

COVID-19 Resilience & Recovery 2021

The Path Ahead



Rialtas na hÉireann
Government of Ireland

TABLE OF CONTENTS

Executive Summary.....	1
PART 1: LEARNING FROM EXPERIENCE.....	8
1 Public Health Impact & Risk Assessment.....	8
1.1 Learnings to Date.....	8
1.2 New Challenges.....	9
1.3 Public Opinion & Behaviour.....	10
1.4 Measures & Restrictions.....	11
1.5 Vaccination Programme.....	11
1.6 Travel.....	13
PART 2: MANAGING CHALLENGES.....	15
2 Economic Impact Assessment & Response.....	15
2.1 Introduction.....	15
2.2 Supports for Workers.....	16
2.3 Supports for Business.....	17
3 Social Impact Assessment & Response.....	19
3.1 Overview.....	19
3.2 Household Income, Poverty and Debt.....	19
3.3 General Well-being.....	19
3.4 Mental Health.....	20
3.5 Non-COVID19 Health and Social Care.....	21
3.6 Long term Care.....	23
3.7 Policing & Crime.....	23
3.8 Education.....	24
3.9 At Risk Families & Children.....	26
3.10 Gender Impacts.....	27
3.11 Direct Provision.....	27
3.12 Other Public Service Provision.....	27
3.13 Local Communities and Local Delivery.....	28
PART 3: NEXT STEPS & BEYOND.....	29
4 Immediate Next Steps.....	30
4.1 Public Health restrictions.....	30
4.2 Economic Measures.....	35
4.3 Social, & Non-COVID19 Health Measures.....	36
4.4 Making it Happen.....	39
4.5 Remembering and Acknowledging.....	41
4.6 North-South Cooperation.....	42
4.7 International Co-operation.....	42
5 Preparing for the Future.....	44
5.1 Supporting Economic Recovery.....	44
5.2 Ensuring Access to Public Services.....	44
5.3 Future-proofing the Public Health response.....	45

EXECUTIVE SUMMARY

The COVID-19 pandemic has presented unprecedented challenges to the Governments all over the world. In a globalised society, the interconnections and dependencies between countries and regions has never been more evident, both in terms of our interconnectedness as the disease has transmitted around the world and as well as our capacity to influence, support and collaborate with one another to try to suppress it and mitigate its effects. Nevertheless, the pandemic is not over, the disease has continued to evolve and generate new challenges.

PART 1 of the document reviews the learnings from our experience to date in managing our response to COVID-19. It reflects on everything we have learned about this disease both in Ireland and around the world. These learnings must inform our approach over the coming months. We must continue to be agile and flexible in our response while recognising that one year on, imposing and adhering to restrictions places an enormous burden on us all.

It sets out on the one hand, the experience of recent months shows the impact that novel variants can have on the course of the disease, and how quickly that impact can materialise, while on the other hand our vaccination programme is underway.

What we have learned from the past year is that the coming period will be no different and will bring its own challenges and uncertainties.

PART 2 of the document considers the enormous impacts our efforts to manage and suppress the disease have had on our economy and on our society.

- In terms of the economy, the Government has put in place an extensive range of measures to mitigate the extraordinary economic impact that COVID-19 has had on Ireland. Since March 2020, this has included a wide array of emergency schemes and programmes which have been adapted as the pandemic developed, taking into account the impacts at sectoral level. The Government recognises that this will have a particular impact on businesses and people. The continued imposition of restrictions will see certain sectors suffer permanent output losses and delayed recovery, the longer restrictions are in place the greater the scarring effects on both workers and businesses. The impact will also be felt in lost or delayed investment, especially in areas like housing, with consequent supply and productivity impacts into the future.
- In terms of the social impacts and impacts on public service provision, the necessary public health measures in place in response to the pandemic have consequential impacts on wellbeing including psychological, emotional and social impacts. Across every area of support (health, social care, education, policing, child and family protection and support, direct provision) and every area of general public service (transport, social protection, immigration, road safety) there have been adaptations and innovations. Changes in service demands and shifts to digital, remote and other virtual arrangements are having a mixed impact on the provision of customer services for businesses and the public alike. In some areas there has been the opportunity to more fully digitise provision and offer virtual and remote services which has improved processing times, reduced the need for multiple engagements and overall streamlined provision. In some areas there have been no negative consequences and, in fact, turn around times have improved and processing queues have shortened. However, backlogs are arising in a wide range of public services, particularly those deemed non-essential and are likely going to give rise to significant pent up demand, unmet need or other challenges.
- The pandemic has also magnified the inequalities experienced by many vulnerable and disadvantaged communities such as the Irish Traveller community, the Roma community, migrants, those who are homeless, those living in Direct Provision and those struggling with addiction. While less affected by the virus itself, the impact of measures to protect society have had an enormous impact on children and young people, especially those that are vulnerable.

- The pandemic has posed particular challenges for all of our citizens in terms of their mental health and wellbeing. There is a high awareness of the impact of reduced social contacts and isolation for everyone across society. Focus has been on supporting people to stay as connected and as healthy as possible, helping to strengthen community and individual resilience, restoring hope that we can and will recover, and make it through this, together. Nevertheless, the Government is acutely aware that the impacts are compounded by the duration of public health measures in place and their continued imposition on people's lives and livelihoods.

PART 3 sets out our approach to the next Phase – how we will apply everything we have learned, everything we know and sets out our path forward.

Objectives

The objectives of this revised plan are as follows:

- To make steady progress, starting with childcare and schools, while avoiding a further wave of disease and re-imposition of restrictions.
- To protect the most vulnerable by an efficient rollout of the vaccination programme.
- To remain vigilant and agile regarding the uncertainties in the face of new variants and to capitalise on emerging evidence on available vaccines.
- To lay the foundations for the full recovery of social life, public services and the economy.

While we have just cause to be hopeful that things will improve over the course of the year, an assessment of the future trajectory of the disease is subject to uncertainties and unknowns in relation to variants and vaccine effectiveness and uptake levels.

For the next two months the immediate measures are intended to ensure we have far more options in the medium to longer term.

Level of Restrictions

Up to 5th April:

- The current Level 5 restrictions will be extended until the 5th of April 2021.
- Subject to continued improvement in the profile of the disease to the end of February:
 - (i) there is scope to facilitate the safe return of in-school education and childcare services but this must be on a cautious and phased basis;
 - (ii) Non-COVID health and social care services will be resumed as quickly as possible, subject to ongoing national risk assessments.

We continue to have an unacceptably high level of disease in the community. It is therefore imperative that we continue to suppress the disease over the coming period, and this will require that all other restrictions remain in place while these services recommence. The lower the disease transmission prior to even a staged re-opening, the greater the chance that we can make sustained progress to the easing of restrictions.

- It is essential that the return of these core public services is not interpreted as a signal of wider reopening and that other forms of interaction or mobility are now acceptable or appropriate.
- Work from home must continue, unless work is an essential health, social care or other essential service or activity¹ that cannot be done from home.
- All efforts should be made to ensure that the return to in-school education and childcare is associated with a minimum level of linked mobility and the avoidance of inter-household mixing, and that all those working from home continue to do so.
- Existing measures of social distancing, handwashing and adherence to the use of facemasks (including in crowded outdoor public places) need to continue to be emphasised as part of consistent and clear

¹ As set out in relevant Regulations

messaging from all sectors in relation to the necessity for continued adherence to public health measures.

It is our sustained effort in all other areas to keep the disease suppressed which will maximise our options for the coming months.

Situation After 5th April

The situation will be subject to ongoing review taking account of the evolving epidemiological situation and available evidence in relation to vaccine deployment, uptake and effectiveness.

However, public health advice is that it is too early to say how and when other restrictions should be eased given current uncertainties.

Government will meet in advance of the 5th of April to review the level of restrictions.

The focus of the assessment, based on the public health advice, will be on achieving the following before any significant easing of measures is contemplated:

1. Disease prevalence (case numbers/incidence) is brought to much lower levels that can be managed and controlled by public health and that the reproduction number ("R" number) is such that we can be confident we can continue to suppress the disease e.g. at or below 1².
2. Hospital and critical care occupancy are reduced to low levels to protect the health service and allow for the safe resumption of non-COVID-19 care.
3. Ongoing and steady progress on the vaccination programme such that the most vulnerable are protected through vaccination.
4. Emerging information on variants of concern.

The intervening time is to allow for a fuller assessment of the status of the disease, including the impact of priority services reopening in the context of the more transmissible variant.

There will also be considerably more data in relation to vaccines which will enable more detailed modelling.

- Any easing of measures should be slow and gradual with sufficient time between phases to assess impact and to respond if the epidemiological situation was to deteriorate.
- It will take account of emerging international and national evidence and experience and with a specific focus on supporting mental health and wellbeing.
- Areas for consideration if the situation improves sufficiently will include:
 - Some easing of restrictions on outdoor activities and meetings beyond 1 other household.
 - Consideration of extending the current 5km limit.
 - Staggered start of easing of other areas of activity with a focus on outdoor activities including sport and some areas of construction.
- Again, the requirement to work from home will continue throughout this period, unless work is an essential health, social care or other essential service or activity³ than cannot be done from home.
- Any further easing of restrictions after 5th April will need a further 3-4 week period to allow for assessment of the impact of changes.

Public Health

- A further strengthening of prevention and intervention measures will be undertaken in respect of public health capacity, public health response in terms of surveillance, track and trace, use of new testing technologies, ventilation and research and innovation.
- A plan in respect of the optimal deployment of Antigen testing will be finalised for the consideration of Government by mid-March.

² NB When cases numbers are below 100, R can be a less reliable measure of disease transmission

³ As set out in relevant Regulations

- Additional advice in respect of ventilation to support other measures will be finalised by end March.

Vaccination Programme

- Government will publish a revised Vaccine Allocation Sequence and Timetable to incorporate the most recent NIAC advice.
- Scaling of the Vaccination Programme will continue to ensure that roll-out is limited only by supply with next phase focusing on vaccination centre logistics, workforce recruitment and deployment and ongoing enhancement of the ICT platform.
- The IT solution which has been developed to provide a vaccine certificate for use in Ireland will be utilised in accordance with any arrangements that may be agreed at EU level.

International Travel

- Further measures to increase public health protections and to deter non-essential travel will continue to be advanced.
- Restrictions on international travel will need to be kept under constant review to ensure travel does not become a weak link in our response as domestic transmission is brought under control.
- Government will continue to balance the imposition of such restrictions, and its impact on morbidity and mortality associated with the disease, with protecting civil liberties.

Economic Measures

- Over the coming period, Government will continue to support workers by:
 - Extending the Employment Wage Subsidy Scheme, currently scheduled to close on 31 March 2021, to 30 June 2021.
 - Extending the Pandemic Unemployment Payment, currently scheduled to close on 31 March 2021, to 30 June 2021 for current recipients, and continue to allow new entrants to join the Payment.
 - Extending the COVID-19 enhanced illness benefit, currently scheduled to end on 31 March 2021, to 30 June 2021.
- In addition, Government will continue to support business by:
 - Extending the COVID Restrictions Support Scheme, scheduled to close on 31 March 2021, to 30 June 2021 and will conduct an economic assessment of the scheme in line with the statutory requirements on the impact, design and sustainability of this important support.
 - Continuing to provide significant supports, through loans, grants, vouchers and support schemes to business affected by the pandemic, and to keep such supports under review as the situation develops.
 - Extending the suspension of redundancy provisions, currently in place to 31 March 2021, to 30 June 2021, in order to help avoid further permanent job losses at a time when approximately 475,000 people are in receipt of the Pandemic Unemployment Payment.
 - Extending the current commercial rates waiver for a further three months for those businesses most seriously affected by the restrictions.

Health Services

- Over the coming weeks, subject to improvement in COVID-19 disease indicators, HSE will seek to reintroduce scheduled clinical services in a prioritised and incremental manner based on clinically determined need.

Wellbeing & Mental Health

- We will continue the Government Wellbeing (Keep Well)/In This Together/Resilience campaign and continue to make information about resources and supports available via gov.ie and a range of other platforms.
- Local Authorities will promote awareness of and participation in local programmes, initiatives and amenities and continue to support the Community Call helpline.

- A programme of "citizen empowerment" wellbeing activities and initiatives will be delivered by Local Authorities with local partners, including activities supporting healthy living, physical activity, community food, creativity, managing chronic diseases and positive ageing.
- Given the importance of being active, particularly outdoors, for physical and mental wellbeing, Healthy Ireland and Sport Ireland will continue to deliver a campaign to promote this over the coming months.
- Auxiliary mental health supports will continue to be offered remotely to ensure those in isolation can access assistance when needed, with access to online information, provision of digital counselling and the roll out of a national 24/7 crisis textline ensured that individuals and families can gain access to supports immediately. An additional €10 million in funding will be made available to meet the increase in demand being experienced

Primary & Post Primary Education

- The staggered opening of schools will continue.
 - 1st March 2021: Special schools to resume 100% attendance. The first four classes at primary level i.e. Junior and Senior infants, First and Second class to return to in-school education. Leaving certificate classes in 6th year post-primary to return to in-school education subject to final agreement.
 - 15th March 2021: Targeted return of 3rd; 4th; 5th and 6th class at primary level. 5th years at post-primary level.
 - 12th April 2021: Term ends on 26th March and schools resume operations on 12th April 2021. Further targeted reopening for 1st to 4th years at post-primary at that point.

Early Years and School Aged Childcare

The staggered resumption of early learning and childcare services will take place over the following phases:

Resumption of the ECCE Programme and return of ECCE-age children from 8 March.

Resumption of all other early learning and childcare services from 29 March.

The resumption of the ECCE Programme from 8 March broadly aligns with the resumption of onsite primary schooling. It is also in line with expectation among providers and offers sufficient time for providers to prepare to reopen.

Local Communities and Local Delivery

- A further Stability Fund top-up of €10 million will be made available to enable continuity of critical service delivery to vulnerable groups.

Whole of Government Response

- Cross-government structures will continue to support, co-ordinate and implement the measures set out in the revised plan.
- Each Government Department will prepare an action plan in respect of civil and public service delivery for their sectors to mitigate backlogs and anticipate pent up demand or unmet need arising from restrictions.
- Senior Management across Government Departments will review system-wide opportunities for the mainstreaming of innovative practices including in respect of digital delivery.
- Senior Management in the relevant Departments will also examine the potential to apply lessons from "community call" and other Local Authority initiatives to assess how to further foster and mainstream collaborative policy development and delivery models developed over the course of the pandemic.

Compliance

An Garda Síochána

- Over the coming period An Garda Síochána will be continuing high visibility patrols and checkpoints at public amenities and working to encourage compliance with travel restrictions.
- In addition, and on foot of the new provisions of SI 44 of 2021 concerning PCR tests and mandatory self-quarantine, An Garda Síochána will be carrying out spot checks nationally to confirm that relevant travellers are quarantining and that where a person has been required to carry out a PCR test following arrival that they have in fact done so.

Regulators

- A refreshed communications campaign on compliance with the Work Safely Protocol will shortly be launched in cooperation with trade unions and employers.
- Work will continue with LEEF to consider mechanisms/approaches to ensure employees are supported, empowered and obliged to take time off work, with a specific focus on younger age cohorts.
- The Regulators Forum will continue to meet in the weeks ahead to support its members in their work and identify scope for improving compliance.

Communications

- A fully integrated approach to communications will continue with a focus on public health advice to avoid transmission and the vaccination programme.
- The Government is committed to evidence-based decision-making and the findings of the new SAM study are already providing valuable insights. The data analysis and insights will be continually updated to inform COVID-19 policy decisions.
- Ongoing understanding of public opinion and sentiment regarding the vaccines will continue and the findings will be made available.

Remembering and Acknowledging

- Work will continue to consider how best to remember and acknowledge what we have been through will continue to identify the time and manner to fully and properly deal with grief and use reflections to guide future policy choices.

North-South Co-operation

- Government will continue to engage with its counterparts in the Northern Ireland Executive and the CMO and the Department of Health will work closely with their counterparts in the context of the Memorandum of Understanding.

International Co-operation

- Looking ahead, the Government will continue to balance carefully the longer term needs of Irish society and economy with the continuing public health concerns arising from COVID-19, including from new variants of concern.
- Government will continue to participate in EU-wide measures to approve, procure and distribute vaccines as quickly and effectively as possible. We will also contribute to the growing debate about how to ensure fair and effective access to vaccines by all countries, including in particular less-developed countries.

Preparing for the Future

Finally, we must continue to plan for the future, to plot our way forward to full recovery, economically and socially; as well as build for future resilience within our public health systems.

As the virus is effectively brought under control, we will need to move away from current emergency economic supports, given the scale of fiscal costs involved, and plan for economic recovery by helping people return to work, supporting worst affected sectors and investing in areas of future growth.

The rapid adaption of public services to the circumstances presented by the pandemic and restrictions imposed has had both negative and positive impacts on access to public services. We are already planning how to manage and mitigate the risks arising from the pandemic and associated restrictions.

Future-proofing of our public health system for future pandemics will also need to be part of that response as well as continuing to build health system resilience in line with Sláintecare.

PART 1: LEARNING FROM EXPERIENCE

1 PUBLIC HEALTH IMPACT & RISK ASSESSMENT

1.1 LEARNINGS TO DATE

Ireland has now experienced three waves of high transmission of COVID-19.

