

Challenges for children and families in time of containment, quarantine and isolation: An Irish perspective

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Introduction

Coronavirus (COVID19) was declared a pandemic on 11th March 2020 by Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO and since that date, the vast majority of countries around the world have enacted restrictions (e.g. lockdown, shelter in place, quarantine measures) to restrict the movement of people in an effort to curb the spread of the virus.

On 12th March 2020, An Taoiseach Leo Varadkar TD announced that all schools, colleges and childcare facilities were to close that evening. This was followed on 27th March 2020 by more restrictions to peoples' movements. People were told not to travel more than 2km from their home for the purpose of exercise and people were asked to only shop for groceries infrequently and only when necessary. People not in work that was deemed to be essential for the delivery of health and social care, public administration and the smooth operation of the food chain were asked to stay at home. All persons over 70 years of age and people with underlying health conditions were asked to isolate themselves in their homes and not go outside for any reason until further notice. This amounts to the most significant restrictions to individuals' movements in the history of the state.

Early research appears to indicate that children are not impacted by Covid 19 with the same severity as some older people, though it must be stressed that children with underlying health issues are presented with significant risk by the virus. Children however do not just live in the world of children alone. They are part of networks of friends, extended family, as well as taking part in social and cultural activities that bring them into contact with at risk groups. For this reason, it was felt by health authorities that children would be unable to comply with the restrictions in any congregated setting. Maintaining social distance has been deemed key to slowing the spread of Covid 19.

The world of friends, extended family and group activities are all required for the optimal emotional and social development of a child. As a result of the restrictions to movement, children's interaction with the world is largely confined to their homes. Coronavirus has presented difficulties for everyone in society and as human beings, we are social beings and we navigate the world as much through our interactions with others as any other indicator.

The public response to the restrictions has been one largely of acceptance and a phrase is oft heard in many countries; 'We are all in this together'. We know however that this is not strictly true. Different people are presented with different challenges by the pandemic. People who live in small cramped accommodation with no outside space are presented with the same instruction to stay at home as people who live in houses with large gardens or private parklands, but the effect of that instruction means very different things. One can walk their grounds or sit in the garden, whilst the other cannot go outside at all. The playing field is not made level by coronavirus as it was never level in the beginning. The virus has magnified the inequalities that have always existed in our societies and to that effect, we wish to bring into focus some of ways in which children are impacted by the pandemic.

This document seeks to draw attention to some of the issues which may be affecting Irish children in different settings due to the current restrictions. This document does not cover children in the care of Tusla, a future document will address this population. This is not an exhaustive guide relating to children in a time of pandemic and is contextualised to Ireland.

Child welfare in a pandemic.

In a Canadian literature scan¹ relating to child protection in a pandemic, it was highlighted that pandemics can result in disruption to public agencies in how they operate and provide services to their users during times of uncertainty; additionally, a technical report² specifically relating to Covid 19 outlined 'pressure on or lack of access to child protection services' as one of the risks presented by the current pandemic. In Ireland, child protection services and their community partners are required to continue providing services to vulnerable children and families with limited in person contact, which is proving to be a difficult task.

Tusla, the Child and Family Agency, the Irish statutory agency with responsibility for child protection and welfare, received 55,136 referrals in 2018³, and the rate of referral has significantly increased year on year since 2016. The reader should interpret these figures with caution as mandatory reporting was introduced in Ireland in December 2017 and figures for 2018 are reflective in part on this new system of reporting. However, a sense of nuance needs to be employed here as referrals to child protection services did not necessarily result in an initial assessment being completed or any further action being taken.

¹ Sistovaris, M. et al (2020)

² 'The Alliance COVID 19 Brief Version 1 (006). Pdf', accessed 28 April 2020, <https://www.end-violence.org/sites/default/files/paragraphs/download/The%20Alliance%20COVID%2019%20Brief%20Version%201%20%28006%29.pdf>.

³ 'Tusla-Annual-Report-2018-Online.Pdf', accessed 28 April 2020, <https://www.tusla.ie/uploads/content/Tusla-Annual-Report-2018-Online.pdf>.

In the context of Covid 19, the traditional avenues of referral to child protection services such as schools, creches, sports organisations, after school clubs, mental health services, addiction services are mostly currently closed.

