Lockdowns Unlock Innovation

Review of innovations and adaptations affecting persons with disabilities arising from COVID-19 restrictions

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Údarás Náisiúnta Míchumais
National Disability Authority

Contents

Almost overnight, inertia was replaced by agility and momentum; words were transformed into actions; red tape was slashed; good ideas were valued; tight purse strings were loosened; institutional pyramids were flattened; job descriptions changed; surgeons became physicians; soldiers became vaccinators; backroom staff went on the front line; extra staff were recruited.

Professor Chris Fitzpatrick[1]

Irish Times 24th June 2021.

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[1] Prof Chris Fitzpatrick is a former master of the Coombe and the HSE's Clinical Lead for Vaccinations in the Dublin Midlands Hospital Group. https://www.irishtimes.com/opinion/covid-has-given-us-a-taste-of-what-sl%C3%A1intecare-would-be-like-1.4601500

Executive Summary

This report captures the innovative and adapted practices put into place across a range of sectors in response to the restrictions necessitated by COVID-19, with particular reference to those practices of relevance to persons with disabilities. The intention was to identify innovations and new practices that would be beneficial to persons with disabilities if they stayed in place post COVID-19.

In order to inform the report, the NDA conducted a review of relevant literature and identified innovations and adapted practices by issuing a call for submissions and recording the views of participants who attended an NDA Building Back Better post COVID-19 consultation event for persons with disabilities. Altogether 28 written submissions were received and 11 interviews with stakeholders took place. The net was cast wide with a range of sectors represented.

The report is structured by the domains that people with disabilities may come in contact with throughout their life. These are: social, cultural and community life; education; employment; specialist disability services; health services; sport and exercise; mental health and wellbeing; family carers; universal design and accessibility. Each section begins with an overview of the impact of the pandemic on that sector, followed by the innovative and/or new practice put in place. Each section concludes with a summary of relevant challenges and opportunities. A series of case studies throughout the report outline specific innovative responses.

Overall, this report illustrates how as a society we have the ability to come together to find solutions and respond rapidly with creativity to challenges. The rapid adoption of change during the pandemic has demonstrated the capacity and willingness to be flexible and responsive. The NDA advises that there is now an opportunity to harness this creativity and build on this momentum so that new more inclusive practices are not lost but rather act as exemplars.

This is not an exhaustive review and many findings will not be a surprise and will reflect the experiences of many people. Nevertheless, it is important to document the learning to inform and guide future developments. It will be important that the continuation of exiting adaptations or the introduction of future innovations be developed and co-produced through consultation and engagement with persons with disabilities. It is also important that persons with disabilities are included in evaluations of innovations.

Social cultural and community life

The restrictions put in place to curtail the spread of COVID-19 impacted everyone in Irish society: regular social outlets such as cinemas and restaurants

were closed, public transport was limited, and people were asked to restrict visitors to their homes. The Community Call was established to link local and national government with the voluntary and community sectors. This coalition of statutory and voluntary bodies was rapidly convened and responded quickly to help the most vulnerable in society. This is one of several examples of how, when necessary, a system of support can be developed and instigated rapidly.

Education

The report highlights that one in four of the Irish population are engaged in education and notes that the differential impact of school closures is likely to increase inequalities in educational attainment. It is acknowledged that the shift to remote learning has adversely affected many children and young people especially those with additional needs. However, the closure of educational institutions has driven schools and colleges to embrace and embed technology at pace. New avenues and opportunities for learning have been found and online delivery has ensured that a wider audience can access resources. Blended learning formats that combine in-person teaching with digital resources have the potential to result in a more inclusive model of education, particularly at third level.

Employment

The research found that there is a broader acceptance by employers that employees may prefer to retain remote working as an option after social distancing constraints are discontinued. A change to a hybrid or blended model of working, where there is a mix of physical attendance and remote working enabled by digital connectivity can remove some of the barriers to entry and retention in the workplace for persons with disabilities. However, the evidence suggests that many persons with disabilities do not work in sectors conducive to remote working, as a result, job losses may have been higher for this cohort. The COVID-19 income supports and the National Remote Work Strategy are examples of positive measures introduced since the COVID-19 pandemic began that will benefit all employees including persons with disabilities. The forthcoming Statutory Sick Pay Scheme will provide a protection that is especially important for people with disabilities.

Specialist disability services

A blended approach that incorporates both remote and in-person services in the delivery of specialist disability services -such as day services- appears to be a viable option particularly for some people with an intellectual disability. To remain connected with clients many specialist disability services developed a range of remote activities many of which were also made available outside the service on their website or YouTube channel, so that anyone could use them. Consequently, clients have been immersed into a more digital world and this has

been lauded by some service providers as a welcome outcome. However, the NDA notes that not everyone has the ability to engage in remote activities due to the digital divide whereby people don't have access either to devices or to an internet connection and due to lack of capacity where intensive supports would be required to support someone to engage in remote activities. Any long-term blended approach must be able to cater for this group. The report also highlights the creativity and resilience demonstrated by staff in this sector.

Health services

Creativity and innovation is also evident in the health and med-tech sectors with great strides made in the use and acceptance of telehealth. The devices and apps developed may also result in more efficient and effective care and enable patients to be more engaged in the management of their conditions. Remote platforms are now being used to deliver a range of specialist services, which benefit many people including persons with disabilities. Enhancements to the health information system have enabled resources, especially acute hospital beds, to be utilised more effectively. Continued effort and investment is required to achieve a fully comprehensive health information system which will enable more effective planning and more efficient utilisation of resources.

During the pandemic the public and private hospital systems were integrated for periods when healthcare demand peaked. Further integration of the public and private hospital systems would enable the growth in waiting lists for hospital based care that is a legacy of the pandemic, to be addressed more quickly and would advance the shift towards a universal health care system as envisaged by Sláintecare. Proposals for the retention of increased funding for the public health system also have the potential to accelerate the planned move to a universal healthcare system.

Mental health and well being

It is difficult to ascertain how mental health will be impacted by the pandemic in the long term. There are concerns that the social isolation and anxiety associated with the pandemic will lead to an increased incidence in mental health difficulties. Some of these difficulties may be fleeting but many are likely to endure. Continued supports in a variety of formats will be required to address these difficulties. Some support groups have been established using social media platforms, to connect and provide advice and support. Efforts to promote awareness and discussion around mental health are ongoing and consequently, people are talking more openly about their mental health. These efforts have helped to normalise mental health difficulties and in so doing may have made it easier for those experiencing mental health difficulties to recognise and acknowledge those difficulties and to seek support. A continued focus on public awareness campaigns will sustain the progress achieved to date.

Family carers

Family carers experienced a loss of support during COVID-19 as external activities were suspended and visitors to the home were reduced. This led to isolation of the carer and this was compounded by fear that the person they cared for would contract COVID-19. The case study in this section illustrates how peer support through social media platforms is a viable medium of support.

Sport and exercise

The report notes that a concerted effort has been made by national and local organisations to motivate and encourage persons with disabilities to remain physically active. This has resulted in the development of more inclusive practices and the promotion of participation of persons with disabilities in sport.

Universal design and accessibility

There is some evidence that information accessibility is now more of a consideration than before the pandemic, for example, information on COVID-19 is available in easy read, audio, braille and ISL formats. Infection control measures have resulted in improved access to the built environment due to the introduction of non-touch and voice activated technology such as automatic doors and automatic soap dispensers. These are more likely now to be integrated into new builds. However, the report notes that the reconfiguration of outdoor spaces may both improve and impede the ability of persons with disabilities to navigate outdoor spaces.

Conclusion and recommendations

The report concludes by highlighting the main legacy of the pandemic: the increased use of technology and remote access as well as the expansion of online resources and services across most sectors. It notes the immense benefits this brings for persons will disabilities in specialist disability services, employment, and education and health sectors. However, as society moves towards embracing more digital technology it notes that consideration needs to be given to the digital divide. A limitation of this study is that very few evaluations have been conducted on the innovations included. The importance of evaluations is one of the recommendations arising from this report which are listed below -

- Given that many innovations and adaptions have not been evaluated further research and evaluation is required to determine those that are most effective. It will be important that such evaluation processes include capturing of data on the direct experiences of persons with disabilities and their families/carers as part of same.

- Where evaluations of innovations or adaptations to services indicate improved services or improved quality of life for persons with disabilities

or value for money the NDA advises they are retained, scaled up and mainstreamed for the post–pandemic world

- A universally designed approach is essential to ensure accessibility for:
    - Future technological innovation
    - High quality telehealth services
    - Redesign of the built environment and outdoor spaces
    - Building of new long term care facilities and retrofitting of same
    - Remote working hubs
- Build the technological skills of persons with disabilities and the staff that support them and ensure digital poverty and poor digital literacy are addressed to make sure that the increased prominence of technology does not widen social inequality. This will involve having alternative systems for those who are not able to engage with technology.
- In regard to education it will be important to:
    - examine the attainment gaps in education that may have emerged as a result of school closures during the pandemic
    - evaluate the benefits of the expanded eligibility of the summer teaching programme and if it proves effective to retain for the long term
    - evaluate how teachers feel their own digital skills have improved and how the resources provided proved helpful
    - use the amended examination system in post-primary schools as an impetus to make longer term changes that would benefit students who may have difficulties, such as students with disabilities, in sitting state exams in their current format
- Continue the move to more home care supports and personal assistants to provide the option of ageing in place rather than in a nursing home.

Chapter 1 Introduction

The National Public Health Emergency Team (NPHET) was established in January 2020 to monitor the emergence of COVID-19 in Ireland and oversee public health advice throughout this pandemic. The first case of COVID-19 was detected in Ireland in late February 2020. The spread and virulence of the virus necessitated a raft of unprecedented measures to prevent the spread of infection. By the end of March 2020 a range of public health measures were introduced: visiting restrictions were put in place in nursing homes; all schools, colleges and childcare facilities had closed; including many respite, day centres and other services used by persons with disabilities. Almost all businesses were either closed or shifted to remote working. A ban on all non-essential travel and contact with persons outside the home quickly followed. Those aged 70 and over and people with certain health conditions were advised to restrict their movements and to cocoon at home[2]. Some restrictions eased by the summer 2020 but by late December 2020 "lockdown" restrictions were reintroduced.

The threat posed by COVID-19 necessitated restrictions that resulted in rapid changes in services and supports throughout Ireland with limited provision of some and the suspension of many others. This had an impact on all citizens but persons with disabilities were one of the groups that were particularly affected. Many persons with disabilities are at a higher risk of contracting COVID-19[3] [4] such as those with a chronic lung disease, serious heart condition, or limited ability to communicate. Data from the Office for National Statistics (ONS) in the UK indicates that the higher risk of death faced by persons with disabilities is due to the intersection of disability with other factors, including place of residence, pre-existing health conditions, socioeconomic and geographic circumstances. The ONS deduces that no single factor explains the raised risk of death among this cohort. It is probably due to persons with disabilities being more exposed to disadvantageous circumstances compared to persons without a disability.[5]

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[2] To cocoon is to stay at home as much as possible.
https://www2.hse.ie/conditions/coronavirus/cocooning/how-to.html

[3] Department of Health and HSE, 2020

[4] See https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1

[5]
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020

It is important to note that the COVID-19 situation has the potential to change extremely quickly at any time. Infection rates have dipped and soared and the response has had to be dynamic. This has led to widespread consequences for the economy and for the whole population, and at times sudden and dramatic shifts in patterns of living, working and service delivery across the population. The pandemic has been particularly difficult for some persons with disabilities and their families, both in terms of adjusting to social distancing requirements as well as accessing information, services and supports necessary to remain safe and healthy. The NDA advised government that consideration be given to the impact of the pandemic on persons with disabilities beyond those related to health and social care.[6]

The public health restrictions provided the spur for extensive adaptions and innovations to respond to the needs that these restrictions created. The use of technology increased, communities came together to support the most vulnerable, teachers and other professionals working in disability services adapted to support their clients. COVID-19 has been a massive disruptor but the disruption it caused has created space for change and innovation which might not otherwise have emerged, and fast-tracked other changes that were already planned or in train. Some of the adaptations and changes introduced in response to the pandemic will have lasting benefits and will endure in the long term.

In undertaking this report the National Disability Authority (NDA) sought to identify and document a selection of these innovations and adaptations. We focused in particular on those that show potential to be sustained in the long term and will improve the independence, choice and control of persons with disabilities or impact positively on carers and staff who work with people with disabilities. Innovation can refer to something new or to a change made to an existing product, idea, or field. In this report the innovations are rarely new things but rather adaptations to existing services. By sharing the positive innovations and adaptations the NDA hopes to enable and encourage their wider replication. It is also worth noting that this report is not a comprehensive review of all innovations and adaptations but rather seeks to highlight a selection that have impacted the lives of persons with disabilities.

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[6] National Disability Authority, 2020

Chapter 2 Methodology

Literature review

The literature in this report combines a review of academic and grey literature. The aim was to identify innovations and adaptions across sectors that impact on persons with a disability. Search terms included: "innovation", "disability", "COVID", "COVID-19", "adaption", "Coronavirus", and "services for people with disabilities". A number of information sources and online searches were carried out to identify the key innovations that impacted on each sector. Suggestions were also received from key informants and relevant stakeholders. Although the literature search continued throughout the research this is a very active and live topic with a growing body of literature, therefore, recent publications may not all be captured. As many innovations have not been evaluated much of the information came from service providers as outlined below.

Information from service providers

This study sought information and examples of innovations and adaptation, big and small, across all sectors of society that are particular relevant to persons with disabilities. A call for examples of innovations or adaptation was disseminated widely using social media, relevant websites such as Activelink and through direct e-mails to disability stakeholders (see Appendix 1).

Data was collected in three ways. First, some stakeholders emailed written descriptions of their innovations and members of the research team followed up with specific questions where necessary. Second, other stakeholders contacted us and indicated they would prefer to discuss their innovations via zoom or by telephone. Third, innovations were identified via internet searches and some of these searches led to interviews with relevant stakeholders.

In total 28 written submissions were received. The submissions represent a wide range of sectors with disability services providers accounting for the largest group of submissions (n=8). Interviews with 11 stakeholders were also conducted. Appendix 2 lists the organisations that inputted to this study. Separately, the NDA held an online consultation to gather the views of persons with disabilities and DPOs on the topic of "Building Back Better: The Post-COVID-19 world for persons with disabilities". Relevant findings from this consultation have been incorporated into this study.[7]

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[7] http://nda.ie/news-and-events/news/-building-back-better-consultation-event.html

Interviews were semi-structured. A mixture of purposeful and open questions were used and interview notes were taken to record the main points from each interview. As the written submissions included a wide range of disability types they have all been included in this report. The relevant pieces of each submission and interview – the innovation(s) - were extracted, edited and placed in the appropriate section.

The only criterial related to submissions was that the focus was not on COVID-19 specific medical innovations such as new diagnostics, treatments or vaccines although there were certainly many innovations related to these. There was no requirement that the innovation needed to have been formally evaluated in order to encourage as many submissions as possible.

Report Structure

The findings were categorised into nine areas as listed below and the report is structured around these areas.

- community initiatives and cultural events
- education
- employment
- specialist disability services
- health services
- sport
- mental health and wellbeing
- family carers
- sports and exercise
- Universal Design and accessibility.

Each section begins with a consideration of the impact of the pandemic on the sector. This is followed by a review of the innovative practices and adaptations identified by the relevant stakeholders. Case studies in each section outline specific innovative responses. Each section concludes with the main challenges and opportunities in that sector. Appendix 3 lists all of the case studies in the report. The report concludes by highlighting the key innovations that have taken place as a result of COVID-19 public health restrictions and provides some recommendations.

Chapter 3 Social, cultural and community life

Impact of COVID-19

The restrictions put in place as a result of public health concerns impacted everyone in Irish society. Normal social interactions were greatly curtailed in the effort to stem the spread of the virus. Bars, restaurants and cinemas were closed for long periods during the pandemic and most cultural events were cancelled or moved online. People were advised to restrict visitors to their home and to stay at home in order to keep safe. Many people were fearful to leave their house and go to places where people congregated for fear of catching the COVID-19 virus. A survey conducted by the CSO[8] in April 2020 found that a third of female respondents and 20% of male respondents indicated they were afraid to go shopping. Persons aged 65 years and over reported experiencing the most loneliness (30%) as well as fears around shopping (41%).[9] The negative impact of the pandemic on social and cultural life resulted in a raft of innovations at local and national level. These are outlined below.

Innovations and Adaptations

Community Call

In April 2020, in recognition of the evolving impact of the pandemic the Government established a Community Call initiative to link local and national Government with the voluntary and community sectors. The purpose of the Community Call was to coordinate community support and direct it to the areas where support was most necessary. Initially it focused on elderly and vulnerable groups and then extended to all citizens.[10] This was financed through the COVID-19 Emergency Funding set up by The Department of Rural and Community Development, which amounted to €4.2 million in 2020.[11] [12]

The Community Call operates on four levels. First, at national level the work of Community Call is led by the NPHET Sub-Group on Vulnerable People, the

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[8] Central Statistics Office, 2020a.

[9] This survey is based on a special module in Q2 2020 of the Labour Force Survey (LFS) and provides insights into the effects of COVID-19 on people's employment situation and their general well-being

[10] https://www.gov.ie/en/press-release/ba4e3d-covid-19-ireland-launches-the-community-call-in-major-nationwide-vol/)#

[11] https://www.gov.ie/en/speech/1af93-statement-by-minister-for-rural-and-community-development/

[12] https://www.gov.ie/en/press-release/38b47-ministers-humphreys-and-obrien-announce-17m-covid-19-supports-for-community-and-voluntary-groups/#

COVID-19 Senior Officials Group and the COVID-19 Cabinet Committee. Second, and also at national level, a National Oversight Group co-ordinates work across government departments and agencies. This group provides a means to deal with problems that cannot be solved at regional or local level. Also, the City and County Managers representative on the Oversight Group established a National Representatives Group to ensure community and voluntary groups can raise and solve issues arising at local level, which are then reported to the National Oversight Group.[13]

Third, regional reporting structures to the National Oversight Group are in place.[14] Local Authorities (LA) established Community Response Forums in each LA area to lead the coordination of COVID-19 community supports. There are national and local helpline numbers to call if a person needs assistance with tasks such as food shopping; transport to/from medical appointments and collection of prescribed medicines. The website and email addresses of each local council are also listed. Meals are available through a meals on wheels service where required. The helpline focuses on supporting vulnerable members of the community or those living alone. The Community Response Forums are chaired and co-ordinated by the Chief Executive in each LA. Each forum includes members such as the HSE, the GAA, An Post, Community Welfare Services and An Garda Síochána and local community organisations.[15]

Fourth, local voluntary and community bodies (both new and existing) worked with local authorities and with each other to support people in vulnerable situations through collaborations with supermarkets and pharmacies. FoodCloud[16], a non-profit organisation that aims to reduce food waste and address food poverty is one of the organisations supporting the Community Call. FoodCloud distributes food through a network of 500 charities and community groups across Ireland. During the pandemic the number of families struggling with food insecurity rose significantly and FoodCloud experienced a rapid and unprecedented increase in demand for food. Research carried out among FoodCloud's charity partners identified a 70% increase in demand for food as a result of Covid-19. The research found that the three groups most affected by food poverty were those over 65 years of age (49%), single parents (36%) and

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[13] NESC 2021a

[14] NESC 2021a

[15] https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/the-community-call.html

[16] (https://food.cloud/foodcloud-blog-articles/foodcloud-covid-19-supports-for-communities/)

people with mental health concerns (30%).[17] In responding to this need, FoodCloud expanded its existing partnerships with a range of businesses who donate surplus and non-surplus food for distribution to those experiencing food poverty. Some business partners have also provided financial support and others have encouraged customers to donate to Foodcloud and thus helped to raise awareness of food poverty.[18]

The National Economic and Social Council have published a review of Community Call, which notes "The important role of the community and voluntary sector in responding to local needs became clear in the work under Community Call"[19]. The report states that Community Call "is an exemplary model of public-sector reform in action, of an enabling and active state acting in concert with committed stakeholders and organisations, citizens and agencies" and points to the potential for the process which led to the creation of the Community Call to be replicated to address other issues.[20] It highlights in particular the importance of the institutional flexibility and autonomy that characterised Community Call and suggests that if replicated it "could deliver significant results in tackling wider issues during and after this COVID-19 crisis".[21]

Community Call shows that a coalition of community and statutory bodies can come together rapidly and respond effectively and creatively to social problems. The success of Community Call suggests that a similar framework can be used to craft society-wide responses to other emergency situations and for promoting and sustaining the social inclusion of disadvantaged groups such as persons with disabilities.

Keep Well Campaign
The "Keep Well" campaign is a call to action to everyone in Irish society. The campaign, which was launched by the Minister for Health, encourages individuals, communities, voluntary groups, sporting organisations, those involved in creativity and the arts, local heritage and history, businesses, as well as local and

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[17] https://www.bitc.ie/newsroom/news/leading-retailers-and-food-cloud-launch-national-food-appeal-to-support-communities-affected-by-covid-19/

[18] https://www.safefood.net/getattachment/eb17543e-5c9d-4700-8029-99a643c88bc5/Eimear-Delahunty-FoodCloud_-Using-food-to-enhance-community-resilience-in-crisis-and-beyond_.pdf?lang=en-IE

[19] NESC 2021a p34

[20] ibid

[21] Ibid.

national government to find ways to support themselves and others to discover new activities and routines that promote wellbeing.[22]

The campaign is aimed at showing people of all ages how we can mind our own physical and mental health and wellbeing by adding healthy and helpful habits to our daily and weekly routines. It provides guidelines, information, and tips on things that can help us keep physically and mentally well. The campaign includes the allocation of funding from Sláintecare to support a number of initiatives through the Healthy Ireland Fund. Information about local resources and initiatives are also be available through Ireland's Local Authorities.[23] The focus on mental health has helped to raise awareness and generate more open discussion about the importance of looking after our mental health.

