

DÁIL ÉIREANN

COISTE SPEISIALTA UM FHREAGRA AR COVID-19

SPECIAL COMMITTEE ON COVID-19 RESPONSE

Dé Máirt, 23 Meitheamh 2020

Tuesday, 23 June 2020

Tháinig an Coiste le chéile ag 11 a.m.

The Committee met at 11 a.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	
Mick Barry,+	
Colm Burke,	
Mary Butler,	
Jennifer Carroll MacNeill,	
Matt Carthy,	
Michael Collins,	
Patrick Costello,*	
David Cullinane,	
Stephen Donnelly,	
Norma Foley,	
Kathleen Funchion,*	
John McGuinness,	
Fergus O'Dowd,	
Louise O'Reilly,	
Anne Rabbitte,+	
Matt Shanahan,	
Sean Sherlock,*	
Bríd Smith,	
Jennifer Whitmore.*	

* In éagmais / In the absence of Deputies Pearse Doherty, Róisín Shortall, Duncan Smith and Ossian Smyth.

+ In éagmais le haghaidh cuid den choiste / In the absence for part of the meeting of Deputies Stephen Donnelly and Bríd Smith.

Teachta / Deputy Michael McNamara sa Chathaoir / in the Chair.

Business of Special Committee

Chairman: We will wait for Deputy Carroll MacNeill.

Deputy John McGuinness: The Chairman and Deputy Carroll MacNeill did very well this morning sorting out the problems of the world for the public.

Chairman: I thank Deputy McGuinness. That is what we were elected to do. We have been notified that Deputies Rabbitte, Whitmore, Costello, Barry and Sherlock will substitute for their party colleagues today. Are the minutes from 16 and 18 June agreed? Agreed.

We have received 12 items of correspondence, which I will take as noted. Members will also have received written submissions for today's meeting. Is that agreed? Agreed.

Following the meeting of the committee's working group last Friday, a draft programme to the end of July will have been circulated to members. Our proposals for next week are with the Business Committee and we will have to look at alternative arrangements if the Chamber is no longer available to us. We will do that at next Friday's meeting. Is that agreed?

Deputy Louise O'Reilly: I ask that we conduct an additional risk assessment regarding the conduct of this committee. The advice has moved on, the country is reopening, there are many more people at work and there is a lot of flexibility in this area. I acknowledge that we are operating on the basis of a risk assessment. If the committee agrees to conduct another risk assessment and it is in order and feasible to do so, we might be able to get back to something that more closely resembles normal committee work. I am not saying that we are not doing normal committee work. I am just referring to the physical arrangements.

Chairman: That is not an unreasonable proposal, but I suggest that we discuss it at Friday's working group meeting.

Deputy Louise O'Reilly: That is bang on.

Chairman: I have arranged for Deputy Carroll MacNeill to chair a session later today. I would like to move on to welcoming our witnesses if there is nothing further to discuss.

Deputy Michael Collins: Why was the Federation of Early Childcare Providers omitted from today's meeting? It is a huge organisation which represents a cross-section of the sector we are looking at today. I feel very strongly about this, especially as it represents a lot of rural childcare providers facing serious survival issues and it is not here before us today.

Chairman: Indeed, I heard its representative in the media this morning. It is not a case of it being omitted; it is just a loaves and fishes operation because we are so confined with the number of sessions we can have and the number of people we can realistically bring in. It is not just from the point of view of what is safe but equally because a finite number of people can answer questions in two hours. It was merely occasioned by that. We may look to bring them in at a later date if possible, but we are constrained in the number of sessions we can hold and the number of people we can bring in. If we bring in ten different people to a session to answer questions, all ten will feel disappointed that they did not get to answer the questions that were asked. It is solely to avoid that scenario.

Deputy John McGuinness: Is that what happened in the case of Seas Suas?

Deputy Louise O'Reilly: I had indicated.

Chairman: Deputy O'Reilly did indicate, in fairness.

Deputy Louise O'Reilly: I fully appreciate the constraints on us and all the rest of that. I am looking for an additional risk assessment. In the event that we have another session, we should also hear from representatives and childcare workers. That would be important. Everyone is cognisant of the fact that we are limited in terms of time and space. It would be helpful.

Chairman: We will take all of those proposals for an additional session on this issue and people can come before us at the session of the working group on Friday. Is that okay with Deputy Michael Collins?

Deputy Michael Collins: Yes.

Chairman: We would love to bring in a lot more people. It is to be hoped that once a Government is elected, whenever that will be, the normal sectoral committees will be established. A childcare committee will, by its nature, be able to devote a lot more time to this issue than we can, particularly given that we are looking at everything from crèches to slaughterhouses.

Deputy John McGuinness: Will that organisation be included?

Chairman: We can discuss that on Friday.

Deputy John McGuinness: Okay.

Childcare: Impact of Covid-19

Chairman: I want to introduce our witnesses on childcare from committee room 1. From the Irish Nurses and Midwives Organisation, I welcome Ms Phil Ní Sheaghda, general secretary, Mr. Tony Fitzpatrick, director of industrial relations, and Ms Niamh Adams, head of library services. I also welcome Mr. Paul Bell from SIPTU, and I see Mr. Patrick Cole is with him.

I wish to advise our guests that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to this committee. If they are directed by the committee to cease giving evidence on a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a manner as to make him, her or it identifiable. We expect witnesses to answer questions asked by the committee clearly and with candour. However, witnesses can and should expect to be treated fairly and with respect and consideration at all times in accordance with the witness protocol. If any witnesses have any concerns in that regard I ask that they raise them immediately with me, as Chair.

I ask Ms Ní Sheaghda to make her opening statement. As is customary, I ask that she limit her statement to five minutes and deliver it as circulated in advance to members.

Ms Phil Ní Sheaghda: Niamh Adams is not attending today. Ms Kimberly Clarke is with

us instead. She is a member of our organisation who works in north county Dublin and currently has great difficulty in obtaining childcare in order to allow her to work as a front-line worker in addiction services.

I will briefly discuss our submission. We will concentrate on the effect on our members, including front line nurses and midwives, of the restrictions on childcare. Members will see from our submission that in the background we set out the problem we had, namely, that the HSE has implemented a moratorium on recruitment since last May. Therefore, our staffing levels were particularly compromised. We have a significant reliance on overseas recruitment, particularly from non-EU countries. Statistics provided by the nursing registration board which demonstrate that last year 1,819 of the nurses who registered in Ireland were from non-EU countries, predominantly the Philippines and India, are listed on page 2 of our submission. Given the travel restrictions imposed since Covid-19, they are obviously not in a position to travel and help us to maintain staffing in our health service.

The second major issue that has affected staffing levels has been the infection rate among healthcare workers. At present, Ireland is top of the league and has the highest infection rate of healthcare workers globally. That is an absolute scandal. We have sought figures and the Minister for Health, Deputy Harris, instructed that figures be issued on a weekly basis when he met us two weeks ago. We have now got the second set of figures, following on from that meeting with the Minister for Health. These again confirm that 88% of those infected who work in the health service got the virus at work. In other words, this is an occupationally acquired illness or injury and they, therefore, have to absent themselves for 14 days to self-isolate. We know from the figures that we received last Friday that 4,823 healthcare workers remain out sick, and “still ill” is the category that is stated. We know that 1,600 of those are categorised in the category of nurse or midwife. We have asked the HSE for the workplace settings but it has not been able to supply them to us as yet.

This obviously puts enormous pressure on rosters. As the committee will be aware, nursing and midwifery provide a service across the 24-hour cycle, so childcare has always been very difficult and requires a lot of juggling and preplanning. Some 92% of nurses and midwives are women and in order for them to continue in the workplace, they need to have a very robust childcare service available to them. That is often formal and informal, and it also relies heavily on partners and on the school system being open. What we have found is that, since the restrictions began on 13 March, when schools, crèches and registered childminders were closed, this has become a huge issue for our members.

As to what we have done, page 4 of our submission notes that we surveyed our members to see exactly what arrangements they had in place pre-Covid-19. We found, as I have just set out, that 27% of all of those who responded, and we had a very large response rate, were reliant on crèche, childminder and childminder in the childminder’s home. If members look at the column that shows the position during Covid-19, they can see the drop in that figure, for obvious reasons. Crèche was completely removed from the equation, childminder in childminder’s home dropped from 29.7% to 7.8% and childminder in the person’s own home went from 11% to 13%, which is a slight increase. Many of our members rely on grandparents to provide an out-of-hours service and pickup from school when the shift pattern has not concluded. The figure for grandparents in the survey went from 32% to 10%. Obviously, preschool, primary school and secondary school were no longer available.

This was a huge problem, therefore, for the nursing and midwifery workforce, many of whom had to rely on taking annual leave or extending and changing their pattern of taking

parental leave, which is unpaid, to maintain the employment contract. Ms Kimberly Clarke is here as one of those people who had to use eight weeks of her leave to ensure she could maintain the employment relationship.

The big issue, of course, is that a majority of our members are female, and 96% of those who responded to the survey stated they were female. Many of our members are lone parents and the problem was particularly more problematic for them. One of the lone parents responding to our survey said one-parent households cannot afford extra childcare since the schools closed, and another stated there is no thought for single parents who are front-line workers. Some 60% of those who identified as lone parents responded that Covid-19 restrictions caused additional expenditure for them in order for them to be able to attend work on the front line, where they wanted to be.

Chairman: I ask Ms Ní Sheaghdha to conclude. She may make some concluding remarks but I want to leave time for members to ask questions of both herself and Mr. Bell.

Ms Phil Ní Sheaghdha: The actions we believe are now required are that the costs to nurses and midwives of attending work and other additional costs should be repaid to them, and that, when we have a reopening of crèches and early childhood services, there has to be preferential treatment for healthcare workers in order for them to continue to maintain their employment contract. Overall, what we have set out at appendix 1 is the list of representations we have made since very early on in March, right through to last Friday, to the Minister for Health, all the HSE officials, and the Departments of Children and Youth Affairs and Public Expenditure and Reform. We are still not satisfied that proper consultation has taken place with front-line workers who are reliant on the State for part of their childcare requirements. Indeed, in their words they feel they have been abandoned - while they have been applauded, they have also been abandoned because it is now at their cost that they are attending work.

