Rialtas na hÉireann
Government of Ireland

Report on Social Implications of COVID-19 in Ireland
Preliminary Assessment

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Issues

Social interactions are integral to human well-being and mental health. The current restrictions are undoubtedly impacting on the challenges facing some groups in society – particularly those who are cocooning but also those living alone of any age and those with existing mental health challenges.

When we talk about well-being we mean people maintaining their own physical and mental wellbeing: eating and exercising properly, coping with existing disabilities and illnesses, finding ways of alleviating stress and coping with acute anxiety arising from the direct and indirect effects of the crisis. For everyone, this is increasingly challenging when the normal structures of daily life (work/school/childcare/sport/ entertainment etc.), have temporarily ceased to exist and are exacerbated the longer the restrictions continue.

Evidence from the CSO Social Impact of COVID-19 Survey also records a very large drop in life satisfaction in the general population. The proportion reporting low life satisfaction has increased from 9% in 2018 to 30% in late April 2020. Meanwhile those reporting high life satisfaction fell from 44% to just 12%. Importantly, the effects are largest among those aged 18-34.

Evidence suggests that everyday activities may mitigate (e.g. outdoor activities, gardening, exercise, pursuing hobbies) or exacerbate (e.g. social media use, home schooling, listening to COVID-19 news) the welfare effects of isolation. The longer these restrictions are imposed and life remains without these normal activities, the bigger the negative impacts on overall well-being.

Some data from mental well-being providers is demonstrating an impact of restrictions:-

- Crisis Textline (SpunOut) experienced an increase of 44% after the pandemic hit Ireland with the numbers of people getting in touch due to anxiety and stress increasing by 100%.
- MyMind online counselling service experienced a tenfold growth for online appointments compared to data from January and February this year. This growth includes existing and new clients. MyMind noticed an increase in clients presenting with anxiety issues from 21% to 35%, while those reporting issues related to depression increased from 14% to 19%.
- The mental health youth service Jigsaw has had to pause face to face services and develop rapid responses online to support their client group with a 575% increase in online visitors to jigsawonline.ie (14,356 in January and February vs. 96,988 in March and April)

Other concerning data includes that from the recent CSO Social Impact of COVID-19 Survey (April 2020), alcohol consumption has increased for 22.2% of respondents who already partake and tobacco consumption has increased for 30.5% of respondents who already partake.

Activities Underway

Healthy Ireland & Community Mental Health Supports
A stepped approach has been agreed across partners to date to respond to the issues which are arising.

- Working with Health and Wellbeing to deliver awareness campaigns on how to stay active and healthy when managing anxiety and stress.
- Updating and developing signposting supports for individuals using www.yourmentalhealth.ie and gov.ie/together etc.
- Providing online self-help tools for health professionals with online modules offering training about how to manage anxiety and stress while working.

- Providing additional newly sourced online counselling sessions where individuals can self-refer and engage in online counselling from their homes.
- Creating professional online peer support groups to assist health professionals support one another in a virtual group environment.
- Expanding the capacity of the Crisis Textline to reach out to young people and priority groups in need of immediate support during this time.

Current evidence and practice suggest that digital health offers considerable potential, and some fields of application are already quite mature. Various NGO's are working to support the increased demand for online services and this is likely to grow even further when the restrictions lift and people come to realise the impacts on education, employment, bereavement and loss.

In respect of mental health supports, there is a range of existing services which offer online text and telephone supports to people seeking mental health information and advice. These include: Samaritans; Pieta House; MyMind; Turn2Me; Aware; Crisis Text Ireland; Shine; BeLongTo; LGBT Ireland; Jigsaw; Bodywhys and Childline. The YourMentalHealth.ie website provides a 'one-stop-shop' portal for people seeking information, supports and services, including information on accessing urgent help and a mental health text messaging support service is available 24 hours a day, 7 days each week to connect people with trained volunteers.

Increased uptake by young people, parents and teachers has been seen in a number of these services. However, notwithstanding the existence of, and demand for, these online and phone supports, recent reports by some youth services suggest that some vulnerable young people are withdrawing from phone and online contact with key youth workers etc.

Other Cross-Government Initiatives
Two cross-government thematic approaches to communications have been developed to support general well-being:

Community Call
An integrated COVID-19 Community Response, operating across the entire country, is now resourced and in place. It comprises a partnership of National Government, Local Government and the Community and Voluntary sectors. At National level, the COVID-19 Community Response is overseen by a governance structure comprising the Department of An Taoiseach, the Department of Housing, Planning and Local Government, the Department of Rural and Community Development, the Department of Health, and the County and City Management Association (CCMA). At local level, the COVID-19 Community Response is overseen and managed by the Local Authorities.

The primary work of community response has been to identify vulnerable groups and individuals and issues in each local authority area, and ensure delivery of 'emergency response' targeted social care supports and assistance; to provide assistance to vulnerable individuals in isolation; ensure the resilience of existing community services, and directing offers of assistance from individuals, enterprises and businesses to where they can be most effectively used. The primary task is to ensure the safety and welfare of older people and those with underlying heath conditions who have been asked to 'cocoon'.

Every Local Authority has now established a Community Forum for the purposes of coordinating and connecting a wide range of services and supports, ensuring that information is generated and shared, and that the evolving situation within communities is constantly monitored, with issues being identified and dealt with efficiently and speedily.

In this Together - Well-being Initiative

The wellbeing initiative is a comprehensive, all-of-Government initiative – engaging in particular, the Departments of Health; Taoiseach; Housing, Planning and Local Government; Culture, Heritage and the Gaeltacht, Education and Skills; Agriculture; Employment Affairs and Social Protection; Rural and Community Development; Transport, Tourism and Sport; Children and Youth Affairs; and Communications Climate Action and Environment – and delivered at county level under the guidance of the Local Authorities.

- Developed in partnership with existing cross Government initiatives, including Healthy Ireland, Creative Ireland, and relevant Government Agencies.
- Built into the work of Cultural Institutions, Schools and Universities, Sport Ireland and sporting bodies.
- Operating with a primary focus on public engagement.
- Aligned with existing social policy so as to create a public health and wellbeing strand across all policy.
- Fully integrated with the wellbeing work of Healthy Ireland with a medium to long term focus.

Further Planning / Monitoring Arrangements

In respect of Mental Health Service provision, a planning Group (HSE, DoH, NGO sector) has been established to plan for additional current and/or anticipated needs as the crisis extends in duration. In collaboration with the Mental Health Unit, HSE Mental Health Services have been providing various online digital services for over two years and it is noted that online health interventions are particularly suited to remote access to supports during the COVID-19 outbreak.

Under the umbrella framework of 'The Community Call' and the Community Forums, the wellbeing initiative is being animated and amplified in each county by the Local Authorities using the resources available, including the library services, arts offices, community offices and sports partnerships. County based activation plans have been developed and overseen by each Local Authority and are feeding through to regional and national media as a primary focus of coverage. There is ongoing data collection in respect of the take-up of Community Call and ALONE supports.

- Continue to develop and support *Healthy Ireland* and associated on-line mental health services.
- Continue to support and promote *Healthy Ireland*, *Community Call* and *Well-being* initiatives as cross-government collaborations.
- Monitor data in respect of help seeking in conjunction with partner providers.

Public support for measures and public order

Issues

Consistent, clear public messaging, is central to ensuring a successful, cohesive and collaborative response to COVID-19. This is essential in maintaining public trust and support, as well as in increasing uptake of recommended actions such as good respiratory and hand hygiene practices.

Activities Underway

The Department of Health has been tracking public opinion and sentiment to inform communications needs since the COVID-19 crisis reached a critical stage at the end of March. The latest data (based on data from 11th May report) indicates that:-

85% of respondents think the current government measures on social distancing are about right.