One of the initiatives of the "Keep Well" campaign was the "Covid Care Concerts". These were a collaboration between cellist Gerald Peregrine, Mobile Music Machine,[24] Creative Ireland, Age Friendly Ireland and Blackwater Valley Opera Festival. The musicians performed outdoor, socially distanced concerts in the grounds of residential care home and hospital/community settings beginning in the South East.[25] [26]

An Post
An Post sought to enable community connections and provide support through its Community Focus services. Community Focus services are targeted at vulnerable groups and older people. They include the free delivery of daily newspapers, free postage to care homes, and dedicated arrangements for social welfare payments. A free mail collection service for the elderly and vulnerable is also provided through the use of "I HAVE MAIL" signs which alert postmen/postwomen that post needs to be collected. An Post also provides a service whereby a postman/post woman will call to a house to check-in on people who live on their delivery route. The postman/post woman will contact Alone[27] -an organisation that supports older people to age at home- if a person in

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[22] See https://www.sportireland.ie/keepwell

[23] ibid

[24] Established in 2007 as an educational company that delivers music appreciation workshops throughout primary schools and residential care homes in Ireland

[25] https://www.creativeireland.gov.ie/en/event/covid-care-concerts-3/

[26] https://www.hse.ie/eng/services/news/media/pressrel/the-mobile-music-machine-blooms-in-waterford-garden.html

[27] See https://alone.ie/

their locale needs help accessing local services.[28] An Post also provided postcards to all houses in the country to allow people to write to friends and relatives or people living in nursing homes with free postage.

The Community Foundation of Ireland
The Community Foundation of Ireland is a philanthropic organisation established in 2000 with the support of the Government and the business sector.[29] It established a COVID-19 response fund to fund frontline and lifeline services to support their digital transformation to continue their work through the pandemic.[30]

COVID-19 Rapid Response Research and Innovation Funding
The ability of funding organisations to repurpose their funding in a short space of time was very valuable. This was also seen in the health research space where the Health Research Board among others were able to quickly establish grant schemes for research with very short turn-around times. They also established an ethics committee specifically to facilitate COVID-19 research.[31]

A COVID-19 Rapid Response Research and Innovation Funding call was issued by the Irish Research Council. This was a cross-Government and public health approach aimed at tackling various aspects of the pandemic. It consisted of two strands:

1. Research that covers three separate strands: medical countermeasures health service readiness, and social and policy countermeasures to COVID-19, led by the HRB and IRC.
2. Activities that will deliver significant and timely impact for Ireland within the context of COVID-19, led by Science Foundation Ireland, Enterprise Ireland and the IDA.[32]

The flexible and agile response of research bodies and funders to COVID-19 can if replicated provide a means of addressing other serious health and social issues.

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[28] https://www.anpost.com/Community

[29] https://www.communityfoundation.ie/
https://www.communityfoundation.ie/images/uploads/pdfs/A_guide_to_The_Community_Foundation_for_Ireland.pdf_.pdf

[30] https://www.communityfoundation.ie/about-us

[31] See https://www.hrb.ie/covid-19-ethical-review/nrec-covid-19-overview/office-for-national-research-ethics-committees/

[32] See https://research.ie/irc-and-covid19/

Reducing financial pressure

Persons with disabilities have a higher rate of people working in unskilled employment and are therefore more vulnerable to job losses and financial hardship as a result of the pandemic.[33] A range of measures were introduced to alleviate financial pressures faced by the population as a result of so many people losing or having a reduced income as a result of the closure of workplaces including the Pandemic Unemployment Payment which is dealt with later in the COVID-19 Income Supports section. The Commission for the Regulation of Utilities (CRU) put in place financial measures to help those with difficulties paying utility bills such as prepay meters and moratoriums on disconnections.[34] The five main retail banks introduced measures to help business and personal customers who had been impacted by the pandemic such as giving mortgage breaks. The Government also announced a series of emergency measure to protect residential tenants against evictions.[35]

Supports to encourage social distancing

Many initiatives were introduced to reduce the need for people to leave their home and/or visit potentially crowded spaces. For example, some supermarkets offered delivery services and many shops introduced click and collect services whereby customers only had to go to the door of a shop to collect their items rather than into the shop.

Temporary laws have been put in place to allow General Practitioners (GP) send prescriptions to pharmacies by email. This measure was to reduce the need to attend a GP Surgery.[36] In early 2020 Social welfare payments including Disability Allowance[37] changed from a weekly to a fortnightly payment, this was done to minimise the number recipients travelling to and from the post office to collect their payments. As of September 2020 many of these payments have returned to

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[33] NDA 2018c

[34] https://www.cru.ie/search/covid/

[35] https://www.gov.ie/en/press-release/e9ebe0-government-approves-series-of-emergency-measures-to-protect-tenants/?referrer=http://www.housing.gov.ie/housing/private-rented-housing/government-approves-series-emergency-measures-protect-tenants

[36] https://www.gov.ie/en/press-release/d80ca9-minister-for-health-signs-regulations-to-assist-with-prescriptions-d/

[37] Disability Allowance recipients can choose how they want to receive their payment: they can designate a Post Office to collect it from or they can have it paid into their bank account.

their weekly schedule although direct transfers to bank accounts is encouraged where appropriate.[38]

Technology

Technology has played a key role throughout this pandemic, predominantly by helping people stay connected while maintaining physical distancing. This has also occurred in the arts and culture sectors. Using Street View technology Google Arts & Culture collaborated with world leading museums to enable virtual visits. Some of the museums included are the British Museum, London; the Guggenheim Museum, New York; the Tretyakov Gallery, Moscow and the Van Gough Museum, Amsterdam.[39] As restrictions continue more virtual events have come on line. This includes musical events such as an online Tradfest in Dublin Castle and The Cinematic Orchestra at the Royal Festival Hall, Belfast. As well as literary performances such as Siobhán McSweeney's interpretation of a Samuel Beckett play in the Olympia Theatre, Dublin.[40]

Challenges and Opportunities

The speed at which national and local innovations were established to help those who need it is a testament to all involved. These systems can be replicated to address other social issues as they arise. Although the innovations outlined in this section allow for social and cultural connections to continue, many are dependent on online connectivity, and therefore those without access to digital technology may have been unable to avail of these innovations. Persons with disabilities may be more at risk of digital poverty and exclusion.

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[38] https://www.gov.ie/en/press-release/56ecd-social-welfare-payments-will-be-returning-to-a-weekly-schedule-from-week-beginning-2nd-november-2020/

[39] https://www.irishtimes.com/culture/virtual-viewing-a-guide-to-visiting-museums-online-in-the-age-of-covid-19-1.4211121

[40] https://www.irishtimes.com/culture/sick-of-lockdown-fancy-some-culture-here-are-the-best-events-online-this-week-1.4463120

Chapter 4 Education

Impact of COVID-19

Approximately 940,000 children are enrolled in primary and secondary school in Ireland at present, and a further 230,000 adults are enrolled in full-time further and higher education courses. In addition, 106,000 young children are in pre-school education.[41] This means that around one in four of the Irish population are engaged in education. Given the scale of the sector and the young age of many learners it is easy to appreciate that disruption within the sector has the potential to cause widespread societal upset.

Closure of education establishments

On 12th March 2020 all pre-schools, primary and secondary schools and further and higher education institutions in Ireland closed due to COVID-19 restrictions. Ongoing public health concerns resulted in schools and colleges remaining closed until the end of the academic year.

Pupils returned to their classrooms in September 2020 but further and third level institutions continued to rely heavily on remote learning during the autumn term.

Due to a sharp rise in the prevalence of COVID-19 schools and colleges did not reopen as planned after the Christmas 2020 break. The Office for the Ombudsman for Children urged the Government to avoid a blanket closure of schools pointing to the disproportionately negative effect that school closures have on children with disabilities and children from disadvantaged backgrounds. The Department of Education sought to maintain in-person teaching for students in special schools.[42] However, efforts by the department to reach agreement with teachers' representatives regarding the opening of special schools were not successful. A planned re-opening of special schools in late January 2021 was also deferred. The Minister for Education described Ireland as "an outlier in the European Union" due to the absence of in-person teaching for students with special educational needs. A phased reopening of schools began on 11th February 2021: children in special schools were the first to return and were followed by students attending special education classes in mainstream schools, and Leaving Certificate students. All primary and post primary schools were fully open after Easter.

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[42] Office for the Ombudsman for Children, 2021

The closure of schools and colleges resulted in the classroom moving to the home. The school environment is designed to engage children and promote learning. Many parents found it difficult to deliver an equivalent learning environment at home, especially if they were combining home-schooling with work commitments. Children and young people also acquire emotional and social skills at school. They learn a range of non-academic life skills such as how to work in teams, what behavioural norms apply in different settings and how to interpret body language. School is also a place where children exercise and where some may receive mental health supports, school meals and other services that cannot easily be delivered at home. Most children derive a host of benefits from attending school, benefits that cannot be wholly replaced through remote learning.

Remote learning is not ideal for most learners but it is especially difficult for some children and young people. Those that are likely to find remote learning especially difficult include students that have special educational needs or whose parents have special educational needs, students whose parents can offer very limited support due to ill health or disability, those that do not have access to digital technology or an appropriate space for learning, children and young people experiencing domestic violence, and very young children. The differential impact of school closures is likely to increase inequalities in educational attainment.[43]

Available research suggests that school closures are linked to a decline in learning attainment and an increase in anxiety and mental health difficulties. Children with SENs and pre-existing mental health difficulties were especially likely to have been negatively impacted by school closures. Further details are set out in Appendix 4.

State examinations
State examinations for secondary school students were cancelled in 2020. After much debate Leaving Certificate examinations were replaced by a system for awarding calculated grades.[44] The Junior Certificate examinations for 2021 have been cancelled for a second consecutive year while Leaving Certificate students have the option of getting either examination based or accredited grades or a combination of both.

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[43] Kuhfeld et al, 2020

[44] Department of Education and Skills 2020a.

Innovations and Adaptations
The closure of schools and colleges
National Level
The abrupt closure of Irish schools and colleges resulted in a multi-faceted response at national, and local levels. Due to the dynamic nature of the pandemic the response has evolved over time.

The Department of Education and a number of publicly funded organisations provided national level responses. In March 2020 the department circulated a guidance document on the continuity of learning.[45] Further information and guidance was released during the course of the pandemic.[46] In April 2020 the department provided a €10 million 'top-up' fund for the purchase of technology and devices for disadvantaged learners. More than two thirds of the additional funding was allocated to the post-primary sector with schools asked to prioritise students in exam classes.[47] Funding of €10 million in addition to a planned allocation of €40 million was provided to schools in December 2020 to enhance digital technology. Funding was based on the number of students enrolled in the school.[48] In August 2020 plans to distribute 17,000 laptops to third level students to assist with online learning were announced.[49]

Innovations relating to state examinations
The move to a Leaving Certificate assessment system that allows for the option of accredited grades was lauded at a recent NDA consultation with persons with disabilities. The option of accredited grades was considered to be especially beneficial for students with disabilities who may find examinations particularly tiring and stressful. Participants also voiced their preference for accredited grades.

However, the cancellation of the Junior Certificate examinations for two consecutive years is likely to have negatively impacted students who do not progress to the Leaving Certificate cycle. The goal of receiving a formal education qualification can help to motivate students with behavioural difficulties and additional needs. The removal of this goal may result in the increased disengagement of marginalised students and may ultimately lead to a greater

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[45] file:///H:/Downloads/72294_beccef45a0854b0ea181f6d58b9a9613.pdf

[46] https://www.education.ie/covid19

[47] https://www.education.ie/en/Press-Events/Press-Releases/2020-press-releases/PR20-04-22.html

[48] https://www.education.ie/en/Press-Events/Press-Releases/2020-press-releases/PR20-11-30.html

[49] https://www.gov.ie/en/press-release/7143d-minister-harris-announces-17000-laptops-ordered-to-assist-students-with-online-and-blended-learning/

number of early school leavers and a widening of the education attainment gap between children with disabilities and non-disabled children.[50]

Responses relating to the Primary and Secondary education sectors
Prior to the pandemic a programme of supplementary summer teaching was in place for certain limited categories of children with special educational needs, often referred to as 'July provision'. Eligible children were those with a severe/profound intellectual disability or autism only. After several legal challenges to the eligibility criteria for the scheme the department undertook to review the scheme.[51] [52] An expanded teaching programme, prompted by COVID-19 and the amount of time children had been out of school, was provided by the department during the summer of 2020. Eligible children were those with complex needs – including those who live with significant behavioural, social, emotional, and sensory difficulties and now includes all children with Down Syndrome. Summer Provision 2020 consisted of 3 strands:

- In-school or home-based supports by teachers and SNAs to help prevent regression among children with special needs
- Summer camps in DEIS schools to deliver a numeracy and literacy programme for primary school children and a re-engagement programme for post-primary children
- Summer camps provided by the HSE for children with complex needs.[53]

A summer teaching programme for 2021, with the expanded eligibility, is also planned. Children with complex special educational needs and those at greatest risk of educational disadvantage will have access to the enhanced programme[54] Feedback from teachers indicated that the provision of summer teaching was extremely beneficial to students who require additional support as it enabled children to be reintroduced to the school environment, routines and expected behaviours in advance of the reopening of schools for the autumn term. It also provided children with opportunities to interact and socialise with other children. It is hoped that adaptations to the programme based on feedback from 2020 will make the programme run more efficiently with many barriers to participation

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[50] https://www.rte.ie/news/education/2021/0312/1203642-junior-cert-exam-appeal/

[51] https://www.irishtimes.com/news/crime-and-law/courts/high-court/parents-settle-action-over-lack-of-access-to-july-teaching-scheme-1.3931202

[52] https://www.thejournal.ie/july-provision-review-4836921-Oct2019/

[53] https://www.gov.ie/en/publication/5d15a-summer-provision-2020/

[54] https://www.education.ie/en/Press-Events/Press-Releases/2021-press-releases/PR21-05-11.html

removed. It is also hoped that the expansion of the scheme will be retained in the longer term.

The School Meal Programme is funded by the Department of Social Protection and local authorities. It is targeted at school-going children from disadvantaged backgrounds. Since 2004 it also operates in pre-schools catering for disadvantaged children. A modified School Meal Programme continued during school closures in 2020 and 2021, during school breaks and was extended to the summer months. [55] Schools organised the delivery of food parcels by providers or volunteers to the homes of children in receipt of school meals.[56] The expanded school meal programme helped to mitigate the risk of children experiencing food poverty during the pandemic as poverty has been shown to be a factor in families of children with disabilities. [57]

Training and supports for teachers and resources for teachers and parents
In response to school closures the Professional Development Service for Teachers (PDST) developed a range of distance learning supports that cover the following areas:

- Digital Technologies
- Health and Wellbeing
- School Leadership
- Primary Literacy
- Primary STEM
- Gaeilge
- Post Primary Mathematics

The learning supports in respect of Digital Technologies include a list of platforms to support distance learning and information regarding the features of each platform; a range of online tutorials that promote awareness regarding the features of various digital tools that can be used for teaching and assessment. The PDST also provides a drop in clinic that teachers can access if they experience any difficulties with regards to the use of various platforms.

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[55] https://www.gov.ie/en/press-release/f3e17-minister-humphreys-extends-school-meals-programme-funding-to-schools-over-the-summer-holidays/

[56] Doyle, 2020

[57] https://www.growingup.ie/pubs/Session_F__Paper_1_Roddy__A.pdf

The CPD courses provided also reflect the shift to blended and remote learning. The course on Digital Technologies and additional needs is especially relevant.[58]

The PDST and the Teaching Council also presented a series of 10 webinars between March and June 2020 and a further six between January and June 2021. Two webinars in the series relate to supporting students with SEN remotely.[59] Webinar panel members are drawn from teachers and education specialists, parents and students. Links to relevant resources are provided alongside each webinar.

Scoilnet is a repository of over 20,000 resources for teachers, students and parents that has been developed since its inception in 1998. In response to COVID-19 and the shift to remote learning Scoilnet has curated collections of remote learning resources into three main streams:

- Beyond the classroom.
- Stem sa bhaile.
- Maths at home.

The National Educational Psychological Service (NEPS) has developed a range of advice and resources to promote the wellbeing of children and young people during COVID-19. A directory that signposts resources provided by various agencies has also been developed. Parent and student specific resources are provided. Resources for students include guides on managing stress and anxiety, relaxation techniques and panic attacks.

The National Council for Special Education (NCSE) has also developed resources for parents and teachers to support home learning among children with special education needs. The resources are tailored for early learners, primary and post-primary school children and children attending a special class or in special schools. The resources are updated regularly so that they reflect the children's environment. For example in March 2021 the resources for early learners are focused on spring and also look ahead to the child's transition to primary school. Parental resources for all children are grouped into the following categories:

- General support for learning.
- Speech language and communication
- Occupational therapy
- Promoting learning and behaviour at home

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[58] https://www.teachnet.ie/courses/ict-and-special-education-needs-in-the-primary-classroom/

[59] https://www.teachingcouncil.ie/en/about-us1/learning-for-all-webinar-series/>

- Visiting teachers support
- Games

Additionally, a series of fifteen videos have been developed to support parents. The videos cover topics such as managing behaviour at home, visual schedules and visiting teacher supports. These resources will continue to be of value when schools re-open fully.

The resources for teachers have been developed in conjunction with clinicians such as occupational and speech and language therapist. Visiting teacher supports focus on teaching aids for children with hearing and/or vision impairments. The Visiting Teacher service has continued with some modifications during the pandemic.

Despite the significant amount of materials, webinars, videos etc. produced we could not find any evaluations of the impact of these materials and the NDA advises that such evaluations take place in order to harvest learning regarding their effectiveness and impact. It would be particularly interesting to establish how teachers feel their own digital skills have improved and how the resources provided helped.

Home School Hub
On 30th March the Home School Hub was launched by RTE. The programme was targeted at primary school children. The first series ended in June 2020 and a second series began in January 2021 and finished in March 2021. An Irish Sign Language (ISL)-version is available and was welcomed by the Irish Deaf Society.[60] The Home School Hub also collaborated with scientists in Intel to develop and deliver a virtual mini-scientist programme. A new series (After School Hub) broadcasting in the afternoons began in October 2020. Student engagement was promoted through a range of activity sheets that could be downloaded. Children could also communicate with the Home School Hub team by Freepost. As programmes can be viewed on the RTE player it is a flexible resource for families.

Many education activities and awareness activities moved on-line such as Science Blast, I Wish, the Young Scientist Competition, and Justice week for example, Fighting Words, a creative writing initiative provides a range of online resources including zoom meetings, videos with writing prompts and ideas and class workshops. They also mentor writers in the DCU Neurodivergent Society. The 'Someone Like Me' school's art competition funded by the National Disability Authority that raises awareness about disability also moved online. Online

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[60] https://www.irishdeafsociety.ie/isl-interpretation-for-rte-home-school-hub/

initiatives such as these allow for a greater number and geographical spread of participants and may particularly facilitate the inclusion of students with disabilities as concerns regarding access and fatigue do not arise. Access to these initiatives is dependent on access to digital technology and connectivity.

Programmes for transition year students
Programmes which provide work experience are a core element of the programme for transition year students. Public health concerns have resulted in the cancellation of many planned work experience programmes. However, some programmes have moved online. The Bar Council of Ireland provide a five week course (Look into Law) for transition year students. In previous years the capacity of the course was limited to 100 places of which 20% were reserved for students from DEIS schools. In 2021 the course moved online and attracted 10,000 students. It is hoped that some version of the online version will continue in future years as it is recognised that it has vastly extended the reach of the programme. The shift to online delivery may open this course and careers in law to students who might have not been dissuaded from applying due to accessibility concerns. There is also potential for other organisations to develop on-line work experience programmes for transition year students.

Responses relating to the Further and Higher education sectors
In March 2020 further education and training (FET) institutions, including community education providers, and higher education (HE) institutions worked rapidly to put in place arrangements for remote teaching, learning and assessment that would enable learners where feasible to complete the academic year despite the COVID-19 restrictions. A range of approaches were used to enable teaching and learning to continue. These included Virtual Learning Environments, digital communications platforms, online video channels, collaborative file-sharing software, text messages, emails telephone calls and post.

Although the transition to remote learning generally worked well, evidence from student surveys suggests that vulnerable learner cohorts (e.g. Travellers, Roma, learners in Direct Provision, and learners with a disability) were particularly disadvantaged by the shift to remote learning.[61] Practitioner feedback also pointed to difficulty in providing learners with additional needs with appropriate and adequate supports for remote learning. Learners who previously received personal assistance for allocated hours were not able to avail of this support due to social distancing restrictions. This is consistent with the finding from survey data that a significant proportion of learners with additional needs did not feel

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[61] Quality and Qualifications Ireland, 2020

that their needs were being met.[62] It is interesting to note that compared with students with disabilities in FET programmes, students with disabilities in undergraduate programmes and postgraduate programmes in HEIs, were significantly more likely to disagree or strongly disagree that they were coping well with learning from home and that adequate support measures were in place for them.[63]

In April 2020 the National Adult Literacy Agency (NALA) presented a webinar for teachers on remote teaching with literacy groups.[64]

Local responses to remote learning
While national resources are available to all, institution and school specific initiatives have varied resulting in a differential impact of school closures for students. The guidance issued by the Department of Education regarding the continuity of learning is broad rather than prescriptive. Submissions noted that the non-prescriptive guidance recognised that every school is different and what suits one school community might not suit all. School principals were able to exercise autonomy in adopting the approaches that best suited their school community. A submission from a primary school described the Irish Primary Principal's Network as "an invaluable resource" noting that they provide a resource bundle that is regularly updated and a network through which principals can seek support and advice from their colleagues. Submissions also referred to drawing support from and sharing learning through informal networks of principals. As noted previously the PDST provides a list of digital platforms for teaching and learning.