Mr. Paul Bell: I will read our submission into the record and the members and you, Chairman, are free to put questions to us. To start, I wish to note that a worker who was nominated to appear before the committee today was not available due to staff shortages in the area of operation.

On behalf of my union SIPTU, I am honoured to meet the committee today to discuss childcare for healthcare workers during the pandemic. At the outset, I will briefly introduce the SIPTU health division. It is a multi-grade representative health division with more than 42,000 members. Our membership covers a variety of settings, including nursing, midwifery, healthcare assistants, diagnostic and therapy health professionals, phlebotomists, the national ambulance service and support grades. Our division covers all areas of the health service including acute care, mental health, care of the older person, community care and intellectual disability.

While we note childcare is not an issue solely related to the gender of the parent, it must be stated that the contacts SIPTU received were overwhelmingly from working mothers who were desperately trying to secure childcare so they could go to work as essential healthcare workers in all the grades SIPTU represents. The following average applies to female gender balance within the relevant workforce: nursing and midwifery is 90.6%; health science and diagnostics is 78%; household is 80.2%; catering is 69.1%; healthcare assistants is 76%; home helps, who are also referred to as healthcare support assistants, is 96.4% and ambulance control is 50%. It should also be noted that SIPTU membership was represented within the following family demographics: co-parenting where both are essential workers, co-parenting where both are essential health workers and lone parent healthcare workers.

In reference to the issue of childcare for healthcare workers during the pandemic, it is not an exaggeration to confirm that this has been a leading issue for our members since the lockdown was enforced in mid-March 2020. The issue stands alongside several other key challenges which arose, such as lack of provision of personal protective equipment, PPE, lack of testing capacity, clusters in nursing homes and infection rates of healthcare workers who were becoming sick due to their work on the front line. Publicly, the HSE announced a survey had been undertaken to ascertain the number of healthcare workers who required childcare support. The HSE stated that the figure was 7,000. It is important to advise the committee that SIPTU representatives are unaware of any survey being undertaken and, if it was, how it was advanced given the challenges arising during the lockdown. To date, no member has advised SIPTU that he or she was offered or requested to participate, or participated, in the HSE survey to establish the childcare needs for essential healthcare workers.

SIPTU representatives suggest that the experience our members have had over the last number of months in seeking to secure childcare for their small children has been deeply frustrating, challenging and emotionally distressing as they have striven to meet the balance of ensuring the safety of their children while also ensuring that they were able to go to work and provide essential healthcare to their local community. In order to afford appropriate consideration of the challenges arising for healthcare workers securing childcare we must remember the environment within which these needs were arising. First, all childcare facilities were closed. Second, grandparents were cocooning. Third, childcare workers were reluctant to provide care in a healthcare worker's home due to concerns of infection risk given the role of the parent in the health service. Fourth, where childcare was able to be sourced members frequently conveyed their frustration at the increase in costs and their inability to fund this. Fifth, rosters within the health service are atypical and cover a 24-7 and 365 day service. Given the combination of the deficit of childcare facilities and grandparents cocooning, the usual means of meeting roster challenges outside of Monday to Friday, 9 a.m. to 5 p.m. were not achievable.

Unfortunately, other factors also arose due to the rules which were put in place concerning general public health and the specific instructions which were given to public service employers which could not be departed from. Throughout the pandemic, the Department of Public Expenditure and Reform issued regular updates and instructions through documents on frequently asked questions. These were designed to achieve uniformity across the public service in the instructions concerning application of Covid-19 leave and other matters. SIPTU argues the focus of the Government Department was to achieve uniformity rather than to find a fit which would assist parties in developing suitable arrangements to meet workplace and home life needs.

Chairman: I will ask Mr. Bell to conclude.

Mr. Paul Bell: As the opening statement has been submitted for the record, I will just summarise. SIPTU contends the challenge of childcare for healthcare workers could have been managed more effectively by Government by focusing on securing support through measures which would have been approved by public health officials. An example would have been the provision of childcare in a safe environment explicitly for healthcare workers. This model was used in other countries to ensure essential healthcare workers could get to work in the safe knowledge their children were being cared for. Instead, the focus was on uniformity with rigid options only being approved which resulted in the loss of essential healthcare workers to the service and loss of annual leave or financial loss to the healthcare worker. We thank the committee for the opportunity to meet with it today.

Deputy Colm Burke: I thank the SIPTU and INMO representatives for coming in this

morning and for their detailed submissions, which we appreciate. I also thank their members for all the work they have done over the past three or four months in a very difficult situation. I will touch on one or two items. One relates to the number of people in the healthcare sector who have been affected. Is there a breakdown of the number affected between hospitals, nursing homes and mental health facilities? I believe more than 8,000 people in the healthcare sector have been affected. Is there a breakdown of that number? It is interesting but I know of two mental health facilities and in one of them many staff and residents were affected while in the other everyone tested negative. They are very similar settings but the results were totally different. Is there a breakdown of the figure which would show from where cases were drawn?

Ms Phil Ní Sheaghda: Is the Deputy referencing the number infected or the number absent due to coronavirus?

Deputy Colm Burke: I am asking about the number affected. More than 8,000 healthcare workers have been affected. Is there a breakdown of the settings in which the more than 8,000 who have been affected work, whether in hospitals, nursing homes or mental health facilities?

Ms Phil Ní Sheaghda: The figure provided by the HSE as to the number of healthcare workers infected is 8,180. The figures are broken down by geographic area but do not set out the workplace locations.

With regard to childcare, in our survey in respect of those for whom childcare was a difficulty we asked those who responded to identify where they worked. Some 61% said they worked in public acute services, including acute hospitals, 3.8% worked in private acute hospitals, 1.5% in private care services for older persons, 5.9% in public care services for older persons, 15.6% in public community care and 7.5% in disability services.

Deputy Colm Burke: I will return to the issue of childcare facilities. Obviously, in a lot of cases, the staff of those facilities were facing a huge problem. The breakdown of the figures shows that where grandparents were looking after children, that more or less stopped once the lockdown came. In terms of the numbers affected, do the witnesses have any information about how people were able to resource alternatives, or was it the case that people were not able to locate an alternative to the arrangements they had in place?

Ms Phil Ní Sheaghda: The trade unions and the health service negotiated that working from home would be a facility available to staff. The information supplied in our survey of members shows that 34% availed of that. However, the majority relied on a partner taking annual leave or a relative coming to live in their home. Some moved their children to relatives' homes and did not see those children for eight weeks. Many responses to our survey attested to that. The sacrifice they made in coming to work was extraordinary. In fact, I do not think it can be matched by any public service representatives in the midst of this Covid-19 crisis.

The feeling our staff have right now is that the annual leave that is scheduled for the rest of this year has already been completely used up. We do not believe the health service is going to quieten down. We believe, in fact, that now that we have two services, namely, a Covid service and a non-Covid service, the pressure on the health service is going to increase dramatically. We see from our own daily count of trolley figures that the numbers are already going the wrong way. We are up to more than 130 people on trolleys today. The health service will continue to be busy and healthcare workers, including the nurses and midwives we are representing today, are very clearly saying that a better plan must be arrived at to make sure they are not financially at a loss and having to pay for their ability to come to work.

Deputy Colm Burke: Mr. Bell spoke about the lack of flexibility in regard to accommodating healthcare workers. Going forward, what does he suggest should be done to deal with that issue? We may have challenges in this regard in the future. How can we introduce the flexibility that is needed and how can management work with staff to ensure they are accommodated?

Mr. Paul Bell: First of all, I do believe that the Government and authorities responsible for health services should at least look at other models in other jurisdictions. The United Kingdom might seem strange as an example but, nevertheless, it did provide childcare and school provision for the children of health workers and workers in essential services in other areas of the economy. That type of provision needs to be planned because, if it is not, we are going to end up in the same position again. We also understand that the health service, going forward, must start ramping back up in order to take care of patients who may not have been able to access hospital services during the lockdown. We are going to see very serious pressures there because some health workers will either be due to take annual leave or there may be issues concerning exhaustion where all annual leave has been taken up. At that stage, we think other problems may present.

Chairman: Thank you, Mr. Bell.

Mr. Paul Bell: If I may, the Deputy requested some data from my colleague. The Health Protection Surveillance Centre had been producing some information that was incomplete about the level of Covid-19 infections and where they might be. At one stage, approximately 7,800 workers were infected. Of that number, 1,577 were in nursing homes settings, which accounted for 19.8% of the total.

Chairman: My apologies, Mr. Bell. I hope we can return to that point but I must move on now to the next speaker.

Deputy Stephen Donnelly: I thank the witnesses for coming here today and for their very detailed statements. I pay tribute to the extraordinary work nurses and midwives have done during the pandemic. We all applauded the front-line workers, including healthcare workers, in the Dáil but the testimony we have heard here this morning, as well as the anecdotal testimony we have all heard in recent months, suggests that those public expressions of support were not necessarily always matched by support where it mattered for nurses and midwives. The testimony we have heard here this morning and the anecdotal testimony I am sure we have all heard in recent months suggests those public expressions of support were not necessarily always matched by support where it mattered for nurses and midwives.

I will come to childcare in a moment but, if I could, I would like to go back to the infection rates for nurses raised by Ms Ní Sheaghda. She stated that the infection rate for Covid cases among nurses and midwives in Ireland is the highest on earth. That is an absolute disgrace in anybody's book. Why does Ms Ní Sheaghda believe this infection rate is so high? Why did we have such a high infection rate, as an island on the edge of Europe with an advanced health-care system that had more time to prepare than most European countries? Was enough done to protect Ms Ní Sheaghda's members?

