



Rialtas na hÉireann
Government of Ireland

Report on the Social Implications of COVID-19 in Ireland

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Prepared by the Department of the Taoiseach
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1. Introduction

The Government *Roadmap for Reopening Society and Business* outlines the process to gradually ease the COVID-19 restrictions and reopen Ireland's society and businesses in a phased manner. The Roadmap includes a decision-making framework for Government as a means of assessing how to keep the level of transmission as low as possible, while balancing continuing restrictions proportionately with the positive social and economic benefits which can accrue from the lifting of some restrictions (e.g. the potential for increased employment, relative benefits for citizens and businesses, improving national morale and wellbeing etc.)

In mitigating for risk of transmission of COVID-19 through physical and social distancing restrictions and other public health measures, other challenges for individuals, families and communities are created. These challenges can be manageable in the short term, but the prolonged imposition of restrictions results in greater impacts for some, particularly the most vulnerable groups in our society.

As part of the considerations for the easing of restrictions at Phase 1, a *Report on Social Implications of COVID-19 in Ireland: Preliminary Assessment* was prepared to inform Government and to contribute to a balanced assessment for decision making on the implementation of the Roadmap. It provides a preliminary assessment of the wide-ranging social implications of the pandemic and the effects of closures on particular groups and cohorts of people.

The Report focuses on the most prominent areas of immediate concern including impacts experienced by the general population; for non-COVID health and social care; for education (including educational disadvantage and special needs); for children and families at risk; for people of working age and equality impacts. Each of these areas forms a dedicated section in the Report where the issues, actions underway and planning/monitoring arrangements are described.

As we move towards consideration of the commencement of Phase 2 of the Roadmap, a further report has been prepared. This document serves as the second iteration of the *Report on Social Implications of COVID-19 in Ireland*, providing an update on the actions and activities currently being implemented and the further preparatory work underway for additional services to resume in the coming weeks and months.

2. General Population

The first *Report on Social Implications of COVID-19 in Ireland* set out a range of issues impacting the general population including a lack of social interaction, mental health impacts and loneliness. The Report also set out a range of activities underway to help address these issues including Healthy Ireland and Community Mental Health Supports, the In This Together Well-Being initiative and the Community Call. While the easing of some of the public health measures in place under phase one of the Roadmap allowed for further limited interaction between people, the public health measures in place continue to have an impact on overall mental health and well-being.

The latest research (2nd June) undertaken on the behalf of the Department of Health by Amárach shows that:

- Overall level of worry is being scored at between 5 and 6/10 for the past month, down from the start of the restrictions through most of April.
- Marginally lower levels of worry generally but continue to be highest in respect of health of family and friends, the economy, prolonged restrictions and personal finances.
- On a scale of 1-7 on how likely it is that Ireland will experience a second wave (with 7 being very likely), 59% scored between 5-7.

In terms of reported well-being and experiences of certain feelings on a given day, Amárach research also suggests

- A significant reported increase in happiness and enjoyment
- Lower reported experience of stress and sadness
- Less reported anxiety, boredom and worry

These trends are both in respect of the period since Phase 1 lifting of restrictions – as might be expected - and in respect of the same measures as at 26th March compared to 2nd June.

As previously indicated in the first Report, mental well-being providers including SpunOut, MyMind and Jigsaw are reporting significant increases in take-up of services. The latest figures have yet to be compiled, but indications are that use of online support services continue to rise as a result of COVID-19. The CSO has also published data on the impacts of COVID-19 on men and women's well-being (See section 8. Equality Impacts).

2.1. Mental Health & Well-Being Supports

An additional €1.1 million investment in online mental health supports to help people, especially health services staff, manage their mental health during and following the COVID-19 pandemic was announced on 26th April.

This funding will allow the HSE to deliver a range of additional online and telephone supports to frontline staff and to the general population. The funding is being used to develop additional online supports such as:

- Online life skills courses supporting people in things like managing stress and developing good sleep hygiene (currently in operation)
- Providing new online counselling supports for members of the public and health services staff and volunteers (due to officially launch shortly)
- Moderated online support groups for members of the public and for staff
- Expanding provision of telepsychiatry services for existing users of mental health services
- Creating additional supports for Leaving Certificate students

The HSE has already begun some work with staff helping them to manage stress, to take some rest and on how to build resilience.

The Department of Health's Mental Health Unit and the HSE have established a working group to determine how best to provide additional on-line interventions to assist people with their mental health needs while in isolation, with further on-line supports expected to be launched in the coming weeks. NGO's currently in receipt of funding from the HSE are also being supported and encouraged to develop updated responses to the COVID-19 outbreak.

Department of Health is continuing with the Wellbeing campaign and collaboration with cross-sectoral partners to continue to support the psycho-social response for the population through the next phases.

More broadly, the Government will shortly publish *Sharing the Vision – a Mental Health Policy for Everyone*, for the period 2020-2030. *Sharing the Vision* contains recommendations that seek to address the 'whole' needs of the individual and provide greater access to services and supports when and where required.

2.2. Community Call

Nationally, since the end of March (to Thursday, 4th June), the Community Call Fora have received over 45,000 calls and have made over 18,000 follow-up calls.

In addition, since its launch on 9th March (to 4th June), the ALONE National Helpline has received some 22,000 calls and supported almost 15,000 older people.

In recent weeks, as more permanent, community-based solutions have been found for people cocooning and public health restrictions have eased somewhat, there has been a reduction in demand for the services provided by the Fora. This has reflected in:-

- A gradual reduction in the number of calls received by Fora helplines in recent weeks. Nightly data gathered from Fora has shown the average daily number of calls reduce from some 900 calls per day during April to around 685 per day by 4th June.
- Calls outside of normal office hours are minimal.
- Demand is particularly low at weekends, when the number of calls has fallen in recent weekends to under 200 across the 31 Fora.

Work is ongoing to consider how best to deploy resources in the context of changing patterns of demand.

Although there has been a gradual reduction in calls received, it is recognised that there remains a core clientele – often among the most vulnerable in our communities - who are in need of the services provided.

It is also recognised that through the Community Call initiative, important links and working relationships have been built among service providers and users at local level. It is now opportune to review the initiative, capturing the perspective of those who participated and those who received supports, in order to assess outcomes and document any learning which might inform the future delivery of supports to vulnerable groups and individuals within our communities. It is planned that such a review will begin in the coming weeks.

2.3. Recommencement of Sporting Activities

Everyday activities such as sport can mitigate the impacts of social isolation on mental health and overall well-being. Such activities have been heavily curtailed in recent months due to the public health restrictions in place.

A number of individual outdoor sports resumed limited activity during Phase 1 including Golf; Pitch & Putt; Tennis; Equestrian Sport (not in Indoor Arenas); Athletics (clubs in outdoor track setting); Cycling; Triathlon; Orienteering; Bowls; Angling; Open water swimming; Sailing; Rowing; Canoeing and Hillwalking (observing social distancing, in small groups with a maximum of 4 people and travelling no further than 5km from home).

It is expected that more sports will resume as and when we progress to Phase 2 of the Roadmap.

An Expert Group on Return to Sport has been established, which includes medical experts, to provide guidance to sporting bodies so that they can prepare for the phased return to sporting activity in line with the Government *Roadmap for Reopening Business and Society*.

It is intended to develop a Sport Recovery Action Plan, in consultation with the sector, aimed at minimising the severe impacts and preparing the sector to restart activity, as part of the national recovery and renewal.

Work is also ongoing on finalising protocols for the return to sport including outdoor sporting and fitness scheduled for Phase 2. There has been good engagement with public health and some further engagement is planned to ensure that the National Sporting Bodies have the necessary resources in place to support coaches, mentors and clubs get back to small group team training in line with the Roadmap.

