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Tuarascáil Deiridh An Coiste Speisialta um Fhreagra ar Covid-19

Deireadh Fómhair 2020

Final Report Special Committee on Covid-19 Response

October 2020





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Special Committee on Covid-19 Response

Final Report

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Membership of the Special Committee on Covid-19 Response



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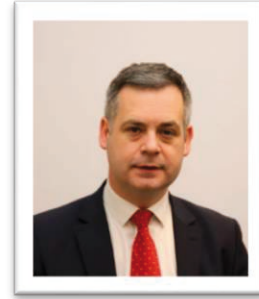
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CHAIRMAN’S FOREWORD



The many challenges posed by Covid-19 to this State and its people laid bare pre-existing structural and systemic problems in our State, especially, but not only, in our healthcare system. It required many, in many services and industries, especially frontline workers, to rise to those challenges.

A public health response which does not bring the people with it cannot succeed. The people have done what was asked of them.

The guidance announced by the Government on 12th March was followed. Through individual and collective caution and sacrifice, the people of Ireland “flattened the curve” and in so doing provided sufficient space for hospitals to handle a surge in cases that could have led to avoidable deaths from hospitals being overstretched. A window was provided in which to bolster healthcare capacity before the virus would again begin to spread as our society and economy reopened.

On the 20th March, the Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 was enacted which delegated extensive and draconian powers from the Oireachtas to the Government to take necessary measures to address the spread of Covid-19.

Legal regulations were first introduced on 7th April. At the time, the move to a legislative footing, with penal sanctions, was questioned because of the high levels of adherence to the health advice. Questions about the effectiveness of policing public health matters and the extent to which An Garda Síochána could enforce public health measures in the event of a failure to accept them by a sizable minority, thankfully, did not need to be answered.

There followed a series of quickly changing regulations, often published only after they purported to take effect, of increasing complexity, which even went so far as to define a “substantial” meal. State restrictions on freedom of movement, which were among the most restrictive in Europe, were not put on a legislative footing but were, nevertheless, enforced by the State, at least in the case of civil and public servants and those in receipt of social welfare. A further confusion for our people was that while this was happening, there were no enforceable laws restricting the movement of those arriving at the frontiers of the State or requiring that they test for Covid-19.

Any meaningful examination of the State’s response to the crisis required an examination of the many agencies, advisory groups and civil servants who cannot be questioned in the Dáil. This is particularly so when the Government perforce relies so heavily on the expert advice it receives.

It was with this in mind that this Committee set about its work. When established it was the sole committee in the Houses of the Oireachtas at which the State's response could be held to account.

Transparency and accountability of every State response is key in a democracy. If that transparency and accountability is eroded, so too is the legitimacy of the response, no matter how benevolent its motivations; and there can be few motivations more benevolent than the protection of the public health of a State and its people.

The Committee, given its broad mandate, had to cover a lot of ground - from getting advice from national and international experts to the impact of the virus on individuals and sectors in our society; from doctors, nurses, nursing homes and so many others on the frontline; from performing artists to bartenders, taxi drivers and the aviation sector; to those who advocate on behalf of the elderly and special needs to sporting bodies. In the evidence taken, either orally or submitted in writing to the Committee, we saw at first hand the huge challenges posed to public health, both in treating Covid-19 and maintaining continuity of care for all other health conditions, other essential State services and the economy.

The examination of the State's response not only resulted in its criticism, which it did at times, but strengthened that response by explaining in detail the measures taken on behalf of the people of this State to the people through their representatives, who, invariably, were relaying the questions being asked by those they represent.

I want to thank the Committee Members, the many witnesses who gave of their time and expertise and the staff in the Houses of the Oireachtas who facilitated the Committee in doing its work.

As this Committee finishes its work, the work of other Committees is starting, and our Report contains a list of the main issues we want the sectoral committees to examine.

The Committee spent a lot of time examining nursing homes and there are more answers needed there in respect of the priority given to their residents by the State and the subsequent deaths in nursing homes. Meat processing plants emerged as a significant locus for Covid-19 infections in Ireland even though this had also, previously occurred internationally. There needs to be a further focus on the operation of that industry and an examination of the State's unusual and unhealthy lack of oversight of the sector.

All that has been done and said, and examined and analysed, will be for nothing unless the State learns from it, embraces change and acts quickly as it sees challenges coming.

The many sacrifices will have been in vain, as will the too-many heart-breaking deaths, the unnatural funerals loved-ones have had to endure, the incomplete mourning and grieving and unanswered questions for families, the lost life moments for our young people especially those who sat their Leaving Cert this year.

In terms of preparedness, we need to be able to react faster where there are outbreaks in terms of testing and contact tracing. Above all we need to stop the unwitting transmission of the virus and that is difficult given that a lot of people are growing tired of restrictions. Clarity around the message being delivered by the State is, therefore, key.

We need to protect ourselves, protect our family, friends and neighbours, especially the many who are particularly vulnerable to this virus, and we need to protect our society and democracy.

Beir bua,



Michael McNamara TD
Chairman
6th October 2020

INTRODUCTION

1. The Special Committee on Covid-19 Response was established by order of the Dáil on 6 May 2020 to consider and take evidence on the State’s response to Covid-19. This report marks the culmination of the work of the Special Committee, which has been mandated by the Dáil order dated 20 July 2020, to conclude its work by way of a progress report that would be in a form that would enable the sectoral committees to continue consideration of the Covid-19 response. This report is therefore in two parts:

Part 1 Executive summary and principle recommendations which the Committee is making to the Dáil

Part 2 Proposals and issues being referred to the relevant sectoral committees

2. In fulfilling its mandate and in the absence of all other Oireachtas Committees, the Special Committee held 67 public sessions over 30 days of hearings. All the debates of the Committee are linked in Part 2 of this report. In addition, the Committee sought the views of a wide range of other stakeholders by way of written submission and over 275 written submissions were received. These submissions will be published on the Oireachtas website.
3. Given the broad range of issues covered by the Committee, it did not prove feasible to meet the many stakeholders that have been impacted by Covid-19. The priority focus of the Committee was of necessity on health-related matters, including the deaths in nursing homes, the adequacy of testing and contact tracing, the impact on health care workers and the impact on non-Covid health care provision. The Committee also spent a significant amount of time considering the repeated and large scale outbreaks in meat processing plants. The sectoral committees will be in a better position to undertake more in-depth scrutiny of other and related issues.
4. In addition to meeting a range of experts, the Committee also received detailed evidence from those who were directly impacted by Covid-19 and their representatives. These are all captured in this report, which should be read in conjunction with the debates of the Committee.

PART 1

Executive Summary and Key Recommendations

Introduction

5. This report examines the State's response to the Covid-19 pandemic as it evolved since early 2020 and also highlights areas requiring ongoing oversight and accountability that will now fall to be undertaken by the various sectoral joint committees of the Houses of the Oireachtas. As will be clear to anyone who reads the debates of the 30 days of many Committee meetings since 19 May 2020, the response of our front-line workers in sectors such as health and education illustrates the positive response of the State. It is clear also that the pandemic could not have been contained without the support of the general public who recognised the major risks posed by the virus and made appropriate changes to their behaviour in areas such as social distancing, hand hygiene and, after the change in NPHET advice and the introduction of regulations mandating their wearing in transport, retail and some educational setting, the wearing of facemasks.
6. It is also the case that over 1,800, mainly older people, died with Covid-19 and this, as well as the fact that many lives have been negatively impacted through the loss of loved ones, serious illness as a result of contracting the virus, delays in non-Covid health care provision, mental health issues and the loss of many businesses that will never re-open mainly in the SME sector, shows the devastation of the disease at a human level. It is clear that response of the State is ongoing with a particular focus now on helping individuals and sectors to live with Covid-19.
7. The State's response to the pandemic, at a macro level, focussed on preventing the spread of Covid-19 while also ensuring that livelihoods were safeguarded. The Committee accepts that this is not a straightforward trade-off but rather is one that ensures that where public health risks are addressed, economic and business activity can safely resume. The twin focus on saving both lives and livelihoods has placed enormous challenges on the State which will have to continue to address issues not just in terms of health capacity, but also in terms of supporting individuals and society to adapt and survive as everyone learns to live with the virus. That requirement will require clear messaging and clarity around communication to retain public buy-in, which is an issue of ongoing concern to the Committee.
8. This report examines where the State could and should have done better in addition to what is now needed as we prepare to live with Covid-19.

Death in Nursing Homes

9. The Committee, despite devoting more meeting time to this single issue than to any other, was unable to get satisfactory answers as to why 985 residents of nursing homes died after they contracted Covid-19.² This amounts to 56% of all deaths in the State from Covid-19, which is totally disproportionate for a group comprising of 0.65% of the population who were unique in terms of frailty and vulnerability. The Committee examined reports from HIQA³ and the Expert Panel⁴ which highlight some of the systemic weakness in our care of the elderly (these are addressed below). They also highlight a silo type approach on behalf of the State that certainly did nothing to prevent the spread of the disease. The key issues that emerge from the evidence include:

- i. The State, through the public health authorities, became overly focussed on preparing acute hospitals for the oncoming pandemic in February and March and failed to recognise the level of risk posed to those in nursing homes.
- ii. There were delays in reacting to an evolving and deteriorating situation in nursing homes, especially in the provision of supports like replacement staff and PPE.
- iii. While Trojan efforts were made by nursing home staff, there are unanswered questions as to why some nursing homes were free of Covid-19 whereas others were severely impacted through the death of residents and the sickness levels of staff.
- iv. There has been a failure to provide answers to the relatives of those who died and this has exacerbated their pain and suffering – this issue must be addressed.

10. In light of these issues, the Committee recommends the following:

Recommendation 1:

That a public inquiry be established to investigate and report on all circumstances relating to each individual death from Covid-19 in nursing homes. Draft terms of reference should be presented for consideration by the Joint Committee on Health by the end of 2020.

That inquiry will have to look, inter alia, at the circumstances that lead to the spread of the virus to, and within, nursing homes, the impact, if at all, of the following:

- *The largescale discharge of patients from acute hospitals to nursing homes at the beginning of March*
- *The decision-making around those discharges in individual hospitals, and by the HSE, the Department of Health, including NPHET, and by Government*
- *The response of those said key actors to the difficulties encountered by nursing homes in preventing and managing the spread of the virus due to staffing difficulties and a shortage of PPE which were communicated to the Department of Health*
- *The recommendation by NPHET on 10 March that visitor restrictions to nursing homes were premature*

² Source: Expert Panel on Nursing Homes Report

³ HIQA Report on Nursing Homes: [The Impact on Covid-19 in Nursing Homes](#)

⁴ [Report of Expert Panel on Nursing Homes](#)

- *Decisions taken not to transfer patients with Covid-19 from nursing homes to acute care settings*
- *The medical expertise and treatment available in each nursing home in which residents died from Covid-19, and*
- *The nature of the health care plans and medical records (including individual decisions taken re patient care) maintained for each resident who subsequently died from Covid-19.*

The actions taken at that time cannot be examined in the light of what we now know about Covid-19, its transmission and treatment, but instead must be examined in the light of what was known, or ought to have been known, at the time when such measures were taken in preparation for the pandemic.

Recommendation 2:

A review should be undertaken into the impact of privatisation of Ireland's nursing homes and to ascertain its impact on:

- *Nursing levels*
- *Expertise and qualifications of staff*
- *Medical and other facilities available in older people care settings as a result of the policy decision by previous administrations to incentivise private care settings resulting in 80% of residential care been in the private sector, and*
- *The adequacy of funding to deliver optimal outcomes*

Testing and Tracing Capacity

11. The main theme running through this report, which reflects the deliberations of the Committee, relates to preparedness. This is necessary as we learn to live with Covid-19 which will be with us for some time until an effective vaccine is available to the majority of our population. The State will experience periodic peaks in the incidence of the virus and our public health authorities will have to react quickly to try to contain outbreak within specified local communities. Much of this will fall on our health sector, which is now facing into higher demands during the winter with hospitals likely to face the normal overcrowding and with the twin problem of identifying and differentiating those who have Covid-19 from those who have flu like symptoms.
12. The Committee is clear that, if the State is to avoid further major lockdowns, the HSE must have a highly efficient and effective testing and tracing system. This issue was examined in the Committee's [Interim Report on Testing and Tracing](#) and is examined further in Part 2 where the report outlines the Committee's view that the HSE has a lot of work to do to get it right, particularly regarding contract tracing. The turnaround times are simply too slow and the testing of close contacts of positives cases is not robust. The Committee is of the view that the turnaround time between the referral for testing and the result should not be more than 24 hours. There should be a ramping up of capacity, with permanent teams in each region assigned to tracing and the suggestions made to the Committee to have pop-up testing facilities to deal with local outbreaks is worthy of consideration. All staff that due to be re-assigned to other public service duties should not be released until they are fully replaced and they should remain on standby should they be required.

The Committee examined on a number of occasions the possibility that antigen testing could be used and while it is not as sensitive as the PCR test, which is deemed the gold standard, it does allow for quicker turnaround and it is an issue that has to be kept under review as the State develops testing capacity. In addition, there is a need for a review of the statutory framework where close contacts of positive cases do not adhere to testing requirements. The Committee accordingly recommends as follows:

Recommendation 3:

That the State develop a system of testing and contact tracing with a turnaround time for testing that does not exceed 24 hours, and immediate tracing of close contacts of positive cases thereafter. In addition, the State should develop dedicated capacity to facilitate ongoing uninterrupted serial testing in congregated settings. A report outlining the resource requirements to deliver this outcome, including the use of antigen testing, should be prepared by the HIQA and submitted to the Joint Committee on Health by the end of October 2020.

Systemic weaknesses in the provision of public services that have been highlighted by Covid-19

13. Covid-19 has also highlighted systemic weakness in the provision of services and in the regulation both of service provision and in the protection of employees that resulted in a poorer outcome for many individuals, such as residents in nursing homes and low paid workers. Many of these issues were known about for many years but were not addressed or were being addressed at too slow a pace. The relevant Oireachtas joint committees must now concentrate on these systemic weaknesses and endeavour to address them.

1. Care of the elderly

14. The State is over reliant on institutional care for our vulnerable population. This issue was starkly highlighted by the Expert Panel report and was also a central theme of the Committee's [Interim Report on Covid-19 in Nursing Homes](#) in July 2020. The Committee is grateful to Professor Kelleher and the Expert Panel for providing a blueprint for the further care of the elderly and will make recommendations accordingly. The Committee is of the strong view that future moves to support the older people at home must have, as a priority, a publicly funded and publicly provided model of care that is underpinned by community intervention teams from the HSE.

The systemic issues that led to poor outcomes for residents include:

- a. The failure to upgrade homes leading to a situation where sick residents could not be isolated and were sharing bedrooms and bathrooms. Where this was the norm, it contributed to the spread of the virus.
- b. The ongoing decisions being made by the HSE to place residents in nursing homes that have compliance issues, especially compliance with infection control. This is an issue on which the Committee has already reported in its interim report.
- c. The lack of a proper framework relating to the number and skills capacity of health care workers in nursing homes. The State has left this to the discretion of the owners of nursing homes, 80% of which are now in the private sector.

- d. The delay in reviewing the adequacy of the regulatory framework for nursing home care, an issue that was highlighted by HIQA over a number of years.
 - e. The absence of a clinical oversight and care pathways between nursing homes and the public health authorities.
 - f. The failure to invest in acute and step-down hospital bed capacity which led to the State having to transfer over 10,000 patients⁵ into long-term residential care settings, including nursing homes, in order to prepare hospitals for the potential arrival of members of the public requiring acute care having contracted the virus. Not all of those who were transferred out needed to go into institutional care.
 - g. The lack of a coherent policy on the care of older people which, through the provision of tax incentives, has seen the continuation of long-term institutional care in large settings where ownership has flipped from the public to the private sector over the past 30 years.
 - h. A policy of privatisation of the nursing home sector that was disconnected from the public health system without due debate or consultation.
 - i. The failure to prioritise empowering older persons to remain at home and develop models including smaller domestic-style units integrated into towns and city community areas.
15. There is now a requirement on the Minister for Health to address with a degree of urgency and to report bi-annually to the Dáil on the progress being made on the implementation of the Expert Panel's 88 recommendations across 15 themes, many of which dovetail with proposals contained in the Sláintecare report and this Committee's interim report. The Committee accordingly recommends as follows:

Recommendation 4:

That an implementation plan be drawn up for the recommendations contained in the Report of the Covid-19 Nursing Home Expert Panel with a requirement for six-month progress reports to the Houses of the Oireachtas. The Committee also recommends that standards regarding staffing and staff ratios in nursing homes be developed by HIQA.

2. Provision of sick pay for low-paid vulnerable workers

16. The transmission of Covid-19 in congregated settings such as nursing homes, direct provision centres and meat plants was facilitated by the fact that workers felt compelled to attend for duty even though they were potential carriers of the virus due to the absence of income support if they reported sick to their employer. In that regard, these workers posed a high risk of unwittingly transmitting the disease to residents (in the case of nursing homes), work colleagues and those front-line workers in the community, such as shop assistants. Some of those workers were in fact residents of direct provision centres and others were migrant workers who, because of the low pay in the industry, were forced to cohabit with fellow workers in over-crowded living conditions and thus also could not self-isolate.

⁵ See Table 3.12 in [Expert Panel Report](#)

The majority of staff in meat plants and in private nursing homes do not have access to sick pay and they were in a catch-22 situation in terms of attending their workplaces. In addition, Covid-19 is not a notifiable disease under the health and safety regulations, and this should change. There is also a need for engagement between the State, trade unions and employers as part of the consultative process that will determine if Covid-19 that contracted in the workplace can be classified a personal injury. The Committee accordingly recommends:

Recommendation 5:

That the Government

1. *Make provision for a statutory sick pay scheme to cater for low paid workers such as those in nursing homes and meat plants, and*
2. *Make Covid-19 a notifiable disease under health and safety regulations*

The Committee further recommends that regulations around general employment permits in the meat processing sector make provision for a sick scheme for workers by the employers concerned and that these regulations be made within six months of the date of this report.

3. The need to improve the regulatory framework

17. The evidence heard by the Committee at sessions attended by HIQA and by the Health and Safety Authority (HSA) highlights the need for stronger regulation of their relevant sectors so that incidences of non-compliance with regulations can no longer be deemed compatible with a business as usual model. The Committee also notes the Expert Panel’s concern about the changes effected to two key HIQA regulations which revoked (i) the requirement for the ‘person in charge’ of a nursing home to have a formal gerontology qualification and (ii) the requirement for the presence of a registered nurse on duty at all times (p96) and its recommendations made in respect of “Nursing Home Staffing/Workforce” under Thematic Area 9 (p107) and is of the view that these requirements should be re-installed. In addition, the State can inhibit the effectiveness of regulations by not providing appropriate staffing levels to regulators such as HIQA and the HSA. It was clear to the Committee that the workload of both regulators was such that it did not have the capacity to fully investigate compliance through, for example, unannounced site visits. An urgent review is needed of the regulatory frameworks in respect of both bodies and the relevant Ministers should report to the Houses of the Oireachtas on the outcome of that review by the end of 2020. The Committee accordingly recommends:

Recommendation 6:

A full review of the regulatory frameworks in respect of HIQA and the HSA should be undertaken and include the adequacy of both the powers of and resources available to each body. The review should also establish the precise ground under which regulations were removed that required (i) the ‘person in charge’ of a nursing home to have formal gerontology qualification and (ii) the requirement for the presence of a registered nurse on duty at all times and the case for re-instating both requirements. A report on the outcome of the review with a timeline for implementation of recommendations should be made to the Houses of the Oireachtas by the end of December 2020.

4. The need to provide for self-isolation facilities in State-supported premises

18. Covid-19 has demonstrated that the State can no longer be a party to the provision of facilities where there is not the capacity to self-isolate where residents fall ill. It is clear that we still have numerous residents in nursing homes who are accommodated in what was described as “nightingale-type wards” where residents live, eat and spend most of their time in the same room and where there are only communal wash facilities available. The situation is starker in direct provision centres where residents from different households are often forced to share the same accommodation. Many residents of direct provision centres were not able to self-isolate when they fell victim to the virus or when they displayed symptoms prior to diagnosis. These conditions facilitated the spread of Covid-19.
19. The Committee is of the view that the Government should make it a condition of continued funding that adequate isolation facilities are in place for residents where these are provided by outside bodies and it must accelerate work on publicly-owned facilities through the creation of self-contained living conditions. The provision of such facilities should now be a mandatory condition under HIQA guidelines. The Committee accordingly recommends:

Recommendation 7:

The State should phase out support for facilities where residents do not have adequate self-isolation facilities and it should accelerate the capital works in all publicly owned facilities to ensure that all residents can live in self-contained units. In addition, the State should further move to ensure that future provision of elderly long-term care is provided in smaller units within the public system in order to ensure strong clinical governance, quality and accountability.

20. The need to address these four systemic issues will form a central part of attempts to limit the spread of Covid-19. As the country learns to live with the virus, there will be a need to support particular sectors and these issues are covered in more detail in Part 2 of this report, which also links to the debates of the Committee. The Committee in Part 2 will also report on the non-medical impact of the pandemic especially in relation to restrictions that have knock-on effects on society.

5. The meat processing sector

21. Meat processing plants emerged as a significant hotspot for Covid-19 infections. While meat processing is highly regulated regarding food safety and hygiene, the same level of regulation and protection is not extended to workers and their conditions of employment. Moreover, the Committee heard that the HSA was slow to begin inspections of meat plants and when it did, a high proportion of inspections were pre-announced.
22. Workers in the meat processing industry are particularly vulnerable to poor working conditions as a result of the current work permit regime and the extension of the use of sectoral work permits.
23. The Committee heard that only 20% of Meat Industry Ireland (MII) members paid sick pay to their workers, and that employers in the sector availed of the Temporary Wage Subsidy Scheme. Though kill-levels were down on the previous year, they were not substantially down while there was a substantial fall in the prices paid to farmers on those paid the previous year.

Recommendation 8:

An 'Inquire, Record and Report Inquiry (pursuant to section 7 of the Houses of the Oireachtas (Inquiries, Privileges and Procedures) Act 2013)', ' should be established to examine the operation of the meat processing industry, including the use of agents to procure workers, to include the State's response in terms of protecting workers, while ensuring necessary food supplies to the general population, as well as ensuring fairness for primary producers.

6. Adequacy and transparency of data used in decision making

24. The State's response to Covid-19 demonstrated the need for data-led, evidence-based decision making and the key role of data in informing policy, as well as developing strategy. Measures designed to contain the spread of infection, including localised lockdowns, restrictions of particular sectors, such as the hospitality sector, and restrictions on those entering the State and on Irish residents seeking to leave to State, require accurate and robust data to be effective.
25. The Committee heard that all such recommended restrictions were based on available capacity in Irish healthcare system, data collected in Ireland or international evidence.
26. Despite requests from representative bodies of the sectors concerned and this Committee, this evidence was not produced.
27. The systems, processes and procedures used by NEPHET, including its capacity to engage and communicate with outside medical and scientific experts, should be peer reviewed by an independent expert panel in accordance with the norms of accountability and for future learning.

Recommendation 9:

Data relied upon by NPHET, its modelling code, as well as international evidence relied upon in making its recommendations to the Government in response to Covid-19, should be published in full and a peer review commissioned.

Other Cross Sectoral issues**Communication Issues**

28. The State's response to Covid-19 and the policies that were and are being put in place have been effective primarily because the population has been compliant in what is being asked of them, especially in the case of restrictions. Covid-19, given the potential health and life repercussions that arise from contracting the disease, has the potential to create fear in communities and homes. There is also the hazard that arises from information overload with people being continually bombarded by news and comment about the virus. In addition there is an urgent need to retain public buy-in for measures and this point was outlined to the Committee by Dr. Kristan Shaffer to the meeting of [23 September 2020](#) when she stated: *"That is why I think we have to be really careful as a society because for young people Covid-19 is quite an abstract term and they feel quite deprived of their social interactions. If we want buy-in from the whole of society to get through this difficult time, we really have to change our approach and become more open and transparent, because otherwise we will lose buy-in, especially from the younger generations because they have just had enough; they are tired of this. On the other side then we have the elderly and the vulnerable who are terrified."*
29. All this points to the need for a very good communications strategy on behalf of the State where there is no ambiguity or room for confusion. That, unfortunately, has not always been the case and it is an issue that will have to be addressed as the citizens live with Covid-19. While of particular importance to health, it is a cross sectoral matter that should be examined by all joint committees.

