



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 COVID-19 pandemic impacted every corner of society as restrictions on movement and social interactions were imposed to reduce the spread of the virus. In mitigating the risk of transmission through public health measures such as physical and social distancing restrictions, other challenges were created for individuals, families and communities. It severely interrupted every recognisable element of normal life. The prolonged imposition and phased easing of restrictions results in greater consequences for some, particularly the most vulnerable groups in our society.

The *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 Reports on Social Implications of COVID-19 in Ireland are prepared to inform Government's decision making on the implementation of the Roadmap by providing an appraisal of the wide-ranging social implications of the pandemic and the effects of closures on particular groups and cohorts of people.

The first Report provided a preliminary assessment of the issues arising and actions underway across the most prominent areas of immediate concern including on the health and well-being of the general population; the provision of non-COVID health and social care; education (including educational disadvantage and special needs); children and families at risk; people of working age and on equality impacts.

The second iteration of the *Report on Social Implications of COVID-19 in Ireland* was prepared in advance of the commencement of Phase 2 of the Roadmap, providing an update on the actions and activities being implemented and the further preparatory work underway for additional services to resume.

This Report serves as the third iteration of the *Social Implications Report* as we move towards the commencement of the updated Phase 3, which encompasses a wider easing of restrictions in line with the prevailing public health advice than was originally envisaged by the Roadmap. It provides a further update on the implications of the public health measures undertaken to combat the spread of COVID-19 and the actions being implemented and in planning to alleviate the impacts since the previous report.

## 2. General Population

Earlier iterations of the *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. A range of activities underway to help address these issues were described including Healthy Ireland and Community Mental Health Supports, the In This Together Well-Being initiative and the Community Call.

Phase 2 of the Roadmap involved a notable easing of the restrictions that relate to movement and social interactions. Individuals have been able to travel within their own county, or up to 20 kilometres from home if crossing county boundaries, and meet up to six people from outside their household both indoors and outdoors. Organised outdoor exercise, sporting, cultural or social activities of up to 15 people have also been permitted to take place.

All retail has reopened, alongside other public amenities including playgrounds and libraries.

Some semblance of normality has resumed, albeit with the continuing public health requirements for social distancing and appropriate hygiene etiquette and procedures.

It is anticipated that the further easing of restrictions set out in the updated Phase 3 of the Roadmap, such as the removal of restrictions on national travel and resumption of all sporting activities, will positively impact on health and well-being.

The latest research (22 June) undertaken on behalf of the Department of Health by Amárach shows that:

- Overall level of worry has remained fairly stable since early May, between 5-6/10, dropping to its lowest level since public opinion tracking began at the commencement of Phase 2, but has marginally increased since (by 0.2).
- The health of family and friends, the economy and personal finance remain the sources of worry ranking the highest. Worries about prolonged restrictions and reduced social contact have slowly declined, likely reflecting the easing of restrictions.
- There has been a notable increase in the percentage of people who think Ireland will experience a second wave of COVID-19 since Phase 2 commenced, with an average increase of approximately 8% across all demographics tracked.

In terms of reported wellbeing and experiences of certain feelings on a given day, enjoyment and happiness remain high and experiences of worry, anxiety, boredom, stress, frustration and sadness remain low in comparison and relatively static since the easing of Phase 2 restrictions.

As previously indicated in earlier Reports, mental well-being providers including SpunOut, MyMind and Jigsaw are reporting significant increases in take-up of services. There was a

notable increase in usage of online and phone supports in March and April 2020 compared with preceding months for a range of services.

Traffic to HSE mental health content on 'Yourmentalhealth.ie' was up by 490% on the preceding month, while there was a 35% increase in calls to the 'YourMentalHealth' information phone line. Turn2me.ie (online counselling) saw an 18% increase in website traffic and a 37% increase in the number of participants in online support groups in March.

Mental health organisation GROW, which shifted some services online, experienced a 146% increase in traffic to their website between March and April while MyMind's online counselling numbers increased by 137% between March and April and those numbers receiving online counselling continue to rise.

### 2.1. Mental Health and Well-Being Supports

The Department of Health has provided €1.1m to enhance online supports, specifically aimed at mild to moderate mental health issues related to COVID-19. An additional €1.1m has been allocated from the Sláintecare Integration Fund to extend these supports to the end of the year. Supports include:

- 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: MyMind launched a free COVID-19 specific counselling service on 8 June.
- Moderated online support groups for members of the public and for staff: Group peer sessions with staff and clinicians working in the frontline was launched by Turn2Me.
- Expanding provision of telepsychiatry services for existing users of mental health services: a new tele-psychiatry hub 'CAMHS Connect' was launched by HSE in Galway to deliver online psychiatry services in children and adolescent mental health service (CAMHS).
- Creating additional supports for Leaving Certificate students: the national Crisis Textline was launched on 16 June targeting children, teenagers and young adults. The Textline allows individuals to text a clinically supervised volunteer service anytime to connect with someone about mental health issues.

The Department of Health's Mental Health Unit and the HSE working group is continuing its work in how best to provide additional psycho-social supports to assist people with their mental health needs beyond this period of isolation. NGO's currently in receipt of funding

from the HSE continue to be supported and encouraged to develop updated responses to the COVID-19 outbreak.

The Government published the revised Mental Health Policy '*Sharing the Vision - a Mental Health Policy for Everyone*' on 18 June. 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 24 June), the Community Call Fora have received over 50,250 calls and have made over 19,500 follow-up calls.

In addition, since its launch on 9 March (to 24 June), the ALONE National Helpline has received almost 24,000 calls and supported some 15,800 older people.

The reduction in demand noted in the previous Report has continued. This is reflected in:-

- A reduction in the number of calls received by Fora helplines in recent weeks. Nightly data gathered from Fora has shown the daily number of calls received nationally reduce to less than 300 calls per day in the week beginning 15 June (from peaks in April of over 1,300).
- Calls outside of normal office hours are minimal.
- Demand continues to be very low at weekends – in recent weekends, the number of calls has fallen to around 100 calls per day across the 31 Fora.
- The nature of the calls received is changing from the provision of practical supports to requests for practical advice.

Since Phase 2 of the Roadmap, the Community Call helplines operate on a 9am-5pm, 7-day week basis, in line with demand. The helplines will continue to operate on that basis for the remaining phases of the Roadmap, to support a core group of vulnerable people in need of the services provided.

The Community Call initiative has ushered in a new way of working, a shared purpose and significant levels of collaboration between local and national government, community and local development, and the volunteer sector. As set out in the second Report, it is intended to carry out a review of the initiative. It is appropriate to interrogate the structures that formed as the response took shape, consider what has worked well and why, and examine

areas for improvement and learning to ensure that this coordinated approach to the delivery of community supports continues into the future.

### 2.3. Sport

Sporting activity has started to resume. Approximately 25 different outdoor sports, which could be played in accordance with the prevailing social distancing and other public health requirements, resumed during Phases 1 and 2 of the Government's Roadmap. Individual sports were the focus in Phase 1 and small team sports of up to 15 people in a group were the focus of Phase 2. Behind-closed-door horse and greyhound racing also recommenced.

Arising from the accelerated Roadmap announced on 19 June, all sporting activity may resume under Phase 3. All sports facilities, including gyms and swimming pools, may also reopen from 29 June.

The National Governing Bodies of Sport have been working to develop protocols for returning to training and competition in their respective sports. The consistency of the various protocols in line with the Roadmap is being assessed by the Expert Group established by the Minister of Transport, Tourism and Sport to provide guidance to the sporting bodies to prepare for the phased return to sporting activity.

A funding package of up to €70 million was approved by Government on 19 June to support the sport sector. This funding package will support the sport sector through funding of up to €40m for the three main field sports organisations (the FAI, the GAA and the IRFU), a Resilience Fund of up to €10m to support the National Governing Bodies of Sport, a Sports Club Resilience Fund of up to €15m to support clubs, and a Sports Restart and Renewal Fund of up to €5m. This funding package will assist National Governing Bodies of Sport and sports clubs and will ensure the survival of our vibrant sport sector, particularly the network of clubs throughout the country.

