

Aoife Kirk

**Submission to Oireachtas Committee on Covid-19 Response**

**Executive Summary**

**1.1 Summary**

The Rehab Group is the largest not for profit organisation in Ireland providing services to persons with a disability and people who are at a disadvantage. We support over 10,000 people and operate in every county in the state. The Rehab Group is comprised of three main divisions: RehabCare, National Learning Network and Rehab Enterprises. We specialise in residential, supported accommodation, respite and day services, home support services, further education and training and employment for persons with a disability and people who are disadvantaged.

National Learning Network provided a separate submission to the education stream of the Committee’s work on issues around further education and the COVID-19 crisis. We have referred extensively to this in this submission but please refer to that document for further detail.

This submission to the Committee outlines the Rehab Group’s experience of, and our response to, the COVID-19 crisis. Overall, the diversity of services the Rehab Group provides and our strong experience in funder compliance, strengthened our ability to respond to the unprecedented nature of the pandemic. Vitally, this ensured a continuation of individualised services across all our provision.

We are very proud of the key role played by our frontline workers and all our staff during the pandemic. The Rehab Group internally redeployed staff from day services to respite and residential. Thankfully, we have so far been very successful in preventing the spread of the virus, with very low infection rates across our services.

We highlight the challenges faced by individuals we support, students, and their families; their needs throughout lockdown; their current and future needs post-lockdown; and the additional support that the Rehab Group has provided, and will continue to provide, to individuals who use our services. People who access our services have struggled with the changes that the COVID-19 pandemic has presented. We have altered our service delivery to ensure that their progress made prior to the pandemic does not diminish, but we face challenges as to how we will deliver services. We highlight particular needs around mental health support, training, the digital divide, carers and transport, as the continued delivery of our services will be dependent upon our client’s ability to access these other services. For example, remote learning cannot take place if students do not have access to a laptop, or a reliable broadband connection.

In supporting persons with disabilities, the Rehab Group faces multiple challenges with regards to COVID-19. These are:

(i) Revising and remodelling our services. We have had to re-model to re-open, and as these changes become more embedded, this will incur additional resourcing in terms of transport, IT, and staff. As an example, further rolling out blended learning will cost €2.5million in hardware alone. Funding systems will have to take account and adjust to the extra costs associated with remodelling;

(ii) responding to the volume of information circulating and changing rapidly; and

(iii) revising rosters that minimised risk, providing an enhanced service, deploying our employees to environments that were not their normal place of work while complying with regulations and providing appropriate induction and training.

In Section 5, our submission responds to the specific issues raised by the Committee. We address PPE, accessibility of Public Health information for families, the impact of COVID-19 on daily life and services, on carers and families of persons with a disability, and on the disability sector.

Below we set out our main recommendations to the COVID-19 Committee

**1.2 Our Recommendations for the COVID-19 Committee**

Our main recommendations for the COVID-19 Committee are as follows:

1. The impact of COVID-19 on individuals we support/students from a mental health, independence and social perspective has been significant, and additional supports will need to be in place to work with people in these areas.
2. Training for students with disabilities in the STP sector whose journey has been interrupted should be extended and this will require a flexible approach to training allowances. We urge Government to deal with other significant disadvantages faced by persons with disabilities such as transport, the digital divide and the two tier income support system that now exists.
3. In order to reopen we have to remodel our services. Government must accept that remodelling services will entail changing funding/resourcing models, and will require additional funding through the HSE and the Education Training Boards. Policy-makers should also consider the socialisation impacts on persons with disabilities before re-modelling.
4. Implement the Catherine Day report – COVID-19 has highlighted how much the state depends on the voluntary sector for disability services. It has also shown the importance of organisations with strong compliance and oversight. Further, it has highlighted how the funding model supporting services must be fit for purpose. The Catherine Day recommendations deals extensively with these issues and needs to be implemented in full.