Some schools have opted to use a range of different digital platforms/video conferencing tools for different classes/functions (e.g. Seesaw for JI-2nd Class; Google Classroom 3rd-6th Class; Zoom for live classes). Some schools and colleges provided activity packs to learners that were unable to engage in remote learning due to digital poverty or learning difficulties. The Central Remedial Clinic (CRC) prepared and delivered personalised group and activity packs to students enrolled in QQI courses. Students completed the activities and submitted back to the CRC. This enabled students to complete their QQI courses. It will be important to ensure that there is monitoring of any educational attainment gap due to the school closures and that steps are taken to address this.

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[62] Ibid.

[63] Ibid., p.132

[64] https://www.nala.ie/support-us/remote-learning-webinars/>

Advances in the use of digital technologies for learning due to COVID-19

The importance of digital technologies in education was recognised prior to the pandemic in the digital strategy for schools published in 2015.[65] In 2019 an evaluation of digital learning was conducted by inspectors from the DES. The results indicate that digital approaches to teaching and learning were partially rather than fully embedded in Irish schools in advance of the pandemic.[66]

The abrupt and complete shift to remote learning was challenging for all schools. The shift was less challenging for schools that were already using online platforms and applications as part of their teaching and learning practices and had in place a whole of school approach to the use of digital technologies and especially difficult for schools that had not begun to embed digital technologies.[67]

Technology is especially important for children and young people with additional needs as it can promote autonomy, overcome communication difficulties, foster inclusion and enable the learner to learn in a manner and at a pace that best suits them.[68] The closure of schools prompted by the pandemic has resulted in a rapid embrace of digital technology and the upgrading of teachers' ICT skills. This is likely to enable more students with additional needs to reach their full potential over time.

The pandemic has hastened the process of embedding digital teaching and learning in Irish schools. This will reap educational benefits in the long-term. Advancing the integration of digital technologies in teaching and learning may be especially beneficial to those with additional needs.

Challenges and Opportunities

Lengthy school closures during the pandemic are likely to have especially impacted children and young people with special education needs and widened existing inequalities in educational attainment. A sustained response to this challenge could result in long-term improvements in learning outcomes and life opportunities for disadvantaged children.

The increased integration of digital technologies in teaching and learning is a welcome development but it must be accompanied by concerted efforts to address digital poverty and skills to ensure differential digital access does not

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[65] Department of Education and Skills, 2015.

[66] Department of Education and Skills, 2020c.

[67] Ibid.

[68] British Educational Communications and Technology Agency, 2003

drive educational inequality. Children with disabilities are disproportionately disadvantaged in terms of access to digital technology and the opportunities that can flow from it.

The cancellation of the junior certificate for two consecutive years may make it more difficult to retain some pupils in post-primary schools. Consideration should be given to providing an increased number and range of alternative educational and training pathways for early school-leavers.

If retained the modified assessment system for the leaving certificate that blends examinations with accredited grades would be especially beneficial for those students with disabilities for whom examinations are particularly tiring and or stressful.

The case studies set out below highlight some examples of innovations adopted during COVID-19 in specific settings.

Case Study One - Trinity Access and Disability Services

Trinity Access and Disability Services (TADS) conducted a series of surveys with students to assess the supports they needed to engage effectively with remote learning. The response of the TADS was also shaped by responses to the AHEAD survey of Learners with disabilities in FET and HE and by input from staff and students that contacted the TADS.

The TADS Team adapted quickly in March 2020 when COVID-19 closed the University. The TADS Team continued to meet with students in person, via MS Teams, phone, or email. Students had the facility to book an appointment online with Team members or they could arrange a drop-in online appointment via a scan QR code system. Alternative meeting formats were established to connect with and support students with disabilities. TADS also provided practical guidance on issues such as managing mental health, engaging in good study routines, setting up a study environment, and assisting with technology to support remote learning.

As learning moved online, many accessibility issues required solutions to ensure accessibility needs were being met. Disability services worked with Trinity IT Services on two projects, Blackboard Ally and Closed Captioning in Panopto.

Blackboard Ally is a tool that helps content authors to ensure that the lecture materials that they upload into Blackboard meet accessibility standards. A key feature of Blackboard Ally is the 'file transformer' facility that allows course content to be uploaded in a file and then downloaded in an alternative format. It was launched in Trinity in November 2020 and tags all Blackboard documents

with information on the accessibility of their contents. As there are typically 6-7,000 live modules in Blackboard in Trinity in a given academic year, with over 1,000 content owners and tens of thousands of pieces of digital content authors must be enabled to make their documents accessible. The introduction of Ally has greatly increased awareness of accessibility needs and highlighted the need for adequate training for authors.

The lecture captioning facility provided by Panopto adds artificial machine-generated (English) captions to new Panopto lecture videos. Machine generated captions can be edited. Lecture captioning has not yet been fully implemented due to the cost of the high quality version of the software.

TADS developed advice and guidance regarding remote teaching and learning and remote assessment for students with disabilities.[69] TADS provided input into the development of modules that supported staff and students to adapt to online learning. TADS also ensured that the move to online examinations was guided by all relevant accessibility and reasonable accommodation issues.

TADS also undertook a review of all HEI's online examinations and produced a report for the Disability Adviser Working Network (DAWN) leading to revised and nationally agreed on guidelines for the academic year 2020-21.

COVID-19 has fast-tracked the introduction of technological solutions that students with disabilities have always needed and asked for. The disruption it has caused has provided a golden opportunity for change. When a return to on-campus teaching emerges, there is an opportunity to strike a better balance between on and off-line teaching and learning. TADS believe that systemic change has the potential to benefit all students and result in a more inclusive learning environment.

Case Study Two - Blossom Ireland

Blossom Ireland supports young people with an intellectual disability and their families as they transition from school to life after school.[70] Prior to March 2020 services were delivered in person during the weekends or evenings primarily with young people from Dublin.

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[69] https://www.tcd.ie/disability/resources/inclusive%20teaching%20and%20learning.php

[70] https://blossomireland.ie/

As a result of COVID-19 restrictions Blossom Ireland developed an accessible blended learning course geared towards young people with an intellectual disability who have different levels of academic ability including non-readers. The skills and training courses are now delivered through a blend of online learning activities, weekly video challenges and weekly virtual group meet-ups. The skills taught range from social skills, community life skills and preparing for life after school. It uses engaging graphics, video, audio and games to make it fully accessible to non-readers and those with limited means of communication. To date 55 young people have attended the Blossom Personal Empowerment Programme Assertiveness course and a further 30 attended online events like yoga, mindfulness and practicing coping skills. An Assertiveness module is already developed and two more modules are currently under development.

This programme continues to be expanded and is now accessible to young people with an intellectual disability nationally, which previously was not logistically possible. This blended learning course won the AONTAS award for Mitigating Educational Disadvantage using Innovation during COVID-19.

Chapter 5 Employment

Impact of COVID-19

There are many barriers to entry and retention in the labour market for people with disabilities. Consequently, the labour market participation rate of persons with disabilities (36.5%) is low compared to the participation rates for those without disabilities (72.8%).[71] The COVID-19 pandemic has disrupted labour markets world-wide. Industries are more vulnerable if there is a reliance on face-to-face communication or close physical proximity between co-workers and customers. The Comprehensive Employment Strategy for People with Disabilities 2015-2024 aims to increase the employment of people with disabilities in the labour market. [72] Many actions in this strategy have been delayed over the past year.[73] The NDA recognises that there are a high number of persons with disabilities employed in sectors that are that are at risk during an economic downturn, for example, retail, catering and hospitality.[74] A forthcoming report from the OECD, commissioned by the NDA, indicates that loss of employment during the pandemic is likely to have been higher for persons with disabilities compared to employment loss experienced by persons without a disability. The OECD report also points out that persons with disabilities are more likely to work in jobs that are not conducive to remote working and that a high proportion work in jobs in retail and services sectors that were heavily impacted by the pandemic.[75]

The public health measures put in place due to COVID-19 resulted in "the largest monthly increase in unemployment in the history of the State during March 2020".[76] Prior to this the Irish Labour Market was considered close to full employment. In February 2020 the monthly unemployment rate was 4.8%.[77] By April 2021 the COVID-19 adjusted unemployment rate was 22.4% (including those on the Pandemic Unemployment Payment).[78]

A small qualitative study exploring the experiences of 11 adults with Intellectual Disabilities in Ireland during the COVID-19 pandemic reiterates this finding. All

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[71] National Disability Authority, 2018b

[72] See Government of Ireland, 2015

[73] National Disability Authority, 2021

[74] National Disability Authority, 2020

[75] Forthcoming publication by OECD on 'Effective engagement with employers to improve labour market outcomes for persons with disability' Q4 2021

[76] Department of Employment Affairs and Social Protection, 2020 p4.

[77] https://www.cso.ie/en/releasesandpublications/er/mue/monthlyunemploymentfebruary2020/

[78] See https://www.cso.ie/en/statistics/labourmarket/monthlyunemployment/

participants interviewed lost their job due to COVID-19 as the nature of their employment (helping other clients of disability services, cooking, working in coffee shops and doing laundry) meant working remotely was not an option.[79]

Innovations and Adaptations

COVID-19 Income Supports

The Government introduced a range of income supports for individuals and businesses impacted by the pandemic. The Pandemic Unemployment Payment (PUP) administered by the Department of Social Protection is in place since March 2020 and is expected to continue to September 2021. The payment varies between €203 and €350 depending on previous earnings. [80] Disaggregated data by disability status is not available for the recipients of PUP.

A Temporary Wage Subsidy Scheme (TWSS) was administered by the Revenue Commissions ran from late March 2020 to August 2020. The Employment Wage Subsidy Scheme (EWSS) also administered by the Revenue Commissioners replaced the TWSS and is expected to run until December 31st 2021.[81] The payments peaked in the week ending May 3rd 2020 which saw 1,011,0080 recipients of the PUP, TWSS or EWSS (excluding duplicates).[82]

In February 2021 the Government announced a Social Enterprise Regeneration programme valued at €800,000. This funding stream is additional to the existing €3.2 M Social Enterprise Development Fund.[83] The programme is aimed at helping social enterprises recover from the impact of COVID-19. Social enterprises are businesses aiming to achieve a societal or environmental impact.[84] Many social enterprises provide employment to persons with disabilities.

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[79] Murphy et al, 2020.

[80] https://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/unemployed_people/covid19_pandemic_unemployment_payment.html#

[81] https://www.citizensinformation.ie/en/employment/unemployment_and_redundancy/employment_support_scheme.html

[82] https://www.cso.ie/en/releasesandpublications/fp/fp-c19isar/covid-19incomesupports-ananalysisofrecipientsmarch2020tomay2021/executivesummary/

[83] https://rethinkireland.ie/current_fund/social-enterprise-development-fund-2021/#:~:text=The%20Social%20Enterprise%20Development%20Fund,through%20the%20Dormant%20Accounts%20Fund.

[84] https://www.gov.ie/en/press-release/9c700-minister-humphreys-announces-new-800000-regeneration-programme-for-social-enterprises-programme-to-support-social-enterprises-in-the-recovery-from-covid-19/

Remote working

One of the public health measures introduced during the pandemic required employers to enable employees, whenever possible, to work remotely. This requirement applied across all sectors of the economy. Findings of a survey conducted by the CSO in 2020 found that 47% of persons aged 15 years and over indicated that COVID-19 had an effect on their employment situation. Of these, one third (34%) had shifted to working from home, while 12% had increased their hours working from home. Many workers have said they would like to continue working either full-time or part-time from home. [85] In addition, a national survey conducted in October 2020 and led by NUIG and the Western Development Commission collected data from employees across a range of industries (n=5639). These data indicated that 68% of respondents were working remotely since the COVID-19 outbreak. Nearly half of respondents (49%) indicated they had never worked remotely before and 94% indicated they would like to continue to work remotely after the pandemic. [86]

Some persons with disabilities had agreed remote working arrangements with their employer prior to COVID-19. In consultations conducted by the NDA on themes such as 'supports to access work' many people with disabilities described choosing flexible or remote working as one such support in order to overcome workplace and work related challenges including discrimination, and the time, effort and difficulties associated with travel to and from work. People also mentioned that they felt their productivity improved with remote working.

A more widespread remote working strategy would mean more people with disabilities can be facilitated to work. A change to a hybrid or blended model of working, where there is a mix of physical attendance and remote digital connectivity is possible in jobs across many sectors including sectors where remote working was previously not considered possible. For example, the Courts Service of Ireland believes that 'hybrid courts' a combination of digital and physical courts will remain in place into the future. [87]

There are some difficulties with remote working: challenges include isolation/loneliness, staying motivated and the physical workspace. [88] The CSO note that as schools and offices were closed, having family members at home created difficulties with remote working for some people due to their caring

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[85] https://www.cso.ie/en/releasesandpublications/er/elec19/employmentandlifeeffectsofcovid-19/

[86] McCarthy et al, 2020

[87] https://www.courts.ie/content/virtual-courts-update

[88] McCarthy et al, 2020

responsibilities.[89] The lack of high-speed broadband in some parts of the country was also an issue. In Ireland, broadband connection rates and speeds are below average for households, businesses and farms in the Border, Midland and Western areas, for those in lower-income quintiles, and for those depending on welfare payments. In some areas, no broadband is available.[90] Persons with disabilities in general have higher levels of poverty and are therefore less likely to have internet access than persons without a disability. The provision of local shared working hubs may be a way to overcome this challenge but will require both transport and accessibility of the hubs to be considered.

National Remote Work Strategy
The shift to remote working that was mandated by public health restrictions enabled a massive trial of the effectiveness of remote working. Many employers who might previously have feared that remote working would reduce productivity have found that employees have worked effectively at home. There is now a broader acceptance by employers[91] and government that employees may prefer to retain remote working as an option on a permanent basis and that it is possible to facilitate remote working and maintain profitability

The National Remote Work Strategy, published in early 2021 is a Government commitment to facilitate an increase in remote working by "removing barriers developing infrastructure, providing guidance, raising awareness and leading by example".[92] The objective of the Strategy is to ensure remote working can remain a permanent feature in Ireland. It is based on three pillars:

1. Create a Conducive Environment

2. Develop and Leverage Remote Work Infrastructure

3. Build a Remote Work Policy and Guidance Framework

Implementation of the strategy will alleviate some of the barriers to employment faced by persons with disabilities such as mobility, transport and physical access issues and may result in more people with disabilities being retained and or attracted into the workforce.

The disruption caused by the COVID-19 crisis resulted in an environment in which a rapid fundamental alteration in working arrangements could be

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[89] Central Statistics Office, 2020

[90] http://files.nesc.ie/nesc_reports/en/154_Digital.pdf

[91] https://www.ibec.ie/connect-and-learn/media/2021/01/15/new-remote-work-strategy-a-welcome-and-timely-recognition-of-our-changing-workplaces

[92] Ibid., p.3

introduced. As the Tánaiste and Minister for Enterprise, Trade and Employment Leo Varadkar noted "This shift [to remote working] might have taken decades if it had been planned. Instead it took days".[93]

Statutory Sick Pay Scheme

The government recently announced the introduction of a Statutory Sick Pay Scheme that will be phased in over a four-year period.[94] When enacted, this new law will give all workers the right to paid sick leave. The right to paid sick leave protects workers in several ways: income protection; preserving relationships between employer and employee and enabling sick workers to recover at home, therefore, minimising the spread of contagious diseases.[95]

The period of paid sick leave will increase from three days per year in 2022, to five days in 2023, seven in 2024 and to 10 sick days per year by 2025. The gradual introduction of these changes is to help employers to plan ahead and manage the additional costs (which are capped). While the preparation of this scheme began prior to COVID-19, the pandemic underlined the pressing need for the scheme.[96] As the Tánaiste and Minister for Enterprise, Trade and Employment, Leo Varadkar TD stated this scheme "can be one of the positive legacies of the pandemic as it will apply to illness of all forms and not just those related to COVID".[97] It is hoped this bill will be enacted before the end of 2021 enabling the scheme to begin in 2022.

Ability Programmes

There are 27 Ability Programmes nationwide supporting persons with disabilities by promoting positive entry routes into education, training and employment. Ability is funded by the European Social Fund and the Department of Social Protection. The programme targets young people who are not yet work ready. They use a range of person-centred supports to identify and follow progression routes based on individual potential and need.[98] One example is the Ability South Tipperary which assists young people with disabilities aged 15 to 29 into the labour market. In March 2020, at the start of the pandemic, it faced a range of

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[93] Government of Ireland, 2021 p.1

[94] https://www.gov.ie/en/press-release/fee76-tanaiste-announces-details-of-statutory-sick-pay-scheme/

[95] Forthcoming publication by OECD on 'Effective engagement with employers to improve labour market outcomes for persons with disability' Q4 2021

[96] See https://www.mrci.ie/2020/11/30/working-to-the-bone/

[97] https://www.rte.ie/news/business/2021/0609/1227130-sick-pay-bill/

[98] See https://www.gov.ie/en/service/d38c9e-apply-for-funding-under-the-ability-programme/

challenges: work placements and work experience opportunities were cancelled, weekly face-to-face meetings and classroom-based trainings were all put on hold. Ability South Tipperary noted that their greatest learning was "the importance of communication, of any sort, whether through Zoom, letter writing, phone calls or sending and receiving activity packs". Another example of an Ability project is provided as a case study.

Challenges and Opportunities

Job losses as a result of the COVID-19 pandemic may impact more on persons with disabilities. Conversely, remote working may become more widespread and it has the potential to decrease the barriers to entry and retention in the workplace for persons with disabilities. The government acted quickly to introduce financial incentives to help individuals and businesses impacted by the pandemic. The recent statutory sick pay scheme and remote working strategies are further evidence of measures that will benefit persons with disabilities, the former enacted rapidly due to the pandemic and the latter as a direct result of the pandemic. However, remote working is contingent on the availability of infrastructure to ensure reliable connectivity nationwide.

The remainder of this section presents two case studies of programmes that support persons with disabilities in employment adapted to comply with the public health restrictions. Like other sectors in this study the use of technology is paramount.

Case Study Three - The Willing Able and Mentoring Programme

The Willing Able and Mentoring (WAM) programme run by AHEAD[99] is a graduate work placement programme that supports employers and graduates in a range of private and public sector placements.[100] WAM continues to provide supports to employers and graduates in a remote work environment.

WAM updated all policy and support documents to facilitate and reflect a shift to remote working. For example, pre-placement an individual work placement needs assessment is carried out to identify the accommodations required by graduates. When graduates switched to a remote work placement the accommodations were re-examined to ensure that they could transition to the home environment. For example, WAM, in conjunctions with employers, had to ensure that

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[99] The Association for Higher Education Access and Disability (AHEAD) is an independent, non-profit organisation that works to create an inclusive environment for people with disabilities in work and educational settings. See https://www.ahead.ie

[100] https://www.ahead.ie/

graduates with hardware or software accommodations could access them remotely. The accommodations will be re-examined as graduates return to an office based work placement.

Support meetings take place remotely with graduates. These were initially set up by WAM as a response to remote working and now graduates run the meetings independently. This is particularly important for graduates who were recruited remotely as WAM received feedback that some graduates felt isolated as they had never met colleagues in person.

WAM created a Web page with a suite of webinars to assist and support both employers and graduates in the workplace with remote working practices including: features of different remote platforms; virtual recruitment; best practice for zoom meetings and accessibility.[101] WAM report that conferences "WAMinars[102]" are better attended remotely than had been in the past and future events will take a blended approach that incorporates both remote and in-person events to facilitate wider access.

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[101] https://www.ahead.ie/wam

[102] These are WAM webinars see https://www.ahead.ie/waminars

Case Study Four - The Irish Wheelchair Association (IWA) Ability Programme

The Irish Wheelchair Association (IWA) Ability programme provides job seeking and employability skills coaching to young people with physical disabilities aged 18 to 29. The programme currently has 86 people registered nationwide many of whom move on to paid employment.

During the pandemic the IWA Ability Programme had to change how they "met" their participants, how they prepared them for interview and how they recruited new participants onto the programme. All coaching and recruitment sessions moved to remote platforms. Participants were asked their preference on the platform to use for their coaching session as a variety of platforms are available, for example, Microsoft Teams and Zoom. Participants were sent tutorials and detailed instructions on how to use their chosen platform and practice runs were completed before coaching sessions.

Emails, texts, phone calls and WhatsApp messages were also used to keep in regular communication with clients. Mock interviews were completed virtually, which gave clients good insight into what current real-life virtual interviews would be like. When restrictions reduced, participants who were in need of a face-to-face meeting were accommodated with relevant public health measures in place.