High performance athletes and teams, as well as their support staff, have been permitted to return to training at their national training centres since 8 June. The return to training from that date was strictly limited to specified athletes and teams at the highest level of Irish sport, including athletes on the 2020 Sport Ireland International Carding Scheme, the IRFU professional players and the four FAI clubs who are preparing for European competition - Dundalk F.C, Derry City F.C, Bohemians and Shamrock Rovers.

**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.**

**Carry out review of the *Community Call* initiative.**

**New grant schemes are being designed for funding to sports organisations and clubs. A call for applications for funding will be announced by Sport Ireland in due course.**



### 3. Public Support for Measures and Public Order

Earlier iterations of the *Report on Social Implications of COVID-19 in Ireland* set out the importance of communications in informing the public and the public support for continued compliance with the public health measures. This remains the case as restrictions are lifted, the compliance role of An Garda Síochána evolves and individual and collective behaviour is ever more important in influencing the behaviour of the disease.

#### 3.1. Communications and the Provision of Information

Cross Government communications continues to be an important tool in supporting public information and signposting government initiatives supporting individuals, families, communities and business.

On 12 June, the Roadmap was reconfigured from 5 phases to 4 and the information campaign was amended to include an updated Roadmap graphic and public awareness of the changes.

The latest disease data will continue to be monitored and communications will continue to emphasise in all messaging that this is a “new normal”. While many restrictions may be removed, the virus has not been eradicated and personal responsibility will be critically important as we move through remaining phases. The ongoing public health requirements and limitations in respect of mass gatherings will affect how business and services operate and how the public experience them.

Communications with both businesses and the general public is vital to ensure that we continue to adhere to individual and collective personal behaviours and adapt businesses and services to meet public health requirements.

In this regard, there has been a recent campaign on recommending the wearing of face coverings by those who can wear them and in situations where it is going to be difficult to maintain physical distance.

There is also a new public health checklist for individuals and families, for organisations, employers etc to help people stay informed and stay safe. This will help individuals to know what factors to consider when they are assessing risk based on a mnemonic: DATE

*Distance: The risk of infection increases the closer you are to another person with the virus and the amount of time spent in close contact with that person. Keep a safe distance of 2*

*metres from other people, especially those not among your close contacts, to prevent the spread of infection.*

**Activity:** *The risk of infection spread is greater when you engage in certain types of activities with other people, especially where there is direct or close contact. Assess the risk of different activities and take action to lower the risk (e.g. wear a face covering when visiting busy retail outlets, or on public transport, clean shared sports equipment before and after use).*

**Time:** *This disease spreads easily in groups and crowds and the risk of infection spread is greater the more time you spend in contact with other people and the more people you come into contact with. As a result, it is best to reduce the number of people you come into direct contact with from outside your household. Where you do come into direct contact with people outside of your close contacts, you should try to limit the amount of time spent with them.*

**Environment:** *The risk of infection spread is greater in certain environments than others e.g. crowded places, indoor environments, poorly ventilated spaces. Assess the risk in different situations and change your environment to lower the risk as much as possible e.g. avoid crowds, meet outdoors, stand apart, open windows etc.*

### 3.2. Public Support

Amárach Research regularly carries out research on behalf of the Department of Health to track public opinion on a range of issues relating to the pandemic including adherence to and support for the public health measures, emotions and feelings and reliance on different sources of information. The most recently available survey data is from 22 June.

Behaviours such as washing hands, using sanitiser and social distancing when in a queue continue to have very high levels of occurrence, all consistently hovering around 90%. The percentage of people staying at home rather than going out has reduced in recent weeks, unsurprisingly given the easing of restrictions.

The use of face coverings in public places has attracted much commentary and debate in recent weeks. As already mentioned, the wearing of face coverings has been a focus of the communications campaign over the past few weeks. Of those surveyed, 86% indicated a willingness to wear a face covering. However, only 41% said they actually do wear a face covering, increased from 16% at the beginning of May. This demonstrates a high theoretical level of support for this particular public health measure, but with actual implementation of it by individuals much lower in reality and levels of adherence to the advice growing at a drastically slower pace than that seen for other public health measures.

In terms of the level of support for the Government's response, 77% think the current measures on social distancing are about right and 81% think the Government's reaction is appropriate. 55% think Ireland is trying to return to normal at the right pace whereas there is continuing trend in the increase in those who think Ireland is returning to normal “much too quickly” - 7% or a “bit too quickly” 29% up from 5% and 16% respectively on 25th of May.

### 3.3. Implementation and Compliance with Regulation

To support implementation of Phase 2 of the Government’s *Roadmap for Reopening Society and Business*, new Regulations (S.I. No. 206 2020) were signed by the Minister for Health on 7 June 2020 to:

- restrict people from moving beyond their county of residence (or if in another county moving beyond a 20 km radius of their residence) for social/recreational/exercise purposes;
- prevent the organisation of gatherings of more than 15 persons for cultural, entertainment, recreational, sporting, social, community or educational reasons;
- restrict the operation/provision of certain higher risk outlets/services, such as pubs and restaurants (save for take-away), hairdressing, tattooing etc. that are comprehended in the later phases of the Roadmap; and
- restrict the operation of certain retail outlets accessible only from within shopping centres.

The Minister for Health further amended the Regulations to allow all retail outlets to reopen, to allow access to certain sports facilities for the purposes of organising or holding outdoor sporting or educational gatherings (such as summer camps) of no more than 15 persons and to allow the use of certain premises for meetings of registered political parties (including parliamentary parties of those parties) from 15 June. The Minister for Health also extended the COVID-19 Passenger Locator Form Regulations until 9 July.

To support the implementation of Phase 3 of the Roadmap it is proposed to replace the existing provisions with Regulations which will maintain restrictions on the opening of businesses and services not yet permitted and in relation to the numbers permitted at indoor and outdoor gatherings.

Proposals for these Regulations are being finalised and, subject to the advice of the Attorney General, the Minister for Health proposes to make the Regulations in advance of 29 June.

An Garda Síochána will continue 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. A particular focus on community policing and support to those who are vulnerable or isolated continues.

From 8 April, which was when the first set of regulations came into effect, until 20 June inclusive, Gardaí have invoked the regulations 313 times out of over a million interactions with the public. These include both arrests and incidents without arrest where name and address details were taken for consultation with the DPP on the decision to issue charges. Arrest remains a last resort.

In addition, pre-existing enforcement powers were used in 2,127 incidents where other offences were disclosed in the course of COVID-19 operations. These range from incidents such as drink driving or disqualified drivers detected at checkpoints, to drugs and weapons seizures, to public order offences. The number of incidents involving other suspected crimes continues to far exceed the number of cases involving only breaches of Government restrictions.

**Continue to promote effective provision of information to the public in a timely, transparent manner.**

**Continue to assess and monitor public support for enhanced compliance measures to support the public health measures - particularly in respect of discretionary social activities.**

**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

Earlier iterations of the *Report on Social Implications of COVID-19 in Ireland* set out the issues arising and work underway in assessing how to deliver non-COVID health and social care across all settings, alongside COVID care. Led by the Chief Operating Officer and Chief Clinical Officer, the HSE has produced “Service Continuity in a COVID Environment – A Strategic Framework for Delivery” to guide the phased reintroduction of services.

This Framework will serve as a basis for a consistent approach to decision making regarding service delivery at service level. The Framework was officially launched by the HSE on 24 June 2020. It sets out how the HSE will continue to deliver and restore services in a clinically aligned prioritised way by service delivery functions. Its implementation will ensure service resumption is done in an integrated way to relieve pressures on the Acute Hospital System. This will involve a phased approach to ensure community services are strengthened. The Framework will consolidate new ways of working and build on international knowledge.

Local services are already progressing actions to resume services and as part of the restoration of services, the HSE announced progress in a number of areas:

- Outpatients Appointments - Telehealth and virtual health have played a significant part in the response to COVID to allow the continuation of health services in a safe manner. In the Acute Hospital setting, this was particularly evident in outpatient appointments where the HSE advise based on submission from 36 sites, a total of 80,730 virtual outpatient consultations took place in April. The HSE have indicated that they will further develop the approach to telehealth to other settings such as Primary Care Settings.
- In the Disability Sector, urgent and critical care was maintained during COVID-19, however other services were curtailed. The HSE advise that they are working with service providers on ways to resume day service for adults with a disability. The HSE have indicated that they will be contacting families attending day services over the coming weeks to confirm how services will return. For Children’s services, the HSE continue to work on the re-assignment of Special Needs Assistants.
- Work also continues on the restoration of other services such as mental health and social inclusion.