**2. Background**

**2.1 Who we are and what we do**

The Rehab Group is the largest not for profit organisation in Ireland providing specialist services to persons with a disability and people who are at a disadvantage. We are a charity providing direct services to over 10,000 people including children and adults. We champion the values of diversity and inclusion for persons with a disability or disadvantage in their communities throughout Ireland.

Our mission is to help change the lives of the people we serve by helping them to become more independent and more included in their communities, by empowering them with the skills and confidence to be active in the workforce, and supporting them to be in charge of their health and wellness. The Rehab Group is comprised of RehabCare, National Learning Network and Rehab Enterprises. We specialise in residential, supported accommodation, respite and day services, home support services, further education and training and employment for individuals with a disability and people who are disadvantaged.

Funded by the HSE, RehabCare is the care division of the Rehab Group providing 52 residential/supported accommodation services, 70-day services including resource and outreach centres, 10 respite services for adults and children, and home support services to both children and adults across Ireland.

National Learning Network (NLN) is the education and training division of the Rehab Group specialising in individualised, person-centred training and education with a specific focus on persons with a disability. We support over 7,000 students each year, between the ages of 16 and 65 who have experienced a setback, an accident, a mental health issue, an illness, an injury or have a disability to progress to further education and training or employment. NLN is funded through the Education and Training Boards (ETBs) and the HSE.

Rehab Enterprises provides sustainable employment for persons with a disability. It operates a unique integrated model of employment, where employees with disabilities work alongside employees without disabilities across a number of sectors. Our enterprises employ 300 people, approximately fifty per cent of whom have a disability. Since its launch, Rehab Enterprises has grown its workforce, delivering a wide range of high-quality services to customers throughout Ireland, including SMEs, and a range of blue-chip large indigenous and multinational companies.

Rehab Group employs more than 3,500 staff who provide a wide variety of responsive health and social care services, education and training services and employment to people of all ages and from all walks of life. We pride ourselves on the flexibility of our activities, which are all designed to meet the individual wishes and requirements of each person who accesses our services.

We operate in a highly regulated environment adhering to a number of regulations including HIQA, QQI, SORP, HARO and the Charities Regulator. The strong structures and leadership within our organisation ensured the Rehab Group had the ability to adapt and continue to provide services across the board. This ensured that all staff and persons who access our services were safe, and high-quality service continued to be operated in a safe environment.

**3. Our Previous Submission – National Learning Network**

**3.1 National Learning Network**

We would draw the Committee’s attention to the fact that National Learning Network, the education and training division of the Rehab Group, recently made a [submission](https://www.rehab.ie/what-we-do/publications/nln-submission-to-covid-committee/nln-submision-to-covid-committee.pdf) to the Special Committee on COVID-19 Response in relation to the education stream of the Committee’s work. For convenience, we summarise this below. We refer to it throughout this submission.

Throughout the submission we made reference to several issues that have arisen during the pandemic. They are the impact on students and families, the digital divide, supporting staff and students with remote learning, increased costs, and the re-opening of our centres. We also addressed how we have responded to the COVID-19 crisis through the implementation of government guidelines, psychological supports for students, and adapting to remote/blended learning.

We highlighted that further action is required from the government to meet the additional costs of COVID-19, and to allow students an extension to complete their training. Other actions that we reference in the submission ask the government to examine the funding model for Specialist Training Provision (STP) service providers, fund technology needs for blended learning for Rehabilitative Training (RT) and STP students, fund additional transport services/support for RT and STP students, consider part-time training options for persons with a disability in STP, increase mental health provision for additional psychology supports for both staff and students who may have been struggling with lack of routine and with anxiety/low mood etc., and introduce flexibility from funders to allow ex-students who have lost their employment due to COVID-19 to return to training temporarily, even if their training funding has elapsed.