79% of respondents think the reaction of the government to the current coronavirus outbreak is appropriate.

The approach has been to promote confidence in An Garda Síochána through retaining a close connection with the community. The policing operation to date has taken a four step approach to escalation – engage, explain, encourage, enforce. To date, the Commissioner has reported a high level of public compliance although recently an element of complacency has been noted. While overall numbers are small there has been a small but sustained increase in the number of incidents reported in respect of breaches of the Health regulations; increased use of anti-spit guards; and the number of other related incidents during which policing powers other than those provided under the regulations were utilised.

Further Planning / Monitoring Arrangements

- Continue to promote effective provision of information to the public in a timely, transparent manner.
- Continue to assess and monitor public support for and compliance with the public health measures.
- Monitor the utilisation of the policing powers under the Health Regulations and review regulations as the phased re-opening continues in line with changing restrictions.

Non-Covid Health and Social Care

Issues

In March 2020 the HSE created Business Continuity Plans as part of the organisational response to the COVID-19 pandemic which included prioritisation of services across the system. Services which were identified as lower priority indicated the necessity for a reduced level of service. The consequences of this are that more routine appointments across a range of services such as primary care therapies, public dental surgeons, audiologists, ophthalmologists and so on, have been postponed or cancelled.

At the same time, essential services, including respite care and home care, for both specialist disability services and older people, have been maintained, albeit at a reduced level of service. However, it is still the case that the COVID-19 pandemic has had a particularly significant impact on more vulnerable groups in the community, including older people who are more medically vulnerable to COVID-19, particularly those living in long-term-residential care, those with a disability and those needing mental health supports.

The resumption of core primary and community care services to improve quality of life for clients is becoming a priority as it becomes evident that COVID-19 represents a long-term challenge. The resumption of primary and community services will be on a phased basis. The challenge for generating operational capacity should not be underestimated given staffing pressures, the need for infection prevention and control measures and the need to more firmly establish testing and contact tracing services. The resumption of services will also need to be guided by clinical advice.

Acute Care

The National Action Plan published on 16 March included actions on restricting elective and outpatient activity while maintaining essential clinical services. The restriction of elective and outpatient care has been accompanied by a fall-off in presentations in acute settings. Findings from a survey and focus groups commissioned by the Department of Health indicate that fear of infection is the primary factor influencing people's reluctance in attending for acute services.

The initial focus for acute hospital preparedness was on driving up capacity, in particular critical care capacity, as much as possible in anticipation of fast increase in demand. The impact of public health measures has ensured demand has not risen above capacity to date. The number of Covid-positive patients has been falling steadily as has the number in critical care. As of 12 May, there were 449 confirmed positive patients admitted on site at acute hospitals, of whom 62 were in critical care.

Reflecting the reduced level of non-Covid activity, the number of available general acute hospital beds is reported to be approximately 1,200. However, this is significantly down from a reported approximately 2,000 beds at earlier phases of the pandemic. ED attendances remain significantly lower than normal, although attendance has increased significantly in recent weeks. The Department of Health, the HSE and clinicians continue to stress that Emergency Departments are open for those who need emergency care.

The focus in service terms now is on the need to manage side-by-side delivery of Covid and non-Covid care over a more prolonged period than had originally been envisaged. This will include continued delivery of time-critical essential care, and resumption of delivery of more routine care.

NPHET has previously approved recommendations relating to protecting and maximising delivery of essential time-critical care. On 5 May, NPHET agreed that its recommendation of 27 March, in regard to the pausing of all non-essential health services should be replaced, from now on, in regard to acute care, with a recommendation that delivery of acute care be determined by appropriate clinical and operational decision making. Capacity, infection control, and mitigation of risk are key operational and clinical challenges that will require to be managed over the coming weeks and months.

The Department continues to work with the HSE, including the National Cancer Control Programme (NCCP), to ensure that all patients who require urgent care can receive it as safely as possible.

Cancer Care and Screening Services

Since COVID-19 was categorised as a national public health emergency, the National Screening Service (NSS) has been assessing the feasibility of continuing their programmes as well as assessing the associated risks. On 27 March 2020 the National Screening Service advised the Department of Health that it had decided to temporarily pause the 4 Screening Programmes under its remit; CervicalCheck, BreastCheck, BowelScreen and Diabetic RetinaScreen.

The Department of Health and the NCCP have been working in partnership to oversee the continued safe provision of cancer services. Cancer services are continuing following the consideration of the risk:benefit ratio of treatment for each individual patient, the prioritisation of time-sensitive treatment, and the ongoing review of the location of the delivery of cancer services.

Older People

People over 60 are categorized as at high risk from COVID-19 and those over 70 are categorized as being extremely vulnerable (very high risk). Some of the reasons older people are greatly impacted by COVID-19 include the physiological changes associated with ageing, decreased immune function and multimorbidity which expose older adults to be more susceptible to the infection itself and make them more likely to suffer severely from COVID-19 disease and more serious complications.[1]

Those over 70 are advised to stay at home at all times, except for taking a short walk or drive following public health advice, to avoid any face-to-face contact, to minimise all non-essential contact with other members of their household and not to have visitors to their home, except for essential carers. This can mean being isolated from family members and friends.

Many older people may have health conditions and are concerned about the risks of coming into contact with the virus while accessing health care.

Staying at home and reducing contact with other people can be difficult. It may affect people's mood and feelings. People may feel, lonely, low or worried or have problems sleeping. Older people may be less familiar with using technology as a means of keeping in touch.

People who are cocooning also need practical supports to ensure they have access to food, household essentials, fuel, medications, social interaction and transport. This includes for people living with dementia and their family carers at home.

People with Disabilities

Centre-based, day services have been formally closed since mid-March however priority service users have been identified in each CHO, and individualised supports continue to be provided to many people in alternative models particularly for these individuals with higher support needs, through alternative means such as via online communication or by phone. The type and quantum of support varies from CHO to CHO. In some CHOs service users who present with complex needs and behaviours are being brought into empty day service locations and receive their supports in that location within the context of Public Health Guidelines. Providers are in regular contact with families by phone or other technology such as Zoom and share programmes that are deemed beneficial for the service user to provide some continuity in their day.

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[1] Dr Hans Henri P. Kluge, WHO Regional Director for Europe

People with disabilities either in residential care or at home are more socially isolated because of cocooning, social distancing measures, lack of access to technology and absence of daycare and respite services. They are also vulnerable to loss of services where there are suspected COVID-19 cases.

Respite and homecare services have continued where possible, with day services currently suspended. Therapy services have moved to online support where appropriate and have reduced.

The Department of Health is considering alternative approaches to providing such services e.g. through use of innovative technologies.

Activities Underway

Acute Care

In line with the National Action Plan for COVID-19, delivery of essential non-Covid care has continued. In particular, the delivery of cancer care, urgent surgery (including transplants), obstetric and trauma services are areas in which care continues to be delivered, often in alternative locations and using innovative methods of care delivery. There has been ongoing engagement between the Department of Health and the HSE, and with the clinical community, in regard to ensuring urgent time-critical care is delivered. Recommendations relating to parallel delivery of Covid and non-Covid care aimed at protecting and maximising delivery of essential time-critical care have been approved by NPHET.

Survey and research findings on people's reluctance in attending for acute care has underpinned the design of appropriate communications interventions. A radio advert, and social media input, has been developed as a step in assuring the public that urgent services are still available.

The National Ambulance Service (NAS) has implemented a dedicated COVID-19 dispatch centre and has further reinforced its clinical hub with extra doctors. The introduction of the Protocol 36 identification system allows staff on the 112/999 call system to identify patients who may be COVID-19 positive. Alongside provision of testing, normal NAS activity continues with approximately 800 emergency and urgent call outs per day during April, and approximately 90 calls per day being completed by the NAS Intermediate Care Service.