There has been an enormous amount of learning over the last year and these learnings must inform our approach over the coming months.

Need for agility and flexibility: We now have significant knowledge and understanding of how to respond to this virus. The nature of the pandemic continues to evolve however, and uncertainty is its hallmark. There is much we don't know, and decisions are taken on the basis of the best available knowledge, understanding and evidence. We know from past experience that we cannot predict with certainty the future trajectory of the disease and while we must apply our learnings, we must also continue to ensure our response is agile and flexible.

Response should continue to be public health-led, risk-based and evidence informed: The protection of public health will continue to be the overarching consideration of our approach. Decision-making will continue to be informed by data and evidence, assessment of risk, multi-disciplinary expertise and international guidance and guided by ethical principles.

Solidarity is critical: Solidarity has been the cornerstone of our national response to the pandemic. There has been a continuous high level of cooperation with and support for public health measures on an individual and collective basis. There has also been unprecedented cross society, cross sectoral and cross community cooperation with a multitude of initiatives developed at pace to support the national response. This has underlined the importance of Government, the public sector, voluntary and private sectors, and the public acting in unison to minimise the spread of the virus as part of a collective societal effort.

No one measure/approach is a panacea: There is no silver bullet in the pandemic response and there is no single intervention that is perfect at preventing the spread of the virus. A combination of interventions will continue to be necessary in the months ahead to maximise risk reduction. The more layers of interventions we have, the more protection we will have.

The virus affects us all, but it does not affect us all equally: As we enter the second year of our response to COVID-19 we must listen to those groups most seriously affected by the pandemic. The voices of these people and their advocates are not always easily heard but we must work to ensure we understand how they have been impacted and how our response can continue to be tailored to ensure these groups are both supported and protected from harm. We must continue to do all that we can to ensure an appropriate balance between minimising the harm caused by the virus and that caused by our response.

The disease is difficult to control if not aggressively and proactively suppressed: Our experience to date, has highlighted the difficulty of effectively arresting and reversing the trajectory of the disease and preventing transmission to vulnerable groups once community transmission becomes widespread. At high levels of transmission, testing and contact tracing simply cannot contain the disease, and more blunt population-wide measures become necessary. We have also learned that it is extremely difficult to maintain incidence at moderate levels. Experience shows it can accelerate quickly if it is not aggressively and proactively suppressed. The importance of keeping case numbers low and taking early, proactive action if the profile of the disease deteriorates significantly cannot be overstated.

There is a better understanding of higher-risk environments: There is a growing body of evidence on the activities or settings associated with a higher risk of SARS-CoV-2 transmission. In particular, there is evidence in relation to the higher risk associated with indoor environments due to the increased likelihood

of crowded spaces, prolonged and intense contact with others, poor ventilation, and noise levels, and the higher risk associated with certain activities including dining, drinking, exercising, singing or shouting. While outdoor activities are safer, the risks are higher when there are large gatherings, limited social distancing, dense congregation, mixing among groups, and communal travelling to activities. There is also a much greater awareness of the role that superspreading events have (events where there are groups of people from different households in close proximity), with some studies estimating that approximately 20% of COVID-19 cases seed 80% of all local transmission.

Importance of a healthy population: The COVID-19 pandemic has reminded us of the importance of health. At an individual level we have taken measures throughout the year to protect our own health and that of others, while at a societal level we have been reminded of the influence health has on our overall economic and social progress. This renewed focus on health outcomes, the health and wellbeing of the population, the need to address risk factors and on the wider determinants of health should be harnessed and built on.

Complementary Testing Technologies: The HSE has already validated use of rapid antigen detection tests for specific indications in the acute hospital setting and outbreak response in the community, supported by appropriate operational and clinical governance arrangements. These tests have been made available for use by the acute hospital system and plans for deployment as part of outbreak response in the community are currently being progressed by the HSE. Independent field validation of tests by the HSE group is ongoing across a range of other settings. Consideration is also being given to the use of rapid tests in asymptomatic community populations and further expert advice is expected shortly to inform us further on the potential of these testing technologies.

Research and Innovation: Research and innovation have been crucial in informing and shaping Ireland's public health and policy response to COVID-19. Research agencies from across multiple Government departments re-allocated and prioritised existing funds, delivering 'rapid-response' funding calls with remarkable speed and agility and with a highly coordinated and solution-focused approach.

1.2 NEW CHALLENGES

We have faced considerable challenges throughout each phase of this pandemic to date, and the coming period will be no different and will bring new challenges and uncertainties.

Adherence to measures: The experience of the last year has been challenging for everyone. Nevertheless, adherence to public health advice remains high and there are continuing high levels of support for measures aimed at suppressing the disease. However, recent research shows a complex balance between COVID-19 fatigue and resilience is emerging. High ongoing levels of pandemic fatigue, could adversely affect continued population acceptance of and compliance with the non-pharmaceutical interventions. There is a further risk that vaccinated cohorts will be less likely to adhere to public health measures.

Variants: Experience of recent months shows the impact that novel variants can have on the course of the disease, and how quickly that impact can materialise.

The B.1.1.7 variant has quickly become the dominant strain in Ireland and in its latest Risk Assessment, ECDC report that several studies show that it is more transmissible than the previously circulating strains of SARS-CoV-2. Attack rates are between 10-55% higher across most age groups when the case is infected with the B.1.1.7 variant. The ECDC also report that there is a realistic possibility that this variant is associated with increased risk of hospitalisation and death compared to non-B.1.1.7 cases.

The ECDC report that the B.1.351 variant is also associated with increased transmissibility and evidence suggests that there may be some reduced effectiveness for some of the COVID-19 vaccines for this variant.

It is certain that the virus will continue to evolve, and further mutations will emerge. What isn't clear is how these variants will impact on transmissibility, severity of infection and on the effectiveness of vaccines. These uncertainties heighten the difficulty in predicting the future trajectory of the disease and underscore

the necessity for a reactive and timely local public health response, a strong surveillance system and robust international travel measures.

Vaccine supply: The pace at which vaccines have been developed is unparalleled. As part of its membership of the EU, Ireland now has access to three vaccines that have already been authorised and has access to a further three prospective vaccines. There will inevitably be continuing uncertainty in relation to vaccine supply in the initial months of the year as manufacturing capacity ramps up, with a different challenge likely later in the year as vaccines become more available and a robust and comprehensive logistical operation will be required to manage the supply, storage and distribution of vaccines in a timely manner.

Vaccine effectiveness: Data continues to emerge on a weekly basis in terms of the safety and efficacy of COVID-19 vaccines. While the data gives considerable confidence in relation to effectiveness in reducing severe infections, hospitalisation and mortality, it will take time before there can be any certainty in relation to the impact on transmission and length of immunity.

Vaccine Uptake: As with all aspects of COVID-19 to date, the public response and support for the vaccination programme has been extremely positive. Uptake rates in those that have already been offered the vaccine are reported as high and most recent research undertaken by the Department of Health indicates that 86% of people will definitely or probably take the vaccine. It will be important that this support for vaccination continues even as transmission levels decrease and as pressure on the hospital system abates.

Autumn/Winter 2021/2022: The expectation is that a significant majority of the population will be vaccinated by next Autumn/Winter. Nevertheless, there are real risks that we may face the same challenges in controlling COVID-19 and protecting our health service as we did during this winter for a number of reasons: (1) the currently unknown impact of vaccines on transmission and the impact that variants may have remains uncertain, (2) opportunities for transmission increase during winter months when people are closer together indoors in poorly ventilated spaces, (3) if the same level of social distancing measures are not in place, other respiratory infections will be in greater circulation, potentially placing a double pressure on the health service, and (4) growing levels of fatigue with public health measures and consequent lower levels of adherence.

1.3 PUBLIC OPINION & BEHAVIOUR

During November the percentage of people believing the Government's response in terms of restrictions was too extreme peaked at 17% although it never exceeded the proportion who believed response at the time was insufficient. This broadly aligns with CSO survey results in November, which found 21% of people were unlikely or very unlikely to comply with restrictions that would have prevented them from seeing family at Christmas.

The most recent public opinion research indicates that the proportion of the population that think the Government reaction to COVID-19 is appropriate has reduced with 44% reporting that the current Government response is appropriate and 40% saying it is insufficient. 39% believe we are trying to return to normal at about the right pace, with 31% reporting that it is too quick and 31% reporting it is too slow. It should be noted that these findings may be influenced by views in relation to travel measures.

Our behaviour remains the best defence against contracting and spreading COVID-19. The Government has launched the Social Activity Measure (SAM), in conjunction with the Economic and Social Research Institute. SAM is an anonymous, interactive, online study that surveys people about their recent activity and will run alongside other research activity, including the Amárach public opinion survey and data analytics activities (e.g. mobility, footfall, and spending data). Supplementing these, SAM now gives us insights into the locations people visit, whether they have visitors to their homes, how many other people they meet, how easy it is to maintain a safe distance, whether hand sanitiser and face masks are used etc. This allows us to understand not just people's attitudes but also their behaviour.

For example (at present)

- People overestimate how much others are socialising. Despite **low** overall rates of socialising, people think others are socialising more than they are.
- The **minority** of people who are socialising the most (having met three or more others in the past 2 days) mistakenly believe their behaviour reflects the norm.
- Although people find the restrictions tiresome, most remain very worried about the virus.
- Fatigue with restrictions is not presently linked to engaging in more social activity.
- A large majority believe that preventing the spread of the virus is more important than the burden of lockdown and few expect much easing of restrictions.
- A minority of people have had close contacts with others.
- Of the small number of close contact interactions that are occurring, most take place in workplaces with a minority occurring during home visits.
- Essential workers were more likely to have had a close contact at work than non-essential workers, but most were wearing masks at the time.
- In contrast, masks were seldom worn during the small number of close contact interactions at home.

Overall, SAM suggests that a large majority of people think that preventing the spread of disease is at least as or more important than the burden of restrictions.

1.4 MEASURES & RESTRICTIONS

Since September 2020, the Government has been applying restrictions in line with the Framework for Restrictive Measures contained in the Resilience and Recovery 2020-2021, Plan for Living with COVID19. The plan was developed with regard to the knowledge, at that time, of the impact of measures on patterns of transmission of COVID-19, the known areas/activities of highest risk, the unknown date for the development of the vaccine, no evidence of so-called “variants of concern”; and an evolving approach to travel at European and international level.

Over the period, the discretionary aspects of the plan have tended towards the more restrictive, relying on the public health advice and responding to the best understanding of how disease spread was happening in the Irish context.

Public Health advice is clear that the Framework continues to provide an appropriate mechanism to guide decision-making, but experience over the last number of months has underlined the importance of it continuing to be applied in a flexible manner, adapting measures to address the public health risk at a given time in addition to any specific contextual considerations.

1.5 VACCINATION PROGRAMME

1.5.1 Overview

In November 2020 the Government established the COVID-19 High Level [Taskforce](#) to support the Department of Health and the Health Service Executive in developing a strategy and implementation plan, provide strategic inputs to, and to monitor the roll-out of a highly efficient and agile national COVID-19 immunisation programme that plays a central role in Ireland’s exit from the pandemic.

The Government approved the National COVID-19 Vaccination Programme [Strategy](#) on 15 December 2020 and an update on the Implementation Plan was provided on 18 January 2021.

The Irish COVID-19 Vaccination Programme is designed to ‘ensure the safe, effective and efficient administration of a COVID-19 vaccine to the whole of the population for whom it is indicated and wish to receive it. The vaccination will be free at the point of delivery’.

The High-Level Taskforce continues to support the Department of Health and the HSE and their teams through the COVID-19 vaccination programme. These are the same teams who have been asked to respond to the pandemic, implement testing, contact tracing, and public health policies and measures to prevent the spread of the virus.

1.5.2 Update on Implementation of Vaccination Programme

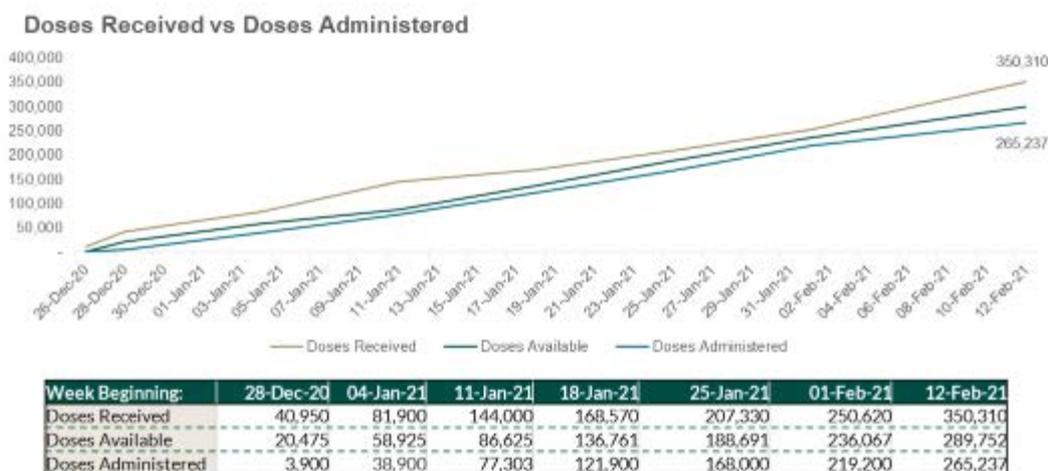
Given that vaccine supplies were initially going to be limited, a number of groups were prioritised for receipt of vaccine on the basis of the epidemiology of COVID-19, preliminary information on vaccines, and in line with the ethical principles set out in the Department of Health Allocation Framework for Equitable Access to COVID-19 Vaccine(s).

Ireland's vaccination programme began on 29th December 2020 with the initial rollout focusing on healthcare workers in frontline services and the 65 and older residents and staff in long term residential care facilities in line with the COVID-19 Vaccine Allocation Strategy and guidance received from NIAC in the early days of roll-out.

GPs and Practice Nurses, as key frontline healthcare staff and vaccinators, received their first dose of the vaccine by the 14th February. This allowed the roll-out to commence with those aged 85+ years on week commencing the 15th February. This will be followed by 80-84 years, 75-79 years and then 70-74 years.

The roll-out plan for all population groups remains subject to change to reflect any future recommendations by NIAC. The roll-out plan continues to be highly dependent on vaccine delivery, the approval of additional vaccine candidates by the European Medicines Agency and supply arrangements for these as they become known.

Notwithstanding these dependencies, Ireland is progressing well with the vaccination programme in line with other EU members states, with 6% of the identified population to receive a vaccine having received a first dose and 3.4% of that population fully vaccinated so far. All approved vaccines (Pfizer-BioNTech, Moderna, AstraZeneca) are being administered very quickly after their arrival in the country. Buffer stocks are being managed to protect against any supply disruption and to guarantee a second dose to complete vaccinations. As of the 19th of February, the total number of doses administered is 340,704 and the number of fully vaccinated people (i.e. who have received two doses) is 126,320.



22/02/21 **Note:** Doses Available is equal to the Doses Received minus the buffer stock.

2

1.5.3 Managing Uncertainty and Meeting Challenges to Date

It is important to note that since commencing the logistical element of the vaccination programme the national effort has encountered some 17 supply changes which have changed the original plans. The COVID-19 programme is designed to be agile and flexible to deal with the many situations that arise beyond our control.

Nevertheless, it must be acknowledged that it is arguably the most complex logistical effort in the history of the state requiring a united effort across a range of organisations towards the common objective that is *'to build on the public health response to COVID-19 to date through the efficient provision of safe and effective vaccines to the population and, in doing so, to reduce serious illness and death as a consequence of COVID-19.'*

Just under 4 times as many doses of COVID-19 vaccines will have to be administered as were administered during the latest winter flu programme and that achieved the highest uptake in recent times. The Government's goal is to vaccinate as many people over 18 years of age as possible as soon as possible and as vaccines become available.

Even as we take on the huge challenge of vaccine distribution and administration, there are still a considerable number of challenges facing the roll-out of the COVID-19 vaccination programme. These include manufacturers meeting safety, quality and yield production targets, timing of approval by Regulators, the emergence of COVID-19 variants and how this may alter effectiveness of current vaccines within the portfolio and lastly predictable volumes and stable supply reaching Ireland. Government, therefore, considers it important that Ireland opts-in to additional vaccine contracts and has agreed to purchase almost 17.4 million vaccines across the full portfolio to date.

1.5.4 Workforce

The early stages of the programme leveraged the use of vaccinators drawn largely from the existing community-based and hospital-based peer vaccinator teams and more recently using the GP network as the programme expanded into the wider community beginning with those over 70 years. A COVID-19 vaccinator training programme, involving catalogues, resources packs and a webinar series, has also been developed for the COVID-19 Vaccines and rolled out to vaccinators involved in the programme to date. It aims to develop, maintain and update the skills to safely give COVID-19 vaccines. There are 7,426 vaccinators trained (as of 17/2/21)

1.5.5 ICT

The ICT requirements of the vaccination programme are being sourced, purchased, implemented and integrated into the HSE ICT infrastructure. The programme is currently deploying an end-to-end, comprehensive digital solution to underpin and support the delivery of the vaccination programme. This will allow the ability to share information, gather data in near real/time, allow aggregation and analysis for policymakers and operations teams, and provide reliable information to the public about what's happening across the vaccination programme.