**4. Overview of the Impact of the Pandemic on Rehab Group and how we have Responded**

**In this section we give an overview of how the pandemic has impacted on the people we provide services to and on the organisation itself.**

**4.1 Impact on People who use our Services and their families**

The restrictions placed on social connection and interaction and the ability to exercise personal choice have left many of our students and individuals we support feeling fear, anxiety and disconnected.

Many of the people we support and students miss their friends and social connections, especially where they attend centre-based services. Our centres provided students and individuals we support with a safe base. COVID-19 has led to a loss of structure, routine, and opportunities for friendship among students and individuals and this has also triggered huge anxiety. Some have experienced bereavement and trauma during COVID-19 and for all these issues they have needed emotional and well-being support over the phone, via internet or in person from our support teams.

We have worked with older and more vulnerable people, who have been required to cocoon; and while this has ensured physical wellbeing, these individuals have experienced loneliness, isolation, and in some instances, mental health distress. Our teams have endeavored to provide supports on an outreach basis, remotely and via telephone; but in a few cases, attendance on site has been necessary, with strict infection prevention and control measures in place.

Numerous families of students and individuals we support who were coping prior to lockdown have found it particularly difficult to cope during lockdown. The lives of the people we deliver services to have become chaotic and vulnerabilities have become even more pronounced. There may have been changes in family circumstances, e.g. unemployment, illness or bereavement, and tensions have increased. All these factors have impacted on the people who use our services, their families and/or carers. We have experienced regression and an increase in the presentation of behaviors that challenge in some people. This has led to the family/home situation breaking down in a few cases. Our support teams have continued to do their utmost to support people who use our services as well as their families.

Many of the people who use our services with higher support needs have had huge difficulty in understanding what has taken place. Our teams have worked closely with those individuals to communicate and educate about concepts such as social distancing, hand hygiene, and keeping safe in community spaces and public transport. This has been a frightening time for some of the people that we support, despite our best efforts to make this journey easier for them.

We have identified a few cases of relapse with addiction issues among people who use our services, and they will require additional support. In our training centres, students have reported feeling worried about being able to do and/or complete their training. For others, the main challenge has been coping with the significant digital divide which we have outlined in our [submission](https://www.rehab.ie/what-we-do/publications/nln-submission-to-covid-committee/nln-submision-to-covid-committee.pdf) to the education stream of the Committee’s work.

Some individuals have coped very well throughout COVID-19. For many people, extra space, time, as well as remote supports, have worked very well. As an organization, we plan to use this information to ensure that the positive elements of this period are brought forward.

**4.2 Impact on frontline health care workers - disability sector**

We recognised the impact of COVID-19 on all our staff, specifically our front-line health care workers, and the challenges it presented them and their families from the beginning. So many of our front-line workers were supporting persons with disabilities, sometimes in full PPE, faced with not knowing whether the person they were supporting had contracted COVID-19. In some situations, we required our employees to remain on site for prolonged periods, to keep people safe, pending testing where COVID-19 was suspected. In response to our employees’ needs and wellbeing, we implemented a number of measures, including resilience workshops led by a psychologist, toolkits and tips for minding your mental health, as well as up to date information on how to access additional supports, if required. These supports will be required into the future. **Front-line health care workers across the disability sector must be acknowledged for their commitment and care.**

The internal redeployment of staff and the move to remote supports and services within the Rehab Group ensured continuation of services, safety and control of the virus. The strong structures in place ensured immediate mandatory training for staff could be delivered in a controlled socially distanced environment and later transferred to our E-Learning platform and accessed on line.

**4.3 Challenges faced by Rehab Group and how we have responded**

**4.3.1 The Challenges**

The main challenge faced by the Rehab Group during COVID-19 has been keeping our services going and helping the people who use our services and their families to cope and get through the crisis. We have also faced challenges in the swift pace of the changing environment and dealing with the plethora of information that was to be digested, understood and operationalised.

