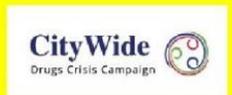


COVID-19 NGO GROUP



MARGINALISED GROUPS

PROMOTING EQUALITY, INCLUSION
AND HUMAN RIGHTS IN THE
COVID-19 CRISIS

A JOINT SUBMISSION

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1. Introduction

Prompted by the COVID-19 crisis, a group of over 20 NGOs, facilitated by Community Work Ireland, have been meeting online to share information on COVID-19 related issues and challenges and the responses needed to mitigate the consequences for the already marginalised groups and communities that they represent.

While these organisations are diverse in terms of their own specific focus, what we share is a concern to ensure that those who are most marginalised and socially excluded are not further disadvantaged by the current crisis.

We acknowledge the huge challenges facing all of us at this very difficult time and collectively commend and support the enormous efforts on the part of Government, government departments, local authorities, state agencies, civil and public servants, and in particular the Department of Health, HSE, the NPHET and associated COVID-19 committees, as well as the courageous health carers at every level and others in seeking to deal with the multitude of complex and diverse medical, social, environmental and economic concerns that this pandemic is causing.

Notwithstanding these efforts, we wish to highlight a number of areas where additional supports or resources might be required to meet the specific needs of communities that are at particular risk of COVID-19 related vulnerabilities. While Pobal is not a member of the NGO Group, we have liaised with them and they are ready to support any additional initiative to assist in this regard.

In that context, this document sets out:

- Some of the positive developments to date that the organisations represented on the COVID-19 NGO group have contributed to in partnership with state agencies.
- Issues, challenges and recommendations to contribute to the efforts to flatten the curve of the virus within these particularly vulnerable communities and therefore across the population more broadly
- Recommendations for measures to ensure that we avoid the accumulation of social and economic problems for the future, particularly amongst communities experiencing poverty, inequality, discrimination and social exclusion.

As United Nations evidence reinforces, marginalised groups become increasingly vulnerable during emergencies.¹ There is clear evidence from agencies working on disaster and crisis response that equality is only considered when marginalised groups are able to participate in emergency response planning. Further, this evidence suggests that the most impactful responses are the ones which include the marginalised groups they target in their emergency response planning. It is critical, therefore, that their voices are present and heard as responses to the COVID-19 crisis are being planned and implemented. Inclusive and robust processes of consultation and engagement will strengthen the efficacy of responses and ultimately the resilience of these groups and communities in the immediate and long term.

The COVID-19 NGO group calls for all community supports provided to tackle and address the social and economic consequences of this crisis to be based on the following values. These values underpin the State's international and

¹ COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement - UN Women and Translators without Borders on behalf of the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf

regional human rights commitments (UN and CoE) and our commitments under the Sustainable Development Goals and Global Migration and Refugee Compacts (GCM and GCR) as well as our EU responsibilities including under the Fundamental Rights Charter.

Social Justice and Human Rights – i.e. putting in place measures to ensure that human rights are protected during this crisis and that those who were already marginalised pre-COVID are not further disadvantaged during the crisis and in post-COVID Ireland. All restrictions on rights must be necessary and proportionate. Human rights also provide a framework that should be used by the Government to frame its response to this public health crisis. The most vulnerable in the population must be prioritised and given special protections, as outlined throughout this document.

Collectivity and Community Empowerment – i.e. supporting groups, networks and organisations working directly with and representing marginalised communities to plan and work together to mitigate the worst effects of this crisis and develop collective resilient and empowering actions for the future.

Participation - i.e. ensuring the active participation of groups representing marginalised communities in local and national decision-making in relation to strategies to mitigate the worst effects of this crisis and develop collective resilient and empowering actions for the future.

2. Cross-Cutting Themes

The COVID-19 NGO Group has collectively identified a number of cross-cutting themes that affect some or all of the groups and communities they represent.

Naming and Targeting of Vulnerable Groups

We believe that the current list of vulnerable groups does not fully capture the reality of vulnerabilities to infection, ill health and health inequalities experienced by the communities as a result of poverty, social exclusion, isolation, insecurity and poor living conditions. The conditions experienced by many of these groups and communities means they are at enhanced risk of contracting and potentially spreading the virus *and* having to deal with the inevitable fallout of the crisis in a far deeper way.

- People experiencing or at risk of homelessness (including those in emergency accommodation, hotel accommodation, family hubs)
- Disadvantaged women, women experiencing domestic violence
- Travellers and Roma
- Lone parents
- People seeking asylum (the majority of whom are living in direct provision)
- Migrant communities including undocumented migrants
- People with disability
- People living in poverty and experiencing unemployment
- People experiencing poor mental health and mental illness
- People with addiction
- LGBTI+ Community
- Disadvantaged young people

Recommendations

- The list of groups being designated as 'vulnerable' and requiring specific and targeted supports should be expanded to include the following, with specific measures as outlined below being implemented to protect their health and wellbeing and that of the broader population
- The Community Response Forums and all funding streams focused on supporting people through this crisis should be asked to extend their support to and prioritise members of these groups.

Communication of HSE public health information, government guidelines and information on support available

While a great deal of the health information and government guidelines have been simplified and translated into various languages, there are still examples of wording and language that are too complex for people with low levels of literacy/education/English language.

Recommendation

- Ensure that all public information material is literacy proofed by agencies with specific expertise such as the National Adult Literacy Agency and available in different formats for print, radio, TV and on-line.

Tackling Isolation and Loneliness

Isolation and loneliness pose significant challenges for many people including: those living alone, lone parents, those in rural areas, in abusive or difficult domestic situations and those with mental health problems.

Recommendation

- Establish and resource creative methodologies for maintaining contact, support and communication with particularly isolated people including through provision of technology, online supports, one to one support, including 'flask' visits, on-line parenting and teen supports.

Making diversity visible

It is important that images and media reporting on the virus in terms of those affected and those volunteering reflect the diversity of Irish society. People need to see themselves reflected in the images being presented if they are to have a sense of being part of the community and part of the solution.

Recommendations

- All state funded advertising in relation to COVID-19 should be assessed to ensure that the diversity of Irish society is reflected therein
- All state funded strategies to engage and recruit volunteers should include a focus on targeting and supporting people from marginalised communities in their design and implementation.

Educating children and young people at home

Many children and young people from the communities and groups identified are already at risk of educational disadvantage. During this time, they are at increasing risk of further, serious, educational disadvantage. This may be because their parents are not in a position to support them with work being sent by the schools, they need specific supports to enable them to learn and these are unavailable at the moment or they do not have access to any of sufficient technology to enable them to access education. These include:

- Children and young people of parents with limited formal education
- Children and young people of parents with limited English
- Disabled children
- Children and young people living in poverty, overcrowded households and congregated settings
- Children and young people without/with limited access to the necessary technology
- Many Traveller and Roma children

Community development and local development organisations are reporting strategies to address this including staff phoning parents to see how they and their children are managing the situation but far deeper and targeted supports are required. While the current period of crisis indicates the need for immediate responses, the reality is that there will be disruption to education for some considerable period of time.

Recommendations

- Conduct an audit in association with community workers, community work organisations, youth groups and schools to assess technology deficits, including hardware such as computers/laptops and printers, software such as appropriate software to access online education, and appropriate and affordable Internet access.
- Where the audit indicates deficits, they need to be addressed immediately.
- Emergency interventions to support ongoing schooling where necessary for those at risk of educational disadvantage and early school leaving.

Supporting young people at home

Children, young people, and in particular teenagers, need the company of friends and peers. In a period when social distancing is critical, mechanisms need to be found to ensure that young people can stay in touch with their friends and peers remotely. Community workers and youth workers are reporting that young people from marginalised communities are increasingly feeling bored and anxious and this is being compounded by low levels of access to technology and online supports. Community development, youth and local development organisations are reporting strategies to address this including contacting young people through social media and organising on-line youth group and this needs to be extended.

Recommendation

- Allocate ring fenced resources to community development, youth and local development organisations to provide safe and secure technological supports to families and young people who are most at risk.

Emergency Legislation

We understand the rationale for the introduction of the Emergency Measures in the Public Interest (Covid-19) Act 2020. However, we believe that it is imperative that if the restrictions due to expire on the 5th of May are extended, there must be a human rights impact assessment to identify what groups are affected the most by these restrictions and whether the policing response has been appropriate.

We urge the government to gather as much data as possible so that all future elements of the government's response are informed by a sound evidence base. This is now possible given we have been living under some form of restriction advised by medical experts since the 12th of March.

