft were that fees would be paid by some Ukrainians who had secured full-time employment and apply also to some people accommodated in DP. The Minister underscored that ‘Ireland should be proud’ that it had provided ‘safety and shelter’ to tens of thousands in 2022 (*ibid*). Yet, any sense of pride is challenged by the reality of increasingly low standards of accommodation and ancillary supports for those under the Temporary Protection Directive and those in DP. Reports have mounted about overcrowded conditions whereby people are housed in ill-equipped locations such as tents (Pepper 2023) and converted hotel conference centres (Irish Refugee Council 2022; Malekmian 2022a). By the end of 2022 official estimates numbered expected shortfalls of over 14,000 bed spaces by March 2023 (Fletcher 2023). Data from an Irish Refugee Council report indicated that since the implementation of the Directive ‘there has been a steady, downward trajectory in the quality of accommodation from Direct Provision, to emergency accommodation, to transit centres including people sleeping on floors and chairs, to tents, to no accommodation’ (*ibid*). At one point in Autumn 2022, IPAS even began to turn away newly arrived international protection applicants, citing a lack of accommodation (Irish Refugee Council 2022).

6.2. Impacts on an International Protection System in Crisis

Imbalances in the response to Ukrainian refugees compared to other refugees and asylum seekers emerged in media reports. For example, the CEO of the Irish Refugee Council was quoted saying ‘the government’s response has fundamentally created *concern* and raised important questions. Why aren’t we able to do all the things that we’ve done for Ukrainian refugees and apply that to all people seeking asylum?’ (Kennedy and O’Sullivan 2022). Media coverage echoed signals from the State that the commitment to end DP cannot be achieved whilst implementing the Ukrainian Temporary

Protection Directive. The Chair of the Advisory Group was quoted by the *Irish Times* indicating that White Paper timelines are unlikely to be met and DP will not be discontinued by 2024. The Advisory Group Chair said ‘[t]hat does not mean that we can’t be much closer to it by the end of 2024. I think we have to act now even if we don’t get there exactly on schedule...We need to take extra measures to get back on track and to deliver this’ (Bray 2022).

Racialised differences are also apparent in the treatment of people arriving from Ukraine, who are not an ethnic and racial monolith. For example, the media covered the plight of a family living in Ukraine for 14 years who were dismayed when they were turned away from a flight to Ireland as they transited through Germany. The parents, Nigerian citizens, and their three children born in Ukraine did not have visas for Ireland which is not a requirement for refugees who are Ukrainian citizens. Given that permanent residents of Ukraine who cannot safely return to their country of origin are covered by the Directive the father was dismayed. He was quoted as saying ‘should we now, because of a war that isn’t our fault, return to a supposed ‘home country’ that cannot guarantee safety, electricity, good infrastructure and sanity?’ (Malekmian 2022b). Indicating solidarity with all Ukrainians the Chair of the Irish Association of Social Workers objected to ‘reports from various news agencies showing young black people, including many students and young men, being prevented from leaving Ukraine and from entering neighbouring countries, is a very disturbing abuse of human rights and has no place in any progressive country, particularly any EU member state’ (Irish Association of Social Workers 2022).

6.3. Rising Social Tensions

There are growing concerns, across a range of indicators, regarding the social integration of certain groups of third-party nationals in Ireland as their needs intersect with pressures on Irish citizens. For instance, the long standing and evolving housing crisis increasingly intersects with the State’s international Protection obligations. House prices increased by 14% from 2021 to 2022 while homelessness increased 31% during the same time. Furthermore, private rental housing is both expensive, precarious and limited as serious shortcomings are evident in policy orientations, which for over 30 years has been reliant on market forces and private investment to provide housing. Although housing policy has obviously not been fit for purpose for some time, public discourse is being constructed in ways that deflect blame from such policies and onto vulnerable populations (Bray, Hilliard and Lally 2022; McGinnity et al. 2020).

Moreover, while general support for Ukrainians is evident, it is also imbued with expressions of resentment among the general public (O’Connor 2022; McConnell 2022). Media coverage of such tensions include reporting on a clash at a Cork city charity shop set up to cater to the needs of Ukrainian refugees leading to its temporary closure (Capplis 2022). While, as mentioned, similar outlets were set up across the country to provide support for Ukrainians, the tensions that arose in this and other such stores by the summer months, highlighted differentiated attitudes towards and support offered to Ukrainians and others coming to Ireland seeking international protection. It can be expected that such tensions will continue to interweave with Ireland’s international protection process, how recipients are perceived, their access to services, supports and levels of attentiveness to their needs.