As we move into the next phase of the pandemic and begin to open up all our services our main challenges will be around social distancing, infection prevention and control, and the additional costs in terms of IT infrastructure and equipment, staffing, transport etc. that is entailed in re-modelling our service provision.

**4.3.2 Additional Costs from COVID-19 and Remodelling**

We face additional costs in lots of areas due to the COVID-19 Pandemic including PPE, IT, additional staff, cleaning, health & safety, maintaining buildings, loss of business etc. As an example, additional PPE costs have amounted to €116,000 in the year to date.

There are large additional costs associated with the resumption of services and the remodelling services into the future. COVID-19 has prompted funders and providers to revise and remodel services as a matter of urgency. Indeed, we have had to re-model in order to re-open. Because our centres will have significantly reduced capacity due to physical distancing requirements, day and

training services will now require a combination of approaches to include: in centre, community based, home based and remote delivery/supports. Organisations will be required to be innovative and efficient in our response to this need, but there is no doubt that this will incur additional resourcing costs from a staffing and IT equipment perspective. We are also anticipating that transport costs, especially in rural Ireland, are likely to increase substantially due to the need to introduce multiple trips because of social distancing requirements.

If this new model of operation is to be sustained, it will mean that funders will have to change the basis on which they allocate resources. The current Resource Allocation Model used by the HSE to ascribe funding based on identified need against particular funding bands will need to be reviewed and re-purposed. This model is largely predicated on the basis of a service provision model pre COVID-19 which will change dramatically as services are remodelled.

In our NLN submission we highlighted the extensive additional costs associated with COVID-19. In particular, the cost of setting up a blended delivery option is prohibitive. The cost of hardware is estimated at a minimum €2.5 million to enable NLN students to have access to IT equipment and facilities off site. Other costs include: educational software, additional IT support, enhanced staff training and development in TEL approaches to service delivery, additional Quality assurance costs, and additional cost of implementing COVID-19 protocols across 50 training centres, e.g. cost of PPE, increased staffing costs and increased cost of transport.

As we set out in our [NLN submission](https://www.rehab.ie/what-we-do/publications/nln-submission-to-covid-committee/nln-submision-to-covid-committee.pdf), there is also a need to re-examine the model of funding for Specialist Training Providers. The current funding model is based on a Whole-time Equivalent utilisation / per capita fee for service and is not fit for purpose. This means that the provider is only paid when a student attends their programme/course. It is also dependent on a continuous referral stream which has been badly disrupted due to COVID-19. The organisation still has the same cost base in terms of staffing, infrastructure and transport costs for example. The impact of these factors combined means that providers will experience significant reduction in revenue earned during 2020 with increased costs due to COVID-19. We would especially highlight that providers of specialist training are the only providers paid on an attendance basis (i.e.: WTE fee for service per capita model). This means that the most prohibitive funding model is used to provide funding of provision to the most vulnerable section of the population.

In addition, some people who use our residential services are going to be significantly impacted by the reduced capacity in day services (due to social distancing requirements), and there is an expectation from the HSE that they will receive their day service from their home. This will also have a resourcing implication, but more importantly this is likely to be a step backwards for individuals who use our services from a social perspective. The impact of a reduced capacity in day services will impact on the role of the carer creating a dependency on the carer, inflicting greater impact on families.

**4.3.3 Information**

One of the biggest challenges throughout this crisis, has been responding to the volume of information circulating and changing rapidly. The structures within the Rehab group and the implementation of our best practice group to respond to information received from Public Health, the HSE and other government agencies ensured we were in a position to track and filter key information and quickly communicate to frontline staff. We showed ability to receive, filter and disseminate key information in formats suited to each service. We also ensured psychologists and behaviour therapists were on hand to support students and people who use our services to digest

and understand the information provided specifically around COVID-19, hand hygiene, coughing and sneezing etiquette, isolation and testing.