As well as one-to-one and group coaching sessions, the participants also take part in a series of regional group workshops covering interview skills, personal development and CV writing all of which are now delivered virtually. A series of monthly webinars are being delivered to connect all the participants at a national level with speakers talking about employment related issues. The IWA Ability Programme notes that COVID-19 has highlighted to employers that remote working is now a viable option, which may be a positive outcome for jobseekers with a physical disability. The more frequent use of technology has resulted in an increase in IT skills and confidence for many of their participants

Chapter 6 Specialist Disability Services

Impact of COVID-19

Specialist disability services in Ireland are delivered in three ways: directly though the Health Service Executive (HSE); indirectly through HSE funded non-statutory section 38/39 service providers; and through private care providers.[103] Specialist disability services provide day and residential supports to around 56,000 people, including around 29,000 adults and children with intellectual disabilities; as well as clients with physical, sensory or neurological disabilities and autism.[104] The supports provided include residential placements; respite; day services; personal assistant services; multi-disciplinary services such as clinical therapies and specialist mental health services; as well as assessment of need for children.[105]

There are around 8,300 people living in residential disability services, of which 90% have an intellectual disability. Approximately 2,000 of these live in congregated settings (i.e. more than 10 residents).[106]

A major reform of disability services has been underway for some years. The key three components of the reform programme relate to the move from congregated to community based residential settings, the realignment of day services from centre based to person-centred services and the reconfiguration of services for children.

Day services closed

Disability Services have been severely impacted by COVID-19. During the first lockdown, apart from a few exceptions, day services closed.[107] Residential services reduced community based activities, residents cocooned and visiting was suspended. Some services set up COVID-19 units and residents that contracted the disease were moved there to isolate.[108]

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[103] Health Service Executive, 2021

[104] Department of Health and HSE, 2020

[105] Health Service Executive, 2021

[106] Department of Health and HSE, 2020

[107] Inclusion Ireland, 2020

[108] Ibid.

Infection control continues to be a key priority for staff in all disability services, in particular services providing residential placements, and more so congregated settings, where social distancing is more difficult.

A service provider who attended the NDA Building Back Better event noted that resumption of day services has not been uniform across services as different service providers have taken different approaches. At the time of writing, residential clients had not returned to all day services. Day services have returned for those who attend day services only but in many cases this is only a partial service. As many people with disabilities and all those with intellectual disabilities have been prioritised for vaccination the progressive roll-out of the vaccine programme will hopefully result in the resumption of day services for residential clients and the full resumption of other services.

Feelings of anxiety, isolation, loneliness and boredom
A study conducted by IDS-TILDA examined the impact of COVID-19 on people ageing with an Intellectual Disability in Ireland.[109] [110] Over half (55%) of participants indicated they felt stress or anxiety due to the pandemic. The most common reason for stress or anxiety was not being able to do their usual activities, followed by being unable to see friends/family; loneliness and isolation; and fear of contracting COVID-19.[111] Other research found that, like the IDS-TILDA data, as services and employment ceased, participants expressed feelings of loneliness and isolation.[112] Participants missed meeting their family/friends, leaving the house, studying and going on holidays.

Inclusion Ireland surveyed clients of disability services (n=55) and their families (n=291) in July 2020 to determine the impact of day service closures.[113] In terms of family members 38% indicated they noted an increase in behaviours of concern, 36% indicated an increase in loneliness for their family member and 33% an increase in anxiety for their family member. Findings also illustrate a concern about regression in skills during this period. Respondents with an intellectual

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[109] The IDS-TILDA is the first longitudinal study researching ageing in Ireland with people over 40 years old who have an Intellectual Disability. Data is collected and released in different tranches with wave 4 data currently being analysed. The pandemic began while data collection for wave 4 was ongoing and a questionnaire relating to COVID-19 was added and administered. This questionnaire sought to ascertain the effects of COVID-19 on this cohort

[110] https://idstilda.tcd.ie/about/

[111] McCarron et al, 2020

[112] Murphy et al, 2020

[113] Inclusion Ireland, 2020

disability reported loneliness as an issue (56%). One participant at the NDA's COVID-19 consultation expressed frustration that all disability service residents were required to cocoon as 'nursing home standards' were imposed on residences for people with disabilities.

Positive aspects to restrictions
An article by Hughes and Anderson notes that some clients of disability services are "managing better under the lockdown restrictions".[114] The article cites two examples. One, a young man with Autism Spectrum Disorder and the second a female in her 30's with social anxiety both appear more settled and content after the withdrawal of daily community activities.

Equally, some people reported that some benefits had flowed from the public health measures: many clients of disability services have shared their experience including enjoying more free time which is allowing more time to pursue their own interests and to experience new things.[115] Equally, one in five (22%) respondents in the Inclusion Ireland study reported that their family member is happier at home.[116] Equally, The IDS-TILDA study illustrates that 58% of participants indicated there were positive aspects to the lockdown, including: trying new activities (41%), opportunity to rest (36%), better relations with staff (26%) and using technology to communicate (14%).[117] Similarly, participants in the TU study expressed feeling more independent as they learnt to use a variety of platforms to access remote classes and activities.[118]

Clients of disability services presented at the IDS-TILDA conference about their experiences of COVID-19 restrictions. The common theme emerging was the importance of staying connected with colleagues, family and friends and the important role that technology had played here. Interestingly the IDS-TILDA data indicates that pre COVID-19, 82% of participants did not use a computer or tablet.[119] While the use of technology has increased in this group anecdotal reports are that has mainly been among those with a mild intellectual disability.

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[114] Hughes and Anderson, 2020 p.3

[115] IDS-TILDA Conference, 2020

[116] Inclusion Ireland, 2020

[117] McCarron et al, 2020

[118] Murphy, Turley and Byrne, 2020

[119] https://www.youtube.com/watch?v=Z8eaP0FIE04

Overall, it is clear that there is an increased prominence of technology in the lives of persons with an intellectual disability as part of the supports they receive from disability service providers.

Impact on staff

Hughes and Anderson document some of the impacts of public health measures on a UK learning disability service from a clinician perspective.[120] [121] The changes in routine, structures and boundaries increases stress levels in both staff and clients. This resulted in both a dip in staff morale as well as an increase in patient anxiety. Reducing face-to-face contact between clients and clinicians has meant an increase in the use of virtual consultations/telehealth. It found that often clients are unable to engage via telehealth and their carers speak on their behalf, which can cause further anxiety and the challenge for clinicians is of 'ensuring mental health is maintained without compromising someone's physical well-being'. [122]

The increased use of technology required staff and clinicians to rapidly upskill. Some staff found this challenging but others expressed a preference for this type of approach. The NDA has previously advised that training and education to build the capacity of users and healthcare providers is important and that still holds true as the pandemic progresses and will be necessary post-COVID-19.[123] The NDA publication "Effective implementation and monitoring of telehealth and telecare in Ireland: learning from international best practice" report in 2018 may be helpful in providing other advice.[124]

Several submissions acknowledged high levels of staff creativity, camaraderie and resilience during lockdown periods. Hughes and Anderson echo this and note a sense of camaraderie emerged with staff that may have already been present but strengthened as staff pulled together.[125]

Staff across many disability services were redeployed due to the changes in service provision as a result of COVID-19. For example, in Cregg Day Services

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[120] Hughes and Anderson, 2020

[121] This is a UK Learning Disability Service for adult's age 16 years and over run by the National Health Service. It provides services in both an inpatient unit and in the community. It is a multi-disciplinary service. The Service works closely with other agencies including Social Work, Care Providers and families

[122] Hughes and Anderson, 2020 p3

[123] See http://nda.ie/Publications/Health/Covid-19/Impact-of-COVID-NDA-submission-June-20201.pdf

[124] NDA, 2018a

[125] Hughes and Anderson, 2020

staff were redeployed to residential settings to support residents with activities to be done in-house as residents were no longer able to go to their day services. Some residents have reported through various fora that they enjoyed some of these activities, enjoyed more down time as they didn't have to go out as much, but also reported that they missed going out. In the Central Remedial Clinic (CRC) staff were redeployed to nursing homes and testing centres both inside and outside their own service.

Innovations and Adaptations

The following section examines the innovations and new practices put in place by staff organisation and practices in day and residential services in response to public health measures.

Development of remote activities for clients

Public health measures meant that social participation and the activities normally enjoyed by persons with disabilities attending services ceased. To continue to provide a service and to counteract the feelings of stress, anxiety and boredom, service providers introduced remote classes and other ways of connecting through a variety of online platforms such as Zoom, social media, Microsoft teams, Google Hangouts and WhatsApp. For example, residents in Cregg Services took part in exercise, yoga and dance classes, cooking and baking via Zoom. Staff sourced new equipment (such as trikes, indoor and outdoor trampolines, and indoor exercise equipment) and delivered them to community residences so clients could carry out activities within the home, or within their localities.

The Central Remedial Clinic (CRC) developed a similar suite of online classes and activities for clients, which also extended to those supporting clients. CRC also continued training in Lámh and the Hanen Programme which were delivered to parents via the Attend Anywhere platform.

Services also spoke about themed activities that took place, for instance, Christmas card design competitions, a virtual nativity play, drive through Santa and streamed religious ceremonies. One submission highlighted an online therapeutic art class, delivered through a person-centred approach. This allowed each participant to express and share their art on topics that interested them.

Residents kept in regular contact with family and friends through Zoom and Skype. Cregg Services noted reports that in some cases contact has increased between residents and their family and friends during the lockdown period, which they indicate is due to remote communications becoming more mainstream.

However, some submissions noted problems in engaging clients remotely due to a shortage of devices and Wi-Fi connections. The CRC indicated that some of their clients got frustrated with Zoom classes, generally due to poor internet connection and in such instances they reverted to more traditional connectivity such as the telephone. Inspired, a community project for young adults with ID based in Kerry, noted that in some cases elderly parents were unable to address some technical issues.[126] They collaborated with the local Community Garda to visit the person and assist with the technical difficulties.

The use of digital platforms expanded beyond delivering remote activities. The National Council of the Blind in Ireland (NCBI) switched all face-to-face appointments to online and telehealth support, including video conferencing, telephone based appointments, use of email and SMS. Fighting blindness changed the delivery of their counselling service to the telephone and delivered their Living with Sight Loss course and other services via Zoom. To ensure their courses were inclusive they began Zoom training for all participants ahead of each training course. By March 2021, 350 people had availed of the zoom training. Fighting Blindness reported an increase in new clients: 63% of counselling support provided was to new clients, which is the highest annual volume of "new" counselling clients to date.

The Communications Team in the CRC recorded videos for families to explain what they should expect when attending the centre. This was also used for client returning to their centre as services reopened. The CRC reported that it helped to counteract fears for both groups as the videos prepared clients for the public health measures that were put in place. This video information system is expected to stay in place after COVID-19 restrictions are lifted.

The St John of Gods services replaced weekly face-to-face advocacy sessions with online sessions. The aim was to enable clients to talk about what is important to them, to share information, to support each other and to learn more about an applied approach to advocacy. Participants shared issues they were experiencing as well as ideas and solutions that could help. Issues raised are discussed and advice given but clients resolve issues themselves with staff support. Clients are supported to record the minutes via video. The video is then played at the start of the next meeting. The submission states that supporting clients to do this has proved to be a "very empowering experience". On an individual level it built confidence and gave clients a voice; on a group level the client – rather than the

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[126] http://inspired.ie/about-inspired/

staff - voice is dominant. The sessions are reviewed by staff and clients provide feedback via Survey Monkey. The feedback is used to inform future meetings.

Increasing reach through digital accessibility
Digital accessibility was identified as a challenge in two ways, access to digital devices and digital skills. Using digital devices was seen as a way to keep connected with clients, increase their skills and also provide them with access to the variety of online classes and workshops delivered through services. Clients and staff have learnt to use a range of devices, digital platforms and apps such as tablets, iPads, smartphones, Microsoft Kaizala, Zoom, Skype, Netflix and Spotify.

An unintended positive consequence of the online programmes was highlighted by many of the submissions. Remote programmes that began as an individual centre initiative have subsequently been extended and used throughout services, consequently broadening the scope of those who can avail of them. Due to the availability of a wider array of activities and online classes the numbers who participate have increased, furthermore, some services commented that those who had not previously attended classes in person did so remotely. Equally, as sessions were broadened and expanded beyond individual units, clients met other clients beyond their own centre and new friendships developed. Fighting Blindness notes that some of their services increased by 300% as a result of online delivery rather than based in city locations.

Changes in service delivery: a blended and collaborative approach
Public health measures have led services to examine how schedules could be reconfigured, for example, providing remote clinical therapies, or streamlining services so that clients can have several centre based therapies in one visit. One of the legacies of COVID-19 could be permanent shifts in modes of service delivery.

Many persons with disabilities were not comfortable leaving their homes due to fears of contracting COVID-19 and they cocooned at home. Many services therefore adapted to provide supports to the homes of individuals, for example, the National Council of the Blind in Ireland (NCBI) delivered hundreds of hot meals, care packages, sanitizer, medication, shopping, and craft packages to their clients who needed the most support.

The CRC developed a service where a mobile van unit came to people's homes to carry out wheelchair repairs. Previously people needed to bring their wheelchairs to the centre for repairs. It is envisaged that this service will continue post COVID-19.

There are many examples of collaborative approaches between services. Cregg services in Sligo collaborated with a local secondary school to make Christmas

cards for each resident as visits home were restricted or cancelled depending on the vulnerability of the resident and their family. The NCBI developed a Connection Network service which is a volunteer lead initiative conducting weekly check-in calls on clients experiencing social isolation.

A leader in a disability support service who presented at the IDS-TILDA webinar noted that COVID-19 has shown that resources can be delivered differently using online platforms, not only within one centre but shared throughout services.[127] Clients may want to choose a blended approach when services re-open and this should be supported. She believes the support and collaboration with other service providers that has emerged throughout restrictions will stay in place. Equally, there is scope for further partnerships to develop that will ultimately benefit the sector as a whole as services have a common goal to provide person centred supports to clients.

Cregg Services agree that future service delivery may change. Staff observed that their residents now have more time to relax and feedback from some residents indicates that they are more content without the pressures of getting up early in the morning to go to Day Services. Furthermore, there are less people in each room as a result of social distancing guidelines, which has resulted in a more relaxed and manageable environment for Day Service clients.

Changes in staff organisation and practices
Due to being redeployed staff were working with smaller core teams whilst also delivering services remotely for the first time. Staff at the CRC noted that departments within the CRC centres began to work more closely together than they had in the past. As communication increased more cross service collaboration and support emerged. CRC noted that social workers from different centres began linking together, which resulted in increased peer support. The CRC believe this arose as staff worked together to figure out the best ways effectively deliver services. Some staff of the CRC believe this has led to a lot of creativity and innovation and to a more holistic type of service delivery.

Disability services shifted their training and CPD events from face-to-face to online delivery. The St John of Gods service noted how this change of delivery of staff training and mentoring reaped many benefits. There has been an increase in staff attendance as staff can access training in their workplace thus eliminating the additional time required for travel. A knock-on-effect of more staff presence at training sessions is the generation of broader discussions on individual

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[127] Natalya Jackson, CEO, Daughters of Charity Disability Support Services

experiences, simply because there are more attending that share their stories. Staff have also indicated that it is a more efficient way to deliver training.

Challenges and Opportunities

Specialist disability clients were particularly impacted by the sudden suspension and closure of many services. However, this has resulted in several unexpected outcomes: staff developed creative responses to minimise the impact of restrictions; clients were exposed to digital technology. Overall, there seems to be an appetite among clients and staff in the specialist disability services to explore different ways to deliver services in the future. This should facilitate a person centred approach to service delivery.

The remainder of this section presents two case studies that outline some of the innovations put in place by two specialist disability services to counteract public health restrictions.

Case Study Five - Brothers of Charity Services Galway Area

The Brother of Charity Services Galway (BoCSG) provides a range of services to people with an intellectual disability and their families in Galway City and County. This includes early intervention services for young children through to school age services. They also provide a variety of programmes and services for adults including: educational, day, residential, respite, family support, a range of multidisciplinary support services and supports to individuals who live independently.[128]

The main concern for the BoCSG during the pandemic was to alleviate the sense of fear and feelings of isolation among their clients. Staff were supported and upskilled in mental health wellness to support people living alone and in residential settings. The service collaborated with other community organisations and used technology to maintain contact with clients. To reduce isolation and help clients remain active services delivered a range of food, care and activity packages to those who used their day and outreach services. Funding for this initiative was provided through the government's COVID-19 Emergency Fund. This initiative also helped those who were experiencing financial difficulty.

To combat feelings of isolation and to focus on health and fitness the services began remote activities and educational classes. Evening and themed activities also took place, for example, movie nights and a virtual Galway Races night.

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[128] https://www.brothersofcharity.ie/galway/

Virtual fitness events included a mini-marathon, cycling events as well as a six week Operation Transformation challenge.

There are many examples of how BoCSG collaborated with a range of community groups. For example, they linked with Food Cloud to obtain excess food supplies from retailers, Christmas cards and gifts were sold in local coffee shops and at a pop-up Christmas market. One service linked with a nursing home and crafted bird and window boxes for residents. There were also links with the Community Garda in Galway city where the Gardaí developed relationships and supported people in vulnerable situations, including some BoCSG services users. It is anticipated that these new partnerships and collaborations will stay in place after COVID-19 restrictions are lifted.

Pre COVID-19 clients were supported by BoCSG to be on interview panels for staff recruitment but the pandemic disrupted this process. Interviews are now taking place remotely and with training and support clients are now reinstated on interview panels. This will continue until it is safe to hold face-to-face interviews.

The Galway Advocacy Council[129] which is made up of BoCSG clients kept up their meetings throughout 2020. Meeting minutes were circulated throughout the services to keep people updated and connected. The Council also made a Vaccine Information Video to allow people make an informed decision about getting the vaccine.

In terms of continuing remote classes when restrictions are lifted the BoCSG will be guided by the people they support: if there is a demand for remote classes they can continue to deliver them remotely. The BoCSG recognise that the remote classes have proven beneficial as they reach a greater audience and there is no geographical divide. BoCSG look forward to exploring digital accessibility further and supporting the changes it brings for their services.

Case Study Six - St. Michael's House Dublin Area

St Michael's House (SMH) provides a range of services supporting adults and children with an intellectual disability in the greater Dublin area. This includes: residential and day supports; clinical supports; respite supports; school and vocational training services.[130]

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[129] https://www.brothersofcharity.ie/galway/advocacy/

[130] https://www.smh.ie/about/about-st-michaels-house/

SNH devised an online Activity Hub to support clients, staff and families during restrictions. The content is categorised into three key areas: physical activity; mental health and wellbeing; and, skills based engagement and learning. The SMH website hosts a weekly virtual timetable signposting synchronous (through Zoom) and asynchronous (on YouTube) virtual classes. The classes promote health and wellbeing, social connectedness education, including digital skills, and personal development e.g. confidence, self-determination and autonomy. The Activity Hub now hosts approximately 150-200 attendees on live online classes. SMH is building capacity for the hub by establishing new relationships with community-based external tutors, other disability service providers and external agencies. Many of the adults who have attended online classes are now interested in developing their digital skills so they can plan and co-host meetings and events themselves. This will be supported through a mentoring scheme. This platform will also be used into the future for e-health, e-learning and a range of activities and events to help support quality of life outcomes for individuals who use SMH services.

The SMH Home Teaching Department designed a range of videos capturing performances of popular short stories or nursery rhymes. The story-teller uses Lámh[131] throughout and the videos are posted to the SMH YouTube channel, which is public.[132]

Working in collaboration with the Fundraising Department, St. Michael's House launched an interactive eBook to celebrate World Book Day. This project was developed as part of the SMH's Annual Bring a Book, Buy a Book campaign which became a virtual event in 2021. This interactive eBook –which uses Lámh throughout- is a free resource available on the St. Michael's House website. A student volunteer has been recruited to help produce more videos. SMH is now linking with Lámh[133] to continue developing additional online resources.

The Devices Scheme established in October 2020 provides devices to support the provision of remote day services to SMH clients living at home and in residential houses. This Scheme was funded solely from finances raised through St. Michael's House Fundraising Department. It expanded in January 2021 to include both adult and children's services and also to support the delivery of clinical services. The technology funded to date is used in a range of ways

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[131] Lámh is the manual sign system used by children and adults with intellectual disability and communication needs in Ireland

[132] https://www.youtube.com/channel/UCz3BGhZnH5AOYEfyDWxyKqw

[133] https://www.lamh.org/

including: communication purposes, education, online activities, hospital liaison support, online dementia group-work, person-centred planning and the use of different apps to support personal outcomes. SMH plans to support individuals and groups share their experiences of using technology funded through the scheme.

The SMH Infoshare provides a platform for staff to receive organisational information and updates on upcoming and ongoing projects/initiatives within SMH. Live webinars have reached an average of 96% registration with a 90% live view. The Staff Communications Survey 2020 highlights that staff would like this method of communication to continue.

Chapter 7 Health Services

Impact of COVID-19

Health care is especially important for persons with a disability. Most people who have a disability acquire it as a result of an accident or illness during the course of their life. If we use Census 2016 data to compare the population of persons with a disability to the non-disabled population we see that more than one in three persons with a disability are aged 65 or over but only one in ten of the non-disabled population are aged 65 or over.[134] Morbidity and indeed multi-morbidity is more common among older people.

By July 2021 almost 300,000 cases of COVID-19 had been recorded in Ireland and the death toll from the virus exceeded 5,000.[135] Data for the period from March 2020 to 8th May 2021 indicates that the median age of persons who died was 83 and that more than 90% of persons who died were aged 65 and over.[136] Analysis conducted by the CSO linking COVID-19 data to Census 2016 data showed that persons with disabilities accounted for 16% of COVID-19 cases during the period March-November 2020.[137] The vaccination programme began in late December 2020 and by early June 2021 the HSE reported that a total of 3.1 million vaccine doses had been administered. By this date first vaccine doses had been administered to 2.1 million people (57% of the adult population) and a further 1 million people (26% of the adult populations) had received their second dose and are fully vaccinated.[138] Many persons with disabilities are now fully vaccinated.