Recommendation 10:

All sectoral committees should review the communication strategy of their Departments to ensure that the information relating to Covid-19, and on Covid-19 restrictions in particular, is clear and transparent.

The legal framework and impact on rights and liberties

30. Covid-19 has placed enormous and unprecedented constraints on society especially in the areas of travel and on trade. Emergency legislation was enacted by the Oireachtas and this enabled the Government, and the Minister for Health in particular, to make regulations that did not require approval by the Oireachtas. In practice, neither the Oireachtas nor this Committee had an opportunity to consider these regulations. Regulations were not published adequately and in some after they purported to come into effect which breached one of the basic tenets of the rule of law. In addition, and as also outlined to the meeting on 9 September, which can be accessed here [Official Report 9 September 2020](#) , all our legislation should be proofed from a human rights and a civil liberties viewpoint. There is also a long tradition of recognising the right to protest. In addition to these protections, the Committee will ask that all Covid-19 related legislation has a short sun-set clause and, where legislation is being renewed, that it require the express approval of the Oireachtas to do so. Every opportunity must be given to the Oireachtas to consider measures prior to their enforcement.

Recommendation 11:

All sectoral committees should review the relevant Covid-19 legislation which is regulating activity in their sectors and every proposal to extend regulations after 9 November 2020 should require approval by the Houses of the Oireachtas or the relevant joint committee.

PART 2

Referral of Issues to the Sectoral Committees of the Houses of the Oireachtas

Introduction

31. In accordance with the instruction of the Dáil, which will complete the work of the Special Committee, in addition to reporting to the Dáil, the Committee has been asked to identify a range of issues that require ongoing or further consideration by the joint sectoral committees as set out above. Paragraphs 33 to 44 immediately below outline the issues and the remainder of the report goes into more detail on these issues and also provides a link to the relevant debate of the Committee.

Summary of matters being referred to the sectoral committees

32. The Special Committee examined a wide range of areas impacted by Covid-19 in recent months. In addition to its overarching recommendations set out in Part 1 and in accordance with the Dáil Order of 30 July 2020, the Special Committee has identified matters that it recommends should be considered further by the relevant sectoral committees. These matters are set out by sectoral committee as follows:

Issues identified for ongoing consideration by the Joint Committee on Health

33. The Committee, in addition to the recommendations in Part 1 of this report, hereby refers the following matters to the **Joint Committee on Health** for ongoing consideration the need to: -
- The implementation of Recommendation 15.3 of the Final Report of the Covid-19 Expert Panel on Nursing Homes on the establishment of a statutory agency to investigate abuse or neglect in care settings be implemented immediately, instead of within the 18-month timeframe highlighted in the report.
 - The need to ensure that data sets regarding outbreaks in nursing homes, and outbreaks in other settings such as meat plants, be linked in order to provide a more systematic report on the risk factors for outbreaks in these settings.
 - The need to explore in more detail issues concerning the future model of care for older people in Ireland.
 - The need to continue to monitor the state response to Covid-19 in nursing homes and actions taken to protect older people from Covid-19.
 - Routine testing for Covid-19 in meat processing plants should take place with results returned within 24 hours to the individual workers
 - Continue to monitor and examine the State's testing and tracing operation, including:
 - The HSE's detailed plan for the administration of testing and tracing operations
 - Test and trace capacity including turnaround times, supply of testing and cost issues

- Testing and tracing for incoming travellers to the State
- Testing for healthcare staff
- The use of technological solutions including the HSE’s app
- Seek an update within six months on the levels of infection among healthcare workers and any changes in the procedures in place
- The future use of private hospitals and in particular:
 - The need for oversight of any future agreements so to ensure that value for money and the efficient use of resources is identified as key issues
 - The need for an urgent assessment of current capacity and how that capacity will be affected by the delivery of care under new social distancing and infection control measures that will be required
 - The introduction of health identifiers for patients to ensure continuity of care and the efficient use of resources
 - Further consideration should be given to the development of stand-alone public hospitals for elective care for public patients to reduce waiting times and lists
 - An urgent review of measures needed to address the number of consultant level vacancies and the impact of contracts on recruitment in the context of already extensive waiting lists and stated need for further bed capacity
 - The Committee also recommends that the PAC examines whether value for money was obtained as the State sought to set up a testing and tracing regime and obtain PPE

Issues identified for ongoing consideration by the Joint Committee on Finance, Public Expenditure and Reform, and Taoiseach.

The Committee, in addition to the recommendations in Part 1 of this report, refers the following matters for ongoing consideration by the **Joint Committee on Finance, Public Expenditure and Reform and Taoiseach**. These recommendations were set out in the Committee’s interim [Report on Stimulating Enterprise and the Economy](#):

- The Restart Grant Scheme should be amended to increase the average value of the grant, and to make it available to non-rateable businesses
- More needs to be done to increase the uptake on the Credit Guarantee Scheme and the SBCI Working Capital Scheme
- The Committee also recommends examining alternative delivery mechanisms apart from the banking sector such as credit unions and possible instruments devised by the Revenue Commissioners
- There is a need to revise the eligibility criteria for the various liquidity supports, ensuring that they are not too onerous for their target sectors
- The commercial rates waiver should be extended to the end of the year for businesses who will continue to operate below capacity due to Covid-19 restrictions
- The Government must ensure that the TWSS remains available to firms (and in particular those in the arts and related sectors) who will operate below capacity due to Covid-19 and any tapering off of supports should have a significant lead in time
- Consideration should be given to the costs and benefits of reducing the VAT rate in the tourism and hospitality sectors - any reduction in the VAT rate should not apply to the sale of alcohol and any loopholes relating to the off-licence sales should be closed in the Finance Bill 2020

- The Government should increase the availability of apprenticeship schemes in order to reduce youth unemployment and increase the skill level in the labour force
- A cross-departmental task force should address the supports required by the events, music, entertainment and culture sectors, encompassing both production and performance
- The Government should examine the feasibility and benefits of a voucher scheme for all residents, to be spent supporting the domestic tourism sector

Issues identified for ongoing consideration by the Joint Committee on Children, Disability, Equality and Integration

34. The Committee, in addition to the recommendations in Part 1 of this report, hereby refers the following matters to the **Joint Committee on Children, Disability, Equality and Integration** for ongoing consideration: -

- The need for the Department to review the practice of accommodating people seeking international protection in direct provision centres, hotels and B&Bs with a particular focus on the need to provide appropriate living accommodation for individuals and family units
- The findings of the Dr. Catherine Day expert advisory group on direct provision, due for publication the autumn, and seek biannual updates on the implementation of its recommendations
- The need for better data sharing between Departments and services to ensure appropriate services can be provided
- The need to put a protocol in place to ensure that appropriately qualified staff are recruited, and Garda vetted particularly in the context of dealing with vulnerable adults and children
- The need to ensure that all residents in congregated settings are tested for Covid-19 routinely
- The need to ensure that staff working in direct provision services receive appropriate training, including in infection control measures
- The impact of Covid-19 restrictions on capacity across the health service, including the effect of suspended and reduced services on waiting lists, the strategy to clear backlogs when system capacity is reduced due to social distancing and infection control measures, the effect on recruitment and retention in the health service, and the implementation of existing Department of Health and HSE strategies
- Second wave contingency planning for non-Covid-19 healthcare services, including diagnostic and screening services and community healthcare services
- The impact of Covid-19 restrictions on mental health at a population level, and on particularly vulnerable and affected groups, including the impact of the pandemic on mental health services, both in terms of the backlog caused by services which were suspended during the pandemic, and the potential increased demand for services going forward, in addition to the implementation of the Share the Vision mental health strategy
- Consideration of what supports are being provided for people who are high risk and must continue to cocoon or limit their social movements, or cannot return to work, including people with disabilities, people with chronic illnesses and older people
- The impact of Covid-19 infections and pandemic restrictions on the health of particular cohorts, including older people, people with disabilities, people with chronic illnesses, and minority groups

- The impact of postponed diagnostic and screening services and medical treatments on medium and long-term health outcomes
- The impact on funding and services provided in the disability sector including a review of the Section 39 funding allocation model
- The implementation of the 2012 report, *Time to Move on from Congregated Settings: A strategy for Community Inclusion*
- The resumption of daily services and educational supports for those with a disability
- The financial impact on those in employment and employment opportunities
- Issues around access to technology and the use of telemedicine
- Monitor and examine the reopening of childcare services, including:
 - Funding and supports for childcare facilities to implement public health advice
 - Protocols in place for at risk students and staff
 - The sustainability of childcare services and the uptake of childcare services from June 2020
 - Plans in place should childcare facilities and providers be required to close
 - Examination of childcare schemes for healthcare workers from other jurisdictions
 - Supports for providers, including phone line support from the Department and other State agencies, should remote working continue over the next 12 months
 - Examination of the overall model of childcare and related issues including high fees, high turnover of staff, low pay and insurance issues

Issues identified for ongoing consideration by the Joint Committee on Education, Further and Higher Education, Research, Innovation and Science

35. The Committee, in addition to the recommendations in Part 1 of this report, hereby refers the following matters to the **Joint Committee on Education, Further and Higher Education, Research, Innovation and Science** for ongoing consideration:-

- Continue to monitor and examine the requirements and resources needed to keep schools open while the State continues to live with Covid-19 including:
 - Funding for upgrading school facilities to implement public health advice
 - Protocols in place for blended learning, should it be required
 - Protocols in place for at risk students and staff
 - Supports and plans for special needs education
 - Plans in place should schools be required to close
 - School transport
- Keep under review:
 - the provision of special needs education under Covid-19 restrictions.
 - the operation of the Summer Programme with a view to recommending how it can be made more widely available in 2021.
- The funding challenges within the sector and the identification of a sustainable funding model
- Consider the following in relation to higher education:
 - The impact on research and research funding with particular focus on the gendered aspects

- The protocols in place for at risk students and staff
- The supports for institutions to implement public health guidelines
- The need to review existing student supports such as SUSI and Back to Education Allowance
- Undertake a review of the process involved in determining of calculated grades for the Leaving Certificate and the key learnings from the experience
- The effect of the Covid-19 restrictions on the school transport scheme (in conjunction with the Joint Committee on Transport and Communications Networks)
- The need to engage with the first and second level sector on the resumption of sports in schools

Issues identified for ongoing consideration by the Joint Committee on Enterprise, Trade and Employment

36. The Committee, in addition to the recommendations in Part 1 of this report, hereby refers the following matters to the **Joint Committee on Enterprise, Trade and Employment** for ongoing consideration: -

- The need for a task force or similar body to examine the terms and conditions of workers in the meat processing industry and the extension of the use of sectoral work permits
- The need for sick pay schemes to be made available to all staff in meat processing industry – this should cover self-isolation periods where necessary (See Recommendation 5 in Part 1 of this report)
- The need to review the role of the Health and Safety Authority in the industry so as to ensure that the majority of inspections are unannounced
- Covid-19 should be a notifiable disease under the regulations implemented by the Health and Safety Authority under the relevant legislation (See Recommendation 5 in Part 1 of this report)
- The role of employment agencies in the industry should be reviewed
- Examine the potential role of the Health and Safety Authority in examining cases of Covid-19 in healthcare settings
- The Return to Work Safely Protocol and the number of inspections and enforcement and compliance measures necessary under it should be kept under review to ensure the protocol is regularly updated and is fit for purpose.
- Consideration should be given to expanding the role of the HSA and increasing the number of inspectors available to ensure enforcement and compliance with the protocol in tandem with undertaking the HSA's routine inspection work.
- The HSA should consider re-employing recently retired inspectors on a temporary basis to assist with inspections related to compliance with the protocol and particularly in the context of preventing further waves of infection.
- The HSA should consider the possibility of using the expertise available in trade unions with regard to health and safety by assigning individuals with such expertise to compliance inspection roles in addition to inspection staff from other Departments.

- Robust inspection and enforcement processes in addition to a penalty regime is required to encourage and ensure compliance and consideration could be given to enabling the HSA to impose larger fines as a deterrent.
- The Committee noted the distinction drawn between public health guidelines and issues relating to health and safety in the workplace overseen by the HSA and that a lack of clarity with regard to roles and responsibilities may have arisen at the initial stages of dealing with the pandemic. This issue was addressed in the protocol but the Committee recommends that this issue be considered further with a view to clarifying such roles and responsibilities for the future.
- The impact of supports introduced on the hospitality sector and identify any further supports that may be required (in conjunction with the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht)
- Examine the guidelines in place for the operation the hospitality sector (in conjunction with the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht)
- Continues to examine the supports needed for business and in particular:
 - Review the impact of the July Stimulus package
 - Review the efficacy of the business supports in place
 - Identify supports required for individual sectors

Issues identified for ongoing consideration by the Joint Committee on Media, Tourism, Arts, Culture, Sports and the Gaeltacht

37. The Committee, in addition to the recommendations in Part 1 of this Report, hereby refers the following matters to the **Joint Committee on Media, Tourism, Arts, Culture, Sports and the Gaeltacht** for ongoing consideration: -

- The specific supports required for the arts and entertainment sector
- The continued impact of Covid-19 restrictions on the arts and entertainment sector as it begins to re-open with the intention of identifying additional issues and the need for additional supports as they emerge
- The recovery of the arts and entertainment sector on both a regional and rural basis to identify individual supports that might be needed in these areas
- The impact of the Pandemic Unemployment Payment and the Temporary Wage Subsidy Scheme criteria on arts and entertainment workers/employees and whether those criteria have resulted in workers leaving the sector
- Examine State communications with the public in both official languages as it relates to Covid-19 and also examine the impact of Covid-19 on bilingual services
- Examine the impact of Covid-19 on the economy in Gaeltacht areas and means by which Údarás na Gaeltachta could be supported to provide further supports to sole traders, crafts people and small businesses
- Examine the potential challenges faced by Irish summer colleges in Gaeltacht areas over the next 18 months due to Covid-19

- Examine potential challenges and solutions to promoting the Irish language and opportunities to speak the language, while public health measures are in place during the Covid-19 pandemic
- The impact of supports introduced on the hospitality sector and identify any further supports that may be required (in conjunction with the Joint Committee on Enterprise, Trade and Employment)
- Examine the guidelines in place for the operation the hospitality sector (in conjunction with the Joint Committee on Enterprise, Trade and Employment)
- The need to follow up with the Irish Sports Council on the distribution of the €70 million in public funding allocated to sports in 2020
- The need to engage with the State on the public health implications of spectators attending games and the additional safeguards that can be put in place in order to maximise attendance
- The need to examine the extent of the State funding that will be required in 2021

Issues identified for ongoing consideration by the Joint Committee on Social Protection, Rural and Community Development and the Islands

38. The Committee, in addition to the recommendations in Part 1 of this Report, hereby refers the following matters to the **Joint Committee on Social Protection, Rural and Community Development and the Islands** for ongoing consideration: -

- The age profile and unique work patterns of the small public service vehicle industry to determine whether supports such as the Pandemic Unemployment Payment and the Temporary Wage Subsidy Scheme can acknowledge these circumstances
- The freelance and casual work aspects of the arts and entertainment industry and the effects these work patterns have on arts and entertainment workers accessing supports such as the Pandemic Unemployment Payment and the Temporary Wage Subsidy Scheme
- The possibility for the unique work patterns of arts and entertainment works to be recognised in application process for unemployment supports, including the potential for a provision to allow arts and entertainment workers to work in a casual pattern without losing access to these supports
- Monitor ongoing social protection supports and the efficacy of same
- Promptly examine water services on the island
- The progress of islands after lifting of travel restrictions and the services provided to island communities during the pandemic
- Examine departmental plans to develop a strategy for the islands and the plans for public consultation on the strategy, during the pandemic
- Examine issues pertaining to Covid-19 regulations in the area social welfare

Issues identified for ongoing consideration by the Joint Committee on Transport and Communication Networks

39. The Committee, in addition to the recommendations in Part 1 of this report, hereby refers the following matters to the **Joint Committee on Transport and Communication Networks** for ongoing consideration: -

- Explore the viability of rapid testing at airports and ports for staff and passengers in order to facilitate a resumption of safe international travel
- Examine the introduction of sectoral specific supports for the continued operation/revival of industries affected by the Covid-19 travel restrictions which may include the extension of the Temporary Wage Subsidy Scheme, waiving of commercial/local authority rates and other additional measures required as a result of Covid-19
- The financial impacts of the Covid-19 restrictions on public transport with the aim of identifying the support necessary to ensure the viability of these services in the future, particularly with respect to the small public service vehicle industry
- The impact the lack of regulations regarding the small public service vehicle industry had on both the industry and workers
- The effect of the Covid-19 restrictions on the school transport scheme (in conjunction with Committee on Education, Further and Higher Education, Research, Innovation and Science)
- Examine issues pertaining to Covid-19 regulations in the area travel restrictions

Issues identified for ongoing consideration by the Joint Committee on Agriculture and the Marine

40. The Committee, in addition to the recommendations in Part 1 of this report, hereby refers the following matters to the **Joint Committee on Agriculture and the Marine** for ongoing consideration:-

- The need to ensure that Covid-19 compliance officers are appointed in all meat plants
- The need to consider and determine the role of departmental inspectors with regard to Covid-19 in meat plants
- The need to review reports of workers returning to work within meat plants while awaiting test results
- The need to review the NPHEP commissioned report, ‘Investigation into a Series of Outbreaks of COVID-19 in Meat Processing Plants in Ireland’

Issues identified for ongoing consideration by the Committee of Public Accounts

41. The Committee hereby refers the following matters to the **Committee on Public Accounts** for ongoing consideration: -

- Given the limited time and resources available to it, the Committee was unable to look in detail at whether value for money was obtained by the Exchequer as the State sought to set up a testing and tracing regime and obtain PPE, both of which are essential elements of its response. Therefore, the Committee recommends that the Committee of Public Accounts examine the value obtained in the contracts entered into at this time.

- Examines the contract with private hospitals and keeps a watching brief on the development and agreement of any future agreements to ensure that value for money and the efficient use of resources are identified as key issues.

Issues identified for ongoing consideration by the Committee on Budgetary Oversight

42. The Committee hereby refers the following matters to the **Committee on Budgetary Oversight** for ongoing consideration: -

- Continue to monitor the fiscal implications of Covid-19 and also the implementation of the July Stimulus. Depending on timing, the CBO should consider whether it wishes to input into the National Economic Plan which is to be published in October 2020.
- Monitor aggregate expenditure in the medium term, ensuring that the budget deficit is reduced as the economy returns to growth. At a departmental level, sectoral committees should ensure that temporary Covid-19 expenditure does not become permanent spending that will become unsustainable into the future.

Issues identified for ongoing consideration by the Joint Committee on Justice

43. The Committee hereby refers the following matters to the **Joint Committee on Justice** for ongoing consideration: -

- A further examination of the impact of Covid-19 on the Courts Service of Ireland and the administration of justice

44. The following sections outline the topics on which the Committee heard evidence in public session or received written submissions. ⁶ Its consideration of the key issues raised form the basis for recommendations that various matters should be considered further by the sectoral committees.

⁶ All written submissions received by the Committee are available on the Oireachtas website at this [link](#).

CONGREGATED SETTINGS

Introduction:

45. This section deals with the impact of Covid-19 in a number of congregated settings and the challenges experienced in direct provision centres, meat processing plants and nursing homes. Arising from consideration of issues relating to congregated settings, the Committee has
- a. Made several recommendations, as outlined in Part 1, which apply to the prevention of spreading the virus in congregated settings, and
 - b. Referred specific matters relating to congregated settings to the following joint committees for further consideration, namely:
 - i. Health
 - ii. Children, Disability, Equality and Integration
 - iii. Social Protection, Rural & Community and the Islands
 - iv. Enterprise, Trade and Employment

Congregated settings – Nursing homes

46. The Committee met on a number of occasions, as outlined below, to discuss the impact of Covid-19 in nursing homes. Arising from these discussions, the Committee published its [Interim Report on Covid-19 in Nursing Homes](#) in July 2020. The Committee returned to this topic in September 2020 to discuss reports published by HIQA and the Expert Panel regarding Covid-19 in nursing homes. As outlined in Part 1, there is a need to look back at the level of deaths in nursing homes in April 2020. In addition, and looking forward, the Committee heard evidence of that while the virus is in the community, it will prove impossible to fully protect the residents of nursing homes. That said, and as outlined at the meeting of 23 September, for example, expert medical advice indicates that nursing homes will now be better protected residents due to the following:
- a. The health authorities have put measures in place to assist nursing homes and there are better clinical links in place
 - b. PPE is now in place which should limit the spread of the infection
 - c. Staff and residents are being tested and new residents are isolated
 - d. There is now more knowledge about asymptomatic transmission and better infection control measures
 - e. Treatments for very sick patients have improved.

47. On Tuesday, 19 May, the Committee met with the Chief Medical Officer and officials from:

- Department of Health
- HSE

The debate can be accessed here [Official Report 19 May 2020](#)

48. On Tuesday, 26 May, the Committee met with representatives of/officials from:

- Nursing Homes Ireland
- Sage Advocacy
- HIQA
- HSE

The debate can be accessed here [Official Report 26 May 2020](#)

49. On Thursday, 18 June 2020, the Committee met with officials from:

- Department of Health
- HSE

The debate can be access here [Official Report 18 June 2020](#)

Written submissions: For its initial examination of Covid-19 in nursing homes, the Committee received 20 written submissions from stakeholders on this topic.

50. The Committee published its interim report on Covid-19 in nursing homes on 31 July. It contained 19 recommendations which would benefit from continued attention by the Oireachtas Joint Committee on Health. The report can be accessed [here](#).

51. The Committee decided to return to this issue in September 2020 to examine the HIQA report which was published in July and the final report of the Expert Advisory Panel on Nursing Homes. It also wished to examine in further detail the need for a public inquiry into Covid-19 related deaths in nursing homes.

52. On Thursday, 10 September, the Committee met to discuss the HIQA Report on the Impact of Covid-19 on Nursing Homes with officials from HIQA

The debate can be accessed here [Official Report 10 September 2020](#)

53. On Wednesday, 16 September, the Committee met to discuss the Expert Panel report regarding the impact of Covid-19 on nursing homes with officials from:

- Expert Panel on Nursing Homes
- Department of Health
- HSE

The debate can be accessed here [Official Report 16 September 2020](#)

This general area was further discussed with Professor Sam McConkey, Head of the Department of International Health and Tropical Medicine, Royal College of Surgeons in Ireland, Dr. Johan Giesecke, former Chief Epidemiologist, Sweden, and member of the Strategic and Technical Advisory Group for Infectious Hazards WHO, Professor Tomás Ryan, Associate Professor of Biochemistry, Trinity Institute of Neurosciences, TCD, and Professor Kirsten Schaffer, UCD School of Medicine, and President of Irish Society of Clinical Microbiologists.

The debate can be accessed here [Official Report 23 September 2020](#)

Referral of matters to the Joint Committee on Health

54. Following its further examination in September 2020 of Covid-19 in nursing homes, the Committee has made Recommendations 1, 2, 4, 5, 6 and 7 which are relevant to nursing homes. In addition, the Committee will refer the following matters to the Joint Committee on Health for ongoing consideration in respect of nursing homes namely: -

- The implementation of Recommendation 15.3 of the Final Report of the Covid-19 Expert Panel on Nursing Homes on the establishment of a statutory agency to investigate abuse or neglect in care settings be implemented immediately, instead of within the 18-month timeframe highlighted in the report.⁷
- The need to ensure that data sets regarding outbreaks in nursing homes, and outbreaks in other settings such as meat plants, be linked in order to provide a more systematic report on the risk factors for outbreaks in these settings.
- The need to explore in more detail issues concerning the future model of care for older people in Ireland.
- The need to continue to monitor the state response to Covid-19 in nursing homes and actions taken to protect older people from Covid-19.