## 4.1. Screening

The safe restart of screening is a priority for the National Screening Service (NSS). Previous Reports noted work underway by NSS to resume screening across all four programmes.

The NSS have now finalised their plans for a phased restart and the programmes will restart as follows:

- CervicalCheck will begin sending invites and reminders to participants in its cervical screening programme on 6 July.
- Diabetic RetinaScreen will also resume screening in July.
- BreastCheck will resume screening in September/October.
- BowelScreen will resume in September/October.

Invitations and reminders for people who are now overdue screening will be sent on a phased basis, in line with programme prioritisation. In the case of cervical screening, this means that invitations and reminders will be first sent to people who are overdue a non-routine repeat screening. The BreastCheck static units are continuing to assist the symptomatic service delivery for their host hospitals, and prioritising patients with a known high grade/aggressive cancer. BreastCheck mobile units are being reconditioned to meet infection control and physical distancing standards ahead of breast screening restarting. BowelScreen is continuing to investigate options to ensure capacity is available for treatment when issuing of screening kits recommences.

The recommencement of screening is underpinned by the assumption that there will be no worsening of the COVID-19 situation and restrictions will continue to ease. Provided all key conditions remain safe for participants and staff, on a monthly basis invitations will be sent to individuals overdue a routine screening.

## 4.2. Primary and Community Care

The Community Capacity Working Group continues to oversee the development of a plan that sets out the specific timelines, service objectives and dependencies associated with the phased resumption of services over the period ahead.

The Group's work is aligned with - and has informed - the HSE's development of the Strategic Framework. This Framework is intended to set the vision and direction for the service continuity programme. Key elements of the proposed approach will include alignment and

integration across services together with an emphasis on shifting care from acute to community settings with a focus on hospital avoidance.

Detailed operational planning is currently in progress across the primary and community sector at local level. These local plans, once complete, will be submitted centrally and consolidated into a single overview by the HSE which will provide more detailed information on the expected timeframe that individual services will resume, across location and service type.

### 4.3. Acute Care

#### *Infection Prevention and Control*

Given the critical importance of infection, prevention and control (IPC) practices to protect both staff and patients, 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; to slow the demand for specialised healthcare; safeguard risk groups; protect healthcare workers; and minimise the export of cases to other healthcare facilities and the wider community.

It is clear that in order to safely and sustainably manage the provision of COVID-19 and non COVID-19 health services into the future, significant investment will be required to build staffing and ICT capacity in the coming years. In addition, in response to a request from the Department of Health, the HSE has identified a range of short term, feasible proposals for IPC improvements that can be implemented over the coming months to help minimise the risk to staff and patients and facilitate the delivery of safe non-COVID 19 health services. These proposals focus on priority projects and encompass recruitment of specialist staff, minor capital improvements to support good IPC practice, and certain IPC-related ICT projects. The Department of Health will continue to engage with the HSE in this regard.

#### *Critical Care*

The need to increase critical care capacity is a key learning of the pandemic response. Notwithstanding the effectiveness of public health measures in flattening the curve, ICU occupancy exceeded base capacity of 255 with 280 critical care beds occupied at the peak. The additional demand for critical care was easily met by surge ICU capacity, with clinical staff redeployed from other hospital services and locations and, at critical care capacity of 350, quality of care was sustained, and clinical risk was manageable. However, this was in the context of low levels of care being provided in other areas of the hospital.

Accordingly, the finalisation of a proposal on permanent strategic critical care capacity requirements is an urgent priority for the Department of Health. This is being developed in the context of the implementation of national strategies (including trauma), the evaluation of existing capacity in the context of the hub and spoke model of care for critical care, the Health Service Capacity Review and the ICU Audit conducted by the National Office for Clinical Audit (NOCA).

### *Transplant*

All transplant activity was significantly curtailed due to COVID-19. However, Organ Donation and Transplant Ireland (ODTI) worked to ensure that the most time critical and life-saving transplants proceeded based on careful risk-benefit assessment. The approach pursued was endorsed by the Expert Advisory Group to the NPHET.

The renal transplant programme in Beaumont Hospital recommenced on 24 May. The Liver Transplant Programme, St Vincent's University Hospital, and, the Heart & Lung Transplant Programme, Mater Hospital remain active. However, as noted above decisions to proceed with donation and transplant are based on clinical risk-benefit assessments.

### *Private Hospitals*

The existing arrangement with the Private Hospitals is due to expire on 30 June and negotiations on a new arrangement are underway.

## 4.4. Social Care

As outlined in earlier Reports and mentioned in Section 4.2, the Community Capacity Working Group continues to oversee the development of a plan that sets out the specific timelines, service objectives and dependencies associated with the phased resumption of services over the period ahead, including social care services.

Detailed operational planning is currently in progress across the social care sector at local level. In relation to health services for older people this will include examining homes support, day care services, respite care and services to support people who need to access to long-term residential care with a focus on facilitating hospital avoidance, early intervention and building resilience in advance of winter. In relation to health services for those living with a disability, every effort is being made to ensure a flexible, collaborative approach is being taken in the sector looking at the type and quantum of services that can resume in line with the public health guidance.



This work will consider the effectiveness of changes in work practices and new methods in the delivery of services in this period e.g. use of technology systems, telehealth and assistive technology, integrated working across the community, Clinical Assessment Hubs, COVID-19 Response Teams in CHOs, and developments of clinical, palliative care and infection prevention supports and infrastructure, as well as their potential for continued application in resumption of services. The plans will also need to consider the appropriate responses to the operational challenges that the system will face in resuming services within the context of COVID-19 and the disease trajectory.

#### 4.5. Substance Misuse

The information on drugs.ie, the HSE platform for dissemination of information to services, people who use drugs and the public, has been continually updated throughout the crisis. This includes specific information on overdose risks, dual diagnosis and an up to date directory of services.

As noted in the last Report, the HSE's priority during the current COVID-19 crisis was to continue to deliver Opioid Substitution Services (OST) services and to ensure everybody waiting commenced appropriate treatment. Guidance has been developed relating to this. By May 2020, there were an additional 650 in receipt of OST compared with January 2020.

Officials in the Department of Health have been working with Drug and Alcohol Task Forces and the HSE Social Inclusion Services to ensure that services and supports continue to be provided for those with problem drug and alcohol use. This work has now been broadened to prepare for the reintroduction of drug and alcohol services in a planned and appropriate manner in line with public health recommendations.

Drug and Alcohol Task Forces were asked to prioritise the continuity of services and supports to vulnerable groups and individuals in their areas during the pandemic. HSE community-based services have worked closely with the community and voluntary sector to ensure the provision of services during this time.

Services continue to operate on an outreach basis and are also provided via telephone and video platforms. The HSE has produced guidance on remote consultations and procured video software including Attend Anywhere software to facilitate this.

In June, departmental officials convened a meeting of the Standing Sub-Committee, set up under Reducing Harm Supporting Recovery, specifically related to the challenges posed by COVID-19 and the reintroduction of drug and alcohol services.

HSE has hosted a series of webinars for addiction service providers. Information on this is available on the HSE's website and on drugs.ie. Both websites are updated on a regular basis.

The Department of Health's Drugs Policy Unit is undertaking a rapid assessment of the impact of COVID-19 on people who use drugs and on service providers. The team carrying out this work has research expertise in drugs services and includes experts from the voluntary and community sectors.

Initial reports indicate that a transformative adaptation has taken place regarding the delivery of services. The assessment will document the changes that have taken place and identify the lessons for policy and practice.

An Evidence Brief for this assessment has been carried out by the Health Research Board, who have produced a report on the response to COVID-19 from drug services across the globe. The team is currently working with the Research Unit of the Department of Health to finalise an online survey which will be sent to service providers across the country to capture their experiences from the front line, the result of which are planned to be reported on by September. This survey is being supported by three case studies examining the impact of COVID-19 in the delivery of drug services, and the impact COVID-19 has had upon homeless services. A special stakeholder event is planned for September, where preliminary results of the survey and case studies will inform the conversation. The final report will be presented to the National Oversight Committee and the Minister of State with responsibility for the National Drug Strategy.