The restrictions introduced to counter Covid 19 present specific challenges for child protection and welfare social workers in responding to referrals. There will always be children at risk in any society and Ireland in a pandemic is no different.

Anecdotal evidence suggests that referrals to Tusla have decreased in the last number of weeks with Bernard Gloster, CEO of Tusla, confirming this during a radio interview on Morning Ireland⁴saying 'schools make up a quarter of reports to Tusla each year regarding children at risk'.

Overall, other jurisdictions outside of Ireland are also reporting lower rates of referral since the shutdown of schools, with figures from the United States showing that calls to child abuse hotlines (which is the main method of referral in that jurisdiction) are down by roughly 50%⁵.

Childline is a support and listening service for children in Ireland operated by the Irish Society for the Prevention of Cruelty to Children (ISPCC) which has reported a 9% increase in calls, 20% increase in text messages, and a 26% increase in visits to their website in the first full week of school closures⁶. It should be noted whilst an increase in contact by children with Childline obviously demonstrates a heightening of distress amongst children, it does not necessarily correlate that all contacts with Childline require a referral to Tusla.

In the context of Covid 19 it is recommended that agencies should consider revising or developing SOPs (Standard Operating Procedures) that 'ensure the safe identification and referral of children at risk'⁷. In Ireland, the Children's Research Network⁸ at Trinity College, identified the potential gap in referrals to statutory services and produced a document in an effort to raise awareness amongst groups which would not traditionally see themselves as involved in child protection and welfare work This had particular reference to essential workers who continued to have contact with family homes during the pandemic.

The Alliance for Child Protection in a Pandemic produced a technical note which is useful in framing the current situation relating to child protection and welfare which draws on the

⁴ RTE News, 'Concern for Children at Risk during School Closures', 14 April 2020, <https://www.rte.ie/news/ireland/2020/0414/1130333-tusla/>.

⁵ Madison Pauly, 'School Closures Mean Teachers Aren't Reporting Child Abuse. The Numbers Are Disturbing.', *Mother Jones blog* <https://www.motherjones.com/coronavirus-updates/2020/03/reports-of-child-abuse-and-neglect-have-fallen-in-many-states-that-worries-some-experts/>.

⁶ Noel Baker, 'Childline under Pressure as Number of Calls Increase Following School Closures', 20 March 2020, <https://www.irishexaminer.com/breakingnews/ireland/childline-under-pressure-as-number-of-calls-increase-following-school-closures-989162.html>.

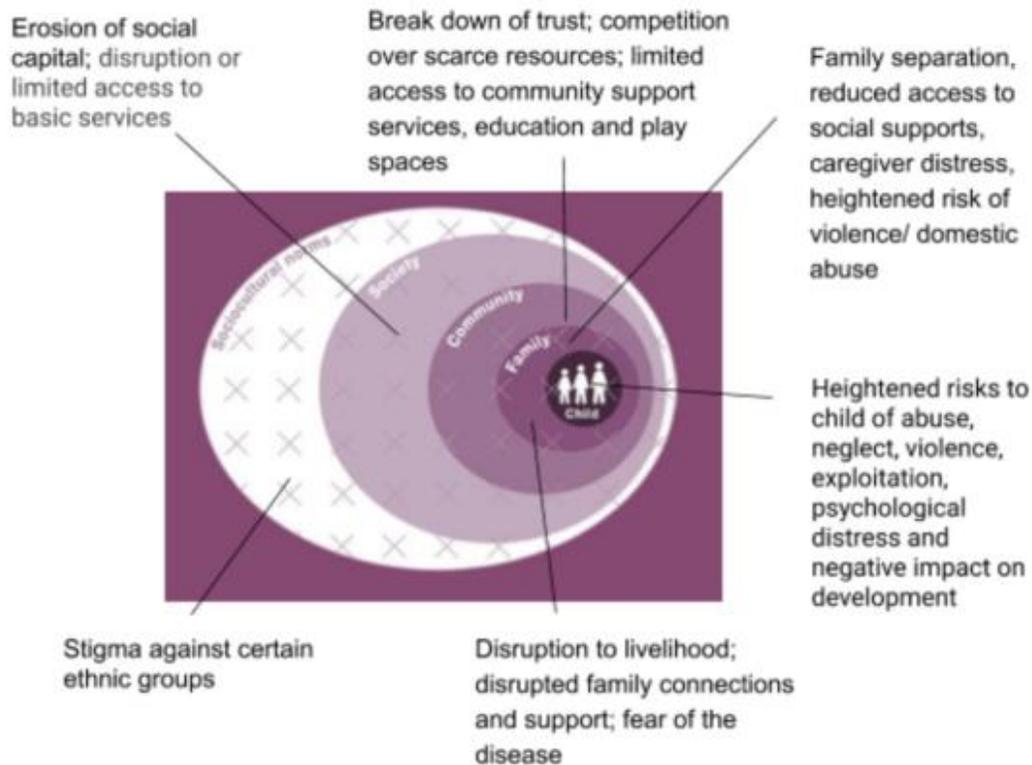
⁷ 'The Alliance COVID 19 Brief Version 1 (006). Pdf'

