Actions to address the Impact of the COVID-19 Pandemic on Children experiencing marginalisation and homelessness

National Clinical Programme for Paediatrics and Neonatology

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Foreword

'People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society' (Government of Ireland, 1997)

The COVID-19 pandemic has presented enormous challenges to society not alone from a health perspective but economically, socially, emotionally and educationally. The impacts have been particularly pronounced for children and families who are already in need due to poverty, homelessness or social exclusion. These children are disadvantaged relative to their peers and face broad challenges in navigating safely through childhood into adulthood. The links between marginalistion and poor health outcomes are well documented and are likely to be further exacerbated now as a consequence of the COVID-19 pandemic.

Health inequality is a feature of all societies, although some societies are more unequal than others. People who are poor have the worst health, while those at the highest level of society have the best health (Marmot 2010)

This paper is being written in November 2020 as the 'second wave' of the pandemic takes hold in Ireland and as the country considers how best to react. The focus of this paper is on children who are disadvantaged or marginalised. It aims to highlight the disproportionate impact of the pandemic on this particular cohort and to influence a constructive response from Government, the Health Services and external agencies to this crisis and proposes various approaches to reduce the impacts. Furthermore the document reaffirms the essential role that schools play in providing not just education but in identifying a wide range of social, emotional, physical, developmental and mental health needs whilst helping children to access appropriate supports.

An additional 40,000 babies have been born since the start of the pandemic. It is likely that 15-20% of these babies have been born into families experiencing

marginalisation and disadvantage. It is the opinion of the authors that Irish society must do all it can to preserve social supports, preventive health services, education and full school services for children throughout the pandemic and that extra efforts need to be made for those children at the margins of society.

1.0 Introduction

One of the most compelling statements in the RCPI document (2019) '*The Impact of Homelessness and Inadequate Housing on Children's Health*' is '**each child has but one childhood and it passes all too quickly'.** In Ireland, 230,000 children, one-in-five, are living in poverty with 110,000 children being severely deprived. In July 2020 there were 2650 homeless children. This is a fluid number taken at one point in time, families move in and out of homelessness and the number of children who experience periods of homelessness during their childhood is far far greater.

The quality of life for children marginalised by poverty, inadequate housing, parental mental health problems or addiction, cultural differences, has been significantly worsened during the COVID-19 pandemic lockdown. Furthermore the impact of the cessation of many community care services and redeployment of staff has created an extra layer of disadvantage for vulnerable children and young people. The extent of the damage will take time to be fully quantified. The COVID-19 pandemic offers an opportunity to rehouse families and return them to their communities.

Investment in early childhood has been shown to be one of the most cost-effective public health measures and further investment in this area as outlined below should be considered. The overall focus must be on ensuring all children are safe, fed, sheltered, nurtured, educated, and have the supports they require to achieve their full educational, health and well-being potential.

2.0 Key Recommendations

1. Services need to be urgently scaled up in terms of provision of community clinical services including primary care, CAMHS and across children disability services- this will need all services working closely together.

2. Scope out and establish a Paediatric Inclusion Health approach and service to lead out on addressing the health aspects of marginalisation, homelessness and inadequate housing on children. Better integration could be achieved with hospital/community liaison posts.

3. Extra public health staff and resources will be needed by HSE Social Inclusion to address the added difficulties that have arisen for marginalised communities during the pandemic and to support research into identifying solutions.

4. Senior decision makers in collaboration with Public Health should make every effort to enable and support schools to remain open throughout lockdown. This is particularly crucial for DEIS (Delivering Equality of Opportunity in Schools Scheme) schools, special schools, special classes and schools for all those who are disadvantaged and those with special educational needs. Although DEIS schools have proportionately more children from disadvantaged backgrounds, all schools will have a cohort of children who are in need of additional supports.

5. Reduced capacity in Social Work across all service sectors needs to be addressed in the context of concerns identified about child safety, domestic abuse and the need for increased family support. The impact on children from a child protection perspective is a particular concern.

6. A joint working group should be established to address children and family homelessness with a specific remit to focus on supports to minimise the health and social inequalities. This group should have appropriate representation from the HSE, government departments and relevant national organisations.