7. Discussion

Our research both echoes calls for Ireland’s international protection system to reflect human rights standards and argues that an embrace of care values would provide a more enabling environment for asylum seekers. Examining the consequences of war in Ukraine on the rights of minority asylum seekers underscores that treatment of people from different ethno-cultural groups in Ireland is not based solely on the provision of international law. Our policy analysis demonstrates features of Ireland’s implementation of the Temporary Protection Directive for Ukrainian refugees compared with the much-maligned DP system suggesting a hierarchy of treatment for different groups refugees and asylum seekers. Whether these differences are racialised, cultural or geopolitical as it relates to EU membership, the identity of refugees clearly has impacts on the systems designed to enact the State’s duty of care for them. Differential responses to those seeking to enter Ireland from Ukraine who are minority ethnicities, or third country nationals highlights that those impacted by the Russian invasion are not a monolith and shows the State applying more strenuous control of access than is outlined in the EU Directive.

EU mandates, particularly regarding a range of entitlements to be immediately conferred, obviously shape Irish policy towards Ukrainians. Yet certain policy directions seem to be nationally driven, with the State’s support of efforts to secure refugee housing in private accommodation a key point of difference. Members of the general public have not typically been encouraged to accommodate asylum seekers in their own homes and/or provide second properties/holiday homes. Discourse centered such

examples of expression of empathy and other care values as inherent in Irish society’s response to people impacted by war on European soil. Nevertheless, there are potential racialised elements of the State and society’s embrace of people arriving from another White Christian majority nation and are contrasted with more limited, but absolutely essential, supports offered to people living in DP by voluntary groups which have limited or no access to resources.

Themes unexpectedly arising from our empirical research reveal that people living in DP have empathy for Ukrainians as they know too well the precarity they face living under the care of the State. Yet, our participants reveal dismay at the differentiated treatment they perceive is being delivered which allows tensions to be constructed and enabled by the State. Left unchallenged these have potential to accelerate and could thwart integration of racial and ethnic minorities in Ireland. On the other hand, learning from this episode could raise the standard of care for all refugees and asylum seekers inspired by entitlements and support afforded to Ukrainians which would be a welcome legacy of this most recent human security crisis.

Media analysis demonstrates that the Irish public is not immune to rising tensions about the care provided by the State to vulnerable people. There has been a backlash to certain initiatives such as charity shops exclusively for Ukrainian refugees, which were eventually broadened to serve other people seeking international protection. Yet such shops were not accessible to homeless Irish citizens or those struggling with the rising cost of living, due in part, to increased fuel costs; another unintended consequence of the war in Ukraine. Russia’s invasion of Ukraine is having direct consequences on the lives of people across Europe, which may result in compassion fatigue, in distinction from attitudes towards other asylum groups, whose countries of origin and conflict therein may be less impactful. Shifting public opinion is apparent in other countries within and outside the EU at this time of austerity, rising nationalism and increasing volatility of our world with resulting push factors on migration of populations that cannot survive in failed states and fragile ecosystems.

The relational nature of the feminist ethics of care, grounded by the care within human relations, has transformative potential to enhance support for ‘all those persons who are marginalized and excluded in contemporary global relations’ (Robinson 1997, 119). We hope that findings from this mixed methods research supports efforts to ensure a balanced approach to all forms of international protection which can enact attentiveness, responsibility, competence, responsiveness, trust and respect in the care for all refugees and asylum seekers. Limitations of our research are inherent in that it was

not designed to explore the care experiences of Ukrainian refugees and during our empirical fieldwork we did not have the opportunity to include any Ukrainian refugees in our sub-studies due to our intention to mainly explore themes related to care experiences during the COVID-19 pandemic.

Conclusion

This paper considers the unintended consequences of the war in Ukraine on the rights of minorities living under the State’s international duty of care, within Ireland’s DP system. We suggest that as Ireland fulfills its shared EU responsibility to protect Ukrainian refugees, hierarchies and differential perspectives in the standard of care for different groups seeking protection of the State are revealed and accentuated. Findings from individual asylum seekers complemented by policy and media analysis, suggest that the identity of refugees and asylum seekers impact on the care they receive and the State’s attentiveness to their needs. We reflect how people living in DP along with the Irish general public have expressed empathy and demonstrated other care values towards Ukrainian refugees. Yet, we trace shifts in attitudes towards Ukrainian refugees in the context of multiple intersecting crises in Ireland including housing, the rise of the cost of living and the failure to end DP. We raise concerns about the potential negative impacts of these rising social tensions on all people seeking international protection in Ireland.

We hope our article supports efforts to reform international protection systems to surpass human rights standards and enact ‘caring with’ all refugees and asylum seekers. Ireland’s stalled international protection system reform efforts should be reinvigorated by the lessons learned during the Ukrainian refugee crisis. The State should recognise the responsibility enshrined in Ireland’s international protection obligations in developing a system embedded in attentiveness to the needs of those under its care. Such a system, which is competently resourced and organised in a manner that values the empathy and compassion expressed by the public, would go a long way towards ensuring the human rights of vulnerable populations are upheld and that trust and respect across communities are encouraged by a compassionate system.

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