⁸ https://childrensresearchnetwork.org/files/CSA-CE-Research-Bulletin_Issue-1_April-2020.pdf

ecological perspective. The socio-ecological impact of Covid 19 in terms of child, family, community, society and wider sociocultural norms is well illustrated in the accompanying diagram.

In using this ecological framework, as a means of contextualising the Irish experience, the following segments of this article will seek to identify cohorts of children and families who may have particular needs at this time.

Socio-ecological impact of COVID-19



The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019

The analysis of the impact of Covid 19 is still in its infancy. It is clear however, that it is impacting children, families and communities in the immediate term due to physical distancing measures which can lead to secondary sources of stress through sickness, fear and anxiety of illness, employment loss, social isolation, school closures and lack of social activities for children and families.

UNICEF outlined three possible secondary impacts relating to child protection in situations similar to the current time; neglect and lack of parental care, mental health and psychosocial distress and lastly increased exposure to violence, including sexual violence, physical and emotional abuse.⁹

Neglect and lack of parental care:

There were already children and families who were vulnerable before this pandemic due to pre-existent structural inequalities in society. Covid 19 will possibly push these families into greater need. Families will be under considerable financial pressure and emotional pressure both during and after the lockdown and this may lead to issues of addiction, mental illness or family discord, which all present children with risk. If there is an absence of parental care and a ruptured support system during the pandemic itself this will affect children's physical, social and emotional well being.

There may be children left unattended whilst parents work if their work is in essential services (e.g. healthcare workers) in the immediate crisis and in the aftermath. The established systems of care within a family network (i.e. grandparents) are maybe unavailable as older relatives are not able to care for grandchildren due to being asked to cocoon.

The social work profession needs to ensure that interventions in the aftermath of Covid 19 are mindful of the trauma that children and families may have experienced as a result of the pandemic. We do not yet know the full impact of the pandemic. We do not yet know when it will truly end. This uncertainty will be with us for some time and we need to be mindful that decisions and actions families take during this time may be impacted by the pandemic rather than pointing to deficits in parenting or incapacity to parent.

Mental health and psychosocial distress:

In the context of Covid 19 both children and parents are spending considerable amounts of time at home, without in person contact with extended family members and friends, as well as the additional loss of the routine of school or work, social and sporting activities. The effects of this social isolation will be more acute for some families, whereby limited support networks, underlying anxiety issues, job loss and psychosocial stressors are now intensified.

One study found that people who were quarantined were more likely to encounter psychological distress with low mood and irritability being the most common; additionally this

⁹ Child Protection Emergency preparedness and response guidance to Covid 19

review noted that “it is likely that people with pre-existing poor mental health would need extra support during quarantine”.¹⁰ This raises concern for both parents and children who were accessing specialised mental health services prior to the pandemic, but who are unable to access in person mental health support since the commencement of the social distancing restrictions. Many of these services continue to operate and offer support through online platforms and over the phone. However, these alternative means of communication can never replace the benefits of in person contact.

A recent study posited that the majority of children who are exposed to traumatic events within the context of emergencies and disasters¹¹, ‘develop fleeting psychological responses, which are normative given the context’ while ‘few children exposed to traumatic events develop psychiatric disorders requiring specialist care’. The children who do require psychological intervention after an emergency such as Covid 19 should preferably have access to services that are proactive as opposed to reactionary¹². Such services ‘will depend on existing clinical capacity and additional funding allocated’¹³

Prior to the Covid 19 pandemic children's mental health services in Ireland were often difficult to secure due to long waiting lists and staffing issues¹⁴. In the course of the pandemic it is likely that mental health services will be stretched. It is vital that funding of mental health and other support services are maintained and should not fall victim to post Covid 19 austerity measures.