The size and structure of the Rehab Group strengthened our ability to take all information and guidance issued across all CHO areas and disseminate that information in parallel with the HSE. We showed ability and flexibility to filter the information appropriate to the services we provide and ensured consistency in communication and approach. The information provided by the HSE was of a very high quality. However, on occasion we received slightly different information from different CHO areas - the roll out of COVID-19 testing was one such example. This was understandable given the highly volatile and pressured nature of the emergency. However, we think one learning from the experience is that a more streamlined approach to information development and dissemination would benefit everyone and especially large service providers.

A particular challenge for us as a Section 39 Agency was how some of the information required specific review as to applicability to our employees. Also, Rehab Group receives funding from different bodies, each working at a different pace in the delivery of information and engagement, and this complicated matters further.

**4.4 How we have responded**

**4.4.1 Leadership** **and Communication** - Through establishing a COVID-19 response committee very early on with senior managers who held appropriate oversight, governance and decision-making capabilities, we were able to respond quickly to an ever changing/unprecedented landscape. Active involvement and leadership by the CEO, offered assurance and direction, with clear and regular internal communication. Through establishing a Serious Incident Management Team with specific project leads and delegated lines of responsibility, and a clear escalation process, we provided consistency of messaging, internally and externally. We commenced with regular meetings to discuss, problem solve and disseminate information with operations teams, cascading information daily through conference calls with key local frontline managers. Our Data Protection Officer ensured accessibility to up to date GDPR guidance throughout. The Quality & Governance team provided support and guidance to operations and frontline staff on COVID-19 preparedness, governance, risk management, continuity planning, health & safety, psychological supports, behaviour therapy supports, infection prevention and control, isolation, testing, social distancing, compliance with Public Health, HSE and Government protocols, regulation and legislation and returning to work safely.

**4.4.2 Capability and Responsiveness** – Business continuity plans were activated and we actioned a COVID-19 Preparedness Plan to guide our response. We utilised national and regional capability and capacity - for example, the procurement of PPE at a national level and equipping internal people to deliver face to face PPE training. We implemented a COVID-19 Framework, with a dedicated internal portal that captured all up to date relevant information and advice, enabling an agile and flexible response. We appointed specific reference groups to gather data, to identify best practice, to provide guidance and support, to respond to key HR matters and manage our communication. We are currently in the return to work safely phase and our approach is always to give due consideration to a balance between risk and service delivery.

**4.4.3 Relationship Management** – We have established relationships at regional and national level with other agencies and CHOs. We used these networks to share learning and resources.

In order to respond and comply with funder requests, the Rehab Group identified critical services that would remain open. Residential and accommodation services continued to operate with

business continuity and isolation plans updated in line with internal and external guidance. We identified early on which of our critical services presented with the highest risk; this enabled appropriate response and support, maximising resources at local level. For example, those residential services where people would be unable to adhere to social distancing and appropriate hand hygiene. We mobilised teams where necessary. As a provider of different service models, we had the capacity to deploy appropriate resources from our day services to our accommodation services. We ensured we held the necessary stock of PPE and that training was in place, with compliance monitored at a national level.

We swiftly liaised with Public Health at local level and at all times kept our HSE contacts fully briefed and informed.

Respite service provision was agreed at a local and regional level in partnership with the HSE, and we continued to respond to emerging crisis situations for some families.

Cocooning took place for some residents. Day Services and National Learning Network centres closed and a quick response was required to put in place remote supports, remote training delivery and remote psychological and behaviour therapy services. Some of our Enterprises remained open to provide essential services to the health sector – including the [provision of PPE to the HSE](https://www.facebook.com/watch/?v=240303560505513). Carelink, our home support service, continued to provide services to clients using a triage system. The availability of PPE was a key focus particularly masks. We continued to source supplies however it was always a challenge. The Rehab Group liaised very closely with funders and regulators to ensure compliance at all times. Information and guidance from the HSE, Public Health and Government was disseminated through the best practice group and a document framework was developed and available on share-point to all staff.