Key issues raised at the September meetings on Covid-19 in nursing homes:

Inquiry into deaths into nursing homes:

55. The Committee heard that HIQA did not have the statutory power to conduct investigations into individual cases of deaths in nursing homes. It also heard evidence that relatives of family members who died had difficulty accessing information concerning deaths.

Recommendation 1 of the Committee to Dáil Éireann calls for a public inquiry be held to further examine the circumstances of deaths in nursing homes and provide answers for the families of the deceased.

⁷ Recommendation 15.3 states that The Department of Health should explore a suitable structure and process for external oversight of individual care concerns arising in nursing homes, once internal processes have been exhausted without satisfaction.

Weak regulation

56. **Role of the regulator:** A regulator is only as effective as the legislation that underpins it and as the budget provided to it enables. The Committee heard evidence that HIQA has advocated for stronger powers of inspection and regulation of the sector, and that the current regulatory framework is not sufficiently robust. Covid-19 has exposed the weakness in the regulatory framework of nursing homes. It is paramount that the authority be given sufficient powers and resources to carry out its role as regulator. Recommendation 5 of the Committee to Dáil Éireann addresses this issue
57. **Inspections:** The Committee heard evidence that HIQA completed 170 inspections in the first quarter of 2020 and that HIQA ceased on-site inspections on 13 March, following public health advice. As a result, there were no on-site inspections of nursing homes in March, April or May 2020, at the peak of the crisis in the homes.
58. HIQA told the Committee that, at this time, it stayed close to the practice of regulators in other jurisdictions, and in the meantime engaged in other activities, such as the development of evidence summaries for NPHET, the development of an online prevention tool and the transfer of staff to the HSPC. It told the Committee that since inspections resumed, 106 inspections have taken place in nursing homes. HIQA said that the number of inspections has increased year-on-year as a result of Covid-19.
59. **Nurse Staffing Ratios:** The Committee heard that there is an absence of statutory staffing ratios and an adequate skill mix in nursing homes. The Committee was told by HIQA that there is no minimum staffing level or national staffing ratio and it is discretionary to each provider.
60. The Department told the Committee that the chief nurse working with the HSE has designed a guidance framework to be tested in several nursing homes. It is evidence-based and will be based on the experience of the safe staffing within the hospitals and the emergency departments which obviously cater for an older cohort. It will also be based on need. The Department said it would be working with HIQA to see how it could become part of the regulatory framework for nursing homes, so that it could be applied to both public and private sector nursing homes.
61. **Accommodation:** The Committee heard from HIQA that a number of State-run nursing home premises are not compliant with regulations when it comes to accommodation. A statutory instrument, however, has given statutory and private providers some time to allow them to become compliant with the regulations. HIQA told the Committee that many providers that have challenges with their premises are now reducing the numbers of residents living in the nursing homes in order that they can make an accommodation for the public health emergency.
62. Representatives from the Covid-19 Nursing Homes Expert Panel told the Committee it had made a series of recommendations to strengthen regulations and ensure systematic inspections take place. (See Recommendation 3 of the Committee which deals with this matter).

Complaints procedures and safeguarding patients’ rights

63. The Committee heard of the need for a statutory agency to investigate abuse or neglect in care settings. Members of the Covid-19 Nursing Homes Expert Panel told the Committee that any complaint made about care in a private nursing home is dealt with by the home itself. The HSE safeguarding service has no legislative authority to investigate complaints. Similarly, HIQA does not have legal powers to carry out investigations of individual complaints. Members of the Expert Panel told the Committee that there was a need for process of investigation of complaints that is independent of the provider, be it private or public.

64. The Committee recommends that recommendation 15.3 of the Final Report of the Covid-19 Nursing Homes Expert Panel on this issue be implemented immediately, instead of within 18 months as outlined in the report.⁸

Linkages between public health services and private nursing homes

65. The Committee was told that, among other issues, there was an absence of an integrated infection prevention and control strategy linking nursing homes and the Department of Health and the HSE. The Committee was told by representatives of the Covid-19 Nursing Homes Expert Panel that a policy decision was taken two or three decades ago to move the oversight of care of older people in residential care settings from a State-controlled one to a slightly distanced one.

The Final Report of the Covid-19 Nursing Homes Expert Panel has recommended that it is essential that some form of connection be established immediately between State structures and private providers, by means of a memorandum of understanding and more permanently whereby that separation of responsibility is no longer a reality.

Model of care for older people

66. The Committee heard from members of the Covid-19 Nursing Homes Expert Panel that people with significant dependencies, including dementia, will do better in smaller congregated settings rather than an institutional environment of a residential care setting. More generally on the model of care, Professor Cillian Twomey told the Committee:

What we need, in my view, is a single integrated system of care for older people which allows the person to choose where they avail of that support and care. There should be a single source of funding which should allow them to be supported at home, if that is their wish, to be supported in one of an adequate number of smaller congregated settings - these are yet to be developed - or, if required, to be supported in long-term residential care.

⁸ Recommendation 15.3 of the Final Report of the Covid-19 Nursing Homes Expert Panel states: The Department of Health should explore a suitable structure and process for external oversight of individual care concerns arising in nursing homes, once internal processes have been exhausted without satisfaction.

67. The Committee also heard that a delay in providing home care supports meant that 4,550 people who have been approved for home care are waiting for this support. The Department told the Committee that it hopes to reduce the list of those waiting for home support to a very small number, or get rid of it entirely, by October, as it recognises this is a method of keeping people safe and out of hospital.
68. The Department of Health told the Committee it is looking very closely at the establishment of a statutory home care scheme and building the capacity of the HSE for commissioning home care. The Department is looking at the regulatory framework, and on needs assessment and care planning in the community.
69. The Committee recommends that the issues regarding the model of care of older people be explored in further detail by the Oireachtas Joint Committee on Health.

Linkages between nursing home clusters and other outbreaks

70. The Final Report of the Covid-19 Nursing Homes Expert Panel on Page 93 noted that other factors in the transmission of Covid-19 included shared accommodation and contact with other high-risk areas, such as the meat processing industry.
71. Professor Cecily Kelleher told the Committee that there was a need for further vigilance of the link between outbreaks, and that data sets should be linked so that there could be more of a systematic report on the risk factors for outbreaks in these settings.

Pay and conditions of staff in nursing homes

72. Members of the Covid-19 Nursing Homes Expert Panel told the Committee that foreign national workers in residential care settings have working conditions that are inferior to other staff, which forces them to work in several settings at a time, and that very often they share crowded accommodation. The Committee was told that this was a cause for concern that needs to be addressed.
73. The Department told the Committee it had put in place accommodation supports for those working in the private nursing home sector while the recommendation was that the review with respect to terms and conditions be completed within 18 months. The Committee recommends that all nursing home staff have access to a sick pay scheme.

Congregated settings: Direct provision centres

74. On Tuesday, 26 May, the Committee met to discuss the impact of Covid-19 in direct provision centres with officials from the Department of Justice and Equality and the HSE.

The debate can be accessed here [Official Report 26 May 2020](#)

Written submissions: A number of written submissions provided to the Special Committee referenced this topic.

Referral of matters to the Joint Committee:

75. Arising from its consideration of this topic, the Committee has referred to the Joint Committee on Children, Disability, Equality and Integration the following matters for further examination:

- The need for the Department to review the practice of accommodating people seeking international protection in direct provision centres, hotels and B&Bs with a particular focus on the need to provide appropriate living accommodation for individuals and family units
- The findings of the Dr. Catherine Day expert advisory group on direct provision, due for publication the autumn, and seek biannual updates on the implementation of its recommendations
- The need for better data sharing between Departments and services to ensure appropriate services can be provided
- The need to put a protocol in place to ensure that appropriately qualified staff are recruited, and Garda vetted particularly in the context of dealing with vulnerable adults and children
- The need to ensure that all residents in congregated settings are tested for Covid-19 routinely
- The need to ensure that staff working in direct provision services receive appropriate training, including in infection control measures

Key issues raised:**Facilities:**

76. The Committee heard from representatives of the Department of Justice and Equality that prior to the pandemic it had been trying to address weaknesses in how applicants for international protection are accommodated and how services are provided to them while also trying to manage a significant increase in the number of people applying for protection and accommodation. Centres were at almost 100% capacity in addition to the use of hotels and B&Bs.
77. The Committee heard that 14 outbreaks in direct provision centres were notified with 175 cases linked to those outbreaks.
78. The Department representatives stated that shared accommodation is common in congregated settings such as homelessness services, student accommodation and direct provision and they noted that, as a result, the pandemic posed specific challenges particularly with regard to the HSE's advice on social distancing and self-isolation. Four centres were created to cater for those required to self-isolate while 600 people were moved to other locations to reduce density in centres. The Department added that other supports were also provided, such as translation facilities, a telephone helpline, additional cleaning, the provision of PPE and staggered mealtimes.
79. The Irish Refugee Council stated that the pandemic has highlighted the need to end direct provision and that the issues faced included overcrowding and an inability to social distance, difficulty accessing medical services and social protection payments, difficulties for healthcare workers living in direct provision, and the impact on children.

The council also highlighted the categorisation of non-family members as households and stated that there is an obligation to provide single occupancy facilities for individuals and appropriate facilities for families.

80. MASI raised its concerns about the “*warehousing of asylum seekers... in inhumane conditions*” with overcrowding in cramped conditions in for-profit direct provision centres. It said people have been “*stripped of their fundamental human right to privacy and the dignity that comes with it*”. It said it became increasingly concerned when measures to combat the spread of Covid-19 were announced in March with regard to the conditions those living in direct provision were already experiencing and the inability to socially distance or self-isolate. It noted that people were moved to commercial hotels or new centres rather than to single rooms or family units.
81. The groups also noted that the lack of collation and access to correct data on residents contributed to the difficulties of providing adequate services.

Movement of people to Co. Kerry centre:

82. The Committee heard that all these difficulties were highlighted in a particular case where residents were moved from a Dublin hotel to the Skellig Star centre in Cahersiveen in Co. Kerry. The Committee was told the move happened at very short notice and there was a lack of consultation with the residents themselves and the Kerry facility. The Committee was also told of issues with the centre itself, such as the rushed opening, problems with water and heat services, and that staff were not Garda vetted. The Department representatives confirmed that some staff had not been Garda vetted but steps were taken to ensure it was completed without further delay.
83. A large outbreak of Covid-19 occurred after residents were moved to Kerry and there were no facilities there for self-isolation. The Committee queried the suggestion that the HSE had failed to inform the Department of Justice and Equality of a positive test at the Dublin hotel prior to residents being bussed to Co. Kerry. The Committee also queried why the residents were not tested for the virus before they were moved. The HSE told the Committee that advice at the time was that only those with symptoms of the illness should be tested.
84. The Department stated that approximately 600 people were moved to different accommodation within two and a half weeks and time constraints and the urgency involved contributed to the difficulties that arose. A lack of data sharing and the “chain of command” involved in decisions involving multiple agencies and Departments was also highlighted regarding communication channels.
85. The Department acknowledged that there are “weaknesses” in the direct provision system and that the report currently being undertaken by Dr. Catherine Day’s advisory group will encompass a review of direct provision system. This report is due to be finalised in the autumn.

Congregated settings – Meat processing plants

86. The Committee met on two occasions, 10 July and 13 August, to discuss the impact of Covid-19 in meat processing plants.

87. On Friday, 10 July, the Committee met with representatives of:

- Migrant Rights Centre Ireland
- Meat Industry Ireland

The debate can be accessed here [Official Report 10 July 2020](#)

88. On Thursday, 13 August, the Committee met with representatives of/officials from:

- Meat Industry Ireland
- Irish Congress of Trade Unions (ICTU)
- SIPTU
- Cork Operative Butchers Society - Independent Workers Union
- Health and Safety Authority (HSA)
- Food Drink Ireland
- Department of Agriculture, Food and the Marine

The debate can be accessed here [Official Report 13 August 2020](#)

Written submissions: The Committee received seven written submissions on this topic.

Referral of matters relating to meat plants to sectoral committees:

89. The Committee notes that meat processing plants have emerged as a significant hotspot for Covid-19 infections. It notes that meat production is highly regulated regarding food safety and hygiene and is of the view that the same level of regulation should be extended to workers and their conditions of employment. The Committee has referred the following matters to the Joint Committee on Enterprise, Trade and Employment:-

- The need for a task force or similar body to examine the terms and conditions of workers in the meat processing industry and the extension of the use of sectoral work permits
- The need for sick pay schemes to be made available to all staff in meat processing industry – this should cover self-isolation periods where necessary (See Recommendation 5 in Part 1 of this report)
- The need to review the role of the Health and Safety Authority in the industry so as to ensure that the majority of inspections are unannounced
- Covid-19 should be a notifiable disease under the regulations implemented by the Health and Safety Authority under the relevant legislation (See Recommendation 5 in Part 1 of this report)
- The role of employment agencies in the industry should be reviewed

The Committee has referred the following matter to the Joint Committee on Agriculture and the Marine, namely:-

- The need to ensure that Covid-19 compliance officers are appointed in all meat plants
- The need to consider and determine the role of departmental inspectors with regard to Covid-19 in meat plants
- The need to review reports of workers returning to work within meat plants while awaiting test results
- The need to review the NPHEA commissioned report, 'Investigation into a Series of Outbreaks of COVID-19 in Meat Processing Plants in Ireland'

The Committee has referred the following matter to the Joint Committee on Health:-

- Routine testing for Covid-19 in meat processing plants should take place with results returned within 24 hours to the individual workers

The Committee welcomes the investigation by the Data Protection Commissioner of potential breaches of personal data belonging to meat plant workers and in relation to test results.

Key Issues raised:

90. Workers in meat processing plants have been particularly affected by large outbreaks of Covid-19 infection. The plants were designated as an essential service and have remained operational throughout the pandemic.

Workers in the sector:

91. The Committee heard from union representatives that there is a lack of data relating to workers in the sector. The Migrants Rights Centre stated that CSO figures for 2016 show there were 12,413 employees in the sector and approximately 42% of them were migrant workers. When work permits were added, the figure was 15,338 and 58% were migrant workers. Meat Industry Ireland (MII) stated that of the 15,000 strong workforce, 30% were of Irish nationality, and 50% were from the EU excluding Ireland so 80% of the workforce were EU citizens with the remaining 20% from outside the EU on work permits. The Committee noted that this could be interpreted as 70% being migrant workers from outside Ireland.
92. Union representatives also expressed concerns about the work permit system, where workers are attached to specific employers and it is very difficult and costly for them to move. The representatives said this in addition to other issues, such long hours and low pay despite many workers being highly skilled, the lack of sick pay, substandard living accommodation which is often overcrowded and involves workers "hot bedding", and workers having to travel in packed cars to work, contributed to the outbreaks associated with meat plants.

93. The representatives said workers were reluctant to raise concerns due to fear of losing their jobs and how this would impact their immigration status. Concern was also raised about agencies and alleged bogus self-employment. In one instance, union representatives alleged that workers were registered as self-employed independent contractors in Poland which meant they had no access to Covid-19 social protection payments or medical services because they had no PPS numbers.
94. The Committee also heard that in another case the results of tests were notified to the employer before the workers. The Chief Medical Officer confirmed this was a data breach and the workers should have been informed of their results first. The HSE indicated the issue arose due to language barriers and difficulty contacting the workers involved.

Working conditions:

95. The Committee heard that conditions in meat plants were “unrivalled vectors” for the transmission of Covid-19. SIPTU said it had raised concerns between early March and May about the likelihood of meat processing plants being a source of clusters of Covid-19 infections because working conditions in plants were conducive to spreading the virus. These relate to the ambient cold temperature and air cooling system, people working in close proximity to each other for long hours and consequent inability to socially distance, the need for workers to shout over the noise of loud machinery, language barriers given the high concentration of workers whose first language is not English, and bottlenecks in canteens and other facilities. The key issue raised was the lack of sick pay schemes in plants and the potential for workers to continue to attend work with symptoms as a result.

Sick pay schemes:

96. Given the numerous references to the lack of sick pay schemes in meat plants, the Committee sought confirmation of the number of plants which offered such schemes. Union representatives stated that 90% of workers are not covered by sick pay schemes and, when pressed, MII said on 10 July that “Some of them have sick pay schemes and some of them do not”. On 13 August, MII confirmed that approximately 20% of the workforce was covered by sick pay.

Outbreaks:

97. The Committee heard that there was an inconsistent approach to the pandemic across the industry with approximately 50 separate plants owned by different groups and not all of them members of MII.
98. MII said no specific guidance was provided to the sector until 15 May but extensive measures to protect workers were taken from early March, including the provision of PPE, notices being translated into various languages, the introduction of staggered mealtimes, etc. When clusters began to emerge, it co-operated fully with local and national control outbreak teams and extensive contract tracing was undertaken. It noted that the experience in Ireland mirrored what had happened in meat plants in other countries such as Germany and the USA.

99. MII said on 10 July that there were no active cases and that 97% of affected staff had returned to work. The representatives confirmed that, at that point, there had been 1,100 positive cases in meat plants and five sites where there were significant clusters. Of the 50 processing units, approximately 23 had Covid-19 cases.
100. By 13 August, there were 1,450 cases involving meat plant workers with clusters of more than 100 cases in five separate meat plants. MII stated the original 22 clusters were no longer active and 99% of affected staff had returned to work with just five additional cases in the period up to 4 August. The position had changed the previous week, however, with extensive outbreaks in the midlands and investigations were ongoing as to the cause.
101. Union representatives questioned why the rate of asymptomatic cases among meat plant workers was significantly higher than other groups in the community given that 10% of workers had tested positive. MII stated on 13 August that the high level of asymptomatic transmission may have been detected through mass testing in plants and that workers with the virus were in work without knowing that they had it. The Committee asked MII if it was aware of suggestions that workers had taken paracetamol to reduce their temperatures so they could continue working due to lack of sick pay, but MII stated on 10 July that it was not aware of any such cases.

Further outbreaks in August:

102. MII stated on 10 July that “extremely comprehensive and robust measures” were in place in the event of a second wave arising. Significant new outbreaks occurred, however, in early August and it was put to MII that these outbreaks were “being viewed in the context of how MII and the industry treats its workers”. According to union representatives, the further outbreaks were due to workers’ living and working conditions and the lack of workers representatives being appointed as part of the Return to Work Safely Protocol in meat processing plants.
103. It was stated that the Health and Safety Authority was not notified of cases and that there were delays in test results. Union representatives suggested that workers in some plants with confirmed cases were required to work while awaiting their results and to replace workers in other parts of the plant with staff shortages due to outbreaks of Covid-19 so that perishable products could be processed. They added that Covid-19 compliance officers are required in all meat plants to ensure measures are enforced for the protection of workers.
104. MII stated that investigations were ongoing into the cause of the outbreaks and that it was co-operating with the NOCT. It added that its recommendations for measures to combat the spread of the virus included that screening protocols were communicated clearly; test results are returned within 24 hours; and effective tracking and tracing is undertaken, with details supplied to the HSE.

Health and Safety Authority:

105. The Committee was told that despite complaints, no inspections of meat plants were carried out by the Health and Safety Authority (HSA) between March and May although work in meat plants is of high intensity and labour intensive. The HSA said this was because Covid-19 was considered a public health issue while it dealt with health and safety issues and it was guided by the health authorities.

106. Inspections resumed in mid-May but the Committee noted that plants were notified in advance. The HSA said this was due to the public health issues and because it was operating as part of NOCT. The Committee also noted the relatively small number of inspectors available to undertake inspections at the time despite the high prevalence of the virus in meat plants.
107. On 13 August, the Committee heard that the HSA had undertaken 3,820 inspections and that, of these, 39 were in meat plants. A total of 30 were announced inspections as they were public health led and involved NOCT. The HSA said the inspections had found a generally high level of compliance and confirmed that no closure orders, no improvement and no prohibition notices had been issued although reports of inspections were provided.
108. The HSA also confirmed that as part of a national arrangement overseen by the Department of Enterprise, Trade and Employment, inspectors from the Department of Agriculture were undertaking inspections on behalf of the authority. The Committee noted that while previously the Department of Agriculture had a permanent presence in some meat plants, its representatives had dealt with the regulation of products and not the production workers or their conditions. The Committee also notes that witnesses from government and state bodies frequently referenced and relied upon the presence of these officials as a source of oversight of Covid-19 within the sector.
109. The Committee also noted that Covid-19 was not listed as a notifiable disease although under previous regulations, employers had to notify the authority if a disease or infection was contracted in the workplace. This requirement was removed from the regulations in 2016.

TESTING AND TRACING

110. The Committee published an interim report on its consideration of this issue which contained 22 recommendations. Oversight and follow-up on the implementation of these recommendations are now a matter for the Joint Committee on Health. The report can be accessed here: [Interim Report on Testing and Tracing](#). In addition, and given the importance of this issue in preventing the spread of Covid-19, the Committee has reiterated its findings in that report in Recommendation 2 (see paragraph 12 of this report).

111. On Tuesday, 19 May, the Committee met to discuss public health including virus control and testing and tracing with officials from:

- Department of Health
- HSE

The debate can be accessed here [Official Report 19 May 2020](#)

112. On Tuesday, 9 June, the Committee met to continue its discussion on public health, including virus control and testing and tracing, with:

- Dr. Cillian De Gascun, Director, National Virus Reference Laboratory (NVRL)
- Professor Philip Nolan, President, NUI Maynooth

The debate can be accessed here [Official Report 9 June 2020](#)

113. On Thursday, 11 June, the Committee met to continue its discussion on public health issues with Dr. David Nabarro, World Health Organization Covid-19 Special Envoy

The debate can be accessed here [Official Report 11 June 2020](#)

114. On Thursday, 25 June, the Committee met to continue its discussion on public health, including virus control and testing and tracing, with representatives of/officials from:

- University College Dublin (UCD)
- HSE
- Dr. Cillian De Gascun, Director, National Virus Reference Laboratory (NVRL) and member of the National Public Health Emergency Team (NPHE)
- Department of Health

The debate can be accessed here [Official Report 25 June 2020](#)

115. On Tuesday, 29 September, the Committee met to discuss testing and tracing with officials from:

- HSE
- HSPC

The debate can be accessed here [Official Report 29 September 2020](#)

On Wednesday, 30 September, the Committee also discussed testing and tracing with:

- Minister for Health
- NPHET

The debate can be accessed here [Official Report 30 September 2020](#)

Written submissions: A total of 15 submissions on this topic were received.

Referral of matters to the Joint Committee

116. The Committee further recommends that the Joint Committee on Health continue to monitor and examine the State's testing and tracing operation, including:

- The HSE's detailed plan for the administration of testing and tracing operations
- Test and trace capacity, including turnaround times, supply of testing and cost issues
- Testing and tracing for incoming travellers to the State
- Testing for healthcare staff
- The use of technological solutions including the HSE's app

Key issues raised

The HSE's test and trace planning

117. The Committee heard that the HSE was developing detailed test and trace operational plans which would include key performance indicators and targets. The strength of such planning will determine how much capacity can be maintained with efficient investment and deployed quickly in case of surges. The accuracy and effectiveness of the HSE's planning in this area will have a major impact on the ability for economic and social activity to increase while containing the virus.

118. Ongoing engagement with the HSE over the detail and effectiveness of their test and trace planning and operations is thus warranted.

Capacity including turnaround times

119. The quicker the turnaround time in testing, providing test results and informing contacts of people who test positive, the more effective the system will be at suppressing the virus. The ability of testing and tracing systems to meet demand quickly is an important output of capacity. Keeping capacity maintained and efficient to enable this is the key challenge for the HSE. Therefore, the number of testing labs and contact tracers, their geographical placement around the country, testing supplies, cost efficiency and the communication between different parts of the system should be optimised.

Travel test and tracing

120. Given the continuing possibility of the virus re-entering the country due to overseas travel, the level of testing at airports and follow-up testing and tracing for incomers were both considered by the Committee. The potential virus-suppression benefit of stronger enforcement of post-entry quarantine was also considered.

Healthcare staff

121. The Committee heard that Ireland has a high infection rate for healthcare staff as compared to other countries. The Committee heard claims that there should be more asymptomatic testing of healthcare staff to suppress viral spread in healthcare settings.