The demands placed on our health services as a result of COVID-19 are unparalleled. Due to the large number of people that have required in-patient care in acute hospitals as a result of COVID-19, and indeed the number of patients presenting with persistent health difficulties after the initial acute phase of the illness, there has been significant disruption to 'normal' healthcare activity. Hospital capacity was overstretched prior to the pandemic. An OECD review of the Irish health system pointed out the low number of hospital beds and high occupancy rates in Irish hospitals.[139] Planned reforms to ease pressures on acute hospitals by shifting care to community and primary care settings were at the

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[134] https://data.cso.ie/

[135] https://www.irishtimes.com/news/health/coronavirus/coronavirus-data-dashboard

[136] HPSC, 2021.

[137] CSO, 2020b.

[138] https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/rollout/

[139] OECD, 2019.

early stages of implementation and had not significantly alleviated pressures on the hospital system when the pandemic hit.[140] [141] Disruption to health care activity has also stemmed from restrictions necessitated by infection control measures. Crowded GP and hospital out-patient waiting rooms, and packed emergency departments do not lend themselves to effective infection prevention and control. The effect of the disruption can be seen in the growth in the numbers of people on waiting lists for outpatient and in-patient services.[142] [143] People, especially those without health insurance, seeking consultations and hospital based non-emergency care, who already faced a lengthy wait for treatment prior to the pandemic[144] are now likely to have an even longer wait for treatment. The ransomware attack on the HSE IT system in May 2021 has only added to the already lengthy waiting lists.

Temporary suspensions and reduced capacity due to social distancing measures have also led to the build-up of backlogs in screening programmes which may result in delays in the diagnosis and treatment of many diseases such as cancers.

Innovations and Adaptations

Information campaign

A public information campaign on COVID-19 was a central focus of the public health strategy to fight the pandemic. Information on COVID-19 and guidance on testing and treatment is available in easy read, audio, braille and ISL formats.[145] Easy read leaflets cover topics like testing in a disability centre and getting ready to go to a test centre and animated videos explain the symptoms and the need for face coverings.[146] [147] Specific information regarding the vaccine process and

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[140] Committee on the Future of Health Care, 2017.

[141] Connolly and Wren, 2019.

[142] https://www.ihca.ie/news-and-publications/almost-877000-people-now-waiting-to-see-a-specialist-or-receive-care-as-hospital-waiting-lists-continue-to-increase

[143] Ryan, 2021.

[144] Burke et al, 2018.

[145] https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-irish-sign-language-resources/covid19-irish-sign-language-resources.html

[146] https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-for-testing-for-covid-19-in-disability-services-graphics-.pdf

[147] https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/getting-ready-to-go-the-test-centre-comic-explainer-guide-for-children.pdf

each available vaccine is also available in different formats.[148] [149] [150] A comprehensive range of information and resources on COVID-19 for disability services has also been made available by the HSE.[151] The efforts to ensure that all public health information on COVID-19 is available in a variety of formats has undoubtedly helped to contain the spread of the pandemic. Similar efforts should be applied to all public health campaigns or other situations of emergency, and the experience of the last 18 months offers a model approach for same.

Use of private hospitals
In response to the increased demand for hospital beds due to COVID-19 the HSE reached an agreement with private hospitals to provide additional bed capacity. The additional acute care beds made available on foot of this agreement ensured that the public hospital system could cope with large surges in admissions due to the pandemic. Although the agreement was time limited it has demonstrated that it is possible to put in place a single tier hospital system and it may accelerate the move to a universal health system as set out in Sláintecare.

Increased funding for home and community care
Due to the disproportionate loss of lives among nursing home residents the pandemic has shone a spotlight on nursing home care and caused many to question the model of care provided to older frail adults. On the recommendation of the National Public Health Emergency Team (NPHET) a COVID-19 Nursing Home Expert Panel was assembled. The expert panel reported to the Minister for Health in August 2020.[152] The report sets out a series of recommendations to improve care in Nursing Homes and to strengthen and expand care in the home and in smaller more home-like settings. The report notes that the development and delivery of a wider range of service models 'would acknowledge and reflect most people's preferred wishes'.[153]

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[148] https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-vaccine-materials/covid19-vaccine-easy-read-and-accessible-information/. Braille and digital braille versions can be requested from library@ncbi.ie

[149] https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-irish-sign-language-resources/covid19-vaccine-irish-sign-language-resources.html

[150] https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid19-posters-and-resources/covid-19-videos.html

[151] https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid19-posters-and-resources/covid-19-hse-approved-guidance-for-disability-services.html

[152] COVID-19 Nursing Homes Expert Panel, 2020.

[153] Ibid., p.112.

The aim of the proposed reforms is to deliver care for older people in their own homes and communities and in so doing reduce admissions to, and shorten stays in, acute hospitals. This is to be achieved by an increase in homecare supports, the roll-out of specialist community based teams and the provision of additional short-stay beds in community hospitals for the purposes of rehabilitation and multi-disciplinary supports.

It should be remembered that around 1,300 younger people (under 65) with disabilities are resident in nursing homes. A recent report by the Office of the Ombudsman indicates that some and perhaps many of these younger residents in nursing homes are inappropriately placed and should be supported to return to live in the community.[154] Adequate and consistent access to personal assistant supports will be essential to enable successful transitions to the community.

The recommendations of the Expert Panel have resulted in increased funding for the health and social care of older people and a shift in funding away from nursing home care to in-home and community based supports. The HSE 2021 National Service Plan provides for an additional five million homecare hours, an increase of more than 25% over the previous year's allocation. It also provides for an additional 1,250 beds in community hospitals and a reduction in the numbers funded under the Nursing Home Support Scheme.[155] The increase in homecare supports will also be strengthened when homecare is put on a statutory footing in line with the vision set out in Sláintecare and the recommendations of the Joint Committee on Health.[156] [157]

COVID-19 may therefore be a catalyst for structural change in the model of care for older people. The proposed model of service will mean that it will be easier for older persons with disabilities to access in-home and community based supports and a smaller proportion of older people with disabilities will require care in institutional settings.

Shift to Telehealth
Prior to COVID-19, provision of telehealth in Ireland was novel rather than widespread. The need to limit face-to-face contact to protect both patients and practitioners has resulted in a shift to telehealth on a scale and at a pace that was previously unimaginable. Embracing this change has required both patients and

[154] Office of the Ombudsman, 2021.

[155] Health Service Executive, 2020a.

[156] Committee on the Future of Health Care, 2017.

[157] Houses of the Oireachtas Joint Committee on Health, 2019.

practitioners to swiftly become more familiar with digital technology and to accept new norms for interactions between patients and clinicians.

Telehealth can be synchronous, asynchronous or consist of remote monitoring. Synchronous or real-time telehealth is generally delivered via video-conferencing or phone. Video conferencing is preferable as it more closely resembles in-person consultations. Asynchronous telehealth involves the use of technology by patients or clinicians to share information but does not involve a live two-way interaction. Uploading videos, completing online assessments and emailing treatment plans are examples of asynchronous telehealth. Remote monitoring involves the use of devices by patients at home. The devices record health data such as blood pressure, temperature and heart rhythms. The devices provide for the automatic transfer of data to health care providers. Remote monitoring can also be combined with patient self-testing. This combination can enhance patient care and enable many chronic conditions to be effectively managed and reduce admissions to acute hospitals. These three methods to deliver telehealth can be used in combination.

Guidance on telehealth has been issued by professional bodies and by the HSE. Guidance has evolved as complexities and solutions emerge.[158] Concerns regarding Data Protection and patient confidentiality has shaped the guidance provided although the situation is dynamic as the security of some digital apps and platforms has been improved to address concerns regarding privacy of personal data. Digital platforms approved by the HSE's National COVID-19 Telehealth Steering Committee include Attend Anywhere, Microsoft Teams, Skype for Business, What's App and Cisco WebEX.[159] To ensure an even and consistent approach to introducing telehealth throughout the health sector Telehealth Leads have been nominated within CHOs and Acute Hospitals. Detailed guidance has also been made available to ensure practice is in line with professional standards and is GDPR compliant.[160] The HSE has produced a video in which health care professionals describe how they adapted their practice to embrace telehealth and their view of the advantages and limitations of remote practice.[161]

The pandemic has changed the attitudes and practices of patients and health professionals and fast-tracked investment in and adoption of digital technologies.

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[158] Mulholland and Cahill, 2020.

[159] https://healthservice.hse.ie/staff/coronavirus/working-from-home/virtual-health/virtual-health.html

[160] https://www.ehealthireland.ie/national-virtual-health-team/national-virtual-health-team/

[161] https://www.hse.ie/eng/about/who/cspd/ncps/disability/webinars/

Some have argued that telehealth is the 'new normal'.[162] The changes are predicted to mark a permanent shift in interactions with healthcare providers.[163]

Despite the challenges of swiftly upskilling in remote practice many clinicians now acknowledge the benefits of telehealth. Scepticism about digital solutions has reduced but not completely disappeared. Clinicians have pointed out that telehealth facilitates shorter, more regular sessions that are more child and family centred. Shorter therapy sessions can also be particularly suitable for persons prone to fatigue and with limited concentration such as those recovering from acquired brain injuries. Telehealth also enables practitioners to observe patients at home and tailor programmes to their home environments. This can be especially advantageous when the patients are children.

At present face to face consultations require both health professionals and patients to wear face coverings. This can inhibit communication and make it impossible to observe facial expressions. Some clinicians therefore consider it preferable to have patient consultations via video-conferencing rather than in-person.[164] Telehealth may be less burdensome for many patients. Both travel and waiting time is eliminated and travel costs are also avoided. This may result in fewer missed appointments. Clinicians have also reported that clients are less fatigued and more focused for treatment sessions when they are not required to travel.[165] The benefits of telehealth may be especially relevant to persons with disabilities. Clinicians may also have reduced travel time, for example when they work in different centres on the same day and therefore be able to schedule more appointments with patients.

Tele-rehabilitation, or the provision of clinical rehabilitation supports using technology has been shown to be effective for persons with multiple sclerosis, osteoarthritis and muscular skeletal conditions. The need for further research regarding safety and efficacy for specific conditions and interventions is acknowledged.[166] The widespread increase in tele-rehabilitation is likely to spark a great deal of research which will guide practice.

The NDA has previously advised that telehealth and telecare should be part of wider approaches to assist people to live independently and inclusively and should

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[162] https://www.epilepsy.ie/content/medical-council-publishes-new-patient-resource-telemedicine

[163] https://www.irishtimes.com/business/technology/coronavirus-driving-surge-in-use-of-telemedicine-1.4227870

[164] Personal communication from psychologist in disability services

[165] https://www.hse.ie/eng/about/who/cspd/ncps/disability/webinars/

[166] Prvu Betger and Resnik, 2020.

be designed in accordance with Universal Design principles. The pandemic has fast-tracked some of the actions to embed telehealth such as staff up-skilling and expertise, and sparked broader cultural change within the health and social care system. These had been advised in previous NDA work in this area and the NDA further advises that supports are put in place to allow the continued expansion of high quality telehealth and that they are designed using UD principles.[167]

Not all practitioners have embraced technology. Many GPs continue to rely solely on telephone calls to consult with patients. Telephone consultations are unsuitable for persons with hearing impairments and others with communication difficulties. Even when GP consultations are provided in surgeries, infection control measures prevent open access. Persons with hearing impairments have experienced difficulties gaining access as patients are expected to signal their presence via an intercom or by a telephone call. Both options assume that patients have hearing. It is possible that over time patients will migrate away from practitioners that are slow to adopt technology. There have been reports of ISL interpreters not being allowed into surgeries on the basis that they pose an infection risk which raises questions around rights of ISL users and public health measures.

Improvements to the Health Information System

Evidence was key to enabling rapid and appropriate responses to COVID-19 and to the efficient allocation and monitoring of resources in particular beds in acute hospitals. Modifications were made to some important datasets to better inform the planning and management of healthcare services for COVID-19. Other innovations introduced include the use of a cloud-based Microsoft Azure Data Lake to support data and analytics requirements and the introduction of a 'health bot' that uses AI-based technology to allow people to ask triage type questions about COVID-19.[168] These changes were successfully introduced at pace. Further changes are required in order to address gaps in the current Health Information System.[169]

Medical Technology

A number of innovations have emerged from the Irish medical technology sector in response to COVID-19. One example is Surewash, a range of hand washing

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[167] National Disability Authority, 2018a.

[168] Walsh MacDomhnaill and Mohan 2021, p.50.

[169] The gaps include Individual Health Identifiers which were legislated for in 2014 but are not yet fully rolled out and a population wide system of universal electronic health records.

products to help users to improve their hand-washing technique.[170] The products range from a training kiosk that might be suitable in a hospital setting to a mobile phone app that uses the phone camera to measure hand motions and provides real-time feedback to support the user to learn and memorise good hand-washing practice. The app can be used to train health care professionals in hand hygiene and can also be used to promote good hand hygiene among the wider public. As the World Health Organisation estimates that 50% of infections could be prevented with better hand-hygiene this innovation could be a major boost to improving infection control in healthcare and specialist disability settings.[171]

The response to the crisis has demonstrated that collaboration between a range of stakeholders from sectors such as industry, academia and clinical practice can deliver quicker smarter solutions than is possible when people work in silos. Collaboration is at the heart of the work of the Health Innovation Hub Ireland (HIHI). HIHI drives collaboration between the health sector and enterprise. It provides the links to health professionals that enable businesses pilot and test innovations and devices and feeds ideas and concepts for innovations from health care staff to businesses. In March 2020 HIHI established a COVID-19 solutions portal and invited businesses to submit ready to implement solutions.

One of the solutions developed is a remote patient monitoring system (RPM) designed by Think BioSolution for patients with COVID-19. Think BioSolution began developing a RPM for co-morbid chronic care management prior to the onset of COVID-19. The work already underway on this system enabled the COVID-19 RPM system to be rapidly developed. The COVID-19 RPM system allows patients with COVID-19 to be monitored at home. It has been approved by the Food and Drug Administration in the United States and is designed around a wearable device and a mobile app. Doctors can triage patients with COVID-19 based on an early warning score assigned to each patient. The development of the COVID-19 RPM system has advanced the development of the digital platform for the management of chronic conditions which has the potential to reduce admissions to acute hospital settings and improve the quality of life of persons with chronic health conditions.[172]

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[170] https://www.siliconrepublic.com/start-ups/how-to-wash-hands-surewash-coronavirus-covid19; https://surewash.com/

[171] https://www.who.int/campaigns/world-hand-hygiene-day/2021/key-facts-and-figures#:~:text=Appropriate%20hand%20hygiene%20prevents%20up,affecting%20the%20health%20work%20force.&text=Appropriate%20hand%20hygiene%20reduces%20the,19%20%2D%20infection%20among%20health%20workers.

[172] https://hih.ie/knowledge-network/webinars/

Another solution promoted by HIHI is the digital patient communication portal developed by Wellola. In March 2020 Wellola responded to the COVID-19 emergency by working in collaboration with the HSE Digital Transformation Team and launching a secure patient communication portal. The video consultation portal was designed for GPs, as a tool to triage patients. The stand-alone platform, drew on technology previously tried and tested by Wellola.[173]

Easier access to training
Throughout the pandemic the HSE and some providers of disability services have developed and delivered a series of webinars and videos to disseminate clinical guidance and training to a large dispersed audience during a dynamic period when information was constantly evolving. For example, a series of 12 webinars on video enabled care was held by the HSE in October and November 2020. Each webinar dealt with a different type of care. The areas addressed included audiology, physiotherapy, speech and language therapy, old age psychiatry and cystic fibrosis care. The webinars are available to watch back on video and are also available as a podcast or in slide format.[174] The Trinity Centre for Ageing with Intellectual Disability also developed a series of webinars in partnership with other stakeholders. The webinar topics include how to support people with intellectual disability with a diagnosis of COVID-19 and managing isolation during COVID-19 crisis.[175] The popularity and reach of these resources suggests that many training needs will be addressed in this manner in the future.

Challenges and opportunities
During the pandemic it was necessary to prioritise care for patients with COVID-19. This resulted in the suspension and cancellation of patient care and screening for many illnesses and the build-up of waiting lists. Achieving significant reductions in waiting lists will be a major challenge for the health care system post-pandemic.

Integration of public and private hospital systems was achieved during periods of the pandemic. Continued integration would enable the waiting lists to be addressed more quickly and would advance the shift towards a universal health care system as envisaged by Sláintecare.

Advances in telehealth and improvements in the health information system occurred at pace during the pandemic. Continued effort and investment is

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[173] https://www.thinkbusiness.ie/articles/going-for-growth-sonia-neary-wellola/

[174] https://www.ehealthireland.ie/national-virtual-health-team/video-enabled-care-webinars/

[175] https://www.tcd.ie/tcaid/research/webinars.php

required to achieve a fully comprehensive health information system which will enable more effective planning and utilisation of resources.

If introduced, a statutory home care scheme would provide greater equity of access to care, enable more people to age in place and reduce reliance on nursing home care and care in other congregated settings. Weaknesses in the legislation and in the regulations that provide the mechanism to regulate social care services in Ireland have been highlighted by COVID-19. The challenges experienced during the pandemic may lead to reforms that result in improvements in the quality and governance of social care. [176]

The case study presented below provides an example of telehealth in practice.

> **Case Study Seven - The SMILE Project**
>
> The SMILE (Supporting multi-morbidity self-care through integration, learning and eHealth) Project is a research partnership supported by funding from Sláintecare and implemented by Caredoc, Trinity College Dublin (TCD) and Dundalk Institute of Technology (DKIT).[177] The project aims to empower and support individuals with chronic comorbidity to actively self-manage their care. This is achieved by nurse support and remote monitoring in tandem with the use of wearable health technology devices to measure blood pressure, blood oxygen levels, blood glucose and activity levels. Participants also complete daily digital questionnaires to self-report and track health and wellbeing.
>
> Potential participants were identified by GPs and invited to take part in the project. Participants were enrolled in February 2020 just before the arrival in Ireland of the Coronavirus. Participants live in the South-East and have one or more of the following chronic conditions: chronic heart failure, coronary heart disease, diabetes, chronic obstructive pulmonary disease.
>
> Although the project design and roll-out pre-dated the pandemic it proved to be perfectly suited to the pandemic. Participants were keen to avoid admissions to, and contact with, acute hospital settings due to the risk of contracting COVID-19.

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[176] HIQA, 2021.

[177] TCD and the Netwell Casala Centre in DKIT are two of the partners in the EU funded Horizon 2020 ProACT (Integrated Technology Systems for ProACTive Patient Centred Care) project. http://proact2020.eu/

Each participant was provided with a tablet and wearable devices. The tablet comes with a preloaded App that is synced with the wearable devices.

The data from the devices is collated daily on a digital platform available to the nursing team. Pre-set thresholds trigger a system alert for readings outside of a participant's normal levels. An alert prompts an intervention from a nurse who supports the patient to manage their condition or if necessary refers them for specialist care. Nurses also check-in with participants at regular intervals to provide advice and support. Patients are stratified so that those with the highest risk profile are offered support more frequently.

All participants were at risk of serious illness or death if they contracted COVID-19. Consequently they had very limited social interactions and the ongoing support offered throughout the project was especially reassuring and valued. Some patients reported that the support of the nurses during lockdown was of enormous benefit to their mental wellbeing. They reported that contact with the nurses relieved their anxiety and provided a welcome psychological lift at a difficult time. It also helped to maintain their motivation and participation.

The project is the subject of a formal evaluation. Preliminary indications suggest that involvement in the project has provided many participants with the motivation to implement and sustain positive lifestyle changes. The data provided to participants reinforced the link between behaviours and health. As patients became more familiar with the data they felt empowered and found the consultations with the supporting nurses to be more meaningful. Positive outcomes reported include weight loss, improved mobility, smoking cessation, reversal of Type 2 Diabetes, increased ejection fraction for a patient with heart failure, early intervention for cardiac investigations, improved medication adherence and avoidance of hospital admissions.

The project demonstrates that a combination of technology, self-managed care and community based health supports has the potential of to deliver positive outcomes for patients with chronic conditions and reduce reliance on care in acute hospital settings. As infection control measures are likely to figure prominently in health care settings for some time, projects such as this which shift the locus of care away from acute hospital settings seem especially apt.

Chapter 8 Mental Health and Wellbeing

Impact of COVID-19

Mental health and wellbeing is promoted by a number of different organisations. The HSE promotes mental health and wellbeing through a number of population wide and targeted initiatives including school based mental health promotion programmes and a youth mental health and wellbeing collaborative.[178] Other organisations including Mental Health Ireland, Jigsaw, and Spun Out promote and provide advice and support on positive mental health through a range of policies, programmes and services.[179] [180] [181]

However, Ireland has one of the highest rates of mental health illness in Europe with an estimated 18.5% of the Irish population thought to have a mental health illness.[182] Although the number of in-patients in Irish psychiatric units and hospitals has been declining steadily over the last five decades or more,[183] this decline may not be an accurate reflection of need, as it has been claimed that critical staffing deficits and prolonged stays in acute psychiatric facilities result in significant problems and delays for those seeking to access acute psychiatric services.[184] Inadequate community based mental health services also increase the demand for acute psychiatric services.[185] It has been claimed that prior to the pandemic the Irish mental health service was already in crisis with growing numbers, including very many children and adolescents, facing long waits to access treatment.[186]

The restrictions necessitated by the coronavirus pandemic have meant that social contact has been greatly reduced for everyone. Social isolation combined with anxieties and fear relating to the virus and with the uncertain environment it has created has made it difficult for some people to maintain positive mental health

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[178] https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/

[179] https://www.mentalhealthireland.ie/promoting-positive-mental-health-and-wellbeing/

[180] https://jigsaw.ie/what-we-do/

[181] https://spunout.ie/

[182] OECD/EU, 2018.

[183] Daly and Craig, 2020.