**4.4.4 Residential Services**

As a provider of a significant number of residential care facilities for persons with a disability across the country, we were faced with revising rosters that minimised risk, providing an enhanced service, as individuals could not attend day service, and deploying our employees to environments that were not their normal place of work. In doing so, we were cognisant of regulatory compliance and the need to swiftly respond with appropriate induction and training.

There were, at times, conflicting priorities which needed to be thought out and addressed, including the ongoing need to deliver critical respite services, but in doing so, manage a heightened risk of transmission which existed.

We were, and still are required to have isolation sites. Fortunately, HIQA and the HSE came together quite early to resolve dilemmas faced by all residential care providers, in mapping out the process to register an isolation site as and when needed, and a barrier was lifted. However, we identified some of our respite houses as the most appropriate isolation sites and this again had to be balanced with the requirement to deliver a respite service. We are also now faced with a further challenge with the re-opening of day services, as some of these locations are identified as isolation sites

**5. Responding to Specific Issues raised by the Committee**

In this section we respond to the areas/issues specifically highlighted by the Committee

5.1 COVID-19 response for persons with a disability

• COVID-19 Infections and clusters in disability settings/services

• Availability of data disaggregated by disability for COVID-19

• PPE - Supplies and supports for disability sector and carers

• Accessibility of public health information on COVID-19 for persons living with disabilities

PPE

The organisation made a decision to source a small amount of PPE privately at an early stage, to ensure our ability to maintain the safety of our staff teams at all times. This was helpful while HSE procurement processes were being set up. The central procurement system within the HSE nationally has worked well, albeit with reduced levels of deliveries compared with orders placed. To date, Rehab have had adequate supplies of PPE to enable us to provide services. However, we have continued to need to source some supplies. In recent weeks, the PPE ordering process is now taking place at CHO level, and again we are encountering inconsistencies with the process.

Accessibility of Public Health Information for families

As we have set out above, one of the challenges throughout this crisis, has been responding to the volume of information circulating, and changing swiftly. Rehab group has been fortunate to have been in a position to track, filter and identify key information, such as that provided by the HPSC, and quickly communicate to services.

Rehab has played an important role with the provision of COVID-19 related information and education to people who use our services, students, residents and their families throughout. The HSE has an excellent website with resources, and many of the people using our services, and their families have been able to access it. Others however have required assistance and support with accessing this information, and our staff teams have engaged regularly with them to provide this support. Teams have collated easy read information, posters and videos, and have linked with families using the phone, text, email and video conferencing to communicate.

One of the difficulties for organisations has been in attempting to manage expectations or provide clarity to people who access our services and families in relation to media coverage of COVID-19. Service providers were required to move very quickly with our responses and plans around the easing of restrictions, particularly as the Government moved to change the original road map dates. Each of these changes had potential impacts on many elements of our services, some changes were unexpected and left providers with very little time to respond.

COVID-19 infection rates in Rehab Services

As with many disability organisations, we have managed so far to keep COVID-19 rates extremely low across our services.

Among all of our residential services, so far only one individual that we support has been diagnosed as positive for COVID-19, so far only one individual that we support has been hospitalised, and thankfully, no individuals utilising our residential services have died from COVID-19. Similarly, we have only had very small numbers of COVID-19 in our home care services.

This is likely to be due to a number of factors:

* Our residential services have small numbers in each facility;
* Our support staff were trained in the use of PPE very quickly, and PPE was provided to all of our services;
* Training and guidance were provided to all staff at an early stage in the pandemic;
* Visiting restrictions were put in place at an early stage, however this had a significant impact on our residents and families;
* We were able to redeploy teams from day services to support residential teams, which meant that we could minimise footfall in and crossover between residential services.
* The Government imposed restrictions meant that in many respects, while it has been a very difficult time for our residents, it has been easier to maintain Infection prevention control measures (IPC). Over the coming months, as society reopens and movement increases, this will be an increasingly challenging task, as COVID-19 has not gone away;
* Our experience of and dedication to strong compliance and oversight, and a not-for-profit ethos.