The app

122. The HSE has launched a Bluetooth-proximity app built on the Google Apple Exposure Notification system, in an attempt to identify more contacts of positive cases beyond those close contacts identified in contact tracing. Some concerns around this app have been highlighted by stakeholders and there have been calls for ongoing disclosure of its success rate in identifying transmissions.

EDUCATION

This section deals with education matters considered by the Committee under the following headings: the reopening of schools; special education/July provision, higher education; and the Leaving Certificate. The Committee welcomes the proposal contained in *Resilience and Recovery 2020-2021: Plan for Living with COVID-19* which gives priority to ensuring that schools remain open even during the pandemic.

Reopening of schools

123. On Thursday, 2 July, the Committee met to discuss education and a return to school and school transport with representatives of:

- National Parents Council Post Primary
- National Parents Council Primary
- Teachers Union of Ireland (TUI)
- Association of Secondary Teachers, Ireland (ASTI)
- Irish National Teachers' Organisation (INTO)

The debate can be accessed here [Official Report 2 July 2020](#)

124. On Tuesday, 7 July, the Committee continued its discussion on the reopening of schools with representatives of:

- National Association of Principals and Deputy Principals
- Irish Primary Principals' Network

The debate can be accessed here [Official Report 7 July 2020](#)

125. On Friday, 10 July, the Committee continued its discussion on education provision with officials from:

- Department of Education and Skills

The debate can be accessed here [Official Report 10 July 2020](#)

126. On Wednesday, 2 September, the Committee met to discuss the reopening of schools with representatives of/officials from:

- TUI
- ASTI
- INTO
- Fórsa
- Inclusion Ireland
- National Parents Council Primary
- National Parents Council Post Primary
- Department of Education and Skills and the Minister for Education and Skills

The debate can be accessed here [Official Report 2 September 2020](#)

Written submissions: A total of 23 written submissions were also received and considered by the Committee.

Referral of matters to the Joint Committee.

127. The Committee recommends that the Committee on Education, Further and Higher Education, Research, Innovation and Science continue to monitor and examine the requirements and resources needed to keep schools open while the State continues to live with Covid including:

- Funding for upgrading school facilities to implement public health advice
- Protocols in place for blended learning, should it be required
- Protocols in place for at risk students and staff
- Supports and plans for special needs education
- Plans in place should schools be required to close
- School transport

The Way Schools Will Operate Under Social Distancing and Other Guidelines

128. The Committee heard that almost all parents want a full return to school. However, schools will have to operate in accordance with public health guidelines. Evidence to the Committee highlighted that many, if not most, school buildings would be difficult to adapt to physical distancing with the whole school population present.

129. The lack of adequate hygiene facilities, particularly hot water, in many schools and how schools were going to carry-out cleaning to the necessary standard were also outlined as a significant concern among stakeholders.

Difficulties related to blended learning

130. Evidence to the Committee outlined that many students have had difficulty accessing digital learning due to a lack of access to technology. This will be a significant concern if the reopening of schools requires an element of blended learning with not all students attending school every day.
131. It was also highlighted that teachers would not be able to teach both on-site and online simultaneously.

Support for students

132. The need for additional supports for students was also raised with the Committee. These include supports for at risk students, additional mental health support, changes to the curriculum and/or assessment to take into account the loss of school time, and guidance counselling to aid students entering 6th year.

Supports for staff

133. Evidence outlined to the Committee the importance of additional training and guidance for all school staff. The need to support at risk staff was also raised with the Committee.

School Transport

134. The impact of physical distancing on school transport is also a matter of significant concern for many stakeholders, especially in rural areas where walking and cycling are not viable options. The need for increased cleaning of buses and taxis was also highlighted as a potential issue for the provision of school transport.

Special Education Needs and the Summer Programme (“July Provision”)

135. A particular concern of the Committee was the operation of the Summer Programme as that was compromised during the lockdown. Given the likelihood that the pandemic will not have passed by next summer, the Committee is keen that preparations be put in place for in 2021 which takes account of issues that were a cause of concern in respect of this year’s programme.
136. On Thursday, 25 June, the Committee met to discuss the impact of Covid-19 on special needs education with representatives of/officials from:
- Inclusion Ireland
 - National Council for Special Education
 - Department of Education and Skills

The debate can be accessed here [Official Report 25 June 2020](#)

Written submissions: No specific written submissions were sought, but the issue was highlighted in a number of the submissions on the reopening of schools.

Referral to the Joint Committee

The Committee recommends that the Committee on Education, Further and Higher Education, Research, Innovation and Science keeps under review:

- The provision of special needs education under Covid-19 restrictions.
- The operation of the Summer Programme with a view to recommending how it can be made more widely available in 2021.

Impact of School Closures on Children with SEN

137. The significant impact of the school closures on children with SEN was raised by a number of stakeholders, outlining that many parents have noticed regression in their children’s learning and behaviour. The loss of socialisation was also raised as having a significant impact on children. The move to providing education online overnight was highlighted as particularly challenging for all involved.
138. It was also highlighted that there were difficulties for children with autism and intellectual disabilities to follow home education during the school closure. This is in part due to the lack of access to technology and even when available, their capacity to engage with its use.

Running of Summer Programme

139. The capacity of the programme to accommodate all eligible was also questioned. The Committee heard that parents were having difficulty in sourcing teachers and SNAs to provide the in-school programme. A number of reasons for this were advanced, including the lack of available childcare and that payment is not made to the teacher/SNA until November. The Committee was also informed that, as of the time of the meeting, only 200 of the 650 eligible schools had registered to deliver the programme.
140. The Committee notes and welcomes, however, the additional flexibility introduced this year to allow the programme to run in August as well as July depending on the circumstances of the school and parents.
141. Transport for the summer programme was also raised with the Committee. While a grant is in place to support families for transport to the summer programme, the Committee heard this was not feasible for many parents.

Exclusion of certain cohorts of students from Summer Programme

142. The Committee received submissions and heard from a number of witnesses significant concerns over certain cohorts of students, particularly those with Down syndrome in secondary school. The Committee welcomes that this has since been reversed.
143. It was also noted by some stakeholders that prior to Covid-19, concerns had been raised that the summer programme could be open to challenge on equal status grounds.

Confusion around Summer Programme

144. The Committee notes that there was a significant confusion, especially early in the process, around eligibility and guidelines for schools and staff. The lack of communication with parents was also raised as a major issue of concern.

Physical Distancing in a SEN Setting

145. The difficulty of implementing physical distancing in a SEN context was raised with the Committee. Many children in these settings have needs which require close contact with staff. However, it was also noted that the class sizes are also smaller which may aid with physical distancing.

The impact of Covid-19 on higher education

146. The Committee did not hold oral hearings on this issue due to pressure of time, but nine written submissions were received from stakeholders across the higher education (HE) sector.

Referral of matters to the Joint Committee

147. The Committee recommends that the Joint Committee on Education and Further and Higher Education, Research, Innovation and Science consider the following:
- The funding challenges within the sector and the identification of a sustainable funding model
 - The impact on research and research funding with particular focus on the gendered aspects
 - The protocols in place for at risk students and staff
 - The supports for institutions to implement public health guidelines
 - The need to review existing student supports such as SUSI and Back to Education Allowance

Teaching with social distancing and remote learning

148. While the academic year was successfully completed via use of online and remote methods, many of the submissions have cautioned that this achievement should not underestimate the operational difficulties and consequences of an extended delivery mode of blended or remote learning for students, staff and stakeholders.
149. There are many additional costs associated with the provision of online delivery and issues arise related to broadband, data, networks and devices on the part of both students and staff. Solutions for these issues are required urgently in order to facilitate a return to education in September.
150. A working group of the national co-ordination group for tertiary education has been established with the key aims of identifying connectivity challenges relating to broadband, data, networks and devices, to develop solutions for challenges, to work through resolutions with third parties and to provide advice and guidance.

Return to Education

151. The DES submission advises that physical distancing requirements will have a significant impact on the number of staff and students who can be safely accommodated in rooms and buildings. In order to maintain distancing in line with current recommendations, the HE sector is planning for a blended delivery of teaching and learning combining both online and on-site provision. It is likely that larger lectures will be delivered online with on-site face-to-face time being prioritised for small group teaching and learning, seminars, tutorials, laboratory classes, workshop and studio time.

152. As a result of the pandemic, there is an urgent need for the HE sector to engage with new forms of delivery, teaching and learning through digital transformation. USI urges the need to consider how the traditional idea of a ‘student experience’ will be impacted by the change in the delivery of tertiary education. It outlines the challenges faced by students such as lack of access to devices, connectivity issues, caring responsibilities and home environments that are not conducive to learning.

Funding Challenges

153. The majority of submissions describe a sector which has experienced exponential growth over the last decade - with student numbers increasing from 186,000 in 2008 to 235,00 in 2018 – while, at the same time, undergoing a significant decline in State funding.
154. Institutions across the higher education sector are facing substantial losses in revenue from international students, student accommodation, visitor attractions, conference and sporting events. In addition, they will incur increased costs due to social distancing protocols, delivery of online and blended modes of teaching, learning and assessment, research project overrun, contractor claims due to site closures, as well as the costs of public health safety equipment, including the provision of personal protective equipment, sanitisers and higher cleaning bills.
155. The loss of international fees will represent a major issue across the sector. Many responses point to the decrease in State funding over the past ten years and the propensity to bridge the gap with international fees. With an expected decrease of some 80% in the number of international students for the coming academic year, this represents a significant funding challenge across the sector.

Research Funding

156. Some research contracts have been unable to proceed, impacting research projects but also the teaching and learning dividend that is derived from them. THEA highlights a lack of access to research facilities that will result in delays to ongoing projects and difficulty in commencing new projects. Currently, it is estimated that labs will only be operating at somewhere in the region of 20-25% of pre-pandemic capacity.
157. THEA draws attention to instances of industry funding being withdrawn or substantially reduced, leading to projects being cancelled as the funding agency is unable to make up lost industry funding. This poses a great risk to research staff in the technological sector in particular as the bulk of research leaders are not academic staff – as in the university sector – but are permanent research staff who source their salary entirely from external research income.
158. SIPTU refers to concerns that the managements of various institutions are seeking to make immediate savings through a combination of discontinuing part-time, temporary contracts and the non-renewal of fixed term contracts. It warns that any savings accrued in this way will significantly impact upon the quality of teaching and learning as it will result in a major reduction of support tutorials.
159. The Department of Education and Skills refers to a request made to the HEA to carry out a complete assessment of the potential impact of Covid-19 on individual institutions - this assessment has been submitted to the Department and is being considered as an immediate priority.

Gender Parity in Research

160. All the submissions refer to the significant effect that Covid-19 is having on women's research productivity, with reduced submissions to academic journals being widely noted. The IUA states that there is a growing body of evidence that the pandemic and its resultant effects are disproportionately affecting female researchers, with publications and grant proposal submissions in general increasing during the pandemic, while the number of publication and proposal submissions from females is declining.
161. IFUT outlines that in addition to maintaining caring responsibilities at home during this time, female employees are offering much of the pastoral care for students and colleagues. This aspect of gendered impacts is a reality which must be acknowledged and factored into the assessments of this crisis.

Financial Supports for Students

162. With regard to financial supports for students, it is anticipated that there will be an increase in applications to SUSI for grants for the 2020/21 academic year, alongside pressures in terms of existing grant recipients qualifying for higher grant supports.
163. USI reports that some 30% of students who responded to its survey had been made redundant as a result of the pandemic. It refers to students who normally rely on summer-time employment, such as J1 internships and the Gaeltacht summer programme, and state that the decision to cut the Pandemic Unemployment Payment from €350 to €203 per week will affect a disproportionately high number of students.
164. The pandemic has severely limited employment opportunities for students and, as a result, many students will require additional financial supports. To this end, USI has called for a review of existing supports such as SUSI and the Back to Education Allowance.
165. All the submissions urge caution in viewing investment in higher education as a luxury, rather it is viewed by those in the sector as an urgent necessity if the quality of teaching and learning is to be maintained and the essential contribution of research to society is to be realised.

Student Accommodation

166. All seven universities have confirmed that students who have vacated their university-owned accommodation will receive *pro rata* refunds of their accommodation fees. The Department and USI submissions advise that they have received reports of private owners of purpose-built student accommodation (PBSA) refusing to provide refunds in cases where students have vacated their accommodation. Responses have called for the Government to ensure that students who have been forced to vacate due to Covid-19 receive refunds.

Leaving Certificate

167. The Committee was unable to examine the Leaving Certificate during public session; however, it received a total of nine written submissions which are can be viewed here. The inability of the State to run the leaving certificate for the first time in the history of the State has been a major concern primarily for the leaving cert students and their families and teachers.

Referral to the Joint Committee:

168. The Committee recommends that the Joint Committee on Education, Further and Higher Education, Research, Innovation and Science to undertake a review of the process involved in determining of calculated grades and the key learnings from the experience.

LEGISLATIVE FRAMEWORK

Introduction:

169. Covid-19 had placed enormous and unprecedented constraints on society especially in the areas of travel and on trade. Emergency legislation was enacted by the Oireachtas and this enabled the Government, and the Minister for Health in particular, to make regulations that did not require approval by the Oireachtas. In practice, neither the Oireachtas nor this Committee had an opportunity to consider these regulations. In addition, and as outlined to the meeting on 9 September, all our legislation should be proofed from a human right and a civil liberties viewpoint. The Committee notes that Ireland is fortunate to have an independent human rights commission which has direct access to the Oireachtas, and there is a long tradition of recognising the right to protest. In addition to these protections, the Committee will ask that all legislation has a short sun-set clause and where legislation is being renewed, that every opportunity is given to the Oireachtas to consider measures prior to their enforcement. The Committee has recommended to Dáil Eireann that the legal framework used to underpin restrictions across all sectors be reviewed (See Recommendation 11 in Part 1)

Legislative Framework Underpinning the State's Response to Covid-19

170. On Wednesday, 9 September, the Committee met to discuss the legislative framework underpinning the State's response to Covid-19 with:

- Lord Jonathan Sumption, retired Justice of the Supreme Court, United Kingdom [via video link]
- Mr. Gianni Buquicchio, President, Council of Europe's European Commission for Democracy through Law (Venice Commission) [via video link]

and with representatives of:

- The Bar of Ireland
- Law Society of Ireland
- Covid-19 Law and Human Rights Observatory, School of Law, TCD

171. The Committee also discussed human rights and civil liberties considerations with representatives of:

- Irish Human Rights and Equality Commission
- Irish Council for Civil Liberties
- Free Legal Aid Centres
- Mr. Christopher Bowes, Legal Officer, Free Legal Aid Centres

The debate can be accessed here [Official Report 9 September 2020](#)

Written submissions: There was no specific call for submissions, but the issue was highlighted in a number of the submissions from stakeholders asked to appear at the Committee.

Referral to the sectoral committees

172. The Committee recommends that the following issues form part of the work schedule of the relevant Oireachtas sectoral committee, as appropriate;
- *Ex-post* parliamentary scrutiny of all pieces of Covid-19 legislation and regulations
 - Scrutiny by relevant sectoral committees of the process by which Covid-19 regulations are communicated to the public and implemented
 - A further examination of the impact of Covid-19 on the Courts Service of Ireland and the administration of justice
 - Examination by relevant sectoral committees of issues pertaining to Covid-19 regulations in the area of social welfare, travel restrictions, the right to protest, and regionalised restrictions.

Irish legal framework for times of emergency

173. The Committee heard that the legal framework for measures dealing with Covid-19 was contained in primary legislation.⁹ A number of statutory instruments have also been implemented.¹⁰
174. Stakeholders told the Committee that Ireland’s legislative and constitutional framework was adequate to respond to the pandemic. It was stated there is no need for express constitutional emergency powers to react to natural disasters or public health emergencies. Stakeholders emphasised the importance of clauses such as sunset clauses, to render legislation defunct in absence of reauthorisation by the Oireachtas for certain specified and defined periods.
175. The Committee heard that there was a need for greater transparency regarding the process of translating expert medical advice into Government decisions. This is fundamental to ensuring public trust and co-operation.
176. Stakeholders also emphasised the importance of the work of the Houses of the Oireachtas and the committee system, as well as the courts, as checks and balances at a time of national emergency.

⁹ [Health \(Preservation and Protection and Other Emergency Measures in the Public Interest\) Act 2020](#)

¹⁰ List of Covid-19 statutory instruments from the Gov.ie website <https://www.gov.ie/en/collection/1f150-view-statutory-instruments-related-to-the-covid-19-pandemic/>

Parliamentary scrutiny

177. The Committee heard that while the Houses of the Oireachtas have made amendments to working arrangements during the pandemic, there was a view that the wording of Article 15.1.3 of the Constitution prevented remote meetings and remote voting. This is seen to be a barrier to exercising the required degree of parliamentary activity and scrutiny.¹¹ Stakeholders emphasised the importance of the work of the Houses of the Oireachtas and the issues caused by the inability of Houses and committees to have remote sittings. Given the likely ongoing difficulties of convening frequent in-person meetings with all necessary participants, it was recommended by stakeholders that remote or hybrid sittings be considered. Stakeholders said that a purposive interpretation of Article 15.1.3 should be explored to enable the Parliament to resume full and proper oversight.
178. Stakeholders told the Committee that while it was understandable that there was little scope for pre-legislative scrutiny during the height of the crisis, there was a need for enhanced post-legislative scrutiny as a result.

Statutory Instruments (Regulations)

179. The Committee heard that the purpose of secondary legislation is to ensure the primary aim in the Act is effected properly, proportionately and within the bounds of the Constitution and recognised law.
180. Stakeholders told the Committee it was a requirement under Irish law, EU law and the European Convention on Human Rights that there should be certainty as to the nature of obligations placed on individuals. On some occasions, the communications in respect of Covid-19 restrictions fell short of providing such certainty because the extent and application of those restrictions was unclear.
181. The Committee heard that there was ambiguity and confusion regarding the difference between Government advice and regulation. While it is understandable that many such regulations are enacted with haste due to public health concerns, more needs to be done in terms of giving people notice of new regulations.
182. The Committee also discussed the role of the Legislature in scrutinising regulations and noted that the Special Committee on Covid-19 Response had written to the Minister for Health on the issue, as it believed the Committee had a role to play in scrutinising these regulations. The Committee was not contacted by the Department in relation to scrutiny of any proposed regulations.
183. Looking to the experience of other jurisdictions, the Committee heard that in New Zealand, regulations will default if they do not receive *ex-post* parliamentary scrutiny. Such an approach could be useful here, in the context of the types of limitations placed on rights during a public health emergency. Some of the safeguards suggested by stakeholders included ‘sunset clauses’, clear communications of the difference between guidance and regulations, and the need to ensure that all of the restrictions in any future regulations meet the human rights framework.

¹¹ The text of Article 15.1.3 of Bunreacht na hÉireann provides that: *The Houses of the Oireachtas shall sit in or near the City of Dublin or in such other place as they may from time to time determine.* The Irish text of this provision states: *Is i gcathair Bhaile Átha cliath nó ar a cóngar, nó cibé áit eile ar a gcinnfid ó am go ham, a shuífid Tithe an Oireachtais.*

184. The Committee also heard that stakeholders in this area were not consulted about many regulations prior to their enactment. The Committee believes that such consultation would lead to better outcomes for regulations, greater clarity for citizens and improved transparency.

The Courts System

185. In an international context, the Committee heard that all European countries have allowed access to the courts, despite Covid-19. Stakeholders all agreed that access to justice was even more important in a pandemic.
186. Regarding the Irish courts system, the Committee was told that there was a backlog in the criminal courts in Ireland and the courts are now trying to get back up and running. The Law Society of Ireland said technology for remote hearings has been used for the Court of Appeal and Supreme Court. Family law proceedings have continued in urgent matters.
187. The Law Society told the Committee that the use of remote hearings paves the way for the Courts Service to offer an improved and more cost-efficient service to the system. Fit for purpose technology platforms must be made available to support remote court hearings. It is important for Ireland to continue to invest in the Courts Service infrastructure, staff and other resources.
188. The Bar of Ireland told the Committee there were issues with accommodation for many civil courts, given the limitations on numbers present, and social distancing requirements. It said that the courts need the resources to rent space elsewhere that will be large enough to hold hearings. Stakeholders raised concerns over the resources available to the Courts Service of Ireland, due to falling income and an increased backlog of cases.
189. The Irish Human Rights and Equality Commission highlighted the need for more detailed, disaggregated data on the implementation of emergency powers afforded to An Garda Síochána in the course of the pandemic.

Other issues related to Covid-19 legal framework

190. ***Private Property:*** The Committee discussed the powers of Garda Síochána to enter private dwellings to enforce of Covid-19 regulations. At the time of the meeting, there had been some public discussion as to proposed regulations in this area, due to growing concerns of a rise in Covid-19 cases caused by house parties and larger groups congregating together. The Law Society of Ireland told the Committee that the society cautions against introducing powers which are normally reserved for the investigation of serious criminal offences.
191. ***Social welfare regulations:*** Stakeholders expressed concern at reports social welfare inspectors had conducted checks at airports, in excess of their powers under the 2005 Act.¹² Stakeholders also expressed concern about the legal imposition of a requirement to genuinely seek work while in receipt of the Covid-19 PUP. The Committee heard that no regulations have been introduced setting out how recipients are to be assessed as genuinely seeking work.

¹² The relevant legislation providing for Covid-19 payments is the [Social Welfare \(Covid-19\) \(Amendment\) Act 2020](#)

In addition, no regulations have been introduced providing for the circumstances in which claimants may receive the payment while absent from the State.

192. **Right to protest:** Stakeholders told the Committee that it was possible for the Government to regulate protest under the powers currently given to the Government under the Acts. The Committee heard there was a greater need for clarity around what is allowed, for example, in limiting the size of protests, requiring masks and social distancing requirements. Greater clarity on restrictions on protests could also assist An Garda Síochána in its role.
193. **Regional Restrictions:** Stakeholders told the Committee it was acceptable for the Minister to declare the whole country to be an affected area or, essentially, to apply measures nationally if, in the judgment of the Minister, that is what is necessary. It was noted that legislation and regulations should be strictly time limited and subject to review.

NON-COVID HEALTHCARE AND CAPACITY

Introduction:

194. This section deals with a number of health areas not directly related to Covid-19 treatments or services but which, like many other areas, are experiencing significant effects arising from the pandemic. The section details the Committee's consideration of non-Covid healthcare and capacity, non-Covid healthcare and the contract with private hospitals, and the impact of Covid-19 on the disability sector. This section also deals with the issue of the infection rates among healthcare workers.
195. The Covid-19 crisis from the spring of 2020 until the ease of restrictions stopped the majority of planned health care, including cancer screening. Given the risk of contracting Covid-19, many people who were sick and needed treatment put off going to the doctor or attending hospital. Many of these are now suffering due to delays in their care and their health will have deteriorated to an extent that they now require higher levels of health care. At the same time, many elective procedures, which would have been covered by private insurance and carried in private hospitals, were postponed as the State took control of those hospitals in anticipation of a wave of patients requiring acute and critical care having contracted Covid-19.
196. All these issues will place considerable strain on our health services and will require increasing capacity if the backlog and waiting lists are to be addressed. The Committee recommends that the Joint Committee on Health make this issue a priority in its work programme for 2020-21.

Non-Covid-19 healthcare and capacity – mental health services and screening services

197. On Tuesday, 14 July 2020, the Committee discussed the impact of Covid-19 on mental health services with representatives of/officials from:
- Jigsaw - National Centre for Youth Mental Health
 - Mental Health Ireland
 - Mental Health Reform
 - Mental Health Commission
 - HSE

The debate can be accessed here [Official Report 14 July 2020](#)

198. On Friday, 17 July, the Committee discussed the impact of Covid-19 on waiting lists and screening services with representatives of/officials from:

- Irish Cancer Society
- Irish Medical Organisation
- HSE
- Department of Health
- National Treatment Purchase Fund

The debate can be accessed here [Official Report 17 July 2020](#)

Written submissions: A total of 25 written submissions on this topic were received.