The continued response to the public health crisis must be informed by human rights principles. The government should seek to ease the restrictions on our rights as soon as possible, in line with public health advice and the imperative of the rights protections in our Constitution.

Recommendations

- Ensure that all restrictions are necessary and proportionate and ease them as soon as it is safe to do so
- Conduct a human rights impact assessment to identify what groups are affected the most and assess whether the policing response has been appropriate
- Gather as much data on the impacts of the restrictions as possible

Building Resilient Communities

Building the resilience of communities to come through and recover from the COVID-19 crisis is critical and urgent. There is a need to begin planning for this immediately so that the medium and long-term negative impacts of the COVID-19 crisis on already marginalised groups and communities are mitigated and minimised.

The role and expertise of local and national NGOs working with disadvantaged communities needs to be recognised. Their role to date in shaping national and local responses has been invaluable. They need to be represented at all decision-making levels to ensure that the needs of the communities they represent remain on the agenda and effective responses can be developed. Community development approaches have been essential in supporting individuals with complex needs in the current context of social distancing, isolation and cocooning. These approaches will be even more critical to rebuilding communities and ensuring that disadvantaged groups are supported.

Recommendations

- Ensure representation of relevant NGOs representing the groups named in this document within all processes of decision making relevant to these groups.
- Support community development organisations and community workers to support the resilience of communities during and after the period of alert.
- Undertake an equality audit in relation to resources invested in communities during this crisis.
- Ensure all supports and services being developed are delivered in rural areas and take cognisance of the added difficulty of supporting disadvantage in rural areas.

Public Services Post-Crisis

We know that there is no going back to the old way of doing things. Radical actions have been taken to protect as many people as possible, and new ways of doing things have been found in a time of crisis.²

The COVID-19 crisis has brought a renewed recognition of the importance of public services. Throughout the crisis, policy responses have been developed to an extent that could not have been imagined pre-crisis. Some of these involve positive changes to our social protection system and public services aimed at affording the best outcomes for people. This includes the enhanced COVID-19 Pandemic Unemployment Payment aimed at providing people with a decent income, the public use of private hospitals and measures to address housing and homelessness. These are measures that many have been calling for pre-COVID-19 to address ongoing crises in many areas of our public services in Ireland.

These responses illustrate what it is possible to achieve and to overcome in making these changes as a matter of urgency. This should not be forgotten once the immediate health crisis has passed, but used to inform a new level of political and official ambition for the type of inclusive and equal society we need, which benefits the collective good and supports the achievement of human rights, while also responding to the climate and bio-diversity crisis.

The COVID-19 crisis has led to rapidly increasing levels of unemployment and is likely to result in an economic recession, increased level of public debt and a large Government deficit. While understanding the challenges this poses, it is imperative that Government takes a socially responsible approach and not resort to similar austerity measures as were taken to address the last economic crisis which have resulted in long term social damage, with many people and communities still not experiencing any recovery and more people living in poverty than before that crash began. We are particularly concerned at the commodification of public services, especially, in this context, employment services that support the most marginalised back into meaningful work.

A key lesson from this crisis is that we can only flourish as a society – now and in future – if we act together and take collective responsibility. In practical terms, that means more and better collectively provided services in the areas of health, housing, transport, care and digital information and technology where everyone has access according to need, not ability to pay.³ This approach will bring huge gains in terms of equity, efficiency, solidarity and sustainability.

Recommendations

- Implement transparent equality and poverty proofing of all policy responses
- Use the Sustainable Development Goals as a framework for recovery
- Building on the recognition of the importance of the public service, commit and implement a system of universal public services accessible to all

² A draft document between Fianna Fáil and Fine Gael to facilitate negotiations with other parties on a plan to recover, rebuild and renew Ireland after the COVID-19 Emergency

³ <https://neweconomics.org/campaigns/universal-basic-services>

3. Issues for Groups Vulnerable through Marginalisation

People experiencing or at risk of homelessness

The prohibition on evictions and on rent increases and the increase in the notice period for tenancies of less than six months from 28 to 90 days in the Emergency Measures legislation is welcomed. There has been good connection and collaboration between homeless organisations, HSE and Local Authorities.

Within most services triaging of older clients is taking place. A huge amount of work has been done by Local authorities to secure additional properties allowing for social distancing, isolation and cocooning for those who are over 70 years of age or those with underlying conditions. At this point the vast majority of residents have their own rooms, an indication of the significant efforts being made to ensure that the virus does not take hold in homeless accommodation. This progress is very much acknowledged, with no deaths from the virus recorded to date and an infection rate similar to that of the general population. There remain concerns within services however, regarding how to manage should clusters develop within these settings. Services are down in staff numbers and if there was to be a significant increase in infections staff numbers would inevitably be impacted. Continued vigilance is of paramount importance.

The HSE has granted derogation to all staff similar to the situation of HSE frontline workers. This may lead to issues in relation to PPE.

All forms of support services are moving to provide support and social contact remotely, either through phone contact or a variety of web-based technologies.

Key issues include the difficulties in 'self-isolating' in hostel accommodation where there are shared cooking facilities etc, in hotels or in family hubs. In some accommodation there are no kitchen facilities and homeless people depend on charity for food e.g. Capuchin Day Centre (now closed but providing food parcels). Rough Sleepers are the most vulnerable homeless people.

Accessing rental supports/Rent Supplement for those who are newly unemployed and do not know how to navigate the system is becoming a major issue. In addition, the build-up of rental arrears and the ability of tenants to pay these arrears in the future is a cause for concern.

If the housing supports, in the form of rent supplement or HAP, are provided without delay and to sufficient levels rent arrears do not have to accrue to unmanageable levels. The DEASP has responded with speed and efficiency in providing the COVID19 pandemic payment. We hope the same will be done for rent supplement applications and that discretion will be used in paying over the rent caps as they are far below market rent. If tenants can only avail of rent supplement up to the cap and their landlord either refuses to, or is not in a position to, reduce their rent, the tenant will have to top-up the remainder of the rent. The same applies for those in receipt of HAP who may already be paying unaffordable top-ups to their landlord.

Where these measures are not carried out effectively there is a risk of rent arrears accruing and the risk of homelessness become real once the emergency period ends. Landlords are still permitted to issue a warning for rent arrears during the emergency period. If the arrears are not paid within the prescribed time frame the landlord can issue a notice of termination once the emergency period ends. If there are a large number of households in rent arrears come the end of the emergency period, we are concerned that we may see a swell in Notices of Termination (NoTs) for rent arrears.

Tenants need to know there is and will be continued support to pay the rent. This will allow them to keep on top of all bills and know their home is secure. Tenants affected by arrears due to lay-off / short time need formalised, binding

arrangements to safeguard against a NoT for rent arrears being issued if the landlord changes their mind. Such agreements could be managed through MABS, RTB mediation service or Insolvency Service of Ireland. Where a tenant cannot pay back the arrears, debt forgiveness, such as a debt relief notice, may be required. Insolvency Service of Ireland may be best placed to play a lead role in this. However, where a landlord cannot sustain such a loss increased State support may be required. The cost of such interventions will be far less than the financial, social and emotional cost of emergency accommodation. Essentially a package of measures will be required to suit the various financial circumstances renters and landlords find themselves in the aftermath of COVID19.

Further issues are arising where people are being made unemployed and their employment is linked to their accommodation and for those in rent a room scenarios which are not explicitly covered by the legislation.

Recommendations

- Whilst recognising the advances made to prevent the spread of the virus within homeless accommodation, it is vital that ongoing and intense monitoring of the situation within these settings be maintained and testing of the homeless population be continued as a priority group.
- Utilisation of freed up and available private rental properties by Local Authorities and Approved Housing Bodies for the purposes of long-term leasing to homeless families and households on the housing lists
- Government should work directly with landlords regarding access to accommodation for health workers, and the homeless, rather than via direct engagement with Companies such as Air B and B whose policies wish to see the accommodation remain as short term lets rather than utilised to respond to a social need and reduce homelessness.
- Greater public awareness and communication is required in relation to the availability of, and application process for Rent Supplement.
- It is vital that HAP tenants' differential rent is revised without delay, discretionary uplifts are provided and a softer approach to arrears is taken by the HAP Shared Services Centre.
- The moratorium on evictions will need to be extended beyond the end of the pandemic. This is to give tenants time to pay back rent arrears, come to an agreement on a repayment plan with the landlord, access additional supports or a debt forgiveness scheme.