**Finalisation of 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.**

**Review the National Service Plan in due course**

**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.**

## 5. Education, Educational Disadvantage and Special Needs

Earlier iterations of the *Report of the Social Implications of COVID-19 in Ireland* set out impacts of the public health restrictions on the education of early years and school age children. Work is ongoing in the Departments of Children and Youth Affairs (DCYA) and Education and Skills to oversee the reopening of childcare facilities and schools respectively.

### 5.1. Reopening of Childcare Facilities

The previous Report set out the approach to reopening childcare facilities.

#### *Funding*

On 10 June 2020, the Minister for Children and Youth Affairs announced a major funding package to facilitate the reopening of early learning and childcare services.

Government has committed a €75m package of funding for reopening services over the summer months.

The new funding package contains four significant elements:

- €18million once-off reopening support payment for DCYA-funded providers opening between 29 June and early September.
- €14.3 million once-off COVID-19 capital grant for DCYA-funded providers opening between 29 June and early September.
- Continued access for eligible providers to the Revenue-operated Temporary Wage Subsidy Scheme (TWSS)
- Resumption of DCYA funded childcare schemes: the National Childcare Scheme, Community Childcare Subvention Plus and Training and Employment Childcare.

The Early Childhood Care and Education and Access and Inclusion Model programmes do not operate over the summer, but will resume on 24 August.

#### *Capacity*

It is difficult to assess the actual level of demand for early learning and childcare services on reopening. In the short term at least, it is expected to be reduced.

An Ipsos MRBI survey conducted in May revealed that 50 per cent of parents using early learning and childcare services in March 2020 did not intend to use these services when restrictions are lifted. This is in line with international experience.

Parents not intending to go back to using an early learning and childcare services outside of the home (crèche, pre-school afterschool or childminder in their home) when the restrictions are lifted were asked their reasons for this. Of 118 households who do not intend to go back to using an early learning and childcare service outside of the home, 29% (n=34) indicated that they had made alternative plans anyway during the summer months, owing to usual service closures during this time. 20% (n=24) indicated that childcare would no longer be needed as other people in the household could look after the children. 12% (n=14) reported concern about their child/children's health as the primary reason. 8% (n=9) indicated that uncertainty about restrictions and social distancing measures informed their decision, while 4% (n=5) reported that there are other vulnerable people in their household and this has informed their decision.

This Ipsos MRBI survey was undertaken before detailed public health guidance was published. The survey is currently being repeated to explore any changes in parental plans once restrictions are lifted.

The initial reopening of services will take place during a period when more than half of all services are normally closed. According to the Annual Early Years Sector Profile 2019, just 40% of services operate for 48 weeks or more of the year. A survey of providers currently underway will assist in verifying the actual numbers.

Demand for retention of pre-COVID-19 places is likely to fall because of job losses among parents, continued home-working by some parents, and concern among some parents about health risks of bringing their children into early learning and childcare services.

At the same time, demand for new places may rise as a result of a fall in usage of grandparental care and other arrangements. It is expected that the demand for places will rise progressively over the summer and autumn as an increasing number of parents return to work and confidence grows among parents in the public health measures adopted.

If there is insufficient capacity in a service, which is unlikely, then children will be allocated places in order of priority including: children of health, social care, other frontline and essential workers; vulnerable children experiencing poverty, disadvantage or child welfare issues; children with special needs; children registered in a childcare service on 12 March and children who didn't previously use childcare service but whose parents are now seeking a place.

### *Health Guidance*

Services which reopen must adhere to the HSE Health Protection Surveillance Centre's guidance document 'Infection Prevention and Control guidance for settings providing

childcare during the COVID-19 Pandemic' and the Health & Safety Authority's 'Return to Work Safely Protocol'.

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

A report to Government on the reopening of schools, entitled *Planning for Reopening Schools* in line with the Roadmap for reopening society and business, was published on 12 June. The report is available on the Department of Education and Skills website at <https://www.education.ie/en/covid-19/planning-for-reopening-schools.pdf>

The report outlines the ambition of the Department of Education and Skills to develop a sustainable plan to reopen schools, the overriding objective of which is to protect the health of staff and students while promoting the educational and developmental needs of the nation's children. The Department of Education and Skills considers that fully reopening schools for all children in a safe way is the clear objective for the end August/September 2020.

Managing the re-opening of schools is a massive logistical operation that will need to be carefully planned and managed. Supporting the wellbeing of school communities (students, school staff and parents) will be a key element of the plan for reopening schools.

Key activities underway to implement the optimum model for reopening schools include public health guidance, guidance and templates to enable schools comply with the requirements of the national Return to Work Safely Protocol, awareness raising and training, enhanced cleaning regimes, preparations for good hand hygiene, mental health and wellbeing guidance, tailored teaching and learning and curriculum, blended learning/alternative provision, consultation and communication.

The Department of Education and Skills has engaged with the Health Protection Surveillance Centre in the HSE in relation to receiving their advice to inform and provide guidance to schools. Interim recommendations for the reopening of schools and educational facilities have now been received by the Department from the Health Protection Surveillance Centre. These will inform and facilitate the immediate issuing of guidance to primary schools and parents to support the delivery of summer provision for children with complex needs and those at greatest risk of educational disadvantage.

The Department is now engaging with primary and post-primary management bodies and trade unions on the interim recommendations from the HPSC as an initial step towards detailed planning for reopening in late August/September.

The Department will publish the guidance for schools to support the delivery of summer provision.

A supporting statement will place the HPSC interim recommendations in the appropriate context for August/September reopening as a working document which will be updated by the HPSC to reflect the changing situation of COVID-19 epidemiology as the summer progresses.

The Department's approach (and underpinning policies, procedures and systems) will have to provide for the necessary agility, to align with the public health objectives whilst enabling the education of our pupils to the greatest extent possible.

### 5.3. Inclusion

On 12 June the Minister for Education and Skills, the Minister for Health and Minister of State for Disability Issues announced Summer Provision 2020 – a significantly expanded programme for children with special needs and students in DEIS schools.

#### *Summer programme for children with special educational needs*

The Department of Education and Skills has published details of a summer programme for children with special educational needs enrolled in special schools, special classes and mainstream classes. The programme incorporates some aspects of the July Provision of previous years.

*Summer Provision 2020 – Reconnecting with Education*, is a significantly expanded programme for children with complex special educational needs which aims to re-establish the child's relationships and connection with school and their peers as a basis for learning and participation and to help the child to re-engage in learning and social activities and help them adapt to new routines and changes. The programme aims to ensure, in so far as possible, that the child can reintegrate/transition into their planned education setting for the next school year with their peers. In-school or home-based supports by teachers and SNAs will help to prevent regression among children with special needs.

The eligibility criteria have been widened to include the following categories of children:

- Pupils with a diagnosis of Autism
- Pupils with severe and profound learning difficulties
- Any child in a special school or a special class in a primary school
- Children transitioning into a special class from early years settings to primary school

- Pupils in primary school mainstream classes who present with the following disabilities:
  - Children with Down syndrome
  - Children who are Deaf or most severe hard of hearing
  - Children who are blind or have a most severe visual impairment
  - Children who have a moderate general learning disability
  - Children with severe emotional behavioural difficulties

All special schools and primary schools with special classes are invited to provide the school based summer provision for their students. This programme will run for a minimum of two weeks and can extend up to four weeks where the schools, teachers and Special Needs Assistants are willing to participate.

Home-based provision will be available where a child's local school is not providing a programme or does not have the capacity to accommodate a child in a planned programme this year. In this situation, the Department will provide grant funding towards the engagement by Parents of a registered teacher/SNA to provide home based support for 10 hours a week for 4 weeks. The programme will be reliant on schools, teachers and Special Needs Assistants (SNAs) choosing to participate on a voluntary basis.

A dedicated online registration system for families of children with special needs to access Summer Provision is now available on [Gov.ie/summerprovision](https://gov.ie/summerprovision). Parents are asked to register their participation online, providing some outline information of the extent of their participation in the programme e.g. number of weeks. Once registered, the parent is then free to plan and organise the programme for their child by consulting with the child's school and securing the services of a teacher or SNA.