Ms Phil Ní Sheaghda: First, we had a call last Friday with the International Council of Nurses and our figures were the highest. That is not something we are proud of. We strongly believe that there were two policies that directly influenced the situation. The first is that a shortage of PPE created a situation where supply was more important than protection. In other words, we were having meetings with the HSE about decisions, for example, on the wearing of

face masks. We had to lobby and cajole the HSE. I think I wrote six letters in all, seeking to introduce a policy whereby the wearing of face masks would be mandatory and they would be provided for all healthcare workers. We had a situation where one of our members was sent off duty because she attended duty with a face mask. She was advised by her management that it was against HSE policy and she was actually sent home. That became an industrial relations matter which we then resolved. On 22 April the HSE's policy for the mandatory wearing of face masks by all healthcare workers was introduced. We saw a dramatic drop in the number of infections of healthcare workers from that date onwards. When we raised that with the HSE it stated that at the same time there was a coincidental drop in the general infection rate of the population. We do not accept that. We believe that face masks should have been mandatory from the very beginning in every single healthcare setting because our testing and tracing was not, and still is not, sophisticated enough to determine who is infected and who is not. We have also learnt that asymptomatic presentation, in other words, people with no symptoms, can still be infectious. Therefore, waiting for somebody to develop a temperature before he or she started wearing PPE was a mistake. That is particularly relevant in the community sector.

Deputy Stephen Donnelly: I thank Ms Ní Sheaghda very much for her reply. It is something that will have to be looked at in an awful lot more detail. It sounds absolutely extraordinary that we would have let that happen to healthcare workers.

Ms Ní Sheaghda's members were put in an impossible situation *vis-à-vis* childcare. Schools were closed, grandparents were isolating, childcare facilities were closed, home childcare was very hard to find and expensive, and Ms Ní Sheaghda's members needed to be at work. As per her data, many of them were also living with front-line workers, many of them also healthcare workers, making it absolutely impossible in many cases. The promised childcare scheme for healthcare workers never really happened. Were any supports put in place for childcare for Ms Ní Sheaghda's members? Were any costs covered? Was any tax relief offered? Were any dedicated facilities opened for healthcare workers? Was there any flexibility on rosters?

What happened when Ms Ní Sheaghda's members simply could not get to work because of childcare issues? Were any sanctions taken against them? Were any of them docked pay? Were they told that they would have to take annual leave and what happened if they ran out of annual leave? Are some of these issues still at play for her members?

Ms Phil Ní Sheaghda: Yes, as Deputy Stephen Donnelly rightly stated, 69% of the nurses and midwives we surveyed indicated that they were either co-parenting with a healthcare worker, co-parenting with another essential worker or a single parent. In other words, they had no other options. That is a very high percentage. What did the State do? Through freedom of information, we had to seek the dialogue that took place between five Departments. At one point there were five Departments discussing the issue: the Department of Finance, the Department of Public Expenditure and Reform, the Department of Health, the Department of the Taoiseach and the Department of Children and Youth Affairs. When we obtained the information through freedom of information last week, we discovered in the HSE and Department of Health releases that there is no database of the family status of healthcare workers. They stated that their estimate was largely based on CSO, Central Statistics Office, and Revenue information. In other words, they did not know the family status of their workforce or how it would be affected.

This workforce was the most essential to be at work during the first global pandemic. They did not have the database and still do not have it. All of the figures they produced around who would be affected and the numbers were conjecture. The figures they estimated for came to 8,898. When we met the Minister for Health, we stated it was a gross exaggeration and the

figure was too high. However, all of the policies that were then sought to be introduced were costed at that level. We do not believe it was that high. We believe-----

Chairman: Thank you, Ms Ní Sheaghda. I am sorry to cut across you.

Ms Phil Ní Sheaghda: -----it was more likely in the region, as we stated, of just over 200 a week.

Chairman: I am sorry but I just have to try get everybody in. I call Deputy O'Reilly. Are you taking ten minutes?

Deputy Louise O'Reilly: Yes. I assume the Chairman is taking a note of those who went over to ensure that time is given to the rest of us.

Chairman: I have noted it. I am taking a note of all speakers' time.

Deputy Louise O'Reilly: I welcome our witnesses. We thank their members for all of the work they have done and the work they continue to do in this extremely trying time.

I received an email from a nurse on 18 June in which she stated:

I have just been notified that the crèche will not take my child back. I am a full-time nurse who has gone over and above in the last few months. I now face the decision of quitting my job due to a lack of childcare options. What will the Government do for me and everyone else in this situation?

To date the evidence suggests not very much, unfortunately. We know the implications up to this point because we know that people have had to take time out of their annual leave and take unpaid leave and suffer a financial loss, as well as the loss of their annual leave. This is not just the case for nurses but for all front-line healthcare workers. What are the likely implications of the resumption of childcare on a reduced level as we go forward and start to open up with the resumption of healthcare?

I just remind Ms Ní Sheaghda I have ten minutes which includes me and her talking. I would be grateful if she could be as brief as she could.

Ms Phil Ní Sheaghda: Again, we have exactly the same testimony from some of our members saying that they are meeting resistance in respect of their children being accepted into childcare facilities. That is very unfortunate. We believe this requires a public information campaign that the children of healthcare workers are not infectious and that healthcare workers are fully compliant with infection control when they leave their hospital. There needs to be a more regular testing and tracing system in place for all healthcare workers. Currently, it is only in place as a routine for the private and community sector. Acute hospital workers are not included in that. We believe that-----

Deputy Louise O'Reilly: I am sorry to cut across. Is it correct that they are not testing and trace healthcare workers to the extent that they should be? Should that be an important element as we roll out non-Covid related healthcare?

Ms Phil Ní Sheaghda: Absolutely.

Deputy Louise O'Reilly: It is not happening, however.

Ms Phil Ní Sheaghda: In our submission we point to the good examples. The best example in this country so far has been the prison service where there has not been one infection among the prisoner population. There was a very tight regime of testing and tracing of prison officers and of all other attendees to prisons, combined with visitor restrictions, etc. Worldwide, it is known that testing and tracing is imperative in ensuring the safety of both the population that one serves but also those who go to work and who then acquire this terrible virus as an occupational illness.

Deputy Louise O'Reilly: That is exactly what it is. It is a hazard of the job.

On 26 March in this Chamber, we stood and applauded front-line healthcare workers. I have been contacted by healthcare workers who believed that it was something of an empty gesture because what followed were no firm commitments on childcare. I note from Ms Ní Sheaghda's submission that one of her members stated childcare was the most stressful aspect of this pandemic, that it is a huge issue and they need help now.

What arrangements are in place for front-line healthcare workers who have taken annual leave to look after their children? Are they getting any of that time back?

Ms Phil Ní Sheaghda: No. The issue is still outstanding and will be a matter before the Workplace Relations Commission as a dispute on behalf of healthcare workers in the next week.

Deputy Louise O'Reilly: The Government announced a plan on 18 May. In the run-up to that and all through April, the Taoiseach said the Government was ready to "push the button", which is the phrase he used, on childcare. Is it correct to say there were no feasible childcare arrangements in place at that time?

Ms Phil Ní Sheaghda: In fairness, the Taoiseach did state at the time that the announcement was not going to assist lone parents or healthcare workers who are married to healthcare workers. At the time the Irish Nurses and Midwives Organisation was very critical of that announcement on the basis that these are the very people who need the assistance. Currently, this is still the situation. It may very well become exacerbated because normally, during the summer months when schools are closed, healthcare workers would keep some of their annual leave to facilitate staying at home. Unfortunately, that has now already been used. They are really facing into a dilemma. We know they will be needed to attend work. The health services are getting busier.

Deputy Louise O'Reilly: They are, and the waiting lists have not gone away. When work resumes to tackle the waiting lists, which I believe are hovering close to 1 million people, every single healthcare worker will be absolutely needed. Am I right in saying there is a link and that low staffing levels inhibit infection control measures?

Ms Phil Ní Sheaghda: Absolutely. Also, the most significant issue that causes healthcare workers to become infected is fatigue. Our members tell us that when they have the dual responsibility of working night duty to facilitate continuing at work while also attending to childcare needs during the day, it is a huge issue. Many of them have had to change their rosters to continue to work.

Deputy Louise O'Reilly: So they are working all night and looking after their kids all day-----

Ms Phil Ní Sheaghda: Fatigue is a huge problem.

Deputy Louise O'Reilly: -----and keep that up. Nobody can keep that up. This is absolutely disrespectful and it is impossible to work all night and look after kids all day. It is a long time since I had to look after kids at home but it is a hard job to do that all day, particularly for people who are not getting any support at all. For them then to go into dangerous and potentially infectious and hazardous situations during their work, where they spend all their day making up for failed promises in relation to childcare, is absolutely disgraceful.

Ms Phil Ní Sheaghda: It is very important because one has to be sharp when dealing with an infection of this nature. One has to be sharp with regard to donning and doffing the personal protection equipment, PPE, which we know is tiresome. Many nurses and midwives tell us they are exhausted when they finish their shift because it is a different way of working. The list at appendix No. 1 of our submission sets out all the correspondence. We emphasise that this issue has not gone away. A solution needs to be focused on the healthcare worker, the great healthcare worker who has gone right in there and faced this pandemic head on. They now need a solution focused on them to ensure they are not spending more money to come to work to provide the service, which they are happy and very proud to provide. They did get a boost when they were applauded. They felt it was warranted and they felt it was right. They are now saying that the Government has to go further than that because it becomes hypocritical unless the issue we now face is actually resolved, which is the need for assistance with childcare when we want to go to work. We cannot abandon our children and leave them at home. Many healthcare workers felt they were being forced to do this. It is simply not right.

Deputy Louise O'Reilly: It is very wrong for a worker to feel that one must leave kids at home to be able to, or to be forced to, go to work. It is absolutely disgraceful. I joined others standing here in the Chamber in applauding the front-line healthcare workers. I felt at the time it was the right thing to do. I have been contacted by large numbers of front-line healthcare workers who at the time, as Ms Ní Sheaghda has rightly pointed out, were happy to receive that level of recognition, but there was no follow-up. As we head into the summer and into the reopening and restarting of non-Covid-19 related care, there are no facilities in place for specific arrangements for front-line healthcare workers. More and more people will contact Deputies through their constituency offices in the coming weeks to state that crèches simply will not take their children. Mr. Bell is correct that we need an information campaign, but we also need a bit of action from the Government on this issue. That does not seem to have happened up to this point.