Providing assurance to patients, and to healthcare workers, on safe delivery of care is an essential step. Guidance on patient pathways to mitigate the risks associated with the delivery of non-Covid care, for patients and healthcare workers, and to support safe delivery of care has been developed under the auspices of the Expert Advisory Subgroup of NPHET (EAG) and approved in principle by NPHET. This guidance includes, for example, guidance on screening, swabbing and use of PPE.

Infection prevention and control is a key focus, and a desktop review has been carried out by HIQA to support the necessary work to help minimise the risk to staff and patients, and facilitate the safe resumption of non-Covid health services.

Virtual clinical activity is continuing throughout the system as a mechanism to engage with patients and to support continuity of care.

Cancer Care and Screening Services

The NSS has continued to monitor the feasibility of restarting the four programmes and has been assessing the associated risks. The restarting of screening will be based on HSE and Department of Health guidance on COVID-19. The health, wellbeing and safety of patients continues to be the top priority for the NSS.

In regard to cancer services:

- Medical oncology services continue with the relocation of day wards where necessary.

- Radiation oncology services continue with provisions made for physical distancing.
- Maintaining urgent surgical oncology services is a priority with many services relocating to private hospitals.
- Rapid Access Clinics and diagnostic services continue to run, in line with NCCP guidance documents for treatment during COVID-19 period. Patients are being triaged in advance of their appointment, and virtual/telephone clinics are in operation where possible.
- There has been a recent recovery in the level of e-referrals by GPs, in particular in referrals to symptomatic breast disease clinics. However, other e-referrals remain relatively low.

Healthlink Weekly eReferrals	Weekly Average	Weekly Average	Total number	Total number	% of Week 2 - 11 weekly average
	Week 2 - Week 11	Week 12 - Week 14	Week 17 (20 April - 26 April)	Week 18 (27 April - 3 May)	Week 18 (27 April - 3 May)
Breast	770.0	289.0	605	692	89%
Lung	44.3	18.7	23	21	47%
Prostate	71.7	37.0	36	48	67%

The HSE National Cancer Control Programme (NCCP) launched a campaign (on Thursday 7 May) to urge anyone with potential signs and symptoms of cancer to telephone their GP to check them out. This is prompted by the reduction in the number of patients being referred to cancer diagnostic services since the onset of the COVID-19 pandemic.

Older People
The HSE and other agencies are providing a range of services, and public health measures, to support people who are cocooning in their home including those that live in a long term residential care (LTRC) setting. Other services, such as respite care and home care, are still in place but at a reduced level with a specific prioritisation process in place to support decision making in this regard during the COVID-19 period. This is in line with public health advice. Day services are currently paused.

Under the "Community Call" initiative, each local authority led Community Call Forum is providing practical supports such as the collection and delivery of food, meals, fuel, medication, pensions and other essential items, in strict accordance with public health advice. Nationally, since 31 March, the Community Call Fora have received over 34,600 calls and have made approximately 14,600 follow-up calls.[2] ALONE is operating a National Support Line to provide emotional support and reassurance to vulnerable people. 19,000 cocooners have contacted Alone helpline in past 3 months - up from 2,000 in the previous 3 months.

People with Disabilities
Every effort is being made to ensure a flexible as well as collaborative approach is being taken in the sector to respond to same. The HSE is progressively working on building stronger supports for children and families via the temporary reassignment of Special Needs Assistants. In response to the need to develop additional capacity under the Covid emergency response, Disability services have specifically identified temporary residential provision in each CHO area in conjunction with providers.

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[2] Data as of 13th May

Other supports for these groups include:
- The Fuel Allowance payment is made to over 370,000 of the most disadvantaged households in the country, including pensioners and those with disabilities, who are most at risk of fuel poverty. DEASP extended the Fuel Allowance season by 4 weeks by continuing to pay the allowance until Friday 8 May 2020.
- In conjunction with An Post, DEASP extended the 'Temporary Agent' payment collection facility to 15 collections (normally a maximum of 5), while maintaining necessary safeguards and extended collection dates.

Further Planning / Monitoring Arrangements

Acute Care

Further consideration of sustainable critical care capacity will be undertaken in the context of the ongoing delivery of Covid and non-Covid work. The Department of Health and the HSE are engaging on the need for increased permanent critical care capacity, informed by existing policy analysis, the work of the National Clinical Programme in Critical Care and modelling work ongoing.

In order to sustain current services as hospitals return to normal activity, additional investment will be required to augment infection prevention and control capacity. Investment will also be necessary to facilitate the roll-out of an ICT system across all acute hospitals to maintain and increase efficiency in infection surveillance. The Department of Health and the HSE will work together to quantify the level of investment needed in the immediate, short, medium and longer term.

The implementation of risk mitigating steps for the provision of non-Covid care, developed under the auspices of the Expert Advisory Group, will have operational implications, including on throughput and on occupancy. Work is ongoing to assess the impact. Current recommendations are that occupancy should remain at 80-85%. Overall capacity planning for the delivery of non-Covid care, in this context, will also be informed by modelling work ongoing.

The 2020/21 Emergency Department Winter Plan will address the challenges of delivering safe emergency care for patients in the context of the COVID 19 pandemic in addition to the normal winter pressures.

The arrangement with the private hospitals will be reviewed before the end of the month to assess its effectiveness in supporting the public system and in the context of the prevalence of the disease. These facilities offer a significant opportunity for delivery of non-Covid care in designated non-Covid environments, in line with recommendations previously approved by NPHET.

Work is being carried out by the Department of Health, HSE and NTPF on modelling the impact of the pandemic on scheduled care, including assessing the level of pent up demand. The work of the Scheduled Care Data Group is ongoing and it is expected preliminary results should be available by mid-May.

Scheduled Care waiting lists

The most recently published waiting lists available are to the end March 2020. Figures for April 2020 are due to be published by the NTPF on Friday 15th May. The table below provides a summary of the monthly IPDC, OPD and GI scopes waiting lists for December 2019 through to end March 2020.

	End December 2019	End January 2020	End February 2020	End March 2020
Inpatient/Day case	66,536	67,303	66,705	77,748
Outpatient	553,434	556,770	558,554	562,693
GI scopes	22,244	22,231	22,705	28,204

There is a significant increase in the IPDC and GI scopes waiting lists between the end of February and end of March. This is mainly due to patients who were recorded on the 'To come in' for a procedure (TCI) list being taken off that list because of the cancellations of surgeries due to COVID 19 and put back on the active waiting list.

In the case of OPD, the referral rate in March dropped considerably. There is an increase of 9,259 patients on the outpatient waiting list since the beginning of January 2020 to the beginning of April 2020. In the same period last year there was an increase of 30,468 patients on the waiting list; this growth continued for much of 2019 and started to decline in the latter part of the year as a result of significant HSE intervention and with the support of NTPF commissioning.

Virtual activity has been collected for the first time in March 2020 and represents 34,226 of the overall outpatients seen for March. There has been considerable investment in telehealth for outpatients and efforts are currently focused on how to use it to maximise on the potential for virtual activity during the Covid period and to embed the processes in order that it forms part of a new way of working moving forward.

The fact that fewer patients are attending OPD clinics means less referrals for procedures. This gives rise to concerns about the level of pent up demand for services that will arise as the pandemic abates.

Cancer care and Screening services
The campaign launched by the HSE National Cancer Control Programme (NCCP) on 7 May, to urge anyone with potential signs and symptoms of cancer to telephone their GP to check them out, will be followed up with a further communications campaign to encourage cancer patients currently undergoing treatment to continue to attend their appointments and contact their care team if they have any concerns.

Older People's Services
Re-opening day services for older people will be planned in line with public health guidance. It will mean reconfiguring current services and designing the type and quantum that can be reintroduced in a phased manner.