Disadvantaged women, women and children experiencing domestic violence/abuse

The special intervention in childcare is welcomed, as well as the wage subsidies announced. These measures will have positive impacts on women who are being hardest hit by COVID 19. While recognizing that much more needs to be done to increase wages in the childcare sector, the fact that security is being provided for the workers over this period has been welcomed by the National Women's Council of Ireland and other NGOs.

It is also welcome that the State will top up the wages of lowest paid workers to ensure they are not disadvantaged by staying in work. This package will have a positive impact for parents, who will not have to pay fees for three months, and also for providers, who will hopefully be in a position to open their doors when this crisis is over, with staff retention.

The subsidisation of wage payments is a positive development as well as the increase to emergency welfare payment of €350 a week. These measures will therefore alleviate some of the burden that COVID 19 is placing on women and will ensure that they can focus on their health, and the health of their families.

Other positive developments include Swift action on payments and alternatives to those who have become unemployed and the responses of some supermarkets to the needs of older people - women are the main purchasers of foodstuffs and so older women are more likely to be at risk from going into crowded areas.

Issues

- The closure of schools and creches impacts women most, as women still provide the vast majority of unpaid care work. The responsibility of looking after older parents, with the added complications of physical distancing, and home schooling will fall to women. Many families will not have the digital equipment to facilitate distance learning. As both men and women in heterosexual couples find themselves required to stay home, this is a moment when a more equitable division of domestic and reproductive labour might be achieved.
- There is a need for clarification on parents paying for childcare places during the period
- Healthcare workers are at the frontline in dealing with this crisis and the majority of nurses and healthcare workers are women. Supermarket workers are at the frontline, as are cleaners and those providing supports to disabled people, all predominantly women and many of whom are migrant women.
- The sectors likely to be worst affected by job losses - retail and hospitality are sectors that are heavily female dominated.
- Lone parents, the majority of whom are women, find themselves in a very precarious position, without the fallback of family and friends for support and no access to childcare. Poverty increases vulnerability and lone parents are already at greater risk of poverty.
- Social isolation measures will place women experiencing violence in an even more vulnerable position. People in precarious and unsuitable accommodation – asylum seekers, people with disabilities in residential settings, Travellers and people in prison – will find it difficult if not impossible to self-isolate.
- Women being less likely to be in leadership and decision-making roles, including as elected members or senior leadership in public bodies.
- Social Isolation and lack of contact with outside world and health implications – lack of support from family and friends and combatting social isolation of women especially in rural areas is a huge challenge.
- Many women are facing a mental health crisis. Supporting positive mental health will become even more crucial and challenging now. Local women’s groups are finding ways to support women positively, creating ways of connecting women and ensuring they are a source of positivity and distraction as well as a source of information. Not only are women struggling with their own anxiety they are also trying to manage children’s anxieties and maybe older relatives and neighbours.

Caring responsibilities and carers

It is widely known and accepted that caring responsibilities fall largely to women, be that of vulnerable relations, neighbours or children and the current situation is no different. The burden of care is immense. Many women are struggling to balance caring responsibilities, working from home and home schooling. There are specific issues and stresses associated with home-schooling - some parents do not have the confidence to home school, some may have literacy and numeracy difficulties. The demands of caring, working, and educating children are extremely overwhelming for many women.

Many rely on family carers and/or home help to assist them in daily life - they have fears about risks of infections and balancing the need for care and support with the need for social distancing. There are also fears over access to care and home help services, which are already limited. Many women are carers (paid and unpaid) – they face risks in terms of

infections and worry about bringing infections into their own home. There are fears also in relation to security and safety – many especially older women in rural isolated areas are fearful especially now callers and visitors are limited, they feel very vulnerable.

Some older women have expressed concern about care of grandchildren without the support of school/crèche and their own involvement in the care of these children. Many of these children will not have come to the attention of Tusla or NGOs at this time and so may not have any form of a care plan in place.

- Lack of support to community centres carrying out meals on wheels etc- revenue lost from social enterprise normally covered the cost of this vital service to the communities
- Teenagers in a dysfunctional/abusive family for their own health need to ‘get out of home and meet their peers’ - where do we go?
- In an abusive relationship- children in the home is placing a huge stress on the mother to keep them quiet for fear of reprisal
- Grown adults at home, feel they no longer have to conform and women are speaking of total lack of respect for the parents or Govt guidelines- huge strain on all in the house
- Family members of frontline workers are under enormous pressure to take over the childcare duties, Govt childcare facilities for frontline staff required

Lack of access to Broadband/Technology/Mobile Phone Coverage

Many women from the most marginalised communities do not have access to the Internet/broadband or the required mobile coverage due to lack of network coverage or due to financial constraints. Mobile services are often limited, not everyone has the finances to purchase laptops, tablets and in some cases internet access and the use of mobile phones can make certain tasks incredibly challenging. Local women’s projects (including those run by the National Collective of Community Based Women’s Networks) are a lifeline to many women. Local women’s projects make contact through phone calls to those who cannot link in through online technologies as well as using more traditional methods of communication are vital e.g. local bulletins radio and local press to advertise the services and supports that they continue to offer including for example online group sessions.

Domestic Violence

The National Campaign launched by the Gov this week in partnership with frontline services and civil society orgs will create greater awareness of the supports that are available and should be continued for the duration of the crisis. Women must have access to Domestic Violence Services at a time when staying at home, and self-isolation within the family home will inevitably lead to an increase in incidents of violence. The gendered impacts for women living with domestic violence will intersect with impacts of age, disability, class and race. Coercive control may intensify if women are ‘locked down’ inside the home with their abuser and without regular interaction with any other people. Financial abuse may intensify where women do not have independent access to their own income. Disabled women whose partner is also their main carer face particular challenges in staying safe.

Women’s Economic Equality

Further impacts on women’s economic equality and independence due to increased care burden, further removal from the labour market, increased poverty and social exclusion, increased vulnerability to violence, concern over maintenance payments. The difference in social protection benefits for those with COVID 19 issues is creating a division amongst people in communities and anger for those who are in poverty or at risk of poverty.

Women's Mental Health

The impact social isolation and social distancing is having and will continue to have on women's health – both physical and mental health will be profound. Many women we use local women's centres as a point of social contact, dropping into the local Projects is part of their routine, it is part of their social and support network and without this they will struggle and feel even more acutely isolated and alone. Women on low incomes are also now facing additional isolation due to lack of internet/broadband access and inferior devices.

Recommendations

Protect vulnerable workers

- Ensure childcare workers who work through this crisis are paid at least a living wage
- Ensure hospital support staff (including healthcare assistants, cleaners) are paid at least a living wage and are supported with their childcare and other care needs to ensure they can provide vital services during the pandemic.
- Ensure that those in the gig economy can access income supports
- Ensure Early Years services in financial difficulty have 'fast track' access to the existing Early Years Sustainability Fund should they face financial difficulty due to the COVID-19 emergency.
- Ensure all workers have the required PPE to carry out their work safely
- In the absence of a strong social partnership system and comprehensive trade union representation, there is merit in forming an emergency body to engage in sectoral dialogue and negotiate protocols, starting with the worst affected sectors - restaurant, hotel, retail, and childcare sectors.

Violence against Women

- Fundraising for frontline services may be diminished during the crisis, the government must consider this.
- Tusla needs to allocate additional funding for refuge spaces and plans for alternative additional for refuge spaces so that they can practice physical distancing.
- It is crucial that An Garda Síochána treat women living in abusive situations as a vulnerable group, and that safety and protective orders are enforced
- The current provision of emergency barring orders should be extended in this crisis to ensure women can access safety and protective orders outside of court settings, for example from a Garda station, as needed.
- The national awareness campaign should be continued for the duration of the crisis.

Recommendations (continued)

Pregnant Women

- As there is such limited evidence available about the effects of COVID-19 in pregnancy and maternal health, pregnant women have been advised to respond with extreme caution. As maternity is already a potentially isolating time, cutting women off from support including friends and family is concerning. There have also been changes in maternity service provision, including visitor restrictions, and some units have restricted women having their partner with them during delivery. The impact of COVID-19 on the birthing experience of every woman should be kept to an absolute minimum and there must be clear ongoing communication to pregnant women outlining all developments in service provision and COVID-19 advice for pregnant women.
- The roll out of free broadband to vulnerable groups would be a huge benefit to the communities as well as information ads on how best to use the internet, for those who are new to it. Any information campaign/public health advice and information needs to go via these channels as well.
- Nationwide awareness bulletins or ads of benefits of social media aimed at those with least amount of technical and literacy skills to encourage them to use tools such as messenger and WhatsApp video, many are familiar with the text function and in some cases single video use but are unaware that they can contact multiple family members and friends all at the same time.
- Targeted information communication for those who are most vulnerable assuring level of care to all citizens and stop medical experts from talking about “Tough Decisions” scenarios.
- Funding to support the ongoing continuation of meals on wheels services as a vital support to communities is a priority
- All forms of social protection payment are increased to the COVID payment level
- Strategy developed for grandparents etc to voice concern around specific family issues in relation to child welfare and or domestic violence. This should be given with an explanation of how the information will be handled
- Provide support for organisations working with/representing vulnerable groups to networks and develop targeted responses to issues
- Establish a funding scheme to support internet/broadband/unlimited data for vulnerable group also to resource organisations to provide this for staff who are now working from home without adequate internet access/facilities.