Since 24th March, measures taken to minimise the spread of COVID-19 crisis have significantly affected the operations of all high-performance programmes. Athletes have continued to train on an individual basis in their remote environments. Sports that are facility dependent and/or team based are impacted significantly and cannot easily replicate the benefits of training at their home environment. In preparing for the resumption of competition later this year, athletes seek permission to return to training in an environment which is conducive to performance. There is also growing concern amongst the high-performance community that other countries have now resumed training in their normal environments giving competitor countries a competitive advantage. This is especially relevant for athletes preparing for the Tokyo Games in 2021.

Publish, subject to Government approval, *Sharing the Vision – a Mental Health Policy for Everyone*, for the period 2020-2030.

Launch new counselling responses to COVID-19 (Online counselling and Crisis Textline).

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.

Continue to monitor data in respect of help seeking in conjunction with partner providers.

Continue to assess best deployment of resources as demand in Community Call changes.

Assess impact of community call in the context of COVID-19 and opportunities for future utilisation of lessons learned for policy/implementation of responses for vulnerable citizens.

Consider the resumption of training for high performance and professional athletes.

3. Public Support for Measures and Public Order

The first *Report on Social Implications of COVID-19 in Ireland* sets out the importance of communications in informing the public and of public support for continued compliance with the public health measures. It also sets out the approach of An Garda Síochána in policing the public health measures.

3.1. Communications and the Provision of Information

A whole-of-government communications programme was mobilised in response to the COVID-19 emergency to formulate and implement a coordinated approach that ensures maximum clarity for citizens, businesses and the wider community.

Communications continues to be an important tool in supporting public information and signposting government initiatives supporting individuals, families, communities and business. Maximising awareness and being transparent in the decision-making processes are central to the approach to build and maintain public confidence, trust and compliance with public health advice. Given the central role individuals play in suppressing the spread of the virus in terms of personal behaviour and the role business can play in implementing and reinforcing the public health messages, communications will be an ongoing part of Government's response to managing the pandemic.

A phased approach, in line with the Roadmap is planned with bespoke public information campaigns on thematic or sectoral issues as appropriate. The overall crisis communications framework is helping to ensure clear unambiguous core messages, to avoid duplication of effort and ensure that government communications is well co-ordinated in terms of media utilisation.

Cross-government work on Phase 1 has been supported by radio and press (National and Regional) in respect of both public information on what restrictions have been eased as well as strong campaign to inform and advise business on what the restrictions mean for business, the financial and other supports available to sustain and stimulate business during and following the easing of restrictions.

Digital platforms are also being used to interlink cross-government initiatives under #together #stillhere and #communitycall.

Work is underway in respect of Phase 2 easing of restrictions as well as an examination of the need for audience targeting.

3.2. Public Support

Amárach Research regularly carries out survey research on behalf of the Department of Health on a range of issues including risk perceptions, behavioural change, appropriateness of response, level of compliance with restrictions, emotional well-being, sources of worry and information and communications. The latest survey results (2nd June) show that of those surveyed:

- There is still a high stated compliance with the key public health measures in respect of public health advice including washing hands, staying at home rather than going out, social distancing when in a queue and using sanitizer with a high level of commitment to continuing such behaviours after the current period.
- 46% of those surveyed think that either almost everybody or most people are following the social distancing guidelines, while a further 39% think it's 50/50 in terms of people following the guidelines.
- 77% think the current Government measures on social distancing are about right, 13% think they are too strong and 10% too weak.
- 76% think the reaction of the Government is appropriate.
- 54% think Ireland is trying to return to normal at about the right pace, 23% much too quickly or too quickly and 23% too slowly or much too slowly.

These overall statistics align with the experience of An Garda Síochána on-the-ground.

3.3. Implementation and Compliance with Regulations

An Garda Síochána is continuing to adopt a graduated policing response in order to ensure compliance by members of the public in continuing to prevent the spread of COVID-19 in the community and are continuing to report that compliance with restrictions is high in communities.

Since 8th April to 30th May, there have been a total of 289 incidents where enforcement powers under the Health Act 1947 have been used out of over a million interactions. 76 of the correctly classified incidents have a charge summons attached to the incident.

Gardaí have also made use of pre-existing enforcement powers in relation to a further 1,878 COVID-related incidents since 8th April which have decreased from 131 incidents to 126 in the past week. This is a continuing downward trajectory from previous weeks. In addition, since 8th April there have been 63 incidents where spit guards have been used and 88 incidents where members of AGS or the public have been spat at.

The Health Act 1947 (Section 31A - Temporary Restrictions) (COVID-19) Regulations 2020 were amended in a number of respects on 17th May 2020 to give effect to measures in Phase 1 of the Government’s Roadmap. Whereas the original purpose of the Regulations was to prohibit people from leaving their homes other than for essential reasons or physical exercise, the continued easing of restrictions under the Roadmap will permit people to return to social and economic activities in a phased way.

It is clear that the increased relaxation of restrictions creates greater challenge around the capacity of a member of An Garda Síochána to form a reasonable suspicion of a breach of restrictions. From a public point of view, restrictions must also seem reasonable, fair and unambiguous.

Arising from a review of the current Regulations, it is recommended that more limited Regulations should be considered in order to support prohibition of the social and commercial activities that might be considered to present the greatest public health risk – for example, mass gatherings or the operation of pubs or personal retail services – and to provide for penal powers in respect of them.

The other aspects of the pro-public health measures and the implementation of the Roadmap would be given effect to by a combination of sectoral regulatory, enforcement or advisory arrangements (e.g. local authorities, the HSA or sectoral bodies) and, where relevant, Garda enforcement using existing police and criminal law powers.

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.

Continue to 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.

4. Non-COVID Health and Social Care

The first *Report on Social Implications of COVID-19 in Ireland* sets out the issues arising and work underway in assessing how to deliver non-COVID health and social care alongside COVID care. Led by the Chief Operating Officer and Chief Clinical Officer, the HSE is developing a framework approach for continuity of service in non-COVID care, across all settings.

4.1. Screening

Currently the NSS is participating in the HSE national process planning for a framework for continuity of service in non-COVID-19 care. The NSS is reviewing the individual programme plans and developing separate roadmaps for the safe recommencement of all four programmes (CervicalCheck, BrestCheck, BowelScreen and Diabetic RetinaScreen).

4.2. Primary and Community Care

Changes in work practices and new methods in the delivery of services have been introduced in the wake of the COVID-19 pandemic, and some of these innovations, introduced in a time of such extreme upheaval in the Health Service may be maintained in the long term. These include the enhanced use of technology systems (both administrative CRM and telehealth and assistive technology initiatives); greater integrated working across the sector; COVID-19 Response Teams in CHOs; and developments of clinical, palliative care and infection prevention supports and infrastructure. These innovations were essential to address long standing clinical governance, integrated multidisciplinary teams and infection prevention expertise/infrastructure challenges in the community.

There has also been the development of alternative community support services, such as the ALONE model and the Local Authority Support Framework which involves the HSE at local fora, as well as the utilisation of voluntary supports.

The approach to service resumption will be to build on service innovations (where sustainable) in a manner that reflects, as far as possible, the Sláintecare vision and reform process.

4.3. Acute Care

The framework approach for continuity of service in non-COVID care being developed by the HSE will include acute hospital services. Capacity, occupancy levels, infection control, and mitigation of risk for both patients and healthcare workers are key operational and clinical challenges for hospitals, and will require to be managed over the coming weeks and months.

Infection Prevention and Control

While infection, prevention and control (IPC) is generally considered to be well developed in Irish acute hospitals, and COVID-19 plans are in place to manage outbreaks and control further spread of the virus within hospital settings, the National Public Health Emergency Team (NPHE) mandated the implementation of a suite of 29 measures to prevent transmission of the virus in acute hospitals. The HSE is working to implement these measures as a matter of priority and is engaging with all of the Hospital Groups on a list of actions which provide assurance on governance, risk management, outbreak management, staff symptom declaration, staff segregation and adoption of social distancing guidelines.