As part of this, across Government, we need to examine the role played by the Community Support Framework including the ALONE model, the Local Authority Support Framework and the broader utilisation of voluntary supports as part of the response to COVID-19 and how this framework can be utilised in the medium to longer term to deliver supports to older people in the community.

Disability Services
The type and quantum of services that can operate once Public Health advise that services can resume will be completely dictated by the guidance and advice set out by Public Health. As that social/physical distancing will be in place for some considerable time, this will have a significant impact on the provision of day services to people with disabilities.

Almost 40% of day service recipients are transported to and from their home by service/HSE transport. The requirement for social distancing will have a significant bearing on the number of people that can be transported at any time. Other service users avail of public transport and will require to be supported to access this mode of transport in the context of social/physical distancing.

A major consideration will also be the need to identify current day service locations that are now being used for isolation units and other COVID 19 work. Depending on the duration for which these interim

arrangements are required some day service locations may be unavailable as day service locations once it is deemed appropriate to resume some type of day service supports.

Day service locations may support upwards on 40-50 people at any time. Due to social/physical distancing community inclusion will have to be kept to a minimum.

A review of policy will be required to guide the sector in the elements of New Directions supports that can be delivered at a service location to provide a person centred service.

The Department of Health is undertaking an international evidence review of how other countries have reintroduced services. Re-imagining service delivery post COVID-19 will also be informed by the International Initiative Disability Leadership (IIDL) experience in consultation with the National Clinical Lead for Disability Services, HSE.

Operating a reconfigured day service will also be challenging whilst introducing prospective 2020 Rehabilitative Training/School leavers to services for the first time.

Planning for the resumption of non-Covid social care in the current COVID-19 environment, and in line with public health guidance, the Department and HSE have established a *Working Group on Community Capacity* to:

- Oversee a stock take of the type and level of community services being provided, having regard to the response to COVID-19 and taking account of planned service levels and developments as set out in NSP 2020: (i) current services including new services; (ii) services reduced; (iii) services paused.
- Identify and consider responses to the operational challenges that the system will face in resuming services within the context of COVID-19 and the disease trajectory e.g. staffing, IPC, testing, environment, location of services etc.
- Set out a draft high-level plan for the phased resumption of prioritised community services, adoption of new models of care delivery and the associated capacity requirements, dependencies and changes in ways of working.

> - **Continue to assess how to increase delivery of non-Covid care in respect of primary, acute, community, social care, mental health and disabilities and other services along the continuum of care and report in line with the framework for decision making on the social implications of COVID-19 in Ireland.**

Issues

In the context of school closures, inevitably the home environment becomes a really important factor in terms of children's education. To a greater or lesser extent it relies on parent's time, capacity and confidence to supervise their children's learning. Notwithstanding this, no parent can compensate for the social contact and social skills which children gain through mixing with their peers in school, particularly at primary level.

The impact on children of the closure of school and early years settings is likely to be significant. For children without siblings in particular they are missing important opportunities to interact with and play with their peers. Households with a single parent, and households where both parents are working, may struggle to find sufficient time to assist their child's learning.

Evidence to date suggests that the negative impact on students' learning has been greater for less highly motivated students and in particular those with less ready access to online provision (including students from disadvantaged backgrounds, students living in temporary or emergency accommodation and students with poor broadband access at home). Immigrant families with poor English language skills can be particularly vulnerable in the context of COVID-19 and there are multiple areas of challenge. If they have poor mastery of language this can make it a challenge to ensure they get public health advice and in terms of their capacity to home school their children.

OECD points out that "*in normal times, children from disadvantaged families typically lose one month of learning during the two month break from school over summer. Children from advantaged families do not generally experience this learning loss and in fact can make learning gains during this period, depending on engagement with their families and communities*"[3]. They anticipate that extended confinement will exacerbate existing stresses and inequalities and will raise a number of issues both now and when schools re-open.

The Department of Education and Skills has provided the following analysis of the Irish situation:

- While all students have been impacted by the closure of schools in response to COVID-19, certain students may require more support to assist in their continuity of learning in order to ensure they do not disengage with the school system.
- Extent of the break in schooling has been significant: Under the Government's approach to managing the COVID-19 crisis, all schools and colleges have been closed from 13 March 2020 and are not scheduled to re-open until the new school year.
- Online schooling has only partially addressed the gaps: There is evidence that very many schools, particularly at post-primary level, have made good attempts to provide online learning experiences for students, but the experience has varied across schools and students. By 6 April 2020, an online survey of over 1,200 parents being undertaken by the DES Inspectorate in conjunction with the NPC-P, found that 91% of post-primary parents reported that the school had contacted their child more than once a week and 83% reported that the school had provided work for their child in each subject every week. However, the provision of good teacher feedback to students on the work that has been done at home has been difficult to achieve. Initial emerging indications from the survey of parents indicates that almost 24% of post-primary parents reported that their child had not received feedback on their work and that 44% of students were worried about the State examinations.
- Students from disadvantaged backgrounds have suffered greater impact: The negative impact on students' learning has been greater for less highly motivated students and in particular those with less

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[3] OECD combatting Covid-19's Effect on Children OECD 202 oecd.org/coronavirus pp15

ready access to online provision (including students from disadvantaged backgrounds, students living in temporary or emergency accommodation and students with poor broadband access at home).

- Students with special educational needs (SEN) have also been impacted to a significant extent by school closures and for many the break in routine will have a disproportionate impact on their learning and behaviours. Students with more complex special educational needs have limited capacity to engage with learning in a remote teaching environment. Some of these students receive high levels of additional teaching and SNA support in schools. Meeting their needs in the home places additional challenges on families and in some cases impacts on home schooling for their siblings. This is further exacerbated by disruption to their therapeutic and respite care. Some children are in households where circumstances are not conducive to learning due to domestic violence, or due to parents struggling with mental health or addiction. Some children have had to adopt a caring role for younger siblings, which impacts on their own ability to engage with learning.

- Efforts to mitigate educational disadvantage have been made more difficult: Regular personal contact with teachers has been shown to be even more important for these categories of students for their performance in schools and examinations. In schools serving areas of disadvantage, for example, teachers often provide additional classes and tutorials for examination candidates beyond the school timetable, simply to give their students "a decent chance of doing well in the exams". These schools often minimise the period between the ending of formal classes and the beginning of the state examinations to allow such additional tutorial work to be provided. These efforts seek to counteract the advantage of the "cultural capital" available in better off families, where children may attend private revision schools/grind schools and, in the current crisis, benefit from additional online tuition from such private providers. Opportunities to ameliorate educational disadvantage in these ways have been greatly eroded in the current school closure context.

- More worryingly, in informal feedback to the Department and in formal surveys, schools have expressed particular concerns regarding some harder to reach students who have "gone-to-ground" and not engaged with online or even mobile phone contact from schools. The guidance to schools issued by the Department of Education and Skills advises schools to make every attempt to contact these families in some way and to agree a mode/time of communication with them.

- While online teaching resources are available in the Oberstown Campus, young people are currently not able to access the teaching resources provided in the normal manner. This is currently an area of concern for the Board of Oberstown.

- The cancellation of the Leaving Cert and the proposed system of calculated grades gives rise to a number of issues for students in terms of their move either into the workforce or on to Third Level.

Activities Underway

The Department of Education and Skills' NEPS psychologists have developed advice and some resources for young people to manage and stay well when schools are closed. This information is available on the Department of Education and Skills website and includes material on creating new routines at home, advice for parents and schools on talking to children and young people about COVID-19, preventing infection, managing their access to the media and dealing with the change in social interactions.

HSE.ie also has advice for managing the impact of COVID-19 on young peoples' mental health which includes the impact of and managing stress at this time, exam pressure, connecting with friends, accessing the CAMHS service at this time and staying safe.