Full information on the scheme and its various strands, including guidance information for parents, is available at [Gov.ie/summerprovision](https://gov.ie/summerprovision). Eligible schools have been invited to register online for the programme. Once registered, they can then set out planning and organising the delivery of the programme.

A total of 200 schools have registered for the summer programme so far, 199 schools of which intend to run the School Based Education Programme and 35 of these will also make the school premises available to the HSE for its programme. One school has registered who will be making the premises available to the HSE only and will not be providing a school based programme. The estimated number of children involved is 3,400.

Almost 8,500 families have registered for the Home Based Programme in respect of 9,169 children.

*Summer programme for children at greatest risk of educational disadvantage*

For many socio-economically disadvantaged students remote learning presents a particular challenge as many of these students and their families have limited opportunity to engage with learning in a remote teaching environment. It is generally acknowledged that these pupils are at more risk of disengaging in a remote learning environment relative to their peers, and may fail to make successful transition to a more senior class or struggle to re-engage with school entirely becoming at risk of early school leaving.

In 2020, in response to the challenges faced by schools due to school closures under COVID-19, all 692 DEIS primary schools are being offered the opportunity to run a week long summer camp and a new summer education programme is being offered to the 198 DEIS post-primary schools. These camps are voluntary in nature and it is a matter for each DEIS school to consider if they are in a position to run a programme this summer.

It is a matter for the school to decide on which week is most appropriate to run the summer camp. There has been engagement and consultation with relevant management bodies and information sessions held via webinar.

Communications issued to schools following the Ministerial announcement on 12 June. These programmes are intended to supplement, not replace, the School Completion Programme which is a targeted programme funded by Tusla under the remit of the Department of Children and Youth Affairs and operationalised by Local Management Committees.

The summer camps will support pupils' wellbeing, their sense of connectedness and enable them to re-connect with peers and teachers and to promote their re-engagement with school. The emphasis of the programme is on supporting those pupils who are considered by the school as having the greatest level of need, particularly in relation to the themes of the school's DEIS action plan.

Training is being offered to teachers via webinars. The first session has been developed by NEPS with a focus on the impact of COVID-19 on teacher and student wellbeing and reconnecting with school in the current situation. The second session will cover the principles of the summer programme providing advice on the approach to be taken and will be provided by the relevant support services. The webinars will be recorded and made available for further reference.



Over 200 schools have indicated that they will participate in the summer camps programme for disadvantaged children. The number of post primary applications for the DEIS summer programme is currently 34.

#### 5.4. Leaving Certificate Students

Work is continuing on the implementation of the Calculated Grades model which has been established to provide Leaving Certificate students with accreditation for the senior cycle learning in 2020, so that they can progress to further study and/or the world of work.

Governance arrangements for the oversight of the Calculated Grades process have been established, including a Programme Board which provided governance and decision making for the overall project; an Independent Steering Committee which will provide an assurance to the Minister of the quality and integrity of the outcomes of the calculated grades model; and a National Standardisation Group which will work directly with the staff of the Calculated Grades Executive Office in the standardisation process.

The national standardisation process will commence when the data from schools is received and has been subject to a process of validation.

Students will be given an opportunity to confirm to the Calculated Grades Executive Office in early July that they wish to receive calculated grades.

**Assess parental demand and childcare provider capacity as facilities reopen.**

**Assess special education summer programme reach and impact.**

**Finalise guidance and plan for September reopening of schools.**

## 6. Children and Families – Targeted Supports

Earlier iterations of the *Report on Social Implications of COVID-19 in Ireland* identify a range of issues impacting on children and families including child protection and welfare issues, family supports, supports for young people and victims of domestic, sexual and gender based violence (DSGBV).

### 6.1. Child Protection and Welfare

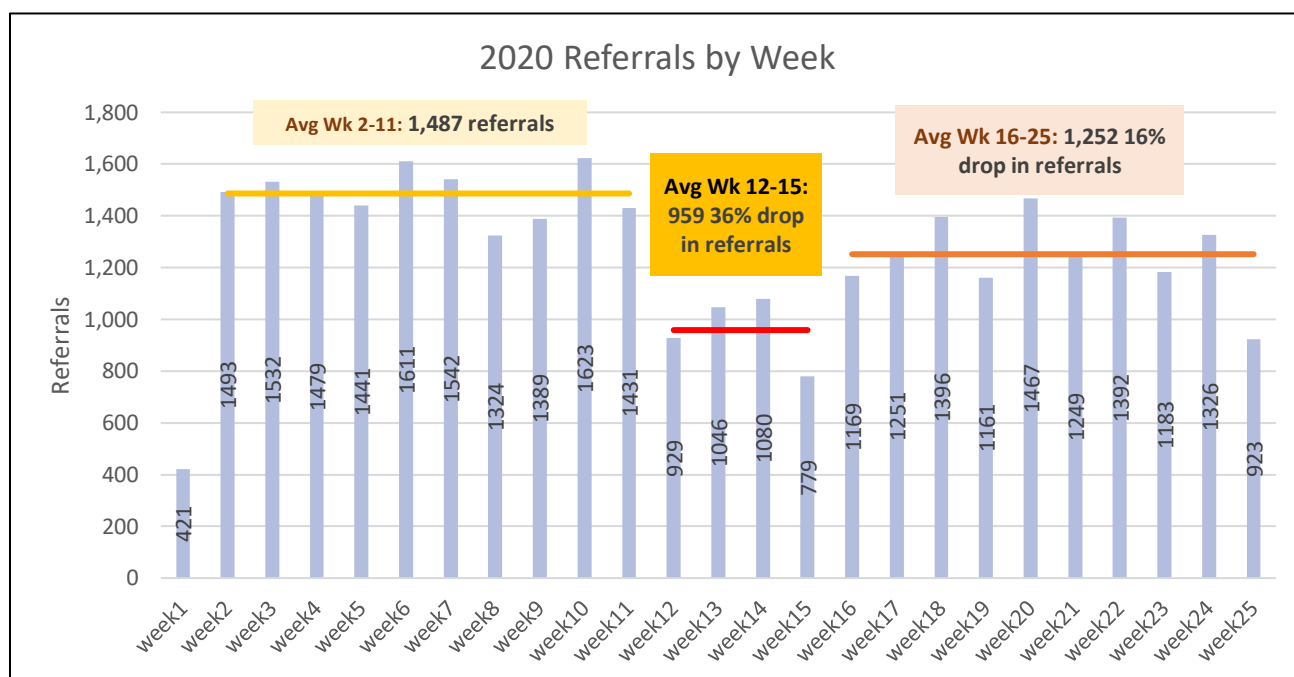
Tusla social workers in child protection, children in care and fostering teams are continuing to provide essential frontline services to children in need and their families. Disruption to actual services saw approximately 30% of normal home visits to families being maintained with the balance done through remote and technology based contact. Contact visits (Access) for children in care reduced substantially with face to face being possible only in certain situations.

At present there are approximately 973 children listed on the Child Protection Notification System (CPNS) as of the 14th June 2020. As noted in previous Reports, 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.

#### *Referrals to Tusla's child protection services*

Overall Tusla reported an initial drop of 36% in referrals in the four weeks following Covid restrictions being enacted, the subsequent 10 week period saw a drop of 16% in referrals compared to the first 10 weeks of this year.



### *Children in Care*

As outlined in earlier Reports, DCYA, Tusla and HIQA have worked closely to prepare for the potential increase in demand for temporary foster placements.

### *Impacts in key areas of risk:*

#### Legal Action and the District Courts

During the COVID-19 emergency period, the Courts service suspended normal operations. Remote and virtual hearings were available and urgent cases were dealt with. Cases such as applications to vary access (family contact) orders and non-urgent matters have been adjourned. It is likely that when the Courts service resumes a full schedule that Tusla social work teams will have a significant increase in time spent on preparation for hearings and attending court.

#### Family contact visits (access)

Due to the lockdown and social distancing measures, many families of children in care have not been able to have face to face contact during the emergency period. Social work teams will have additional work to arrange and facilitate these visits, as a priority for children and families. There will be additional work to arrange suitable venues, conduct risk assessments and prepare children, families and carers for resumption of face to face visits.