In the aftermath of this crisis, parents who work in frontline services may have residual trauma as a result of their work during the pandemic and this will have an impact long after the pandemic has abated. These parents may need to be offered appropriate support by their employers and the state to help them deal with the psychological impact of what they have been through and to support them in their important role as parents.

Children and parents may lose somebody close in this pandemic. Older members of the community and those with underlying health issues are at increased risk from Covid 19 and

¹⁰ Brooks, Samantha K, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, and Gideon James Rubin. ‘The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence’. *The Lancet* 395, no. 10227 (March 2020): 912–20. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).

¹¹ Danese, Andrea, Patrick Smith, Prathiba Chitsabesan, and Bernadka Dubicka. "Child and adolescent mental health amidst emergencies and disasters." *The British Journal of Psychiatry* (2019): 1-4.

¹² ibid

¹³ . ibid

¹⁴ Aisling Kenny, ‘Children Face Long Wait to Access Mental Health Care’, 6 September 2019, <https://www.rte.ie/news/2019/0906/1074229-mental-health-specialist-appointments-for-teenagers/>.

sadly some of them will die. Most people will feel a degree of anxiety in time when others are becoming sick and dying. It is natural to worry about one's own health and that of those closest to you. Children are seeing and hearing the anxiety of their parents and internalising the national messaging warning that personal actions of the few may lead to the sickness and deaths of the many.

As a result of Covid 19 Pandemic, when a family member does die, the usual rituals of our society around death and remembrance have been suspended with a promise that public memorials will follow later, but the traditional coming together of family and friends in support of the bereaved at times of loss is expressly forbidden, with funerals limited to ten or less mourners.

The message of the pandemic is to stay apart. People are advised not to go to their friends and relatives' homes, and they are asked not to have people come to their homes. They are asked not to mix when outside their home and not to engage in any activity that may risk people coming into close physical contact with one another. A fracturing of relationships between children and their friends, children and their grandparents and children and other members of their extended family may indeed be a lasting impact of this crisis, which may alter the dynamic of these relationships forever.

Increased exposure to violence, including sexual violence, physical and emotional abuse.

Children may be at increased risk of physical and emotional abuse in their homes as stressors for their parents are increased due to implementation of social distancing and secondary stressors such as loss of employment, financial concerns, relationship difficulties and worry for older parents, relatives and friends. Living through a pandemic is an anxious experience anyway.

The rate of domestic violence appears to have increased since the commencement of the social distancing measures under which families have been asked to remain in the same living space for prolonged periods of time. The Director of Women's Aid in Ireland referred to this as 'the perfect storm for violence in the home'¹⁵ and An Garda Síochána are reporting an almost 25% increase in calls since lockdown measures were enacted¹⁶.

¹⁵ Conor Lally, 'Coronavirus: "Heightened Risk" of Domestic Violence during Pandemic', The Irish Times, accessed 28 April 2020, <https://www.irishtimes.com/news/ireland/irish-news/coronavirus-heightened-risk-of-domestic-violence-during-pandemic-1.4215812>.

¹⁶ Conor Lally, 'Domestic Violence Reports up 30% in Some Areas since Lockdown, Says Garda', The Irish Times, accessed 28 April 2020, <https://www.irishtimes.com/news/crime-and-law/domestic-violence-reports-up-30-in-some-areas-since-lockdown-says-garda-1.4238362>.

It is concerning that children may be witnessing higher levels of violence in the home. Early research from China reported a threefold increase¹⁷ in reports of domestic violence during the epidemic there. There have also been reports of difficulties for the victims of violence in the home when they sought help. In Italy¹⁸ women and children accessing refuges faced apprehension from existing residents who were concerned that they might be bringing Covid 19 into the refuge.