[184] https://www.ihca.ie/news-and-publications/new-mental-health-policy-fails-to-address-critical-staffing-deficits-says-ihca

[185] Mental Health Commission, 2020.

[186] Freyne, 2021.

and may have exacerbated the mental ill health of those with mental health difficulties prior to the pandemic. Evidence available in 2020 suggested that one in every five persons in the general population in Ireland were experiencing significantly increased psychological distress as a result of COVID-19.[187] There are also indications of an increase in mental ill health among children and young people. Recent reports indicate that the number of children seeking treatment for mental ill health increased by 45% in 2020.[188] A 25% increase in paediatric admissions for anorexia nervosa between March and September 2020, compared to the same timeframe in 2019 and a 66% increase in admissions in 2020 compared to 2019 have also been reported.[189] Fears that the pandemic might result in an uptick in the number of suicides are not borne out by recently published data which indicates a decline in suicides in 2020. However, it should be borne in mind that the figures released are provisional and an upward revision seems likely as "…during 2020, the public health restrictions associated with the COVID-19 pandemic impacted on the ability of Coroner's Courts to hold public hearings. As a consequence, this will have impacted on the number of deaths registered and subsequently assigned an Underlying Cause of Death of intentional self-harm".[190]

During the course of the pandemic many health and social care professionals have had challenging and distressing experiences due to high mortality rates, providing end of life care for people that have little or no access to family members and supporting family members who have been forced to remain distant from their loved one. Rates of significant psychological distress among healthcare workers are estimated to be double those in the general population.[191]

Innovations and Adaptations

HSE innovations

To address the impact of the psychological and social effects of the pandemic a Psychosocial Response Project Group (PRPG) was established and co-ordinated by the HSE. The PRPG has developed a framework that sets out a roadmap for the planning and delivery of a coordinated range of health and social care supports across the health sector to protect and support the psychological wellbeing of the population during the pandemic. It includes measures for the public, patients, healthcare workers and priority groups such as persons that

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[187] Kelly, 2020.

[188] https://www.irishexaminer.com/news/arid-40260614.html

[189] Barrett and Richardson, 2021.

[190] HSE, 2021, p.1.

[191] Kelly, 2020.

need support from specialist mental health services. The framework will remain in place for the duration of the pandemic and in the "post emergency" period.[192] The planned continuation of this framework is welcome as it is anticipated that several features particular to the COVID-19 emergency are likely to result in an extended psychosocial and mental health burden stemming from this pandemic. Features particular to COVID-19 include high rates of morbidity and mortality, widespread and unremitting media coverage, social isolation, restrictions and changes to care pathways.[193]

The report sets out six levels of responses that range from broad-based responses that provide population wide information to supports for persons with severe and enduring mental illness supported in residential settings. In addition to providing a range of supports to people experiencing mental distress the approach adopted raises awareness about mental health difficulties within the population and may help to remove the continuing stigma that attaches to mental ill health.

The HSE has also promoted wellbeing for persons with long-term health conditions through its Living Well Programme (see case study). Almost half (49%) of all Irish adults aged over 50 have a long-term health condition. The social emotional and psychological impacts of chronic illnesses result in a higher incidence of mental ill health among people with a long-term physical condition or illness. The Living Well programme has been provided in Ireland for many years under a variety of names including: 'Quality of Life' (Donegal), 'Self Care to Wellness' (Mayo and Roscommon), 'Better Health Better Living' (Beaumont Hospital) and Living Well with Arthritis (Arthritis Ireland). The current programme is supported by funding from the Sláintecare Integration Fund.

The HSE created a freely accessible 'Minding Your Wellbeing' video-based programme which was launched in November 2020. The HSE notes that "With an increasing need for, and use of, online supports, it is hoped that innovative programmes like this can reach more and more people."[194] They also moved counselling and support groups online.

The response of mental health services to the pandemic was praised in a recent report by the Mental Health Commission. The report noted that services provided a cohesive and targeted response and a capacity for change which enabled services to be rapidly re-configured in response to the evolving health

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[192] Health Service Executive, 2020b.

[193] O'Connor et al, 2020.

[194] https://www2.hse.ie/healthy-you/minding-your-wellbeing-programme.html

risks. The report also notes that the response was enabled by, "exceptionally strong support from staff". It concludes that "there is an opportunity for mental health services to take the learning from operating during a pandemic and apply this learning with the aim of generating wider service transformation in the context of national mental health policy objectives".[195]

To enable the continued review of involuntary admissions to psychiatric hospitals temporary legislation has also been enacted to allow Mental Health Tribunals to convene remotely and to provide for remote examinations of patients by independent consulting psychiatrists.[196]

Innovations by other organisations
Mental Health Ireland developed advice and guidance to maintain positive mental health during COVID-19.[197] SpunOut also provided tailored information, advice and signposting to mental health services for young people during the pandemic.[198] To compensate for the absence of face-to-face services Turn2me provides free online counselling and support groups and a moderated peer support facility is planned.[199] A referral from a doctor is not required to access counselling which is provided by qualified and accredited professionals via video, email, voice or chat. Online counselling is available to adults and to young people (over the age of 12).[200] MyMind online offers free counselling and psychotherapy services for people directly affected by COVID-19. Demand for these services is reported to be very high.[201] Mental health support is also available via a free text service (50808) that was launched in June 2020.[202] The service is operated by a charity and funded by the HSE. The service uses an artificial intelligence system to analyse each initial message. By scanning keywords, phrases and even emojis the level of severity is assessed and texters at most imminent risk are placed at the top of the queue. The service is operated by trained volunteers with supervision from mental health professionals.[203]

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[195] Mental Health Commission, 2021.

[196] Personal communication from psychologist in disability services.

[197] https://www.mentalhealthireland.ie/your-mental-health/

[198] https://spunout.ie/category/mental-health/p2

[199] https://turn2me.ie/

[200] Ibid.

[201] https://mymind.org/

[202] https://text50808.ie/

[203] https://www.hse.ie/eng/services/news/media/pressrel/live-saving-innovative-24-7-text-service-launches-in-ireland.html

Many people have also sought to maintain positive mental health by using one of the many freely available mobile apps for meditation and mindfulness.[204] [205] [206] Others have found yoga classes to be a good way to reduce stress levels. Many libraries have offered yoga classes, including chair yoga classes at various times during the pandemic.[207]

Specific supports for staff
In recognition of the significant levels of psychological stress among health care workers many organisations have improved wellbeing and mental health support for their staff. St. Michael's House provide a Staff Wellbeing and Mental Health Support resource that can be used anonymously by staff. The resource was developed following consultations with staff. Brothers of Charity have developed self-care handbooks for staff that are freely available.

Turn2me instant chat service was introduced for frontline workers in late 2020 and includes job specific support groups in recognition of the shared experiences that are common to particular types of frontline workers.[208] Frontline workers include healthcare professionals, teachers, trades people and those working in retail.

Challenges and opportunities
The long term impact of the pandemic on mental health is as yet uncertain but the evidence currently available suggests that the social isolation and anxiety associated with the pandemic has resulted in an increased incidence in mental health difficulties. Some of these difficulties may be fleeting but many are likely to

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[204] https://www.marketplace.org/2020/11/06/meditation-apps-have-been-booming-during-pandemic/

[205] https://www.independent.co.uk/extras/indybest/gadgets-tech/phones-accessories/best-mindfulness-apps-a8217931.html

[206] https://uk.news.yahoo.com/meditation-mindfulness-apps-continue-surge-153401327.html?guce_referrer=ahr0chm6ly93d3cuz29vz2xllmlll3vybd9zyt10jnjjdd1qjne9jmvzcm m9cyzzb3vyy2u9d2vijmnkpsz2zwq9mmfovutfd2lkbtk2ngpythdbafvouwtfquhjdmrba0frrmpbrgvnu ulbeefejnvybd1odhrwcyuzqsuyriuyrmllllnlhag9vlmnvbsuyrm5ld3mlmkztzwrpdgf0aw9ulw1pbmrmd wxuzxnzlwfwchmty29udgludwutc3vyz2utmtuzndaxmzi3lmh0bwwmdxnnpufpdlzhdzjosnjtohg2ue hty2pzmgxrbu8zsju&guce_referrer_sig=aqaaalgrrzx8tzp1qmrwhkl7doog8f3x-unaimmhsn0dosoozfh1zey1pakr1zk9gdxn_q595rwe69qlkf5lh4aptcxvphqzywitrgmhh2ryqspovzxj docrtrri0blc90j4p751ayqzjpztehsshb8ou0_6kxsc_a64jrheed8yfk50

[207] https://sligolibrary.ie/free-online-yoga-classes-with-sligo-central-library/; https://fingalppn.ie/yoga-with-erica/

[208] https://www.thejournal.ie/new-mental-health-service-5276290-Nov2020/

endure. Continued supports in a variety of formats will be required to address these difficulties.

During the pandemic efforts to promote awareness of the importance of mental health and ways to maintain positive mental health increased. These efforts have helped to normalise mental health difficulties and in so doing may have made it easier for those experiencing mental health difficulties to recognise and acknowledge those difficulties and to seek support. A continued focus on public awareness campaigns will sustain the progress achieved to date.

Case Study Eight - The Living Well Programme

The Living Well Programme[209] delivered in Ireland is licensed by the self-management resource centre (SMRC) in California.[210] The conditions of the licence are prescriptive. Until the pandemic the licence conditions did not allow the course to be delivered online. With the onset of the pandemic, the programme transformed to an online version, approved by the SMRC. This case study describes how the programme was adapted as a result of COVID-19 restrictions.

The Living Well programme is primarily targeted at adults (18+) with a wide-range of long-term health conditions and their carers. It is a self-management support programme consisting of the daily actions and choices people take to manage their long-term health condition. Self-management programmes promote better choices about diet, physical exercise and smoking. The programme also provides advice and guidance with regard to managing medication, monitoring symptoms, coping with the emotional aspects of the condition and communicating with healthcare professionals.

In response to public health guidelines regarding social distancing the course content was adapted for online delivery. Online courses can cater for up to 12 participants. This is less than the capacity of in-person courses which can be delivered to up to 18 participants. Prior to COVID-19 courses were delivered in six of the nine CHO areas. However, the shift to online delivery has allowed participants to be recruited nationally. A key enabler of the project was the development of a living well web page (www.hse.ie/livingwell). Project leads from all CHOs worked together with HSE communications team to develop the

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[209] Living Well has received funding from the Government of Ireland's Sláintecare Integration Fund 2019 under Grant Agreement Numbers 185, 418, 219, 78,413 & 38.
[210] https://www.selfmanagementresource.com/

website which is the centralised point of contact for those with queries and for persons wishing to register on a course.

The programme is delivered primarily by peer tutors. For some peer tutors the shift to online delivery was very welcome as the physical burden of delivering the course was reduced. However others were not digitally literate or had difficulties with digital connectivity and were not able to continue in their role as tutors. The pool of peer tutors has reduced and the recruitment of peer tutors has been more difficult since the pandemic.

An introductory session was added to the course to tackle digital literacy and digital aversion. Technical support is also on hand for each session. One of the outcomes of online delivery has been the increase in the digital skills of participants which is of benefit to them in all aspects of their lives.

Online delivery removes participation barriers for persons living in remote locations, persons with difficulty accessing transport or with physical impairments or ill health that makes travel more difficult. This advantage was especially relevant during the pandemic when many potential participants were likely to be cocooning. Since the shift to online delivery course participants have included people in hospital for the first time. However, online delivery potentially excludes people with no access to digital technology/poor broadband.

An independent evaluation is ongoing. Anecdotal feedback is very positive but the continued delivery of the online programme will be subject to the agreement of the SMRC.

Chapter 9 Family carers

Care provided in the home can be formal or informal. Formal care is provided through professionals on a paid basis and informal care is provided by family or friends.[211] Many persons with disabilities are supported by informal carers and some may also provide care to family members.

The Census of Population defines a carer as a person who provides "regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability".[212] Census 2016 indicates that 4.1% of the population were providing unpaid care to others. [213]

The National Carers' Strategy is the policy underpinning the Government commitment to recognise the pivotal role that carers play. The Strategy "seeks to ensure that carers feel valued and supported to manage their caring responsibilities with confidence and are empowered to have a life of their own outside of caring".[214]

Impact

Care Alliance Ireland published a review of research outlining the impact of COVID-19 on Family Carers. At the start of the first lockdown the principal problems reported related to sourcing incontinence pads and personal protective equipment (PPE). Carers do not necessarily live with the person they care for and some carers decided to live with the person to help limit their social contacts and reduce the risk of contracting COVID-19 for the person they support.[215] A study conducted by Family Carers found that family carers worried that they might catch COVID-19 and pass it onto the person they care for. This was an extra stressor for this group as many people who they cared for are more vulnerable to infection.[216]

The closure of day care services for persons with a disability, a reduction or cancellation of homecare services and the closure of respite services impacted on carers.[217] Their daily caring responsibilities increased. Increased financial stress

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[211] Russel et al, 2019

[212] https://www.cso.ie/en/census/faq/detailedlookatcensusquestions/question21/

[213] https://www.cso.ie/en/releasesandpublications/ep/p-cp9hdc/p8hdc/p9cr/

[214] Department of Health, 2012 P.3

[215] Care Alliance, 2020

[216] Family Carers, 2020

[217] Ibid.

was an additional problem. Carers who were also in paid employment may have given up their jobs to protect the person they cared for but were not entitled to the COVID-19 Pandemic Unemployment Payment. [218]

In terms of health impacts, the report notes that many carers were concerned about a decline in the health and wellbeing of the person they cared as restrictions continued.[219]

Carers reported feeling angry during periods of restrictions and forgotten by the Government as they felt their needs were not responded to.[220] However, Case Study Nine below illustrates how, in common with other sectors, the use of technology enabled this group to overcome the loss of support when in-person groups were no longer able to meet.

A study conducted by the Alzheimer Society of Ireland (ASI) explored how people with dementia and their carers were coping in the initial phase of the lockdown. The study highlighted anxiety; isolation and loneliness; boredom and lack of routine; and lack of support as the greatest challenges for carers.[221] The findings of this study echo those of a large UK study.[222]

Innovation and Adaptations

Service provider organisations also provided continued supports for families. A Grandparent support group established by the CRC continued remotely during COVID-19 as did a Parents forum. CRC held a remote carers' support week in June 2020 with a higher level of attendance than previous years.

Care Alliance Ireland are an alliance of 95 not for profit groups who focus on research and policy submissions, distribute information on family carers' issues and lead the annual National Carers Week. Feedback from their members indicated that carers quickly became very isolated when public health measures were introduced. Many were afraid to leave their houses in case they put the person they cared for at risk. Many had to remove their own social supports and Care Alliance addressed this issue by establishing a family Carer Support Group Ireland on Facebook in March 18th 2020.

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[218] Ibid.

[219] Ibid.

[220] Care Alliance Ireland, 2020

[221] Alzheimer Society of Ireland, 2020.

[222] Gallagher and Wetherell, 2020.

Challenges and Opportunities

The evidence indicates that this cohort felt isolated and lonely due to the closures of day services along with the additional fear that the person they cared for might contract COVID-19. However, the case study indicates how effective peer support can be. The use of social media platforms to provide peer support is easily replicable to other groups in our society.

> **Case Study Nine - Care Alliance Ireland Family Carer Support Group**
>
> A Facebook group was established by Care Alliance Ireland to provide a space for family carers to discuss their issues and concerns in a private and supportive environment. Members pose questions to the group and this generates discussions and support from fellow carers. The main aim is to keep members engaged and connected outside of their caring role. Questions and discussions take place in the main Facebook thread, which are moderated by Care Alliance Ireland. There are also a range of social groups organised through their Facebook page. These include:
>
> - A book club - Care Alliance purchases and distributes the books which are discussed online using Zoom
> - Gardening club – Care Alliances distributes seeds and hosts gardening club sessions
> - Presentations – different topics facilitated live with Q+A session
>
> There are now over 2,000 members and the support group is envisaged to continue as a source of support when COVID-19 restrictions are eased. COVID-19 prompted the establishment of this resource but the uptake suggests that it may have addressed an unmet need that pre-existed the pandemic.

Chapter 10 Sport and Exercise

Impact of COVID-19

Regular physical activity improves wellbeing and can help to prevent or delay the onset of chronic disease.[223] Research indicates that levels of physical activity among persons with intellectual disabilities and also those with physical and sensory disabilities is lower than in the general population.[224] [225] Low levels of physical activity also increases the risk of the onset of a chronic illness.[226]

The coronavirus has caused widespread disruption in sporting and physical activities. It has forced the closure of gyms and swimming pools for long periods and resulted in the cancellation of group training sessions and very many sporting events. Playgrounds were also closed during the first lockdown. Limits on travel outside the home have also placed many green and blue areas out-of-bounds.[227] Most people have had to adapt their programme of physical activity as a result of these restrictions.

Innovations and Adaptations

Sport Ireland is the agency charged with promoting all forms of sport and physical activity in Ireland. CARA is a national pan-disability sport organisation that develops and promotes disability awareness and inclusion in the sport and fitness sector and works with stakeholders and community partners to enhance opportunities for people with disabilities to participate in and benefit from sport and physical activity. Sport Ireland has worked in collaboration with Local Sports Partnerships (LSPs), National Governing Bodies of Sport (NGBs) and CARA to devise creative and innovative exercise programmes to ensure that persons with disabilities are supported to continue to engage in physical activity throughout the pandemic. Initiatives include those that are suitable for everyone and others tailored for specific sports.

Sport Ireland established a specific Disability Sport Working Group to identify and quantify the financial and sporting challenges for organisations working with people with a disability. In recognition of the disproportionate impact COVID-19 has had on persons with a disability Sport Ireland ring-fenced a proportion of Government Support funding to directly target the disability sport sector. This

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[223] Warburton, Nicol and Bredin, 2006

[224] Temple, Frey and Stanish, 2006

[225] de Hollander and Proper, 2018

[226] Durstine et al, 2013

[227] Green spaces are woods, parklands and fields. Blue spaces are rivers, lakes and sea

funding enabled the development and expansion of various initiatives. A range of at home/outdoor and online initiatives developed in response to COVID-19 are detailed below.

At home/Outdoor initiatives

Sports Ireland developed a range of mainstream and targeted programmes to promote physical activity during the pandemic. The Sports Ireland **Keep Well and Be Moved** Campaign was aimed at people of all ages and abilities and linked five key messages to promote wellbeing:

- Keeping active

- Staying connected

- Switching off and being creative

- Eating well and

- Minding your mood

Additionally targeted programmes were developed for specific groups including a video series for older adults and for children with autism.[228] A home exercise plan for older adults was also developed.[229]

Equally, like other sectors, local community groups wanted to remain in contact with people in their locality. For example, Eastern Harps GAA club in Keash, County Sligo established a "Healthy Club" programme called "Get up, Get Moving". This included a range of activities and challenges to keep people healthy and active by boosting mental and physical health during Level 5 restrictions. The activities included yoga, Pilates and online cookery classes. This initiative is funded through the "Keep Well" project under the Healthy Ireland Programme and supported by Sligo County Council.[230]

The Activities for All Programme was specifically targeted at persons with disabilities. The programme is described in detail in the case study at the end of this section.

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[228] https://www.sportireland.ie/keepwell

[229] www.sportireland.ie/participation/older-adult-home-exercise-plan

[230] https://www.rte.ie/news/connacht/2021/0213/1196949-healthy-activities-sligo/

Small scale targeted activities
While the Activity for All programme was open to a wide range of participants other initiatives developed by LSPs, NGBs or individual organisations, were smaller in scale and targeted to specific groups. For example Sailing into Wellness developed an initiative to support families with children with ASD (see case study below). Other small scale initiatives include an outdoor sport camp provided by Dun Laoghaire Rathdown Sports Partnership to children with autism aged 13-17 and the water sports 'taster sessions' provided by Dublin City Sports and Wellbeing Partnership. These enabled six individuals nominated by five different disability groups to participate in water sport activities such as 'sit on top' kayaking, pier jumping and rafting.

Local Sports Partnerships worked collaboratively with disability service providers, nursing homes and other agencies to promote physical activity. For example, Galway Sports Partnership's 'Operation Transformation' walking challenge encouraged participants to record their activity by providing them with pedometers. Participants were also entered into a weekly prize draw if they submitted details of their steps. The walking programme was supplemented with a chair exercise programme developed by Siel Bleu.[231] A series of exercise videos developed by Siel Bleu can be accessed on YouTube.[232]

In July 2020 Louth Sports Partnership delivered a programme for persons living in designated disability centres ('Up Up and Away with 1 Km a day') that encouraged participants to walk one km a day. Participants were provided with planners that enabled them to record their activity. Everyone who completed the challenge was awarded a medal during a ceremony in August. The daily challenge was increased to 2km in August for those that had the motivation and capacity to increase their activity. A laminated re-usable planner was also provided to residential centres to allow the walking challenge to continue.

Online events and activities
The pandemic resulted in many sporting organisations adapting their model of delivery from in-person to remote and developing a range of online resources.

MayFest Week 2021is organised by Vision Sport Ireland and was hosted online. The focus of the event is encouraging participation and increasing physical activity opportunities for people who are blind and vision impaired. The online event caters for a wide range of abilities and interests and promotes both outdoor and

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[231] Siel Bleu is a charity that provides exercise classes for older people and people recovering from illness. http://www.sielbleu.ie/

[232] https://www.youtube.com/watch?v=JQE8QyEoeQg

home based activities. Activities included a 40km run walk or cycle challenge, Youth Come and Try tennis, over 50s balance and stretch exercises and nature mindfulness.[233]

In 2020 Fit For All week moved online. The Fit For All Week is a National initiative coordinated by CARA in partnership with LSPs. The aim is to increase the awareness of persons with disabilities of the benefits of regular exercise and healthy lifestyles and of opportunities to participate in physical activities in their local community. It also aims to increase awareness and build the capacity of the leisure and fitness sector to provide accessible programmes and facilities. The online programme of events included a mixture of activity sessions and webinar discussions on various topics related to Inclusive Fitness programmes. Speakers included representatives of LSPs, people with disabilities and professionals working in fitness and leisure. In 2020, 91 Leisure Centres took part in the programme, supported by all 29 LSPs. Over 50,000 people engaged with the online activity classes and webinars during the event.