#### Potential increase in risk for children during lockdown period

Media reports suggest the impact of lockdown on children and families in New Zealand and the UK indicate that children who were already at risk are likely to be in a higher category of

risk following lock down. This may result in more children being listed as active on the CPNS, or being received into care. Children on the CPNS and children in care are required to have an allocated social worker at all times, and an increase of children in either category will place strain on social work teams already operating at capacity. The teams may need to operate a waiting list for children who are not in a higher risk category or in care.

#### Risk of increase in referrals

Tusla has expressed concerns that if a sudden increase in referrals due to restrictions being lifted was to occur it may result in a backlog of work and potentially impact child safety and welfare of high threshold cases.

The core business of child protection social work has continued throughout the pandemic and social work teams will continue to use existing procedures to prioritise cases and respond to immediate need as required.

Tusla's senior management team in collaboration with DCYA staff have been holding meetings on a regular basis during the crisis. This close regular observation of key issues allows for risks to be assessed, responses planned and situation monitored in a rapid proactive fashion.

In some Tusla areas, pre-existing arrangements have allowed for social care leaders to take on some tasks, allowing Social Workers to prioritise children at higher risk or more urgent work such as legal hearings.

A major contributing factor to the agency's ability to manage these risks has been the rapid enabling of remote working for 4,000 of the Agencies 5,000 staff it has proven vital for service continuity.

## 6.2. Family Supports, Youth Work and Community Based Services

### *Youth and Youth Sector*

Since the very beginning of the COVID-19 crisis youth services have been working to maintain supports, particularly to vulnerable young people most in need. As noted in previous Reports, there are reports that many young people are experiencing heightened levels of anxiety, isolation, loneliness and depression at the present time.

The Minister for Children and Youth Affairs published updated *Guidance for Youth Organisations on Resuming Full Services after COVID-19* on 10 June. The guidance was first published as a living document on 2 June and was welcomed by the sector and key

stakeholders. It has currently being updated in line with Phase 3 of the Roadmap. Guidance will go live on 29<sup>th</sup> June.

The National Youth Council of Ireland, in partnership with DCYA, has also produced online induction training for staff and volunteers to support the phased resumption of full services.

In resuming full services, the youth sector also plans to embed some of the innovations which were developed in response to the crisis as part of the longer-term service model. Some of these innovations have enabled the sector to reach larger numbers of young people and to offer new and enhanced support to young people in rural areas or more isolated situations.

DCYA officials will continue to work with sector representatives and colleagues in other Government Departments on 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.

#### *Consultation with Young People*

Data released by the CSO indicates, as well as reports from the youth sector, that many young people are experiencing heightened levels of anxiety, isolation, loneliness and depression at the present time. In recognising these findings, DCYA has launched a consultation with young people on the topic of mental health and wellbeing. The consultation follows engagement between D/Health, DCYA and youth sector stakeholders. It is being designed with input from a Youth Advisory Group with a view to eliciting the views of young people on what is working well for them, what is more challenging for them and what would/could be useful to young people to improve their mental health and well-being over the coming summer months and beyond.

It is intended that the consultation exercise will help to inform (1) future content and provision within #InThisTogether as it pertains to young people and (2) youth service design and delivery over the summer and beyond. It will also assist Government in (3) developing any other appropriate policy responses on relevant issues and (4) in leading out on a broader whole of society response to COVID-19 as relevant to the lives of young people.

The Youth Advisory Group met on 16 June and preparatory work is ongoing with a view to opening the consultation later in June. It will be hosted on [www.spunout.ie](http://www.spunout.ie).

#### *Let's Play Ireland and National Play Day – Playful Homes: Playful Communities*

Playing is central to children's physical, mental, social and emotional health and wellbeing. Under the banner of Let's Play Ireland, DCYA will support National Play Day 2020 with the

theme Playful Homes: Playful Communities on 4 July. DCYA collaborates primarily with the Local Authority sector to implement National Play Day and, through a small funding programme, supports a wide range of activities and programmes to take place.

The main goal of the campaign is to promote National Play Day on 4 July and encourage families to take part however they wish. DCYA will create a short video providing some ideas on activities families can do, indoors (a dance session) and outdoors (street games).

The video will be promoted through social media on Facebook and Instagram with the goal of reaching parents who might want to take part.

We will host more information on National Play Day on the Let's Play website, including a list of activities in Local Authorities.

#### *Parentline*

Parentline were provided with additional funding from DCYA under the What Works Initiative to develop its Child to Parent Violence and Non-violent Response Programme which is delivered remotely to parents on a one-to-one basis. They have experienced a large increase in demand for the programme for parents and are training additional volunteers to meet the increased demand. In response to an increase in the overall number of calls from parents, Parentline has introduced a temporary and limited weekend service in addition to its weekday service.

#### *Youth Diversion*

Garda Youth Diversion Projects were deemed an essential service and continued to operate – with minimal face-to-face contact – during the restrictions. Face-to-face work with young people is being resumed in line with the roadmap agreed for youth services generally. The Department of Justice and Equality is working with the Participation Hub to resume consultations with young people on the Youth Justice Strategy from July onwards.

### 6.3. DSGBV

An Garda Síochána are currently reporting a 25% increase in domestic abuse incidents on the same period last year. Operation Faoiseamh continues to specifically address this issue.

As noted in previous Reports, Tusla continues to take measures to ensure services are responsive to the needs of victims of all domestic, sexual and gender-based violence.

Over €0.5m has been allocated by Tusla for additional supports. Tusla redeployed six members of staff to emergency accommodation services for victims of domestic violence. Tusla continues to engage with local service providers and relevant stakeholders to ensure a continuity of service for victims of domestic, sexual and gender-based violence. Domestic Violence services were challenged by COVID-19 in the context of the emergency refuge accommodation infrastructure available. Mitigation actions were taken to support providers to maintain essential services, such as securing extra units of crisis refuge accommodation. As of the 5 June, to mitigate the impact of social distancing and isolation measures in refuges, an additional 49 refuge and non-refuge accommodation units for service users have been secured in the community through the efforts of local services with support from Tusla.

Domestic violence support services reported reduced demand in March/April and increased demand for services thereafter, with significant complexity in many situations and variation in patterns of use. Restrictions arising from Covid-19 necessitated revised admission policies, which may have impacted on the level of service that could be offered. Overall over 25% of units have remained vacant in the system throughout the COVID-19 period.

The numbers of service users of Sexual Violence services maintained at approximately 90%. An early drop in activity levels has been restored to pre-COVID levels, with a small number of services reporting increased demand in mid-June. Sexual Assault Treatment Unit referrals are reduced and sexual violence services/Rape Crisis Centres are not currently attending hospital settings.

Waiting lists for sexual violence services have remained largely stable. Reduced demand by current clients in some cases, including pausing counselling because of the challenges around accessing services in restricted circumstances, has had a positive impact on waiting lists. However this will require careful management and attention following return to normal service delivery. Over the period of the crisis, service provision in both Domestic Violence and Sexual Violence services largely moved to telephone and online support, with the exception of some on-site support in refuges. Support focused on 'crisis' support due both to client demand and services' capacity to respond. Since 6 June there has been a gradual progression to reinstate face-to-face services and plans are underway for reconfigured 'business-as-usual' across the services.

The Department of Justice and Equality is currently finalising an analysis of its responses to COVID-19 in the area of DSGBV and an action plan for further reform. The analysis will include a) a review of adaptations in service delivery put in place as a response to COVID-19 that could be made permanent, b) other relevant reforms and changes in train with timescales and assessment of any resource implications, and c) assessment of additional responses –

including legislative changes – that should be considered. The analysis and action plan will be completed shortly.

### *Rent Supplement*

The Department of Children and Youth Affairs and Tusla worked with providers and the Department of Employment Affairs and Social Protection to secure access to rent supplement for victims of domestic violence for the period of the current emergency. The Minister for Employment Affairs and Social Protection has announced changes to make Rent Supplement available more easily to victims of domestic violence.