Mr. Bell referred to his members being excluded from the survey. The survey was undertaken but his union and members were not consulted or involved in it.

Mr. Paul Bell: That is correct. We have no knowledge of any survey interaction with any of our membership cohorts, which is very peculiar because the HSE made great play of the fact that it had consulted its employees.

The high rate of infection also applies to allied health professionals and healthcare assistants. The grades of a large cohort of healthcare workers who have contracted Covid-19 have not yet been identified.

The special annual leave credit is the proposal SIPTU is putting forward to assist our trade unions as well as employers. Many healthcare workers have taken special leave at their own cost or they have exhausted their parental or annual leave. Those workers will be missed in the health service going forward. As Ms Ní Sheaghda stated, these issues will impact on the health of the nation. We need to address those concerns now.

Deputy Louise O'Reilly: I agree that they will have a serious impact.

Deputy Patrick Costello: I wish to jump in on the latter point regarding leave. How many members of the witnesses' organisations have used up all of their leave entitlement? How many have no annual leave left? What are they doing to manage that? Let me know if I am wrong, but it strikes me that once healthcare workers and other staff have used up their annual leave and are taking parental leave or looking at unpaid leave, the reality is that many of them will have no leave left for the rest of the year. It is not just a question of leaving children at home, they may be forced to give up their jobs in order to maintain decent childcare. This is putting massive further undue pressure on the health service. How many the workers have used up their leave entitlement? If nothing changes, what do those workers plan to do when all of their leave has been used up?

Ms Phil Ní Sheaghdha: In our survey of members, 62% responded that they have used the majority of their annual leave. They stated that 48% of spouses and partners had also been forced to use annual leave in order to allow the healthcare workers to attend work.

Mr. Paul Bell: Most of the information we have received is anecdotal. Members have communicated to us as their trade union their issues concerning childcare and the ability to attend work. A significant number of healthcare workers are in that category. The HSE has more up-to-date data in that regard. It is a vicious circle. If this issue is not corrected, the professional and other healthcare workers who are essential to the health service will be affected and the health service will not be able to operate as it ought if there is a resurgence in the pandemic or if serious clusters emerge. We have major concerns in that regard. We also have concerns about the impact of fatigue, anxiety and stress on health workers across the spectrum and how that may affect them going forward. When the emergency is declared to be at an end, if it ever is, these issues will start to materialise more frequently.

Deputy Patrick Costello: If 62% of the workers use up the majority of their leave and are faced with a choice of taking unpaid leave or leaving their children in a precarious situation and dealing with the stress that goes with doing so, many of those people may consider remaining in their current employment to be unfeasible unless something changes. We need to address this issue or we will be left with a health service that is even more understaffed than is currently the case.

Deputy Sean Sherlock: I welcome the contributors here this morning. I want to start with the 18 May deadline. That was the deadline that was fixed in the minds of all of us here in terms of the expectation that childcare for healthcare workers would be provided at that point. I am talking about the roadmap. That deadline was missed. What I find extraordinary, and this what I would like to get a view on from both SIPTU and the INMO, is the litany of correspondence between the INMO, in particular, and the various line Departments. I have the dates here in the INMO's submission: 6 April; 16 April; freedom of information requests in respect of 8 April and 9 April; again two more on 9 April; on 27 April; and even on 6 May. There seems to me to have been a very proactive and progressive attempt by the INMO to engage with the HSE and through the ambit of NPHET and the line Departments in respect of putting in place something to meet the deadline of 18 May.

If I look at the evidence base here, based on the litany of correspondence, I would have to conclude objectively that there was never going to be a serious attempt on the part of the HSE, NPHET or even any of the line Departments to provide any kind of childcare for healthcare workers. I would like to get the reaction of the witnesses to that. It seems to me that there was

no concerted effort. There was maybe a bit of pageantry being gone through, a bit of choreography, or a pretence that they were going to deal with that issue. I would like to get the perspective of the witnesses on whether they felt they were taken seriously as healthcare workers in respect of whether the Government was actually going to come up with a scheme that was fit for purpose and to which everybody would subscribe.

Looking at the scheme up to 18 May, it was going to be devised along the lines of childcare professionals going into the homes of healthcare workers. In my opinion, for what it is worth, and I would love to hear the witnesses' opinion, they had never fully worked through what the protocols around that would be. It seems to me that what we are at here is the Government is going through a charade in respect of taking the issue seriously. That is the first point. I would love to get the reaction of the witnesses to that in the short time that I have.

Ms Phil Ní Sheaghdha: Go raibh maith agat. The Deputy is right. We did not leave any week go by when we did not raise this issue with both the HSE and the Department of Health. We then made contact with the Department of Public Expenditure and Reform. Every single Department's answer was that it depended on what NPHE said.

We believe that an employer has a broader responsibility than waiting for the very right and very correct public health advice. We now believe that the employer has an opportunity to do the right thing, and that is to restore the annual leave that these workers had to take and to restore the parental leave, which is unpaid, that they also had to take to ensure that their contract of employment was maintained. It is absolutely disgraceful that the workers who were at the front line, right central and bang in the middle - they did not hesitate or blink but went right in there - are the ones who now will have suffered the biggest loss and will have no annual leave for the remainder of the year, which potentially exposes them to being more vulnerable to infection. We believe that is completely incorrect.

We believe that the employer did have choices. There was much they could have done in respect of rosters, reducing hours or allowing people to come to work for some of their week if they could make arrangements. There was none of that. It was a very rigid approach. Frankly, as we say in our submission, they have an opportunity now to correct the wrong.

Deputy Sean Sherlock: I appreciate that. The message to take away for us, as public representatives and Teachtaí Dála, is that the issue of the clawback of parental leave needs to be addressed. There has to be recognition of healthcare workers in respect of the amount of parental leave and other leave that they have taken to meet their childcare needs. The State owes them a service or favour in that respect in terms of seeking to claw that back. Is Ms Ní Sheaghdha confident that all of her colleagues will have access to childcare on 29 June?

Ms Phil Ní Sheaghdha: No. Ms Clarke, who is here with us today, has already has some issues arising in respect of it. This is going to be an issue and we believe that there has to be preferential treatment. We have to have a Government statement that provides for positive reinforcement of the need for preferential treatment for healthcare workers, who are essential and on the front line. If places are available at a reduced rate, they have to be prioritised for healthcare workers. In addition, the Government has to ensure the annual leave and parental leave of healthcare workers and those with whom they co-parent is made good. Since 13 March, they have been changing rosters and moving, bending and trying in every way possible to ensure that they can go to work and provide the service they want to provide, and which they are very proud of providing, while ensuring that their children are safe.

Deputy Jennifer Whitmore: I thank the witnesses for attending. I acknowledge the sacrifice and work of their staff over recent months. I also acknowledge and thank their families because the sacrifice was not just made by those staff but by their children and by the members of their extended families who stepped in and assisted. I am aware of a nurse in Wicklow whose sister took her child for eight full weeks. She did not see her own child for eight weeks when she worked in the Covid unit. That is a huge sacrifice not only for her but for her child.

I have a number of questions and I ask the witnesses to answer them briefly because we are very limited in terms of time. I refer to the appendix on the consultation that took place. It seems the majority of the consultation was between the witnesses' organisations and the HSE. At what stage was there consultation with the Department of Children and Youth Affairs, specifically in the context of the front-line workers' childcare scheme? That scheme was meant to start in May and I would have anticipated the Department was heavily involved in discussing the options for a scheme set up specifically for the workers represented by the witnesses. What level of consultation happened in April and May on this?

Ms Phil Ní Sheaghda: We did not have consultation with the Department of Children and Youth Affairs until the scheme was announced. We then had a meeting at which the scheme was explained to us. Our criticism was that we should have been involved when the scheme was being thought up and developed. We were trying to find a solution that would assist healthcare workers and, as previously stated, it was clear when it was announced that lone parents and those co-parenting with healthcare workers were the very groups that would not be assisted by the scheme. We were very critical of this when we met the Minister for Health. He arranged for a meeting involving the Department of Children and Youth Affairs, ourselves and other trade unions, at which the scheme was set out and explained as opposed to consultation on the scheme prior to its development.

Deputy Jennifer Whitmore: Ms Ní Sheaghda was not involved in the development of the scheme. Does she feel there is now sufficient consultation between the unions and the Department to develop childcare solutions that will work for the workers?

Ms Phil Ní Sheaghda: Absolutely not.

Deputy Jennifer Whitmore: It seems that we are taking a wait-and-see approach. There does not seem to be a huge amount of proactive addressing the needs that will exist after 29 June. We do not know exactly how many staff will not have the childcare they will require. Have the witnesses carried out an analysis in respect of what the impact would be if the schools do not open on a full-time basis? If they do not reopen fully, not only will children under the age of four or five require childcare, those aged up to 12 will also need it. Have the witnesses looked at the impact of this on their members?

Ms Phil Ní Sheaghda: The figures are on page 4 of our survey of our members. Some 10% were using preschools, 37% were using primary schools and another 10% were using secondary schools. Almost 60% of those surveyed, therefore, were reliant on schools to allow them to have some element of their working days covered. That is pretty big. We would look to other countries in Europe that have prioritised schools, when they reopen, for the children of healthcare workers.

Deputy Jennifer Whitmore: Ms Ní Sheaghda referred to the mental health impacts of this on INMO workers. I imagine there were significant mental health impacts on the children of front-line workers as well. Has anyone done any analysis or a review on that?

Ms Phil Ní Sheaghda: We have not but, as the Deputy said, our members are reporting separation anxiety among their children to us, particularly for the parents who had to live separately from their children, and that was not just in one or two cases but it was quite frequent for periods and blocks of time. That is an issue that will require a lot of analysis after this period. When we look back, we will ask what we could have done better and we are saying that the health service, including both HSE and the Department of Health, and the Government have an opportunity to correct what was done wrong and to make sure it does not continue.