Updated outbreak control guidance for COVID-19 has been developed under the governance of the National Pandemic Incident Control Team and is published on the Health Protection Surveillance Centre (HPSC) website.

In addition, the Health Information & Quality Authority (HIQA) has undertaken a desk top review of acute hospital IPC preparedness for COVID-19 and submitted a report to NPHE. In their report, HIQA highlighted the progress which has been made in recent times to expand IPC capacity and capability in acute hospitals. However, HIQA also identified some common challenges; the Department is working with the HSE in relation to the implementation of practical measures to address the risks identified by HIQA, which will help minimise the risk to staff and patients, and facilitate the safe resumption of non-COVID-19 health services.

As part of this process, the Department of Health and the HSE are engaging in an effort to quantify the level of additional investment that will be needed in the immediate, short, medium and longer term to augment existing IPC capacity and infection surveillance.

Mitigation of risks to patient and healthcare workers

Guidance on patient pathways to mitigate the risks associated with the delivery of non-COVID care, for patients and healthcare workers, and support safe delivery of care has been developed under the auspices of the Expert Advisory Subgroup of NPHE (EAG) and approved in principle by NPHE on 5th May. This guidance includes, for example, guidance on screening, swabbing and use of PPE. NPHE also agreed on 5th May that delivery of acute care (which may be time-critical or routine) should be determined by appropriate operational and clinical decision-making.

Capacity

Further consideration of sustainable capacity levels will be undertaken in the context of the ongoing delivery of COVID and non-COVID work. In particular, critical care capacity is a key area of focus. The HSE has set out high level requirements in this regard for permanent appropriate critical care capacity to ensure an ongoing service response to COVID-19. The Department and the HSE are engaging together in this regard.

The arrangement with the private hospitals was reviewed at the end of May. The Government decided that the existing arrangement should not be extended to the end of August and has mandated the HSE to negotiate a new arrangement with private hospitals which would provide the HSE with full access to private hospital capacity in the event of a surge of COVID-19 and separately with ongoing agreed access, to enable the HSE to meet essential and elective care needs.

Work is being carried out by the Department, HSE and NTPF on modelling the impact of the pandemic on scheduled care through the Scheduled Care Data Group. The group continues to analyse available data and model the potential pent up demand for scheduled care as a result of decreased elective activity.

Update on non-COVID Health Service Provision

Cancer Care

As set out in the first Report, cancer services are continuing following the consideration of the risk:benefit ratio of treatment for each individual patient and the prioritisation of time-sensitive treatment.

E-referrals from GPs to cancer Rapid Access Clinics were greatly reduced in late March. However, there has been significant recovery in the numbers of patients being referred to breast clinics in the last three weeks. GP e-referrals represent over 80% of total referrals to symptomatic breast disease clinics and rapid access lung and prostate clinics. The most recent data shows that e-referrals for breast clinics are now similar to pre-COVID rates, while e-referrals for prostate and lung Rapid Access Clinics are showing some improvement.

Gynaecology

In the context of the NPHE's 5th May recommendation that delivery of acute care be determined by appropriate clinical and operational decision making, Department of Health officials have engaged with the HSE's National Women & Infants Health Programme (NWIHP) and the Institute of Obstetricians and Gynaecologists in relation to approaches to the recommencement of gynaecology services in the context of the COVID-19 situation. This includes consideration of the use of virtual clinics where appropriate.

As part of this process, the NWIHP are revisiting their work on the development and implementation of the proposed new model of ambulatory care for gynaecology services, including engagement with the relevant hospitals. The new model of care will operate as a one stop shop and will, by definition, reduce the number of interactions between the patient and healthcare staff. In addition, as the service does not need to be delivered in the acute setting, implementing ambulatory gynaecology provides a real opportunity to move services into a community setting and avoid the need to bring the patient in to a hospital where COVID-19 might be prevalent.

4.4. Social Care

As set out in the first Report, 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. The purpose of this working group is, in collaboration with the HSE, to oversee:

- A. Development of a view of the current level of delivery of services (non-COVID-19 and in response to COVID-19) in the community;
- B. Identification of the opportunities and challenges emanating from the current response to COVID-19; and
- C. Development of a high-level plan for the phased resumption of services and associated capacity requirements and dependencies for the community.

Work is ongoing in this regard and will be in line with public health guidance as advised to NPHET and the need to achieve an integrated approach between acute and non-acute services.

The resumption of social care services, including for both Older People and those living with a disability, will need to be cognisant of a range of public health, operational and regulatory factors and be able to adapt to these changes in a flexible, agile manner. The priority will be to deliver effective services in as efficient a manner as possible while protecting those in receipt of services. Delivery of services will need to change to meet COVID-19 protective requirements.

Older Persons

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. Homecare services and respite 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 not in operation.

Currently the HSE is working to develop a plan that will examine the resumption of a range of services to support Older People including homes support, day care services, respite care and services to support people who need to access long term residential care with a focus on facilitating hospital avoidance, early intervention and building resilience in advance of Winter.

Disabilities

Whilst we are facing unprecedented challenges during this period, 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 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.

To support this work, the Department of Health is examining the evidence as to how other countries are re-introducing day 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.

4.5. Substance Misuse

People who use drugs or have alcohol dependency face specific challenges during COVID-19. The use of drugs and alcohol can lead to health complications, such as a reduced lung capacity and a weakened immune system, making them more vulnerable to the virus. In addition, the mode for consuming drugs can increase their risk of infection, due to sharing or reduced availability of equipment. Other social factors, such as homelessness, can also be a risk factor. Beyond that, COVID-19 has impacted on the delivery of services for people who use drugs or have alcohol dependency, including those in recovery.

The Department of Health is working with the HSE and drug and alcohol task forces to ensure that services and supports continue to be provided for those with problem drug and alcohol use. Task forces have been asked to prioritise the continuity of services and supports to vulnerable groups and individuals in their areas during the pandemic. HSE community-based drug and alcohol services continue to operate on an outreach basis. Services are also provided via telephone and video platforms.

The Department of Health and the HSE have produced a number of harm reduction posters for people who use drugs, people with alcohol-related problems, and people at risk of overdose. The HSE drugs website, [drugs.ie](https://www.drugs.ie), is regularly updated with guidance on addiction issues.

The HSE has prioritised access to and delivery of Opioid Substitution Services and to ensure everybody waiting commenced appropriate treatment. Guidance has been developed for services working with people who use drugs on:

- the commencement and maintenance of treatment and on the safe supply of medicines during COVID-19. This includes the delivery of opioid substitution treatment (OST) to individuals who were in self-isolation or cocooning,
- the provision of OST to inpatients in the Acute Hospital sector, and
- overdose prevention, Naloxone and needle exchange during COVID-19.

In April 2020 there were an additional 514 people in receipt of OST compared with January 2020. Separately, the HSE has put in place measures to maximise access to OST for homeless

people who use drugs. Over 70 new homeless clients have signed up for treatment. For new and existing clients, special arrangements are being put in place to ensure continuity of supply during the crisis.

The Department of Health is undertaking a rapid assessment of the impact of COVID-19 on people who use drugs and on the provision of drug and alcohol services. The assessment will be presented to the national oversight committee for the National Drugs Strategy.

Complete the development of a framework approach for continuity of service in non-COVID care across all settings, by the HSE.

Department of Health and the HSE are engaging in regard to finalisation of a proposal on critical care and IPC capacity.

Negotiate a new arrangement with private hospitals which would provide the HSE with full access to private hospital capacity in the event of a surge of COVID-19 and separately with ongoing agreed access, to enable the HSE to meet essential and elective care needs.