Travellers and Roma

A number of important developments have taken place in relation to the Traveller and Roma communities including:

National and regional COVID-19 coordination

- Regular teleconferences with Traveller Health Units and Roma groups, the HSE, Chief Officers and the HSE National Office for Social Inclusion.
- Briefing updates from Pavee Point on Travellers and Roma for the Chief Officers and the HSE National Office for Social Inclusion.
- Briefing updates from Pavee Point for all Traveller Primary Health Care Projects, local Traveller organisations and groups working with Roma.
- Dedicated COVID-19 contact phone lines for Travellers and Roma for guidance and support in relation to testing etc. which are live. The Roma hotline has Romani/Romanian translators available.
- Monitoring suspected and confirmed cases of COVID-19 with Travellers and Roma both regionally and nationally, Traveller organisations, HSE public health working to provide regular updates.
- Biweekly HSE COVID-19 national teleconferences for Travellers and Roma.
- Briefing by Pavee Point to the Eastern Regional Traveller Health Network projects to support the ongoing work of Traveller Primary Health Care Projects during the crisis.

Policy and advocacy

- Travellers and Roma are included as priority groups for COVID-19 testing.
- National advocacy document for the HSE and local government authorities developed seeking support from the Chief Officers, the HSE Social Inclusion Governance Group, Department of Rural and Community Development and the Department of Housing. The Minister for Housing issued a national circular on 18th March to all local authorities taking into consideration these asks. Continued monitoring by Traveller organisations of the implementation of the circular and Dept. of Housing has communicated to the County and City Management Association and the Chief Executives of Local Authorities to make sure they comply with the national circular. It was also clarified with Local Authorities that the intent of the Circular was to cover Travellers living in **both authorised and unauthorised accommodation**. Traveller groups also lobbied to ensure a ban on Traveller evictions during the COVID-19 crisis and are delighted that the emergency legislation protects Travellers living on the side of the road or Travellers doubling up on sites.

Developing guidance and resources THUs, Traveller organisations and Traveller Primary Health Care Projects

Pavee Point have worked closely with the HSE to develop a number of COVID-19 resources for Traveller Health Units, Traveller organisations and Traveller Primary Health Care Projects:

- HSE National Public Health Emergency Team (NPHET) adapted checklist for Traveller & Roma organisations
- COVID-19 mitigation Plan template
- COVID-19 Monitoring sheet to gain a national understanding of the impact on Travellers and Roma

Communications/Social Media

Pavee Point and other Traveller groups have developed online tools and [website](#) on staying safe from COVID-19. Traveller specific videos and podcasts [here](#); Roma video [here](#). They have used [social media platforms](#) to disseminate key public health messaging on physical distancing and stigma and developed Traveller-specific resources on:

- Preventing COVID-19
- Social/physical distancing
- Pathways for testing
- Mental health
- Pregnancy
- Cocooning

HSE and public health approval has been given for all resources and videos

A number of key issues affect the Traveller and Roma communities in relation to COVID-19;

- Travellers and Roma disproportionately experience chronic health conditions such as respiratory conditions, asthma, diabetes, cancer and cardiovascular diseases that put Travellers and Roma at greater risk of contracting COVID-19.
- Travellers and Roma both experience poor living conditions including overcrowding, limited access to basic facilities such as toilets and running water limiting possibilities to maintain good hygiene during an infection outbreak.
- The Roma community experiences significant barriers in accessing basic health services due to a lack of access to GP and medical cards, limited income, access to PPSN and lack of interpretation and translation services.
- Mainstream health promotion materials can often fail to reach Travellers and Roma. Targeted health promotion materials are crucial for materials to reach one of the most vulnerable and marginalised groups in Irish society.
- School closures and suspension of educational supports for Travellers and Roma will widen the educational inequality gap already present.
- Domestic violence: Increased reports of domestic violence by abusive partners and family members. Increased reports of Traveller women not being able to access domestic violence services and protections, particularly emergency domestic violence accommodation and barring and safety orders through Local District Courts. Increased number of women and children fleeing abuse to stay with family in overcrowded conditions where social distancing and/or isolation is not possible

Impacts

- The crisis is already having a disproportionate impact on Travellers and Roma throughout Europe,⁴ and in Ireland we note the alarming number of Roma rapidly becoming infected with the virus, with many in critical condition. In the absence of an ethnic identifier on health systems it is impossible to ascertain the true impact of COVID-19 on the Roma population throughout the State. However, Pavee Point have monitored the suspected and confirmed cases within both communities nationally by working in partnership Traveller Health Units, Traveller Primary Health Care Projects, SafetyNet and other NGOs working with Roma. In the Eastern Region, we note *at least (and we know this is an undercount): 32*

⁴ <https://www.osce.org/odihr/449668>; <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-COVID-19-risk-human-rights-heads-say>

confirmed Traveller cases with 3 deaths, giving an overall 9.3% mortality rate; almost three times the national mortality rate (3.9%). Additionally, 55 confirmed Roma cases with 4 deaths, giving an overall 7.2% mortality rate, almost double the national mortality rate (3.9%). However, again, in the absence of an ethnic identifier in testing centres, coupled with delays in results and stigma amongst the Traveller community, we understand this to be an undercount.

- Additional issues reported as consequences of COVID-19 are increased impacts on how Travellers and Roma experience mental health issues with limited access to mental health services, including community mental health teams. There is also greater stress on mental health and wellbeing given the disproportionate impact of COVID-19 on Travellers and Roma along with the impact of COVID-19 fears and measures related to physical distancing and social isolation on mental health. For Travellers and Roma who place significant importance on engaging with the extended family and community this has been particularly difficult. In addition, as a result of language barriers, Roma have limited access to online and phone mental health supports available to the general English speaking population.
- In the absence of educational supports (i.e. homework clubs, education workers) and school closures the educational gap between Traveller and Roma and the general population will further widen. Entrenched intergenerational educational inequalities mean that Traveller and Roma parents are often not equipped with the literacy skills or curriculum knowledge to provide home-schooling and give educational support to children and young people and ensure that school closures do not affect educational progression.
- The social impact of COVID-19 has a gendered dimension. There is an increase in globally in domestic violence which is related to greater confinement of families to the home. This has also been reported by Traveller projects.
- Related impacts are increased unemployment amongst Traveller men.
- In addition, there is greater substance misuse and associated anti-social behaviour. Travellers in addiction recovery and experiencing withdrawal are experiencing greater stress and difficulty in the absence of one-to-one addiction supports.

Recommendations

- Implementation of ethnic equality monitoring in routine health administrative systems, including those related to COVID-19.
- Full implementation of COVID-19 Department of Housing Circular to all Traveller accommodation.
- Department of Housing, Planning and Local Government to withdraw the 41/2012 Housing Circular
- Ensure the provision of targeted and mainstream supports for Travellers and Roma who are advised to self-isolate and are unable to do so. Where possible a mobile/self-isolation hub should be brought in beside existing accommodation to allow Travellers to self-isolate beside family and community.
- Ensure the provision of transportation for Travellers and Roma who require a COVID-19 test to a testing centre or hospital where they cannot secure their own transport.
- Representation of Traveller organisations and groups representing Roma on newly established Community Response Forums which are being coordinated and convened by local authorities throughout the country.
- Department of Employment Affairs and Social Protection to ensure humanitarian response and special measures for particularly vulnerable Roma who do not have income and do not meet the Habitual Residence Condition to access social welfare payments.
- Department of Education and Skills to support and resource targeted measures to lessen the impact of COVID-19 on Traveller and Roma existing educational inequalities at all levels.
- Teachers and educational support workers to proactively support Traveller and Roma students and develop appropriate ways of supporting both students and parents to develop an at home programme.
- Ensure that post and current impact of COVID-19 on Travellers mental health is urgently addressed in partnership with Traveller Health Units, local Traveller organisations and Primary Health Care Projects, including ring-fenced funding to support peer-led targeted initiatives.
- Department of Children and Youth Affairs and Tusla to make emergency domestic violence accommodation available in hotels and B&Bs. Ensure that such emergency accommodation settings can accommodate 'households' rather than 'individuals' as Traveller mothers may have adult children or other family members living on their yard or house. Make sure children of all ages and sex as well as other household members are allowed in – this includes allowing sons over the age 14+ and adult dependant sons into emergency accommodation.
- Department of Justice and Equality and the Courts Service to urgently address and increase court sittings in Local District Courts so that at a minimum women are able to secure safety orders during this time.
- Increase visibility and effective responses by An Garda Síochána to domestic violence reports coming from Traveller sites and homes.