Chairman: I call Deputy Bríd Smith.

Mr. Paul Bell: Can I make an observation please? We have not had an opportunity to respond to the questions of the latest three Deputies.

Chairman: I apologise for that.

Mr. Paul Bell: I would like to answer those questions with the Chairman's indulgence. A number of questions were put forward that I wanted to respond to.

Chairman: I ask Mr. Bell to give brief answers. I am sorry it is just that we are in different rooms. I ask him to just take two minutes. I am sorry to limit him like this.

Mr. Paul Bell: On the HSE and the Department of Health, it needs to be made clear that both of those organisations never saw childcare as being within their control or as being their responsibility. As we understand it, their conversations were taking place with the Department of Public Expenditure and Reform. Our submission makes it quite clear that the Department of Public Expenditure and Reform wanted uniformity. It did not respond to the special needs of health workers who are working predominantly unsocial hours. This is a seven day a week operation. SIPTU and our members hold the Department responsible for basically winding down the clock. In other words, the Department held the attitude that this issue would disappear by the end of the emergency and it would not have to be dealt with. The Department of Children and Youth Affairs only engaged with us and with the group of unions in recent weeks, and there is a further engagement due to take place today. No succour was offered to our members about how any of these issues will be addressed, including the issue of the funding of childcare.

Deputy Bríd Smith: I thank all of those who have presented here today. I speak on behalf of everybody when I say - and most of the population will agree - that the evidence presented today is probably the most astonishing we have heard in this committee. The hairs were standing on the back of my neck when Ms Ní Sheaghda said that INMO members were both applauded and abandoned because that is exactly what happened. This is astonishing evidence on what happened to our front-line workers and to those to whom we are extraordinarily grateful. We face a huge challenge because we have a backlog of non-Covid-19 treatment that has to be met and we also face the possibility of another resurgence of the virus. I ask Ms Ní Sheaghda to state again to us that until 22 April, until the HSE removed from its website the guideline that face masks are not advisable unless one is symptomatic, face masks were not issued to health-care workers in settings where Covid was known to be present and where they were dealing with it. Could Ms Ní Sheaghda confirm that for me?

Ms Phil Ní Sheaghda: No. What I am saying is that in circumstances in which the status of the patient was not Covid-positive, face masks were not recommended. If the patient had status-positive Covid-19, yes, face masks were recommended at varying degrees and depending on the procedure in which one was engaged. For example, if one was performing an aerosol-

generating procedure, face masks were mandatory. There were, however, many circumstances in which the status of the patient was not known and in which face masks were therefore not recommended. There were many areas of healthcare where testing had not been conducted and face masks were not recommended. For example, public health nurses attending clients in their own homes were not advised, and it was not mandatory for them, to wear face masks at that time. Subsequently, we know they should have been mandatory, and from 22 April-----

Deputy Bríd Smith: Absolutely, and at that stage we knew that the infection could be passed on while one was asymptomatic.

Ms Phil Ní Sheaghda: Yes. The evidence that has now come to light is that asymptomatic transmission is a feature of this virus. In other words, one can have no symptoms, temperature, etc., and still be infectious.

Deputy Bríd Smith: Our figures for infection among healthcare workers are the highest globally, and a third of them were nurses and midwives. That is quite shocking. I have no doubt but that this must make the people Ms Ní Sheaghda represents feel very angry. It is over a year ago since I met Ms Ní Sheaghda on picket lines when nurses were striking for their pay increase. In a yes-no answer, have all nurses received that pay increase as a result of that strike?

Ms Phil Ní Sheaghda: No.

Deputy Bríd Smith: Ms Ní Sheaghda said she was dealing with five different Departments at one stage. Did she feel she was being passed from Billy to Jack, that there was a parcel being passed around the place and nobody was taking responsibility for answers to the queries and the proposals she was making?

Ms Phil Ní Sheaghda: I think they were looking at it from a very singular point of view, that is, public health concern, and not looking at their responsibility as employer. I might add we are now dealing with another Department, the Department of Business, Enterprise and Innovation. Covid-19 is not classified as an occupationally acquired illness under our health and safety legislation, and it must be. Under the umbrella of the Irish Congress of Trade Unions, we have written to the Minister with responsibility in this regard, Deputy Humphreys. I was circulated with a response from her Department last Friday which advises that the regulations will not be altered to include Covid-19 as an occupationally acquired illness. We believe that is wrong and a mistake. For every worker in this country, not just in the health service, who acquires Covid-19 because he or she is at work, that is an occupational illness and an occupationally acquired illness, and the Health and Safety Authority must amend its regulations in order to allow it to investigate why it was acquired. We are looking for the reasons behind these figures. We do not have the regulations that would require the Health and Safety Authority to come in as an independent statutory body and examine them. It must have that authority.

Deputy Bríd Smith: I have to interrupt Ms Ní Sheaghda. That is more astonishing evidence she has given us, but I wish to ask her one final question. We received an answer to a parliamentary question to the effect that fewer than 180 staff were recruited under the call to Ireland. We know that doctors and nurses are very angry about how they have been treated, and when they have been recruited they have been recruited under agencies which treat them very differently from the way they are treated by the HSE. Facing into the current crisis, does Ms Ní Sheaghda think the State is missing out on a huge opportunity not just to deal with Covid but also to increase the capacity of the health service overall, which is urgently required?

Ms Phil Ní Sheaghda: I thank the Deputy for that question. In our submission we have set out the figures. Before Covid, we were operating with more than 1,000 fewer nurses and midwives than we had in 2007. We now have a big problem because, as we have set out in the figures, we are very reliant on recruitment of nurses and midwives from non-EU countries. We recruit from EU countries as well, but non-EU countries were our biggest single registration bloc last year. We know that, due to travel restrictions, these nurses and midwives will not travel to Ireland to work here. We also know that the UK has made specific travel arrangements that allow Irish workers to travel to the UK, and the UK is very aggressively recruiting our graduates. We have promised our graduates in nursing and medicine posts on graduation, but they have had that promise for the past three years. It is always a battle, particularly when one has a health service that is funded on an annual basis and then implements a moratorium on recruitment in the first quarter of the year, as it did last year. The health service denied it and said there was no moratorium but there was one. The first thing we have to ensure is that there is no moratorium on essential healthcare workers ever again because when the chips are down we need every single healthcare worker who is available and willing to work in this country. There is no point in asking them to come back from Australia in the middle of a pandemic. They should not be forced to go to Australia in the first place. We have a problem.

We have set out a number of points on this very issue to the parties which are now looking to form a Government and those are: increase undergraduate places; never again introduce a moratorium; and make sure to treat those who work in the public health service, nurses and midwives, in an equitable manner with all other professionally qualified healthcare workers.

Deputy Matt Shanahan: I thank our guests for attending here today. I wish to make a comment with respect to Mr. Bell's statement on the survey. The committee should write to the Department to understand the basis of that survey and whether SIPTU members were excluded from it. If that proves to be the case, we should bring it back to the committee for further review.

I would say to Ms Ní Sheaghda that we are at a little bit of a crossroads here. She highlighted a number of issues in her statement today. First, I would say, and I think most people in the room would agree, that parental leave and annual leave should be restored to front-line healthcare workers who have had to take that leave. We know that schools are opening up and, therefore, the childcare issue for some front-line healthcare workers will be, we hope, sorted from here on in. I think Ms Ní Sheaghda is asking for some kind of State-supported childcare initiatives, which will be very difficult to do in terms of the 24-7 rostering, which she outlined. Has her organisation developed or costed any concrete proposals around that or had any discussion with the Department on that?

Ms Phil Ní Sheaghda: We have and we have made a submission to the Department of Health and through freedom of information we see that it was considered but not agreed to in its internal correspondence. Essentially, we said that healthcare workers will do their best, they will change their rosters and they will minimise the requirement on the State, as they have been doing. However, there will be a residual cost that the State must look to cover. Healthcare workers went to work when most other citizens were asked to cocoon and stay at home. Healthcare workers were singled out as being essential, for the right reasons. It is not at all appropriate that they faced a cost in addition to that. They demonstrated bravery throughout this. They did not flinch. They should not have had to pay for that as well as being that brave.

Deputy Matt Shanahan: I hope Ms Ní Sheaghda will be able to provide those costings to the committee and we will be able to bring them to Government. Ms Ní Sheaghda said that

some 4,823 healthcare workers remain out sick. Does she have a timeframe on their return to work? For instance, we know that some people suffer extreme fatigue after Covid. Does she have any timeframe on when those people might return to work and how many will return?

Ms Phil Ní Sheaghdha: We do not. These are the figures we have sought. This is the information we have sought from the HSE and that is why we believe it is so centrally important that the Health and Safety Authority, HSA, is involved in this conversation and has a formal function.

Deputy Matt Shanahan: Ms Ní Sheaghdha highlighted the difference in infection rates in healthcare workers between the public and private sectors. I think much of that can probably be explained by the fact that Covid patients were not being directed to the private care facilities. However, we can expect outbreaks of Covid in the future when I imagine there will be a different streamlining of Covid patients. In terms of PPE, Ms Ní Sheaghdha mentioned donning and doffing, an issue I brought to the attention of the Minister for Health some months ago, which is a significant aspect of the risk of infection. With the newer standards with the understanding that the rate of infection of healthcare workers should drop, as I assume it would, does Ms Ní Sheaghdha believe it will drop in the area of Covid treatment in the future?

Ms Phil Ní Sheaghdha: That is our aim. I was asked earlier what we thought caused it to be so high. I think some policies were introduced that we believe should not have been introduced, one being the non-wearing of face masks. A policy was introduced when the workforce was under pressure to give a derogation to essential healthcare workers allowing them to return to work if they had been close contacts of Covid-positive people in the community or through their workplace unless they developed a temperature. Again, we believe that was a mistake considering that we now know that asymptomatic people also could transmit. Therefore, we believe those policies should obviously be removed - the face mask one is; the derogation one is still there. We believe the HSE should very definitely issue a retraction of that policy. It simply cannot say that a health worker who does not have a temperature, even though he or she has been a close contact, should not isolate for 14 days like everybody else. Of course, they should. Fourteen days should be mandatory for healthcare workers, as it is for ordinary members of the public.