Continue the intensive work as part of the Community Capacity Working Group to identify key challenges and opportunities emanating from the current response to COVID-19.

Development of a high-level plan for the phased resumption of services and associated capacity requirements and dependencies for the community.

Continue work on the rapid assessment of the impact of COVID-19 on people who use drugs and on the provision of drug and alcohol services.

Consideration of the safe restoration of drug and alcohol services.

5. Education, Educational Disadvantage and Special Needs

The first *Report of the Social Implications of COVID-19 in Ireland* sets out impacts of the public health restrictions on the education of early years and school age children. Work is on-going in the Departments of Children and Youth Affairs and Education on the reopening of childcare facilities and schools respectively.

5.1. Reopening of Childcare Facilities

The Minister for Children and Youth Affairs brought a report to Government on 29th May setting out plans for the phased reopening of childcare services. This is a work in progress and further details will be developed in the short time ahead. The main features of the plan are as follows:

- Detailed public health guidance that is specific to childcare services has been received from the Health Protection Surveillance Centre (HPSC). It was noted by NPHET on 28th May. This provides a clear and achievable basis for reopening of childcare services from 29th June and will support service providers in planning for reopening. The model to support services to reopen with reduced capacity is subject to agreement with the Minister for Public Expenditure and Reform in relation to funding.
- The HSE/HPSC recommended that a “pod” model be applied to the restricted reopening of childcare services. This is based on the premise that social distancing is not possible with young children (nor would it be sought in the school-aged cohort up to 12 years of age). The focus will be on restricting interactions between closed groups of children and adults (to be termed “play-pods”). This model is expected to help providers restore a significant amount of their capacity, although the availability of staffing and the actual extent of parental demand may reduce capacity further. The capacity in terms of public health considerations will depend on a number of elements such as the available space and the layout of the premises. Throughout the phases of reopening, the Department of Children and Youth Affairs will keep the operation of public health guidance under close review and take appropriate updated action as required.
- In the best interests of the child and parents, children should, as far as possible, be enabled to return to the childcare service they attended pre-COVID-19. Given the changed model of interaction and the time lapse since the child last attended, it is important that further unfamiliar elements are not introduced to the child at this point. In light of the necessary changes, parents may also feel more reassured by placing their children in the care of childcare practitioners with whom they already

have a relationship. Familiarity with other children attending the service and their parents may also help with the settling-in phase.

- The phased reopening will seek to:
 - Meet the needs of the increasing range of parents and guardians who are returning to work, and
 - Prioritise the needs of vulnerable children who need childcare on child welfare grounds.
- In order to achieve this, childcare providers will determine locally which children can attend their services from 29th June. The Department will provide guidance to services to support prioritisation in cases where demand exceeds capacity. This approach will allow for use of childcare services from 29th June by:
 - Children of health and social care workers, other frontline workers, childcare practitioners themselves, and parents who need access to childcare in order to return to work. In the first instance, places will be available to families from these categories who previously used the childcare services.
 - Vulnerable children, including children sponsored under the National Childcare Scheme (for example, refugee children and children who are homeless) along with children funded through legacy childcare schemes who are experiencing poverty, disadvantage or child welfare issues.
 - Children with disabilities, including those preparing to start school in September.
 - Other children previously registered in childcare services on 12th March, whose parents continue to need childcare and who were assured that they would retain their place through conditions attached to the DCYA Temporary Wage Subsidy Childcare Scheme.
 - Subject to local availability of places, children who did not previously use childcare services and whose parents are now seeking a place.

Work is ongoing to devise the appropriate funding arrangements in the context of a phased reopening of childcare; further analysis is also ongoing in respect of parental demand and provider capacity.

5.2. Planning for the 2020/2021 School Year: Reopening of Schools

The *Roadmap for Reopening Society & Business* provides for educational institutions opening on a phased basis at the beginning of the next school year.

The Department of Education and Skills target is to have a high-level plan developed for publication in June which can be supplemented with additional guidance developed in consultation with stakeholders during the summer.

The ambition of the Minister for Education and Skills is to develop a sustainable plan to reopen schools, the overriding objective of which is to protect the health of students and staff while promoting the educational and development needs of the nation's children.

This plan is contingent on assurances in relation to public health risks and mitigation to build confidence within the school community of teachers, staff, parents and children; significant measures to ensure hygiene and infection prevention and control; extensive training for staff and communication with families to promote those measures; and attention to promoting children's wellbeing in returning to school.

The Department of Education and Skills is engaging in a process of detailed planning and stakeholder engagement to enable the reopening of schools to the fullest extent possible while minimising the risks from a public health perspective for both the school community and the wider communities that they serve.

Planning for the development of a strategic approach by National Educational Psychological Service (NEPS) to support the wellbeing of students with their return to education in the school setting has commenced, with a strong focus initially on the alignment of the approach from within the Department of Education and Skills and its support services, in collaboration with service providers of the Departments of Health and Children and Youth Affairs.

A proposed first phase of reopening schools is to provide for groups of children most in need over the summer months – see section [5.3 Inclusion](#) below.

5.3. Inclusion

Early Years

As of 2nd June, applications have been open for Access and Inclusion Model (AIM) supports for children with disabilities to participate in the ECCE universal pre-school programme when it recommences from late August, though it is noted that decisions have not yet been made on the way in which the ECCE programme will be delivered in compliance with public health guidance.

In addition, the Department of Children and Youth Affairs is working with the Department of Education and Skills in developing a number of information and guidance resources for parents, pre-schools and schools to support children with additional needs who will be returning to early learning and care settings or transitioning from pre-school to school over the coming months. Resources are being prepared in conjunction with relevant agencies, e.g. Better Start and the NCSE, and will be made available through the First 5 website.

In the coming week, the Department of Children and Youth Affairs (with the Department of Education and Skills) will also launch an interagency initiative to support transitions for all children returning to, or going to pre-school for the first time, and for children going from pre-school to primary school. This initiative has a number of actions including a Gov.ie campaign page with resources to help parents support their children through these transitions.

School Age

The potential for running summer programmes for children with complex special educational needs and children at greatest risk of educational disadvantage is being considered, having regard to the fact of school closures since 13th March 2020 and the programmes that would normally run over the holiday period. This includes engagement with stakeholders and relevant Government Departments which will conclude by 5th June 2020.

In terms of a special education summer programme, a number of options are being considered:

- A home-based strand similar to how July Provision currently operates
- A school-based strand, again similar to July Provision
- A health-led strand, taking place in schools, with support provided by SNAs

In exploring options for a special education summer programme, the Department of Education and Skills is linking up with the Department of Health and the HSE in the work they are doing to support children with disabilities.

Existing social inclusion programmes, such as School Completion Programmes (SCP) as well as numeracy and literacy programmes for DEIS schools, are being examined to see what could run this year in some form. There is ongoing work with the Department of Children and Youth Affairs and Tusla.

Tusla Education Support Service (TESS) continues to emphasise the promotion of school attendance, participation and retention for children and young people and to work with schools, families and other relevant services to achieve the best educational outcomes for children and young people.

Each SCP runs on average 4 weeks of summer activity with approximately 20 students participating each week. In relation to the coming summer period SCP's have been asked to plan summer activities to include as many students as possible while following all public health guidelines. The structure of summer provision will of necessity have to be different (smaller groups for shorter times with the capacity to run multiple small groups each day) and the target is to support at a minimum the same number of students in 2020.

Ongoing contact by Education Welfare Officers with students and families in open cases continues to take 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 no school place for September 2020 and very vulnerable groups, for example Traveller and Roma communities and children living in direct provision.

The Minister for Education and Skills will provide a further update to Government in the coming weeks. It is intended that a high-level plan will be developed for publication in June. This will be supplemented with additional guidance developed in consultation with stakeholders during the summer.