Referral of matters to the Joint Committee

199. The Committee recommends that the following issues be followed up by the Joint Committee on Health, and the Joint Committee on Children, Disability, Equality and Integration, as appropriate:

- The impact of Covid-19 restrictions on capacity across the health service, including the effect of suspended and reduced services on waiting lists, the strategy to clear backlogs when system capacity is reduced due to social distancing and infection control measures, the effect on recruitment and retention in the health service, and the implementation of existing Department of Health and HSE strategies
- Second wave contingency planning for non-Covid-19 healthcare services, including diagnostic and screening services and community healthcare services
- The impact of Covid-19 restrictions on mental health at a population level, and on particularly vulnerable and affected groups, including the impact of the pandemic on mental health services, both in terms of the backlog caused by services which were suspended during the pandemic, and the potential increased demand for services going forward, in addition to the implementation of the Share the Vision mental health strategy
- Consideration of what supports are being provided for people who are high risk and must continue to cocoon or limit their social movements, or cannot return to work, including people with disabilities, people with chronic illnesses and older people
- The impact of Covid-19 infections and pandemic restrictions on the health of particular cohorts, including older people, people with disabilities, people with chronic illnesses, and minority groups
- The impact of postponed diagnostic and screening services and medical treatments on medium and long-term health outcomes

Capacity

200. The majority of stakeholders were of the opinion that the Covid-19 pandemic has highlighted already existing capacity issues in the healthcare system. Many expressed concern about the system's ability to handle a possible second wave and argued for increased resourcing and implementation of existing strategies and programmes, including Sláintecare, the Sharing the Vision – a Mental Health Policy for Everyone, the National Neurorehabilitation Strategy, the 2018 Health Service Capacity Review, and the national clinical programmes.

Waiting lists

201. Many organisations expressed concern about growing waiting lists and an increasing backlog for healthcare, diagnostic and support services. Examples cited by stakeholders of services with growing waiting lists and backlogs include home supports, neurological and rehab support, and occupational and speech and language therapies. Organisations representing patients living with chronic disease also highlighted the impact of missed diagnostic screenings and healthcare services.

Guidelines

202. Some groups said that guidance for the continuation or full resumption of services was unclear or lacking, and called for the prompt publication of recovery roadmaps and contingency plans. The Mental Health Commission referred to confusion regarding guidance issued for inpatient centres that take acute admissions. It was unclear whether these centres should follow guidance for acute hospitals or for long-term residential care facilities. The commission was advised that specific guidance would be developed for acute mental health units, but stated that this had not yet been provided.

Social distancing

203. A number of stakeholders expressed concern that social distancing and infection control measures will lead to reduced capacity across the healthcare service. In its submission, the HSE stated that the reintroduction of services in a Covid-19 context presents challenges regarding capacity and efficiency. Professional representative organisations expressed concern regarding the HSE's estimate that social distancing guidelines could result in a 25% reduction in available acute inpatient beds.

Mental Health

204. The majority of stakeholders raised the issue of mental health and well-being, particularly the impact of social isolation and the suspension of ongoing support services. Advocacy and patient organisations stressed the enormous impact of Covid-19-related isolation, anxiety and stress on people living in residential centres, people with mental health challenges, and people for whom cocooning was necessary, such as older people, people with disabilities, and people living with chronic health conditions. The Citizens Information Board also noted the significant impact of the pandemic on carers, bereaved relatives, people with dementia or special needs, front-line staff and over-indebted households, and argued that targeted supports would be required for different groups. A broad range of stakeholder organisations which provide counselling, advice and support services observed significantly increased demand for their services during the Covid-19 restrictions.

Mental Health Services

205. The Mental Health Commission outlined to the Committee its work in monitoring inpatient mental health services during the Covid-19 restrictions, and working with the Department of Health and the HSE to draft emergency legislation to provide an alternate format for mental health tribunals. The commission discussed the impact of the interruption, restriction and suspension of therapeutic and general health services in inpatient centres. It also highlighted the issue of overcapacity in some inpatient centres, which has been further exacerbated by the need to provide extra facilities for isolation and infection control measures.

Care in the community

206. Advocacy groups representing older people and people with disabilities highlighted the need for person-centred integrated systems of care which support people to stay in their own homes and receive care in the community where possible. Home care packages and personal assistant services were badly affected during the Covid-19 pandemic, with ongoing issues in the home care sector being exacerbated by the pandemic. The Citizens Information Board explained that in the absence of home care supports, many families have taken on additional responsibilities for providing care to relatives who required support, but that in many situations this could not continue indefinitely. The Irish Hospital Consultants Association noted that delays in the provision of home care supports and nursing home places result in older people being kept in acute hospitals longer than necessary, putting them at increased risk of contracting Covid-19.

Staff recruitment and retention

207. Professional representative organisations raised the issues of the recruitment and retention of staff in the public healthcare system, highlighting the urgent need to fill the large number of vacant hospital consultant and nursing posts. In its meeting with the Committee, the IMO argued that there is an urgent need offer consultant contracts to specialists in public health medicine.

Flu vaccination

208. A number of organisations discussed the importance of flu vaccination as the winter flu season approaches, and recommended that it be made as widely available as possible. The HSE emphasised importance of maximising flu vaccine uptake this winter in the context of Covid-19, and outlined its plan to make the flu vaccine available for children aged between 2-12 years and remove the administration fee for at-risk groups without medical cards.

Telehealth

209. Stakeholders reported increased use of telehealth in place of face-to-face services during the pandemic restrictions, particularly in the area of mental health. Advocacy groups representing older people, people with disabilities and the Traveller and Roma communities highlighted inequities in access to telehealth and digital resources. It could also be difficult for deaf people or persons with a hearing or speech difficulty to conduct online therapy and consultations.

Infection rates among healthcare workers:

210. On Tuesday, 21 July, the Committee met to discuss, in the first session, infection rates among healthcare workers with representatives of/officials from:
- Fórsa
 - Irish Nurses and Midwives Organisation
 - SIPTU
 - HSE
 - Health Protection Surveillance Centre

The debate can be accessed here [Official Report 21 July 2020](#)

Written submissions: A total of six written submissions were received on this topic.

As outlined in paragraph 16 of this Report, the Committee has recommended that Covid-19 should be treated as a notifiable disease under health and safety regulations. The Committee also wants to Minister for Enterprise, Trade and Employment to engage with unions and employers on whether contracting Covid-19 should be deemed a personal injury.

Referral of matters to Joint Committees

211. The Committee recommends that the Joint Committee on Health seek an update within six months on the levels of infection among healthcare workers and any changes in the procedures in place.
212. The Committee recommends that the Joint Committee on Enterprise, Trade and Employment examine the potential role of the Health and Safety Authority in examining cases of Covid-19 in healthcare settings.

Levels of Infection

213. As of 29 June 2020, a high proportion (around 32%) of the total confirmed cases in Ireland were among healthcare workers. There have been 8,219 cases among HCW, which represents almost 32% of total confirmed cases. This includes 305 hospitalisations, with 46 admissions to ICU, and seven deaths.

PPE

214. Many of the stakeholders outlined issues around the supply of PPE early in the pandemic, although it was acknowledged that the supply had improved. The international difficulty in sourcing PPE, especially early on in the pandemic, was also raised.

Testing

215. A number of submissions outlined the lack of testing capacity at the beginning of the pandemic as a significant issue. There were also calls for the introduction routine testing of all healthcare workers in all settings.

Accommodation

216. Some submissions also raised accommodation issues faced by healthcare workers, including difficulties self-isolating and concerns around passing infection to family/housemates.

Return to Work/Derogation

217. Concerns were also raised about the derogations given to healthcare workers to return to work before the completing the period of self-isolation, with some stakeholders calling for an end of this process.

Health and Safety Authority

218. Some stakeholders outlined concerns at the lack of statutory provision around the reporting of Covid-19 as an occupationally acquired disease to the Health and Safety Authority and called for the Health and Safety Authority to be given the powers and responsibility for examining the high rates of infection.

The Impact of Covid-19 on the Disability Sector

Introduction

219. Advocacy and patient organisations representing people with disabilities stressed that people with disabilities have been significantly impacted by Covid-19 restrictions and disruptions to services. The National Disability Authority outlined in its submission that the reduction and suspension of healthcare services, such as dental services, mental health services and therapies, may have disproportionately impacted people with disabilities. At their meeting with the Committee, Disability Federation of Ireland and Inclusion Ireland discussed the impact of reduced and suspended community, home care, respite and day services. They also highlighted the need for maintain financial support for people with disabilities and people with chronic illnesses who are at high risk for contracting Covid-19 and are not in a position to return to work as restrictions are lifted.
220. On Friday, 17 July, the Committee discussed the impact of Covid-19 on the disability sector with representatives of:
- Disability Federation of Ireland
 - Irish Human Rights and Equality Commission
 - Inclusion Ireland

The debate can be accessed here [Official Report 17 July 2020](#)

Written submissions: A total of 27 submissions were received from service providers, representative organisations, advocacy bodies, Government Departments and State agencies connected to the disability sector.

Referral of matters to the Joint Committee

221. The Committee has asked that the Joint Committee on Children, Disability, Equality and Integration examine the following matters, namely:-
- The impact on funding and services provided in the disability sector including a review of the Section 39 funding allocation model
 - The implementation of the 2012 report, *Time to Move on from Congregated Settings: A strategy for Community Inclusion*
 - The resumption of daily services and educational supports for those with a disability
 - The financial impact on those in employment and employment opportunities
 - Issues around access to technology and the use of telemedicine

Impact on funding and services provided in the disability sector

222. In Ireland, two thirds of disability services are delivered by not-for-profit organisations. In total, 35% of the entire disability budget is spent by Section 39 providers. All submissions state that the pandemic has highlighted the inadequate funding received by the sector and the flaws in the funding allocation model. All organisations have had to significantly adapt their service delivery models in order to continue with the provision of essential care services and to comply with public health guidelines.
223. DFI stated that its research indicates that it will cost some €20m to address the funding shortfall among member organisations.

Services post Covid-19

224. The pandemic has acted as a catalyst for the development of alternative models of service delivery. The HSE states that it is from this position the reshaping process will occur and consideration will be given to how services can now be best delivered. Disability and support services will require cultural and behavioural changes to previous work practices that will involve strict and effective social distancing measures; the use of PPE as required and where social distancing measures cannot be applied; additional hygiene and cleaning controls ; and communication, education, awareness and responsibility by all staff for compliance with infection controls. The HSE advises that implementation of these changes will vary for each location.
225. All stakeholders drew attention to the additional costs which will be incurred by service providers upon the resumption of services. This will include costs of providing screens, deep cleans, PPE and measures to enforce social distancing requirements, additional staff, extra premises/rental, IT infrastructure and equipment. These issues will need to be addressed in already stretched budgets.

Residential disability services

226. Covid-19 has underlined the importance of long-term planning and the need to accelerate progress across a range of areas. The NDA stated that this includes the de-congregation process and embedding the involvement of persons with disabilities in the design and delivery of emergency interventions.
227. Stakeholders drew attention to the fact that over 1,300 people aged under-65 are inappropriately placed in a nursing home due to disability. This is linked to the lack of statutory entitlement to community services meaning that often, the only viable option open to people who acquire a serious disability is the Nursing Home Support Scheme (Fair Deal).
228. The under-resourcing of services for people with intellectual disabilities was also highlighted, with submissions citing a significant absence of availability of residential supports, with most gaining access through the provision of emergency services. As a result, there are over 1,250 families in which the primary carer for an adult with ID is a parent over the age of 70 years, more than 400 of whom are over the age of 80.

229. This underlying lack of resourcing of residential support means that there are a large number of family carers who are ageing and have now experienced additional challenges through the Covid-19 crisis. Family carers, many of whom are themselves cocooning, are primarily responsible for residential support for people with intellectual disabilities in Ireland. It is important to note the risk to the overall system if significant numbers of family carers themselves were to become ill as a result of further surges of infection.

Impact on those caring for persons with disabilities in an informal capacity

230. The pandemic has led to greater pressure and anxiety on carers and families of individuals with a disability. The reduction in services has come at a time when respite is most needed. Carers and families have been relied upon to provide transport in order to minimise risk of transmission and basic daily activities have become more challenging. Families have had to cope with the effects of disruption to treatment and therapies and are dealing with challenging behaviours as a result.
231. Many submissions advise that some service users opted not to engage directly with services, hoping to avoid infection. This has had the effect of creating full dependence on family members for those who are most vulnerable, resulting in significant impacts to health, well-being and mental health for some. The DFI submission similarly outlines that people with disabilities with high-risk conditions chose to temporarily give up their PA/home support hours to reduce the number of people entering their households. As a result, the prioritisation and adequacy of PA and home supports need to be urgently reviewed as family members experience burn out and/or are required to return to work.

Impact on daily life and services

232. Inclusion Ireland submits that one of the key areas to be addressed relates to the effects of the suspension of day services for individuals with a disability and their families across the country. Additionally, the suspension of children's disability services, such as occupational therapy, has had a substantial effect on the development of children, causing regression in many cases.
233. Responses to a survey conducted by Inclusion Ireland indicated that contact between services and the people they support has been variable, with 54% of family respondents indicating that they had little or no contact or support from day services during the lockdown, 22% of people had regular contact and support via phone, a further 16% had regular online support for activities and learning, 6% had occasional home visits from staff, and 2% had direct access to their day centre.

Impact on educational supports for those with a disability

234. Students with special education needs present with a wide variety of needs. Some students have complex medical needs, others have physical or sensory disabilities, others have emotional and-or behavioural needs, others have a specific learning disability, and many have general learning disabilities. For many with behaviours of concern, very specific interventions may be required, often on a one-to-one basis.
235. Parents have reported increasing difficulty during this time, citing the absence of routine and structure as particularly problematic. The fear of regression due to loss of vital supports is a resounding theme across all submissions.

This is further compounded by the effects that regression has not only on the individual, but also their carers and families. All responses caution that the effects on progress, mental health and overall well-being will be a significant impact arising from the pandemic.

Impact on those in Employment and Employment Opportunities

236. The reopening of society will present challenges for people with disabilities in employment, with many individuals categorised as high-risk or extremely high-risk if they contract Covid-19. To this end, DFI, NFVSP, and MS Ireland all drew attention to the current advice of DEASP which is that high-risk individuals will no longer receive the Pandemic Unemployment Payment (PUP) or be eligible for the Enhanced Illness Benefit (EIB) once their workplace re-opens. This means that it will be financially impossible for many high-risk people to follow health advice to cocoon. This issue also affects family members living with high-risk individuals. Stakeholders urged the Committee and the Government to examine the unequal treatment of persons with a disability under these income support schemes.

Access to technology

237. Technology has played a vital part in enabling all of us to connect with loved ones during this crisis. However, there are a number of barriers people with a disability encounter – some are unable to engage to the same extent in remote/online activity for a variety of reasons, including digital poverty, low digital literacy, co-ordination difficulties in using phones and laptops/tablets and living in areas with low internet connectivity. These issues were raised in many submissions illustrating the digital divide and the need to ensure access to and training in the use of technologies appropriate to persons with disabilities.

Use of Telemedicine

238. Connected to the issue of access to appropriate technology is the increased use of telemedicine to provide treatment and supports during this time. MS Ireland refers to this increased use of telemedicine to provide care during the pandemic. It states that this has received mixed responses within the community and while it is a suitable alternative for some people, it is not appropriate in all cases. However, in some cases, virtual support is appropriate and when asked, parents stated that the support of a speech and language therapist (43%), occupational therapist (40%) and psychologist (39%) would be invaluable. Many of these services can be delivered remotely via telehealth.

Non-Covid healthcare – contract with private hospitals

239. On Tuesday, 2 June, the Committee examined the use of private hospitals with the following:
- Irish Hospital Consultants Association (IHCA)
 - Irish Medical Organisation
 - Department of Health
 - HSE

The debate can be accessed here [Official Report 2 June 2020](#)

Written submissions: A number of written submissions were also provided to the Special Committee on this topic.

Referral of matters to the Joint Committee

240. The Committee considers that the decision to take over private hospital capacity was correct in the circumstances but notes that, when the anticipated surge did not happen, best use of the additional capacity was not made and was ultimately costly and inefficient. This compounded the problem of extensive waiting lists in all health areas. In that context, the following matters are being referred to the Joint Committee on Health for further examination:

- The need for oversight of any future agreements so to ensure that value for money and the efficient use of resources is identified as key issues
- The need for an urgent assessment of current capacity and how that capacity will be affected by the delivery of care under new social distancing and infection control measures that will be required
- The introduction of health identifiers for patients to ensure continuity of care and the efficient use of resources
- Further consideration should be given to the development of stand-alone public hospitals for elective care for public patients to reduce waiting times and lists
- An urgent review of measures needed to address the number of consultant level vacancies and the impact of contracts on recruitment in the context of already extensive waiting lists and stated need for further bed capacity
- The Committee further recommends that the Committee of Public Accounts (PAC) examines the contract with private hospitals and keeps a watching brief on the development and agreement of any future agreements to ensure that value for money and the efficient use of resources are identified as key issues
- The Committee also recommends that the PAC examines whether value for money was obtained as the State sought to set up a testing and tracing regime and obtain PPE

Purpose of contract

241. The Committee discussed the background to the contract agreed between the Department of Health and the HSE and private hospitals on 30 March 2020 under which access to the capacity of the private hospitals was provided to cater for the anticipated steep surge in the number of infected patients requiring hospital care. The Committee heard that the cost of the contract was €115 million per month and was to be reviewed at the end of May with the option to renew or conclude the agreement at the end of June. Under the contract, all private patients became public hospital patients while consultants signed temporary type A contracts. The agreement put more than 2,200 beds, including approximately 8,000 staff and a range of clinical facilities at the disposal of the public health system on a cost recovery basis.

Contract renewal

242. Due to the public health measures adopted, the anticipated surge did not occur and the additional capacity was not utilised. The Government decided on 29 May not to renew the contract at the end of June although the additional capacity in the private hospitals was available to the public system until that date. This meant that operations and procedures that would normally be paid for under private health insurance were being funded by the public purse up to the end of June. The Committee questioned the value for money derived from the contract and if better use could have been made of the facilities once it was apparent the additional capacity was not required to deal with patients with Covid-19. The lack of a cost-benefit analysis was identified, but the time pressures involved in drawing up the agreement in the context of a public health emergency were also acknowledged.

Continuity of care for private patients

243. The IHCA told the Committee that 46% of the population have private health insurance and private hospitals carry out 250,000 theatre procedures each year, accounting for 40% of the total number of procedures requiring anaesthesia annually. The HSE stated that there are approximately 550 consultants dealing with private only patients and of these 291 took up the offer of a public patient only contract, a type A contract, and were treating public patients in private facilities under the agreement.
244. The IHCA expressed concerns about continuity of care for private patients in situations where consultants had or had not signed up to the type A contract. The HSE stated, however, that where there was a justifiable case based on continuity of care needs, it had agreed that treatment and facilities could continue to be provided.

Provision of health services

245. The IMO noted that public hospitals “have been overwhelmed and operating at dangerous levels of capacity for many years and Covid has exposed the fragility of our services”. It also noted that the estimated 500 consultant post vacancies have had a critical impact on the provision of health services, including the extensive waiting lists for appointments and procedures. It further noted that an additional 5,000 beds are required to meet future demand. Its suggested solutions include the provision of modular facilities to provide health care, the streamlining of GP services and telemedicine facilities, recruitment of doctors, and improved IT services.
246. The Committee heard that until a vaccine or cure is available for Covid-19, health care delivery will occur in a higher risk environment where outbreaks and surges could occur at any time. The capacity issue remains in the acute system and while the private hospital system is not the only solution for the safe delivery of care in a Covid-19 environment, it is, however, the only immediate option that can provide an occupancy of 80% and deliver on the twin requirements of matching non Covid-19 demand and providing surge capacity for Covid-19.
247. The HSE’s stated its objectives were to provide a reserve for surge pressures, to maintain essential services for non-Covid healthcare and time dependent surgery and treatments, ensure safe environments for patients and staff, and to address the extensive build-up of delayed work as soon as possible.

The IMO noted that future health care will be provided in circumstances where social distancing and infection controls measures are necessary, placing further demands on already over stretched facilities and staff.

248. The Committee heard that while thankfully the anticipated surge did not materialise, NPHEC did not lift the restriction on non-essential health care during the period of the contract. This meant smaller uptake of health services by the public as people delayed accessing health care services due to restrictions but also likely fears of contracting the virus in hospital settings, and that the available capacity was significantly under utilised.
249. The Committee concluded that the availability of the additional capacity ultimately did not provide value for money but was necessary as a contingency in the event of a surge in the number of patients with Covid-19. In the context of further surges, the Committee is of the view that appropriate lessons are learned from the implementation of the first agreement and also regarding the use of additional capacity and facilities to reduce waiting lists, etc. The representative groups noted the need for tripartite engagement between health service management, private hospitals and consultants to this end.

TRAVEL AND TRANSPORT

Introduction

250. This section outlines the Committee’s considerations regarding the impact of Covid-19 on the topics of the aviation sector and international travel, travel restrictions, and public transport. The nature of the virus means that it will cross international frontiers facilitated by foreign travel. Free movement is one of the four essential freedoms on the European Union of which all Irish citizens are also citizens. The ideal scenario is that unrestricted travel be permitted between countries with similar and low levels of transmission with restrictions, such as testing or quarantining, imposed where the risk of the virus being imported is greater.
251. The Committee accepts that there was dissatisfaction with the approach taken by the State in respect of foreign travel. The green list for countries was not updated regularly and representatives of the aviation industry who gave direct evidence to the Committee expressed strong reservations about the Government’s approach which was deemed too restrictive in the context of what was happening in other EU countries. The Committee welcomes the decision to adopt the EU proposal to promote a common approach to travel restrictions and movement within the EU/EEA. While protecting the State, it will place Ireland on a level playing field with our EE counterparts. This matter should be kept under review by the Joint Committee on Transport and Communications Networks.
252. The nature of the virus means that it will cross international frontiers facilitated by foreign travel. The ideal scenario is that unrestricted travel be permitted between countries with similar and low levels of transmission with quarantine restrictions imposed where the risk of the virus being imported is greater.
253. The Committee accepts that there has been a lingering degree of dissatisfaction with the approach taken by the State in respect of foreign travel. The green list for countries was not updated regularly and airlines and tour operators who gave direct evidence to the Committee expressed strong reservations about the Government’s approach which were deemed too restrictive in the context of what was happening in other EU countries.
254. The Committee welcomes the decision to adopt the EU proposal to promote a common approach to travel restrictions and movement within the EU/EEA. While protecting the State, it will place Ireland on a level playing field with our EE counterparts. This matter should be kept under review by the Joint Committee on Transport and Communications Networks and where appropriate the Joint Committee on Foreign Affairs)

The impact of Covid-19 on the aviation sector and international travel

255. On Friday, 24 July, the Committee examined the impact of Covid-19 on international travel with representatives of:

- Irish Air Line Pilots' Association (IALPA)
- SIPTU

The debate can be accessed here [Official Report 24 July 2020](#)

256. On Tuesday, 28 July, the Committee met to discuss, in the first session, the impact of Covid-19 on the aviation sector with representatives of:

- DAA Group
- Shannon Group
- Ryanair
- Aer Lingus [via video link]

The debate can be accessed here [Official Report 28 July 2020](#)

Written submissions: A total of nine submissions were received from various stakeholders, Government Departments and State agencies connected to the aviation sector.

Referral of matters to Joint Committee

257. The Committee recommends that the Joint Committee on Transport and Communications Networks should consider the following issues:

- The Implementation of the report of the aviation recovery task force
- The extent of the economic impact on the sector

Economic impacts

258. The aviation sector is particularly important for the Irish economy. As a small export-led economy, there cannot be an economic recovery in Ireland without a fully functioning aviation sector. Stakeholders caution the impact of this level of inactivity to the economy cannot be overstated. Should measures be implemented that are not built on the best available evidence, Ireland's ability to recover from this sudden shock contraction will be severely compromised.