Chairman: The next speaker is Deputy Michael Collins.

Mr. Paul Bell: A Chathaoirligh, I wish to make a contribution in response to the Deputy's question.

Chairman: I am sorry. Because Mr. Bell is in another room I cannot see when he wants to speak. I ask him to go ahead.

Mr. Paul Bell: The HSE is now working on a return to work protocol and yet Covid-19 will still exist in the community and in the health service. Some big challenges will present in regard to the protocol. Because of underlying issues, some health workers may be told there is no work for them to return to. This is a big question we will need to consider for all grades, including nursing, midwifery, the ambulance service, support service and healthcare assistants. That is the complex conversation we will need to get into. At the end of the day if Covid-19 still exists, health workers with underlying health issues must be facilitated and protected. It may not be as easy as reassigning them to another post. The policymakers need to grapple with this matter.

On occupational health, some EU states already see Covid-19 as an occupational disease. Given that 35% of all cases of Covid-19 in our country relate to health workers, we do not know why there is such resistance and why it is not seen as an occupational disease.

To assist those working in the community, home care support assistants and home helps, my union, SIPTU, got to the stage where we had to source face masks for our members to try to shake up the system so that the HSE would respond to those workers in particular because some colleagues going to the homes of service users were being granted PPE while people in support staff or health care assistant grades were finding it much more difficult to procure that particular type of safety equipment. We had to take those steps to protect our members. At this stage, it seems that members are receiving PPE even though there have been issues with the availability and obviously the quality of the equipment, an issue the HSE has been trying to correct.

Chairman: I again apologise to Mr. Bell. It is difficult for me to see when he is indicating he wishes to speak because he is in another room.

Deputy Michael Collins: I thank Ms Ní Sheaghdha and Mr. Bell for appearing before the committee today. Shortly after the beginning of the Covid crisis, the Taoiseach and other Ministers made announcement after announcement that the childcare issue for front-line health workers was to be resolved. No matter how often the promise was publicly announced - in some cases the public were told it would be resolved in days - nothing happened.

Nurses and front-line staff were ringing me asking what they could do with their very young children. This was highly frustrating, challenging and deeply stressful for each and every parent. I sincerely sympathise with the front-line workers for the way they were treated. They were putting their lives on the line for their country while also having the stress and worry of wondering how they could resolve their childcare crisis at home, bearing in mind most of these had grandparents who were often cocooning. It is clear from talking to many of these front-line workers that they felt they were left on their own. In many cases there were couples who were both front-line workers and the inability of the Government to resolve the childcare crisis for them meant that in a few situations one of them had to pull out of work and stay at home, which in itself was a huge loss for the front line. Many others had to send their children to relatives and friends many miles away and went without seeing their children for weeks on end. How did we get this so wrong, in Ms Ní Sheaghdha's view?

Ms Phil Ní Sheaghdha: Again, it was due to a lack of consultation. We have always had to battle for conditions of employment for our members, nurses and midwives. We have to examine how we view female workers, particularly those who have childcaring responsibilities. On the one hand we are a State that says we completely embrace women who go to work, but we still have a gender pay gap and issues with real childcare provided by the State that would allow women to really participate in the workforce. This is a reflection of our overall position in respect of the provision of childcare, because women want to work. Our members wanted to contribute during the pandemic and they did. Many of the sacrifices they made, particularly around childcare, have been set out in our submission. They went above and beyond what would be expected and that has to be compensated in the first instance. They cannot be at a loss. In the next number of months to the end of this year we have to make sure that any annual leave they have spent is repaid to them. The same should apply to parental leave and any costs over and above what they normally would have paid should be reimbursed. That is very simple and the Government can do that immediately. We also have to start treating women who go to work with respect. That involves making sure that when they go to work they have absolutely secure childcare available to them that is appropriate for the hours they work. We need to do

that if we are serious about full engagement of women in the workplace.

Deputy Michael Collins: There is also a worry that Covid-19 may strike again. If that happens, does Ms Ní Sheaghda think we are prepared for a childcare service for front-line workers?

Ms Phil Ní Sheaghda: Covid-19 has not gone away. It is still here, it still poses a risk to our members at work and the infection of healthcare workers continues. We want the HSA to be on the pitch with the regulated authority to look at what has happened. This should not be the HSE or the Department of Health looking at themselves. We have a statutory body with this responsibility and we call on the Minister for Business, Enterprise and Innovation to change the position and make sure it has statutory powers to investigate what happened, why it happened and what we can do to prevent it. That is imperative and has to be done now.

Deputy Michael Collins: Does Mr. Bell think a package should be put together for front-line workers who have had to use all their annual leave?

Mr. Paul Bell: That is a very simplistic way of addressing the hurt that has affected healthcare workers. The Deputy's previous question was more relevant. If we were to have this issue again, the same things would happen because the Government failed to join the dots. We want healthcare workers, who are predominantly female in certain sectors of the health service, to be in the service and yet we did not help them. For the life of me I cannot understand this because we said that childcare is essential to support health workers but maybe the Government did not understand what it needed to do to provide that childcare cover.

The other point I want to make is that when the informal care, such as grandparents, relations or friends caring for children, was taken away there was no offer to fund or subvent the cost of childcare. It is a complex issue but was made more complex by a lack of political will.

Chairman: I thank Deputy Michael Collins. I call Deputy Carroll MacNeill.

Deputy Jennifer Carroll MacNeill: I thank the witnesses for coming in and thank the members of their organisations for the extraordinary work they have done. Ms Ní Sheaghda's description of the role of women in work and women's participation in the workforce is about as eloquent as I have heard in my time in this Chamber. It is succinct and perfect, and I want to thank her for putting it on the record. I completely agree with every word she said on women's participation in the workforce and the role of childcare. If I may say so, this pandemic has shown up how we have all come to think about it in an overly casual way. As Mr. Bell said, we are reliant on the informality of help, whether it is an hour here or a pickup there, to deal with all of the additional things families require to be able to get through their working week and support and manage their children at every stage and children at different ages with different needs. What healthcare workers have done in terms of their commitment to their work is simply without parallel in this period. I feel very strongly that, at a minimum, they need to be reimbursed. It is not the correct word and I ask the witnesses to forgive me. Their work needs to be acknowledged, at a minimum, in terms of repaying them for this period with annual and parental leave.

With that as a background, I ask Ms Ní Sheaghda and Mr. Bell for some practical details on their submissions. I refer to page 3 of the INMO's submission. I cannot quite follow the numbers and I want to ask Ms Ní Sheaghda about them. The submission states there are 38,000 whole-time equivalent nurses working in the State while Mr. Bell's submission states there are

40,000. I am trying to get the number of people to whom this applied at the time. There are conflicting numbers and I know they came from the CSO and a HR estimate. It was stated that 8,898 was too high. I ask Ms Ní Sheaghda to talk me through what she said. She thought the figure was 200 per week. That figure seems too low to me. I ask her to help me with that as I cannot follow it.

Ms Phil Ní Sheaghda: The point we are making is that the HSE does not collate data based on family status and does not know how many of its workforce have schoolgoing or younger children. In other words, it could not know how much of a problem this was going to be.

Deputy Jennifer Carroll MacNeill: Yes.

Ms Phil Ní Sheaghda: We surveyed our members and had a fairly high response rate. It is our view, based on our experience, that this affected about 200 of our members per week at various points. In other words, some people were able to come to work for some but not all of the time. That was about the figure and was the figure we-----

Deputy Jennifer Carroll MacNeill: About 200 per week are affected. It impacts different people in different ways. Depending on those who work a week on-week off system or roster arrangements, different people are affected.

Ms Phil Ní Sheaghda: Exactly.

Deputy Jennifer Carroll MacNeill: Ms Ní Sheaghda said the HSE does not have that data. Is the INMO now going to begin to collate it so that it has data on its membership? This information is crucial and the HSE should have it, although I can see the data protection issues inherent in that. Does the INMO have that information?

Ms Phil Ní Sheaghda: We have the results of the survey, but we are saying that the HSE must now collate figures in respect of family status because that is clearly important given that its workforce is predominantly female.

Deputy Jennifer Carroll MacNeill: I understand the logic. Nobody has this information and it is important that it is obtained in a data protection appropriate way. I want to understand the application of the circular. Ms Ní Sheaghda referred to circular 33/2020, which I have read. It is about trying to deliver as much flexibility as possible. The particular problem concerned lone parents and co-parents who are both healthcare workers. Even when that did not apply, it was still difficult in certain circumstances. Could Mr. Bell provide an alternative comment on the difficulties involved or the practical issues that arose? Where was the block in providing the flexibility that had been directed?

Mr. Paul Bell: I thank the Deputy. I will assist her in regard to the term “reimbursement”, which is a fair enough word, but we want to have a conversation about a special annual leave credit with the HSE and our colleagues in the other trade unions involved in that.

On circular 33/2020 and flexibilities, at this stage we have no clear picture of how effective it was in ensuring that healthcare workers with childcare needs could provide that service to themselves. Let us remember that the ultimate issue was that in the event no flexibility could be reached, a health worker could basically work from home or take leave. That is a very difficult thing to quantify. If we are changing people’s rosters, they still have to fit in to the needs of the health service. If a worker was taking leave for childcare, it is not yet understood how many workers got access to that or were able to avail of it. I do not believe the issue of childcare was

ever addressed through circular 33/2020. While I stand to be corrected, I do not believe I will be.

Deputy Jennifer Carroll MacNeill: When Mr. Bell says he does not think it was addressed, does he mean it was not adequately addressed or simply that it was not applied?