During this time, children and adolescents, denied the right to go outside and socialise with their peers, are spending more time online and whilst most interactions are benign, there may be sinister aspects to some encounters on the internet. A Europol report¹⁹ released on the 3rd April noted that many member states have reported an increase in the number of attempts to access illegal websites featuring child sexual exploitation material (CSEM) blocked in their filters. In addition, the report detailed that individuals with a sexual interest in children are at a heightened risk of viewing and sharing more child abuse images online, with Spanish authorities reporting a rise of 25% of peer-to-peer file sharing in the week from the 17th March 2020 to 24th March 2020²⁰.

Adolescents and children are currently at greater risk of self - generating child abuse images and are potentially vulnerable to increased exposure to offenders through online platforms such as gaming, chat groups and social media contact as unsupervised access to the internet is of growing concern during Covid19.

There is also a likelihood that children subjected to sexual abuse prior to the pandemic from siblings or others in their home will have no escape and limited means of disclosure during the pandemic as they are being asked to stay in their homes at all times.

¹⁷ Dr Erika Fraser, 'Impact of COVID-19 Pandemic on Violence against Women and Girls', n.d., 16.

¹⁸ Annalisa Ramundo, 'Coronavirus. Violence Women, Veltri (DiRe): "Call Us, We Are There".', dire.it, 12 March 2020, <https://www.dire.it/12-03-2020/432907-coronavirus-violenza-donne-veltri-d-i-re-chiamateci-noi-ci-siamo/>.

¹⁹ Catching the virus - Cybercrime, disinformation and the Covid 19 Pandemic, European Union Agency for Law Enforcement Cooperation 2020.

²⁰ ibid

Ireland has had an enduring relationship with alcohol and with 84% of the adult population consumers of alcohol²¹ it is reasonable to assume that alcohol consumption is on the increase²². This may result in potentially problematic habits forming such as drinking in the earlier part of the day, drinking to relieve anxiety, drinking larger home measures of spirits and a general increase in alcohol consumption. In many family's alcohol consumption will return to normal levels after the pandemic passes, however for others this may have the potential to lead to continued problematic drinking.

Children in homeless services.

The Department of Housing, Planning and Local Government Homelessness Report²³ reported that there were 3534 children accessing homeless services in Ireland.

These families reside in a variety of different types of accommodation, from bed and breakfast accommodation in hotels and guesthouses to homeless hubs, where onsite support workers provide varying levels of support to the families accessing those hubs.

Prior to the current restrictions, hotel and bed and breakfast style accommodation, based in a single room was suboptimal, but it puts extra strains on families who are now being encouraged to spend their entire day and night in their rooms so they can maintain social distance and obey the current restrictions. Families need greater space than a hotel or guest room to be able to meet the needs of their children to play and learn, as well as eating and cleaning and dressing themselves etc. Residents in these guesthouses and hotels do not typically have access to cooking facilities, or laundry facilities and this adds to difficulties in their being able to maintain social distance or maintain basic hygiene, particularly as all laundrettes have closed. The local authorities may want to consider re-accommodating families in the numerous holiday let apartments that are now vacant particularly in Dublin where the amount of homeless families is greatest.

Children in international protection accommodation (also known as direct provision)

In Ireland, just over 7,500 people reside in International Protection Accommodation Centres for international protection applicants (asylum seekers) under contract to the Department of Justice, Equality and Law Reform. There are also about 500 people residing in Emergency

²¹ Jakob Manthey et al., 'Global Alcohol Exposure between 1990 and 2017 and Forecasts until 2030: A Modelling Study', *The Lancet* 393, no. 10190 (June 2019): 2493–2502, [https://doi.org/10.1016/S0140-6736\(18\)32744-2](https://doi.org/10.1016/S0140-6736(18)32744-2).

²² Nicola Perry, 'Don't Let Your Short-Term Crutch Become a Long-Term Drink Problem', *The Irish Times*, accessed 28 April 2020, <https://www.irishtimes.com/opinion/don-t-let-your-short-term-crutch-become-a-long-term-drink-problem-1.4217980>.

²³ (DHPLG 2020).

Reception and Orientation Centres (EROCs), under contract to the Department for persons who have been resettled in Ireland as programme refugees.

Services for all international protection applicants are delivered under the Government policies of direct provision and dispersal. That system means that State services are delivered directly to international protection applicants through the relevant Government Departments and Agencies e.g. the Department of Education & Skills delivers education through the established school system and the HSE delivers medical services through the established GP and hospital systems.