5.4. Leaving Certificate Students

The decision was made by Government to offer Leaving Certificate students the option of receiving calculated grades as a means to recognise their learning and to facilitate transition to the world of work and further and higher education. This decision was made, cognisant of a range of concerns, including in respect of the wellbeing and mental health of learners.

The Department of Education and Skills has established the Calculated Grades Executive Office to manage the delivery of calculated grades to learners and to provide guidance to learners, schools and teachers. The Minister for Education and Skills has also appointed an independent steering committee, comprised of independent experts, who will provide assurance to the Minister of the quality and integrity of the outcome of the calculated grades system.

Support for all Leaving Certificate students, in the light of the introduction of the option of receiving calculated grades, has been provided through a single webpage on gov.ie (<http://www.gov.ie/leavingcertificate>) which includes all practical information needed in relation to the calculated grades model for students, teachers and parents, as well as support for student wellbeing/mental health.

The first step to receiving a calculated grade was for students to register on the candidate portal. Over 60,000 Leaving Certificate and Leaving Certificate Applied students had registered on the student portal by the extended deadline for registration. This is over 98% of the total of 61,029 who had been expected to sit the Leaving Certificate examinations in 2020. The Department of Education and Skills will continue to engage with schools in an effort to establish why some students may not have registered on the portal.

The next steps will involve teachers making professional judgements and alignment to ensure consistent standards within schools. Extensive guidance for teachers and school leaders has been developed by the Department of Education and Skills in collaboration with representatives of teachers and school management to support schools in this work, and this guidance was supplemented with an online queries service. Schools will submit the estimated

grades and rankings to the Calculated Grades Executive Office of the Department of Education and Skills where school standards will be aligned to national standards. Following appropriate quality assurance processes, calculated grades will be issued to learners. There will be an appeals process and all students will have the option to sit an examination at a later date.

Devise appropriate funding arrangements in the context of a phased reopening of childcare.

Continue analysis in respect of parental demand and childcare provider capacity.

Minister for Education and Skills to bring proposals on school reopening to Government on Friday 12th June.

Complete plan for special education summer programme.

6. Children and Families – Targeted Supports

The first *Report on Social Implications of COVID-19 in Ireland* identifies a range of issues impacting on children and families including family supports, child protection and welfare issues, financial stresses and DSGBV and identifies certain groups which may be more vulnerable including children in care and homeless families and those in direct provision.

6.1. Child Protection and Welfare

Tusla social workers in child protection, children in care and fostering teams are continuing to provide essential frontline services to children in need and their families. This includes face to face visiting where required.

At present there are approximately 900 children listed on the Child Protection Notification System (CPNS). These children are considered at high risk and specific plans, involving professionals, family members and friends are in place to protect these children. Schools, creches and youth groups are often key elements of these plans and due to lockdown measures it is likely that these children have not been seen as frequently during the emergency period. Throughout the lockdown period, Tusla social workers have continued to visit children on the CPNS, and to maintain contact with children and families via phones and web-based apps.

In addition, Tusla social workers have visited and been in contact with other children, known to be at risk, or those children who are newly referred but not on the CPNS.

Tusla has developed a detailed roadmap outlining how changes in COVID-19 Restrictions during the different phases of restriction lifting will operate. This includes easing of restrictions on access visits between children in care and their families during Phase 1 of restriction lifting.

Referrals to Tusla's child protection services

Overall Tusla continues to report a drop in referrals, down 23% since the restrictions were implemented compared to the first eleven weeks of this year (from 34% in first Report). As noted in the first Report, 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 there is now a fairly steady increase in referrals indicating that this outreach effort has been making a difference.

Children in Care

The Department of Children and Youth Affairs, Tusla and HIQA have worked closely to prepare for the potential increase in demand for temporary foster placements.

- Emergency Regulations have been made by the Minister for Children and Youth Affairs to allow for a more flexible approach to the appointment of foster carers to an approved foster care panel.
- In addition, obligations around mandatory visits have been altered to reflect public health advice.
- In an emergency situation, and where the social work team is satisfied it is in the best interests of the child, standards regarding the maximum number of children in a foster placement can be flexible. This allows more than two unrelated children to be placed with foster carers.
- The proposed emergency regulations allow for assessment and approval of new foster carers via remote means, including Garda Vetting and gathering references.
- The initiative has been discussed with HIQA, the Ombudsman for Children and the Special Rapporteur on Child Protection.
- These Regulations are to last, initially, for 3 months.

The Tusla roadmap plans for increased access visits in line with public health guidance for children in residential or foster care, with respite care re-instatement and provision of outdoor programmes for children in residential care.

6.2. Family Supports, Youth Work and Community Based Services

A range of family and parenting supports are provided by the Department of Children and Youth Affairs (DCYA), Tusla and funded organisations. Key structures for the delivery of family support include the Prevention, Partnership and Family Support (PPFS) Service, Tusla ABC Programme, Family Resource Centres (FRCs), and Community and Voluntary Sector Family Supports. Children and Young People's Services Committees (CYPSC) are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland, with 27 CYPSC established nationwide. During the COVID-19 crisis these structures have mobilised to meet the needs of vulnerable children, young people and their families by identifying local responses to locally expressed needs of children, families and communities; adapting services for remote provision where possible; and co-ordinating support in respect of food poverty in conjunction with School Completion Programmes and with Gardaí and other services to assist in the distribution of essential goods. One-to-one services are being provided over the phone and many group-based parenting supports are available online.

The Department of Children and Youth Affairs has established Parent Centre, an online information platform bringing together new and existing resources that may be helpful to parents at this time. This is accompanied by a social media information campaign that will run from May to July. The social media campaign has resulted in a significant increase in traffic to the site; a 70% increase between the last two weeks of May. Visitors to the site have been particularly interested in the supports, parenting, and COVID-19 sections. Parents Centre is reviewed and updated regularly to ensure new resources developed by Departments, agencies and the community and voluntary sector are captured.

In addition, a number of research projects and surveys looking at the impact of COVID-19 on parents and families have been undertaken or are underway, including studies on the impact of working from home and childcare issues. However one research study also found some positive impacts on families. Over half of families (52.6%) reported being satisfied or extremely satisfied with family life in general, despite the huge changes.

Department of Children and Youth Affairs is also in the process of developing an online information resource on gov.ie bringing together the supports and services available to children, young people and families through Department of Children and Youth Affairs, Tusla and funded organisations. A media campaign will accompany the launch of this site to encourage the public to look out for vulnerable children, young people and their families and raise awareness of the services available to them.

In order to support ramped up service provision and innovations in service delivery during the COVID crisis, Department of Children and Youth Affairs has also provided funding to Childline under the What Works initiative, funded by dormant accounts. Department of Children and Youth Affairs has also provided additional funding to Parentline, a free national confidential helpline which provides support, guidance and information to parents, to support training, delivery and awareness raising in respect of Child to Parent Violence and Nonviolent Resistance.

The Tusla roadmap plans for the resumption of service provision in line with the wider Government plans, with the re-opening Family Resource Centres and limited provision for face to face meetings from 29th June.

Youth Services

Youth services have been working to maintain supports, particularly to vulnerable young people most in need, during the restrictions. This has been achieved through the development of innovative working methods, with limited face to face provision in critical situations in accordance with Government regulations. The youth sector adapted quickly by providing alternative online and phone supports for young people. Notwithstanding these supports, there are reports that many young people are experiencing heightened levels of anxiety, isolation, loneliness and depression at the present time.

Department of Children and Youth Affairs has been working with a range of youth sector stakeholders to draw up guidance for the phased re-introduction of full service provision. This published guidance includes a sequence of actions for the youth sector to consider at each of the five phases set out in the Government Roadmap for Reopening Society and Business. It provides that, in Phases 1 and 2, a maximum of 4 young people, accompanied by up to 2 youth workers/volunteers, may meet in outdoor settings in a socially distanced manner. From phase 3 onwards, it proposes that maximum group sizes may align with those agreed for school age childcare services, thereby providing for a maximum size of 12 young people plus 2 youth workers/ volunteers.