Under these changes, victims of domestic violence can get immediate access to Rent Supplement for a three month period to ensure that they are not prevented from leaving their home because of financial concerns. The usual Rent Supplement means test will not apply for this three month period. Support can also be provided with rent deposits. The process will work based on referrals from Tusla-funded services; referrals from An Garda Síochána and the HSE will also be possible.

After the three-month period, a further three-month extension may be provided, subject to the usual Rent Supplement means assessment. After six months, if the tenant has a long term housing need, they can apply to their local housing authority for social housing supports and, if eligible, will be able to access HAP.

Work is ongoing to finalise the protocol for the operation of these new arrangements.

**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.**

**Review existing return to services in these areas vis-à-vis revised Roadmap.**

**Contingency planning for any post-COVID surges in referrals/demands and associated risks.**

**DJE to carry out analysis of its responses to COVID-19 in the area of DSGBV and an action plan for further reform**



## 7. People of Working Age/Adults – Targeted Supports

Issues identified in earlier iterations of the *Report on Social Implications of COVID-19 in Ireland* for people of working age/adults include potential impediments to returning to work, financial stresses as a result of the pandemic including risk of poverty and personal insolvency, and access to justice. Certain groups are also identified which may be more impacted by COVID-19 including those in homelessness and direct provision.

### 7.1. Return to Work

Return to work for many people, specifically those with younger children, remains dependent on the availability of childcare in the immediate term (see Reopening of Childcare Facilities) and on the reopening schools in August/September (see Planning for the 2020/2021 School Year: Reopening of Schools).

As noted in previous Reports, public transport is also a key facilitator for returning to work. At the onset of the COVID-19 Emergency in mid-March, there was a sharp drop in passenger numbers across all forms of public transport. By the beginning of April the situation had stabilised in the sector with overall passenger numbers having fallen by approximately 90% of normal levels. However, since the implementation of Phase 1 and Phase 2 of the Government's Roadmap, passenger demand has increased, albeit from extremely low levels. On most days Dublin Bus, Go Ahead and Bus Éireann are all carrying over 30%, Luas is between 20% and 30% and Irish Rail are between 15% and 20% of pre-COVID levels. The pattern of public transport usage has changed and the peak loading is now spread across wider parts of the day.

Maintaining social distancing on public transport has a severe impact operationally by reducing the carrying capacity of the public transport fleet to approximately 20% on buses and 12% on rail. In the case of a double decker bus this equates to c. 17 seats, while for coaches it is c. 12 seats.

The National Transport Authority (NTA) has implemented a number of measures in an attempt to mitigate the risk associated with the capacity constraints on the network including: continued messaging that public transport should only be used for essential travel, with only those who absolutely have to travel at peak times (before 9.30am and between 3pm and 6pm) doing so; strongly encouraging people to walk or cycle where possible; and encouraging organisations to continue to facilitate working from home, remote learning and online appointments where possible to ease the pressure on the system, particularly during peak hours. Customers are also being urged to wear face coverings while on public transport in order to increase protection for other customers and for public transport workers.

Since the commencement of Phase 2, moderate increases in the PSO system's overall capacity have been achieved by returning to normal Monday to Friday bus timetables. The DART and the majority of the commuter rail services have also returned to Monday to Friday levels of service. Staggered retail opening has also helped to reduce the pressure on the system in Phase 2.

Despite the above outlined demand management measures, there is a high risk that the capacity constraints on the network, in conjunction with the anticipated increase in passenger numbers, will result in demand outstripping supply in Phase 3. The NTA and the PSO transport operators will continue to monitor the need for additional services and introduce them where needed, subject to availability of fleet, drivers and funding.

The Department of Transport, Tourism and Sport and the NTA have developed proposals for increased fleet utilisation based on a balanced assessment of public health, social and economic factors.

## 7.2. Income/Risk of Poverty

As sectors continue to reopen and more people return to work, the public health measures (particularly social distancing) continue to have an impact on the way in which many workplaces carry out their business. Many have modified their work practices and demonstrated their ability to adapt. However there are some businesses that, by their very nature, will not be able to implement a strict 2 metre distancing requirement and still be commercially viable. Others may experience a reduction in demand, productivity or the level of service provision they can support. This could in turn affect the working hours of their employees, potentially resulting in reduced income levels.

The Government has approved extensions to the Pandemic Unemployment Payment and the Temporary Wage Subsidy Scheme until the 10 August and 31 August respectively.

On 22 June approximately 465,900 people received their weekly payment of €350 under the COVID-19 Pandemic Unemployment Payment scheme. This is a reduction of approximately 32,800 on the number of people paid the previous week.

The overall value of the weekly payment is in the region of €163 million. A total of 693,800 people have received at least one payment since the scheme started.

Since the commencement of Phase One of the Government's Roadmap for the Reopening of Society and Business, over 125,000 people have closed their claim as they have returned to work.

As well as those availing of the Pandemic Unemployment Payment, there are now over 62,800 employers who have registered with the Revenue Commissioners for the Temporary Wage Subsidy Scheme with at least one subsidy being paid in respect of over 552,200 people under that scheme since it began. An estimated 405,000 employees are currently being supported by the scheme having received a subsidy in their most recent pay period.

The above payments are in addition to the 225,600 people who were reported on the Live Register as of the end of May.

### 7.3. Access to Justice

A series of adaptive measures continue to be taken by the courts under new Practice Directions issued by the judiciary to ensure continuity of function. These include video-link appearances from prisons for all people currently in custody; judgements being issued online; avoiding the need for legal practitioners to attend Court (all jurisdictions); on-line training and e-manuals for staff; e-meetings; conduct of hearings by video technology and of suitable submission-based civil cases.

Work has been done in identifying the maximum numbers of people that can be admitted to courtrooms and court waiting areas and the installation of signage; identification of worker representatives to support the management of COVID-19 in workplaces; a public information video focusing on the key health messages and the steps that have been taken by the Courts Service to adapt to the current situation.

A crime recovery programme team has also commenced work to identify the business on hand in each of the jurisdictions, project the likely new business to come before the Courts in 2020 and begin the process of identifying the most urgent criminal trials, with the assistance of the Office of the DPP. Similar work will be carried out in relation to civil proceedings.

New supporting legislative provisions are in preparation to address key changes including the availability of E-Filing and Statements of Truth in support of more efficient court proceedings. Adaptive measures are being considered in relation to the management of juries. Priority is also being given to the early establishment of the new Mediation Council under the terms of the Mediation Act 2017 in support of greater use of mediation as an alternative to court proceedings.

The innovations and adaptive technologies being applied by the Courts in maintaining key functionality and business continuity during the COVID crisis which have also reflected the Government's focus on more vulnerable citizens, are now feeding into the ongoing development of the Courts Service Modernisation Programme.

The current position in relation to demand for civil legal aid through the Legal Aid Board (LAB) has been heavily impacted by COVID-19, as shown in the table below:

	May 2020	May 2019	YTD 2020	YTD 2019
Number of applications	830	1,586	5,635	7,841

Demand for services in May 2020 was 48% lower than in the same month last year. Demand for the first five months of 2020 is 28% lower than the first five months of 2019. This has had an impact on the size of the waiting list, which stood at 1,362 at the end of May. However this is expected to be a temporary respite and demand is expected to grow rapidly again over the coming months. At the same time LAB has innovated and identified positive aspects of the COVID-19 crisis as an opportunity to develop new ways of responding to normal work demands. These have included a Legal and Mediation Information Helpline as a result of the COVID-19 crisis and is investigating the possibility of using the Helpline as a gateway to a telephone mediation service. LAB has also introduced a Video Mediation Service since 11 May. The LAB now has a COVID-19 Response Plan in place, staff engagement has begun and an online induction programme for return to office is underway. Worker representatives have been appointed to all offices with the target date of 22 June set to have sites partially reoccupied.

#### 7.4. Personal Insolvency

There has been a very successful collaboration between the Insolvency Service of Ireland (ISI) and the Courts (with the support of the LAB and the Community Information Board and MABS who are, like the ISI, delivery bodies for the Abhaile Scheme). This has been conducted by way of ensuring that personal insolvency processes can continue to effectively operate during and beyond the current COVID-19 crisis. This has built on early agreement with the Courts Service and insolvency judges to relax certain court procedures and to consider applications for a Personal Insolvency Agreement, Debt Settlement Arrangement or a Debt Relief Notice on the basis and acceptance that the Personal Insolvency Practitioner or Approved Intermediary has submitted them on an emergency basis.