Generally, personnel working in accommodation centres are not public servants. They are employees or sub-contractors of the proprietor with whom the Department has a contract.

Direct provision as it was generally known until recently was introduced in 2000 and the system involved families living in accommodation centres receiving all their meals in a common food hall. Some centres were former institutional buildings, whereas others were former hotels and others were mobile homes or purpose-built prefabricated structures. The McMahon Report from 2016 recommended a move to independent living and in recent years many centres have introduced communal shared kitchens, or standalone kitchens that residents may book time in. Some of the centres are made up of independent apartments or self-contained units where the families have their own kitchens. Those living in apartments or own door accommodation with their own cooking and laundry facilities have no greater difficulty maintaining social distance than the general population, however those living in former hotels or institutional settings with shared kitchen facilities have greater difficulty maintaining social distance as they would usually be cooking and preparing food in a common space. Many centres would have shared laundry facilities where residents would wash their clothing in a communal facility. Just under half the residents of international protection accommodation centres continue to receive their meals from a communal kitchen where there are designated mealtimes and residents cannot prepare their own food. It is very difficult to maintain social distancing in such a setting. Centres will need to consider staggering mealtimes and providing residents with pre-prepared food packages. Whilst there are suggestions that residents could use their own electrical cooking machines (microwaves/slow cookers/hot plates etc.) this may not be safe in all settings as the electrical wiring may not be able to deal with such appliances in the bedrooms.

Most accommodation centres had outside services where either local staff or outside agencies came onsite to provide support to residents. In some cases, there were creches and preschools onsite. Some had homework clubs. Most centres had communal play areas and shared entertainment spaces. In line with social distancing rules, these services have ceased, and the common play areas and entertainment spaces have been closed. This has limited the world of the children and their families to their rooms and private family space. For those in apartments or houses, there remains the opportunity to give one another space within the home, however for those sharing a single room, this means staying in a small space for prolonged periods.

The Department of Justice and Equality will need to consider the impact for children in the long-term of not being able to be outside their rooms for extended periods of each day.

Conclusion

The Covid 19 Coronavirus pandemic has fundamentally altered daily life for billions of people worldwide. Ireland is no different. Schools, colleges and creches have been suspended. All sports and cultural groups have postponed or cancelled their events. There are no concerts, festivals or community fairs. Most religious denominations have suspended public worship and religious milestones have been postponed. Everyone is to stay at home and if outside not to be less than 2 metres distance from people not from their household. This has altered everyone's life and children, particularly, have seen the removal or cancellation of many of the means by which they associate with the world outside their immediate families. Grandparents can no longer be visited. Cousins cannot be played with. They cannot go to play with their friends in playgrounds or playcentres. For children without private back gardens, life has shrunk literally to the walls of their home. Some children have seen their world shrink to that of a single room.

Social workers always encourage people to get out of their homes if they can and spend time interacting with friends and family, encouraging people to take part in sports and community events. Social work does this because contact with others is fundamental to what it is to be human but, in this pandemic, people are told to eliminate their physical contact with others and limit it to only essential interactions. It is not clear when this pandemic will end and even if restrictions are lifted, it is unclear if they will need to be reimposed at a later date.

For many, the pandemic may not just pose difficulties during the period of restricted movement and social distancing but may result in ongoing issues. Some people who lose their jobs may never get them back. Some will lose family members or friends to the virus itself and for others, issues of addiction or mental illness will be magnified and entrenched.

The world for children has changed hugely in just a few weeks and social workers need to be able to respond to their evolving needs in increasingly creative ways. Social workers need to pay close attention to the three possible secondary impacts suggested by UNICEF²⁴ as a result of the pandemic; neglect and lack of parental care; mental health and psychosocial distress; and increased exposure to violence, including sexual violence, physical and emotional abuse.

²⁴ Child Protection Emergency preparedness and response guidance to Covid 19

Social workers need to be advocates on behalf of children and their families both during and after the pandemic has passed. We need to ensure that the response to the pandemic and its aftermath does not lead to its own consequences that cause further harm.

Social workers cannot do this alone, and this will require a holistic approach from other disciplines and NGOs as well as lateral thinking from government.

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