**5.2 Impact of COVID-19 on daily life and services**

**• Impact on educational supports for persons with a disability**

**• Services for persons with a disability post COVID-19**

**• Accessibility – public transport particularly and of public sanitation facilities**

**• Impact on those in employment and employment opportunities**

In the section 4 above, “Overview of the impact of the Pandemic on Rehab Group and how we have responded” we detail the impact the virus has had on services, the organisation and the people we support and outline some of the challenges the sector faces.

We would add the following points in response to the areas of interest identified by the Committee

**Transport**:

Transport is vital for many of our students to attend training or individuals who use our services to get to their centres. COVID-19 public transport restrictions could severely restrict the number of students and people who access our services who can attend centres. In addition, changes to bus routes, traffic arrangements, disabled parking places, pedestrian areas, streetscapes, etc., have the potential to seriously impact the independence of people who use our services - especially persons

with intellectual disabilities. Accessibility for individuals with a disability should be a key consideration before making any changes.

As stated in an earlier section we are also anticipating that transport cost, especially in rural Ireland, are likely to increase substantially due to the need to introduce multiple trips because of social distancing requirements.

**Education Supports**:

In our [response](https://www.rehab.ie/what-we-do/publications/nln-submission-to-covid-committee/nln-submision-to-covid-committee.pdf) to the request for submissions on schools/education, we highlighted the multiple challenges faced by National Learning Network students during COVID-19 and in the post-COVID-19 world. We emphasised the need to address the digital divide by better resourcing service providers and students, how remote/blended learning was not suitable for all, how employment based training may be severely curtailed, and how it was imperative that the Government exercised substantial flexibility in allowing students with disabilities to finish out specialist training courses.

**Income Supports**: The swift introduction of income supports for those contracting the virus or made unemployed because of the economic fallout from it were most welcome. However, they have created a two-tier welfare system where persons with disabilities now typically receive support on a much lower level than those affected by the virus. This is unfair. As one person put it “those employees, who were let go by their employers during the COVID-19 pandemic, [are] awarded a benefit greater than those of us with disabilities who, due to our condition, cannot work in full-time employment.”

Similarly, we have experienced cases of persons with a disability who have had to self-isolate because they have specific health conditions or are in an at-risk group. People in these circumstances were not entitled to the COVID-19 Enhanced Illness Payment or the Pandemic Unemployment Payment.

We would urge the Committee and the Government to examine the unequal treatment of persons with a disability under these income support schemes.

**5.3 Impact of COVID-19 on carers and families of persons with a disability**

**• Impact on those caring for persons with disabilities in an informal capacity (e.g. families taking over from carers)**

The pandemic has led to greater pressure and anxiety on carers and families of individuals with a disability. Whilst respite support has continued to operate in some of our locations, it has been at much reduced capacity, and prioritised those most in need. Individuals have availed, but only through the application of a stringent prioritisation criteria, agreed with each CHO and on a much-diminished level. The reduced service has come at a time when respite is most required, and at a time when schools and day centres are closed.

Carers and families have been relied upon to provide transport, in order to minimise the risk of transmission; this becomes more complicated when there is more than one child, young person or adult at home. Basic daily activities have become more challenging; families have not had a break. The compromise has sometimes been for our employees to provide support in the family home, often not an ideal situation, but a much-needed solution. This has also been difficult as some family

homes can be chaotic, each with their own circumstances. The suspension of respite for some individuals meant a suspension of some vital programmes and therapies, including behaviour therapy and occupational therapy. There is huge concern that individuals will have significantly regressed in their development and achievements throughout this time. Families have had to cope with an increase in behaviours that challenge.