In addition to providing a vaccine record, the HSE and the OGCIO have developed an IT solution that can provide a vaccine certificate either for use in Ireland or in accordance with any arrangements that may be agreed at EU level.

The COVAX Vaccine Information System was deployed on the 27 December 2020 and has to-date successfully recorded the administration of dose 1 and dose 2 vaccines across acute hospital, Long-Term Residential Care settings and more recently is being deployed to the GP Network.

1.6 TRAVEL

Emergence of new and more infectious variants of the virus has necessitated intensified safeguards to prevent importation and spread of these variants of concern. In addition to our participation in reviewing and strengthening measures at EU level – covering both travel within the EU and from outside – the Government has taken a series of very significant measures at national level.

On 20 December 2020, when the scale and risk of the new variant identified in Britain became apparent, the Government moved immediately to implement a temporary ban on travel from Britain to Ireland. This ban was extended until further, more detailed, restrictive measures were introduced in January 2021.

Data on passengers arriving into Irish airports and ports shows numbers are less than 5% of normal levels. In recent weeks more than half of arrivals have been Irish residents returning to Ireland, with up

to two thirds of these returning from holidays or visits abroad. Consequently, the range of new measures and restrictions includes actions aimed especially at minimising this non-essential outbound travel, as well as non-essential inbound visits. The purpose of restrictions is

- to limit spread of the disease, given some variants are believed to lead to greater transmissibility meaning the existing regime of restrictions may not be as effective as previously;
- to avoid importation and spread of new variants given concerns that they could have an impact on the effectiveness of the vaccines currently being employed in the Irish population.

Measures implemented recently include:

- Requirement to have a negative/"not detected" pre-departure PCR test taken up to three days before passengers arrive from overseas (initially from specific countries where variants of concern were identified, but later extended to arrivals from all locations);
- Prosecution in the case of arrivals without requisite PCR test result, with conviction leading to up to €2,500 fine and/or up to 6 months sentence;
- Introduction of 14-day mandatory home quarantine for arrivals from overseas, with extremely limited exceptions;
- Ability to exit home quarantine on foot of a negative result from a PCR test taken at least 5 days after arrival, except for arrival from countries of high concern ("Category 2" countries);
- "Category 2" country list expanded to cover 20 countries;
- Visa-free short stay travel from a number of countries, including South Africa and Brazil, suspended;
- Amendment of regulations to ensure that passengers arriving from overseas via Northern Ireland are subject to the same rules (PCR test, quarantine etc.) as those arriving via ports and airports in the State;
- Amendment of regulations to ensure that non-essential overseas travel is an offence;
- Fixed notice penalty for non-essential overseas travel increased to €500 (instead of the €100 penalty for breach of domestic travel restrictions);
- Significant Garda enforcement activity, including at and near ports and airports, imposing fines and/or turning back passengers planning non-essential travel abroad.

PART 2: MANAGING CHALLENGES

2 ECONOMIC IMPACT ASSESSMENT & RESPONSE

2.1 INTRODUCTION

The Government has put in place an extensive range of measures to mitigate the extraordinary economic impact that COVID-19 has had on Ireland. Since March 2020, this has included a wide array of emergency schemes and programmes which have been adapted as the pandemic developed, taking into account the impacts at sectoral level.

The full range of tools at the Government's disposal has been used, including income supports, grants, reliefs, taxation measures, and loan guarantees, so as to protect workers and their incomes, and support businesses through the pandemic. This pro-active, counter-cyclical support has been possible because of the prudent management of the public finances in the pre-COVID-19 years. Significant debt forbearance has also been provided by the banking sector for both business and household borrowings.

The enormous scale of Government intervention has prevented even larger declines in economic activity, even higher rates of unemployment, and even more rapid rate of firm-exit.

In providing this support, Government has laid the foundations for a swifter recovery, by ensuring businesses can survive, and jobs can be retained.

In 2020, Government provided nearly €16.8 billion in direct expenditure interventions in response to the impacts of the pandemic, across supports such as the Pandemic Unemployment Payment (PUP), the Employment Wage Subsidy Scheme (EWSS) and the Temporary Wage Subsidy Scheme (TWSS), and the COVID Restrictions Support Scheme (CRSS). This is in addition to various tax measures introduced such as warehousing of tax liabilities. This was the major factor contributing to a General Government deficit of €19 billion in 2020.

In Budget 2021 provision for a further €12 billion in expenditure was made in respect of COVID-19. This includes €3.4 billion as part of a Recovery Fund and a further €2 billion as Contingency. Budget 2021 projected a further deficit of €20.5 billion. Clearly this exceptional level of borrowing will not be sustainable into the medium term.

With the continuation of current lockdown restrictions, required to suppress COVID-19, the economic outlook for the first half of 2021 has worsened. The Government recognises that this will have a particular impact on businesses and people. The continued imposition of restrictions will see certain sectors suffer permanent output losses and delayed recovery. The longer restrictions are in place the greater the scarring effects on both workers and businesses. The impact will also be felt in lost or delayed investment, especially in areas like housing, with consequent supply and productivity impacts into the future.

Despite the level of cost, the Government can and will continue to provide extensive and necessary supports to our people and our businesses. In doing so, it recognises that this is expected to absorb most of the contingency funding provided in Budget 2021 and a clear trajectory to reduce this level of spending will be necessary as soon as we enter the recovery phase.

From a fiscal sustainability perspective, the vast majority of these measures involve additional expenditure – the domestic tax base is not sufficient to cope with this amount of spending beyond the very short-term. In order to ensure fiscal sustainability, therefore, it will be necessary to roll back these temporary expenditure measures once vaccine rollout has progressed and the economy re-opened. The fact the Irish debt is amongst the highest in the developed world (per cent of GNI*, or on a per capita basis) is another reason why fiscal sustainability will have to be addressed sooner rather than later. Pre-existing fiscal challenges – an ageing population and the need to finance the transition to carbon neutrality – must also be borne in mind.

From an economic perspective, it is also worth highlighting that generalised (rather than targeted supports) hamper the necessary reallocation process (firms and workers need to transition from declining to expanding sectors) and distort work incentives. This means that once the economy has re-opened, supports must become more targeted (also taking into account the fact that household income has actually increased during the pandemic due to transfers from the general government sector).

2.2 SUPPORTS FOR WORKERS

COVID-19 has had an extraordinary impact on the labour market, with unemployment rising from 5.1% in January 2020 to a COVID-19 adjusted rate of 25% in January 2021. Just over 1 million of the country's labour force are currently on a form of state income support.

Central to the Government's response has been the provision of direct grant support to businesses impacted by the pandemic to retain jobs and employment, maintaining the link between employer and employee. This support was first provided through the Temporary Wage Subsidy Scheme, which ran from March to August 2020 at a total cost of €2.85 billion, and then, from September 2020, through the Employment Wage Subsidy Scheme, at a total cost of approximately €2 billion to date.

In January 2021, subsidies were provided through the Employment Wage Subsidy Scheme to over 36,500 employers in support of over 350,000 jobs.

In addition, Government moved swiftly to make available the Pandemic Unemployment Payment, as an emergency support, for workers, including the self-employed, who have lost their jobs as a result of the pandemic. This has cost approximately €5.9 billion so far.

At present, just under 475,000 people are in receipt of the Pandemic Unemployment Payment, a rise of approximately 200,000, since mid-December 2020. As it has throughout the pandemic, the number of recipients of the payment has reflected restriction levels in place on the economy. The imposition of restrictions in December saw a significant rise in recipients, in particular from the wholesale and retail trade, accommodation and food services sector, and construction - these three sectors now accounting for approximately 50% of total PUP claims. Those in receipt of PUP are in addition to approximately 190,000 people on the Live Register.

While many have relied on the valuable support of the Pandemic Unemployment Payment for short periods, a significant number of those in recipient of payment have done so for the duration of the pandemic, with approximately 115,000 people in receipt for 42 weeks or more – as we enter in a recovery phase with the lifting of restrictions, these workers will require particular support. As of 23 February 2021, the current breakdown of PUP by sector is as follows:

Industrial Sector	Number	Share
Accommodation & food service	110,697	23.4%
Wholesale & retail	75,196	15.9%
Construction	61,077	12.9%
Administrative & support service	41,210	8.7%
Other e.g. Personal services	35,618	7.5%
Manufacturing	26,618	5.6%
Professional, scientific & tech.	16,558	3.5%
Transport	13,350	2.8%
Arts, entertainment & recreation	13,005	2.7%
Education	14,662	3.1%
Human health and social work	14,488	3.1%
Unclassified or unknown	10,997	2.3%
Financial & insurance	8,731	1.8%
Information & communications	8,513	1.8%
Public administration	7,824	1.7%
Agriculture	6,918	1.5%
Real Estate activities	6,320	1.3%

Energy, water & waste mgt.	1,631	0.3%
Total	473,413	100.0%

The Government has also provided the COVID-19 enhanced illness benefit, to both employees and the self-employed, who are told to self-isolate, restrict their movements or are diagnosed with COVID-19. To date over 130,000 people have benefited from this support.

2.3 SUPPORTS FOR BUSINESS

An unprecedented range of loans, grants, vouchers and other support schemes to support businesses impacted by the pandemic has been provided by Government. This has included schemes such as the COVID Restrictions Support Scheme (CRSS); the €2 billion Pandemic Stabilisation and Recovery Fund; the SBCI Working Capital Loan Scheme, the Restart Grant and Future Growth Loan Scheme; COVID-19 Business Loans from Microfinance Ireland; Enterprise Ireland's Sustaining Enterprise Fund; supports to assist business to trade online; and the warehousing of tax liabilities. Extensive commercial rates waivers have also been provided through Local Authorities.

As it has throughout the pandemic, Government continues to review supports in place and to respond further as necessary. This has included the recent decisions to introduce a new support scheme for businesses not eligible for CRSS, the COVID Business Aid Scheme (CBAS), and the provision of further funding to the Sustaining Enterprise Fund. A new €55 million Tourism Business Continuity Scheme has also recently been launched.

So as to ensure that permanent job losses and insolvency situations were avoided to the greatest extent possible, in March 2020, Government also took the decision to temporarily suspend an employee's entitlement to claim redundancy from their employer following certain periods of lay-off or short time work. This suspension is currently in place to 31 March 2021.

Value of Enterprise Supports Announced to Date

Enterprise Support	Support Type	Support Made Available
Tax deferral	Deferral	2,000
Pandemic Stabilisation and Recovery Fund	Investment	2,000
COVID-19 Credit Guarantee Scheme	Loan	2,000
Commercial Rates Waiver	Waiver	1,060
SBCI Future Growth Loan Scheme ⁴	Loan	800
Restart Grant	Grant	652
SBCI Working Capital Loan Scheme	Loan	425
Covid Restriction Support Scheme ⁵	Payment	308
Sustaining Enterprise Scheme	Loan/Non-repayable grant	200
Sporting Bodies	Grant	85
Arts Council	Additional Funding	77
Covid Business Aid Scheme	Grant	60
Live Entertainment Schemes	Payment	55
Tourism Business Continuity Scheme	Payment	55
MicroFinance Ireland Covid Loans	Loan	40
Covid-19 Life Sciences Products Scheme	Grant	38
Trading Online Voucher Scheme (LEOs)	Grant	37
Business Continuity Vouchers (LEOs)	Grant	27
Fáilte Ireland Business Adaptation fund	Grant	26
Audio-visual sector supports	Funding	23
Enterprise Ireland Online Retail Scheme	Grant	15
Údarás na Gaeltachta	Additional Funding	15
Enterprise Centres Scheme	Grant	12
Coach Tour Operators Fund	Grant	10
Covid-19 Business Financial Planning Grant	Grant	5
InterTrade Ireland Supports (E-Merge and Emergency Business Solutions)	Grant	4
Total Value		€9.9bn

⁴ In addition, €300m was already **available** pre-COVID19

⁵ No expenditure allocation has been signalled. This figure is based on the amount that has been given out in support as of 11/02/2021

3 SOCIAL IMPACT ASSESSMENT & RESPONSE

3.1 OVERVIEW

The necessary public health measures in place in response to the pandemic have consequential impacts on wellbeing including psychological, emotional and social impacts. We are acutely aware that the impacts are compounded by the duration of public health measures in place and their continued imposition on people's lives and livelihoods.

The pandemic has also magnified the inequalities experienced by many vulnerable and disadvantaged communities such as the Irish Traveller community, the Roma community, migrants, those who are homeless, those living in Direct Provision and those struggling with addiction. While less affected by the virus itself, the impact of measures to protect society have had an enormous impact on children and young people, especially those that are vulnerable.

The pandemic has negatively affected both men and women albeit in different ways.

It is not possible to give an exhaustive account here of the challenges and the policy and service responses which have been implemented over the last year. Many of the measures put in place are documented in previous reports on the social impact of the pandemic on the population. However, the following areas are worthy of explicit mention in respect of the greatest vulnerabilities which the virus and the restrictions imposed has exposed.

3.2 HOUSEHOLD INCOME, POVERTY AND DEBT

The Government's approach to date utilised the social protection system for supporting those on low-incomes and cushioning the impact of the unemployment shock related to the pandemic. While many households have seen a drop in income due to pandemic related unemployment, the effect has been softened by the PUP supports and also by a reduction in household expenditure (primarily as a result of the pandemic-related restrictions).

However, as restrictions continue, the burden on households continues – particularly those households whose previous income exceeded the level of replacement of the income supports. This is likely to lead to burden of debt in certain cohorts which will likely be seen.

in mortgage arrears and other loan impairments.

3.3 GENERAL WELL-BEING

The pandemic has posed particular challenges for all of our citizens in terms of their mental health and wellbeing. There is a high awareness of the impact of reduced social contacts and isolation for everyone across society. Focus has been on supporting people to stay as connected and as healthy as possible, helping to strengthen community and individual resilience, restoring hope that we can and will recover, and make it through this, together.

- The lack of sporting activities is having an impact on our collective wellbeing, including our physical and mental wellbeing. It is worth highlighting that these restrictions have greater impacts on some individuals and communities than others.
- The wellbeing dividends of engagement in cultural and creative activity are also well documented, particularly for younger and older people. While efforts have been made to move opportunities online, it is clear that there is a deficit in participation which may have longer-term impacts.
- The opportunity to gather in religious settings is also very important to many people and the absence of these collective gatherings for regular services or specific ceremonies is important to the wellbeing of people of faith.

As part of our response to these challenges, we have provided guidance and support for people to manage both their physical and mental wellbeing, through public health information campaigns, such as

our In This Together Campaign, and through information networks including key organisations working with vulnerable people. Following on from the “In This Together”, campaign, in November of last year we launched the “Keep Well” campaign, which is aimed at supporting our citizens through the difficult months ahead.

Significant funds are being invested into this new initiative, with €7 million to support the delivery of a range of actions and support services, which will be rolled out over the coming months. The campaign encourages us all to do something that is good for us each day or week, like going for a walk, connecting safely with friends or family, engaging in a hobby or reaching out for the supports that we may need. By doing so, we will create balance, routine and resilience. The campaign is focussed on five main themes. These are:

Keeping active and being outdoors: Sport Ireland is leading a series of initiatives to support everyone to keep active and to exercise within our own local areas. In addition, sporting organisations and clubs will be invited to develop ways to support local communities within the public health regulations.

Staying connected with people: The Community Call programme was introduced last spring to provide local helplines through Local Authorities for practical supports, information sharing and befriending. As part of the “Keep Well” campaign, this has been expanded to be proactive with outreach to potentially isolated persons as the main aim. Working with partner organisations, including An Garda Síochána, NGOs and Volunteer Ireland, there is a particular emphasis on identifying and supporting those most at risk of isolation. Additional funding has also been provided to provide particular supports to older people, through Alone, and to younger people, through Jigsaw.

Switching off and being creative: Local Authorities and libraries, with advice from Creative Ireland, and working with partners at national and local level, are providing a range of initiatives to support individual and community creativity in the arts, crafting, culture and heritage.

Eating well: Bord Bia is providing information and resources to support healthy eating. A major initiative with GIY (Grow It Yourself) has commenced this spring which will support more people to grow their own food, which will help to forge greater connections between community networks.

Minding your mood. Under this theme, people can access information on where to go if they need support. This is also linked with the local community helpline to ensure that people can access the help they need. The HSE recently launched a series of “Minding Your Wellbeing” online videos, which provides an opportunity for people to learn more about key elements of mental wellbeing such as mindfulness, gratitude, self-care and resilience. Additionally, the Children and Young Peoples’ Services Committees are rolling out supports for children, young people and families.

The HSE’s YourMentalHealth.ie provides information on a range of mental health support options including phone, text and online. Aimed at the wider population, the radio campaign ran on national and regional radio during the month of January, including digital radio stations targeting 15 – 34 year olds. The campaign signposts to the YourMentalHealth Information Line (1800 111 888) and the website. The campaign is also supported through monthly social media and paid search.

The HSE have partnered with SpunOut on a social media campaign to support and encourage 16-24 year olds to reach out and get help if they need it. The HSE also recently supported the National Women’s Council social media campaign in December #NotJustInYourHead aimed to raise awareness for young women’s mental health.