3.0 Potential risks to children owing to COVID-19 restrictions

- As a consequence of the COVID-19 pandemic, many children were unable to attend or avail of vital health and social care services including speech and language therapy, occupational therapy, physiotherapy, social work, psychology, clinical nutrition, audiology, public health nursing, dental, educational support services etc.
- The redeployment of health and social care professionals has reduced access to vital supports for children and those in care (there are 6,000 in state care in Ireland) have had less access to family members and key workers.
- The School Immunisation Programme ceased when schools closed in March 2020. At that point in time one third of children had not received the school based MMR and 4 in 1 vaccines. Ninety per cent of children in secondary school did not receive their HPV2 and Men ACWY.
- The school based hearing, vision and dental checks were curtailed.
- Community based immunisation teams commenced catch-up vaccination clinics from June 2020 however uptake has likely been lower than the school based program.
- Non- attendance for routine care due to anxiety regarding COVID-19 infection e.g. for essential paediatric care.
- New parents, babies, infants and pre-schoolers too have been deprived of many routine supports, including breastfeeding and parenting supports and routine community developmental checks, with significant potential knock-on effects of e.g. delayed detection and treatment of developmental difficulties. Even the informal supports that new parents and young families receive from extended family have been eroded due to household visiting restrictions.
- Many homes and families are under added stress, representing challenges to parent-child relationships and potentially child welfare.
- Increased alcohol intake by adults in the home has been reported by the CSO and the policing authority reported an increase in child-reported domestic violence and voiced concern about cyber-safety due to extra time spent on-line by children. Safe Ireland in November 2020 reported that domestic violence and demand for refuge for women and children has continued to increase month on month during the pandemic.

- Intensification of exposure to violence on-line and /or in the family home during lockdown is likely to have a **significant and lasting** traumatic impact on children's emotional, social and mental well-being. Adverse childhood experiences (ACEs) have far-reaching consequences well into adulthood for a range of mental health problems.
- Homeless children are particularly vulnerable to emotional distress. Prior to the pandemic **38%** of homeless children were known to have mental health or behavioural disorders of clinical significance.
- Barnardos reported a **44%** increase in the number of children needing foster care in the UK in March-April 2020. These numbers have continued to climb and there is a shortage of foster parents.
- For children and young people with disability or neurodevelopmental disorders such as Autism spectrum disorders, change in routines and school closures may exacerbate distress, anxiety and mental health issues. Behaviour that challenges may present an even more difficult situation for families in lockdown. Children with disability who also have complex medical needs rely on their parents for all their care needs when schools are closed. Many are on multiple medications, and reliant on medical technology for basics such as nutrition and breathing. In addition to education and intervention, the school service for these children may include physiotherapy, speech and occupational therapies, nursing and medical care. Without this support during school closures, some families were unable to meet the necessary minimum level of care or safeguarding for their children.
- Children and families who are marginalised and disadvantaged are at increased risk of COVID-19 infection due to congested and congregated accommodation settings. Managing COVID-19 detection in this cohort, including outbreak investigations, control measures and testing sweeps within congregated settings and among those experiencing homelessness has proven very challenging for services.
- The Ombudsman for Children's "Life in Lockdown" report in November 2020 found that lockdown amplified the isolation; exclusion and marginalisation of children living in Direct Provision who universally expressed worry for their safety and fear for their future.

- International evidence indicates that the COVID-19 pandemic is associated with extremely high rates of distress. A study undertaken by Young Minds in the UK found 83% of young people under 25 felt their mental health had been negatively impacted by the pandemic.
- Mental Health services were already under pressure as many posts are unfilled and increasing service use, with a 26% increase in referrals to CAMHS nationally between 2012 and 2017.
- As the pandemic continues, the critical role of mental health, paediatric, social and education services in supporting young people facing the challenges of estrangement and loneliness, parental unemployment and stressors, bereavement, social distancing etc. will be crucial in supporting young people following this period.