Lone parents

Some positive developments in relation to lone parents during this crisis include that the DEASP are lodging social welfare payments into banks and have taken on board calls for the continuation of the Working Family Payment, flexibility re Supplementary Welfare Allowance and Illness Benefit moving online – all positive developments from a lone parents perspective. NGOs have been working with the [Advisory Council on Better Outcomes, Brighter Futures](#) to advise the Minister for Children & Youth Affairs as well as other government departments on what needs to happen during this crisis to protect and support children and young people. There is a huge willingness from policy makers to

make the right decisions at this time of crisis and NGOs will continue to work with them in the coming weeks as other issues come up for families. A number of issues have come to the fore:⁵

- **The area of access/contact visits** during COVID-19 is of major concern to many parents and children and with each new set of guidelines new problems are emerging. One Family have issued a [guidance](#)⁶ on this and the Law Society and the Courts Service have also both issued statements on how to manage this. The government has issued regulations in relation to access to clarify that travel is permitted for the purpose of access visits. The changes in access arrangements is also providing some perpetrators of abuse to harass the other parent and child.
- **Shopping for food and essential items:** Since the start of the crisis, children spoken about negatively and even being barred from some retail outlets. While this is upsetting for all families it is making life extremely difficult for many people parenting alone as they must bring their children everywhere with them in order to keep them safe.
- **Preparing to get sick:** One of the biggest worries many parents are facing right now is considering who will mind their children should they get sick. The [askonefamilyhelpline](#) is available for people who will be supported through whatever difficult decisions or conversations they may need to have.
- **Putting children first:** For many people it is practically impossible to keep up with schoolwork or use the internet well without a computer and access to broadband. These things are expensive but essential when we are all asked to stay at home and communicate with each other and the world through online platforms.
- **Parenting and Isolation:** Parenting alone and sharing parenting can be challenging under normal circumstances, but right now many lone parents are experiencing very high levels of anxiety and practical difficulties. Lone parents are also particularly impacted by school and creche closures.

Recommendations

- SW supports to cover increased costs of staying at home– food and utilities, children may have received food in school etc., additional health care costs if people get sick, need to bulk buy goods
- Ensure that the mooted childcare system for frontline workers is extended to include all workers deemed to be at the frontline, including those working in vital retail and cleaning services as well as those working in refuges or other supported accommodation, allowing lone parents in these sectors to maintain their income.
- Tusla to be resourced to plan for lone parents who may become ill to support parents and ensure the best interests of the child are upheld
- Government, tech and communications companies should work together to ensure children and young people can access the equipment and broadband they need to stay connected with the world
- As the household type most at risk poverty, a lump sum payment would go some way towards supporting parents to cover extra costs – a double OPF payment
- Community Response Forums, retailers and An Post to include lone parents in their vulnerable groups list in order to access designated shopping hours and home deliveries in a similar way to older people.

⁵ <https://onefamily.ie/>

⁶ <https://onefamily.ie/how-to-manage-access-contact-visits-in-your-family/>

People seeking asylum

Some positive developments have taken place in recent weeks regarding those in the direct provision system. People have been moved from mixed use emergency accommodation to hotels. However, reports have been received of people having to share space in their new location.

Four self-isolation facilities for direct provision residents who display COVID-19 symptoms opened with 650 beds and a further 200 beds have been made available to allow asylum seekers to socially distance and self-isolate, bringing to 850 the total number of beds procured by the Department of Justice and Equality since the COVID-19 outbreak. However, people are still living in accommodation where they are unable to socially distance themselves.

The Health Service Executive (HSE) has confirmed that people seeking asylum who are working in healthcare system can now apply for temporary accommodation under a scheme for healthcare workers. Most work in nursing homes and are concerned about continuing to share bedrooms, bathrooms, and kitchens with other residents.

The HSE has set up a dedicated email address where residents can disclose serious medical illnesses directly in confidence to a clinician to see if they require cocooning.

A number of issues come to the fore for those in direct provision during this crisis. Direct Provision is predominantly a congregated setting: people share rooms, often more than 3 people per room. People do not have the space to socially distance themselves from others and therefore cannot adhere to the Government guidelines.

The supports to residents of DP Centres are, in many cases dependent on voluntary groups, to provide assistance despite the fact that DPCs are run by for profit companies. It is stretching a resource already past its elastic limit. Some group have struggled to get overviews of the needs of new residents leading to a situation where they are unable to have plans in place as regards what resources are needed, what level of support is required. The system of support is ad hoc and arbitrary and not best use of time or already limited resources. The assumption is that financial supports will or could be made available, when in so many instances there is not funding- funding will become an issue of increasing significance post pandemic.

In the context of COVID-19 Accommodation is a key issue. The Oireachtas Report on Direct Provision 2019⁷ acknowledged *'the most consistent criticism heard by the Committee regarding Direct Provision is that the quality of the physical accommodation is substandard or not fit-for purpose, and that there is a significant variation in the standard of accommodation.... hostel-like conditions where they share a room, sometimes with up to four people, and have their three meals provided in a canteen at set times throughout the day'* (p.24)

There was also criticism of the direct provision system regarding access to healthcare, *'the remote location of many Direct Provision centres not only segregates residents from communities but creates considerable issues for residents who need to access medical appointments'* (p. 25).

The 2019 report refers to the health and wellbeing needs of asylum seekers and in particular refers to the provision of *'Safetynet's mobile health screening service' to asylum seekers in emergency accommodation'* (p.32)

With regard to the temporary accommodation scheme for health workers, concern has been expressed that because applicants are asked to fill out a form that is available online, and then give it to their manager to submit on their behalf, the process

⁷ [Joint Committee on Justice and Equality 2019-12-12](#)

may take too long. Advocacy groups notes that "It may take some time for people to get hold of their employer, their nursing home manager may be under pressure, under stress and they may be very busy, and then [after the form has been completed] it has to be submitted back to the HSE,"⁸.

The impacts of these issues and concerns include; Increased risk of contracting the disease and it spreading more quickly; Increased risk of Direct Provision centres, through no fault of the residents themselves, becoming hot spots for the disease; Cramped and overcrowded accommodation in rooms within numerous direct provision centres compromises the health of asylum seekers. Such conditions are ripe for the spread of the coronavirus once it enters the accommodation. This may cause upheaval for people living in the accommodation.

Recommendations

- Provision of additional accommodation where people can socially distance, self-isolate and cocoon if necessary, with priority being given to those in direct provision who are:
 - A) HSE risk categories: Age (60 +): around 150 people and people with health conditions
 - B) People working in the health industry who are at increased risk of exposure (and therefore may be at risk of brining the virus back to a centre).
 - C) People in over-crowded accommodation where social distancing not possible.
- The identification of self-contained apartments in empty properties formerly rented out to AirBnB need to be procured by Department of Justice and Equality and local authorities under relevant legislation to accommodate families in direct provision living in overcrowded conditions. The leases should extend to secure periods for at least 12 months to ensure security of tenure and should not revert to AirBnB type accommodation.
- The provision of a dedicated locally based medical unit for asylum seekers in direct provision displaying symptoms of the virus, to fast track testing for this vulnerable group on the basis of higher likely numbers of contacts leading to the danger of clusters of affected asylum seekers/refugees similar to older citizens in nursing home environments.
- The processing of applications for the temporary accommodation scheme for health care workers must be fast tracked and simplified to facilitate the speedy relocation of health care workers in direct provision to safe accommodation where adequate social distancing can be practiced.
- The COVID-19 unemployment payment should be made available to people living in Direct Provision who were working.

⁸ <https://www.irishrefugeecouncil.ie/news/85-healthcare-workers-seek-to-move-out-of-direct-provision>

Migrant communities including undocumented migrants

There has been progress made in clarifying the rights and entitlements of migrant workers and their families, including undocumented migrants. The Department of Justice and Equality (DJE) have updated their FAQ's on three occasions to reflect issues and concerns raised with them. There has been ongoing dialogue and communication to respond to issues arising.