The Special Olympics Together at Home initiative was designed to support Special Olympic athletes while group training was not possible. It provided online resources that included fitness, healthy eating and tips for keeping a strong mind.[234] It also ran a weekly Fun Friday Challenge that encouraged participants to wear their club colours while taking part in a fun activity. The challenges included a scavenger hunt, doing a Mexican wave, creating an obstacle course and a lockdown hair challenge.[235]

In response to the pandemic MS Ireland launched MoveSmart MS a new national programme that is funded by the Innovate Together Fund from Rethink Ireland. Move Smart MS offers specialised, tailored, exercise programmes online for people with MS. Online delivery opens up the programme to participants nationwide which in turn enables participants to be in groups with other people at a similar stage of disease progression and programmes can be tailored to the specific needs of each group.[236]

Online exercise and activity classes provided by other organisations include:

- Chair exercises for older adults

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[233] http://visionsports.ie/mayfest-2021/

[234] https://www.specialolympics.ie/sport/together-at-home-programme

[235] https://www.specialolympics.ie/fun-friday

[236] https://www.ms-society.ie/move-smart-ms

- A pilot programme of tennis coaching for persons with vision impairments, wheelchair users and persons with dementia
- Yoga classes for adults with physical disabilities and children in special schools
- Family dance and exercise programme for adults and children with vision impairments
- Non-contact boxing for people with Parkinson's Disease
- Strength and conditioning exercises for people with MS
- Sailing using an E-sailing platform that simulates sailing and racing

Online disability awareness training

The move to online delivery has made it easier for coaches and teachers to access disability awareness and inclusion training and with the pandemic restrictions they have more time available to participate. CARA was forced to cancel in-person training courses in March 2020 but by June 2020 it began to deliver adapted online training workshops. It now offers a range of disability awareness and inclusion courses online. Online delivery has proved popular and participation in the Inclusive Fitness Course has particularly increased. This course is targeted at fitness professionals working in gyms and leisure centres. A review of the education and training framework in underway and it is anticipated that a blended model of delivery will continue into the future.

The pandemic provided an opportunity for NGBs and LSPS to develop more inclusive practices and promote the participation of persons with disabilities in sport. CARA also encourages NGBs to complete its Xcessible Programme which provides NGBs and LSPs with three structured stages (Bronze, Silver and Gold) to develop their capacity to support inclusive practice and the full participation of persons with disabilities. Swim Ireland, Basketball Ireland and Badminton Ireland successfully completed the Bronze programme in 2020 and commenced the Silver programme in 2021. An additional five NGBs commenced the Bronze programme in 2021.[237]

Swim Ireland provides online CPD courses on Deaf Friendly Swimming and Visually Impaired Friendly Swimming to help upskill teachers and coaches to be better able to support deaf and visually impaired swimmers. They report an increased uptake of these courses during the period from March 2020-March 2021.

CARA has worked in partnership with LSPs, disability service providers and their clients to develop a six week staff e-learning course to promote physical activity

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[237] https://www.irishsport.ie/cara-update-support-for-ngbs/

and healthy lifestyles among clients of disability day and residential centres. Funding was provided by the HSE. The course is pan-disability and will be piloted in 20 sites in autumn 2021.

Challenges and Opportunities

The structured Xcessible programme developed by CARA gained significant support among NGBs and LSPs during the pandemic. The award system and the showcasing of NGBs that have earned bronze and silver awards is likely to encourage further participation in the programme and greater awareness of measures that can contribute to inclusive practices that lead to the increased participation of persons with disabilities in physical activity and sport.

Targeted funding resulted in a raft of innovations that supported persons with disabilities to have a go at sports and activities that were new to them and encouraged sporting organisations to enable inclusion through appropriate adaptations. The challenge is to ensure that the innovations are embedded and continue to be offered on an ongoing basis.

Case Study Ten - The Activities for All Programme

The Activities for All programme was developed through the collaboration of Sport Ireland with a working group of Local Sports Partnerships (LSP), Sport Inclusion Disability Officers (SIDOs) and CARA.

The programme aims to improve an individual's Gross Motor Skills (core strength, balance, and bilateral movement and ball skills) in a fun way while also helping people to reach their minimum recommended daily physical activity of 30 minutes a day on five days, as recommended in Ireland's National Physical Activity Plan.

The programme provided a four-week physical activity plan (and communications campaign) and activity cards for people with disabilities that was released in both Irish and English. Activity cards and physical activity plans were produced and circulated widely on social media and through the LSP network. The pack includes suggestions to modify the activities to make them harder or easier as so that they suit all abilities. Participation does not require any investment in equipment as the activities are designed to be completed using ordinary household items such as chairs, mats, balls and pillows. The activities are not weather dependent and can be done indoors or outdoors. They can also be done individually, with a family member or in a group.

Some LSPs assembled and distributed activity packs for the programme to community based residential and day services for persons with disabilities and to nursing homes.

The activity plans included in the programme encourage participants to plan their exercise, set daily exercise targets and to keep a record of their activity. This is aimed at motivating and encouraging participants.

Sport Ireland report that very positive feedback was received in relation to this programme.

Case Study Eleven - Sailing into Wellness

Sailing into Wellness is a not for profit social enterprise that supports individuals, families and communities to develop physical and mental wellbeing using the natural setting provided by the sea. Sailing provides an opportunity to enjoy the outdoors, to socialise, to work in a team, to be active and to acquire skills. Sailing into Wellness provide sailing programmes to support the recovery of persons affected by substance abuse and poor mental health. The programmes deliver educational and therapeutic benefits.

In summer 2020 Sailing into Wellness offered families with children with ASD the opportunity to participate in a sailing programme. Sailing trips were tailored to the needs of each participating family. Families were able to actively participate in sailing or to simply enjoy the experience. The programmes offered the families an opportunity to have a shared outdoors experience that they otherwise would not have been able to access.

Participating families reported an increase in general motivation and optimism for everyday life, increased confidence in social skills and enjoyment of experiencing new family dynamics as the sailing programme uncovered individual strengths and abilities.

There was a high level of demand for the programme. Families that participated would like ongoing access to sailing. Sailing into Wellness hopes to secure funding for a more progressive program to develop the skills of those that have already acquired foundational sailing skills and accommodate more families to experience and enjoy sailing.

Chapter 11 Universal Design and Accessibility

Impact of COVID-19

Prior to COVID-19 difficulties accessing outdoor spaces and public buildings hampered many persons with disabilities, especially those with physical or sensory disabilities, from participating fully in Irish society. Nine in ten respondents to a survey conducted by the Irish Wheelchair Association in 2019 considered that access to the outdoor environment (87%) and indoor facilities (90%) is very important in supporting a person with a disability to be active in their community. However, as Figure 1 below highlights, only a minority of respondents considered that outdoor environments,[238] buildings to which the public have access and services and facilities in public buildings provide good access for persons with physical or sensory disabilities.[239]

Figure 1: Level of accessibility as rated by IWA survey respondents
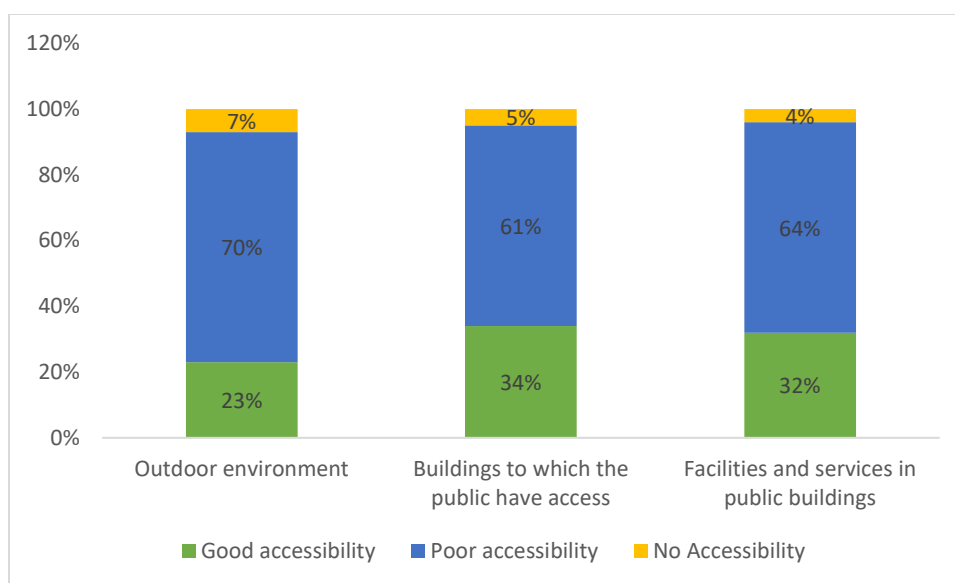
Source: IWA, 2020 p28

Many websites and apps are developed with accessibility barriers that make them difficult or impossible for some people to use. It has been estimated that as few as 10% of websites may be fully accessible.[240] International web standards define

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[238] Outdoor environments are described as pavements crossings and parking

[239] Irish Wheelchair Association, 2020

[240] https://www.abilitynet.org.uk/news-blogs/web-accessibility-guidelines-turn-10-still-less-10-sites-are-accessible

what is needed for accessibility. The EU Accessibility of Websites and Mobile Applications of Public Sector Bodies Directive was transposed into Irish law on 23 September 2020 and requires public sector bodies to take necessary measures to make their websites and mobile applications more accessible to persons with disabilities by making them perceivable, operable, understandable and robust. The NDA is the national monitoring body for this directive and provides guidance on making websites accessible.[241]

The shift to delivering services and information online has increased the need to ensure that websites and online resources are fully accessible. Failure to ensure websites are fully accessible can mean that persons with hearing, visual and cognitive disabilities are excluded or only have limited access to website content. Websites of government departments and agencies have been critical funnels for information and resources during the pandemic. The COVID-19 crisis has placed a spotlight on the importance of web accessibility and on ensuring all in society have access to information and resources. A study of health authority websites of 174 countries conducted in April 2020 found that just 4.7% of the countries examined had fully implemented the Web Accessibility Initiative accessibility guidelines. The countries in the top tier were: Italy, the Netherlands, Norway, Japan, Poland, South Korea, the United Kingdom, and the United States. Ireland was ranked 24th out of 45 European countries.[242]

Innovations and Adaptations

Infection control measures

COVID-19 has resulted in an increased awareness and focus on infection control measures. Some initiatives introduced primarily for infection control purposes have the 'silver lining' of making the built environment more accessible and safer for persons with disabilities. A 'convergence of goals' is achieved when safety measures also result in making spaces and buildings more accessible for people with disabilities.[243] We can see this convergence in the use of motion sensors and voice technologies to avoid commonly touched surfaces – such as light switches, taps, lift buttons, doors and gates. These initiatives help to reduce the risk of infection and also make the built environment more accessible for persons with disabilities.

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[241] http://nda.ie/resources/accessibility-toolkit/make-your-websites-more-accessible/

[242] Dror et al, 2020.

[243] https://www.accessibility.com/blog/the-coronavirus-silver-lining-improving-global-accessibility

Designated time-slots

In recognition of the particular susceptibility of older people and people with underlying conditions to coronavirus some shopping centres, heritage sites and parks have introduced reserved hours for these groups so that the venue has less people at that time.[244] Many persons with disabilities may prefer to visit shopping centres, heritage sites and parks at times when they are less crowded and easier to negotiate. While all of these reserved timeslots may not be retained they have highlighted the additional needs of more vulnerable members of the population which may lead to more goodwill towards these groups among the general population.

Shift to on-line service provision

Some of the barriers relating to accessibility of buildings have been side-stepped with the move to on-line provision of services. For example, many older court buildings are not fully accessible but with the move to an on-line courts system this has not been as important. Similarly, those who lost their jobs during the pandemic did not have to go to INTREO offices but could apply for payments on-line. However, it is important that, even if some services continue to be delivered online, attention returns to the issue of accessibility of the built environment and that public bodies continue to work to comply with Section 25 of the Disability Act.[245]

Re-organisation of outdoor spaces

The pandemic has also resulted in initiatives that shift the use of outdoor space away from private vehicles and provide more space to cyclists and pedestrians. These initiatives aim to make it easier to move around on foot or on bicycles and so reduce the demand for public transport which has been operating at a reduced capacity due to public health restrictions. This has been done by removing some parking spaces and widening footpaths and cycle lanes. All councils were encouraged to develop mobility plans in response to COVID-19. The plans seek to allow business activities to continue as far as possible, to facilitate people to move around safely and to accommodate changed transport patterns.[246] In May 2020 the National Transport Authority (NTA) wrote to all Local Authorities to offer technical and financial support to review their current street arrangements. A range of improvements were suggested including widening of footpaths,

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[244] https://www.gov.ie/en/news/84042-information-on-opw-heritage-sites-and-COVID-19/

[245] Section 25 of the Disability Act requires all departments and public bodies to ensure that the parts of their buildings which are accessed by the public, apart from heritage sites, are brought into compliance with Part M 2010 of the Building Regulations, which deals with accessibility, by 1 January 2022.

[246] https://www.dmurs.ie/supplementary-material

adjusting traffic signals to reduce pedestrian waiting times and the pedestrianisation of some streets.

To enable social distancing some local authorities have also widened paths in parks. Wider paths in green spaces make them safer and more accessible for persons with disabilities. They may also promote the wellbeing and social inclusion of persons with disability as spending time outdoors is associated with positive mental and physical health outcomes.

While the increase in the number of cycle lanes has mainly benefited the non-disabled population there are efforts underway to enable people of all abilities to participate in cycling. A newly opened facility in Dún Laoghaire supported by the local council provides bicycles, tricycles and two 'trishaws' that can be used by people with disabilities. Trishaws are battery powered four wheeled vehicles that are wide enough to seat 2 persons. They are designed to allow easy access and provide protection from the weather via a water-proof hood. The trishaws will be piloted by volunteers from Cycling Without Age who will take up to two passengers out for cycles along Dún Laoghaire's Coastal Mobility route. The facility also upcycles donated bikes which can be used by people on low incomes.[247]

Negative consequences of reconfiguration of outdoor spaces
While many of these initiatives may help to make outdoor spaces more accessible for persons with disabilities not all of the changes to our streetscapes have been of benefit. Providing space for al fresco on-street dining or poorly positioned public seating can make it more difficult for persons with disabilities to negotiate streetscapes.[248] The extension of outdoor dining has been described as a move backwards rather than forwards.[249] There have also been criticisms in relation to moving accessible parking spaces to facilitate on-street dining.[250] The 'Make Way' Campaign, organised by the Disability Federation of Ireland, highlights the difficulties persons with disabilities encounter negotiating obstacles in public spaces.[251] On a designated 'Make Way Day' people with disabilities are

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[247] https://www.rte.ie/news/dublin/2021/0617/1228750-bike-hub-dun-laoghaire/

[248] https://www.irishexaminer.com/news/arid-40257317.html

[249] https://podtail.com/en/podcast/louise-mcsharry-on-2fm/accessibility-as-we-move-outdoors-with-eabha-wall/

[250] https://www.irishtimes.com/news/social-affairs/users-critical-of-moving-disabled-parking-spaces-to-enable-outdoor-dining-1.4405686

[251]
https://www.makewayday.com/about/#:~:text=In%20a%20wider%20context%20this,http%3A%2F%2Fmakewayday.com%2F

encouraged to place removable stickers on obstacles that block their way. This coordinated action helps to raise public awareness regarding barriers faced by persons with disabilities. In September 2020 the 'Make Way Day' campaign went ahead with the aid of technology. Persons with disabilities were encouraged to post pictures of obstacles on footpaths to social media.

Some of the changes introduced by local councils have followed a public consultation process[252] but while acknowledging the consultation process a spokesperson for the Irish Wheelchair Association has expressed disappointment that "a lot of points of view are not taken on board by local authorities".[253] The NDA advises that a universal design approach is taken to any new street design and that the view of persons with disabilities are considered.

Public Toilets
In recent years local councils have cut-back on the provision of public toilets and in some towns and cities they had completely disappeared.[254] People had come to rely on toilet facilities provided by private businesses such as restaurants or in facilities such as shopping or leisure centres. As many of these business and facilities have been closed during the pandemic many councils have since provided additional public toilets. In Dublin City the council has provided two public toilets (one in Wolfe Tone Square and one in St Stephen's Green) and is proposing that coffee dock operators will provide and maintain additional toilet facilities in return for a reduction in the licence fees they pay to the council.[255] From 26th April 2021 Dublin City Council has made public toilets available in designated sites that include libraries and leisure centres.[256] The NDA advises that other councils consider adopting this approach. The Irish Colitis and Crohn's Society has drawn attention to the difficulties its members face and launched a campaign to raise awareness in relation to the 'No Waiting Card' issued to members to enable them to fast-track their access to public toilets.[257]

To help people find a public toilet when they are out and about an appropriately named website, Pee.ie was developed during the pandemic and provides a list of public toilets that is linked to a shared Google map. By clicking on the area they

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[252] See for example https://consultation.dublincity.ie/; https://consult.galwaycity.ie/; https://consult.waterfordcouncil.ie/

[253] https://www.rte.ie/news/2021/0613/1227894-reduced-mobility-accessibility/

[254] https://www.irishtimes.com/opinion/kathy-sheridan-public-toilets-are-key-to-dignity-health-and-wellbeing-1.4530299

[255] Ibid.

[256] https://www.dublincity.ie/publictoilets

[257] https://iscc.ie/nowaitingcard/

are in users can find the location and opening times of public toilets. Users of the website can also submit details of any public toilets not included in the list.[258]

Accessible toilet facilities are key to ensuring that persons with disabilities can enjoy outdoor spaces and use public buildings. The Irish Wheelchair Association advocates for a range of accessible toilet cubicles in outdoor spaces and public buildings. Changing Places Ireland, a coalition of parents, elected representatives and organisations working in the disability sector also campaigns for the increased provision of Changing Places. A Changing Place is a toilet facility that provides space for assistance to be provided and equipment including a hoist and changing bench to address the needs of people who cannot use standard accessible toilets. According to Changing Places Ireland there are only 14 Changing Places in Ireland. This compares to about 40 in Northern Ireland.[259] In October 2020 Changing Places Ireland launched a petition to make Changing Places mandatory in public buildings. The petition likened the experiences of adults and children that cannot get out and about because of the lack of appropriate toilet facilities to living in permanent lockdown. It this way it used the pandemic as a hook to boost support for the petition and the campaign to increase the provision of Changing Places.

Improved Web accessibility
During the pandemic the HSE has worked with various stakeholders to ensure that information on COVID-19 is available in a range of formats. For example, the library access service of the National Council of the Blind in Ireland (NCBI) worked closely with the HSE on the production of their accessible information leaflets regarding COVID-19 public health advice and vaccinations. The NCBI library service also prepared and distributed audio and braille copies of information leaflets on behalf of the HSE.

Many other publicly funded organisations have also sought to improve web accessibility during the pandemic. Swim Ireland provides an example of an organisation that has prioritised improved web accessibility during COVID-19. To improve the accessibility of online training courses and webinars for people who have cognitive or hearing impairments most webinars are now recorded and are available to watch back with added captioning. This also provides users with the facility to start or stop the recording to take in the information at a pace that suits them. The introduction of live captioning for zoom events is also planned.

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[258] https://www.pee.ie/

[259] https://changingplaces.ie/

ISL interpreters have also been provided for training sessions when this need has been flagged. An accessibility audit of the Swim Ireland website is also planned.

Clear face masks

During the course of the pandemic face masks became an important tool to restrict the transmission of the virus. However, they can make it more difficult for some persons with disabilities to communicate. Clear face masks are designed with a transparent window over the mouth and nose area and allow wearers to convey facial expressions. They are likely to be of particular benefit for persons with hearing impairments who rely on lip-reading and for others who rely on facial expressions to interpret communications. While some are designed for single use others include re-usable filtration systems. Wider use of these masks should be considered for services that are public facing.

Challenges and opportunities

Improved access to the built environment has been a welcome by-product of technological innovations primarily aimed at infection control. Further improvements may be possible by expanding the use of existing technologies and developing further technological innovations.

Poor web accessibility is a barrier to the social inclusion of persons with disabilities. Our reliance on digital communications during the pandemic has increased awareness of the importance of web accessibility but many websites, platforms and apps remain inaccessible. Continued societal wide efforts are required to address this challenge.

Chapter 12 Conclusions and Recommendations

In the sixteen months since the first case of COVID-19 was detected in Ireland much of what is 'normal' has been redefined. Almost 300,000 cases of COVID-19 have been confirmed and sadly over 5,000 people have died having contracted the virus. Public health concerns have resulted in waves of restrictions that have constrained and changed our lives. Some sectors of the economy remain severely affected by the pandemic and recovery may take several years. This period of uncertainty and enforced change has resulted in an increase in mental health difficulties among the population. For many these difficulties may be fleeting but for others they may endure. The situation is still evolving and remains fluid. The vaccination programme is having a positive impact but nothing remains certain as different strains of the COVID-19 variant continue to emerge.