4.0 The Important Role of Schools

- The educational gap between disadvantaged children and their peers will have widened due to school closures.
- Children living with poverty, inadequate housing, parental addiction or difficult home circumstances will have been disproportionately affected by the closures. It is well documented that higher numbers of early school leavers come from disadvantaged backgrounds, for example only **8%** of Irish Travellers continue in school to Leaving Certificate.
- School closures are likely to lead to further disengagement and an increase in early school leavers.
- Before the pandemic, by the age of 16 years children experiencing disadvantage in the UK were 18 months behind their wealthier peers in their learning. Similar findings have been reported in Ireland. In addition children from disadvantaged backgrounds have higher rates of learning problems. They were mostly without formal in-person education, SNA supports and therapies such as Speech and Language, Occupational Therapy etc. for a period of 6 months and many were unable to avail of on-line learning due to their home environment and the 'digital divide'.
- The effects of school closures and other restrictions are highlighted in the HSE Document-'**National Clinical Review on the Impact of COVID-19**

Restrictions on Children and Guidance on Re-opening of Schools and the Normalisation of Paediatric Healthcare Services in Ireland (August 2020).

- Schools and teachers provide more than education to children. School is central to a child's social development and wellbeing; this is particularly true for children who are marginalised who report feeling most included in society while in school.
- The social interaction with other children and the school system is an important connection with normality for children experiencing disadvantage. It develops their conversational skills, interpersonal skills, and their emotional self-regulation
- Food insecurity has been exacerbated by school closures due to for example loss of access to breakfast clubs and other peripheral discretionary supports that some schools had in place.
- School is often considered a haven for children subjected to abuse in the home and school plays a crucial role as safety net providers particularly for marginalised and vulnerable groups. One quarter of Tusla's referrals come via schools.
- Schools provide an important surveillance system for the emotional, physical, social, psychological and developmental well being of children. Additionally school is a distraction from day to day uncertainties and difficulties experienced outside of school.
- School often provides much needed respite for parents/caregivers of children with complex needs or behaviour that challenges.
- An ESRI report in June 2020 explored the impact at second level schools of the **'sudden shift to distance learning on students, teachers and school ecosystems. Several key groups in the school population were particularly impacted by the shutdown including Leaving Certificate and Junior Certificate students, for whom State examinations were cancelled. School closures appear to have particularly affected learning, wellbeing, motivation and engagement of Leaving Certificate and Junior Certificate students, with more severe impacts being reported among DEIS schools. Other key impact groups were found to include students**

with special educational needs (SEN), students from low-income backgrounds and students studying English as a foreign language'.

5.0 Sample Initiatives in place

- HSE National Social Inclusion Public Health office supported vulnerable groups including homeless families for prevention, awareness, COVID case detection, incident management and mitigation in 1st phase. Special priority for COVID testing including outbreak responses etc. was launched.
- The recently established Focus Ireland Family and Childcare Centre for new homeless and those not supported through the local authority, provides family support and emergency childcare as well as access to basic necessities such as food and laundry.
- Focus Ireland's Family Homeless Action Team in Dublin in partnership with Dublin Region Homeless Executive helped 80 families with 150 children out of emergency accommodation into homes.
- A bespoke COVID-19 community assessment hub for homeless and vulnerable groups in Dublin's inner city has been launched. Safetynet and the Mater Hospital, supported by the HSE, provide a service which better suits the needs of homeless and vulnerable groups in the fight against COVID-19. Safetynet also provides Primary Care services to many Roma families living in the North Inner City, and GP support to CRVP (COVID Response for Vulnerable People) which is a HSE-funded self-isolation facility.
- A general paediatric outreach clinic (Lynn clinic) for marginalised children commenced in October 2020 in a primary care setting in North Inner City Dublin supported by CHI at Temple St to provide easier access to paediatric services.
- Children and Young People's Services Committees (CYPSC) are supporting collective action to respond to the needs of children and young people experiencing homelessness who are living in the range of homelessness accommodations provided by/supported by the state.
- The Department of Justice and Equality has increased its accommodation capacity in order to relocate 600 residents to reduce risks and enable

appropriate social distancing. It has also implemented cocooning measures for those aged 65 years or older.