3.4 MENTAL HEALTH

Both the HSE and its NGO partners have been working hard, since the start of the pandemic, to provide a variety of mental and social wellbeing supports and services to its staff and to the many different communities in society.

The approach to date has provided vital support in the short-to-medium term, across four key fronts within the healthcare sector.

- (i) Each CHO mobilised existing support services and rolled out their emergency management psychosocial response plans.
- (ii) Each Hospital Group mobilised their existing support services e.g. psychology departments, medical social work etc, to provide on the ground support to all staff.
- (iii) At community level, to support specific population groups across the full life span, HSE NGO partners have worked hard to both increase their service provision at a national and community level, and to adapt their practices within COVID-19 restrictions. The HSE have actively supported and funded this work e.g. Alone, Jigsaw, Irish Hospice Foundation, Samaritans etc.
- (iv) At a national level, COVID-19 specific psychosocial work focused on several areas including the establishment of the National Psychosocial Response group, enhancement of existing services, development of online services and development of National Model of Care for Talking Therapies.

Current statistics for Mental Services (2020) including General Adult and CAMHS, show an actual decrease in the number of referrals being accepted for mental health services, although the current data did show an increase in the months of November & December 2020.

In addition, access data will need to be considered over time and also in the context of limitations relating to access to face to face services, lockdown periods and school closures. Some service users have been reluctant to attend services and some have opted not to avail of eHealth options. In addition, use of assisted admission increased in 2020 which indicates that service users are presenting with more challenging behaviours. This is also supported by anecdotal observations from clinicians who have noted an increase in acuity in terms of presentation to inpatient services in particular. Capacity to meet the needs of service users has been impacted by the pandemic in both community and inpatient settings. Of note, the HSE is aware that referrals relating to eating disorders particularly in adolescents have increased significantly.

The statistics for online services show real time data, which can be used to determine acuity, current and potential demand:

- Yourmentalhealth.ie had nearly 1.5million visits in 2020, an increase of 69% from 2019, with content specific to minding your mental health during COVID-19 being the most visited.
- Over 2,800 staff signed up for online self-help programs on SilverCloud with high satisfaction ratings, 98% saying the programs were helpful.
- Over 33,000 conversations hosted on text50808, which is now averaging >5,000 conversations per month – presenting themes are anxiety (40%), depression (32%) and suicide/self-harm (20%).
- My Mind have delivered 10,256 free online counselling sessions since June 2020 and Turn2me.ie delivered 5,206 free online counselling sessions in 2020.
- There were over 33,000 mental health service video consultations hosted between Attend Anywhere (16,931) and Blue Eye Direct (13,280) in 2020.
- Usage of the Attend Anywhere platform continues to grow and 7,259 mental health video consultations were hosted in January 2021 alone.

3.5 NON-COVID19 HEALTH AND SOCIAL CARE

HSE have endeavoured to sustain as many critical services including urgent elective, cancer and cardiology services, though a reduction in some non-urgent elective activity has taken place. From 6 January 2021 all adult hospitals ceased non-time dependent work including inpatient, day case and outpatient services. Essential services and urgent time sensitive procedures, including rapid access cancer clinics, continue to be provided. Screening services are continuing with reduced capacity.

COVID-19 and non-COVID-19 care will be run in parallel for some time with resultant impacts on capacity and ways of working. This presents continued challenges in the face of increasing waiting lists across hospital and community services, including the reduction or cessation of supportive services such as respite and day care, as a result of the pandemic. There is also a need to fully resume home support

services as quickly as possible in a safe way and to permanently maximise the delivery of this service to reduce reliance on care in congregated settings. As well as the impact of increased waiting times for care, there may be consequent impacts of reported reductions in numbers of people presenting or people presenting late with serious conditions.

3.5.1 Unscheduled Care and Emergency Department Performance

While there has been a significant reduction in the demand on the health and social care system due to the effective halving of hospitalisations, the system remains under significant pressure during the current wave of COVID-19. The level of hospitalisation at the present time has only just fallen below the previous peak in the first wave of COVID-19.

Nationally, unscheduled care services continue to cope well, however there continues to be some sites that are challenged due to variations in both acute and community step-down capacity. Attendances at ED and admissions through ED remain relatively stable.

The hospital inpatient/daycase waiting list was 9% higher at the end of 2020 than the beginning, the outpatient waiting list 10% higher, and the waiting list for GI scopes was 46% higher with some recovery towards the end of the year.

The number of patients receiving chemotherapy in mid-2020 was at 85% of 2019 activity. While data on the provision of non-COVID-19 care in early 2021 is limited as yet, we know that:

- ✓ More than 400 nurses were redeployed from existing clinical services to COVID-19 related acute hospital services and unscheduled care, with consequent impact on scheduled care
- ✓ Critical care units have been operating at high levels of surge for a prolonged period, and very close to the limits of clinically manageable risk
- ✓ GP e-referrals to rapid access clinics for cancer diagnosis for weeks 2-5 of this year are at approximately 93% of 2020 activity
- ✓ Radiation oncology services in public hospitals are currently operating at approximately 85% of 2019 activity levels
- ✓ A total of 12 organ transplants (from 3 deceased and 1 living donor) have taken place in 2021 up to end January, compared with 27 in the same time period in 2020.

3.5.2 Bed Capacity

The 2021 budget provides for the increase of adult critical care beds from 255 to 321 by end of 2021. This represents a total increase of 66 adult beds. 31 beds opened permanently in 2020 and another 2 opened in January 2021 bringing the total open to 288. This is now a baseline with a further 13 beds scheduled to open in the winter period. The remaining beds will open from Apr-Dec 2021, which will bring the total number of critical beds from 255 to 321.

1,146 acute in-patient beds are funded to open through Winter Plan and NSP 2021. To date an additional 813 beds have opened since January 2020 (includes 6 Mater Acute Stroke Beds). A further 76 will open by the end of March 2021 with the remaining 41 funded Winter Capacity beds to open in Q2 2021. The remaining 222 beds will open by year end 2021.

3.5.3 Private Hospitals

All Private Hospitals have signed up to a 'Safety Net II' Agreement. Commencement notices have issued to all 18 providers and the agreement is active in line with the criteria set out in the Service Level Agreement. The HSE has activated the requirement for 30% of capacity in all providers except for Sports Surgery Clinic, which has been activated at 20% following consultation with the RCSI Hospital Group. The intent is that private hospitals would predominantly be utilised for the provision of unscheduled, urgent and time critical care to NON-COVID patients.

The term of the SLA is 12 months and it provides that the HSE can acquire up to 30% of the capacity of any individual private hospital site in the event that one or more surge events occur during the term. Capacity is defined as the typical staffed medical and surgical inpatient and day case activity levels, to include related theatre, diagnostics and all ancillary support services.

3.5.4 Primary Care & Community Services

Data for 2020 suggest that

- Patient contacts with GPs fell by up to 70% early in the pandemic, recovering as 2020 continued.
- GP out of hours services have experienced a significant increase in consultations in January.
- Community therapy provision fell significantly, due to capacity constraints arising from COVID-19 and the necessary redeployment of staff to support the COVID-19 response – over the year there were nearly 30% fewer physiotherapy sessions provided than originally planned, more than 40% fewer speech and language therapy consultations, and reductions in the provision of psychology and occupational therapy services.
- There has also been widespread disruption to respite and day care services.

Residential and home support services continue to be prioritised and delivered subject to public health advice/IPC management procedures. The availability of staffing to ensure safe delivery of services in this category is a key concern in light of the surge and rate of transmission. Additional guidance is being implemented to support day service provision with services prioritised in particular for people with exceptional needs only, including where there are complex health and social care needs including specific behavioural support requirements. This will be done at CHO level.

To address the current third wave of COVID-19 infections there was a requirement to prioritise the level of services delivered during this period. Building upon the experience from earlier waves of the pandemic, Community Services have developed a prioritisation framework to support local decisions to be made on the basis of service prioritisation. This approach will ensure that services will be focused on identifying and supporting patients who have the greatest need and enabling staff to be deployed where necessary to support these patients.

Where services are curtailed or reduced, this is being done in line with clinical approval, a shared national position and with an appropriate risk assessment and communication with providers, service users and families. It is the intention of Community Services that full services would return as soon as it is safe and practicable to do so. However, given the severity of the third wave of the pandemic Community Services will be negatively impacted in the first quarter of 2021 and beyond. There will be a continued requirement to deliver test and trace programmes and the vaccination programme will need to be resourced across all of 2021. This and the unmet need for services as a result of the pandemic will impact on service ability to meet KPI targets for 2021.

3.6 LONG TERM CARE

A range of public health measures, including community-based infection prevention and control supports, COVID-19 Response Teams, supply of PPE, serial testing and enhanced availability of learning and development resources have played a key role in supporting vulnerable settings, such as nursing homes, disability services and home care.

The challenge of balancing protective health measures and normal living has been particularly important in the context of visitations to long-term residential care settings (LTRC). LTRC visiting guidance has remained under ongoing review throughout the pandemic. In light of the advanced stage of rollout of the COVID-19 vaccine in LTRCs for both residents and staff, a process will be progressed for considering the scope and application of LTRC visiting restrictions in the context of the Framework of Restrictive Measures having regard to international and national evidence, the rollout of the COVID-19 vaccine and the level of disease in the community.

3.7 POLICING & CRIME

One of the key successes for An Garda Síochána during the pandemic has been the enhanced approach taken to Community Engagement. In particular, in respect of more vulnerable people, the approach has been positively commented on by both oversight bodies and the public at large and will continue to inform mainstream community engagement post pandemic. Since the introduction of the current restrictions

there has been a noticeable decrease in most categories of crime, including public order offences. However, some categories have increased including:-

- Domestic abuse
- Controlled drugs
- Weapons and explosive offenses
- Cyber crime/on-line fraud
- Online child abuse and exploitation

As anticipated in line with international experience, AGS has reported an increase of over 20% in domestic violence. Operation Faoiseamh has resulted in a positive response from victims and persons at risk. This level of practice policy has likely had some impact on the recorded increase. Applications for protection orders and interim barring orders have been the same as granted in similar periods in previous years but applications for safety orders and barring orders are significantly down as these are typically granted after full hearings and these are not currently being scheduled.

3.8 EDUCATION

3.8.1 Early Years

The closure of Early Learning and Care (ELC) and School Aged Care (SAC) services over the period 1 March – 29 June 2020 impacted 200,000 children and their families. The latest restrictions introduced in January means more than 100,000 children and families enrolled in these services are not participating at this time. However, services remain open for priority groups (children of essential workers and vulnerable groups).

Since March 2020, Department of Children, Equality, Disability, Integration and Youth (DCEDIY) has attached a range of conditions to funding schemes, including that services make all reasonable effort to engage with children not attending the service. The Department has developed a suite of resources (pre-school hub) for this purpose. This resource is also tailored for use by parents.

Owing to an increase of remote working due to COVID-19, the Department anticipates this may impact on the demand for ELC and SAC. Further parental surveys are planned to explore this.

With current restrictions in place in early learning and childcare services (i.e. the closure of ECCE Programme and all other early learning and children services open only to children of essential workers and vulnerable children), it is estimated that 60k-65k children are eligible to access services at this time. However, the actual take-up of early learning and childcare services at this time is low.

In addition to 1,500 services that only offer the ECCE Programme closed at this time, a further 1,000 remain closed with approval from DCEDIY owing to no demand. Moreover, of the approximate 2,000 early learning and childcare services open at this time, occupancy rates average at 25% with 50% of services at 0-20% occupancy; 37% of services at 21-50% occupancy, 7% of services at 51-70% occupancy, and just 4% of services at occupancy levels above 70%.

3.8.2 Primary and Post-Primary Education

Between 13 March 2020 and 10 February 2021, 3200 primary schools have been closed for a total of 88 school days (13 March to end June 2020 and 6 January to 10 February 2021), which has had an impact on 568,000 pupils, approx. 38,000 teachers, 13,500 SNAs and 6700 ancillary staff (school secretaries, transport escorts, school caretakers).

At post primary level, 800 schools have been closed for a total of 70 school days, (13 March to end May 2020 and 6 January 2021 to 12 February) which has had an impact on 372,000 pupils and approx. 30,000 teachers, 3,500 SNAs and 1440 ancillary staff (school secretaries, transport escorts, caretakers).

Online learning and remote learning options were put in place to address the absence of in-school learning. This has helped to ensure some continuity of teaching and learning across the system. The

impact of prolonged school closures on all learners is a cause of concern. There is some anecdotal evidence of regression arising across all age cohorts and all abilities. This is in line with international evidence which is emerging. Furthermore, school closures have prevented all learners from accessing key protective factors to support their wellbeing, including supportive school structures and routines, and access to services alongside the experiences of belonging, safety and connectedness. Teachers and schools play a key role in terms of pastoral care and support for vulnerable learners or those in unstable living situations.

There are particular concerns in relation to certain categories of learners where the impact of prolonged school closure may be particularly detrimental. These include:

- Learners with special education needs, particularly those attending the 124 special schools in the system;
- Learners from socio-economically disadvantaged backgrounds, including Travellers, those living in direct provision and those experiencing homelessness;
- Learners without access to reliable broadband or digital devices.

For that reasons, there are likely to be implications for services outside the education system, such as Tusla, arising from the prolonged closure of schools. NEPS is also liaising with the Department of Health and CAMHS in relation to the long-term impact on child and adolescent mental health of school closure and the disruption to the usual pattern of in-school teaching and learning.

3.8.3 Leaving Certificate

3.8.3.1 2020

Following an assessment of public health advice regarding COVID-19 and other information, the Government decided to postpone the 2020 Leaving Certificate Examinations and to provide all students with the option of accepting Calculated Grades and/or sitting Leaving Certificate written examinations at a later date. Students who opted to receive Calculated Grades and also to sit the postponed written examinations would be credited with the higher subject grade achieved between the Calculated Grade and the written examination.

The vast majority of 2020 Leaving Certificate students ultimately opted to receive Calculated Grades. This involved the provision by schools of estimated subject percentage marks and class rankings for students, which were subsequently subject to a standardisation process at national level to ensure equity of treatment for candidates. Over 60,000 Leaving Certificate students received their Calculated Grades results on 7 September 2020.

The postponed Leaving Certificate written examinations were held in schools, at evening times and at weekends in November and December 2020. Some 2,155 candidates sat these examinations in one or more subjects, with a total of just under 5,000 subject sittings. Students who sat the written examinations who also opted to receive Calculated Grades were credited with the higher subject grade achieved between the Calculated Grade and the written examination and those students are entitled to receive an improved offer based on the 2020 points for courses and matriculation requirements where appropriate.

3.8.3.2 2021

On 17 February 2021, following a Government decision, Minister for Education confirmed that Leaving Certificate 2021 examinations will proceed and students will also have the alternative option of applying for grades accredited by the State Examinations Commission (SEC), to be known as SEC-Accredited Grades. This decision ensures for every student a method to assess their learning and attainment at the end of their post-primary education and to progress to higher and further education, and the world of work.

Putting in place both the examination and a corresponding measure of SEC-Accredited Grades is essential to ensuring a fair system, having regard to the extraordinary circumstances of the pandemic

and the loss of learning that has occurred for this group of students due to the interruption of in-person teaching and learning during the periods of school closure.

The timetable for the written examinations in June has been published by the State Examinations Commission and arrangements are being advanced for implementation.

Further details and guidance on both processes will be provided to schools and students and publicised widely over the coming weeks, as these become available.

3.8.4 Further & Higher Education

There was a potential impact on admission to higher education, further education, apprenticeships etc. arising from the disruption to the usual timetable for the Leaving Certificate exams in 2020. However, the calculated grades system helped to mitigate this to a large degree and facilitated progression to post-school options as smoothly as possible in Autumn 2020.

However, over the course of the pandemic, a blended model of learning has become the dominant mode of delivery with varying levels of onsite and online delivery aligned to public health advice and to the needs of different disciplines and different learner cohorts. Notwithstanding substantial investment in mitigating measures a number of concerns are now mounting that the mitigating measures being deployed may not be sufficient to fully address the growing gap being created by a lack of access to onsite learning and experience. The window to return to onsite delivery is narrowing for the current academic year.

Specific issues are also presenting for the further education and training (FET) sector including;

- Lack of sufficient digital skills to deal with the move to online teaching and learning.
- Access to I.T. equipment and connectivity issues.
- Provision of vocational, practical and work placement content.
- Exacerbation of disadvantage for marginalised groups.
- Balancing caring or family responsibilities with trying to continue engaging with the learning process.

3.9 AT RISK FAMILIES & CHILDREN

In March 2020, as an immediate response to the COVID-19 pandemic, Tusla prioritised the delivery of essential frontline child protection services, services supporting children in care and Domestic, Sexual and Gender Based Violence (DSGBV) services. This continues to be the case.

Of early concern was the initial significant reduction in referrals to the child protection and welfare system, restricted ability to visit children at home, challenges in maintaining contact between children in care and their families and an anticipated surge in domestic violence related need.

- Following school closure on 12.03.2020, the average number of referrals decreased by 36% to period 13 April 2020.
- Four weeks immediately after restrictions in the summer of 2020, there was an average 13% increase in referrals.