Access to the COVID-19 payment for International Students and undocumented migrants was clarified and made available if the person has a PPS and lost their job due to COVID-19. If an undocumented person who lost their job and does not have PPSN, they can apply separately for a PPSN and apply for Supplementary Welfare Allowance – Exceptional/ Urgent Needs Payment. There are still some concerns with the consistency of this approach, as it is fully applied by all Department of Employment Affairs and Social Protection (DEASP) and requires advocacy and interventions on individual cases. There has been ongoing dialogue and communication with DAESP also on this.

There has been very welcome confirmation from both the DJE and DEASP that there will be no data sharing between the departments of people's data, which was a key concern about immigration status⁹. There is now essentially a Firewall in place to enable people to access social supports and necessary health care.

There was also a welcome announcement of temporary accommodation, close to work, for healthcare workers affected by COVID-19, including HSE community healthcare, Section 38 and 39 organisations including voluntary hospital staff, National Ambulance Service, private nursing homes, long-term disability and mental health residential facilities¹⁰.

Issues

- Migrant workers are over-represented in low paid employment in Ireland and continue to provide essential services in the agri-food, fishing, care, healthcare, homecare, cleaning, and in retail.
- Health and safety remains a concern for all frontline workers, particularly in health care, homecare care and in the agri-food industry.
- People at risk of losing their accommodation due to working in essential services but not covered by the temporary scheme.
- People's individual situations are increasingly becoming more complex. This will have a knock on effect in terms of people being able to respond quickly as we move out of local done and into the recovery
- The rise of racism and a rising sense of nationalism and protecting our borders
- As we come out of the period and into recovery, there is the potential to see increases in the exploitation of migrant workers and longer term impact on unemployment.

⁹ <http://www.inis.gov.ie/en/INIS/Pages/COVID-19-updates-and-announcements>

¹⁰ <https://healthservice.hse.ie/staff/news/coronavirus/temporary-accommodation-for-healthcare-workers-during-covid-19.html>

- Now more than ever, the COVID-19 Pandemic has shown us that we are dependent on each other. Undocumented workers have stepped up and continue to work providing essential services in this crisis. They are working in sectors where Ireland needs workers right now such as in elder-care, healthcare, retail, cleaning, food processing and agriculture. There is a critical need to introduce a pathways for children, young people and workers who are ‘undocumented’ to regularise their status.

Recommendations

- Many organisations have responded well in this crisis with little extra supports. Many are now at capacity in terms of its delivery of services. No additional monies have been made available to organisations providing vital support to hard-to-reach groups. There is also a fear that funding will be cut as we move forward, when it will be vital to supporting people and communities in the recovery as we deal with more complex situations and people in the live register for longer.

Disabled People

In terms of positive developments, almost all NPHET and Government announcements have provided ISL interpretation. Progress has been made to ensure that interpreters are visible on screen during broadcasts and this is to be welcomed as an extremely important step in the provision of accessible information.

Guidance for Health and Social Care Workers who visit homes is very clear and outlines measures of how supports provided for disabled people such as Personal Assistance Services will be maintained during the COVID19 pandemic

While recognising that it as a well-thought response however there seems to be an issue about how this information is made available to people leading their Personal Assistance Service (Leader).

As a Disabled Person’s Organisation (DPO) Independent Living Movement Ireland (ILMI) has been inundated with serious concerns from Leaders from across the country, who are currently in receipt of Personal Assistance Services (PAS) during the COVID19 pandemic.

ILMI acknowledges the recently published ‘Guidance for Health and Social Care Workers’ document from the HSE but from consultation with members, it appears that not all service providers are applying it or notifying disabled people of its contents.

ILMI call on the HSE to provide clear direction on the maintenance of standard PAS for all Leaders during the COVID-19 pandemic. This needs to be nationwide direction applicable to all PAS delivered by all service providers. The HSE needs to ensure that clear information in relation to their services is communicated directly to Leaders. During recent online discussions, ILMI members have repeatedly raised that they have not received any relevant information in relation to their service and how it will be continued during the COVID19 public health emergency.

Delivery of the Personal Assistance Service to allow disabled people to live their lives does not allow for social distancing rules to be followed and clear direction from the HSE is now required to ensure the health, safety and wellbeing of both Leaders and PAs during this pandemic.

During online consultations with disabled people from across the country, ILMI members have raised the following concerns:

- If a Leader is diagnosed with COVID-19 and instructed to self-isolate how will this impact upon their PAS? Will there be emergency staff deployed to provide a service? If so what level of service will be provided, how will these staff be trained and by whom? PAS is a specialised service that is based on meeting the specific needs of each disabled person. If a Leader is diagnosed with COVID-19 it is likely that they will not be in a physical state to effectively communicate and train a new PA. Therefore the need for specialised staff is paramount to maintaining a safe service for all disabled people.
- If a Leader is diagnosed with COVID-19 and needs in-patient hospital care what level of support will be available in the hospital setting? Under standard hospital procedures a PA would normally accompany a Leader and provide assistance on the range of tasks required, which hospital staff would not be in a position to provide. With the restrictions imposed by COVID-19 will it still be possible for a PA/designated person to attend hospital with the disabled person, wearing all necessary protective equipment? This is particularly relevant to Leaders who have profound impairments or have difficulty communicating and may require the services of their PA to effectively communicate their medical directions.
- Lack of clarity for Leaders who have a PAS or disabled people who access other in-home supports is causing considerable anxiety. Like other frontline staff, availability of PPE is a concern.

Recommendations

- Personal Protective Equipment (PPE) must be provided to all Leaders. This must include hand sanitiser, gloves and masks. Many Leaders have a range of underlying health issues, which make them particularly disposed to contracting COVID-19. Many of the required elements of PPE are no longer freely available to purchase and where they are, they are priced beyond the reasonable price brackets that would allow for disabled people to purchase them.
- Clear direction and public communication from the NPHET and HSE and on an ongoing basis highlighting the Guidance for Health and Social Care Workers.
- Ensure that information gets directly to disabled people about how their services will be maintained.
- Widespread telephone/video support calls and smart phones/ipads should be available for disabled people who are isolating at home to ensure that disabled people can stay connected with their existing social networks.

People living in poverty and experiencing unemployment

The Government introduced the COVID-19 Pandemic Unemployment Payment with a simplified application process, initially with a flat rate equivalent to a Jobseeker's main claimant payment of €203, and then increased it to €350. This flat rate payment will provide better supports for people claiming for themselves and equivalent if they have a partner. However, anyone with partner and children is advised by the DEASP to apply for a Jobseeker's payment. But, if people with children were also in receipt of a Working Family Payment (WFP) then they would need to check out which is their better option, as they can maintain the WFP on C19 PUP.

The Government have extended the Fuel Allowance by 4 weeks, which is currently the only additional support for single people who were already unemployed. However, if someone is unemployed for less than 15 months they are not in receipt of this payment. The changes to the system that facilitates people to collect their payment every two weeks is welcome from a health and safety perspective. But it has raised challenges for some people in managing their money, in

particular if they are struggling with addiction or debt. For most of the last decade the majority of people claiming a Jobseeker's payment could only receive their payment in person in the Post Office. This was beginning to change and it is welcome that the DEASP are highlighting the fact that people can receive their payment through EFT to their bank account, the assumed method of payment for anyone claiming C19 PUP. There are some people for whom this is not really an option as accessing a bank account can be a daunting and inaccessible process. If people are unwell with COVID-19 they can nominate another person to accept the payment in the Post Office on their behalf, or they can leave it in the Post Office and collect it at a later date, though for people with few other resources this may not be feasible.

Given the volume of claims the DEASP are now asking people to apply on-line through mywelfare.ie. This is presenting challenges: for some people they are unfamiliar with engaging with the state in this manner and are uncertain as to what to do exactly; for others applying off-line needs to remain an option, but concerns have been raised about whether or not applications made by post will also be processed in a similar timeline to the on-line applications; other people need face-to-face engagement to be able to talk through their options with someone who understands the system and can help them navigate it, this option has become more limited with the reduced opening hours of Intreo / Social Welfare offices. It is welcome that the requirement for a Public Service Card to engage on-line has been suspended, though there was some initial confusion as to whether this was the case or not for people applying for a Jobseeker's payment through mywelfare.ie.