- On 6th May 2020 the Minister announced the early payment of the €16 million DEIS grant for the 2020/21 school year. While the funding is for the entire 20/21 year, it was paid ahead of schedule to all schools in the DEIS programme to help support students who are most at risk of educational disadvantage during the COVID-19 school closures. There are 890 schools with more than 180,000 students in the DEIS programme. The grants, normally paid in June and September, are worth €12m to the 692 primary schools and €4m to the 198 post-primary schools.
- In September 2020, a €7.8 million package was announced by the Minister for Health to reduce the backlog of assessment of needs for children with conditions such as autism and to support the establishment of Children's Disability Network Teams. While not directly linked to the COVID pandemic this is welcome given the additional burden on waiting lists as a result of the pandemic. The longest waiting lists are generally in deprived areas.
- In August 2020 the National Clinical Programme for Disability issued interim guidance to the Disability Operational system to assist frontline professionals in conducting assessments during COVID, including remote assessments. An evaluation of service provider experience of using remote assessment is currently underway.
- Throughout the last six months a significant repository of guidance and supportive documents has been developed by the HSE's National Clinical Programmes to support service providers and frontline staff in the delivery and continuity of service provision during the COVID-19 pandemic.
- Homeless Discharge protocol, currently running in acute adult hospitals, is being expanded in **2021** to include Paediatric and Maternity hospitals.
- The HSE has provided a range of websites highlighting available mental health supports.
- Tusla is providing additional funding to domestic, sexual and gender based violence services in the context of COVID in 2020.
- Department of Justice provided €327,590 in COVID specific funding to help organisations working to support victims of crime, including victims of

domestic abuse and has secured €400,000 to continue this COVID specific support in 2021.

- The **'Still Here'** media campaign to spread the message that support services from State agencies and the voluntary sector are still available to anyone at risk of, or experiencing domestic abuse and sexual violence regardless of the level of restrictions.

6.0 Proposed actions to address the adverse impacts on children who are marginalised and homeless

Identification of responsibility for each action would require HSE, Department of Health and key stakeholders to develop a fully resourced and comprehensive implementation plan addressing agreed priorities.

6.1 Early childhood

Further investment in all of the proven effective early childhood strategies listed in **Appendix 7.0** with concentration of efforts to reach marginalised and disadvantaged families and communities- early childhood investment is known to be cost effective.

6.2 Health and wellbeing

1. There is a need to ensure that all health care workers recognise the increased vulnerability of marginalised children during the pandemic. Enhanced insight and awareness can be supported through education.
2. Support more social prescribing within Primary Care.
3. Services need to be urgently scaled up in terms of provision of community clinical services including primary care, CAMHS and across children disability services - this will need all services working closely together.
4. Greater implementation of existing joint working protocols and improvements in integrated care delivery.
5. Increased access to CAMHs, primary care psychology, and other mental health supports alongside evidenced multidisciplinary approaches with consideration given to new pathway referrals for children who are marginalised.

6. Develop innovative service models to cater for increasing crisis mental health presentations, and to retain the best of what has been learned and innovated during COVID-19. Equity of access to services is crucial, both for paediatric and mental health care.
7. Provision of mental health services in Emergency Departments (ED) and paediatric settings including extending current hours of CAMHs services to provide a 12 hour service. Parents have left ED in the past to return to homeless accommodation due to curfews. Children arrive to ED in afternoon/evening and when moving night by night they cannot wait to see psychiatrist on call after medical clearance.
8. Extending current parenting education programmes such as **'Parents Plus'** for parents in need and in high risk groups such as addiction, mental health etc. There is a requirement to have resources to enable delivery of these programmes virtually.
9. Children and families who are exposed to economic or social marginalisation, violence etc. should be provided with additional psychological and emotional support.
10. Children's nutritional well-being should be reviewed and dietary plans put in place for those in need.
11. All families should have access to cooking facilities.
12. Catch up mechanisms need to be put in place for missed immunisations, routine health and developmental checks, vision, hearing, dental screening, delays in Assessment of Need, Early Intervention and Community HSCP services. Children from lower socio-economic backgrounds are over-represented on these waiting lists, which were already over-whelmed prior to the pandemic. Thousands of children have been unable to access assessments or therapies for more than six months now, with services paused or reduced and many staff re-deployed.
13. Scope out and establish a Paediatric Inclusion Health approach and service to lead out on addressing the health aspects of marginalisation, homelessness and inadequate housing on children. Better integration could be achieved with hospital/community liaison posts.
14. Extra public health staff and resources will be needed by HSE Social Inclusion to address the added difficulties that have arisen for marginalised

communities during the pandemic and to support research into identifying solutions.