259. The Committee was told that DAA is on a trajectory to incur losses of up to €300m this year and that an *Intervistas* report completed in 2019 showed that direct employment at Dublin Airport totals 21,500 jobs, while airport facilities encompass another 108,200 jobs nationwide, generating €9.8 billion in gross value added (GVA). The air transport industry is estimated to support €8.9bn of GDP and 143,000 jobs in Ireland, while Ireland's aircraft leasing industry contributes a further €541m to the Irish economy, supporting nearly 5,000 jobs. DAA indicated that a number of options are being considered to adjust to the reduced number of passengers expected in the medium term. Among these options is a voluntary severance scheme.

260. Ryanair reported a significant decline in activity and indicated that it intends to reduce its workforce by over 3,000 across a number of European bases from its total workforce of approximately 18,500. Aer Lingus also announced plans in May to discuss significant cuts in jobs with its employee representative organisations. It is understood that a 20% reduction in head count (900 jobs) will be required as the company seeks to adjust to the changed market conditions.
261. The financial implications of the ongoing pandemic are very evident to the IAA where its air navigation services division has seen an 85% reduction in air traffic. IAA revenues are directly related to air traffic and a significant deficit of income compared to costs has occurred. Despite this, the IAA has continued to provide a full service throughout the pandemic, including the facilitation of repatriated passengers and essential supplies. IATA guidance issued in May indicated that the level of air travel seen in 2019 may not return before 2023 and, as an island economy with a dependence on air travel, the knock-on effect could clearly be disproportionately felt here.

Health and safety measures

262. IALPA submits that aviation is the safest form of transport, citing measures for implementation including passengers only in terminal buildings; social distancing; compulsory wearing of masks; pre-flight screening; regular, thorough, cleaning and disinfecting of all aircraft; and high-efficiency particulate air (HEPA) filters in aircraft. IALPA's position is that Ireland's decisions in relation to travel restrictions must be an evidence-based, scientifically led factual process guided by experts such as NPHT, but also by EASA and ECDC.
263. IALPA points out that aviation is a resilient industry that has had to overcome significant challenges that have resulted in dramatic changes in the passenger experience over many years. Where such changes have been driven by good reason, all stakeholders across the industry, including passengers, have adapted to the new reality.

Response to the crisis

264. In the aftermath of the global financial crisis of 2008, connectivity was central to Ireland's recovery – facilitating FDI and the growth of Irish Enterprise and driving record tourism growth. DAA states that aviation will have a similarly critical role to play in the aftermath of the current crisis. Cork Airport suggested that the Government should announce a comprehensive and effective state aid stimulus package for tourism and aviation, including airports, and further suggested that easing of state aid measures will enable more innovative, effective and targeted application of the stimulus package for maximum economic impact.
265. The Department of Transport, Tourism and Sport, through the National Air Transport Facilitation Committee, is co-ordinating the implementation of the guidelines by industry to promote health and virus control in aviation, with due regard to the maintenance of aviation safety and security standards. A task force for aviation recovery was established by the Minister in June and is made up of key stakeholders from the industry. The task force reported to the Minister on 10 July with a plan to relaunch the aviation industry in Ireland.¹³

¹³ [Link to Task Force for Aviation Recovery Report](#)

Travel restrictions:

266. On Tuesday, 2 June, the Committee met to discuss the topic of travel restrictions, in the third session, with officials from:

- Department of Foreign Affairs and Trade
- Department of Health
- National Transport Authority

The debate can be accessed here [Official Report 2 June 2020](#)

Written submissions: A total of 19 submissions were received from various stakeholders, Government Departments and State agencies connected to the travel and tourism sectors.

Referral of matters to Joint Committees

267. The Committee recommends that the following key issues be the subject of further examination by the Joint Committee on Transport and Communication Networks:-

- Explore the viability of rapid testing at airports and ports for staff and passengers in order to facilitate a resumption of safe international travel
- Examine the introduction of sectoral specific supports for the continued operation/revival of industries affected by the Covid-19 travel restrictions which may include the extension of the TWSS, waiving of commercial/local authority rates and other additional measures required as a result of Covid-19

Regulations for self-isolation for travellers entering Ireland

268. The vast majority of submissions received referred to the 14-day self-isolation requirement for those arriving in Ireland, with stakeholders typically of the view that it should be removed. Many highlight a flaw in the current system whereby it allows arrivals to enter the country and begin quarantine once they have reached their destination. As stakeholders point out, this means that individuals may use public transport to reach their destination, thereby potentially allowing the spread of infection.

269. Many stakeholders drew attention to the potential for the self-isolation requirement to be circumvented by arriving in Northern Ireland. DAA suggests that self-isolation could be replaced with a targeted track and trace system and the possibility of opening travel corridors with similarly affected countries.

Lack of clarity surrounding international travel

270. Many submissions expressed disappointment with the lack of clear plans for international travel in the Government's Roadmap for Reopening Business and Society. Clear and timely communications to stakeholders in the sector are necessary to ensure that they can plan for return to operations, and also so that consumers can plan/book with confidence.

271. DTTAS is working with colleagues across the Civil Service to develop proposals for Government to provide clear criteria for decision-making in relation to easing restrictions on international travel to enable a proposed pathway for consideration by NPHET and Government for the restoration of international travel to assist the industry with planning over the period ahead.

Testing at ports/transport hubs

272. Transport providers stated that if introduced, testing must be underpinned by a robust process, with sufficient provisions and funding for implementation made available by Government, and testing carried out by a relevant public health authority/suitably qualified third party.
273. Questions were raised at the public session around this issue with stakeholders advising that testing in airports, etc., is not viewed as a viable measure as the test can only detect the virus at certain stages. If a test was carried out prior to the virus being at a detectable stage, this may have the effect of giving a false sense of security to those who have received a ‘not detected’ result and understand it to be a ‘negative’ result, thereby potentially increasing the risk of transmission.

Impact of Social Distancing measures

274. The social distancing measure of 2 metres was referred to by all stakeholders, the core issue relating to severely reduced capacity in all sectors. Many submissions requested that consideration be given to a reduction to 1 metre.
275. DAA estimates a loss of 60% to 75% total airport capacity if enforced, while Aircoach estimated a 75% reduction in capacity, potentially warranting a need for a fourfold increase in ticket fares. Fáilte Ireland stated that a reduction to 1 metre could potentially help to restore 80,000 jobs in the tourism sector in 2020. The Irish Hotels Federation estimated that 2 metre distancing would result in a further reduction of 30% in revenues compared to 1 metre.
276. The National Transport Authority stated that the 2 metre rule had significantly reduced capacity on bus and rail. It added that moving to a 1 metre restriction would double the capacity, but this is a decision for Government.

Removing restrictions/co-ordination with other EU member states

277. Many stakeholders referred to the EASA/ECEC COVID-19 Aviation Health Safety Protocol Guidelines and European Commission Communication on the progressive restoration of transport services and connectivity¹⁴ which provide guidance on safe reopening of international travel and call for co-ordination with other Member States.
278. IAPLA referred to the guidelines and noted that the current restrictions ignore the epidemiology of other member states insofar as it is not proportionate and may discriminate against other countries who have minimised the effects. There have been calls for co-ordination with other member states, especially co-ordination of similarities with the Schengen area and the CTA.

¹⁴ https://ec.europa.eu/info/sites/info/files/communication_transportservices.pdf

They point to the potential for independent openings which could create ‘back doors’ and negate the efforts to contain the spread of the virus.

Tourism/Travel Trade Sector

279. Tourism is Ireland’s largest indigenous industry, responsible for earnings of €7.5bn and providing 260,000 jobs, which accounts for 11% of total employment. In 2019, overseas tourists spent €5.2bn in Ireland with an additional €2.4bn spent by the residents of Ireland and Northern Ireland.
280. The Irish Hotels Federation outlined that, with the right Government supports, annual tourism revenues and employment could recover to 2019 levels over a five-year period up to 2025. Without appropriate supports, however, it sees 2025 tourism revenue at €5.4bn and employment returning to just 190,00 (-30%). Over a five-year period, this would represent a cumulative loss of approximately €7bn to the Irish economy and additional cumulative unemployment costs of €3.3bn.
281. A number of submissions point to the fact that while domestic revenue may be somewhat salvaged upon reopening of the domestic market, it cannot make up for the loss from the international market.
282. Stakeholders from all sectors called for sector specific supports; an extension of the Temporary Wage Subsidy Scheme; waiving of local authority rates; and the provision of State funding for additional measures required as a result of Covid-19, for example, testing, PPE, etc.

Maritime and Shipping

283. In order to maintain continuity of services, the Government agreed to the emergency provision of a maximum contribution of €15m towards the costs involved in the continued operation of ROPAX ferry services on these routes. This package will be available to the service providers for the continued operation of services on the routes over a three month period.
284. The domestic maritime transport sector involves a significant number of tourist and excursion vessels throughout the State and on inland waters. These vessels make a key contribution to the economic sustainability of small coastal communities. Domestic marine tourism, including island ferry business, etc., is vital to local economies and it is critical that such services remain viable when this market returns, in the later phases. Irish Ferries revenues are split broadly 50/50 between passenger business and freight. Lockdown measures have had a significant impact with passenger volumes down over 90% and freight down on average 20%.
285. A number of measures were introduced by the Department of Transport, Tourism and Sport to support the continued fluid operation of Ireland’s maritime supply chain including the emergency provision of a maximum contribution of €15m towards the costs involved in the continued operation of ROPAX ferry services on five southern and continental routes; the establishment of a forum for regular engagement with port and shipping stakeholders; and the development of tailored guidance setting out risk mitigation measures for operators and essential workers in the maritime supply chain.
286. The four main passenger ferry companies made a joint submission to the Department setting out a protocol they proposed to put in place in order to mitigate the risk of Covid-19 and to allow for a safe ramping up of passenger services.

This included operating at 50% capacity in the initial phases, extensive and continuous cleaning of public areas and contactless payments. This will feed into the proposal for Government on the overall international travel restrictions.

Public transport

287. On Friday, 24 July, the Committee met to discuss the impact of Covid-19 on public transport with representatives of/officials from:

- National Bus and Rail Union (NBRU)
- National Private Hire and Taxi Association;
- Taxi Alliance of Ireland;
- Department of Transport, Tourism and Sport;

The debate can be accessed here [Official Report 24 July 2020](#)

Written submissions: A total of 16 written submissions were received on this topic.

Referral of matters to the Joint Committees

The Committee recommends that the Committee on Transport and Communication Networks examines

- The financial impacts of the Covid-19 restrictions on public transport with the aim of identifying the support necessary to ensure the viability of these services in the future, particularly with respect to the small public service vehicle industry
- The impact the lack of regulations regarding the small public service vehicle industry had on both the industry and workers

The Committee also recommends that the Committee on Social Protection, Rural and Community Development and the Islands examines

- The age profile and unique work patterns of the small public service vehicle industry to determine whether supports such as the Pandemic Unemployment Payment and the Temporary Wage Subsidy Scheme can acknowledge these circumstances

The Committee further recommends that the Committee on Transport and Communication Networks, in conjunction with the Committee on Education, Higher and Further Education, Innovation and Research examines

- The effect of the Covid-19 restrictions on the school transport scheme

Capacity reductions

288. Public transport is an essential service and has continued to operate during the Covid-19 pandemic. However, public transport providers have seen a reduction in capacity and passenger numbers due to the Covid-19 restrictions and this has had a negative effect on their incomes and overall financial situations. For example, the Committee heard at first hand of the unique struggles faced by those in the taxi industry where demand for services has virtually collapsed although the costs associated with maintaining a taxi have remained. Many in the industry are low income earners who are over 65 and therefore did not qualify for the pandemic unemployment payment (PUP). A fully functioning small vehicle transport service will be required in the future and there is a need for ongoing special support to retain those within the industry.
289. When Phase 1 of the restrictions were implemented on 13 March 2020, public transport providers saw passenger numbers drop by approximately 90% across all services. The CIÉ Group, comprising Bus Éireann, Dublin Bus and Irish Rail, said that passenger numbers during this period fell from 4.5m people weekly to approximately 500,000. Transdev, the company that operate the Luas, also stated that passenger numbers dropped by 90% in March 2020. Go-Ahead, a private company that operates 30 bus routes in the Greater Dublin Area (GDA), stated that its passenger numbers dropped by 90% during this period.

Restrictions

290. Restrictions on public transport remain in place and services are operating at up to 50% capacity. It is now mandatory for passengers to wear facemasks when using public transport and all submissions regarding public transport supported this decision. Concerns were raised by the Committee and witnesses regarding the monitoring mask-wearing on public transport which is primarily conducted by drivers.

Revenue

291. The capacity restrictions on public transport has had a negative effect on the financial situations of public transport providers. The National Transport Authority (NTA) explained that by 19 May 2020 fare revenue had declined by 38% on the previous year. It estimates that fare revenue will fall by between 50-60% by the end of the year. Dublin Bus stated that it had experienced a 39% loss in fare revenue based on the previous year and that it expected to make a loss of approximately 58% by the end of the year. Dublin Bus said 87% of its commercial revenue has been lost., while CIÉ also stated that it expects its revenue to fall by 60% in 2020. The NTA stated that some routes are simply not viable at 50% capacity.
292. The NTA explained that additional funding has been made available for public transport providers under its Public Service Obligation (PSO) contracts. The NBRU explained that PSO contracts have a 'reasonable profit clause' which caps the level of income that a public transport provider can earn through its PSOs and is based on state aid rules. However, public transport providers are experiencing losses on their commercial services and this poses a number of issues.

Recovery

293. Several submissions made suggestions regarding how public transport could operate as more industries begin to recover. The Transport Salaried Staff Association stated that staggered opening times for schools and business should be considered until services can resume operating at 100% capacity. This was also suggested by the NBRU. Dublin Bus suggested that dynamic pricing could be introduced to encourage more people to travel outside of peak times.
294. The NBRU stated that the industry needs to update its ticketing equipment to provide safer methods of payment. For example, contactless payment options should be available on all public transport services. Currently, Ireland uses a model of pre-paid travel cards and onboard cash payments. The Transport Salaried Staff Association explained that there is a need for co-operation between authorities on both sides of the Border to ensure that the public transport regulations are the same for all cross-Border travel on public services.

Small public service vehicle industry

295. According to the joint submission from the National Private Hire & Taxi Association, the Irish Taxi Drivers Federation, Taxi Alliance of Ireland and Taxi Tiomana na hÉireann, there are currently 26,000 qualified small public service vehicle (SPSV) licence holders in the country and that approximately 90%, or 20,000 of these, are taxi drivers. The Irish Taxi Drivers Federation stated that it is unlikely that the same number of workers will return to the sector following the lifting of restrictions and the joint submission called for focus to be on current workers in the sector with no new SPSV licences being issued.
296. The submission called for the Pandemic Unemployment Payment (PUP) to be extended to the industry and there were calls for step-down payments to be implemented for the SPSV industry. This would allow drivers to go back to work without them being financially penalised due to the decrease in business. The Committee was informed that 23% of people who work in the industry are over the age of 66 and, therefore, are not eligible for social welfare supports.
297. The Taxi Dispatch Operators Association explained that business has decreased by more than 90%, but costs during the pandemic have increased as businesses organised operators to work from home or implemented new measures to safeguard staff in their office spaces.

PPE

298. The Irish Taxi Drivers Federation stated that it should be compulsory to wear a facemask when using a taxi as is the case on other public transport services. The Committee was informed that the Statutory Instrument governing the mandatory use of face masks on public transport did not include taxis and that no guidelines were issued by the NTA regarding the safe operation of taxis. The Department later told the Committee that the issue of face coverings in taxis was being considered.
299. A further issue raised was the installation and use of screens to separate drivers and passengers. The Committee was informed that the NTA had not identified a screen that will pass the suitability test that drivers can install easily as the rules state that a screen must be installed by the original car manufacturer. This has resulted in a situation where drivers are removing screens that they had previously installed before their suitability test and reinstalling the screen after they have passed.

The lack of guidelines regarding the safeguarding of drivers and passengers was continuously highlighted as a core issue facing the SPSV industry.

Commercial coach operators

300. The Coach Tourism and Transport Council (CTTC) said that commercial coach activity has reduced by approximately 90% during the pandemic. This is a result of reduced capacity and demand. The CTTC stated that it could take up to 2023-24 for coach tourism to fully recover and that a stimulus package of approximately €32m is necessary for the sector to survive. It also said that business supports, such as the Temporary Wage Subsidy Scheme needed to be extended in order for businesses to retain staff.
301. The Committee raised concerns about the financial situation of commercial coach operators given that most of the 2020 tourist season had been lost. The Department said that a €10m fund had been made available to support business continuity in this area and that this would be administered by Fáilte Ireland. The Department also stated that a tourism task force had been established earlier this year and that coach transport, private chauffeurs and car hire companies were all represented at it.

School transport services

302. The Department of Education and Skills (DES) told the Committee that Bus Éireann operates the school transport scheme on behalf of the Department. In 2019, the scheme was availed of by 120,000 pupils and had a budget of €219m. The Department said that it was engaging with transport providers with school transport contracts regarding the impact of schools re-opening while there is reduced capacity on vehicles. However, both Bus Éireann and the DES stated that applications for the school transport scheme for the 2020/21 school year were still being accepted at the time and that refunds were being processed for parents due to the long-term closures of schools in March 2020. The Department said that contractors were being paid 50% of their fees while schools remained closed but that it was not in a position to provide funding for private operators that are not contracted to the scheme.
303. The NBRU stated that investment in a dedicated school transport system should take place. This would reduce the number of school-going children on standard public transport services which would be particularly beneficial when services are operating at reduced capacities. The NBRU also stated that it believes investment should take place to modernise the current fleet of school transport vehicles.

REOPENING THE ECONOMY

Introduction

304. This section deals with the impact of Covid-19 on a number of sectors and the measures required in the context of efforts to reopen the economy. The areas considered include the arts and entertainment sector, childcare, the constructions industry, fiscal, budgetary and social protection expenditure, Gaeltacht and the islands; the hospitality sector; and supports for business.

Arts and entertainment sector

305. On Tuesday, 30 June, the Committee met to discuss the impact of Covid-19 on the arts and entertainment sector with representatives of:

- National Campaign for the Arts
- Event Production Industry Covid - 19 Working Group
- Event Industry Association of Ireland (EIAI)

The debate can be accessed here [Official Report 30 June 2020](#)

306. On Thursday, 2 July, the Committee resumed its discussion of the impact of Covid-19 on the arts and entertainment with officials from:

- Department of Culture, Heritage and the Gaeltacht
- Creative Ireland Programme
- Fáilte Ireland

The debate can be accessed here [Official Report 2 July 2020](#)

Written submissions: A total of 19 written submissions on this topic were received.

Referral of matters to the Joint Committees

307. The Committee recommends that the Joint Committee on Media, Tourism, Arts, Culture, Sports and the Gaeltacht examine the following:
- The specific supports required for the arts and entertainment sector
 - The continued impact of Covid-19 restrictions on the arts and entertainment sector as it begins to re-open with the intention of identifying additional issues and the need for additional supports as they emerge
 - The recovery of the arts and entertainment sector on both a regional and rural basis to identify individual supports that might be needed in these areas
 - The impact of the Pandemic Unemployment Payment and the Wage Subsidy Scheme criteria on arts and entertainment workers/employees and whether those criteria have resulted in workers leaving the sector

308. The Committee further recommends that the Committee on Social Protection, Rural and Community Development and the Islands examines the following:
- The freelance and casual work aspects of the arts and entertainment industry and the effects these work patterns have on arts and entertainment workers accessing supports such as the Pandemic Unemployment Payment and the Temporary Wage Subsidy Scheme
 - The possibility for the unique work patterns of arts and entertainment works to be recognised in application process for unemployment supports, including the potential for a provision to allow arts and entertainment workers to work in a casual pattern without losing access to these supports

Impact on live entertainment

309. The Committee heard that the impact of restrictions had been devastating for many in this sector, especially those in the live entertainment, both small and large scale, and of the precarious position many in the sector were experiencing. Many organisations have made business investments that will never see a return. In particular, some businesses will never re-open and there will be relatively large-scale bank debt that will create an overhang on businesses for many years. The Committee acknowledges the business supports that are in place, but that there is a need for a nuanced approach to those in the hospitality and entertainment sector.
310. Stakeholders discussed the long-term impacts that social distancing, and restrictions on the size of indoor and outdoor gatherings, will have on the industry. The Committee heard that the arts and entertainment industry was one of the first industries to close and will most likely be one of the last sectors to fully re-open. Therefore, the impact of the Covid-19 restrictions are expected to be long term and widespread.
311. The Department of Culture, Heritage and the Gaeltacht (DCHG) stated that several components would need to be considered regarding the full re-opening of the arts and entertainment sectors, including changing audience behaviours. These issues were also identified in the majority of submissions received and are of concern to the Committee.
312. Multiple submissions explained that the arts and entertainment sector operates primarily on a yearly planning cycle and, as a result, the industry has essentially lost an entire year of work and that the investment in projects has now been lost. This will impact on the ability of operators to re-open as the ability to plan future shows is not possible with the current social distancing guidelines.

Impact on the economy

313. According to the Arts Council, it could take up to 2025 for the arts industry to return to pre-Covid-19 levels of activity if the risks involved in the industry are not mitigated. The council explained that in quarter four of 2019, the arts were worth €1.16 billion to the economy and supported 55,000 jobs. Some 10,000 jobs are directly sustained by core arts activities. Research conducted by EY, provided by the DCHG, explained that without further investment, the arts sector could decline by 42% in 2020. This is compared to the wider economy which, according to the EY report, is expected to contract by 11% this year.

314. The Arts Council explained that arts organisations are typically not-for-profit, and this will affect their ability to recover financially from long periods of closure. Simply put, these organisations are not able to trade their way out of a deficit through increased footfall or sales. The Arts Council also explained that cancelled events will not be compensated through additional events later on in the year and that the specific conditions of the industry mean that the sector’s recovery will not follow the pattern of the rest of the economy. The Committee heard of the knock-on benefits provided by the sector in the context of overseas visitors and tourism and is concerned that if supports are not available to the arts and entertainment sector, this could negatively impact the ability of other sectors of the economy to recover.

Impact on artist and other industry workers

315. The need for supports such as the Pandemic Unemployment Payment (PUP) and the Temporary Wage Subsidy Scheme (TWSS) to be extended for arts and events workers was a core issue at both Committee meetings and in the majority of submissions received. According to the Arts Council, as of 28 May 2020, some 43% of the sector’s workforce was claiming income supports. The longer economic recovery time for the sector referenced throughout the submissions received was one of the factors behind the requests to extend the wage supports.
316. The Committee heard, however, that other issues exist in the sector regarding artists’ income and income supports. Both the Abbey Theatre and the Irish Congress of Trade Unions highlighted that many artists were living in precarious financial situations prior to the Covid-19 pandemic. According to the Irish Congress of Trade Unions, 70% of artists earn less than the minimum wage and the Committee is concerned about the low incomes in the sector.
317. The Irish Congress of Trade Unions also highlighted that some artists were deemed ineligible for PUP or TWSS. For example, individuals over the age of 66 are not eligible for these schemes, but many arts workers, particularly performers, tend to work past retirement age due to the nature of their jobs. According to the Arts Council, its research shows that 95% of artists have been affected financially by the crisis and 30% of artists describe their financial situation as critical.

Film and television production and broadcasting

318. The Department of Culture, Heritage and the Gaeltacht supports the development and expansion of the film and television production sectors, while broadcasting comes under the remit of the Department of Communications, Climate Action and the Environment.
319. The Department of Culture, Heritage and the Gaeltacht stated that practically all live production of film and television ceased in March and has yet to resume. The submission explains that the lack of live production will also affect the post-production sector even after production resumes. The lack of production has impacted on the earnings and employment of both cast and crew members. Irish Equity stated that the estimated financial impact of production ceasing is €20 million. This is a combination of both wages and third-party costs not being paid.