The guidance is intended to be a living document that will be updated as wider Government advice is received. The Department will continue to meet with sectoral representatives to review and update the guidance as we progress through the phases set out in the Government's *Roadmap for Reopening Society and Business*.

Department of Children and Youth Affairs officials are currently working with sector representatives on training supports for the sector and are engaging with the sector and with other Government Departments on a range of other issues such as access to facilities and the further contribution of the youth sector to the overall Government well-being initiative as it relates to young people.

The provision of youth services over the summer can offer a critical support to the mental health and wellbeing of young people, offering structure, purpose and social connectedness, as well as providing a safe alternative to congregating informally.

Examples of Supports and Initiatives by the Youth Sector

- the Digital Youth Information Online Chat Service - an online information service directed at young people aged 16-25 who can ask questions to a trained youth information officer on live chat. This new service is the first of its kind in Ireland and was recently launched by four partner organisations including Crosscare, SpunOut, YMCA and Youth Work Ireland.
- Spun Out- The spunout.ie website also hosts a variety of valuable and useful information and advice. It also offers a 24/7 text support line, supporting young people with their anxiety, and isolation.
- Foróige's 'Activating Empathy Programme' social media campaign- a campaign to enable young people to feed their mind, body and soul positively throughout the period of COVID-19 isolation. The campaign was developed in partnership with the Child and Family Research Centre in NUI Galway.
- Supports for LGBTI+ young people- Working directly with LGBTI+ young people, BelongTo and its network of local services, moved all their services on-line providing

one to one and groups based youth work to continue to support young people during this time.

- The 'Gaisce at Home' initiative encourages young people to stay active and engaged in their personal development and community action as the country and the world responds to the challenge of COVID-19. The initiative enables young people to think differently – and creatively – so they can achieve a Gaisce Award at home. It recognises, not just the desire young people have to make a positive difference, but their action.
- Scouting Ireland's Betterworld: 17 Days 17 SDGs Challenge- Scouting Ireland made its at-home educational programmes available to all young people (not just scouts), including its 17 day challenge to young people in relation to the Sustainable Development Goals (SDGs).

Young people at risk and compliance

A report from the University of Limerick indicates that the majority of young people participating in Garda Youth Diversion Projects are complying with COVID-19 restrictions. This is a very positive finding. The report identifies that non-compliance by adult family members, or local community, contribute to young people's non-compliance in some cases. The report finds majority of young people are engaged in pro-social behaviours and activities during the pandemic – staying active, keeping connected, participating in household chores and helping out in the community.

The report was a collaboration between the REPPP project in the University of Limerick and the Department of Justice & Equality. The study was undertaken by the Research Evidence into Policy, Programmes and Practice (REPPP) project, based in the School of Law, University of Limerick, with funding from the Department of Justice and Equality and the Department of Children and Youth Affairs.

The report is the first in a series looking at how young people participating in the Garda Youth Diversion Projects (GYDP) throughout Ireland are responding to the COVID-19 public health measures. Surveys were conducted with Youth Justice Workers (YJWs) in Garda Youth Diversion Projects in the context of the Government's COVID-19 public health measures introduced on 12th March. The Youth Justice Workers were asked questions about a minority group of young people, who tend to be more marginalised.

A majority of the projects reported that this cohort of young people tended to be compliant in 'keeping within the 2km distance', but less so in 'maintaining social distance' and 'not gathering in groups'. The majority of projects reported that a small minority of this cohort of young people were non-compliant with the COVID-19 public health measures, for example, meeting friends in groups.

6.3. DSGBV

An Garda Síochána are currently reporting a 25% increase in domestic abuse incidents on the same period last year.

The Department of Justice's response includes an action plan involving a range of Justice agencies to ensure access to courts and legal aid, additional support for voluntary organizations working with victims, and a media campaign *Still Here*, focusing on ensuring that victims know where and how to seek help.

Operation Faoiseamh has been established to specifically address this issue. Phase II commenced on 13th May targeting persistent breaches of protection, safety and barring orders issued by courts under the Domestic Violence Act 2018. Gardaí are also calling previously identified victims with an increase to 69% in the call back rate, from just under 39% for the same period in 2019.

Tusla is taking measures to ensure services are responsive to the needs of victims of all domestic, sexual and gender-based violence. These measures include:

- ensuring that staffing is adequate to manage demand and contingency due to impact of COVID-19 through additional funding for staff replacement,
- working with providers to identify additional accommodation capacity to respond to individual cases providing additional financial support, PPE equipment and direct ICT resources to enable safety and continuity of service provision.

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.

Continue further planning for phased resumption of face-to-face family supports, youth work and community based services and continue to revise in line with Roadmap changes and evolving public health advice.

7. People of Working Age/Adults – Targeted Supports

Issues identified in the first *Report on Social Implications of COVID-19 in Ireland* for people of working age include access to childcare, mobility/transport and risk of poverty issues. The report also identifies certain groups which may be more impacted by COVID-19 including those in homelessness and direct provision.

7.1. Return to Work

Availability of childcare services (see [Reopening of Childcare Facilities](#)) and reopening of schools (see [Planning for the 2020/2021 School Year: Reopening of Schools](#)) will play an important role in ability of people to return to work.

Public transport is also a key facilitator of the return to work and demand for public transport will rise as the country progressively unlocks business and other facilities. The current two metre social distancing constrains the carrying capacity of the public transport fleet; buses/coaches are limited to maximum one-fifth of their normal passenger capacity, and the reduction for trains and trams is even more.

Moderate increases in the PSO system's overall capacity can be achieved by returning to normal timetables. Monday to Friday timetables for the large majority of bus services will be re-introduced from the start of Phase 2. The DART and the majority of the commuter rail services will return to Monday to Friday levels of service. Irish Rail Intercity, Dublin Bus Xpresso and other peak school term-time services will continue to operate a restricted timetable given the very low demand for these services. Luas and Local Link (rural transport) services are already operating their full pre-COVID service levels albeit with the social distancing capacity restrictions in place. It is estimated that the maximum available public transport capacity in this Phase will be approximately 18% of pre-COVID levels. The NTA has emphasised the importance of staggered and later opening hours by retailers to minimise significant expected pressures at peak times from the return of retail workers and shoppers and strong messaging encouraging people to cycle or walk to shops wherever possible.

The NTA will monitor demand throughout Phase 2 and work with operators to provide additional services over and above those in the Monday to Friday timetable or in the case of rail additional rail carriages on certain services where possible, should demand merit it. However, with social distancing of two metres in place, the NTA has indicated the introduction of additional transport capacity, as part of the response to Phase 2 commencing 8th June, will minimise but not eliminate the risk that demand will exceed available public transport capacity unless a number of other demand management measures are put in place.

7.2. Income/Risk of Poverty

Recent research by the ESRI as part of their Budget Perspectives 2021 series has examined the impact of COVID-19 on three areas: potential costs and distributional effect of COVID-19 unemployment; implications for minimum wage employment; and effect of the pandemic on consumption and indirect tax.

The first paper found that job losses would result in a significant drop in disposable income for many families, particularly those on higher incomes. However the introduction of the Pandemic Unemployment Payment (PUP) acted as a 'cushion', reducing the impact. Families in the lower 40% of the income distribution were better insulated from income losses due to a combination of the pre-existing tax-benefit system, the pandemic policy measures and the fact that such families were less likely to contain someone in employment

The second paper noted the heavy concentration of minimum wage employees in the retail and accommodation & food sectors. As a result of the widespread business closures experienced in these sectors due to COVID-19, workers in these sectors are likely to be heavily impacted by job losses. The implications of social distancing requirements for the accommodation & food sector may lead to longer term disruption for this sector. The paper also estimated that the PUP is 50% higher than the gross weekly wage of the average minimum wage employee in the retail and accommodation & food sectors.