6.3 Safeguarding

1. Any outstanding child protection issues for this cohort of children should be prioritised. There should be formal discussions with Tusla regarding measures required. There is a need to establish a **'feedback loop'** between Tusla and the hospital ED and staff in adherence to General Data Protection Regulation (GDPR).
2. Reduced capacity in Social Work across all service sectors needs to be addressed in the context of concerns identified about child safety, domestic abuse and the need for increased family support. The impact on children from a child protection perspective is a particular concern.
3. All stakeholders, including the public, must be supported to recognise, offer and/or signpost children and families to appropriate specialist support services as required, e.g. children who have witnessed intensified levels of domestic violence during months of lockdown and/or experienced abuse. Public awareness campaigns may also be helpful.

6.4 Homelessness/Housing

1 A joint working group should be established to address children and family homelessness with a specific remit to focus on supports to minimise the health and social inequalities. This group should have appropriate representation from the HSE, government departments and relevant national organisations. An example is the "Families Experiencing Homelessness" subgroup of the Homeless Inter Agency Group which was formed in February 2019 which met regularly until the pandemic. The group consists of representatives from Department of Housing, Local Government and Heritage (DHLGH), Department of Education & Skills (DES), Department of Employment Affairs & Social Protection (DEASP), Department of Children & Youth Affairs (DCYA), Dublin Region Homeless Executive (DRHE), Tusla and HSE.

2 A Lead Clinician/Manager for children living with homelessness should be appointed within the HSE with appropriate governance structures and

collaboration between various programmes, agencies and services in the response to homelessness.

3 Government must now proactively prioritise housing solutions to end family homelessness. The small reduction in the number of homeless families during the pandemic is very welcome. The factors that led to this reduction should be investigated and maintained inclusive of legislation and measures that prevented homelessness in the first instance.

4 Child and family support workers should be available to all children experiencing homeless such as is delivered at the Aylward Green housing project.

5 Review the impact of the change in the Dublin Region Homeless Executive's (DRHE) policy which resulted in the loss of the humanitarian response to homeless families with no entitlements to State support.

6 Extra outdoor facilities and green spaces should be made available for children to play. Normal teenage behaviour should not be overly criticised/policed but rather encouraged with guidance on socially distanced interactions amongst their peers in line with Public Health guidelines. Parks or other outdoor amenities should remain open during lockdowns.

6.5 School

1 The extreme importance of school for all children especially those at a disadvantage must be acknowledged and the disproportionately adverse effects of the school closures on children who are disadvantaged must be recognised and addressed.

2 Senior decision makers in collaboration with Public Health should make every effort to enable and support schools to remain open throughout rolling lockdowns. This is particularly crucial for DEIS (Delivering Equality of Opportunity in Schools Scheme) schools, special schools, special classes and schools for all those who are disadvantaged and those with special educational needs. Although DEIS schools have proportionately more children from disadvantaged backgrounds, all schools will have a cohort of children who are in need of additional supports.

3 In 2017 all schools received a copy of **'Responding to Critical Incidents: NEPS Guidelines and Resource Materials for Schools'**. These guidelines

help schools to plan for and to cope with the various challenges that arise from critical incidents. Consideration should be given to the review, update and redistribution of this document in light of the COVID-19 pandemic.

4 School Principals will need extra resources. International evidence to date supports the continuation of in-person schooling for children, and has outlined the myriad ways in which school is vital for young people, particularly at this susceptible time. Specific school funding to support those children who are experiencing marginalisation and homelessness in the context of vulnerable groups – Traveller, Roma, Homeless and Direct Provision, migrant, parental addiction.

5 During school closures or periods of quarantine, funding must be provided to ensure that all children have access to, and the ability to use, relevant technology and access to distance learning resource.

6 Culturally/linguistically appropriate home/school liaison and support workers, with access to necessary equipment, for children whose parents cannot support them in home- or remote-learning must be considered.