The Department of Education and Skills has issued a series of guidance documents to all schools outlining how to effectively support and engage with their students and provide programmes of continued learning in the current context. Specific guidance on supporting pupils at risk of educational disadvantage and pupils with special educational needs, and guidance for parents has also issued.

Schools have been asked to continue to plan lessons and, where possible, provide resources for students or online lessons where schools are equipped to do so. Schools have also been asked to be conscious of students who may not have access to online facilities or technology and to adapt approaches to ensure that these pupils' ability to participate in learning is not compromised. Many schools have introduced a range of strategies and measures to ensure that the needs of these pupils are catered for, including pupils who have limited access to technology or whose parents are not in a position to support their learning.

Tusla Education Support Service (TESS) emphasises the promotion of school attendance, participation and retention for children and young people and is working with schools, families and other relevant services to achieve the best educational outcomes for children and young people. To date, the School Completion Programme (SCP) has ensured that school work, materials and resources, as well as games and activities have been delivered to those most directly impacted by the closure of schools, while continuing to maintain contact with target children, young people and families. In addition Home School Community Liaison (HSCL) Coordinators are continuing to support the work being carried out by schools, principals, teachers and parents in supporting vulnerable children and their families with engagement with school work. It is important to note however that both the SCP and the HSCL are supports provided under the Delivering Educational Equality in Schools scheme (DEIS) which has a limited scope so do not operate in the majority of schools in the country and therefore parents and children in schools outside of DEIS areas are not in receipt of such supports. Ongoing contact by Education Welfare Officers with students and families in open cases takes place, and supports are provided for families and students in transitions between primary and secondary school along with assisting with the sourcing of school places for those children who have not yet been able to find one.

Surveys suggest Education and Training Boards (ETB) have quickly adopted online platforms, tools and technologies and are supporting staff and tutors with equipment, upskilling, and professional development to meet the COVID-19 challenge. Teachers, tutors, instructors, and guidance staff are engaging with students and parents supporting continuity of learning and assessment, and wellbeing.

Adult literacy and English language exercises and lessons continue to be provided through a range of online platforms. ETBs are keeping in contact with learners who do not have access to broadband or ICT equipment by phone. Learning packs are also delivered to adult literacy and English language students each week, containing lesson material and general information that will support the individual's learning.

The Department of Education and Skills and Department of Children and Youth Affairs is working to provide guidance and supports for parents and students including:

- €50m in ICT Grant funding has issued to all schools of which €10m to assist schools to support continuity of learning for all students, including provision of devices to students to facilitate them engaging with remote learning.
- Working closely with the Department of Justice and Equality International Protection Accommodation Service (IPAS) and Tusla Education Support Service (TESS) to ensure that students residing in accommodation centres are supported.
- With assistance of DEASP and the Community Call initiative, maintenance of the School Meals Programme.
- Communications with students, parents and schools on the proposals for replacing the Leaving Cert with calculated grades.
- Guidance and resources developed by the National Council for Special Education on supporting children with special educational needs.
- Continued funding of Home Tuition or, where this is not possible, flexibility to bank hours for use at a later time in the year.

- Temporary reassignment scheme of SNAs to provide support through the HSE to the child or children they usually work with when in school during the school closures.
- The Department of Children and Youth Affairs has launched a Government-led initiative in relation to play providing play-based resources for parents and other stakeholders.

Further Planning / Monitoring Arrangements

The Department of Education and Skills is developing a plan towards reopening of schools when it is safe to do so. This will incorporate a strategic approach being developed by NEPS to support the wellbeing of students with their return to education in the school setting. This approach will involve collaboration and alignment with key service providers within the Department of Education and Skills and with service providers of the Departments of Health and Children and Young Affairs. Similarly, the Department of Children and Youth Affairs are planning for the reopening of childcare facilities and pre-schools which are under phase 3 of the Roadmap.

Summer Education Programme for SEN students and pupils at risk of educational disadvantage - the primary aim of the proposed programme would be to limit potential regression thereby ensuring in so far as possible that these children can reintegrate/transition into their planned education setting for next year with their peers. This may be done through a targeted level of supports that aim to address regression of social skills and re-establish tolerance of routines paving the way for reintegrating full time into an educational setting. This must be guided by public health advice and ability and willingness of the school system to offer this upon which such a programme would be reliant, at least in part.

To examine ways in which students from disadvantaged backgrounds return to school can be supported, including possible summer or specific provision in advance of the return to school for others. The Department of Education and Skills will engage with Department of Children and Youth Affairs and Tusla regarding this having regard to the School Completion Programme and other supports.

- A report on planning towards reopening of schools when it is safe to do to be prepared by end-May 2020.
- A report on planning towards reopening of early childhood education and care and school age childcare when it is safe to do so to be prepared by end-May 2020.

Children & Families – Targeted Supports

Issues

Family Support

Family Support services (provided by Tusla) is an early intervention aiming to promote and protect the health, well-being and rights of children, young people and their families, with attention on those who are vulnerable or at risk.

COVID-19 has created situations whereby families need more help and support than ever, for reasons including the juggling of multiple roles in the absence of the normal network of resources (schools/teachers/etc.). Additionally and undoubtedly, more families face these challenges than before. The current practical difficulties in accessing traditional, informal community supports can result in a need to access more formal options, i.e. State resources.

Measures and innovations have been taken in response to the COVID-19 pandemic to ensure the needs of families known to Tusla have been met, including delivery of services remotely and online. How to reach the families that are struggling and require similar levels of assistance who are not known to services remains a challenge. There are a number of specific areas of concern arising in respect of families and children.

Financial Stresses on Families

COVID-19 is likely to result in more children becoming at risk of poverty and those already experiencing poverty becoming more vulnerable. Unemployment levels have increased considerably. Low income households with children, which have been hit by unemployment, may find it more difficult to transition back to the labour market depending on the pace of economic recovery and, crucially, the availability of childcare. (See section on People of Working Age also.)

Domestic, Sexual and Gender-Based Violence

Evidence from other natural disasters and pandemic suggests that social restrictions such as we have adopted in Ireland can lead to increased or first-time domestic violence. In the recent CSO Social Impact of COVID-19 Survey (April 2020), 6% of respondents were *somewhat* or *very* concerned about violence in the home.

The nature of the restrictions also means that victims' capacity to seek help may be limited by the restrictions themselves and access to accommodation could also become an issue in the context of shared accommodation where the risk of infection is higher.

As anticipated, in line with the international experience, An Garda Síochána are reporting a 24% increase in domestic violence incidents on the same period last year. Operation Faoiseamh has been established to specifically address this issue.

The numbers of applications for protection orders and interim barring orders are virtually the same as have been granted for similar periods in previous years. This suggests that the Courts are meeting the demand for such applications for anyone in a position to come to Court. Applications for safety orders and barring orders are significantly down. Both types of order are typically granted after full hearings on notice to the respondent and as such hearings have not been scheduled it may be some time before the impacts are seen on these indicators.

Child Protection & Welfare/Family Support

The OECD Report on Combatting COVID-19's effect on children[4] suggests that the outbreak "*acts as a catalyst for child maltreatment by exacerbating some of the known contributing factors, such as household poverty, overcrowded housing, social isolation, intimate partner violence and parental substance abuse*".

International evidence has shown an adverse impact on young people's psychological well-being including poor mental health, post-traumatic stress symptoms, confusion, avoidance behaviours and anger. Young people themselves are reporting family conflict, anger and anger management in the context of the restrictions with limited access to family support, youth work or other protective factors. This is mirrored by reports from some youth services in relation to young people's mental health, withdrawal from online youth work supports, unhealthy sleep patterns and routes, and reports of family conflict.