Significant planning and crisis management was used to mitigate some of the attending risks. Tusla staff all across the country engaged and worked in partnership with interagency and community and voluntary organisations to develop innovative and creative ways to deliver services differently in the context of the public health pandemic. However, as geographical areas move to different levels of lockdown, Service Directors are reviewing service delivery on an ongoing basis in line with Government's National framework.

The demand for online services from parents has been very high over the past year, particularly in relation to child mental health.

The majority of youth services nationwide have been impacted by the COVID-19 restrictions. Since funded youth services are primarily targeted at young people deemed to be 'in need' the potential

downstream impacts include adverse mental health outlooks, loss of contact with vulnerable young people with consequences of involvement in drugs, crime, violence and similar activities. Department of Children, Equality, Disability, Integration and Youth has provided additional funding to the youth sector in recognition of these challenges but the strongly articulated view from professionals working in the area is that significantly more resources will be required to properly address these downstream consequences.

Prolonged absence from education and training including sports, is likely to carry special risk for young people at risk of offending. AGS have reported a risk in some anti-social behaviours and are currently examining enhanced community-based responses to emerging issues.

3.10 GENDER IMPACTS

While there have been more cases overall in women (53%), the majority of deaths have been in men (52%). 66% admissions to ICU have been men.

While both men and women have been significantly affected in terms of unemployment by the pandemic, the impact has varied somewhat depending on the sectors under public health restrictions. Under the current level of restrictions there are proportionately more men in receipt of the payment (55%). This is primarily the result of increased flows into the scheme from the construction sector. Men have generally made up a larger percentage of the PUP since it was established, reflecting that men also make up a larger percentage of the labour force (54%). The gender gap of the PUP was at its highest in May 2020, when men made up 57% of recipients. As reopening took place this gap narrowed, with women briefly making up a slightly higher proportion of recipients than men between November and December 2020.

Women have also been disproportionately negatively impacted by the downstream social impacts of the pandemic in a number of complex and inter-related ways. There has been a rise in the crimes of domestic and gender-based violence, the majority of the victims of which are women. 60% of carers, on whom there are particular increased pressures, are women. Over 75% of older persons in long-term residential care aged over 85 are women. The overwhelming majority of healthcare workers (75%) and social and care workers (79%) are women.

3.11 DIRECT PROVISION

Restrictions have impacted the ability to deliver services to residents at centres. Restrictions also affect applicants in similar ways to how they affect the general population such as being unable to practice their faith in communal places of worship, being unable to take part in community related events, sports etc. Some schools have been presented with concerns from boards of management and parent councils seeking to exclude pupils from IPAS centres on the basis of being in higher risk categories.

While many of these social and other impacts are unavoidable, good communication has been found to be key in mitigating some of the negative effects. IPAS is also represented at the European Asylum Support Office working group on Reception matters looking to seek out best practice across the EU in managing the social impact of COVID restrictions on residents. There is also ongoing engagement with UNHCR to identify best international practice in managing reception needs during the pandemic.

3.12 OTHER PUBLIC SERVICE PROVISION

Changes in service demands and shifts to digital, remote and other virtual arrangements are having a mixed impact on the provision of customer services for businesses and the public alike. In some areas there has been the opportunity to more fully digitise provision and offer virtual and remote services which has improved processing times, reduced the need for multiple engagements and overall streamlined provision. In some areas there have been no negative consequences and, in fact, turn around times have improved and processing queues have shortened.

However, backlogs are arising in a wide range of public services, particularly those deemed non-essential and are likely going to give rise to significant pent up demand, unmet need or other challenges.

3.13 LOCAL COMMUNITIES AND LOCAL DELIVERY

3.13.1 Local Authorities

The role of the Local Authorities as a key partner for the planning and delivery of locally tailored responses has been critical during the pandemic. In particular, the community call initiative offers a number of key lessons⁶:

- The more granular and cross-cutting way of identifying the vulnerable and their needs in Community Call delivered better services and highlighted gaps.
- Community Call helped Local Authorities become more connected to communities and this can provide a basis for re-thinking roles and relationships within local areas.
- Changed working practices in, and between, statutory and community and voluntary organisations delivered improved outcomes, and this has important longer-term implications for ways of working and funding.
- Inter-agency structures made a significant difference to the ability to coordinate and deliver rapid responses.
- The community and voluntary sector played a key role in identifying and supporting the vulnerable, and there is a need to look at how such work can be sustained.
- Community Call was able to use and adapt existing administrative and IT systems but has also shown scope for how these could be improved.

Local authorities also contributed to local area plans for economic recovery and public realm measures to support local businesses. More recently, they are engaging with the HSE to consider how local facilities and resources, including staff, can be deployed to support the Vaccination Programme roll-out.

3.13.2 Community and Voluntary Sector

The Community and Voluntary sector has been a vital part of the response to the COVID-19 crisis, providing critical services and supports to vulnerable members of communities in every part of the country. Many of these organisations have seen increased demand for their services at a time when their fundraising and traded income has collapsed due to social restrictions. The Government responded to the short-term funding needs of these organisations in 2020 through the establishment of a Stability Fund for Community and Voluntary organisations (initial €35m, followed by a subsequent top-up allocation of €10m). The aim of this was to provide one-off supports to allow C&V organisations providing critical services to the most vulnerable in society to maintain essential services in the face of funding losses. The use of Dormant Accounts Funding allowed upfront Exchequer costs to be recouped from the Dormant Accounts Fund.

⁶ *Community Call: Learning for the Future*, NESC Secretariat Report No.22, (forthcoming)

PART 3: NEXT STEPS & BEYOND

Objectives

The objectives of this revised plan are as follows:

- To make steady progress, starting with childcare and schools, while avoiding a further wave of disease and re-imposition of restrictions.
- To protect the most vulnerable by an efficient rollout of the vaccination programme.
- To remain vigilant and agile regarding the uncertainties in the face of new variants and to capitalise on emerging evidence on available vaccines.
- To lay the foundations for the full recovery of social life, public services and the economy.

While we have just cause to be hopeful that things will improve over the course of the year, an assessment of the future trajectory of the disease is subject to uncertainties and unknowns in relation to variants and vaccine effectiveness and uptake levels.

For the next two months the immediate measures are intended to ensure we have far more options in the medium to longer term.

4 IMMEDIATE NEXT STEPS

While we have just cause to be hopeful that things will improve over the course of the year, it is simply too early to predict what the future trajectory of the disease will be given all the uncertainties and unknowns in relation to variants and vaccine effectiveness and uptake levels. It is vital that as a population we don't drop our guard and we ensure that our overall approach continues to be one that is cautious and sustainable over the immediate, medium and longer term.

Vaccines will of course play a critical role in protecting the population against COVID-19 and will, hopefully, in time be our primary line of defence. However, it will take time before we have a sufficient level of the population vaccinated. Most recent international guidance from the ECDC and WHO urges caution in relation to the ongoing management of COVID-19 and calls for a continuation of the measures that have been deployed over the last year until incidence levels have been reduced to the lowest levels possible, minimising the opportunities for new variants to emerge, and vaccination has reached a critical mass and has been shown to work. In particular, they highlight the risks associated with new variants.

The immediate measures outlined below, while very limited, are intended to ensure we have far more options in the medium to longer term and we avoid any reversals to higher levels of restrictions to the greatest extent possible.

4.1 PUBLIC HEALTH RESTRICTIONS

4.1.1 Framework of Restrictive Measures contained in the Plan for Living with COVID-19

The Framework has allowed for greater clarity, certainty and consistency in the application of measures and allowed individuals, families, businesses and services to better understand, anticipate and prepare for potential measures.

As advised by public health, the Framework continues to provide an appropriate mechanism to guide decision-making, but experience over the last number of months has underlined the importance of it continuing to be applied in a flexible manner, adapting measures to address the public health risk at a given time in addition to any specific contextual considerations. It will continue to be supplemented by more detailed sectoral guidance in relation to measures that apply at each level of the Framework.

In line with the Framework, the Government approach throughout 2021 will be guided by the following overarching objectives:

- Reduce case numbers to a very low level and keep them low.
- Complete vaccination of all those indicated for and accepting of the vaccine as quickly as possible.
- Continue to protect the most vulnerable to the disease, and priority public services of health and social care, education and childcare.

Up to 5th April:

- **The current Level 5 restrictions will be extended until the 5th of April 2021.**
- **Subject to continued improvement in the profile of the disease to the end of February:**
 - (iii) **there is scope to facilitate the safe return of in-school education and childcare services but this must be on a cautious and phased basis;**
 - (iv) **Non-COVID health and social care services will be resumed as quickly as possible, subject to ongoing national risk assessments.**

We continue to have an unacceptably high level of disease in the community. It is therefore imperative that we continue to suppress the disease over the coming period, and this will require that all other restrictions remain in place while these services recommence. The lower the disease transmission prior to even a staged re-opening, the greater the chance that we can make sustained progress to the easing of restrictions.

- It is essential that the return of these core public services is not interpreted as a signal of wider reopening and that other forms of interaction or mobility are now acceptable or appropriate.
- Work from home must continue, unless work is an essential health, social care or other essential service or activity⁷ that cannot be done from home.
- All efforts should be made to ensure that the return to in-school education and childcare is associated with a minimum level of linked mobility and the avoidance of inter-household mixing.
- Existing measures of social distancing, handwashing and adherence to the use of facemasks (including in crowded outdoor public places) need to continue to be emphasised as part of consistent and clear messaging from all sectors in relation to the necessity for continued adherence to public health measures.

It is our sustained effort in all other areas to keep the disease suppressed which will maximise our options for the coming months.

Situation After 5th April

The situation will be subject to ongoing review taking account of the evolving epidemiological situation and available evidence in relation to vaccine deployment, uptake and effectiveness.

However, public health advice is that it is too early to say how and when other restrictions should be eased given current uncertainties.

Government will meet in advance of the 5th of April to review the level of restrictions.

The focus of the assessment, based on the public health advice, will be on achieving the following before any significant easing of measures is contemplated:

1. Disease prevalence (case numbers/incidence) is brought to much lower levels that can be managed and controlled by public health and that the reproduction number ("R" number) is such that we can be confident we can continue to suppress the disease e.g. at or below 1⁸.
2. Hospital and critical care occupancy are reduced to low levels to protect the health service and allow for the safe resumption of non-COVID-19 care.
3. Ongoing and steady progress on the vaccination programme such that the most vulnerable are protected through vaccination.
4. Emerging information on variants of concern.

The intervening time is to allow for a fuller assessment of the status of the disease, including the impact of priority services reopening in the context of the more transmissible variant.

There will also be considerably more data in relation to vaccines which will enable more detailed modelling.

- **Any easing of measures should be slow and gradual with sufficient time between phases to assess impact and to respond if the epidemiological situation was to deteriorate.**
- **It will take account of emerging international and national evidence and experience and with a specific focus on supporting mental health and wellbeing.**
- **Areas for consideration if the situation improves sufficiently will include:**
 - **Some easing of restrictions on outdoor activities and meetings beyond 1 other household.**
 - **Consideration of extending the current 5km limit.**
 - **Staggered start of easing of other areas of activity with a focus on outdoor activities including sport and some areas of construction.**

⁷ As set out in relevant Regulations

⁸ NB When cases numbers are below 100, R can be a less reliable measure of disease transmission

- **Again, the requirement to work from home will continue throughout this period, unless work is an essential health, social care or other essential service or activity⁹ than cannot be done from home.**
- **Any further easing of restrictions after 5th April will need a further 3-4 week period to allow for assessment of the impact of changes.**

4.1.2 Further Enhancement of System Responses

When infection levels are high, suppression can only be achieved through stringent population wide restrictive public health measures. But when numbers are lower, it should be possible to continue disease suppression and contain infection levels using a combination of preventative and containment measures. Vaccines are of course a key element of our overall response but further strengthening of the following prevention and intervention measures will also be undertaken:

- **A further strengthening of prevention and intervention measures will be undertaken in respect of public health capacity, public health response in terms of surveillance, track and trace, use of new testing technologies, ventilation and research and innovation.**
- **A plan in respect of the optimal deployment of Antigen testing will be finalised for the consideration of Government by mid-March.**
- **Additional advice in respect of ventilation to support other measures will be finalised by end March.**

Public health capacity: Investment in, and resourcing of, public health and the establishment of a strengthened and reformed consultant-led future public health model is a priority. Provision has been made in Budget 2021 to double the public health workforce and recruitment will be accelerated to ensure the availability of sufficiently resourced multi-disciplinary teams at a national and regional level.

Public health response: While significant progress has already been made in developing a robust and responsive testing and contact tracing service, with considerable capacity now in place, further enhancements are necessary to ensure we have the capability to rapidly, proactively and aggressively contain outbreaks of infection. In addition to increasing public health workforce capacity, this will require a strengthening of aspects of the response including:

- an aggressive testing strategy with a low threshold for intervention,
- consideration of alternative referral pathways,
- active testing and monitoring of close contacts,
- rollout of retrospective contact tracing to identify sources of transmission,
- real-time and integrated data and intelligence,
- continuous improvements in turnaround times, and
- a renewed emphasis on and shift towards a regionally based and organised response.

Comprehensive support system for self-isolation/restriction of movements: As part of efforts to enhance our public health response, a multi-agency process should be put in place to review and enhance our support system for self-isolation and restricted movements. This should include:

- Consideration of an expanded role for the Contact Management Programme and Community Call structures in connecting people with relevant supports and engaging with them throughout the period of isolation/restricted movement.
- Expanded use of alternative accommodation for those who cannot effectively self-isolate or restrict their movements at home.

Surveillance and Modelling Capacity: Existing surveillance systems will be augmented to ensure a comprehensive and multi-pronged surveillance strategy. This includes increased development of and

⁹ As set out in relevant Regulations

investment in whole-genome sequencing, sero-prevalence studies, complementary surveillance tools, integrated ICT platforms for surveillance and IPC communication across community and acute services.

Complementary Testing Technologies: Significant RT-PCR testing capacity has been established over the course of the last year and it will continue to be the primary test for detecting infections. However, the last year has also seen the development of a range of alternative testing technologies which have the potential to play an important complementary role in our overall response.

As vaccination levels increase and disease levels decrease, infectiousness (i.e. transmission) and infection (i.e. disease) will diverge requiring a continued focus on making widespread surveillance testing (e.g. for low symptom clusters, variants, travel importation etc.). It is therefore important to consider how best to establish community based rapid test research studies in a variety of settings and partnerships to understand the logistics, impacts (particularly behavioural) and outcomes such that we are ready for rapid, agile and effective deployment of these new technologies.

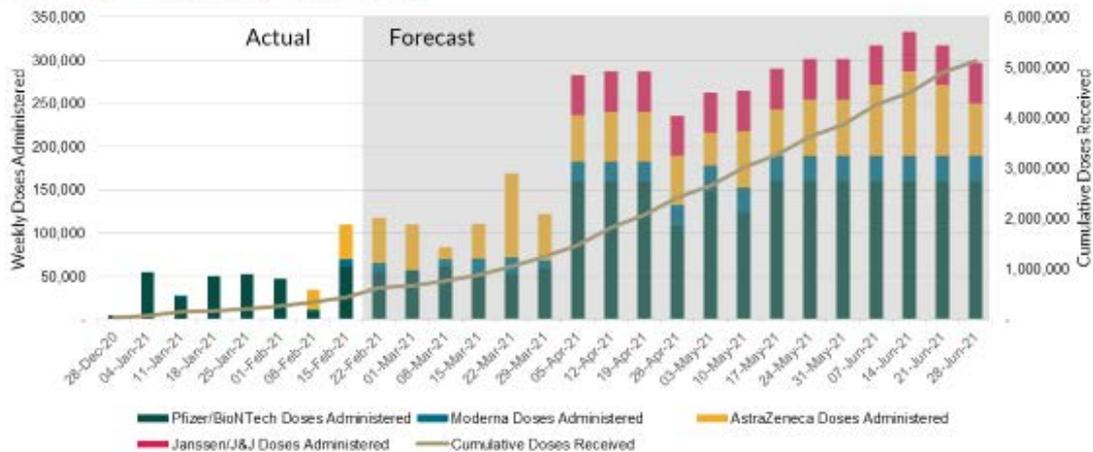
Ventilation: Poor ventilation in crowded indoor spaces is associated with increased risk of SARS-CoV-2 transmission. The HPSC published updated guidance on ventilation in January 2021 and an expert group, with multisectoral expertise on ventilation, has been established to provide scientific advice on ventilation and to examine what strategies, measures and guidance can be put in place to enhance ventilation in different settings and environments.

Research and innovation: As we move into the second year of the pandemic, it will be important to consolidate the gains made and ensure a national, structured, coordinated research response aligned with overall response priorities. This will require the efforts of a broad array of actors across government, its agencies, the research community and industry working in a coordinated manner.