320. Furthermore, the Department explained that the closure of commercial cinemas will have impacted the revenue streams of production companies which will have an impact the sector's recovery. Insurance issues also exist within the production sector which could delay the sector resuming production.
321. In broadcasting, both RTÉ and Virgin Media provided submissions to the Committee stating that revenue had decreased during the crisis while costs had simultaneously increased. Both television providers explained that advertising revenues had decreased even though the consumption of television had increased. RTÉ explained that it had lost between 25% and 35% of its advertising revenue. RTÉ also stated that it has seen an increase in licence fee evasion during the pandemic. Licence fee evasion was already at 13% before Covid-19 and this has further affected its financial situation.
322. Both Virgin Media and TG4 explained the effect that the lack of production is having on the cash flow more broadly in the sector. Virgin Media referenced the lack of commissioning of new work which will mean less revenue for production companies. Similarly, TG4 explained that the majority of its content is commissioned from independent production companies in rural areas and that this will have an impact on regional economies.

Impact on the Irish language and the Gaeltacht

323. An tOireachtas is a national arts, culture and Irish language organisation which promotes Irish language arts, including the performing arts and literature. It holds an annual festival, *Oireachtas na Samhna*, to promote these art forms. The festival was due to take place in Galway city and 10,000 people were expected to attend. The festival was subsequently cancelled. An tOireachtas explained that its income for 2020 will be reduced by 22% as a result of the festival being cancelled.
324. Ealaín na Gaeltachta, an organisation that supports modern and traditional arts in the Gaeltacht, explained that it supports 20 festivals in Gaeltacht regions every year, but the festivals were cancelled. The cancellation of these festivals has had a negative impact on the economies of Gaeltacht regions, including the cancellation of work for local artists.

Post-Pandemic Changes in Consumer Behaviour

325. A key concern highlighted in several submissions received by the Committee was the long-term impact that Covid-19 could have on consumer behaviour. Business to Arts explained that the period following the crisis will be one of reduced purchasing power for audiences as discretionary income will most likely decrease alongside the contraction in the economy. Reduction in audience incomes and purchasing power was also referred to by the Arts Council as a long-term impact of the crisis.
326. Business to Arts explained that research it received in May 2020 indicated that audiences would be reluctant to return to live events at indoor venues in 2020. Specifically it stated that approximately 60% of people would prefer to wait until 2021 before returning to live performances, and a total of 44% claimed they would only attend live events after a vaccine had been developed. Similarly, the Abbey Theatre stated that research from May 2020 found that 42% of regular theatregoers would be reluctant to return to venues in the coming months. These changes in audience behaviour indicate that the industry will struggle to retain audiences due to fears regarding Covid-19.

Additional supports announced for the arts and entertainment sector

327. In response to the crisis, the Department of Culture, Heritage and the Gaeltacht announced that an additional €25 million in funding had been approved for the sector. A total of €20m was allocated to the Arts Council, bringing its total funding for 2020 to €100m. The remaining €5m was allocated to provide a range of supports for regional cultural facilities and museums as well as additional online content to support artistic output and well-being.

Childcare

328. On Tuesday, 23 June, the Committee met to discuss the topic of childcare with representatives of/officials from:

- Irish Nurses and Midwives Organisation
- SIPTU
- Early Childhood Ireland
- Association of Childhood Professionals
- Crann Support Group
- Department of Children and Youth Affairs

The debate can be accessed here [Official Report 23 June 2020](#)

Written submissions: A total of 16 submissions were received on this topic.

Referral of matters to the Joint Committee

329. The Committee recommends that the Joint Committee Children, Disability, Equality and Integration continue to monitor and examine the reopening of childcare services, including:

- Funding and supports for childcare facilities to implement public health advice
- Protocols in place for at risk students and staff
- The sustainability of childcare services and the uptake of childcare services from June 2020
- Plans in place should childcare facilities and providers be required to close
- Examination of childcare schemes for healthcare workers from other jurisdictions
- Supports for providers, including phone line support from the Department and other State agencies, should remote working continue over the next 12 months
- Examination of the overall model of childcare and related issues including high fees, high turnover of staff, low pay and insurance issues

Failure of childcare scheme for healthcare workers

330. A scheme to provide temporary childcare for essential healthcare workers during the Covid-19 crisis was cancelled by the Department of Children and Youth Affairs (DCYA) in early May. The scheme would have provided for childcare practitioners working in the homes of health workers. The Committee heard there was no communication by DCYA with providers or with unions on the proposed scheme. The Committee also heard that the unions were not consulted on a survey to ascertain demand for such a scheme and that figures cited by DCYA on levels of demand for a scheme were excessive. The Committee expressed disappointment at the lack of consultation by DCYA with unions and relevant stakeholders on this issue.

331. The Secretary General of DCYA told the Committee ideally there would have had much earlier-stage consultations, including with the unions, but it was not practical at the time. He said the scheme failed due to insurance issues and concerns about Covid-related claims, as well as specific issues relating to lunch and rest breaks, unfamiliar working environments and so on. He said the Department was hopeful it would come to solutions to these issues, but it did not prove possible.

Communication with stakeholders

332. The Association of Childhood Professionals told the Committee that while there was consultation with childcare providers, there was confusion initially about public health advice and information on pods. It also said that Pobal and DCYA helplines had been closed during the Covid-19 restrictions and noted that it would have liked to see information come through from the Department much faster.
333. The Committee was informed that an advisory group had been established by the Department which included stakeholders to discuss supports for the sector in the context of Covid-19. It was told that this had been a useful mechanism to discuss issues with the sector and also that a significant amount of resources had been developed by HPSC, while guidelines had been drafted following consultation with representatives of the sector.

Covid-19 Supports for childcare providers and workers

334. Providers welcomed the special Temporary Wage Subsidy Childcare Scheme (TWSCS) which was to continue to the end of August for ECCE services that reopened on 29 June. ECI said that the need for special measures was in itself a tacit acceptance of the “precariousness of the sector”. Seas Suas said a support package worth €130m would be required until the end of the year.
335. The Department told the Committee that it was working with stakeholders and that the re-opening supports were based on evidence of costs in the sector. It noted that there is extra money going into the sector, as some parents will not return and the sector will lose parents fees. It said that to begin to make a profit, providers will need to get either 40% of parents back or perhaps 20% and charge some kind of retention deposit for July and August. It noted that in general, if they get some form of income from approximately 40% of parents, the package will allow them to start making a reasonable profit.
336. The Committee heard that public funding now accounts for 58% of the wages in the sector as a result of the TWSCS, and some members said it was time to consider continuing with the scheme for providers reopening in September and use that as a launch pad to build employment rights and wages in the sector.
337. A key issue raised was that sole traders were not eligible for the TWSCS. The Department told the Committee that 1,000 owner managers were not on the payroll. Their only option was the Pandemic Unemployment Payment, so the Department could not top them up. The Department said this was regrettable but that it provided some support with staff and operational costs. It noted that on re-opening, they will be entitled to capital and re-opening grants.

Re-opening of childcare services from 29 June

338. Stakeholders met with the Committee in advance of the planned June reopening date when they said there was expected to be a significant drop in demand for services and that, as a result, they will have limited capacity to generate more income. The Federation of Early Childhood Providers noted a survey conducted on behalf of DCYA which indicated full capacity of 230,000 children across all services will not be taken up for some time. Stakeholders told the Committee that there generally are fewer childcare services provided during the summer as many services are linked to term-time. It was difficult to predict the level of demand from 29 June onwards.

Ongoing Structural/systemic issues in the sector

339. All stakeholders noted that there were significant issues in the early years and childcare sector prior to the Covid-19 crisis. These concerns were felt across the sector and included issues of staffing, capacity and sustainability of services, pay scales and insurance as well as the high fees paid by parents in some childcare and early years education settings. The Department told the Committee that an expert group is developing a funding model at the moment and has worked with DCYA to develop proposals for the future.

The Re-opening of the Construction industry

340. On Tuesday, 19 May, the Committee met to discuss the reopening of the construction industry with representatives of/officials from:

- Irish Congress of Trade Unions (ICTU)
- Health and Safety Authority (HSA)
- Construction Industry Federation

The debate can be accessed here [Official Report 19 May 2020](#)

Written submissions: As this topic was dealt with in the first full public hearing of the Committee, no written submissions were sought in advance.

Referral of matters to the Joint Committee

341. The Committee recommends that the Joint Committee on Enterprise, Trade and Employment consider the following:

- The Return to Work Safely Protocol and the number of inspections and enforcement and compliance measures necessary under it should be kept under review to ensure the protocol is regularly updated and is fit for purpose.
- Consideration should be given to expanding the role of the HSA and increasing the number of inspectors available to ensure enforcement and compliance with the protocol in tandem with undertaking the HSA's routine inspection work.
- The HSA should consider re-employing recently retired inspectors on a temporary basis to assist with inspections related to compliance with the protocol and particularly in the context of preventing further waves of infection.
- The HSA should consider the possibility of using the expertise available in trade unions with regard to health and safety by assigning individuals with such expertise to compliance inspection roles in addition to inspection staff from other Departments.
- Robust inspection and enforcement processes in addition to a penalty regime is required to encourage and ensure compliance and consideration could be given to enabling the HSA to impose larger fines as a deterrent.
- The Committee noted the distinction drawn between public health guidelines and issues relating to health and safety in the workplace overseen by the HSA and that a lack of clarity with regard to roles and responsibilities may have arisen at the initial stages of dealing with the pandemic. This issue was addressed in the protocol but the Committee recommends that this issue be considered further with a view to clarifying such roles and responsibilities for the future.

Return to Work Safely Protocol

342. The Committee discussed the reopening of the construction industry which began on 17 May. As part of this, the Return to Work Safely Protocol (the protocol) was developed. Implementation of the protocol is overseen by the Health and Safety Authority.
343. Regarding the development of the protocol, ICTU put forward proposals that were based on the principle that the health, safety and well-being of every person was paramount and that public health advice should be adhered to at all times. The key principles it wanted included were worker representation, training, negotiated or agreed changes to work practices, mandatory compliance with all health and safety provisions with no opt-outs, and assignment of responsibility to the Health and Safety Authority of overseeing its implementation. ICTU noted that the virus was still very active and could cause serious personal injury to workers who contracted it. Therefore, any measures should seek to minimise the risk to workers and maintain safe workplaces.
344. The Health and Safety Authority said the protocol was developed by all those with an interest and role in ensuring workers were kept safe, businesses could operate and public health measures to deal with Covid-19 could be implemented. Under the Safety, Health and Welfare at Work Act 2005, the authority has the “powers to advise, monitor, inspect and enforce adherence to the protocol”, and the enforcement actions it can take, including issuing improvement and prohibition notices, were outlined.
345. The Construction Industry Federation (CIF) said that construction workers had started to return to sites that had been utterly changed due to Covid-19 and the measures necessary to protect workers, their families and their communities. Since the shutdown on 28 March, the industry had been preparing to return to work safely and CIF’s standard operating procedure (SOP) incorporated the latest HSE, WHO and medical advice in a construction context. The SOP fits into the protocol and over 130,000 of a total of 147,000 employees, which included onsite construction workers but also engineers, architects and design teams, had completed the SOP’s online safety induction in advance of returning to work. The SOP includes advice about the use of PPE and logs that would enable contact tracing if required.
346. The Committee heard that the industry was well placed to contribute to economic recovery as it enabled other sectors to operate. While it would “take months for the industry to reach previous output levels”, CIF foresaw that 150,000 people would be back to work in the industry within six or seven months.

Additional costs

347. The Committee heard that in view of the measures that would be required on sites, large additional costs would be likely to arise. These extra costs would be in the order of 5% to 10% for individual projects and the estimated cost per house would increase by between €10,000 and €15,000, while the cost of apartments would rise by €20,000. Time delays were also likely due to the need for social distancing which reduces the number of people who can be onsite – house completions could go from 15 weeks to 25 weeks as a result, but it may be longer on busier sites. Particular concern was raised about the impact of delays and costs relating to the construction of social housing.

348. The Committee noted the projected cost increases that may arise as a result of Covid-19 restrictions and expressed concern about the impact these extra costs could have on house buyers and others. The issue of insurance costs for construction workers, particularly sub-contractors, was also discussed with concern expressed about such costs given that insurance companies have reportedly issued new policies noting that items related to Covid-19 were not covered.

HSA resources

349. The Health and Safety Authority carries out 10,000 inspections annually and generally these are unannounced. Due to arrangements in place to protect against Covid-19, it was expected that in a number of cases, it would be necessary to arrange suitable times to visit workplaces.
350. The Committee heard that the Government has recognised that the HSA does not have sufficient resources and that it would need additional resources to oversee compliance with the protocol. Discussions are ongoing in this regard, but the intention is to utilise existing inspections structures in different Departments, with the additional resources rolled out over the course of the roadmap.
351. The Committee and ICTU expressed concern that the number of inspectors was insufficient to carry out all the inspections that will be required to ensure enforcement and compliance with the protocol. It was noted that small employers in the hospitality sector will need the same level of scrutiny as larger employers, such as construction sites.
352. The Committee noted that 67 field inspectors had been assigned to oversee enforcement and compliance with the protocol. Concerns were expressed that this was too few given the scale of work required and that additional inspectors were needed. This could involve reassigning inspectors from other Departments and engaging trade union members with expertise in the health and safety area.
353. The Committee welcomed the protocol and noted that it should be “a living document” that is regularly reviewed and updated to ensure it is fit for purpose. The Committee also noted and commended the measures taken to date and the strong collaborative effort in agreeing the national Return to Work Safely Protocol. The Committee also noted the role of worker representatives in the development and application of the protocol and that a continued collaborative role with employers in this regard would be beneficial in the context of implementation and compliance.
354. The Committee also welcomed the fact that the HSA had adapted and amended its regulations so that those whose Safe Passes were due to expire have been given an extension of up to six months.

Fiscal, budgetary and social protection expenditure issues

355. On Tuesday, 16 June, the Committee met to discuss the fiscal and budgetary position with representatives of/representatives of:

- Irish Fiscal Advisory Council
- Professor Stephen Kinsella
- Economic and Social Research Institute (ESRI)
- Department of Employment Affairs and Social Protection
- Department of Public Expenditure and Reform

The debate can be accessed here [Official Report 16 June 2020](#)

356. On Tuesday, 7 July, the Committee continued its discussion on the fiscal position with officials from:

- Central Bank of Ireland
- National Treasury Management Agency (NTMA)

The debate can be accessed here [Official Report 7 July 2020](#)

Written submissions: A total of 13 written submissions on this topic were received.

Interim Report of the Committee:

357. Following its meetings on the impact of Covid-19 on the fiscal and budgetary position and on social protection expenditure, the Committee published an interim report on stimulating enterprise and the economy in July 2020. The report can be accessed here [Report on Stimulating Enterprise and the Economy](#)

Referral of matters to various sectoral Committees

358. The Committee recommends that the 19 recommendations, where not already done so, continue to be considered and implemented by the relevant authorities and be held to account by the Joint Committee on Finance, Public Expenditure and Reform, and Taoiseach. In summary the report's main recommendations were as follows:

- The Restart Grant Scheme should be amended to increase the average value of the grant, and to make it available to non-rateable businesses
- More needs to be done to increase the uptake on the Credit Guarantee Scheme and the SBCI Working Capital Scheme

- The Committee also recommends examining alternative delivery mechanisms apart from the banking sector such as credit unions and possible instruments devised by the Revenue Commissioners
- There is a need to revise the eligibility criteria for the various liquidity supports, ensuring that they are not too onerous for their target sectors
- The commercial rates waiver should be extended to the end of the year for businesses who will continue to operate below capacity due to Covid-19 restrictions
- The Government must ensure that the TWSS remains available to firms (and in particular those in the arts and related sectors) who will operate below capacity due to Covid-19 and any tapering off of supports should have a significant lead in time
- Consideration should be given to the costs and benefits of reducing the VAT rate in the tourism and hospitality sectors - any reduction in the VAT rate should not apply to the sale of alcohol and any loopholes relating to the off-licence sales should be closed in the Finance Bill 2020
- The Government should increase the availability of apprenticeship schemes in order to reduce youth unemployment and increase the skill level in the labour force
- A cross-departmental task force should address the supports required by the events, music, entertainment and culture sectors, encompassing both production and performance
- The Government should examine the feasibility and benefits of a voucher scheme for all residents, to be spent supporting the domestic tourism sector

359. In addition, the Committee recommends:

- The Committee on Budgetary Oversight (CBO) should continue to monitor the fiscal implications of Covid-19 and also the implementation of the July Stimulus. Depending on timing, the CBO should consider whether it wishes to input into the National Economic Plan which is to be published in October 2020.
- The Committee on Budgetary Oversight should monitor aggregate expenditure in the medium term, ensuring that the budget deficit is reduced as the economy returns to growth. At a departmental level, sectoral committees should ensure that temporary Covid-19 expenditure does not become permanent spending that will become unsustainable into the future.
- There is also a requirement for the Committee on Employment Affairs and Social Protection to monitor ongoing social protection supports and the efficacy of same.
- Finally, given the limited time and resources available to it, the Committee was unable to look in detail at whether value for money was obtained by the Exchequer as the State sought to set up a testing and tracing regime and obtain PPE, both of which are essential elements of its response. Therefore, the Committee recommends that the Public Accounts Committee examine the value obtained in the contracts entered into at this time.

Fiscal impact

360. Covid-19 will have a significant detrimental impact on the State's fiscal position in the coming years, with the budget deficit expected to be as large as €30m in 2020. There was consensus among witnesses that the policy response to Covid-19 will lead to a significant increase in public expenditure this year, while closing down the economy, and the reduction in employment, income and consumption that has followed, will result in a significant loss of Government revenue. However, in recent months, tax revenue has performed more strongly than was anticipated.

Sustainability of Covid-19 income support payments

361. The Department of Employment Affairs and Social Protection acknowledged that the additional cost of the Pandemic Unemployment Payment (PUP) and the Temporary Wage Subsidy Scheme (TWSS) raised questions about the sustainability of these payments over the medium to long term, and noted that tax and PRSI revenues are much reduced. Social insurance income was approximately €430m below estimate in the period to end of May and there were large reductions in income tax, VAT and excise revenues.
362. The Central Bank supported progressive tapering for both “budget and work incentive reasons”, but that this should be done as the impact of Covid-19 on the economy receded. ISME also advocated for a tapering of both payments and suggested that the PUP had no control mechanism built in that ensured people did not receive more than their pre-Covid-19 income, as was the case with the TWSS. While the Government had moved to a “no less than before” policy, ISME called for the PUP to revert to a “no greater than before” basis immediately. It did, however, acknowledge that tapering the TWSS will be more difficult if large-scale redundancies are to be avoided. Subsequent changes to the PUP have somewhat addressed the issue raised by ISME.
363. NERI did not support tapering of payments as payments tied to unemployment should begin to fall as the economy recovers and people return to work (a point also made by DEASP), and tapering these subsidies would drive many individuals and families into hardship. NERI also suggested that sustainability should also be assessed against the longer-term implications of delayed economic recovery for the public finances. However, they did propose that the Government should explore cost sharing with firms as the economy begins to recover, which could decrease contributions from the State and lead to some recovery in contributions from employers. Cost recovery could also be pursued in the medium to longer term through levies on business income or assets.
364. The INOU believed that a balance must be struck between the sustainability of these payments and the negative impact of withdrawing them too quickly. It stated that social welfare payments are invariably spent in the local economy and any tapering should be undertaken on a phased basis. IFAC was generally supportive of continuing the payments for as long as is required in order to avoid causing additional damage to the economy, but also acknowledged that “policy needs may evolve and policies should be adjusted as appropriate to fit these needs”.
365. On 1 September 2020, the TWSS was replaced by the Employment Wage Subsidy Scheme (EWSS). Among several other changes, the replacement scheme reduced the maximum subsidy available to employers to €203 per employee. The subsidy for employees earning between €151.50 and €202.99 is €151.50.
366. With regard to the PUP, from 17 September 2020, the scheme was to close to new applicants and the maximum payment was reduced to €300. Further, a new rate of €250 was introduced for people who previously earned between €200 and €300 per week. It was also announced that the payment would be reduced again in February 2020, before ceasing on 1 April 2021. However, the PUP will now remain open for new recipients following a Government announcement on 15 September 2020.

Importance of a stimulus package to provide ongoing support

367. The Committee received much evidence highlighting the importance of an effective stimulus in generating activity in an economy that is operating below its capacity, which will in turn help reduce the exchequer deficit. The evidence was also clear in highlighting that any stimulus should be temporary (allowing it to be unwound as the economy recovers) and targeted.
368. IFAC stated that while the economy is re-opening, and some sectors are struggling, a temporary and targeted fiscal stimulus should be used to provide counter-cyclical support. It also acknowledged that this stimulus might not be able to support demand in sectors where social distancing is more difficult, but it could boost demand in other parts of the economy.
369. IFAC's analysis showed that a notional €10 billion stimulus would increase GNI* by 2.8%. However the final impact of a stimulus package will depend on the type of policies pursued. As IFAC highlighted, public investment is typically thought to lead to greater impact than other types of government spending. This was supported by Professor Stephen Kinsella while ISME also supported a Government stimulus, stating "the only way to stop the fiscal deficit rising is through re-igniting growth". IBEC stressed the importance of returning to a balanced budget at an "appropriate pace".

Tionchar Covid-19 ar na ceantair Ghaeltachta agus ar na hoileáin

370. Ar an 18 Meitheamh, phléigh an Coiste an tionchar a d’imir Covid-19 ar na ceantair Ghaeltachta agus na hoileáin leis an Seanadóir Seán Ó Cadhain, Príomh-Aoire an Rialtais agus Aire Stáit um an nGaeilge, um an nGaeltacht agus um na hOileáin agus le feidhmeannaigh ón Roinn Cultúir, Oidhreachta agus Gaeltachta. Tá tuairisc ar an díospóireacht ar fáil anseo [Tuairisc Oifigiúil 18 Meitheamh 2020](#).

Aighneachtaí scríofa: Tionóladh cruinniú amháin ar an ábhar seo agus ní raibh aon ghairm ar aighneachtaí roimh ré. Mar sin is fianaise ó bheál amháin atá ag an gCoiste ar an ábhar seo, bunaithe ar an gcruinniú.

371. Toisc go raibh cúram na n-oileán scartha ó chúram na Gaeltachta ar cheapachán na n-Airí sa Rialtas úr ar 27 Meitheamh 2020, beidh na moltaí a leanas ábhartha do dhá chomhchoiste roinne ar leith: Comhchoiste na Meán, Turasóireachta, Ealaíon, Cultúir, Spóirt agus an Ghaeltacht agus an Comhchoiste um Choimirce Sóisialaí, Pobal agus Forbairt Tuaithe agus na hOileáin. Beidh na moltaí a leanas ina ábhar spéise chomh maith don mbuanchoiste, Comhchoiste na Gaeilge, na Gaeltachta agus na nOileán.

372. **Moltaí an Choiste**

- Is é an t-easpa uisce an cheist is tromchúisí atá ag cur as do mhuintir na n-oileán. I gcomhthéacs Covid-19 agus an t-éileamh ar uisce agus riachtanais sláinteachais, is gá aghaidh a thabhairt ar an gceist seo go práinneach. Molann an Coiste go ndéanfaidh an Comhchoiste um Coimirce Sóisialaí, Pobal agus Forbairt Tuaithe agus na hOileáin mionscrúdú ar na seirbhísí uisce ar na hoileáin go luath.
- Bhí imní ar mhuintir na n-oileán maidir le hathoscailt na n-oileán. Molann an Coiste go ndéanfaidh an Comhchoiste um Coimirce Sóisialaí, Pobal agus Forbairt Tuaithe agus na hOileáin grinnscrúdú ar an tionchar atá ag Covid-19 ar mhuintir na n-oileán, conas ar éirigh leis na hoileáin nuair a cuireadh deireadh leis na srianta taistil ar na hoileáin agus ar na seirbhísí poiblí atá gcur ar fáil do mhuintir na n-oileáin le linn na paindéime.
- Molann an Coiste go mbreathnóidh an Comhchoiste um Coimirce Sóisialaí, Pobal agus Forbairt Tuaithe agus na hOileáin ar na pleannanna atá ann plean straitéiseach do na hoileáin a fhorbairt, agus an bealach a thabharfar faoin gcomhairliúchán poiblí ar an ábhar seo le linn na paindéime.
- Is gá go mbeadh ranna stáit airdeallach ar na dualgais atá orthu faoi Acht na dTeangacha Oifigiúla 2003 maidir le cumarsáid le saoránaigh, go háirithe nuair atá géarchéim sláinte phoiblí ann. Molann an Coiste go ndéanfaidh Comhchoiste na Meán, Turasóireachta, Ealaíon, Cultúir, Spóirt agus an Ghaeltacht grinnscrúdú ar chumarsáid an Stáit leis an bpobal maidir le Covid-19 sna teangacha oifigiúla agus lena fheiceáil an raibh tionchar ag Covid-19 ar na seirbhísí á bhíonn á gcur ar fáil go dátheangach.