Whilst the majority of daily and weekly support in people’s homes has continued with our **Home Support and PA services**, a number of families and clients elected to suspend their service due to fear of contracting the virus - despite assurances all our employees were adhering to all Public Health guidelines. With no additional support coming in to the family home, carers have been under significant stress, and no break.

The restrictions on visiting has significantly impacted family relationshipsfor our tenants who are supported by our **Residential** services and indeed their relatives**.** Some families chose for their relative to move to the family home during the pandemic, toremain in close contact, but also in fear of contracting the virus. No-one expected the restrictions to last so long and families have struggled over a prolonged period of time to continue to support their relative and to occupy their time. Due to the restrictions it has not been possible for individuals to return to their home and remaining with the family has been their only option, creating friction and ongoing pressure.

Many of the people we support cannot understand why they cannot visit their friends at the **Day Centre** or go to the cinema. This has led to increased incidences of behaviours of concern for families to manage.

Whilst some **Outreach support** has continued, this has been with very strict adherence to Public Health advice and guidance. Planned support time has been compromised, short visits and restricted places to go, which has increased individual’s anxieties and pressures.

Many carers and families of persons with a disability fall into the cohort of society who have been cocooning throughout the pandemic. This in itself has impacted natural community supports which many families rely on.

A number of individuals who we support were unable to gain access to critical outpatient hospital appointments, including some vital health screening appointments. In some cases, they had been waiting months for appointments only to have these cancelled. For many of the individuals who we support these screening appointments are vital, as they may be unable to recognise or articulate symptoms of serious illness until it may be too late. This will continue to be a cause of concern for years to come.

**5.4 Impact on disability sector**

**• Impact on funding and services provided in disability sector (e.g. S39 disability providers)**

The COVID-19 Pandemic has presented Rehab Group with three main issues in relation to funding.

**Firstly**, we have experienced increased costs associated with PPE, IT, additional staff, cleaning, health & safety, maintaining buildings, loss of business etc.

Of particular concern is the future funding model associated with the remodelling of services. As we set out in Section 4, the current Resource Allocation Model used by the HSE to ascribe funding based on identified need against particular funding bands will need to be reviewed and re-purposed. This model is largely predicated on the basis of a service provision model pre-Covid which will change dramatically as services are remodelled.

As another example, and as we set out in earlier sections, the cost of setting up a blended delivery option is prohibitive. The cost of hardware is estimated at a minimum €2.5 million to enable NLN students to have access to IT equipment and facilities off site. Other costs include: educational software, additional IT support, enhanced staff training and development in TEL approaches to service delivery, additional Quality assurance costs, and additional cost of implementing COVID-19 protocols across 50 training centres, e.g. cost of PPE, increased staffing costs and increased cost of transport. Remodelling of services will require a remodelling of how services are funded.

**Secondly**, a 1% cut was applied by the HSE in its 2020 service plan. This amounts to a €20m cut across the disability sector. The former Minister for Health, Simon Harris, and the former Minister for Disability have indicated on several occasions that this would be reversed in light of the pandemic but at the time of writing we have received no such advice from the HSE.

**Thirdly**, fundraising has been severely curtailed and we are expecting a year-on-year fall of about €400,000. This will mainly affect our ability to fund capital projects. The terms of the COVID-19 Stability Fund for Community and Voluntary, Charity and Social Enterprises meant Rehab Group could not qualify for any assistance under this measure.

**Overall**, the biggest issue for us is security of funding for this year and next year.

Across the Section 39 sector, the COVID-19 pandemic has highlighted the urgent need to implement the structures and frameworks highlighted in **the Catherine Day Report** – the Independent Review Group examining role of Voluntary Organisations which reported in February 2019. Section 39 organisations account for about a third of disability services. It is simply unsustainable to have such a significant part of disability services funded on such an ad-hoc basis. We need to move to a multi-annual system of funding as soon as possible. The pandemic has highlighted the vulnerability of the sector and the need for a new funding model based on Catherine Day’s recommendation.