For children we know are already at risk, Tusla operates a Child Protection Notification System (CPNS) which ensures that a child on the register is normally in touch with a network of people who they see on a daily basis– teachers, crèche staff, family support and extended family. While social workers continue to visit during the crisis period, it is probable that some children are not being reached as they would have through their daily activities.

Finally, the below chart sets out referrals/mandated reports from the National Child Care Information System for the period from 23rd February to 3rd May 2020 which shows a fall-off in overall child protection referrals. Overall Tusla has reported a drop of 34% in referrals since the restrictions were implemented compared to the first few weeks of this year. The drop in referrals can be partially attributed to situations where children are not being seen by the key professionals, family members and friends who would typically be in a position to note and report concerns. Tusla has carried out awareness campaigns encouraging people with a concern about a child to make a referral, and the gradual increase in referral figures indicate that this outreach effort has been making a difference.

Child Protection, 3rd May 2020

Data sourced by Tusla

Categories: Uncategorised

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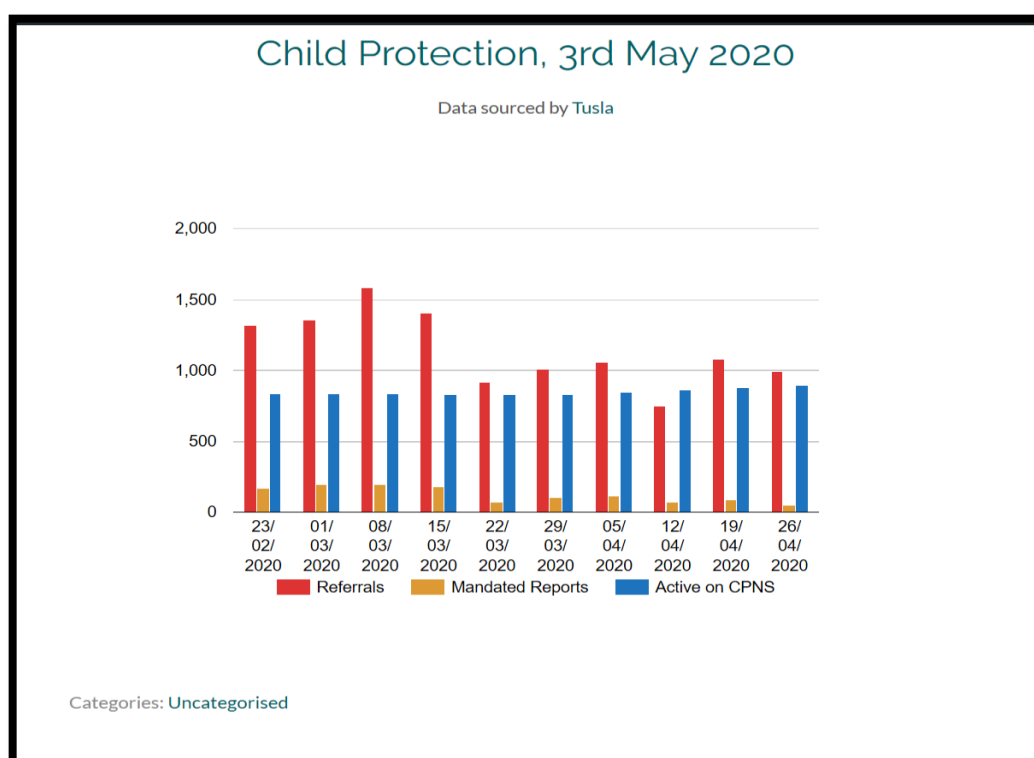
[4] OECD combatting Covid-19's Effect on Children OECD 202 oecd.org/coronavirus pp9

Children in Care

Children in care may have additional care needs. It is likely the effect of being confined to home and school closures may place increased pressures on children, foster parents and other carers and the stability of care placements. Inevitably access to social work or other supports is disrupted as is face-to-face contact between children in care and their families. These disruptions are likely to increase anxieties in children – including about their birth families.

Foster parents and carers are managing those additional stresses. In addition, in residential centres, there is also likely to be some increases in staff absenteeism due to illness or lack of child care or school services for carers. While Tusla have been continuing to provide services throughout the current restrictions there have been impacts on the delivery of a number of frontline services, the impact of which is difficult to fully assess yet. In the area of domestic violence, surges in demand are anticipated and in all areas, workforce resilience and safety of children and young people in residential settings remains an ongoing concern. Other impacts include:-

- Current restrictions are causing some postponement of reviews and meetings, reduction in number of face to face meetings, home visits and access visits that can take place which may result in increased risk of harm to children. (Court ordered access visits in Family Resource Centres may resume when restrictions are lifted, if appropriate social distancing and protective measures can be put in place.)
- Changes to established practice methods to meet restriction requirements may cause a divergence from regulation and national standards which should only be provided for on an emergency short term basis.
- Non-Court ordered access visits that usually take place in a family home or in a public place may not be available and alternative venues will be needed.

Children in Homeless Families & Direct Provision

Parents of children living in emergency accommodation and hotel rooms will have a greater challenge in containing children in small spaces and in terms of the shared use of some facilities. They will also be challenged to provide or support home schooling as mentioned above. They may also have a greater challenge in terms of self-isolation if they fall ill, depending on the nature of the accommodation.

Activities Underway

DSGBV

The Government has set up a collaborative campaign with frontline organisations to ensure victims are aware of, and can access services despite COVID-19. A national advertising campaign is running across TV, Radio and video on demand promoting frontline services and reassuring people that support is still available. Information on services and supports for victims is available on www.StillHere.ie including a new interactive map to help victims find frontline services in their area. It has been clarified and publicised that any restrictions on movement (the 2/5km rule) do not apply to a person escaping from a risk of harm or seeking to access essential services.

A number of measures have been put in place by partner organisations to support the campaign. These include:

- The establishment by Gardaí of a special 'Operation Faoiseamh' on domestic abuse, consisting of media campaigns, videos, execution of court orders, completing call backs and follow up calls to victims.
- Implementation of special measures by the Courts Service and Legal Aid Board to give priority to domestic abuse and childcare cases.

- Additional Funding was also provided to front-line services.

Family Support, Child Welfare and Protection

Tusla has a primary responsibility to promote the safety and well-being of children. All Child Protection and Welfare referrals or concerns about children are being screened and assessed in line with normal practice and where a child is at immediate risk, they receive an immediate response.

A number of measures and innovations are being taken in response to the COVID-19 pandemic:

- Access for children in care and their families is, in most cases, taking place remotely through methods such as FaceTime, Skype and phone calls.
- Social workers continue to visit children at risk in the community, especially children on the Child Protection Notification System.
- A new online resource for parents developed by DCYA – Parents Centre on gov.ie/parents – brings together information for parents in one easy to navigate portal. Parents Centre provides trusted high-quality information and online resources for parents and their families at this time on a range of topics including learning, parenting and information on supports for parents.
- Tusla's Partnership Prevention and Family Support (PPFS) services and voluntary agencies continue to operate within communities, providing practical support such as delivery of food and essentials as well as emotional support to parents and children via remote means.
- Schools and teachers who are continuing online classes are encouraged to report their concerns to Tusla.
- Efforts have been made to ensure that disadvantaged children have access to meals normally provided through the school meals programme.
- Ongoing supports by Tusla and Barnardos for families, foster carers and children are available at all times and a pro-active wider information dissemination to A&Es, Gardaí, doctors and the media on their responsibilities in this space.
- Ongoing support to families through Meitheal, the Tusla led early intervention model that identifies the child's and families' needs and brings a team together to support these.
- Capacity to recruit foster carers and ensure family-based care remains central.