The public discourse on Jobseeker's payments and their inadequacy for people who have lost their jobs due to COVID-19 raises questions about the inadequacy of these payments overall. It has been difficult for people who were already unemployed to hear some of these debates as they were left with a feeling of being less valued by society. Losing one's job has a big impact on people, their confidence, how they view themselves and are viewed by others. At a time of crisis there is a sense of 'we are all in this together', but a time when people talk about 'full employment' losing one's job can have a bigger personal impact and can in some ways be harder to deal with. So, it is really important that consideration is given to improving income supports for people out of work and that Ireland moves towards using a Minimum Essential Standard of Living approach.

Although factors related to access to secondary benefits have to be understood, the enhanced level of the new COVID-19 Pandemic Unemployment Payment at €350 infers a recognition that the lower levels of existing payments are inadequate.

While welcoming the higher level of the new unemployment payment, it now leaves a situation where some recipients are on a higher welfare payment than other recipients, with no clarity on the basis for decisions on how the levels are set.

With regard to older people, poverty statistics from the CSO indicate that 11.4% of people aged 65 years and over were 'at risk' of poverty in 2018 meaning they are not able to withstand the immediate economic impact of COVID-19. People over the age of 65 depend on social protection for more than three-quarters of their income, for many older people the State Pension is often their only source of income. Older women are more likely to live alone and are less likely to have access to occupational or private pensions. There is also an ageism prevalent in some of the discourse about medical decisions that are likely in the event of a surge in hospitals that could be preventing older people in seeking healthcare.

The inadequacy of existing Jobseekers and other welfare payments means that people who struggle to make ends meet are facing at this challenging time with few resources to call on, and in many cases with the community based resources they were reliant on no longer available as they once were, increasing their sense of isolation.

Recommendations

- Greater clarity is required on how C19 PUP interacts with the existing social welfare system; Departmental pages of supports such as the Working Family Payment must include a COVID-19 impact piece; another example would be the impact on an existing Jobseekers payment if the Qualified Adult loses their job and applies for a C19 PUP; clear communications on what happens if a person's medical card is due for renewal, for how long will it be extended, will those who provide services and supports be aware of this and continue to provide these services.
- Serious consideration must be given to additional income supports for people who are already on a social welfare payment, in effect a Spring / Summer bonus, though it should also be paid to people on a Jobseekers payment for less than 15 months. Such an additional one week payment would support people with far fewer resources to meet any additional costs facing them during this difficult crisis.
- A longer-term solution is needed to benchmark welfare supports are adequate to lift people above the poverty line and provide them with a Minimum Essential Standard of Living. This would ensure everyone depending on social welfare can have an adequate income for a decent life.
- Given the complexity of Ireland's social welfare system on-going clarity is required as to how exactly C19 PUP and Jobseekers payments are and will interact, this will become a bigger issue if the hoped for bounce in the economy is not realised.
- An extension to the fuel allowance in recognition of increased fuel costs due to "Lock down" and people spending longer periods at home. SVP have communicated with the DEASP on this issue.
- Provision of a once-off payment to those solely reliant on the state pension and people living with a disability.

People experiencing poor mental health and mental illness

This may be a particularly difficult time for those with chronic enduring mental illness who have limited access to regular medical and social supports due to isolation. The Mental Health Engagement and Recovery Office of the HSE have developed simple FAQs on Mental Health Services and COVID 19. Some areas are developing active support phone calls to service users and family members.

Many community networks e.g. Terenure, are already reaching out to volunteer supports with shopping and dog walking for people isolated in their homes. Other social support services need to be made known to people dependant on MHS, e.g. social Gardai response units. Many Recovery (and Transformative) Colleges offering online courses.

Peer Education and Peer Support has moved online and is providing valuable support during this time. Some Hearing Voice Groups have also moved online.

A range of key issues are coming to the fore for people with mental health problems during this crisis:

- The proposed changes to Mental Health Tribunals by the Mental Health Commission are insensitive and out of touch with the needs of people who are involuntarily detained and suffering acute mental ill health during this period. Remote, telephone interactions with detained people will not induce confidence that their human rights are being protected. One person tribunals (legal member only) contravene the spirit of the Mental Health Act.
- Acute psychiatric units (APUs) (congregated settings) are in complete lockdown and there are reports of people not being let out for walks, art/activity rooms locked so people have no access to any materials, exercise equipment being inaccessible because of 'health and safety concerns' providing no distractions from the boredom of being in an acute unit with nothing to pass the time. No visitors are allowed so people are feeling even more isolated from their family/friends/supports.
- Powerful COVID19 media messages can be unhelpful if people interpret them too literally, e.g. someone thinking they shouldn't even say 'hello' in case they pass on, or contract, the virus. Leaving those already stigmatized even more isolated. More careful thought therefore needs to be given to the messages being broadcast on official channels.
- Phone calls from community MH teams could be more personal and encouraging, e.g. 'this will end', 'this will pass', as opposed to solely focussing on whether people are taking their medication. Teams should be offering a sense of being cared for, that people are seen as individuals, reminded to use their strengths and interests to help pass the time.
- The impacts of the above include damage to people long-term because of their experiences of being in acute units (APUs) and other congregated mental health settings at this time. Clusters of COVID 19 are widespread in congregated settings, which will have a devastating impact on people's sense of trust in mental health services.
- The Irish Advocacy Network have requested donations of iPad to continue their work which raises questions in relation to the extent to which people in hospital have access to advocates at this time.
- Some Peer Educators, Recovery Coordinators, Stakeholder Engagement leads have been redeployed and there are some posts that have not been filled.
- Some people do not have any access to their psychiatrist during this time and day centres are closed.
- The Mental Health Act has been adapted until November 2020 – There was no mention of this in the media.
- Dealing with addiction during this time, drugs have become harder to get and the price has increased so some people who use drugs to self-medicate don't have access.
- The mental health budget has been put on hold in many aspects due to the demand in health.
- The deaths of 8 patients last weekend needs to be investigated, and lessons need to be implemented in approved settings.
- The risks of developing or worsening mental health problems need to be considered during and after the outbreak of COVID-19. This is a distressing time for many but with much of the caring responsibilities placed on women, women trapped at home with violent partners and younger women at home without peer support, some women are at a high risk of developing negative mental health.
- With pregnant women and new mothers isolated from familial support networks, the Government's work to tackle maternal mental health, including via the HSE specialist perinatal mental health services, will be even more vital and must be expanded.
- Eating disorders can be used as a coping mechanism for distressing situations so may be exacerbated during times like this. Women are at least [2-3 times more likely](#) to develop an eating disorder. Isolation at home may be particularly difficult for women with eating disorders as they may have less control over meals and what foods are available to them. This may be difficult for young women in particular who are now at home for long periods of time and who are at a higher risk of developing eating disorders. HSE and voluntary eating disorder services need to be expanded and invested in after the crisis.

- [Young women self-harm](#) at a higher rate than men and this may be used as a coping mechanism during this difficult time.
- Women also experience anxiety and [depression](#) at a higher rate. Consideration needs to be given to pressure and trauma which will have been experienced by frontline care providers (predominantly women) and carers in the home (predominantly women) and could create negative mental health in many women.
- For women experiencing violence in the home during this crisis the [impact may be far reaching](#). Women who have experienced domestic violence and abuse are at a higher risk of developing depressive disorders, anxiety disorders, and post-traumatic stress disorder (PTSD).
- The links between violence and negative mental health are well documented in research. This needs to be considered when planning for mental health responses after the crisis.
- This may be a particularly difficult time for those with Obsessive Compulsive Disorder. [Common obsessions of OCD](#) include intense worry about catching a disease or infection.
- This need to be supported, promoted and replicated.

Recommendations

- Mental Health Tribunals should be temporarily convened only on request of the detained person. This should have the result that the remote telephone/video nature would not render all Mental Health Tribunals a derisory experience for every detained person.
- The well-respected CHIME approach: **Connectedness**, (reminding people of the outside world, their support groups active online), **Hope** (reminding people this will pass, most people contracting COVID19 have mild illness)) **Meaning & Purpose**, (helping people find some purpose in their stay in APUs), **Identity** (Not using medical labels for people- recognising someone is much more than their illness) and **Empowerment**, (encouraging people to come up with their own group activities in APUs) needs to be utilised by staff interacting with people dependant on their services.
- The impact of this crisis on women's mental health needs to be considered. Health service need to develop a women specific mental health response during and after the crisis.
- Supports to address trauma and the mental health after-effects of the COVID-19 outbreak should be invested in during and after the pandemic.
- Provide remote mental health support services to those who are experiencing mental health difficulty during the outbreak. Such services should be available for those who were not in mental health services prior to COVID-19, but who now require intervention and support.
- Open up gardens, and grounds to people in APUs and allow use of onsite exercise equipment when provided.
- The devastation of clustered cases of infection in congregated settings must be taken seriously and reported on in an open and transparent fashion.
- The experiences of those in institutional settings and others with mental health problems needs to be fully acknowledged, lessons learned and positive changes made in the aftermath of this crisis including giving people space to grieve and their express anger and frustration.
- Widespread telephone/video support calls and smart phones/ipads should be available for those dependent on Mental Health Services and isolating at home. Providing the means for people to stay connected with their existing social networks.
- Provide those in APUs with a means to interact with people outside through provision of dedicated iPads or laptops for people to use to connect with family and friends.
- Mental health budgets must be freed up and expanded at this critical time.
- More resources should be made available to community mental health teams, recovery trainers and peer support services.