However, positive change has also emerged from the pandemic. The need to respond to changes wrought by the pandemic has unleashed creativity, dislodged inertia and enabled new solutions to old problems to emerge. It is important that progressive adaptations and innovations that have stemmed from this extraordinary period are retained and built on. A good example of this is the initiative to enable GPs to send electronic prescriptions to designated pharmacies. The temporary legislation that has enabled this initiative was rapidly drafted and introduced. If continued this measure could facilitate many people with disabilities and chronic illness who require medication on an ongoing basis.

The report highlights that the crisis has unleashed the capacity to innovate and provided space for new ideas and creativity. It is important to harness this creativity and build on it to ensure that improvements are embedded. It is important that innovations are assessed and positive changes are retained. This will help achieve a more inclusive society that allows full participation of people with disabilities.

This report focuses on innovative and adaptive practices put in place to mitigate against the challenges created by the pandemic that are of particular relevance to persons with disabilities and those who support them.

Increased use of technology

This crisis has resulted in an increased use of technology across most sectors. The examples in this study illustrate the prominent role that technology can play in the lives of persons with a disability and more importantly, the capacity people have to engage with it, which appears to have been underestimated in the past.

There is still space for further innovation and adoption of technology but the recent period of change has resulted in a faster and wider uptake of technology than would otherwise have occurred. It is likely that in the future assistive and information technologies used in conjunction with the internet will play an even greater role in enabling persons with disabilities to undertake everyday tasks. The technological skills and knowledge gained in this period provide a base to build on and develop.

Shift to online services

An additional benefit of the increase in the use of video-conferencing platforms is that it has uncovered the potential for alternative approaches to service delivery and information sharing. It may provide a route to greater levels of efficiencies by enabling resources to be more widely shared. The submissions received suggest that there is an appetite amongst service providers and their clients for some changes to be embedded and further developed. A blended approach that incorporates a mix of in-person and remote services is now a viable option for areas such as specialist disability services, therapy services, and some educational provision. However, reliance on online delivery could have the potential to exclude those with no access to digital technology or poor broadband connections.

Employment

Equally, the pandemic has brought about changes in the way we work which may be sustained in the long term. Remote working has the potential to alleviate some of the barriers to entry and retention to employment for persons with disabilities and has somewhat "levelled the playing field" in terms of employment opportunities.[260] Technology will play a central role in sustaining this. However, the examples in this study also illustrate the importance of communication and staying connected to ensure workers feel supported.

When introduced, the proposed Statutory Sick Pay Scheme will provide a protection that is especially important for people with disabilities.

Education

It is acknowledged that the shift to remote learning adversely affected many children and young people and the return to in-person teaching has been warmly welcomed. However, the closure of schools has driven schools and colleges to embrace and embed technology at pace. For the most part, teachers, parents and students are all now more familiar and comfortable with digital technology than

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[260] Speaker at the NDA Building Back Better event 2021

they were before the start of the pandemic. New avenues and opportunities for learning have been found and online delivery has ensured that a wider audience can access resources. COVID-19 has heightened awareness of the need to address inequality in access to digital technology and resulted in increased efforts to combat digital poverty. It has been pointed out that the option of accredited grades can be especially beneficial for students with disabilities who may find examinations particularly tiring and stressful.

The Summer Teaching Programme has replaced the supplementary teaching provided in previous years often referred to as 'July provision'. Eligibility for inclusion in the programme has been widened for summer 2020 and 2021 and the programme may address some of the gaps in learning attainment that may have emerged due to school closures. The NDA advises that the benefits of the expanded programme are evaluated to inform a more permanent expansion of eligibility.

Health Services

COVID-19 has also placed our health system under enormous pressure. The need to deal with waves of acutely ill patients has created an unprecedented backlog of people awaiting treatment and assessment. There is a pressing need for an effective strategy to address the current backlog.

Innovative work practices may help to overcome some capacity constraints but it seems likely that addressing the current backlog in a timely fashion will require the allocation of additional resources to the health care sector. Support has been voiced for the retention of the increased budget allocated to the health services to respond to the COVID-19 crisis but it remains to be seen whether budgetary constraints will prevent the increased funding being retained.[261]

Telehealth has taken root in the Irish health service and is now firmly established. Accessing healthcare is now more convenient and less tiring and costly for many. If continued telehealth may result in more effective and efficient clinical services which can be more easily accessed by patients. These are advantages that are particularly pertinent for persons with disabilities. The NDA advises that the shift to telehealth should be sustained. The telehealth systems should be monitored and quality standards developed and improvements made through consultation with services users. Alternatives to telehealth should always be available for those who find it difficult to engage with it as a mode of healthcare delivery.

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[261] https://www.finegael.ie/speech-of-the-tanaiste-leo-varadkar-td-at-the-fine-gael-ard-fheis/

The pandemic has ignited considerable innovation in the med-tech sector. The devices and apps developed may also contribute to more efficient and effective care and enable patients to be more engaged in the management of their conditions. This is likely to be especially beneficial for persons with chronic health conditions. This may in turn reduce pressures on the hospital system – a key aim of the planned reform of the health system.

There is also increased recognition of the importance of infection control management and the NDA advises that a shift away from congregated settings, whether for disability residential settings or other long term care facilities is resourced to become a reality. The NDA welcomes the plan to provide home care on a statutory footing. This will provide more equitable access and choice for people when they require care. Where care facilities remain, the NDA advises a Universal Design approach is taken for new facilities and in retrofitting existing facilities. NDA research and guidance is forthcoming that will assist with this.

Mental Health

It is unclear how mental health will be impacted by the pandemic in the long term. For some the experience may result in increased resilience, creativity and wellbeing. Others, and especially those with pre-existing mental ill health may experience a decline in their mental health. Efforts to promote awareness and discussion around mental health difficulties are likely to reduce the stigma of mental ill health

Digital poverty and digital literacy

We must be mindful that the increased use of technology may be a driver of social inequality. A recent NESC report pointed out that connectivity, access to devices, skills and confidence to engage with ICT vary due to age, geography, and socio-economic factors[262]. Research has also indicated that compared to the non-disabled population, persons with disabilities have lower levels of digital inclusion.[263] It is essential that digital poverty and poor digital literacy are addressed to ensure that the increased prominence of technology does not widen social inequality.

Collaborations and inclusion

The study illustrates examples of innovative responses to address some of the challenges around access to technology. For example, in Galway local community

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[262] NESC (2021)b

[263] Johansson, Gulliksen and Gustavsson (2021).

Gardaí assisted people in the community with technical difficulties. This is one of many examples of cross community collaborations that have been established. This point was also raised by some of the disability service providers who began to collaborate with personnel outside their own centres. Equally, some clients of disability services are participating in remote events with people outside their own service and new friendships have formed. These examples of network building highlight the collaborations that are possible between the disability sector and the local community as well as the importance of local communities. Equally, there are opportunities for clients to develop friendships beyond their own service.

The study illustrates that many of the new innovative and adapted practices were led by staff and highlights staff resilience and creativity. As restrictions were put in place to safeguard public health staff across sectors spearheaded resourceful solutions to ensure connectivity was maintained. New leaders and champions of change emerged and collaborative work practices were adopted. As the pandemic eases there will be time to reflect and to put in place systems that can best harness and build on the collaborative spirit that has come to the fore.

A concerted effort has been made by national and local organisations to motivate and encourage persons with disabilities to remain physically active. Disability awareness and inclusive practices of Local Sports Partnerships (LSPs), National Governing Bodies of Sport (NGBs) have improved. This should make it easier and more enjoyable for persons with disabilities to get involved in a range of sports in the future.

Finally, there is ample evidence that persons with disabilities face discrimination in many areas of their life including access to employment as well as accessing goods and services.[264] It is important to ensure the persons with disabilities have access to the resources they need to help them through this ever changing pandemic. Equally, the response to COVID-19 must be inclusive of person with disabilities. Ensuring universal design is at the forefront in the design and delivery of services that are delivered remotely will be key in this regard. There are varied measures being put in place to guide the reopening of the economy, for example, more outdoor dining spaces. These responses must take a universal design approach and be developed with consultation and engagement to ensure inclusivity for all members of our society.

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[264] McGinnity et al 2017

Further research

Research has played a key role in assisting the rapid roll out of an effective response to COVID-19. Efforts are already in train to build on the collaborative inter-disciplinary efforts generated by the pandemic. The Department of Further and Higher Education, Research, Innovation and Science has launched an initiative (Creating Our Future) to generate a national conversation on research in Ireland noting that: "the COVID-19 pandemic has shown the importance and value of research and innovation in our lives – medically, socially, politically and economically" and taught us that "if we are to tackle grand societal challenges effectively, we need to work together, with researchers and civic society informing government policy and decision".[265]

Limitations to the study

There are some limitations to this study. The innovations outlined in the study are at different stages of evaluation; some have been independently evaluated while others have been subject to informal evaluation, some evaluations are ongoing and others have not been evaluated and have no plans to be evaluated. Therefore, while service provided may have reported that an innovation has had a very positive effect on their clients this may not have been independently verified. For example, telehealth has a lot of potential to reduce waiting lists and to make services more efficient. However, there is limited data on patients' views of telehealth and whether they think it preferable or inferior to in-person consultations. The same is true of the use of technology. The submissions received from specialist disability service providers indicated that the switch to remote supports and classes worked very well and that clients would like to have a blended approach. While this is likely true of many clients there will be a cohort for whom this approach is not suitable and services need to ensure that this group are not left behind or disadvantaged regarding this. It will be important that evaluations are conducted to determine the efficacy of remote supports for different cohorts of clients and different types of services. Evaluations will help to underpin decisions regarding what innovations should be sustained and replicated.

Because this study took a wide view across society it has only been possible to provide a snapshot of the innovations and what is included in this study is not exhaustive.

Recommendations

Based on the findings of this report the NDA makes a number of high level recommendations

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[265] https://www.gov.ie/en/news/a83fe-creating-our-future/

- Given that many innovations and adaptions have not been evaluated, further research and evaluations are required to determine those that are most effective

- Where evaluations of innovations or adaptations to services indicate improved services or improved quality of life for persons with disabilities or value for money the NDA advises they are retained, scaled up and mainstreamed for the post–pandemic world

- A universally designed approach is essential to ensure accessibility for:
  - Future technological innovation
  - High quality telehealth services
  - Redesign of the built environment and outdoor spaces
  - Building of new long term care facilities and retrofitting of same
  - Remote working hubs

- Build the technological skills of clients and staff in disability services and ensure digital poverty and poor digital literacy are addressed to make sure that the increased prominence of technology does not widen social inequality. This will involve having alternative systems for those who are not able to engage with technology.

- In regard to education it will be important to
  - examine the attainment gaps in education that may have emerged as a result of school closures during the pandemic
  - evaluate the benefits of the expanded eligibility of the summer teaching programme and if it proves effective to retain for the long term
  - evaluate how teachers feel their own digital skills have improved and how the resources provided proved helpful
  - use the amended examination system in post-primary schools as an impetus to make longer term changes that would benefit students who may have difficulties, such as students with disabilities, in sitting state exams in their current format

- Continue the move to more home care supports and personal assistants to provide the option of ageing in place rather than in a nursing home.

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Appendix 1 Call for Submission

What's worked?

The ongoing pandemic has resulted in an unprecedented crisis that has affected every aspect of our lives. Persons with disabilities and the services that support them have been particularly affected. The pandemic is a major disruptor but it has also spurred innovation and creativity.

The National Disability Authority (NDA) is seeking to capture and collate information on a wide range of innovations/adaptations that have been developed and adopted by both specialist disability and mainstream services. We are interested in all forms of innovations including those that relate to specific forms of disability. Our aim is to build a directory of innovations and adaptations of work practices and to present a series of case studies of selected innovations to illustrate their potential and applicability. This will provide a practical resource for persons with disabilities and stakeholders in the disability sector and help to embed the learning and innovation that has been prompted by the ongoing pandemic and may spur on further innovation. The directory will be presented in a report that will be openly available via the NDA website. The report will also be circulated and promoted within the disability sector.

So, please tell us what has worked for you. You can contact us at research@nda.ie . The research team will acknowledge all emails and arrange a follow up conversation if further information would be helpful. Feel free to circulate this email among colleagues and service users.

We look forward to hearing from you,

Appendix 2 List of submissions received

Organisation

1. Ability Project South Tipperary

2. Ahead

3. Blossom Ireland

4. Brothers of Charity Services Galway

5. Care Alliance

6. Catherine McAuley National School

7. Central Remedial Clinic

8. Change for Life Virtual Hub

9. Cregg Services (Health Service Executive)

10. Dublin City Library

11. Education and Training Boards Ireland

12. Fighting Blindness

13. Fingal County Council

14. Inspired

15. Irish Wheelchair Association

16. Living Well Programme (Health Service Executive)

17. Louth Sports Partnership (Louth County Council)

18. Maynooth University

19. Multiple Sclerosis Ireland

20. National Clinical Programme for People with Disability (NCPPD)

21. National Council for Special Education (NCSE)

22. National Council for the Blind of Ireland (NCBI)

23. SECAD Partnership

24. The SMILE Project

25. Solas

26. Sport Ireland

27. Springdale Road National School

28. St John of God

29. St. Michael's House

30. TCD Forum for Staff and PhD Students with Disabilities

31. The Trinity Centre for Ageing and Intellectual Disability (The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA))

32. Trinity College Dublin Disability Service

33. UCD Access & Lifelong learning Centre

Appendix 3 List of Case Studies

Case Study One   Trinity Access and Disability Services

Case Study Two   Blossom Ireland

Case Study Three   The Willing Able and Mentoring Programme

Case Study Four   The Irish Wheelchair Association Ability Programme

Case Study Five   Brothers of Charity Services Galway Area

Case Study Six   St. Michael's House Dublin Area

Case Study Seven   The SMILE Project

Case Study Eight   The Living Well Programme

Case Study Nine   Care Alliance Ireland Family Carer Support Group

Case Study Ten   The Activities for All Programme

Case Study Eleven   Sailing into Wellness

Appendix 4: Evidence regarding the impact of school closures on children and young people

Survey data collected by the Central Statistics Office (CSO) in August 2020 and February 2021 indicated high levels of concern among parents regarding school closures.[266] Parents concerns related to their children's learning and social development. Parents of secondary school children were more likely than parents of primary school children to consider that school closures impacted their children negatively. Parents' negative sentiments regarding school closures increased between August 2020 and February 2021 (Figure 1). This was particularly the case for parents of secondary school children.

Figure 1: Parents' assessment of the impact of school closures
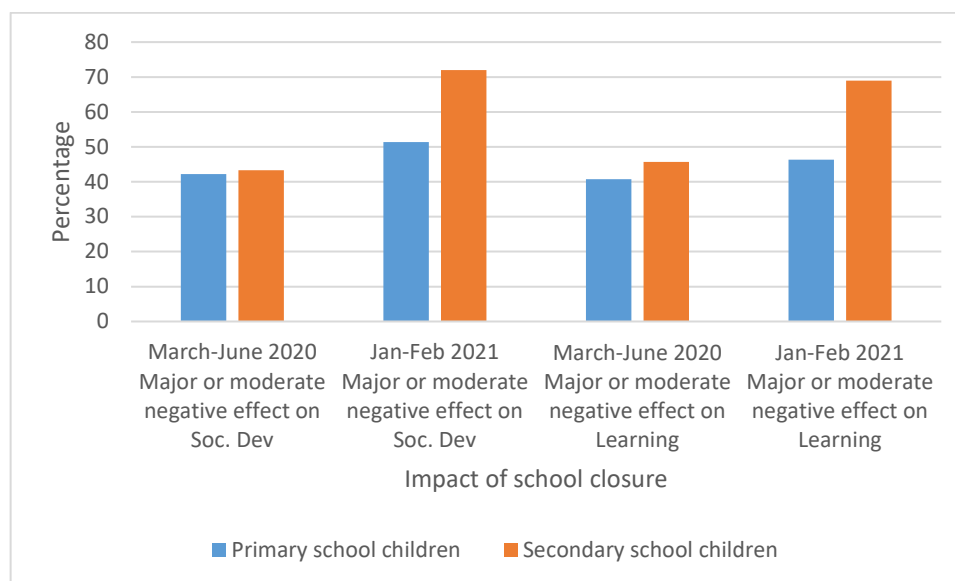
Source: CSO.ie

Parents' concerns increased despite their children spending significantly more time on learning activities provided by their schools in Jan-Feb 2021 compared to March-June 2020.

The concerns of Irish parents are borne out by the emerging evidence from Irish and international research which suggests that school closures will result in lower levels of learning and considerable harm to the mental health of children and

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[266] https://www.cso.ie/en/releasesandpublications/ep/p-sic19ros/socialimpactofcovid-19surveyaugust2020thereopeningofschools/introductionandsummaryofresults/

young people in the short term.[267] [268] [269] [270] The duration of school closures caused by the ongoing pandemic and the extent of the disruption, within and beyond the classroom, make the current situation unique and the long-term impacts uncertain. However, the educational attainment gap for children with special educational needs and children from lower socio-economic backgrounds is predicted to be higher than for other children.[271] [272]

A survey of over 1,500 Irish children and parents carried out in late May 2020 reported that children experienced significant difficulties due to social isolation and children with special needs were disproportionately impacted. Parents of children with additional needs reported that their child's behaviour and social skills regressed during the period when schools were closed and social contacts were restricted. Children with additional needs and their parents also indicated that the children's mental health had been negatively impacted by their isolation from their peers.[273] The findings of this survey are also echoed in media reports that highlight the stress and exhaustion experienced by parents of children with special needs during school closures as they struggle to support their children. Parents report that the loss of the routine and structure provided by school has made their children anxious and frustrated and at times this has resulted in behaviours that cause harm to themselves or others.[274]

In a survey of over 500 national school principals conducted in October 2020 by the National Principal's Forum more than half of principals surveyed reported that since the reopening of schools in autumn they were observing more special educational needs as a result of COVID-19.[275] More than six in ten principals

[267] Aston, Banks and Shevlin, 2021.

[268] Gallagher et al, 2020.

[269] Engzell, Frey and Verhagen, 2020.

[270] Sibieta, 2021.

[271] Kuhfeld et al, 2020.

[272] Mohan et al, 2020.

[273] https://www.dcu.ie/news/news/2020/06/impact-of-COVID-19-restrictions-particularly-severe-on-children-with-special

[274] https://www.irishtimes.com/news/social-affairs/parents-of-children-with-special-needs-we-are-emotional-and-exhausted-1.4466422

[275] National Principals Forum, 2020.

considered that the allocation of Special Needs Assistants was not adequate to meet the needs of pupils with additional needs. [276]

A study conducted by the ESRI highlighted the efforts of teachers and principals to continue engaging with students during the period of school closures but noted that the successful implementation of remote learning was uneven. Disparities arose due to different levels of skills and confidence of teachers in providing online learning opportunities, as well as variation between DEIS and non-DEIS schools in access to digital devices, and differences between urban and rural areas in the availability of high-speed broadband.[277]

An Irish research study that set out to explore post-school transitions for students with intellectual disabilities was adapted to include an examination of the impact of the COVID-19 school closures on these students in mainstream schools.[278] Qualitative interviews with school personnel found that some students experienced difficulties due to inadequate access to appropriate devices or poor broadband connections. Students also struggled if they were expected to use several different digital platforms and when they received multiple emails and messages. Interviewees expressed concern about child safety issues for some children, and a more general concern regarding the potential negative impact that remote learning was having on students' mental health and wellbeing. However, the interviews also highlighted that remote learning had positive learning outcomes for some students who displayed much higher levels of engagement remotely than they had in the classroom.[279] This finding was consistent with research conducted by the ESRI that found that a small sub-set of second-level students with additional needs who had previously disengaged from learning reengaged after the shift to distance learning.[280] This sub-set consisted of students with additional needs who experienced anxiety in school settings or had other mental health needs.[281] Some form of ongoing blended teaching option may be suitable for such students.[282]

Irish research conducted following the first period of school closures found that over 60% of parents of children with autism that participated in the study

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[276] Ibid.

[277] Mohan et al, 2020.

[278] Aston, Banks and Shevlin, 2020.

[279] Ibid.

[280] Mohan et al, 2020.

[281] Ibid.

[282] Aston, Banks and Shevlin, 2021.

reported a loss of skills and abilities of children. A third of parents reported a decline in their children's ability to self-regulate their emotions and a third also reported a decline in their children's social skills.[283] Various pieces of research have found that there was a reduction in referrals of children to child protection services and adverse changes in the mental wellbeing of children and young people. However, it should be remembered that changes in the physical and mental health and wellbeing of children and young people during the pandemic are likely attributable to an array of factors. School closures may account for some but are unlikely to account for all of the changes observed.

Principals' views

Primary school principals' views regarding the management of remote learning and the safe reopening of schools were set out in a submission of the National Principal's Forum to the Joint Oireachtas Committee on Education Further and Higher Education, Research, Innovation and Science. The submission drew heavily on the results of a survey of its members. The survey conducted over a two day period in October 2020 achieved 530 responses from a membership body of 1200. The survey findings illustrate how difficult and stressful remote learning has been for principals and teachers. Just 3% of respondents felt supported by the DES and NCSE. It refers to the 'onslaught of documents' and being 'bombarded with demands and notices'. Principals are described as exhausted and stressed. Extracts from individual submissions indicate that many have considered retiring or resigning. The role of teaching principals is described as unsustainable. The submission also notes that special school principals are under 'inhumane pressure'. The submission highlights gaps in resources and supports and describes allocations of Special Teachers and Special Needs Assistants as 'grossly insufficient' and points to huge delays with Assessment of Needs and inconsistent access to NEPS. The overwhelmingly negative views expressed were echoed in a submission received from a principal of a special school.

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[283] Smyth and McLaughlin, 2020.