The third paper examined household consumption, categorising expenditure as 'essential', 'restricted' and other. It found that the 'essential' spending share is higher for those in the lowest income quintile; those in single households (including lone parents) and those who are renting. The paper suggests that these types of families may *'find it more difficult to weather a sustained income shock'*, especially as they are less likely to have savings to dip into. Nevertheless household spending overall is predicted to be between 12% and 20% lower in 2020 compared to 2019, which could result in increased savings for many households.

Taken as a whole, the papers highlight the importance of the social protection system for supporting those on low-incomes in general and for 'cushioning' the impact of the unemployment shock related to the pandemic. While many households have seen a drop in income due to pandemic-related unemployment, the effect has been softened by the PUP supports and also by a reduction in household expenditure (primarily as a result of pandemic-related restrictions). Nevertheless, some groups have a higher risk of longer term impacts of the pandemic with the severity of the impact dependent on the degree of the economic recovery across different sectors.

On 2nd June, the Department of Employment Affairs and Social Protection issued payments valued at €190.2 million to 543,200 people in respect of their application for the COVID-19 Pandemic Unemployment Payment (PUP). This is a reduction of 36,200 on the number of

people paid at the same point last week. Amongst the recipients are 28,400 who have now informed the Department that they are returning to work and 20,100 of these will be receiving their last payment.

As well as those on the COVID-19 Pandemic Unemployment Payment, there are now over 57,800 employers who have registered with the Revenue Commissioners for the Temporary COVID-19 Wage Subsidy Scheme (TWSS) with at least one subsidy being paid in respect of over 508,100 people under that scheme.

The above payments are in addition to the 214,700 people who were reported on the Live Register as of the end of April.

Separately, decisions on the COVID-19 Pandemic Unemployment Payment and Temporary Wage Subsidy Scheme will influence the potential for growth in medical card applications in the coming months given the direct correlation with unemployment and medical card eligibility.

Rent supplement continues to play a key role in supporting families and individuals in private rented accommodation, with the scheme currently supporting approximately 20,400 recipients. Since March approximately 6,500 households have received support under the rent supplement scheme.

7.3. Access to Justice

The first *Report of the Social Implications of COVID-19 in Ireland* also identified the build up of cases across the criminal and civil courts and the strains this will put on service delivery as well as delay for persons seeking access to justice.

In keeping with the Government's national response to the COVID crisis, there is ongoing close liaison with Courts Service, Chief Justice and judiciary in maintaining critical courts functions with a special focus on areas of particular vulnerability such as family law; domestic violence; child custody, insolvency and debt. A range of measures are being taken by the Courts and judiciary as part of this shared response while also seeking to prepare the way for the most effective management of a return to normal business for all who seek access to justice through the courts system.

The Courts Service has introduced a series of measures, in line with Public Health guidance, to minimise risk, while ensuring that the essential ability to continue the administration of justice. The changes will see only urgent cases, and cases not involving witnesses, going ahead at this time. This will free up judges to hear the cases which need to go ahead, in much emptier courtrooms, having regard to social distancing advice. Work is also ongoing to develop urgent

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

There are concerns for many families in relation to court orders for matters such as access, maintenance and guardianship. However, the District Court continues to hear urgent matters in the area of Family Law and existing court orders in relation to access remain in place. The restrictions brought in to tackle COVID-19 do not stop them being implemented. If parties cannot agree on an alternative arrangement, mediation services are also available with the Family Mediation Service of the Legal Aid Board offering free mediation and conflict coaching. The Board's administrative office in the Dublin District Family Court at Dolphin House remains open to facilitate legal aid for domestic violence and other urgent District Court private family law matters.

In addition, the Legal Aid Board have introduced a Legal and Mediation Information Helpline as a result of this crisis. A person experiencing domestic or coercive abuse may have more opportunity to make a phone call than to travel to an office to attain legal advice. They have also introduced a Video Mediation Service which has come online from the week beginning the 11th May.

7.4. Personal Insolvency

It is likely that the economic crisis will see a rise in personal insolvency activity and/or mortgage repossessions and a consequent further demand on *Abhaile* services. In the area of personal insolvency, a range of workarounds are being operated across and between the key agencies and services including Insolvency Service Ireland, Legal Aid Board, MABS and Personal Insolvency Practitioners and the other participants in the *Abhaile Scheme* in terms of remote working, video consultations, helplines, e-signatures, communications, *Voucherdesk*, streamlined arrangements with Courts etc.

In terms of existing insolvency arrangements, the ISI and the Association of Personal Insolvency Practitioners, in consultation with the Banking & Payments Federation Ireland (BPF) and its members, have agreed a protocol with agreed templates in respect of seeking payment breaks for those debtors where income has been impacted as a result of the COVID-19 crisis. The standardised approach agreed in this instance is designed to enable the processing of requests from debtors for payment breaks in the most efficient way possible, thereby reducing the administrative burden and stress for all parties involved in the current circumstances.

The negative economic impact of the COVID-19 crisis is likely to be severe and will require our personal insolvency system to be as robust and efficient as possible. Unlike the last financial crisis, we now have a more comprehensive insolvency system and a network of experienced

insolvency practitioners in place to quickly advise those people who may inevitably find themselves in financial difficulty. The ISI has made recommendations to the Department of Justice and Equality in relation to possible emergency legislation along with a number of standing recommendations on wider bankruptcy reform. The Department is participating in ongoing discussions in connection with these proposed legislative measures.

7.5. Homelessness

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-19 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. This work has seen a reduction in the numbers of people accessing homeless emergency accommodation. The Minister for Housing, Planning and Local Government recently published the monthly homeless report for April, which showed that there were 572 less people in emergency accommodation compared to the previous month.

The HSE has produced guidance for homeless settings and other vulnerable group settings including Direct Provision settings and sets out measures to prevent the spread of COVID-19, including cocooning for extremely medically vulnerable people, triage and testing (case finding) of homeless people as a priority group, adapted clinical criteria for testing, self-isolation/quarantine, clinical case management, communications and outbreak response. The guidelines recognise that congregated settings such as homeless accommodations pose specific challenges in the pandemic.

A bespoke COVID-19 community assessment hub for homeless and vulnerable groups in Dublin's inner city has been launched. Safetynet and the Mater Hospital, supported by the HSE, provide a service which better suits the needs of homeless and vulnerable groups in the fight against COVID-19.

Children and Young People's Services Committees (CYPSC) are supporting collective action to respond to the needs of children and young people experiencing homelessness who are living in the range of homelessness accommodations provided by/supported by the state.

7.6. Direct Provision

Since the beginning of the COVID-19 pandemic, the Department of Justice and Equality and the HSE have worked closely together to ensure that, to the best of their ability, the health and welfare of international protection applicants living in direct provision, and programme refugees living in EROCs availing of the State's accommodation services are protected.

In addition, regional HSE structures as well as other parts of the HSE including Public Health and Primary Care feed into these discussions via the National Social Inclusion Office.

The International Protection Accommodation Service (IPAS) is responsible for the procurement and overall administration of State provided accommodation and ancillary services for both applicants for international protection and suspected victims of human trafficking, through the Direct Provision System. Currently, some 8,000 persons are being provided with services in 83 locations nationwide.

All accommodation centres are carefully following the guidelines that have been published by the HSE's Health Protection Surveillance Centre (HPSC), in particular, the *Coronavirus (COVID-19) guidance for homeless and other vulnerable group settings*. The guidelines recognises that congregated settings such as Direct Provision settings pose specific challenges in the pandemic.