Youth Supports

The youth sector has quickly adapted in an effort to maintain supports and services to the greatest extent possible. Examples include:

- Adopting innovative, technology based solutions including use of digital meeting platforms to engage with vulnerable young people. Through this, youth work support, online learning, life coaching and counselling is being provided.
- Comhairle na nÓg across the country are communicating with young people in relation to COVID- 19.
- A new Digital Youth Information Online Chat Service has been launched – this is an online information service directed at young people aged 16-25 who can ask questions to a trained youth information officer on live chat.
- Youth services creating 'resilience packs' and 'positivity boxes' distributed to vulnerable young people.
- Foróige are running a series of digital campaigns rooted in youth development supporting young people to successfully navigate through the next weeks and months, with a specific focus on minding their mental, physical and social health and learning new life skills.

Homeless Families and Direct Provision

The International Protection Accommodation Service (IPAS) and Child and Family Welfare Team of the Department of Justice and Equality has developed a Strategic Framework for Engagement on Child and Family to support families living in accommodation centres for International Protection applicants. In preparing the framework, outreach has taken place with key stakeholders including centre managers, Tusla, the Department of Children and Youth Affairs, the Department of Education and Skills, the Department of Rural and Community Development, the HSE, the Children's Rights Alliance, One Family and UNHCR. Ongoing engagement is continuing with these and other partners. The framework encompasses three broad themes under which actions will be rolled out: child and family welfare, identifying education requirements, and the general provision of activities for children.

IPAS is continuing to work in tandem with HSE, Tusla and non-statutory agencies as HSE guidelines for COVID-19 are relaxed with a view to phased reintroduction to services for families.

Further Planning / Monitoring Arrangements

Domestic, Sexual and Gender-Based Violence

The Department of Justice and Equality and An Garda Síochána will continue with current initiatives including the Still Here campaign and Operation Faoiseamh in conjunction with Tusla. Organisations will continue to monitor trends and services responses.

Family Support, Child Protection & Welfare

The Department of Children and Youth Affairs and other Departments have recognised the need to identify at risk children as a matter of urgency using steps which could include utilising existing providers to work with small groups in face-to-face group activities on a phased basis to assist in both identifying risk and reaching the existing at risk cohort in a targeted way.

Department of Children and Youth Affairs, Tusla and HIQA are liaising to prepare for the potential increase in demand for temporary foster placements.

More generally, the return of face to face "small group" youth services as early as possible in the summer should be considered as a critical support to the mental health and wellbeing of young people, as well as providing a safe alternative to congregating informally.

Tusla is developing a detailed road map, aligned to Government guidance, prioritising social work direct contact with children in care and access visits, to be rolled out over the coming weeks.

Children In Homeless Families & Direct Provision

The majority of children in direct provision are under 12 years of age. A significant proportion of these children live in single parent households and may be living in a restricted space shared with their parents and siblings.

In respect of homeless families and those in direct provision in centre based accommodation, this issue of how to support parents to go shopping or do personal errands without their children has been considered.

A number of Departments also raise the possibility of targeting certain social supports at these families in any phased return of social supports.

- **DCYA and Tusla along with the AGS and DJE should continue to monitor impacts in key areas of risk such as DSGBV and Child Protection and Welfare. Evidence suggests that child safeguarding activity may need to increase once the restrictions are removed. There may be a workload arising from delayed or "incomplete" support as well as an increased identification of numbers of children and families at risk which were invisible to the system in the context of social restrictions and the closure of key services on which child protection reporting relies. Planning should assess the particular needs that might arise in this regard.**

- **A plan for the phased resumption of face-to-face family supports, youth work and community based services for disadvantaged and at risk children and families as a priority. The plan should incorporate innovations which have been developed in terms of service delivery arrangements in the context of outgoing restrictions due to COVID-19.**

People of Working Age

Issues

Access to Childcare / School & Impact of Homeschooling

Essential workers and parents working at home while schools and childcare facilities are closed are impacted by current restrictions. Parents who are working at home while schools and crèches are closed are suffering high levels of stress trying to meet the demand of work and the full time care of their children.

The Roadmap envisages a phased approach to the reopening of workplaces. This could potentially exacerbate further the problems faced by many parents in the coming weeks and months if they are due to return to work in advance of the reopening of schools in September and childcare facilities in phase 3 (end June).

Mobility/Public Transport

Public transport has continued to operate throughout the crisis, at reduced levels, and is a vital service for essential workers, in particular our health care staff. The public transport system is a critical part of the plan for reopening of the economy.

Since the implementation of these measures and wider Government restrictions, on average, daily passenger numbers on the Irish public transport network have fallen to less than 10% of equivalent levels in 2019 across all operators.

The Public Transport sector has continuously engaged with public health to ensure safe operation of services throughout this emergency and will work to ensure ongoing safe provision of public transport as restrictions are lifted.

The suspension of the driving test due to the Covid outbreak has meant that people who are on learner permits – and restricted therefore to driving only with a qualified accompanying driver – are currently not able to take the test and proceed to a full licence. This impacts on peoples' ability to get to work, as well as ability to obtain employment, especially in areas where public transport is limited. It also has impacts for social activity such as accessing healthcare or supporting vulnerable persons. Due to the particular difficulties raised by conducting driving tests for cars (as opposed to trucks and buses) it is anticipated that the car driving test will be resumed only in Phase 4 or 5 of the Government's reopening programme (protocols currently in development).

Income/Risk of Poverty

COVID-19 and the associated policy response have led to a downturn in overall economic activity and employment which are very likely to increase poverty for some households. While much has been done in Ireland to mitigate the worst effects of unemployment through a range of bespoke income supports, there remain challenges for many particularly existing at risk groups.

The latest data (as of May 8th) show just over 214,700 persons on the Live Register, 425,200 employees in receipt of income support through their employer via the Revenue Temporary Wage Subsidy Scheme, and 602,100 recipients of the Pandemic Unemployment Payment from DEASP. This implies a total of over 1.2 million people who are currently receiving some form of income support from the State.

Ireland has a relatively high incidence of low paid work and 23% of wholesale and retail workers and 39% of hospitality workers are low paid.

Migrants are disproportionately employed in hospitality, retail and constructions sectors so many have lost their jobs as a result of the crisis. At the same time, many migrants are employed in the healthcare sector and agrifood sectors and there are concerns about this group's vulnerability to exploitive employment practices.

They are more likely to be living in congregated, shared or crowded accommodation – whether state provided or not. This means there is a greater risk of community transmission for these groups and therefore a higher likelihood that they may be out of work due to illness or the requirement to self-isolate.

Activities Underway

Income Supports

The payment of Pandemic Unemployment Payment has supported lone parents in receipt of One Parent Family Payment and Jobseekers Transitional Payment who have lost their employment due to COVID-19. The payment is made in addition to their other income supports to avert poverty risk and provide additional assistance to these vulnerable families.

The Government has sought to address the risk of poverty in low income households through, for example, making the Pandemic Unemployment Payment available to those in receipt of certain social welfare payments that seek to alleviate child poverty.

Supports for working parents

Parents Centre on gov.ie/parents, the new online resource for parents (referred to above), brings together information for parents in one easy to navigate portal.

Services across Ireland continue to provide information and printed advice for parents. Parentline is a free national confidential helpline which provides support, guidance and information to parents. The Genesis Programme, which operates through the Tusla ABC Programme, has produced a resource document aimed at supporting parents and families through the weeks ahead.

In response to the COVID-19 pandemic, Tusla has engaged with a large number of the agency's funded organisations, many of which provide parenting supports. Organisations including Family Resource Centres are adapting the way they provide their support services for parents and their families so that both universal and targeted support remains accessible to parents. One-to-one services are being provided over the phone and many group-based parenting supports are available online. This is in addition to the existing helpline services for parents.