The ISI and the Association of Personal Insolvency Practitioners, in consultation with the Banking and Payments Federation Ireland (BPFI), agreed a protocol and templates in respect of seeking payment breaks for those debtors where income has been impacted as a result of the COVID-19 crisis. A range of electronic, video and social networking platforms are being used in support of both the Insolvency and Abhaile Services and will be retained as innovations in support of a return to business as normal. There will be a backlog of insolvency proceedings or settlements which have been disrupted by the COVID closedown along with new cases arising from losses of employment and income over the emergency period and appropriate measures are being prepared to manage these demands.

The ISI is seeking to reduce court involvement in its processes thus diverting some of the burden in this area from the courts. The Department of Justice and Equality is in ongoing consultation with ISI on early legislative measures in response to COVID with a view to addressing them by September 2020. There are also legislative proposals for wider insolvency law reform which are now part of a more medium-term review.

### 7.5. Homelessness

As described in previous Reports, there has been a reduction in the numbers of people accessing homeless emergency accommodation due to the work of local authorities and their service delivery partners in supporting households to exit homelessness to a home, additional properties being secured and the establishment of Housing First tenancies for individuals who had been rough sleeping or long-term users of emergency accommodation.

Safetynet Primary Care, which offers a comprehensive primary healthcare service targeted at people who are homeless, is working closely with the HSE to carry out testing in hostels where the most vulnerable are prioritised.

As previously noted in the last Report, a bespoke COVID-19 community assessment hub for homeless and vulnerable groups in Dublin city centre has been established, provided by Safetynet and the Mater Hospital and supported by the HSE. The Safetynet doctors and nurses, together with public health staff, collaborate in relation to contact tracing and testing on close contacts on day 0 and day 7. This collaboration has extended to collaboration on the COVID tracker and the contact management programme.

## 7.6. Immigration and Direct Provision

The Department of Justice and Equality and the HSE continue to work 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.

All accommodation centres continue to follow 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 Department of Justice and Equality's International Protection Accommodation Service (IPAS) and the HSE's National Social Inclusion office have now completed a risk assessment of each of the 83 locations where international protection applicants are being accommodated. The assessments were structured in accordance with the recently developed Risk Assessment Framework. Centres have now been prioritised for follow up actions, designed to strengthen their COVID readiness.

As set out in previous Reports, the Department of Justice and Equality had established self-isolation facilities in Dublin, Cork, Limerick and Dundalk with a total capacity of 299 bedrooms. Given the significant reduction in the volume of suspected or confirmed cases, one facility has now been closed and three others re-purposed.

The Department of Justice and Equality continues to work with the HSE in relation to accommodation provided by the HSE for care workers providing emergency services. In 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. DJE 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. A relatively low number (41 individuals) have taken up this offer to date.

IPAS is continuing to work on the challenges of safely re-opening the accommodation locations to inspections, IPAS clinics, visitors, Friends of Centre etc. To this end, IPAS has issued guidance for centre managers on the first phase of relaxation of the restrictions on visitors to the centre.

IPAS is developing a person-centred accommodation strategy for the management of applicants who were transferred to hotels in support of COVID measures including the moves

of residents who self-accommodated during the pandemic and wish to return to IPAS accommodation. This strategy is in keeping with the commitment to maintain a maximum of three non-family individuals per bedroom.

IPAS and HSE are developing an agreed approach to new arrivals into the direct provision system, which provides for the safe accommodation of new arrivals and minimises the potential for outbreaks within centres.

Data on new arrivals into the International Protection system are detailed in the table below:

	Jan	Feb	Mar	Apr	May
<b>New IPO Applications</b>	306	246	177	30	N/A
<b>New Applicants Accommodated by IPAS</b>	225	181	123	18	11

The Department of Justice and Equality has initiated an internal 'Review of Procedures for opening new International Protection Accommodation Centres in a COVID-19 situation'. The review aims to identify new arrangements and delivery mechanisms that worked well and should be retained for post-COVID application, and to identify processes for review in the event of a second wave of infection.

**NTA to continue to monitor demand for and capacity of public transport and take additional measures to underpin public health guidance and allow for increased fleet utilisation.**

**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**

**IPAS/HSE will:**

- Follow-up on the risk assessment process in order to strengthen each centre's ability to manage infection prevention in the COVID context.**
- Agree and implement an accommodation strategy to ensure safe re-accommodation of residents who have been living off-site and wish to return to IPAS accommodation.**
- Continue to engage with and direct centre managers on the re-opening of centres to visitors, friends of centre groups and IPAS staff.**

**Department of Justice and Equality to carry out internal 'Review of Procedures for opening new International Protection Accommodation Centres in a COVID-19 situation**

## 8. Equality Impacts

Earlier iterations of the *Report on Social Implications of COVID-19 in Ireland* acknowledge 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.

### 8.1. Women and Girls

The Department of Justice and Equality has carried out a preliminary analysis of data on the gender implications of COVID-19.

Information available to date confirms that there are gender differences in the number of people who acquire the virus, the severity of the illness that they experience and the extent to which they recover.

In terms of the employment impacts of the pandemic, the Department of Employment Affairs and Social Protection in collaboration with the Central Bank of Ireland published a working paper '*The Initial Impacts of the COVID-19 Pandemic on Ireland's Labour Market*' in May. This showed that those who have lost their jobs as a result of COVID-19 are more likely to be young, low-paid, women workers who were previously in part-time employment, reflecting their higher share in the retail and hospitality sectors. The study found the early waves of those seeking Pandemic Unemployment Payments were more likely to be women. Later waves, however, saw an increase in the share of men claiming the payment. This correlates with CSO data from May that reported men (50%) were more likely than women (44%) to have their employment situation affected by COVID-19.

However, if the loosening of restrictions occurs in reverse order to the introduction of these measures, as is expected, this will result in the labour market recovery taking longest to reach some of the worst affected sectors, including accommodation and food services, and the types of workers typically employed in these sectors are disproportionately the young and women.

As already recognised in this Report and earlier iterations, childcare issues can be a significant life effect arising from the pandemic and childcare and other family caring responsibilities are disproportionately borne by women. Almost a quarter (24%) of persons aged 35-44 reported experiencing childcare issues, with more females than men experiencing this life effect. More females (21%) than men (15%) are caring for a dependent family member or friend. Lone parents in particular, of whom almost 90% are women, have a concern around increased risk of COVID-19 infection when they return to employment, given their role as sole carer for their children.



## 8.2. Vulnerable groups

A paper was developed which updated NPHE on the response to the COVID-19 pandemic risks among socially excluded groups. The paper:

- describes socially excluded groups and their risks from COVID-19,
- reports on the data on Covid-19 outbreaks and cases,
- details the preventative and ameliorative measures to contain Covid-19,
- outlines the structures and communications to manage the response, and
- highlights some policy lessons emerging.

Groups accessing social inclusion services in the community as well as congregated settings are included within the vulnerable people categorisation. These include people who use drugs, people who are homeless, people applying for international protection, Travellers and Roma, and undocumented migrants. Collectively, these groups are referred to as 'socially excluded', as they are unable to participate in activities considered the norm in society due to inadequate income and resources, including housing, education and health resources.

Overall, the impact of COVID-19 was greatly minimised by an intensive and collaborative response from government, the HSE and civil society. This is especially evident in congregated settings, where the risk of outbreaks was much greater. Socially excluded groups were prioritised both individually as complex cases and also as part of congregated settings. They received priority action in terms of detection, case management and contact tracing. A fast track flexible approach was used for complex cases in these communities. This enabled fast action and minimised further spread.

Key to the government response to COVID-19 among vulnerable groups is the enhanced cooperation between departments, agencies and NGOs. This is most apparent in homeless services and reflects existing relationships and contacts. The engagement with NGOs and advocacy groups has also supported the development and implementation of the necessary measures for vulnerable groups.

**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.**

**Equality considerations, including gender equality, will form an important aspect of planning for post-pandemic recovery. The Department of Justice and Equality will support the Department of Public Expenditure and Reform in this work.**



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