4.1.3 Vaccination Programme – Scaling Phase

As Ireland moves from the initial phase to a larger scale vaccination programme, the key overriding objective will continue to be that the roll-out of vaccines will only be limited by the availability and reliability of vaccine supply. Capacity is being built to administer 250,000 COVID-19 vaccine doses per week. From April, Ireland anticipates receiving more than one million doses per month, almost as many as will have been received in the first three months of the programme. The current vaccine supply forecast is set out below:

Vaccine Supply Forecast Vaccine Availability and Usage



Notes:
 * Pregnant women and individuals younger than 18 years old excluded
 * This is a supply driven model and doesn't take into account limitations that may arise in administering the vaccine e.g. vaccinator workforce, vaccine delivery distribution

22/02/21

1

Q1 & Q2 Vaccine Supply Forecast

Product	2021 Q1 (incl. Dec 20)			Q1 TOTAL
	Jan-21	Feb-21	Mar-21	
Pfizer/BioNTech	197,730	195,390	297,180	690,300
Moderna	9,600	31,200	68,400	109,200
AstraZeneca	0	190,675	258,353	449,028
Janssen/J&J	0	0	0	0
Total	166,380	417,265	623,933	1,248,528

Product	2021 Q2			Q2 TOTAL
	Apr-21	May-21	Jun-21	
Pfizer/BioNTech	693,616	693,616	693,616	2,080,848
Moderna	127,600	127,600	127,600	382,800
AstraZeneca	229,000	262,000	327,000	818,000
Janssen/J&J	200,694	200,694	200,694	602,082
Total	1,250,910	1,283,910	1,348,910	3,883,730

Note: Janssen Vaccine EMA application submitted 16 Feb

Product	Q2 TOTAL
Curevac	602,030

Note: Curevac rolling review began on 12 Feb

Note: Pfizer, Moderna and Janssen/J&J Q2 monthly numbers are indicative based on the Q2 amounts divided by 3

The National Immunisation Advisory Committee (NIAC) is continuing to advise the Chief Medical Officer and the Minister for Health in relation to vaccine allocation sequencing, the most recent advice will be considered by Government and revised allocation sequence and indicative timeline for reaching the next cohorts will be set out shortly after the publication of this plan.

- Government will publish a revised Vaccine Allocation Sequence and Timetable to incorporate the most recent NIAC advice.
- Scaling of the Vaccination Programme will continue to ensure that roll-out is limited only by supply with next phase focusing on vaccination centre logistics, workforce recruitment and deployment and ongoing enhancement of the ICT platform.

In order to meet this objective, the COVID-19 vaccination programme has accelerated the building of additional capacity to ensure that everything is in place to meet the increase in vaccine supply and to enable the efficient and effective vaccination of broader population cohorts at pace.

Expansion of Vaccination Centres: Work is well advanced to create additional capacity through a network of regional and local vaccination centres in addition to the GP practices and the pharmacy network. These centres will be ready in advance of increased vaccine supply over the coming months. All of the centres, of varying size, have been selected based on population density, ease of access, transport and parking. The design and layout of the centres also incorporates learnings from the COVID-19 swabbing centres.

Workforce Recruitment and Deployment: As more doses of vaccines become available during 2021, there will be a need to expand the pool of skilled workforce to administer vaccines and to deliver the programme. Work is underway to involve Community Pharmacists and Dentists & Optometrists in the administration of the vaccine. In addition to this, a COVID-19 Vaccinator Recruitment campaign was launched on Thursday 18 February 2021 and will close on the 02 March 2021. This campaign seeks to recruit relevant registered healthcare professionals for the role of COVID-19 Vaccinators who will work as part of a multi-disciplinary team, delivering a coordinated approach to the rollout of the COVID-19 Vaccination Programme. This workforce is designed to be flexible and, once recruited, the COVID-19 vaccinators will be asked to work across the multiple vaccination centres planned right across the country.

The vaccination programme will also require significant increases in the number of administrative and support staff and work is already underway to engage with the private and broader public service to achieve this.

Continued IT System Enhancement: Functionality and enhancements continue to be added to the COVAX system as the vaccination programme ramps up and as additional (1) vaccines are approved for administration, (2) vaccinators are trained (3) vaccination sites are expanded and (4) cohorts are vaccinated. A portal was recently launched to accept registrations and to enable scheduling of the vaccination for frontline Healthcare workers. This will be expanded over the coming period as the vaccination programme extends to the wider public to allow registration and scheduling of vaccination appointments in the vaccination centres located across the country.

- **The IT solution which has been developed to provide a vaccine certificate for use in Ireland will be utilised in accordance with any arrangements that may be agreed at EU level.**

4.1.4 Travel

- **Further measures to increase public health protections and to deter non-essential travel will be advanced as a matter of urgency.**
 - Increase the fixed notice penalty for non-essential overseas travel to €2,000;
 - Pre-departure PCR test requirement to be extended to passengers transiting through Irish airports;
 - Categories of “reasonable excuse” for overseas travel to be narrowed, and appropriate evidence to be required;
 - Mandatory hotel quarantine to be introduced for arrivals from “Category 2” countries and for passengers who fail to provide a negative PCR test result (with the necessary primary legislation drafted and approved by Government, and about to be considered by the Oireachtas).

Taken collectively, these are an unprecedented set of restrictions for a country that is ordinarily very dependent on international travel for economic, business, family and recreational reasons.

- **Restrictions on travel will need to be kept under constant review to ensure travel does not become a weak link in our response as domestic transmission is brought under control.**
- **Government will continue to balance the imposition of such restrictions, and its impact on morbidity and mortality associated with the disease, with protecting civil liberties.**

4.2 ECONOMIC MEASURES

4.2.1 Supporting Workers

- **Over the coming period, Government will continue to support workers by:**

- **Extending the Employment Wage Subsidy Scheme, currently scheduled to close on 31 March 2021, to 30 June 2021.**
- **Extending the Pandemic Unemployment Payment, currently scheduled to close on 31 March 2021, to 30 June 2021 for current recipients, and continue to allow new entrants to join the Payment.**
- **Extending the COVID-19 enhanced illness benefit, currently scheduled to end on 31 March 2021, to 30 June 2021.**

The costs of these extensions are estimated to be approximately €1.3 billion in respect of the EWSS and of approximately €1.6 billion in respect of PUP. The costs of the continuation of the enhanced Illness Benefit scheme will depend on the incidence of the disease in the period ahead.

4.2.2 Business Supports

- **In addition, Government will continue to support business by:**
 - **Extending the COVID Restrictions Support Scheme, scheduled to close on 31 March 2021, to 30 June 2021 and will conduct an economic assessment of the scheme in line with the statutory requirements on the impact, design and sustainability of this important support.**
 - **Continuing to provide significant supports, through loans, grants, vouchers and support schemes to business affected by the pandemic, and to keep such supports under review as the situation develops.**
 - **Extending the suspension of redundancy provisions, currently in place to 31 March, to 30 June, in order to help avoid further permanent job losses at a time when approximately 475,000 people are in receipt of the Pandemic Unemployment Payment.**
 - **Extending the current commercial rates waiver for a further three months for those businesses most seriously affected by restrictions.**

The costs of these extensions are estimated at approximately €250 million in respect of the COVID Restrictions Support Scheme and €160 million in respect of the commercial rates waiver.

4.3 SOCIAL, & NON-COVID19 HEALTH MEASURES

4.3.1 Health - National Service Plan 2021

It is critical that services are resumed and/or phased up and efforts are made to minimise the impact of the reduced provision of non-COVID-19 services over the past months. Work will need to be undertaken to ensure the public feels safe using health and social care services following significant outbreaks in healthcare facilities during the third wave.

In its response to the current surge of the pandemic, the HSE has continued to follow the guidance of public health in relation to the safe delivery of health services. Notwithstanding the reduction in numbers of COVID-19 cases, all services will be required to protect COVID pathways of care through the phased prioritised reintroduction of services and a continued focus on hospital avoidance through the ongoing development of enhanced community services. The rollout of the vaccination programme will be a priority for services over the coming weeks and will rely on the current available workforce as new teams are onboarded. Community services will be required to maintain current COVID pathways such as community testing and COVID response teams supporting residential care.

With the cessation of all routine scheduled care activity in public hospitals and across community services, there has been an increase in the numbers of people waiting for scheduled therapy services, in patient, day case and outpatient procedures.

- **Over the coming weeks, subject to improvement in COVID-19 disease indicators, HSE will seek to reintroduce scheduled clinical services in a prioritised and incremental manner based on clinically determined need.**

Decisions in relation to the type and volume of activity will be made at site level based on local case numbers, available capacity and guidance from national clinical leads.

4.3.2 Wellbeing & Mental Health

Supporting physical and mental wellbeing aligns closely with Government priorities such as Sláintecare, which has an emphasis on empowering people and communities to keep well.

- **We will continue the Government Wellbeing (Keep Well)/In This Together/Resilience campaign and continue to make information about resources and supports available via gov.ie and a range of other platforms.**
- **Local Authorities will promote awareness of and participation in local programmes, initiatives and amenities and continue to support the Community Call helpline.**
- **A programme of "citizen empowerment" wellbeing activities and initiatives will be delivered by Local Authorities with local partners, including activities supporting healthy living, physical activity, community food, creativity, managing chronic diseases and positive ageing.**
- **Given the importance of being active, particularly outdoors, for physical and mental wellbeing, Healthy Ireland and Sport Ireland will continue to deliver a campaign to promote this over the coming months.**
- **Auxiliary mental health supports will continue to be offered remotely to ensure those in isolation can access assistance when needed, with access to online information, provision of digital counselling and the roll out of a national 24/7 crisis textline ensured that individuals and families can gain access to supports immediately. An additional €10 million in funding will be made available to meet the increase in demand being experienced.**

4.3.3 Primary & Post Primary Education

- **The staggered opening of schools will continue.**

The Government is acutely aware that school closures are very difficult for all children and their families. Recognising that children with the most acute special education needs should be prioritised, and following intensive dialogue with the education partners, children in special schools and special classes have already returned to school.

In the context of public health advice, it has been agreed by Government that the next phase of school reopening will prioritise the return of all children in the first four years of primary school. This will ensure that the children with special education needs and vulnerable children are returned with their peers in these year groups. These younger age groups are also less able to engage in remote learning and this puts additional pressure on families. Special schools will also return full time from the 1st March. At post-primary the 2021 leaving certificate students will also return on the 1st March, recognising the importance of this their final year. In line with public health advice it is intended that all other primary children will return in the next phase, 2 weeks later, in mid-March, and a further phase of fifth years at post primary will also return at this time.

The Department of Education has engaged significantly with all of the education stakeholders to ensure that the phased openings will be successful and the focus remains on supporting the successful reopening of schools for all children at the earliest opportunity.

11th February 2021: Special schools (124 schools) returned at 50% attendance.

22nd February 2021: Special classes at both primary and post-primary level return with full attendance.

1st March 2021: Special schools to resume 100% attendance.

The first four classes at primary level i.e. Junior and Senior infants, First and Second class to return to in-school education.

Leaving certificate classes in 6th year post-primary to return to in-school education subject to final agreement.

15th March 2021: Targeted return of 3rd; 4th; 5th and 6th class at primary level.

5th years at post-primary level.

12th April 2021: Term ends on 26th March and schools resume operations on 12th April 2021. Further targeted reopening for 1st to 4th years at post-primary.

In the medium to long term, schools will be required to address the impact on learning which has arisen as a result of prolonged school closures, through appropriate identification of need, planning and implementation of interventions to address these needs. Some of this work had begun between September and December 2020 when schools were open. Steps were put in place to support pupils whose learning had been particularly badly affected to make up for learning lost during the pandemic. The Department of Education developed and issued extensive resources to schools to support this work, including guidance on identifying the starting points for learning, supporting wellbeing and supporting pupils with special needs or at risk of disadvantage.

The Education Welfare Service, which is part of Tusla, and services such as Home School Community Liaison Teachers will be working with schools to support pupils and their families in this regard. The National Educational Psychological Service (NEPS) will be working through schools to support the wellbeing and social, emotional and academic development of all learners, and particularly those with special educational needs and those experiencing educational disadvantage.

4.3.4 Early Years and School Aged Childcare

With current restrictions in place (assuming 50% of parents work in an essential service and ECCE programme closure), 62,000 children are eligible to access services at this time.

With occupancy rates averaging at 25%, actual uptake by eligible children is much lower during this period.

- **The staggered resumption of Early Years and School-Aged Childcare will commence.**

The full resumption of early learning and childcare services will take place over the following phases:

- Resumption of the ECCE Programme and return of ECCE-age children from 8 March.
- Resumption of all other early learning and childcare services from 29 March.

The resumption of the ECCE Programme from 8 March broadly aligns with the resumption of onsite primary schooling. It is also in line with expectation among providers and offers sufficient time for providers to prepare to reopen.

Other challenges resuming the ECCE Programme recently raised by the COVID-19 Early Learning and Childcare Advisory Group chaired by the Minister for CEDiy (e.g. the potential for ECCE children to displace school-age children in services at this time and the potential challenges for early learning and childcare practitioners with school-age children to return to work) will be addressed by the return of onsite teaching and learning in primary schools from 1 March (for junior infant classes – 2nd classes) and 15 March (from 3rd classes – 6th classes).

The resumption of all other early learning and childcare services to children of non-essential workers from 29 March coincides with the ECCE programme Easter break which runs from 29 March – 9 April in most services. With most ECCE-age children not attending services during this period, this provides an optimal time for new children to return to early learning and childcare.

Funding arrangements for the sector from 8 March (with full resumption of DCEDIY funding schemes in open services and enhanced EWSS rates) will ensure most services can operate sustainably from 8 March while not charging parents who are not using services at this time, even if occupancy rates continue to remain low. There is however a cohort of services with a high degree of reliance on parental fees. For these services, it is proposed to extend the COVID-19 Operating Support Payment introduced in February. This is paid to services on the condition that fees for parents not accessing services during restrictions are waived. The COSP will be extended from 8-29 March (when all other early learning and childcare services can resume).

4.3.5 LOCAL COMMUNITIES AND LOCAL DELIVERY

The Government recognises that the Community and Voluntary sector has been a vital part of the response to the Covid-19 crisis, providing critical services and supports to vulnerable members of communities in every part of the country. The current extension of restrictions in 2021 is now leading to renewed immediate funding pressures on these organisations.

- **A further Stability Fund top-up of €10 million will be made available to enable continuity of critical service delivery to vulnerable groups.**

4.4 MAKING IT HAPPEN

4.4.1 Whole of Government Response

Everything that has been managed and achieved has involved an unprecedented collaboration and co-operation across the entire civil and public service, operating to provide a single integrated response.

- **Cross-government structures will continue to support, co-ordinate and implement the measures set out in the revised plan.**
- **Each Government Department will prepare an action plan in respect of civil and public service delivery for their sectors to mitigate backlogs and anticipate pent up demand or unmet need arising from restrictions.**
- **Senior Management across Government Departments will review system-wide opportunities for the mainstreaming of innovative practices including in respect of digital delivery.**
 - maximising the opportunities of customer service improvements,
 - further advancing the virtual delivery of services where appropriate and facilitative of customer and client access to services,
 - sustaining the momentum that the pandemic has driven on all digital & online facilities and platforms and a switch from paper based operational practices,
 - incorporating changes in work practices including remote working which has the potential to support rural development as well as to promote gender balance and wider diversity across the civil and public service, and
 - incorporating the mainstreaming of new policy approaches.
- **Senior Management in the relevant Departments will also examine the potential to apply lessons from “community call” and other Local Authority initiatives to assess how to further foster and mainstream collaborative policy development and delivery models developed over the course of the pandemic.**

4.4.2 Compliance

4.4.2.1 Policing Response

The approach of An Garda Síochána to policing the COVID-19 regulations has been graduated, with a well-publicised four E’s approach – Engage, Explain, Encourage and, as a last resort, Enforce. This remains the case. Throughout most of the year high visibility policing by Gardaí fostered compliance by the public on a voluntary basis, with penal provisions varying over that time, in accordance with the applicable level of restrictions on movement and other activities.

However, with the rising number of cases towards the end of December 2020, the reintroduction of restrictions in late December 2020, and the introduction of new measures to restrict international travel, enforcement activity has necessarily been stepped up. Checkpoint activity has increased significantly since December with approximately 6,500 checkpoints being carried out per week in January. The power to issue Fixed Charge Notices (FCNs), available since 24 November 2020, also now forms an important component in enforcement measures. More recently, new provisions have been introduced obliging non-exempt travellers to quarantine at home which involves Gardaí calling to homes to check on compliance.

As at 18 February, a total of 7,697 fines have been issued, all but 21 of which were issued in 2021¹⁰. Full details are set out in Appendix 3.

Use of powers under the Regulations other than fines has also increased in 2021. In January there were 207 such incidents, higher than any month in 2020, the previous high being 192 in April. The primary driver for this were incidents relating to failure of international travellers to provide a negative PCR test on arrival into the State.

- **Over the coming period An Garda Síochána will be continuing high visibility patrols and checkpoints at public amenities and working to encourage compliance with travel restrictions.**
- **In addition, and on foot of the new provisions of SI 44 of 2021 concerning PCR tests and mandatory self-quarantine, An Garda Síochána will be carrying out spot checks nationally to confirm that relevant travellers are quarantining and that where a person has been required to carry out a PCR test following arrival that they have in fact done so.**

4.4.2.2 Workplace Compliance

Inspections for compliance with COVID-19 public health guidance in workplaces continues on the basis of the Government's Work Safely Protocol, developed in cooperation with employers and trade unions through the Labour Employer Economic Forum. An update of the Protocol was launched on 20 November 2020.