(See also sections on Education and Children and Families)

Homelessness & Direct Provision & Social Exclusion

Additional accommodation has been put in place to allow for the isolation of confirmed or suspected cases of COVID-19 and to support the appropriate levels of social distancing in emergency accommodation. The Dublin Region Homeless Executive (DRHE), local authorities and NGOs have introduced a range of precautions aimed at minimising the risk of infection among service users and staff, including hygiene arrangements. The DRHE and local authorities have also been working with other state agencies and their service delivery partners to ensure that the necessary supports and arrangements for transport and food for individuals in isolation are in place.

Local authorities and their service delivery partners continue to work with households in emergency accommodation to support them to exit homelessness to a home utilising the various available social housing supports. During the current Covid response, local authorities have been working hard to secure

additional properties and a significant number of families and individuals have moved from emergency accommodation to a home. Housing First tenancies have also been established for individuals who had been rough sleeping or had been long-term users of emergency accommodation.

Additional measures have been put in place to support the public health response to COVID-19 for people who use drugs and who are homeless in Dublin, including residential units for the purpose of self-isolating and increased accessibility of prescription drugs. This has helped to stabilise people and encourage them to remain in isolation, which in turn has contributed to reducing the spread of COVID-19.

Prisoners
Restrictions on movement and access to services impacts vital rehabilitative, education and diversion activity within prisons. The Irish Prison Service has introduced a range of measures to address this including a new Family Video Visits service, access to in-cell education material, and telephone based psychology services. Persons with severe and enduring mental health are over represented in the prison system. The National Forensic Mental Health Services (NFMHS) team provide access to vital services for prisoners with long term mental health issues. Due to the COVID-19 restrictions this has impacted on the work of the NFMHS in-reach team who are continuing to provide their services remotely and are conducting patient assessment where necessary. The opening of the new Central Mental Hospital (CMH) facility in Portrane will provide access to some additional limited capacity for the IPS. In addition, the NFMHS have agreed to introduce a new model of short term care which will allow for the short-term transfer of a prisoner to the CMH for treatment and stabilisation before being returned to the prison.

Access to Justice
While there is ongoing work to implement digital courts, there has nevertheless been a severe impact on the hearing of criminal trials, in particular jury trials, with 45 trials adjourned in the Central Criminal Court up to the end of May. A further 24 such trials scheduled up to end July will also have to be adjourned. The Central Criminal Court is a division of the High Court which tries the most serious crimes, including murder and rape. In the Dublin Circuit Criminal Court up to 200 crisis will have been adjourned by end July and there is a similar impact around the country. Meanwhile new cases are continuing to accumulate. Similarly, the scheduling of non-urgent civil and family law business has virtually ceased. The build-up of this caseload, together with the anticipated increase in legal activity likely to arise in an economic downturn will put enormous strains on service delivery, as well as delays for persons seeking access to justice.

Work to develop urgent legislation to support solutions to reduce the number of people who need to be present in the court is ongoing in conjunction with the judiciary, the Courts Service and all the relevant agencies.

Further Planning / Monitoring Arrangements
Access to Childcare / School
As and when NPHET guidance indicates that incremental loosening of restrictions is possible, wider childcare and early education provision may be considered and the provision of some centre based childcare with reduced capacity and reduced adult to child ratios will become possible. Given reduced capacity, prioritisation of families will be required.

Public Transport

To facilitate the phased return to work, the public transport network will need to be operating effectively. Measures have been introduced across the public transport system, guided by the NPHET and the advice of the CMO, to assist with ensuring the continued operation of services during the pandemic including revised timetables, restricted seating, enhanced cleaning regimes and extensive advertising campaigns on good public health practice on public transport for passengers.

With increasing numbers of commuters and an ongoing requirement to respect social distancing requirements, the public transport fleet will come under increasing pressure, in comparison to the demands at the height of the restrictions whereby on average daily passenger numbers fell to less than 10% of equivalent levels in 2019 across all operators.

There is no doubt that the easing of restrictions, as detailed in the recently published Roadmap, will pose a significant challenge for public transport. The Department of Transport, Tourism and Sport and the National Transport Authority are engaging with public transport operators to determine the practical implications for public transport provision as COVID-19 restrictions are eased in Ireland and a public transport plan in response to the Government's roadmap for the easing of restrictions will be published shortly. The National Transport Authority and public transport operators are engaging on a daily basis on the impact of the public health emergency on services and planning for the return of a higher level of passenger numbers.

Homelessness & Direct Provision & Social Exclusion

It is feasible that with the sharp increase in unemployment and the associated risk of poverty for many individuals and families, the numbers requiring access to emergency accommodation services and/or becoming rough sleepers will rise in the coming months creating a continuing demand for the additional accommodation that has been sourced.

- There is a clear interconnection between issues of return to work, the availability of public transport and childcare. The Senior Officials Group should work to ensure that there is a clear understanding, as the Roadmap progresses, that plans take account of increased demands for services and or the challenge of return to work for non-essential workers in the absence or curtailment of school, childcare and related services.
  Plans for the phased resumption of both school, early years and after school services referred to earlier will be critical.

Issues

The Government is monitoring a range of equality impacts, in keeping with UN and other international analysis of the socio-economic consequences of the pandemic. The crisis is likely to have particular impact on women and girls, people with disabilities, Travellers and Roma, vulnerable migrants and the LGBTI+ community. Understanding the equality impacts of COVID-19, and the measures taken in response, is important in shaping Government response during and after the crisis.

The impact of the crisis is already having implications for the needs of vulnerable populations, in particular persons with disabilities, Travellers and Roma, and vulnerable migrants:-

- The crisis is affecting women and men differently. Women are more likely to work in frontline healthcare and service roles. Data reflects that childcare and home-schooling are not shared equally between parents, with women undertaking a significantly higher proportion of this work. Combined with remote working, this is increasing work stress for many women. This is even more the case for lone parents, of whom more than 80% are women.
- The existing vulnerabilities of members of the Traveller and Roma communities in health and accommodation put them at particular risk of contracting the virus. Maintaining social distancing and self-isolation is challenging in some living environments, as is access to appropriate community health services and resources that can meet their needs. Members of the Roma community also have difficulty in accessing social supports to meet basic needs. Traveller and Roma children are more severely impacted by school closures as lack of access to broadband and technology make engagement with online teaching difficult.
- Restrictions on movement have impaired efforts to assist persons with permission to remain in the state to find their own accommodation within the community, putting pressure on Irish Protection Accommodation Services.
- Resettlement of refugees in Emergency Reception and Orientation Centres (who generally spend 6 months in Centres in order to acclimatise culturally, recover from trauma and access necessary services to enable successful integration) is impacted, and families remain in Lebanon awaiting clearance to travel.
- Social restrictions have resulted in undocumented people losing their income and they are unable to access social supports.
- Social distancing presents challenges for the LGBTI+ community in accessing healthcare and other support services, the impact on mental health may also be greater for those who are not 'out' to their families/in their living situation or whose families are unsupportive.

Activities Underway

The Department of Education and Skills issued guidance to schools on supporting pupils at risk of educational disadvantage, including Travellers and Roma, and those for whom English is not their first language.

The Department is also in regular engagement with Traveller representative groups and there is a plan to hold a seminar with them in the near future.

Further Planning / Monitoring Arrangements

The issues being experienced overlap somewhat with the consideration of impacts contained in a number of other sections of the report and these groups will need to feature in a number of targeted measures as we move to lift restrictions. In addition to support this work, as part of the equality monitoring, data is

currently being collected on patterns of access to services and supports by women and girls, people with disabilities and ethnic minorities. A gender analysis is also planned for policies designed to stimulate recovery.

- **Continue to monitor and assess emerging data as part of planning for the easing of restrictions.**
- **Consider the need to prioritise education, health and social care services for these groups based on emerging trends and data.**