7 Primary concentration of efforts to improve conditions for children and families who are marginalised and those attending DEIS schools. School attendance and barriers in accessing education are particularly pronounced in these groups and merit special consideration. Educational gaps in classrooms are widened as a result of experiences of some children due to increased marginalisation and disadvantage during the pandemic.

8 Consultation with DES is necessary as to what educationalists deem to be the best approaches in determining how educational gaps can be addressed.

9 Re-engaging children in school and education whilst addressing the learning loss is crucial, for younger children play based learning has an important role.

10 The provision of such supports, especially one-to-one and small-group tuition, will require the allocation of substantial resources, but this increased expenditure should be set against the considerable societal costs of early school leaving.

11 Children with complex needs, mental health disorders or behaviours that challenge that had reduced or no access to their support services for several months will require different & specialist supports. There is a risk that children may present with increasingly challenging behaviour in the context of their

traumatic experiences. Schools must be educated and assistance provided to support teachers, SNAs and children to navigate these circumstances.

6.6 COVID related

1. Continued funding for the national Roma COVID information line.
2. Continued funding for COVID Response for Vulnerable People (CRVP) self-isolation facility.
3. Widespread provision of interpreting services to GPs, PHNs and health and social care workers.
4. Parenting supports should be available for marginalised groups to access bespoke self-isolation facilities to enable them to adhere to Public Health Guidance on COVID-19 infection precautions.
5. Bespoke solutions need to be developed for COVID case detection, testing, contact tracing, wrap around, rapid response, communications for:
    - vulnerable and high risk groups i.e. direct provision, homeless, family hubs, migrant groups, children of drug addicted parents and parents with mental health difficulties.
6. Priority public health systems for schools to ensure staff, parents and public confidence in the safety of schools remaining open.

7.0 Appendix

Types of early childhood intervention programmes proven to be effective

Antenatal	• Home-visiting programmes, particularly for disadvantaged families • Promotion of smoking cessation Improvement of maternal nutrition Promotion of breastfeeding • Identification and support of mothers with mental health issues • Maternal immunisation • Promotion of parenting skills • Avoidance of alcohol and recreation drugs • Folic Acid-Pre and post conception as per HSE advice • Pregnant women should receive Pertussis vaccine between 16 and 36 weeks gestation
Post-natal and Early years	• Home-visiting programmes, particularly for disadvantaged families • For services which include universal home-visiting programmes, needs assessment to identify those requiring more intensive interventions. • Promotion of parenting skills • Continuing the promotion of smoking cessation • Identification and support of mothers and other primary care- givers with mental health issues • Promotion of breastfeeding and infant nutrition, parent-child relationships, positive parenting, regular sleep patterns, injury prevention, oral health, SIDS, early literacy and reading • Immunisation
Pre-school	• Parent education programmes • Quality early education interventions • Early identification and treatment of motor, cognitive, and speech/language problems

Adapted from 'The Impact of Early Childhood on Future Health, Faculty of Public Health Medicine 2017' (pg. 19)

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9.0 Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CCO	Chief Clinical Officer
CDI	Clinical Design and Innovation
CHI	Children's Health Ireland
CNS	Clinical Nurse Specialist
CSO	Central Statistics Office
CYPSC	Children and Young Peoples Committee
DEIS	Delivering Educational Equality in Schools Scheme
DCYA	Department of Children & Youth Affairs
DES	Department of Education & Skills
DEASP	Department of Employment Affairs & Social Protection
DHLGH	Department of Local Government and Heritage
DRHE	Dublin Region Homeless Executive
ED	Emergency Department
ESRI	Economic and Social Research Institute
GDPR	General Data Protection Regulation
HIAG	Homeless Inter-Agency Group
HSE	Health Service Executive
HSCP	Health and Social Care Professionals
NCP	National Clinical Programme
NEPS	National Educational Psychological Service
PHN	Public Health Nurse
RCPI	Royal Colleges of Physicians in Ireland
SEN	Special Education Needs
SNA	Special needs Assistant
UK	United Kingdom

10.0 Document Review Process:

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National Clinical Advisory Group Lead (NCAGL), HSE	January 2021
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