From May 2020 to date, 25,954 inspections assessing compliance with the COVID-19 Work Safely Protocol have been carried out by the various inspectorate bodies. Over 427,000 downloads of HSA Work Safely Checklists and Templates have also taken place.

The various inspectorates for across Government are continuing to carry out COVID-19 inspections however with large parts of some sectors closed this does limit those inspectorates who are carrying out inspections as part of normal duties in these sectors, for example in education or the food sector.

The HSA has found that the level of adherence with the Work Safely Protocols has to date, across all sectors, been very high. This is a positive indication that the vast majority of employers and employees nationwide and sector wide are taking a responsible and proactive approach to meeting the requirements of the Protocol.

See Appendix 3 for further details on specific sectors and the work of the HSA.

- **A refreshed communications campaign on compliance with the Work Safely Protocol will shortly be launched in cooperation with trade unions and employers.**

Areas that are and should continue to be a focus of continuing attention include:

- Routine and correct wearing of masks in shared work areas and also during breaks, in locker and toilet areas and if travelling together to work.
- Better controls to ensure employees are not attending the workplace when they have symptoms of COVID-19, greater emphasis on ensuring staff are aware of and can access financial supports.
- Improved levels of cleaning, especially shared equipment, common touch points etc.
- More visible leadership including the appointment of COVID-19 Lead Worker Representative, and the continued review of precautions as disease levels change.
- Avoiding "presenteeism" and ensuring people work from home wherever possible.

- **Work will continue with employers and trade unions to ensure employees are supported, empowered and obliged to take time off work, when necessary for public health reasons.**

In support of the Protocol and other COVID regulations, a Regulators Forum, with representation from all State Agencies carrying out inspections, including the Health and Safety Authority, the Workplace Relations Commission, the Environmental Health Service of the HSE, and the Veterinary Inspectorate of the Department of Agriculture, Food and Marine, the Schools Inspectorate of the Department of

¹⁰ Figures are operational and may be subject to change. In addition to the 7697 detailed here, the Garda FCN Office has received approximately 250 additional cases which have yet to be recorded.

Education, the Sea Fisheries Protection Authority, and Tusla, along with An Garda Síochána, the County and City Management Association, Fáilte Ireland, and Government Departments, was established last year. The Forum has supported cooperation between its various members at national and local level, and allowed a joined-up approach to particular challenges at different levels of public health restrictions.

- **The Regulators Forum will continue to meet in the weeks ahead to support its members in their work and identify scope for improving compliance.**

4.4.3 Communications

Clear and consistent communications have been a core focus of the pandemic response from the beginning and will continue to be central to the ongoing response. Objectives over the coming period will be focused on continuing to communicate clearly and consistently on the facts of the disease and the ‘why’ of public health advice as well as driving uptake of the COVID-19 vaccine in eligible populations and understanding of COVID vaccines among the general public.

- **A fully integrated approach to communications will continue with a focus on public health advices to avoid transmission and the vaccination programme.**

- A comprehensive review and refresh of information and advice materials on HSE and Gov.ie websites and social media to provide a one-stop-shop for all relevant information
- Re-freshed and updated campaigns:
 - With a renewed focus on educating people on how to self-isolate / restrict movement successfully by bringing emphasis to the action that is required, the responsibility that each citizen has, and the consequences of inaction.
 - Using examples from case studies, demonstrating the risk associated with super-spreader events at home socialising, and unnecessary attendance at work premises which can easily lead to large numbers of cases and bad outcomes for attendees and others.
 - Supporting young adults through the #antiviral campaign, inspiring and empowering them to live safely within the public health guidelines, and, when their time comes encourage vaccine uptake.
 - Science-led advocacy of the vaccine as a proven instrument of public health which delivers immediate personal benefits to those vaccinated, and wider health benefits to loved ones and the community.
 - Transparent, accountable roll-out of the vaccine based on agreed sequencing
 - Addressing mis-information and dis-information - using the opportunity to point the public towards trusted sources of information which helps citizens make informed choices.
 - Amplification of wellbeing and mental health supports available.

- **The Government is committed to evidence-based decision-making and the findings of this new SAM study are already providing valuable insights. The data analysis and insights will be continually updated to inform COVID-19 policy decisions.**

- **Ongoing understanding of public opinion and sentiment regarding the vaccines will continue and the findings will be made available.**

4.5 REMEMBERING AND ACKNOWLEDGING

Our most recent plan acknowledged that it will be important as a people that we pause and reflect, take time to remember and pay tribute both to those who have lost their lives but also to everyone who has contributed to how we have faced and are facing the challenges together. It also recognised that it would be important to capture those very different experiences and to figure out what we have learned about ourselves as a society.

Despite the hardships and health risks, millions of essential frontline workers continue to do their jobs during the COVID-19 pandemic. The pandemic has also shown us how much depend on one another to conduct our daily lives. And, often, how much we take for granted the work of others.

The National Library of Ireland captures the lived experience of Ireland as it happens so it can then be shared with the world. A major focus of the National Library's collecting in 2020/2021 has been around COVID-19. Physical materials including books, newspapers, letters and artwork, and digital content, including more than 200 websites, capturing the impact of the pandemic across Irish society has been collected. They partnered with many organisations, worked with the general public, and have been particularly mindful of capturing children's voices and responses. Collections include Children's Letters in partnership with the Ryan Tubridy show, Children's Artwork in a partnership with RTÉ News2Day, Teenage Letters from DEIS schools, HSE Happy Cards Initiative, COVID-19 Web Archive, COVID-19 Official Artwork, COVID-19 Ephemera and all Irish publications 2020-2021.

- **Work will continue to consider how best to remember and acknowledge what we have been through will continue to identify the time and manner to fully and properly deal with grief and use reflections to guide future policy choices.**

4.6 NORTH-SOUTH COOPERATION

There is continued close cooperation on a North-South basis.

There is also regular engagement at political level between relevant Ministers and their counterparts in the Northern Ireland Executive.

The Memorandum of Understanding concluded between the two Chief Medical Officers and Departments of Health provides a strong framework for ongoing cooperation and coordination across the two health departments and services.

Officials from the Departments of the Taoiseach and Foreign Affairs meet by video conference on a regular basis with colleagues from the Northern Ireland Executive Office, and counterparts in London (from the UK Cabinet Office, Northern Ireland Office and Foreign and Commonwealth Office), to share information on respective epidemiological situations, impacts on health services, and economic and societal responses to Covid-19. These engagements also assist with developing coordinated actions, where appropriate.

Overall, there is a high level of commonality of approach North and South, notwithstanding the two separate legal jurisdictions. For example, broadly similar restrictions have applied over recent weeks, and the most recent extension of restrictions covered the same time period in both jurisdictions.

On international travel, the Irish Department of Health provides a follow-up contact service for passengers who travel on to Northern Ireland, on behalf of the Northern Ireland department.

An Garda Síochána and the Police Service of Northern Ireland cooperate closely on relevant policing matters, including in relation to appropriate cross-border policing of covid-19 measures and restrictions.

- **Government will continue to engage with its counterparts in the Northern Ireland Executive and the CMO and the Department of Health will work closely with their counterparts in the context of the Memorandum of Understanding.**

4.7 INTERNATIONAL CO-OPERATION

COVID-19 remains a global challenge, and global coordinated solutions are required. As the nature of the pandemic further evolves and as both vaccines become available and new variants emerge, the importance of international cooperation is even clearer. As a small nation, our success in securing millions of vaccine doses is a testament to the continued importance of EU cooperation.

As part of both the European Union and the Common Travel Area, it will be critical that we continue to seek and encourage cooperation and alignment of strategies with the EU and the UK. More broadly, global cooperation to facilitate the fair allocation of vaccines across the world will be the most effective way to drive down the virus's capacity to replicate and evolve and will be a key determinant of how successfully and how quickly we can reduce the impact of this virus in the long term.

Given Ireland's longstanding humanitarian tradition there is the opportunity for Ireland to play a leadership role in emphasising the importance of multilateral cooperation in ensuring equitable access to vaccines.

- **Looking ahead, the Government will continue to balance carefully the longer term needs of Irish society and economy with the continuing public health concerns arising from COVID-19, including from new variants of concern.**

In this regard, vaccines will play an increasingly important role in shaping policy, both at national and international level.

- **Government will continue to participate in EU-wide measures to approve, procure and distribute vaccines as quickly and effectively as possible. We will also contribute to the growing debate about how to ensure fair and effective access to vaccines by all countries, including in particular less-developed countries.**

5 PREPARING FOR THE FUTURE

5.1 SUPPORTING ECONOMIC RECOVERY

As the virus is effectively brought under control, there will be a need to move away from the extensive and wide-ranging emergency supports in place, with a move first to more targeted interventions for those sectors which remain subject to restrictions, as well towards investments which support recovery and opportunities for future growth.

This reprioritising of supports, within the overall expenditure allocation of €87.8 billion for this year, towards businesses, employment transition, and rehiring will underpin a more impactful and sustainable path to recovery. As recovery takes hold, steps to put the national debt-income ratio on a downward trajectory will also be necessary.

The Government's approach to amending and subsequently withdrawing the exceptional emergency levels of support will be phased in-line with public health advice, virus suppression and the vaccination roll-out.

As we move into the recovery phase, our economy will not return to as it was prior to the pandemic. There will be permanent changes in our labour market, and in the way goods and services are produced and traded – this will include structural shifts in certain sectors, an accelerated trend towards e-commerce, significant changes to working patterns, and a potential miss-match between the skills-set of workers and the needs of firms (at least in short-term).

In addition, longer term changes in our economy and society will continue, and may indeed have been accelerated by the pandemic, such as decarbonisation and digitalisation. The effects can already be seen in areas such as online retailing and a shift to remote working.

The further extension of restrictions will also increase pressure on the financial/banking sector further, where supports, including payment breaks, continue to be available to borrowers on a case-by-case basis.

As it becomes possible to ease restrictions in response to an improving public health situation:

- the Government will publish a National Economic Recovery Plan, outlining how we will help people return to work, support sectors which have been disproportionately affected by the pandemic, and how emergency supports will be phased out. This plan will also seek to ensure that our path to recovery and investments support are aligned with the Government's green and digital ambitions.
- as part of this Plan, the Government will consider more targeted measures to help re-boot those sectors, such as tourism, who will face particular challenges during the recovery phase when the economy re-opens
- the plan will build upon the updated economic projections which will be produced by the Department of Finance in April as part of the annual Stability Programme Update, which will provide a framework for returning the public finances to a sustainable position over the coming years.
- there will also be a new Pathways to Work 2021-2025 Strategy with a focus on helping people back into employment, training and education as the economy recovers, seeking to minimise the long-term scarring effects of the pandemic on the labour force.

5.2 ENSURING ACCESS TO PUBLIC SERVICES

The rapid adaption of public services to the circumstances presented by the pandemic and restrictions imposed has had both negative and positive impacts on access to public services. The civil and public service have been working together to take stock of the impacts on public service delivery and the opportunities which it presents. The documenting of our experience provides the basis for medium and longer term planning to manage and mitigate the impacts on public services so that we can accelerate recovery as quickly as possible. It is helping to capture both the challenges but also the significant opportunities ahead.

Remote working across the civil and public service has been tried and tested on a scale never before anticipated. It provides a very strong base for developing service-wide policies for remote working as part of the suite of flexible working arrangements for employees. It also has the capacity to be an important factor in the promotion of gender balance and wider diversity across the system.

5.3 FUTURE-PROOFING THE PUBLIC HEALTH RESPONSE

This pandemic has been characterised as a marathon and not a sprint. This requires sustainable responses that are capable of being maintained in the medium to long term while remaining flexible to adapt to the evolving status of the disease. This has a number of implications for our overall approach, structures, processes, and communications:

As a country, there will need to be robust long-term planning for the ongoing management of this virus. More generally, there is a very real threat of future pandemics and it will be essential that lessons are learned from this pandemic and a process is put in place in the near term to ensure future preparedness. This includes ensuring sustainable public laboratory capacity, increased evidence-based research capacity and investing in increased capacity in key specialities including public health, occupational health, infectious diseases, microbiology, infection prevention and control, and virology.

Increasing evidence is emerging of the long-term health effects of COVID-19 and it will be important that appropriate care pathways are established for managing patients with Long COVID. A HSE Clinical Subgroup has been established to provide recommendations in this regard. The HSE has also engaged with a group of people who are suffering post-acute COVID-19 symptoms and is continually exploring appropriate supports as part of the overall health service response to COVID-19.

5.3.1 Health System Resilience and Transformation

The development of a robust and comprehensive public health service will be an absolute pre-requisite for overall health service resilience and transformation. The pandemic also saw significant and rapid innovations across the health system. There is now an opportunity to harness these positive developments and address long standing deficiencies across the system as part of broader health service transformation efforts.

The pandemic has given further impetus to existing reform plans in respect of our infrastructure, and in many cases the way we deliver care, including:

- Staffing frameworks and skill mix;
- Configuration of provider type in respect nursing homes;
- Sustaining and further developing models of care (e.g. rehab, reablement, intermediate care) in the community and building permanent multi-disciplinary community support teams is required to continue to shift care out of congregated settings; and
- Managing healthcare associated infection (HCAI)

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Social/Family Gatherings					
Private Homes/ Gardens	Up to 10 visitors from up to 3 households	Visitors from one other household only or up to 6 visitors from 2 other households or 3 other households. (To be determined by prevailing public health advice for the county or other defined geographical area)	Visitors from one other household only OR Own household only (to be determined by prevailing public health advice for the county or other defined geographical area)	Own household only - No visitors	Own household only - No visitors
Other Settings - outside private homes/ gardens	Members of different households can continue to meet socially in other settings with strict adherence to the sectoral guidance for those settings There should be no more than 50 attendees where there is no specific guidance for the setting.	Members of different households can continue to meet socially in other settings up to 6 people indoors, 15 outdoors from 1, 2, or 3 other households. (To be determined by prevailing public health advice for the county or other defined geographical area)	No social/family gatherings should take place in other settings	No social/family gatherings should take place in other settings	No social/family gatherings should take place in other settings
Weddings (regardless of venue)	Exemption: Up to 100 guests for wedding ceremony and reception	Exemption: Up to 50 guests for wedding ceremony and reception	Exemption: Up to 25 guests for wedding ceremony and reception	Exemption: Up to 6 guests for wedding ceremony and reception	Exemption: Up to 6 guests for wedding ceremony and reception
Organised Indoor Events (Controlled Environments with a named event organiser, owner or manager)					
For example, business, training events, conferences, events in theatres, cinemas and other Arts events (excluding sport)	Up to 100 patrons	Up to 50 patrons and in pods/groups of up to 6 if appropriate, with arrangements to ensure no intermingling of groups Up to 100 patrons permitted for larger venues where strict 2 metre seated social distancing and one-way controls for entry	No organised indoor gatherings should take place	No organised indoor gatherings should take place	No organised indoor gatherings should take place

Item	Level 1	Level 2	Level 3	Level 4	Level 5
	Up to 200 patrons permitted for larger venues where strict 2 metre seated social distancing and one-way controls for entry and exit can be implemented.	and exit can be implemented.			
	For very large purpose built event facilities (e.g. stadia, auditoriums, conferencing/event centres), specific guidance will be developed with the relevant sectors to take account of size and different conditions for larger events.				

Organised Outdoor Events (Controlled Environments with a named event organiser, owner or manager)

For example, outdoor Arts events, training events

Up to 200 patrons for majority of venues	Up to 100 patrons for majority of venues.			
Up to 500 patrons for outdoor stadia or other fixed outdoor venues with a minimum accredited capacity of 5000 (with robust protective measures as per sectoral guidance)	Up to 200 patrons for outdoor stadia or other fixed outdoor venues with a minimum accredited capacity of 5000 (with robust protective measures as per sectoral guidance)	Gatherings of up to 15 people	Gatherings of up to 15 people	No organised outdoor gatherings should take place
For very large purpose built event facilities (e.g. stadia, auditoriums, conferencing/event centres), specific guidance will be developed with the relevant sectors to take account of size and different conditions for larger events.				

Exercise and Sporting Events

Training

Normal training sessions and games indoors and outdoors with protective measures	Outdoors - training can take place in pods of up to 15 (exemption for prof/elite/inter-county sports/`senior club championship)	Outdoors – Non contact training only in pods of up to 15 (exemption for prof/elite/inter-county sports/senior club championship)	Outdoors - Non contact training only in pods of up to 15	Individual training only. No exercise or dance classes
--	---	--	--	--

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Matches/ Events		Indoors - training, exercise and dance classes can take place in pods of up to 6 inside. (exemption for prof/elite/inter-county sports/senior club championship)	Indoors – Individual training only. No exercise/dance classes.		
	Matches/Events - up to 200 patrons/spectators outdoors and 100 patrons/spectators indoors	Matches/events - up to 100 patrons/spectators outdoors and 50 patrons/spectators indoors			
	Up to 500 for outdoor stadia or other fixed outdoor venues with minimum accredited capacity of 5,000	Up to 200 for outdoor stadia or other fixed outdoor venues with minimum accredited capacity of 5,000	No matches/events to take place	No matches/events to take place	
	For large purpose built event facilities (e.g. stadia, auditoriums, conferencing/event centres), specific guidance will be developed with the relevant sectors to take account of size and different conditions for events such as large national and international sporting events.		Exemption: professional/elite/inter-county/senior club championship/horse-racing behind closed doors	Exemption: professional/elite/inter-county /horse-racing behind closed doors	No matches/events to take place
Gyms/ Leisure Centres/ Swimming Pools	Gyms/leisure centres/swimming pools open with protective measures, taking account of public health advice, including social distancing		Gyms/leisure centres/swimming pools open with protective measures, for individual training only	Gyms/leisure centres/swimming pools closed	
Religious Services					
Religious Services	Open with protective measures (for example, appropriate social distancing, one-way traffic within the venue, removal of communal prayer items) up to 50 worshippers.		Services move online Places of worship remain open for private prayer.	Services move online Places of worship remain open for private prayer.	Services move online Places of worship remain open for private prayer.