The Department of Justice and Equality has increased its accommodation capacity in order to relocate 600 residents to reduce risks and enable appropriate social distancing. It has also implemented cocooning measures for those aged 65 years or older, and for persons identified by the HSE as having category 1 and category 2 vulnerabilities. Upon receipt of information from the HSE about residents with vulnerabilities requiring cocooning, these residents are cocooned on site or, where necessary, are moved to new accommodation to facilitate same.

The Department has established self-isolation facilities in Dublin, Cork, Limerick and Dundalk with a total capacity of 299 bedrooms. Healthcare supports are provided onsite by the HSE and social care supports also provided. These units are utilised in addition and in alignment with movements to HSE Citywest facility.

The Department continues to provide and promote the most recent public health instructions and guidance to residents. Additionally the Department is partnering with an NGO to provide a telephone helpline support to residents to respond to general concerns of residents at this time. The provision of hand sanitiser to Centres for the use of residents and staff is in place with other PPE available to centres to be used in accordance with HSE advice. The Department continues to work with the HSE to encourage residents to take up accommodation provided by the HSE for care workers providing emergency services.

In relation to communications, IPAS is working in partnership with Safetynet and the NSIO of the HSE, and has put in place a national clinical telephone service. It provides public health advice to support staff managing IPAS accommodation. It is also being used to advise, support and work with IPAS sites, and locations where vulnerable groups are present.

IPAS has established a Contact Centre and communications unit providing a dedicated response to Centre managers. The Call Centre makes contact with each of the 83 centres each day, compiling a management report with both quantitative and qualitative data to guide planning and decision making.

Regular newsletters are issued to Centres with information relating to social distancing, public health advice, supports for residents and children. Newsletters are also being tailored directly to residents' queries and communicated to them through Friends of the Centre structures and through Centre managers.

CYPSC are initiating responses for children, young people and families living in International Protection Accommodation with supports according to local identified needs and are working with IPAS on this.

On 10th April, the HSE issued its National Guidance Document on Temporary Accommodation for Healthcare Workers during the COVID-19 crisis. Healthcare workers living in Direct Provision are eligible to apply for accommodation under the scheme via a referral form to the HSE. The Department of Justice and Equality are encouraging all healthcare workers living in centres to apply for this temporary accommodation for their protection and that of other centre residents and staff.

IPAS is now considering the challenges of safely re-opening the accommodation locations to visitors, Friends of Centre etc. This is to support more normal activity for residents, in keeping with the Government decision on easing of restrictions, but also ensuring this is achieved in keeping with public health guidelines for Vulnerable Group settings.

Additionally, IPAS is considering the management of applicants who were transferred to hotels in support of COVID measures. As hotels begin to re-open for general use, this may present public health risks as IPAS residents may be mixing with other guests. Also, should the hotels choose to withdraw from provision of services to IPAS, replacement accommodation options may be difficult to secure.

IPAS is currently considering the following next steps:

- Reduction in the provision of offsite self-isolation as the number of cases in direct provision and the availability of the City West facility does not warrant keeping them in situ.
- Joint IPAS/HSE Risk Framework now in place to enable IPAS and HSE to assess COVID readiness into the medium term

- Consideration of movements undertaken to enable density reduction and how and to where such persons are to be accommodated, coupled with commitment to maintain a maximum of three non-family per bedroom
- Reintroduction of visits, inspections, on-site applicant clinics
- Arrangements for new applicants (quarantine, etc.) and the need to commence movement of residents from the Reception centre to other locations as the expected increase in new applicants takes place as travel restrictions generally are lifted.

NTA to continue to monitor demand for and capacity of public transport.

Continue to monitor impacts of COVID-19 response on target groups, in particular those at risk of poverty, in homelessness or direct provision.

IPAS to consider issues including accommodation, visits and inspections, and new applicants.

8. Equality Impacts

The first *Report on Social Implications of COVID-19 in Ireland* acknowledges that the pandemic is likely to have a particular impact on certain groups including women and girls, people with disabilities, Travellers and Roma, vulnerable migrants and the LGBTI+ community. Relevant Government departments are continuing to monitor and assess the emerging data on equality impacts as part of planning for the easing of restrictions.

Women and Girls

A comparison of men and women's responses to the Central Statistics Office (CSO) Social Impact of COVID-19 survey, April 2020, finds that women's well-being is being more adversely affected by the COVID-19 crisis:

- The percentage of women now reporting "Low" satisfaction with overall life is more than double the rate in 2013 (36.7% and 15.1% respectively)
- More women (38.6%) than men (26.0%) reported feeling "downhearted and depressed"
- More women than men reported an increase in their consumption of alcohol, tobacco and junk food
- More female respondents reported being "Extremely" concerned about their own health, somebody else's health and maintaining social ties than male respondents
- Almost half (48.6%) of female respondents reported that they would like to return to their place of work after COVID-19 restrictions are lifted, compared to less than one in three (31.7%) of male respondents
- Almost nine in ten (88.4%) of female respondents rated their compliance with COVID-19 related government advice and guidelines as "High" compared with just over seven in ten (72.5%) of male respondents

The Department of Justice and Equality has begun gathering information through the NPHEP Vulnerable Persons subgroup on the gender implications of the COVID-19 pandemic. A template has been circulated to Government Departments and agencies to report on whether they are gathering gender-disaggregated data or have identified any differences in gender in the patterns of access of supports. An analysis of the results will be carried out and this will inform next steps.

Childcare

The Department of Children and Youth Affairs is planning for the reopening of childcare facilities on 29th June. The Department will provide guidance to services to support prioritisation for services where demand exceed supply. Vulnerable children, including children sponsored under the National Childcare Scheme (for example, refugee children and

children who are homeless) along with children funded through legacy childcare schemes who are experiencing poverty, disadvantage or child welfare issues and children with disabilities, including those preparing to start school in September are among the groups to be prioritised (See [Reopening of Childcare Facilities](#)).

Education

On 6th May 2020 the Minister announced the early payment of the €16 million DEIS (Delivering Educational Equality in Schools scheme) grant for the 2020/21 school year. While the funding is for the entire 20/21 year, it was paid ahead of schedule to all schools in the DEIS programme to help support students who are most at risk of educational disadvantage during the COVID-19 school closures. There are 890 schools with more than 180,000 students in the DEIS programme. The grants, normally paid in June and September, are worth €12m to the 692 primary schools and €4m to the 198 post-primary schools.

The Department of Education and Skills is in regular engagement with Traveller & Roma representative groups and a forum on the transfer to and progress within tertiary education was held on 27th May 2020. A report of the forum is being drafted and a follow up plenary session is planned to discuss the findings.

Social Protection

Officials from the Department of Employment Affairs and Social Affairs continue to engage with a number of NGOs in relation to the income support needs of migrant workers, members of the Roma Community and other vulnerable members of society. People who are not eligible for other Department schemes can receive support under the Exceptional Needs Payment.

COVID-19 data

The HSE Health Protection Surveillance Centre reports data on outbreaks of COVID-19 among men and women, geographical areas and vulnerable groups, including Travellers, Roma and people in direct provision. An ethnic identifier has been added to the data collection process, which will facilitate an analysis of the impact of COVID-19 on ethnic groups.

Roma

There are a number of public health concerns about the vulnerability of Roma and other undocumented migrants during the COVID-19 pandemic:

- large family size, and overcrowded accommodation,
- difficulties in social distancing, self-isolation or cocooning,
- health-literacy and cultural and language issues, and
- a lack of access to public services.

To address these issues, the Dept of Health along with other relevant Departments have put in place measures to improve access to public services.

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.

Analysis of the gender implications of COVID-19 will be carried out by the Department of Justice and Equality and that Department will prepare a report to inform the next Report of the Social Implications of COVID-19 in Ireland.



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