- Molann an Coiste go mbreathnóidh Comhchoiste na Meán, Turasóireachta, Ealaíon, Cultúir, Spóirt agus an Ghaeltachta ar an tionchar a d’imir Covid-19 ar an ngéilleagar i ngeantair Ghaeltachta agus na bealaí go bhféadfaí tacú le hÚdarás na Gaeltachta tuilleadh tacaíochtaí a chur ar fáil, mar a bhaineann sé le trádálaithe aonair, do cheardaithe agus gnólachtaí beaga, go háirithe.
- Molann an Coiste go mbreathnóidh Comhchoiste na Meán, Turasóireachta, Ealaíon, Cultúir, Spóirt agus an Ghaeltachta ar na dúsláin a bheidh ann do na coláistí samhraidh i ngeantair Ghaeltachta sna 18 mí atá amach romhainn, de dheasca Covid-19.
- Molann an Coiste go mbreathnóidh Comhchoiste na Meán, Turasóireachta, Ealaíon, Cultúir, Spóirt agus an Ghaeltachta ar na dúsláin agus na réitigh go bhféadfaí a fhorbairt chun an Ghaeilge a chur chun cinn agus chun deiseanna a thabhairt do dhaoine an Ghaeilge a labhairt, a fhad is go mbeidh bearta sláinte poiblí i bhfeidhm le linn na paidéime Covid-19.

Buncheisteanna a tháinig aníos

373. Tacaíocht an Stáit do mhuintir na Gaeltachta agus do mhuintir na n-oileán

Pléadh na tacaíochtaí Covid-19 a bhí curtha ar fáil do mhuintir na Gaeltachta agus muintir na n-oileán. Ina measc, luaitear gur tugadh réamhíocaíochtaí do na heagrais Ghaeilge, Gaeltachta agus oileánda a bhíonn ag brath ar mhaoiniú na Roinne. Anuas air sin, pléadh na tacaíochtaí a bhí curtha ar fáil do choláistí samhraidh, tá ciste éigeandála curtha ar fáil ar luach €4.7m é chun tacú le húdaráis na gcoláistí táillí a aisíoc do thuismitheoirí agus do na teaghlaigh a chuireann lóistín ar fáil. Fógraíodh chomh maith go raibh €600,000 breise curtha ar fáil d’Údarás na Gaeltachta chun scéim dearbháin trádála ar line a sholáthar do chomhlachtaí Gaeltachta.

Srianta taistil ar na hoileáin

374. Ar lá an chruinnithe, bhí soiléiriú de dhíth maidir le stádas na n-oileán faoi na srianta taistil a bhí fógartha ag an Rialtas. De réir na dtreoirínte a fógraíodh ar dtús, ní raibh cead ag turasóirí cuairt a thabhairt ar na hoileáin go dtí Céim 5 den Treochlár maidir le hAthoscailt. Nuair a d’fhógair an Rialtas nach mbeadh cúig chéim sa treochlár, chuaigh an Roinn i mbun idirbheartaíochta maidir leis na hoileáin a oscailt. Ar an 25 Meitheamh, d’fhógair an Rialtas go mbeadh na hoileáin oscailte arís do chuairoteoirí ó Chéim 3 ar 29 Meitheamh.

Easpa uisce ar na hoileáin

375. Léiríodh inní maidir leis na seirbhísí a bhí ar fáil do mhuintir na n-oileán. Ceist mhór a bhí ann ná an soláthar uisce ar na hoileáin. Léirigh roinnt Teachtaí inní faoin tionchar a bhí aige ar mhuintir an oileáin, toisc go raibh srianta uisce i bhfeidhm cheana féin agus go mbeadh éileamh breise i gcomhthéacs Covid-19. Dúirt an tAire Stáit go bhfuil Uisce Éireann ag tabhairt uisce isteach ón mórthír go dtí Inis Oírr agus go dtí Inis Meáin faoi láthair agus rinne an chomhairle contae an rud céanna roimhe sin freisin. Cé go bhfuil infheistíocht déanta acu, ó thaobh ionad cóireála uisce, tá níos mó le déanamh chun na faidhbe bliantúla seo a réiteach.

Luaigh an tAire nach raibh ról díreach ag an Roinn maidir le seirbhísí uisce. Thug an tAire Stáit le fios go raibh i gceist ag an Roinn leanúint le plean straitéiseach do na hoileáin a fhorbairt, agus leanúint le cruinnithe poiblí nuair a thiocfaidh deireadh le srianta Covid-19.

Cumarsáid trí Ghaeilge le linn na paindéime

376. Léirigh an Coiste imní faoin easpa cumarsáide a bhí ann trí Ghaeilge agus go raibh ról tánaistech ag an teanga i gcumarsáid an Stáit le linn na géarchéime. Thug an tAire Stáit le fios go raibh roinnt bileoga curtha ar fáil sa dá teanga agus go raibh eolas curtha ar fáil ar shuímh ghréasáin maidir le Covid-19, i measc rudaí eile. Bhí an Coiste den tuairim go raibh moill ar an gcumarsáid trí Ghaeilge ag tús na páindéime agus nach raibh fáil níos forleithne ar ábhar i nGaeilge go dtí le déanaí. Dúirt an tAire Stáit go raibh sé sásta anois má bhí moill ann ar dtús, go raibh feabhas ar rudaí anois. Thug sé le fios go raibh ionadaí ón Roinn ar choiste idir-rannach lena chinntiú go mbeadh aird ar an riachtanas atá ann cumarsáid a dhéanamh go dátheangach. Luaigh sé go raibh an reachtaíocht teanga nua mar sprioc mhór ag an Roinn, go raibh an reachtaíocht sin ar an dara céim sa Dáil agus go raibh sé ag súil go leanfadh an Rialtas nua leis.

Tacaíocht do mhuintir na Gaeltachta

377. Chuir an Coiste fáilte roimh an scéim tacaíochta do na coláistí samhraidh. Cuireadh fáilte roimh an scéim dearbháin tradala ar líne ach luadh go mbíonn dúshláin bhreise ag comhlachtaí Gaeltachta agus gur cheart tuilleadh tacaíochtaí a thabhairt don Údarás chun cabhrú le gnólachtaí Gaeltachta agus cheardaithe chun trádáil ar líne.

The impact Of Covid-19 on Gaeltacht areas and the Islands

Meeting date: 18 June

378. On Thursday, 18 June, the Committee met to discuss the impact of Covid-19 on the Gaeltacht and the islands with Senator Seán Kyne, Chief Whip and Minister of State for the Irish language, Gaeltacht and the Islands as well as with officials from the Department of Culture, Heritage and the Gaeltacht.

The debate can be accessed here [Official Report 18 June 2020](#)

Written submissions: One meeting was scheduled on this topic and no submissions were sought on the topic.

Referral of matters to the Joint Committees :

379. As the Gaeltacht and Islands portfolios were effectively split on the appointment of Ministers to the new Government on 27 June 2020, the following matters will require further consideration by the relevant to two sectoral Committees, namely the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht and the Joint Committee on Social Protection, Community and Rural Developments and the Islands. The following recommendations will also be of relevance to the standing committee, The Joint Committee on the Irish language, Gaeltacht and the Islands.

- Water supply is one of the biggest issues affecting islanders. In the context of Covid-19 and the enhanced hygiene requirements and demand for water, this issue needs to be tackled urgently. The Committee recommends that the Joint Committee on Social Protection, Community and Rural Development and the Islands promptly examine water services on the islands.
- Many islanders were worried about re-opening the islands to visitors. The Committee recommends that the Joint Committee on Social Protection, Community and Rural Development and the Islands examine the impact of Covid-19 on island communities, the progress of islands after lifting of travel restrictions and the services provided to island communities during the pandemic.
- The Committee recommends that the Joint Committee on Social Protection, Community and Rural Development and the Islands examine departmental plans to develop a strategy for the Islands and the plans for public consultation on the strategy, during the pandemic.
- State bodies need to recognise their obligations under the Official Languages Act 2003 as it relates to communications with the public, in this case in the context of a public health crisis. The Committee recommends that the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht examine state communications with the public in both official languages as it relates to Covid-19 and also examine the impact of Covid-19 on bilingual services.
- The Committee recommends that the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht examine the impact of Covid-19 on the economy in Gaeltacht areas and means by which Údarás na Gaeltachta could be supported to provide further supports to sole traders, crafts people and small businesses.
- The Committee recommends that the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht examine the potential challenges faced by Irish summer colleges in Gaeltacht areas over the next 18 months due to Covid-19.
- The Committee recommends that the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht examine potential challenges and solutions to promoting the Irish language and opportunities to speak the language, while public health measures are in place during the Covid-19 pandemic.

State funding to Gaeltacht and Island communities

380. The Committee examined funding supports including payments made to Irish language, Gaeltacht and island organisations funded by the Department. It also looked at the supports given to summer colleges in Gaeltacht areas, including a specific emergency fund worth €4.7m to assist colleges reimburse parents of fees and for families who provide accommodation. It also noted the additional payment of €600,000 which was made available to the Údarás na Gaeltachta Trading Online Voucher Scheme for distribution to Gaeltacht companies.

Travel restrictions on the islands

381. There was uncertainty regarding the status of Islands under the Covid-19 travel restrictions. Under the initial guidelines, visitors would not be able to visit the islands until Step 5 of the Roadmap to Reopening. When the Government announced that there would only be four steps in the roadmap, the Department consulted with island stakeholders about re-opening the islands. Following the meeting on 25 June, the Government announced that the islands would be open to visitors from Step 3 on 29 June.

Water shortages on the islands

382. The Committee expressed concern over the services available to island residents. One of the biggest issues facing residents is the lack of water, and as many islands have water restrictions already, there was concern there may be an increased need for supply in the context of Covid-19. The Minister of State told the Committee that Irish Water is currently bringing water across to Inis Oírr and Inis Meáin from the mainland and the council did this previously. He said that while there had been some investment in a water treatment plan, further investment was needed. He noted the Department had no role in the supply of water services and told the Committee that the Department hopes to continue with public consultation on a strategy for the islands, when public meetings can be held after the end of Covid-19 restrictions.

Irish language communication during the pandemic

383. The Committee expressed concern over the lack of Irish language communication from the State during the pandemic and that the language had a secondary role in State communication. The Minister of State said that, among other things, leaflets had been provided in Irish as well as updates on webpages. The Committee noted, however, that the State was slow to use Irish in communications and it was only more recently that there had been more availability of materials in Irish.
384. The Minister of State said that he was happy that while there may have been a delay initially, that things had improved. He told the Committee that there was a representative from the Department on the cross-departmental committee to ensure that bilingual language considerations were taken into account. He said that the new official languages legislation, which was at Second Stage before the dissolution, was a priority for the Department, and he hoped that the new Government would continue it.

Support for Gaeltacht communities

385. The Committee welcomed the scheme for Irish summer colleges. The Trading Online Voucher scheme was welcomed, but the Committee noted that Gaeltacht companies faced more challenges and that Údarás na Gaeltachta should be supported in helping smaller sole traders and tradespeople build online markets.

Hospitality sector

386. On Tuesday, 30 June, the Committee met to discuss the impact of Covid-19 on the hospitality sector with representatives of:

- Vintners' Federation of Ireland
- Irish Hotels Federation
- Restaurants Association of Ireland
- Mr. Jim Power, Economist

The debate can be accessed here [Official Report 30 June 2020](#)

Written submissions: Five written submissions on this topic were received.

Referral of matters to the Joint Committees

387. In addition to the recommendations related to the hospitality sector made in the Committee's interim [Report on Stimulating Enterprise and the Economy](#) the Committee has referred the following matters to the :

- The Joint Committee on Enterprise, Trade and Employment and the Joint Committee on Media, Tourism, Arts, Culture, Sport and the Gaeltacht examine the impact of supports introduced on the hospitality sector and identify any further supports that may be required
- The Committee also recommends that the Joint Committee on Enterprise, Trade and Employment and the Committee Media, Tourism, Arts, Culture, Sport and the Gaeltacht examine the guidelines in place for the operation the hospitality sector

Reduction in VAT rate and excise on alcohol

388. A number of stakeholders called for a reduction in the VAT rate on the hospitality sector and reduced excise duties on alcohol. The Committee in its interim report did not support this proposal.

State supports

389. Stakeholders from the hospitality sector also called for the continuation of existing supports such as the Temporary Wage Subsidy Scheme and the commercial rates holiday. The extension of wage supports to those not employed at the time of the pandemic was also highlighted as an issue as seasonal businesses can not avail of the supports.

390. Additional measures were also called for, including enhanced liquidity supports and commercial rent support. A number of supports, such as the various loan schemes, were considered as unfit for purpose for many businesses in the hospitality sector.

Social Distancing Requirements

391. A number of stakeholders outlined that a reduction in the social distancing requirement from 2 metres to 1 metre would allow additional premises to open and increase revenues.

Insurance

392. The cost of insurance was highlighted by a number of stakeholders as a significant concern for the hospitality sector. The non-payment of business interruption cover was also highlighted.

Supports for Businesses

393. On Tuesday, 9 June, the Committee met to discuss the topic of reopening the economy – supports for businesses, with representatives of/officials from:

- IBEC
- ISME
- Department of Business, Enterprise and Innovation
- Enterprise Ireland

The debate can be accessed here [Official Report 9 June 2020](#)

394. On Tuesday, 30 June, the Committee met to discuss SME recovery with representatives of:

- SME Recovery Ireland
- Ms Jean McCabe, Managing Director, Willow Boutique

The debate can be accessed here [Official Report 30 June 2020](#)

Written submissions: A total of 16 written submissions on this topic were received.

Referral to the Joint Committee

395. The Committee recommends that the Joint Committee on Enterprise, Trade and Employment continues to examine the supports needed for business and in particular:

- Review the impact of the July Stimulus package
- Review the efficacy of the business supports in place
- Identify supports required for individual sectors

Grant and Loan Supports

396. Businesses representatives outlined the need for more grant aid, as while loan supports were welcome, many businesses do not want to take on additional debt. The need for easier access to the supports was also raised by a number of groups. Lower interest rates for loan supports were also called for by a number of stakeholders.

397. The importance of maintaining liquidity in businesses, particularly SMEs, as highlighted by a number of stakeholders.

Cost of Doing Business

398. A number of issues related to costs to businesses were raised. Stakeholders called for a number of measures to be introduced, such as commercial rates holiday, reduced VAT and action to reduce insurance and banking costs. The cost of examinership was also raised as a concern as it is prohibitive for SMEs.

Temporary Wage Subsidy Scheme (TWSS) & Pandemic Unemployment Payment (PUP)

399. There was universal support for the scheme across business groups and trade unions. Many groups called for the scheme to be extended for at least a number of months and warned against an abrupt stop to the payments. Maintaining demand in the economy was also highlighted as vital for businesses.

Public Health Guidelines

400. A number of stakeholders called for the physical distancing guideline to be reduced from 2 metres to 1 metre to allow businesses operate at greater capacity. Some stakeholders also called for the removal of the quarantine period for incoming visitors. The need for an extensive track and trace system to be in place was also highlighted by some stakeholders.

SPORT

401. On Friday, 18 September, the Committee met to discuss the impact of Covid-19 on sport with representatives of/officials from:

- GAA
- FAI
- IRFU
- Sport Ireland
- Department of Culture, Heritage and the Gaeltacht

The debate can be accessed here [Official Report 18 September 2020](#)

Written submission: A number of submissions on this topic were received.

Referral of matters to the Joint Committees:

402. The Committee recommends that the Joint Committee on Media, Tourism, Arts, Culture, Sports and the Gaeltacht consider the following:

- The need to follow up with the Irish Sports Council on the distribution of the €70 million in public funding allocated to sports in 2020
- The need to engage with the State on the public health implications of spectators attending games and the additional safeguards that can be put in place in order to maximise attendance
- The need to examine the extent of the State funding that will be required in 2021

The Committee also recommends that the Joint on Education and Further and Higher Education, Research, Innovation and Science consider the following:

- The need to engage with the first and second level sector on the resumption of sports in schools

Impact of Covid-19 on Sport

403. The importance of sport to all our citizens, not just for players, but also spectators and those with an active interest in their sport, was brought to the forefront with the Covid-19 lockdown in March. Sport is so important to both the physical and mental well-being of all our citizens from the four-year olds who are in joining sports academies for the first time to the very elderly who enjoy going to matches or simply following their sports in the media and in discussions with social gathering. The lockdown in March has had financial and social costs that need to be addressed and all sports have responded positively during lockdown and also in returning as many as possible to action once restrictions were lifted.

Social Cost

404. Sport is about people and players. For all players whether elite, professional or amateur, 2020 has been a year of disruption. Thankfully as restrictions were lifted, most players involved especially in outdoor sports saw some action and the Committee notes the commitment of all associations to prioritise getting as many games as possible played. The benefits of physical activity especially when undertaken around other is a key issue. The Committee acknowledges the dedication of the volunteers in all associations in drawing up protocols and ensuring the safe return to play of all players. One issue that will fall to be addressed is the need to make space for sports in schools which should be addressed as all aspect of the re-opening of schools settle down.
405. In addition, the sports associations highlighted the high social cost which fell on those players of all ages and especially juveniles and those who watch, follow or attend sporting events. In Ireland, after the weather, sport is the main topic of conversation and the restrictions on parents and grandparents and those who have put a lifetime of voluntary effort into sport created huge difficulties. The restrictions on crowds at out-door events, when for example club matches were being streamed in pubs that sold food, created difficulties within the sporting public. Notwithstanding this, the Committee noted the high level of engagement of the associations on public health issues.

Financial Cost

406. The evidence of the three sporting associations highlight the extent to which their finances have taken a hit mainly because games must be played behind closed doors, for example, in the case of the IRFU, 80% of its revenues are generated by the men's national team. The Committee accepts that public health guidelines will determine when crowds can return to games and acknowledges the expertise of all associations to manage crowds at their respective games. It is an issue that the Committee will refer to the Joint Committee.
407. The Committee also heard evidence of the impact at the grass roots level where many clubs cannot fundraise because of restrictions. Many of these clubs will have brought in some debt into 2020 as a result of investments and many are now in a precarious financial position. The Committee is anxious to ensure that all club at the grass-root level survive and also acknowledge the many unorthodox ways that have been pursued by clubs to raise funds to keep things afloat.

Response of the State

408. The way all sporting bodies have engaged with the State through the Department and the Irish Sports Council has been positive and has ensured that the extent of the financial pressures facing sports in Ireland were considered fully. As outlined to the Committee a fund of €70m is being made available in 2020 and there was an acknowledgement on behalf of the State that it will have to support sports while the pandemic is with us. The Committee welcomes the collaborative approach taken and will ask the joint sectoral committee to follow up to ensure that the funding allocated in an appropriate and targeted manner.

APPENDIX 1: TERMS OF REFERENCE AND JULY DÁIL MOTION

TERMS OF REFERENCE:

(1) Dáil Éireann hereby appoints a Committee, to be known as the Special Committee on Covid-19 Response (hereinafter referred to as 'the Committee'), to consider and take evidence on the State's response to the Covid-19 pandemic;

(2) the membership of the Committee shall not exceed nineteen members, appointed by notice in writing to the Ceann Comhairle as follows:

(a) the Government, Fianna Fáil, and Sinn Féin shall each be entitled to appoint four members;

(b) the Green Party, the Labour Party, Social Democrats, Solidarity-People Before Profit, the Regional Group, the Rural Independent Group, and the Independent Group shall each be entitled to appoint one member;

(3) the Ceann Comhairle shall announce the names of the members appointed pursuant to paragraph (2) for the information of the Dáil on the first sitting day following their appointment;

(4) the quorum of the Committee shall be seven;

(5) the Committee shall elect one of its members to be Chairman;

(6) it shall be an instruction to the Committee that the taking of oral evidence from any one witness or group of witnesses in a single session shall not exceed 2 hours in each case;

(7) in the absence of a member nominated to serve on the Committee, one substitute may be nominated in accordance with Standing Order 106 for each two-hour session of the Committee: Provided that a substitute may only be nominated by prior written notice to the Clerk to the Committee;

(8) on a proposal by the Committee, the Business Committee shall agree the arrangements for the taking of the Committee's business as part of the Business Committee's weekly report under Standing Order 31, including but not limited to, the agenda for each meeting, the witnesses to be examined, and the format of the meeting, including time limits for presentations and questions; and

(9) subject to paragraphs (6) and (8), the Committee shall have the following powers:

(a) power to invite and receive oral and written evidence, oral presentations and written submissions from Ministers and witnesses in accordance with Standing Order 96(1) and (2);

(b) power to appoint sub-Committees in accordance with Standing Order 96(4);

(c) power to draft recommendations for legislative change and for new legislation in accordance with Standing Order 96(5), and to examine any statutory instrument which it considers relevant to its orders of reference in accordance with Standing Order 96(6) and (7);

(d) power to require that a member of the Government or Minister of State shall attend before the Committee to discuss policy, proposed primary or secondary legislation, post enactment reports on legislation, or matters relating to meetings of relevant EU Councils of Ministers that, in the opinion of the Committee, relates to its orders of reference and for which the member of the Government or Minister of State is officially responsible in accordance with Standing Order 96(8), (9), (10) and (12);

(e) power to require that principal officeholders in bodies in the State which are partly or wholly funded by the State or which are established or appointed by members of the Government or by the Oireachtas shall attend meetings of the Select Committee, as appropriate, to discuss issues in relation to Covid- 19 for which they are officially responsible in accordance with Standing Order 96(11) and (13);

(f) power to engage the services of persons with specialist or technical knowledge in accordance with Standing Order 96(14); and

(g) power to report to the Dáil in accordance with Standing Order 100(1).

MOTION RE INSTRUCTION TO CONCLUDE ON 30 JULY 2020

“It shall be an instruction to the Special Committee on Covid-19 Response that it shall, not later than 30th September, 2020, report to Dáil Éireann on the progress it has made; that the report shall be in a form intended to facilitate continued consideration by the relevant sectoral Committee or Committees of matters under examination by the Special Committee at that time; and that the Special Committee shall thereupon stand dissolved.”

APPENDIX 2: COMMITTEE MEMBERSHIP

Colm Brophy (FG) ⁵	Michael McNamara (I) [Chairman]
Colm Burke (FG)	Jennifer Murnane O'Connor (FF) ³
Jennifer Carroll MacNeill (FG)	Fergus O'Dowd (FG)
Matt Carthy (SF)	Louise O'Reilly (SF)
Michael Collins (RI)	Pádraig O'Sullivan (FF) ³
David Cullinane (SF)	Matt Shanahan (R)
Cormac Devlin (FF) ³	Roisin Shortall (SD)
Pearse Doherty (SF)	Brid Smith (SPBP)
Neasa Hourigan (GP) ⁴	Duncan Smith (Lab)
Paul McAuliffe (FF) ³	

Notes:

1. Deputies appointed by Order of the Dáil of 7 May 2020.
2. Chairman elected at Committee meeting of 12 May 2020.
3. Deputies Cormac Devlin, Jennifer Murnane O'Connor, Paul McAuliffe and Pádraig O'Sullivan appointed to Committee by Order of the Dáil on 4 September 2020 in place of Deputies Mary Butler, Stephen Donnelly, Norma Foley and John McGuinness.
4. Deputy Neasa Hourigan appointed by Order of the Dáil on 7 September 2020 in place of Deputy Ossian Smyth
5. Deputy Colm Brophy was not discharged from the Committee following his appointment as Minister of State



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