Mr. Paul Bell: I believe management would try to work the circular, as would the workers who share that circular, and I believe efforts would be made. However, I have no hard evidence of workers who are finding it very difficult to provide childcare, or who have exhausted their annual leave or special leave arrangements, accessing that particular-----

Deputy Jennifer Carroll MacNeill: The special annual leave credit that Mr. Bell describes is an issue if we look back on this and ask who was in what type of situation and what arrangements they had to make. It is a very different thing looking after a two year old, an eight year old or a 13 year old in terms of the presence and commitment that is needed. Without the data on how many were parents, the different stages of the child and whether it is early or middle childhood, and without being able to assess how much they needed to step away from work to provide care to their own children, as opposed to childcare, it is very difficult to assess the practicalities of how that leave credit might be applied appropriately and fairly, and in a way that recognises the different experiences people have had. The role of the data is crucial and it is crucial we get a sense of what people have in their own lives and the different changes they needed to make.

Mr. Paul Bell: The HSE has to show some enthusiasm to gather that data and disseminate it among the stakeholders. Let us remember also that some healthcare workers were taking leave for childcare to allow their partner to go to work in the health service. Another issue is that lone parents ran into serious difficulties because they had no support whatsoever.

One other point is being lost in this discussion about the services being provided, namely, many health workers also had to pick up the slack where their comrades had to take special leave or annual leave to provide childcare. This has affected many other workers throughout the health service.

The Deputy is correct that data has to be collated with integrity and has to be something we can all work with. This issue is not going away. It has to be resolved now, given the possibility we could be facing a similar emergency again. Health professionals are telling us there is always a possibility of a rebound of this disease, which would impact on the health service.

Deputy Jennifer Carroll MacNeill: I understand and agree. What this is has shown is the read-across for other people working in environments where childcare has an impact. If this conversation does nothing else, we can finally put to bed the idea that childcare is a woman's issue or a man's issue. It is a societal issue and if we want to have children and to work, and to have a productive and caring society, we need to think collectively about how we are delivering flexible, supported and secure childcare to all parents. We need to recognise they do not have one job – again, job is not the right word - but that they have two roles in society and both of those need to be supported.

The Department of Children and Youth Affairs comes before the committee later and, like other members of the committee, I will be asking it about its engagement, so I will leave that for the moment.

As a final point, given my time is nearly up, I want to ask Mr. Bell about one of the two

anecdotal cases. A member advised SIPTU that her child was four and her parents were elderly and cocooning. She was working a normal roster pattern of 12 hours a day. She was able to source private childcare but the financial costs were so prohibitive that she was not able to take it up. What happened?

Mr. Paul Bell: That individual had to remain off work. As I understand it, the costs of the childcare being offered were prohibitive.

Deputy Jennifer Carroll MacNeill: She had to take paid or unpaid leave.

Mr. Paul Bell: Yes.

Deputy Jennifer Carroll MacNeill: Does Mr. Bell know what happened?

Mr. Paul Bell: No. I just know that she had to remain on leave and share the responsibility with another family member. What happened there was that the childcare became available but the cost of it was prohibitive. The other issue was that there was no financial support even where childcare could be provided.

Deputy Jennifer Carroll MacNeill: I am out of time. I thank Mr. Bell.

Chairman: I call Deputy Funchion.

Deputy Kathleen Funchion: I thank the witnesses.

Chairman: I got the order wrong, but the Deputy has started.

Deputy John McGuinness: I will let my constituency colleague go first.

Deputy Kathleen Funchion: I thank Deputy McGuinness. The two witnesses clarified that consultation was lacking, if it existed at all, particularly with the Department of Children and Youth Affairs. While I do not know at this stage why I am ever shocked by anything I hear in the Oireachtas anymore, it is unbelievable that the Department was not in consultation with the witnesses. Ms Ní Sheaghda made the point that this issue has not gone away and has not been resolved. What can be done to rectify the situation for healthcare workers? In particular, can the representative of SIPTU speak about the childcare and early years workers as well? One thing this has shown is not only how invaluable the role of the front-line workers is but also how invaluable the early years and childcare sector is. It has been neglected, unfortunately, as well as underfunded and taken for granted for a long time by the Government. The pandemic has highlighted that. What can we do, particularly in view of the fact that there is talk of a potential phase 2 and that there might have to be another lockdown? We do not know that, but what can be done? I doubt that anybody could sustain some of the examples the witnesses have given, such as spending weeks without their children and having to rely on family members. Nobody should have to do that anyway, but it certainly could not be sustained into the future. What do the witnesses see as the solutions that would benefit their members? They should also bear in mind the people who work in the early years and childcare sector. That is probably more relevant for SIPTU as it has a specific unit, the Big Start campaign, that deals with childcare workers.

Mr. Paul Bell: I will preface my remarks by saying that I am not an expert when it comes to representing childcare workers. However, when we look back on the pandemic, there will be a number of aspects which we all will assume were weaknesses in trying to respond to the crisis. Childcare has been one of the weaknesses in the sense that there seemed to be no understanding

of the need for a structured childcare industry where people who are providing childcare, the childcare workers, are properly paid and supported and to ensure that the service is available at the direction of the State to provide childcare for essential workers. While we are talking today about healthcare workers, there were other workers who were essential to the economy and they may have fallen into the same position of trying to provide various vital services but not having the back-up of childcare.

The Government must have a stronger input into the provision of childcare. At this stage, taxpayers' money is being used to fund childcare and provide services, but when it came to the crunch on this occasion, there seemed to be an understanding that somewhere along the line the Government and Department of Children and Youth Affairs were remote in trying to encourage or having a say in the provision or direction of childcare services. That is a weakness, and it has caused problems in the health service. It is something on which the Government will have to reflect. Regarding the Department of Children and Youth Affairs, it might interest the Deputy, and I believe my colleagues here will confirm this, that we did not speak to that Department until about 12 or 13 weeks into the emergency. That engagement was provided after the failure of the initial childcare proposal, which we knew from the start was going to be very difficult to implement.

Deputy Kathleen Funchion: Can Ms Ní Sheaghdha respond on the same question?

Ms Phil Ní Sheaghdha: The most important aspect of the question is what we are going to do now. Clearly, the matters that can be corrected must be corrected. We are awaiting a hearing at the Workplace Relations Commission, to which the trade unions in the health service have lodged a claim regarding annual leave and the additional costs that healthcare workers endured in having to come to work and ensure that their children were looked after. That is a remedy which should not require a hearing before the Workplace Relations Commission. The right thing should be done and done immediately.

Preferential treatment will have to be provided for healthcare workers. They are essential and we do not have a surplus of them. I have already set out how we are reliant on overseas nurses. We are not going to have the same numbers of them. We are going to be very short. Anybody who can come to work must be facilitated to do so, but not at cost to themselves. I know of one nurse working in South Tipperary General Hospital, for example. It cost her €150 a week more to go to work than what she actually earned.

Deputy John McGuinness: I cannot say I am surprised or shocked by the evidence given by the witnesses today. Throughout the tenure of a number of Governments, the State has shown scant regard for front-line workers except, of course, when the house is on fire, when a pandemic is under way or when something terrible is happening. In those cases, the State is wonderful. The hypocrisy, disrespect and disregard for front-line workers shown by the HSE, the five Government Departments involved and the Government itself demonstrated by the evidence the witnesses have given at this hearing is shocking. This is now continuing in the discussions which Ms Ní Sheaghdha says the INMO is not party to and in the survey which Mr. Bell says SIPTU was excluded from. If anything is to come out of this committee today, it is the clear support for the restoration of leave used and pay lost by employees in dealing with childcare issues. I agree with Mr. Bell that this is not just about our health services; it goes right across all front-line workers, whoever they are. Were Mr. Bell's colleagues in other unions involved in this survey? Why does he think he was excluded?

Mr. Paul Bell: We are not clear that we were excluded, we are just very clear that we were

not requested to participate. We do not believe that any other organisations or their members were involved in collating or participating in a survey.

Deputy John McGuinness: Does that not mean the survey is fictitious?

Mr. Paul Bell: It is not for me to answer that question but I have not seen the survey and I do not know how it was conducted. I have no evidence in that regard. We were quite surprised, however, to hear the Health Service Executive declaring that there had been a survey and giving figures as to the number of people involved who may need childcare. To be very clear, that is where it rests. We, as a representative organisation, requested further information, as did other trade unions within the public sector, but that information was not provided.

Deputy John McGuinness: In Mr. Bell's experience as a trade unionist, has he experienced this type of exclusion - because that is what it is - in areas of the private sector in which there is union representation? Is it experienced only in dealings with Government and Government Departments?

Mr. Paul Bell: The Health Service Executive will have to answer as to the word "exclusion". All we understand is that if an organisation, whether in the private sector or the public sector, says that it has conducted a survey, the first thing we would expect to see, even before the survey is taken, is the questions that will be posed, the cohorts with whom the organisation wants to touch base, and the genders and arrangements about which information is sought. There might also be a focus on issues such as lone parents, or there could be a focus on-----

Deputy John McGuinness: I do not have much time left.

Mr. Paul Bell: -----situations where both workers work in the health service. I would have seen it as a fairly complex piece of work but we never saw what it was. The HSE has made a-----

Deputy John McGuinness: I have a question for Ms Ní Sheaghdha. Where is the blockage in regard to the INMO's direct involvement in the consultations or conversations with Departments or the HSE which she is saying the INMO was not involved in? I find it an outrageous treatment of workers' representatives that such exclusion should take place. Can Ms Ní Sheaghdha tell us why nurses have not been paid since the last engagement the INMO had with the HSE?

Ms Phil Ní Sheaghdha: I thank the Deputy. The point we are making is that there was an announcement that a survey had been conducted by the HSE but nobody was aware of the survey. That is why we sought the information under the freedom of information process. What we found in the correspondence is that it looks more like a table-top exercise involving CSO and Revenue figures as opposed to a survey. Perhaps there was a survey but, if so, it certainly was not in consultation with the trade unions. From the Revenue and CSO figures, it seems they made certain assumptions that there were in the region of 8,000 people who would be in the category of healthcare worker with family responsibilities. That is where the figure of 8,000 came from, from what we can see in the data we received under freedom of information.