Item	Level 1	Level 2	Level 3	Level 4	Level 5
	Where the premises allows for a capacity of greater than 50 this may be permitted in separated sub-groupings of no more than 50, with additional protective measures as per guidelines.		Exemptions: Funerals - Up to 25 mourners	Exemptions: Funerals - Up to 25 mourners	Exemptions: Funerals - Up to 10 mourners

Indoor Museums, Galleries & other Cultural Attractions where people are non-stationary and social distancing can be maintained

Open with protective measures (for example, a maximum capacity to allow 2m distancing, one-way traffic within the venue) max numbers linked to capacity, taking account of public health advice.	All venues closed. Libraries will be available for e-services and call and collect	All venues closed - online services available
--	---	---

Bars, Cafes & Restaurants (including hotel restaurants/bars) and Wet Pubs

Bars, cafes & restaurants (including hotel restaurants/bars)	Open with protective measures (e.g. physical distancing, table service only, cleaning regimes, noise controls etc.)				
	Max numbers in restaurants, cafes and bars linked to capacity of establishment, taking account of appropriate social distancing.	Open with protective measures in place (e.g. physical distancing, table service only, cleaning regimes, noise controls etc.) Max numbers in bars linked to capacity of establishment, taking account of appropriate social distancing, but with individual groups limited to 6 people from no more than 3 households or the prevailing advice on the mixing of households.	Additional restrictions for indoor dining	Take away food or delivery. No indoor dining Outdoor dining to max 15 patrons	Take away food or delivery only

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Wet Bars	Open with protective measures (e.g. physical distancing, table service only, cleaning regimes, noise controls etc).	Open with protective measures in place (e.g. physical distancing, table service only, cleaning regimes, noise controls etc.).			
	Max numbers in bars linked to capacity of establishment, taking account of appropriate social distancing.	Max numbers in bars linked to capacity of establishment, taking account of appropriate social distancing, but with individual groups limited to 6 people from no more than 3 households or the prevailing advice on the mixing of households.	Additional Restrictions	Outdoor seating only to max 15 patrons	Take away or delivery only
Nightclubs, Discos, Casinos			Closed		
Paid Accommodation					
Hotels, Guesthouses, B&B's etc.	Open with protective measures (for example, staff face coverings, signage, hand sanitiser, regular cleaning of hard surfaces, customer details recorded for contact tracing process)		Open but services limited to residents	Open but only for existing guests, and those with essential non-social and non-tourist purposes.	Open only for those with essential non-social and non-tourist purposes.
Retail/Services (e.g. hairdressers, beauticians, barbers)					
Retail & Personal Services (e.g. hairdressers, beauticians, barbers)			Mandatory Face Coverings	Essential retail and businesses that are primarily outdoors only. All other retail and personal services closed.	Essential retail only. All other retail and personal services closed.
	Open with protective measures.				
Work					

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Work	Work from home if possible. Attendance at work for specific business requirements and on a staggered attendance basis.	Work from home if possible Attendance at work for essential on-site meetings, inductions, training.	Work from home unless absolutely necessary to attend in person	Only essential or other designated workers should go to work	Work from home unless essential for work which is an essential health, social care or other essential service and cannot be done from home
Domestic Travel					
Domestic Travel Restrictions	No restrictions		Stay in your county (or other defined geographical area) apart from work, education and other essential purposes	Stay in your county (or other defined geographical area) apart from essential work, education/other essential purposes	Stay at home (exercise within 5km of home)
Schools, Early Learning and Childcare Services, Adult and Higher Education					
Schools, Early Learning and Childcare Services & Higher and Adult Education	Open with protective measures		Schools and creches open with protective measures Further, higher and adult education to escalate all appropriate protective measures and limit congregation as far as possible	Further, higher and adult education moves primarily online with appropriate protective measures in place for essential attendance on site	Recommendations based on precise situation and evidence at time.
Outdoor playgrounds, play areas and parks					
Open with protective measures					
Transport					
Mandatory face coverings					
Public Transport	Walk or Cycle where possible	Walk or Cycle where possible	Walk or Cycle where possible	Walk or Cycle where possible	Walk or Cycle where possible

Item	Level 1	Level 2	Level 3	Level 4	Level 5
	Capacity limits to be determined by prevailing public health advice Travel During off-peak hours where possible	Capacity restricted to 50% Peak hours for essential workers and essential purposes only	Capacity restricted to 50% Essential workers and essential purposes only	Capacity restricted to 25% Avoid public transport - Essential workers essential purposes only	
Over 70 and Medically Vulnerable Individuals					
Those aged over 70 and Medically Vulnerable individuals	Those aged 70 years and over and the medically vulnerable should exercise judgement regarding the extent to which they engage with others and in activities outside home.	Those aged 70 years and over and the medically vulnerable should exercise judgement regarding the extent to which they engage with others and in activities outside home. Specific guidance will be provided.			
Long Term Residential Care Facilities Visiting					
LTRC Facilities Visiting	Open with protective measures. Follow HPSC guidance	Open with enhanced protective measures. Follow HPSC guidance	Suspended, aside from critical and compassionate circumstances		

ONLINE COUNSELLING AND SUPPORT

Minding Your Wellbeing: Free series of online video resources to learn and practice key elements of mental wellbeing such as mindfulness, gratitude, self-care and resilience from HSE Health and Wellbeing. Read more about the Minding your Wellbeing Programme at <https://www2.hse.ie/healthy-you/minding-your-wellbeing-programme.html>.

MyMind: Online counselling service including free appointments for people directly affected by Covid-19. Contact hq@mymind.org. Visit mymind.org.

Shine: Remote support and an outreach service to people who use Shine services by phone and email. Contact phil@shine.ie. Visit shine.ie/covid-19.

Suicide or Survive (SOS): Free online wellness workshops and programmes. Visit suicideorsurvive.ie.

Stress Control: Stress control classes to learn new stress management skills and tips for minding your mental health from HSE Health and Wellbeing. The programme is for 3 weeks on Mondays and Thursdays and recommences at varying intervals.

Visit <https://www.hse.ie/eng/about/who/healthwellbeing/about-us/free-online-stress-control-classes.html> for more information.

Clanwilliam Institute: Individual, couple and family therapy sessions online and phone. Contact reception@clanwilliam.ie. Visit clanwilliam.ie

Helplink Mental Health: Free low-cost online counselling services and educational resources. Visit helplink.ie.

Minding Your Mental Health: A series of multilingual video messages presented by doctors and other health professionals now living and working in Ireland. The videos are available in Romanian, Polish, Arabic, English, French, Lithuanian, Russian, Irish and Portuguese. Visit translateireland.ie

Grow Mental Health Recovery: Weekly online peer support groups. Podcasts, practical resources and information. Contact info@grow.ie. Information line 1890 474 474. Visit grow.ie

PHONE, EMAIL AND TEXT SUPPORT

Samaritans: Emotional support to anyone in distress or struggling to cope. Contact jo@samaritans.ie. Freephone 116 123 every day 24 hours a day. Visit [Samaritans Ireland](http://SamaritansIreland).

Pieta House: Telephone and text-based support counselling for people who are suicidal or engaging in self-harm. Freephone 1800 247 247 every day 24 hours a day. Text HELP to 51444 - standard message rates apply. Visit pieta.ie.

Aware: Information, support and peer groups for people experiencing anxiety, mild to moderate depression, bipolar disorder and mood-related conditions. Support also for friends and family members. Contact supportmail@aware.ie. Freephone support line 1800 80 48 48 10am to 10pm every day. Visit aware.ie

Irish Hospice Foundation Bereavement Support Line: A freephone bereavement support line providing information, connection, comfort and support. Phone 1800 807 077 Monday to Friday from 10am to 1pm. Visit hospicefoundation.ie for more information.

LGBT Ireland: Online instant messaging support. Please see website for opening hours. Contact info@lgbt.ie for support or information. LGBT+ helpline 1890 929 539 every day. Gender identity family support line 01 907 3707. Visit lgbt.ie

Mental Health Ireland: Information and support for people who experience mental health difficulties. Contact info@mentalhealthireland.ie. Information line 01 284 1166 from 9am to 5pm Monday to Friday. Visit mentalhealthireland.ie

HSE Mental Health Recovery Colleges: Recovery education colleges and services provide mental health recovery education. Timetables have been developed to support people through recovery education. Visit <https://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/recoverycolleges/>.

The Irish Cancer Society Support Line: A supportive information service staffed by experienced cancer nurses where anyone concerned about cancer can get trusted information and advice about any type of cancer, including in relation to concerns about the current pandemic. Contact SupportLine@IrishCancer.ie Freephone 1800 200 700 (Monday to Friday, from 9am to 5pm). Visit <https://www.cancer.ie/cancer-information-and-support/cancer-support/find-support/support-line>.

Together 4 Cancer Concern: Telephone support with counsellors. Links to nationwide community cancer support centres and a team of clinical psychologists. Freephone 1800 200 700 Visit the <https://www.hse.ie/eng/services/list/5/cancer/news/together%204%20cancer%20concern.html> for more information.

ADHD Ireland: Support and information for young people and adults with ADHD and their carers and families. Contact info@adhdireland.ie. Phone 01 874 8349 from 9am to 5.30pm Monday to Friday. Visit adhdireland.ie.

Inclusion Ireland: The National Association for People with an Intellectual Disability. Easy-read guides on coronavirus. These include one about good mental health for people with intellectual disabilities. Visit inclusionireland.ie.

Exchange House Ireland National Traveller Mental Health Service: Telephone and online services and supports are available while face-to-face and group services have stopped. Phone 01 8721094 and press 1 from 9am to 5pm every day. Visit exchangehouse.ie.

Traveller Counselling Service: Online counselling to members of the Traveller community who need support during this time. Visit travellercounselling.ie.

Bodywhys: A range of services (helpline, support groups, online groups, email and family programmes) for adults and young people with eating disorders, and their families. Helpline 01 2107906 Monday, Wednesday and Sunday from 7.30pm to 9.30pm and Saturday from 10.30am to 12.30pm. Contact alex@bodywhys.ie for support. Visit bodywhys.ie.

Union of Students in Ireland: Mental health information, resources and networks for students, from the Union of Students in Ireland. Visit usi.ie

Practitioner Health: Confidential support and help for doctors, dentists and pharmacists. Contact confidential@practitionerhealth.ie. Phone 01 297 0396. Visit practitionerhealth.ie.

College of Psychiatrists in Ireland: Short videos for families of young people with mental illness. These include measures that can help during the COVID-19 pandemic. Visit

<https://www.irishpsychiatry.ie/covid-19-information-and-updates-from-cpsychi/covid-19-supporting-families-of-young-people-with-mental-illness/>.

Minding Creative Minds: Free 24/7 wellbeing & support programme for the Irish Creative Sector, including counselling. Phone [1800 814 244](tel:1800814244) Visit mindingcreativeminds.ie

Connect Counselling: An anonymous professional telephone counselling service for survivors of physical, emotional and sexual abuse including former residents of Mother and Baby Homes. Freephone 1800 477 477 Monday to Sunday from 6pm to 10pm. Visit www.connectcounselling.ie.

SUPPORTS FOR PARENTS, CHILDREN AND YOUNG PEOPLE

Jigsaw: Mental health support and advice to young people aged 12 to 25 years old and parents or concerned adults. Freephone [1800 544729](tel:1800544729) from 1pm to 5pm Monday to Friday. Text CALL ME to 086 180 3880 with your preferred day and time for a call. help@jigsaw.ie - replies 9am to 5pm Monday to Friday. Visit jigsaw.ie or jigsawonline.ie

Childline (ISPCC): Ireland's 24-hour national listening service for young people up to the age of 18. Freephone 1800 666 666 any time. Text 50101 from 10am to 4pm every day. Chat online at childline.ie anytime.

Text 50808: A free 24/7 text service, providing everything from a calming chat to immediate support for people going through mental health or emotional crisis. Text HELLO to 50808, anytime day or night. Visit www.text50808.ie for more information.

Turn2Me: Free online counselling and online support groups for young people (aged 12 to 17) and adults. Peer support groups for frontline workers and professionals. Visit turn2me.ie

BeLonG To Youth Services: Support for lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people in Ireland. Text LGBTI+ to 086 1800 280 to chat confidentially with a trained crisis volunteer anytime - standard SMS rates may apply. While face-to-face services are closed, information, referral and advice is available by email, SMS, phone call or video conference. Visit belongto.org for more information.

SpunOut.ie: Articles and information for young people on many different topics including mental health. Text SPUNOUT to 086 1800 280 to talk to a trained volunteer - standard message rates may apply. Visit spunout.ie

Barnardos: Telephone support for parents in response to the challenges during the COVID-19 pandemic. Freephone [1800 910 123](tel:1800910123) from 10am to 2pm Monday to Friday. Barnardos also provide a children's bereavement helpline service. Telephone 01 473 2110 from 10am to 12pm Monday to Thursday. Visit barnardos.ie

SUPPORTS FOR OLDER PEOPLE

Alone: COVID-19 support line for older people. Phone 0818 222 024 8am to 8pm everyday. Visit alone.ie

The Alzheimer Society of Ireland: Information and emotional support and information on supports and services. Freephone 1800 341 341 Monday to Friday 10am to 5pm and Saturday 10am to 4pm. Email helpline@alzheimer.ie. The Dementia Resource Hub provides sign-posting to information and on-line resources for people with dementia, families and carers. Visit alzheimer.ie or understandtogether.ie

Grow Mental Health: Weekly online peer support groups. Podcasts, practical resources and information. Visit grow.ie. Email info@grow.ie. Information line 1890 474 474.

Seniorline: Confidential listening service for older people provided by trained older volunteers. Call 1800 804 591 from 10am to 10pm everyday. Visit thirdageireland.ie

Age Friendly Ireland: A list of all Local Authority Community Response Forums and their contact helpline numbers to support vulnerable members of communities affected by COVID-19 restrictions. Visit agefriendlyireland.ie

Appendix 3 Compliance Data

Garda Fines Issued

Category	2020	Jan. 2021	Feb.2022	Total
Non-essential travel		3771	2526	6297
Non-essential journeys to airports/ports (€500)			263	263
Persons not ordinarily resident entering the state			23	23
Event organising (dwelling and non-dwelling)	5	79	128	212
Event attending in dwelling		353	394	747
Non-wearing of Face Covering	16	83	56	155
Total	21	4286	3390	7697

Health and Safety Authority

Meat Plants & Food Processing

268 inspections of Meat Processing Facilities since the 18th May 2020, which include those connected with COVID-19 outbreaks. Of the 258 inspections, 236 were unannounced and 32 were announced.

From 1st of January to 12th February 2021, the Health and Safety Authority has completed 79 inspections of meat processing facilities. 78 Inspections were unannounced and 1 was announced.

From 01 January to 12 February 2021, the Authority has received 10 complaints relating to meat processing or food processing, which involved 7 specific employers.

During the fifth cycle of serial testing which finished on 5 February, 21,500 swabs were taken, and 444 positive cases were detected, giving a positivity rate of 2.1%.

A sixth cycle of serial testing began on Monday, 8th of February. At the end of the first week, 6,374 swabs were taken in 32 facilities and 59 positive cases detected, giving a positivity rate of 0.93%.

On 10th of February, there were 32 open outbreaks reported in food production, food processing and floristry businesses. An open outbreak is defined as one where the most recent case(s) has/have occurred within the last 28 days. A total of 776 confirmed cases are linked to these open outbreaks but the **situation appears to be stabilising with no major new outbreaks reported.**

Health Care

From 1st of January to 12th of February 2021, the Health and Safety Authority has completed 39 inspections in the Healthcare sector of which 37 addressed COVID-19. 35 inspections were announced and 4 unannounced.

- 97% of workplaces had COVID-19 measures in place.
- 95% of workplaces had COVID-19 Response plans in place.
- 84% of workplaces had a Lead Worker Rep.

From 1st of January to 12th of February 2021, the Authority has received 36 complaints relating to Healthcare which involved 21 specific employers.

Construction
<p>From 1st of January to 12th of February 2021, the Health and Safety Authority has completed 225 inspections of construction sites of which 210 addressed COVID-19. All inspections were unannounced.</p> <ul style="list-style-type: none">• 90% of workplaces had COVID-19 measures in place.• 90% of workplaces had COVID-19 Response plans in place.• 83% of workplaces had a Lead Worker Rep.