People with addiction

Community Drug Projects aim to provide an accessible, inclusive, and safe space where people who are in addiction are supported to reduce the harms of their drug use and to move on to address the issues in their lives relating to addiction. The impact of COVID19 has temporarily limited access to this safe and inclusive space and people are trying to manage their addiction in homes that are often overcrowded, with unsuitable conditions and where family relationships are under strain. A significant number of people in addiction are homeless and living in hostels.

Community Drug Projects have been focused on mitigating the risks arising from COVID19 by maintaining contact and engagement with their participants to the greatest extent possible through outreach and phone/online contact. The following are key issues emerging that need to be addressed:

Key issues include:

People who require hospital care due to COVID 19 - People in addiction have experienced serious challenges with how they are treated in general hospital settings and often feel stigmatised by this treatment. It is really important to ensure that if a person requires hospitalisation for COVID19, he/she receives the appropriate treatment.

Mental health - Dual diagnosis is a major issue for people in addiction and the combined pressure of coping with scaled back services and being confined to the home is leading to a significant deterioration in people's mental health.

People are likely to use more drugs to help them to cope with the pressures, placing themselves and those around them at greater risk in relation to contracting COVID 19. Progress that people have made to date through participation in community treatment and support programmes will be significantly undermined, putting further pressure on projects and participants post-COVID19.

Community Drug Projects have put in place a number of responses that include both individually targeted resources for people to use at home and access for people to group sessions online, where that is possible. For these responses to work, it is essential that project participants have adequate access to phone credit and Wifi.

Domestic violence - A noticeable increase in domestic violence as a result of confinement in the home is being reported by Projects. This includes violence against women and against adult parents by young men. Levels of physical risk and danger for people in addiction and for family members are significantly increased and can be potentially life-threatening.

Child welfare - Child welfare has been identified as a serious concern, as many of the supports that are essential for children with parents in addiction are no longer available i.e. DEIS school programmes such as provision of hot meals and afterschool services. Grandparents who are often a vital source of support with childminding are also less available due to COVID 19 restrictions.

Parents in addiction are finding it increasingly difficult to manage the care of their children without these supports and there is an immediate concern about the absence of daily hot meals for the children.

Drug supply - People who are using drugs are experiencing difficulties in accessing drugs due to the impact of COVID19 restrictions.

Projects report having to help people who are going through withdrawals without the appropriate supports and/or people who are detoxing inappropriately by using different medications. People's drug use may become more chaotic and increasingly risky, including risk of overdose, as they start to use whatever is available instead of their usual drug of choice. Difficulty in accessing drugs will also lead to people ignoring the restrictions on contact and travel.

Recommendations

- HSE to have clear protocols in place to ensure that medical and addiction specialists work together effectively on the treatment of any patient admitted with COVID 19 who is in addiction.
- HSE and DEASP to commit to responding positively to any additional costs that Community Drug Projects may incur when providing outreach services, in particular the cost of increased phone bills for project staff and of phone credit including data, for project participants.
- Dept of Housing to cover the cost of making free Wifi available in all hostels so that people can have access to online supports that are being made available by Projects.
- HSE Community Mental Health Services to link in with Community Drug Projects to provide proactive outreach supports to people in addiction.
- HSE to liaise with Community Drug Projects that operate in rural areas to ensure there is stability and certainty around access to methadone and other essential services relating to their addiction.
- Dept of Justice/Túsla to ensure funding is available to provide refuge space that is appropriate for physical distancing and to liaise with HSE re protocols on access for people in addiction.
- An Garda Síochána (AGS) to ensure that training on domestic violence has been provided to all gardai, including new recruits, who will be on the streets during the COVID 19 crisis and that all Gardai have with them information about local domestic violence services.
- Irish Prison Service to put in place adequate phone capacity to facilitate community support services in maintaining their one-to-one work with people in addiction who are in prison.
- AGS to ensure that drug awareness training has been provided to all gardai, including new recruits, who will be on the streets and to task them with prioritising the health and safety of people in addiction over the seizure of drugs during this public health crisis.
- Local Authorities to invite Drug and Alcohol Task Forces to become members of the Community Response Forums to provide the expertise required in providing community supports for people in addiction during the COVID19 crisis.

LGBTI+ Community

Some positive developments in relation to the LGBTI community are that:

- BeLonG To are providing ongoing support to young people Mon-Fri 9am to 5pm via telephone, text, email and video calls and will launch online groups next week
- LGBTIreland are providing helpline and online group support
- TENI (Transgender Equality Network Ireland) are providing digital support to trans people and families
- Many other regional and local support groups are continuing to provide support to people but not face to face
- A dedicated online response to older LGBTI+ has been developed by LGBT Ireland, to ensure they stay connected while staying at home. The aim is to communicate with, and support, LGBTI+ people aged 60 years and older, from across the country, offering a variety of health and wellbeing activities online, including cookery demos, exercise classes, book readings, as well as virtual social events.
- In response to the COVID-19 restrictions, all national and regional LGBTI+ services and supports have transferred their services online. The national LGBT Helpline, run by LGBT Ireland, have moved volunteers to remote working enabling them to answer helpline calls, online messages and to facilitate virtual peer support groups. Other national LGBTI organisations including BeLonG To and TENI are also offering group and one to one support online. Regional LGBTI+ organisations are offering a range of online services and social activities and events.

A number of issues for members of the LGBTI+ community during this crisis that are exacerbating their situation include:

- Many, particularly young LGBTI+ people have found themselves isolating in a house with LGBT-phobic parents and family members. Homophobia and transphobia in their homes – parents, siblings, carers – rejection, abuse, exclusion all the way up to violence, as well as isolation and loneliness
- Access to healthcare is huge issue especially for Trans people who worry about access to hormones etc.
- Loneliness especially for those who have not come out and are living at home but have no ability to meet up with peers or access youth groups
- Worries about exams, jobs and the future
- Worries about mental health which is a key concern for members of this community at all times
- Worries about housing – a challenge for some LGBTI+ young people at all times
- Worries about drug and alcohol abuse
- Isolation especially for older members of the community and those living in rural areas
- LGBTI+ people living in Direct Provision are at a high risk of experiencing significant emotional distress and isolation during this current crisis.

The impacts of some of the above are that LGBTI+ people are less likely to access mainstream health and social care services as they do not see these services as inclusive of them. This can lead to LGBTI+ people delaying access to health and social care when they need it, leading to poorer health and wellbeing outcomes, including higher rates of mental health problems including suicidality, self-harm, substance misuse, depression and anxiety.

Recommendations

- It is imperative that LGBTI+ organisations offering frontline services continue to be resourced to provide and adapt existing supports to reach people in their own homes.
- Ongoing monitoring of the uptake and issues facing the LGBTI+ community, especially those most vulnerable, is needed and a coordinated response taken by LGBTI+ organisations working together and linking in with other mainstream services and supports. This can only be achieved if the organisations continue to be supported by the State through access to core funding.

APPENDIX 1 NGO Group Members

The members of the COVID-19 NGO Group include:

1. Belong To
2. City Wide Drugs Crisis Campaign
3. Community Work Ireland (Group Convenor)
4. Dublin North/North East Recovery College
5. European Anti-Poverty Network Ireland
6. Independent Living Movement Ireland
7. Irish Council for Civil Liberties
8. Irish Local Development Network
9. Irish National Organisation for the Unemployed
10. Irish Refugee Council
11. Longford Community Resource Ltd.
12. Migrant Rights Centre Ireland
13. National Collective of Community Based Women's Networks
14. National Women's Council of Ireland
15. One Family
16. Pavee Point
17. Simon Communities
18. Threshold
19. West Clare Family Resource Centre