Chairman: We are going to have to move on so that the other speakers can get in.

Deputy John McGuinness: Will the Chairman allow Ms Ní Sheaghdha to finish her answer to me?

Chairman: I must move on or we will be taking from the time allowed for Deputy McGuinness's colleagues. I just cannot make the extra time. In fact, I will have to get two minutes back from either Deputy Butler or Deputy Foley for the time Deputy Donnelly went over. There is nothing I can do about that.

Deputy Mary Butler: The terms of reference of this committee are to examine the response to Covid-19. It is obvious after the evidence we have heard today, which I have found shocking and distressing, that the response was not adequate. That is putting it mildly. The infection rate among healthcare workers, as Ms Ní Sheaghda said, is the highest in the world, with 88% of those workers having acquired the illness due to their occupation. I want to ask her about the 4,823 healthcare workers who are currently out because they are too ill to work as a result of their occupation. How are they coping and what supports are in place for them? Have they received anything extra in terms of supports to help them from a mental health point of view and to look after their children at this most distressing time? When people are well and going to work, they have to make sure their children are looked after. We know that 62% of parents took annual leave, 48% of spouses and partners took leave and 30% took parental leave. Where are those 4,823 workers left now, too sick to be in work and too sick, I presume, to look after their own children? Was anything offered to them?

Ms Phil Ní Sheaghda: This is exactly the point. Those figures were produced to us on only two occasions, both following a direct request from us to the Minister to have the information provided. That is the role of the Health and Safety Authority and if anything comes out of this committee, it must be that the HSA, the statutory body with responsibility for examining this issue, is on the pitch. Its not being on the pitch means that healthcare workers are less important than other workers who have occupational illnesses and occupationally acquired personal injuries. It is very likely that there will be long-term effects of Covid infection. We know from the evidence that is coming out of China, for example, that there are long-term lung conditions, etc. The point is that we also have had issues where we have lost healthcare workers - workers who have died - but this is not a matter that is reportable to the health and safety authority in this country. That is an absolute scandal.

Deputy Mary Butler: Were any supports offered to those healthcare workers who cannot work because of Covid-19? They are obviously very ill. Was any support offered to help them to care for their children while they are out sick as a result of being a healthcare worker?

Ms Phil Ní Sheaghda: I refer to the evidence we have received from our members who were Covid-positive. There is a scheme which allows for those workers to be paid while on sick leave. However, the premium payments due to them because they are healthcare workers were not paid so they lost money when they were out. They had to isolate in their own homes and they had to ensure that they were not mixing with their partners and children. It was extraordinarily difficult. Many of those workers informed us that it was a time they would never want to revisit in their working lives.

As to whether they felt supported, in fairness, and on balance, those who did have occupational health support, who were predominantly working in the public sector, said they received phone calls and follow-ups, and they were also provided with access to counselling helplines. To be honest, that scheme did not apply in the private sector. There is not a national occupational health department, but there is such a resource for the HSE. Those that work in the areas of mental health and intellectual disability noted in particular that they felt very much left alone.

Deputy Mary Butler: I thank Ms Ní Sheaghda. I wish to ask one final question. We

know from the survey the percentage of healthcare workers who had to take annual leave and parental leave. There is an onus on us, as a committee, to examine that in detail. It seems obvious that we are possibly facing into a winter of discontent in the context of healthcare. We will have Covid and non-Covid healthcare issues and we will have the normal winter surge and the flu. If healthcare workers cannot get their leave restored so that they can take parental leave or annual leave, it seems that we will be sleepwalking off a cliff because we could be facing a resurgence of Covid-19. We do not know, but we have to plan for it. Part of the purpose of this committee is to look at what we got wrong and what we need to get right as we move forward.

Ms Phil Ní Sheaghdha: That is a very important question. Covid-19 is still here, and we are approaching our public health service delivery on two fronts. We are providing Covid services and non-Covid services. Some private hospital beds will be available but it is imperative that they remain available to the public health service. In addition, right now we have to ensure that we try to make working in the health service as a nurse, midwife or healthcare worker the most attractive option because people who currently have childcare issues are making decisions about whether they can remain at work. That should never be the decision an essential front-line nurse or midwife has to make.

Chairman: I thank Ms Ní Sheaghdha. I would like to bring in Mr. Bell to respond to some questions.

Mr. Paul Bell: It may not be widely known that in some cases health workers had two distinctive periods of self-isolation. They may have been off themselves for a 14-day period due to the suspicion that they had Covid-19 and, having gone back to work, if someone they were in contact with or a family member was exposed to Covid-19, they had to have another 14-day period of self-isolation.

Employees in the healthcare sector work unsocial hours. The injustice is that they did not get paid premiums on which they were depending, sometimes including mandatory overtime payments. That is a matter that has been raised between the HSE and the Department of Public Expenditure and Reform and will feature in the Workplace Relations Commission. It is also the case that healthcare workers of various grades in certain settings had no access to any of those payments. That is predominantly the case in the private sector. What is most disappointing is that one major private hospital which received State funding during that period refused to apply the public sector formula to cover health workers when they were on Covid leave. That was most disappointing on the basis that taxpayers had paid for those hospitals to be available to assist during the Covid-19 crisis.

Deputy Matt Carthy: I thank the witnesses and, in particular, their members who have done us all such a great service. While they have got plenty of plaudits in this House I am reminded of the phrase to the effect that a slap on the back is not far from a kick in the arse. That phrase probably was never more appropriate. The litany of disregard and disrespect outlined to the committee this morning is absolutely shameful.

Will Ms Clarke outline where she stands this coming Monday? It would be useful for the committee to get a real-life experience of our front-line workers.

Ms Kimberley Clarke: I had finished maternity leave and was due back to work when the coronavirus started. I had just returned to work but had no childcare. I had to get my sister, who was on annual leave, to mind my child. Then I had to take eight weeks of leave before I got approved to work from home.

At the moment, I am working from home but due to the childcare reopening that I had pre-arranged, I am due back to work on Monday, 29 June. However, my child has never met the childminder. As he has to go through an initiation phase with the childminder, I have had to take more annual leave for that first ten days. This means he can be introduced to his childminder who is phasing in the children. I have to take ten days of annual leave and then after that I can return to work full-time.

Deputy Matt Carthy: Ms Ní Sheaghda and Mr. Bell have both made the point consistently on annual leave. In previous committee hearings, we have talked about employers in some cases forcing employees to take annual leave during the periods they are not working. Essentially, what we have heard today is that our public service is doing the exact same thing. Everywhere I go, I see the flags saluting our healthcare workers. We will hear the plaudits from Ministers in here tomorrow. What we found out today, however, is that while our healthcare workers are being applauded, their representatives are also being forced to take a case on annual leave to the Workplace Relations Commission. By any definition, it is not annual leave when somebody must take it to mind their kids during a pandemic. Do Mr. Bell or Ms Ní Sheaghda believe the Department will renege and accede to the simple request that the annual leave in question be restored for that period?

Ms Phil Ní Sheaghda: To be fair, we have a fairly well-established industrial relations procedure in the health service. If the employer had agreed to it, we would not have needed to refer it to the Workplace Relations Commission as an outstanding matter that is disagreed. That is because the employer has not conceded the point.

Interestingly on a previous matter, circular 33/2020 was introduced on 29 April but it did not apply retrospectively. From that point forward, one could have availed of it. It is important that as part of that circular, the HSE stipulated that managers should consider such requests in light of service requirements and the employee's particular circumstances.

Service requirements will always trump employee rights in the health service because there are not enough employees to begin with. When managers are faced with that dilemma, what does one think they will do? They are going to force their workers to take annual leave. In wording it in that way, the circular allows that type of mentality to apply. What we are saying is-----

Chairman: I must bring in Mr. Bell on that.

Deputy Matt Carthy: Perhaps I could ask Mr. Bell a final question. He mentioned that one of the private hospitals in receipt of public money has not been adhering to the public service agreements with regard to its workers. Would he care to name that private hospital?

Chairman: The Deputy will recall at the beginning of the committee that we asked people not to be identified.

Mr. Paul Bell: To assist the Deputy, the big major private hospitals that receive funding are well known. We ran into difficulty with one of those major employers. I am sure that through his own investigations, the Deputy will be able to find out what hospital it was. We objected on the basis that those hospitals effectively became section 38 employments, just like St. Vincent's, Beaumont or Tallaght hospitals. We believe that the same rules should have applied. We were resisted in one of those major private health providers.

Chairman: Like Mr. Bell, I have every confidence in Deputy Carthy's ability.

Deputy Matt Carthy: I thank the witness.

Deputy Norma Foley: I welcome the speakers here this morning. I acknowledge the superb work of those who are represented by the witnesses' organisations, as we journey through Covid-19 and before that.

Mr. Bell made a remark that SIPTU was forced to source personal protective equipment, PPE, for its members. I find this quite shocking and perhaps Mr. Bell will elaborate on it. Was the union reimbursed for that? Mr. Bell also said that while members were receiving PPE, there might be an issue with quality. Will Mr. Bell also elaborate on that please?

Mr. Paul Bell: At the beginning of this whole process, contradictory information was given about the wearing of face masks. We found there was a serious weakness with regard to the members we represent in community care. We decided that we would support those members by trying to provide a limited number of face masks until that policy changed. The policy changed with the HSE on the quality of PPE, but the Government was making it quite clear that PPE was being provided. There were ample amounts of PPE but it seemed it did not pass the test the HSE attributed to such equipment and some of that equipment could not be used. Over recent weeks this issue has been addressed more and more. Again, however, some of the issues we faced were around contradictory messaging or when something happened in one region and not in another. The issue of face masks was one of those.

Deputy Norma Foley: Is Mr. Bell saying it is being addressed or it has not been completely addressed? Is Mr. Bell suggesting that some workers are making use of PPE that is not of the standard it should be?

Mr. Paul Bell: Not at this stage. Absolutely not. It is my understanding that the HSE has managed to address that issue. We just wanted to make it clear that not everything we wanted to see happen did happen as fast as it should. We saw serious gaps in the area where members worked in residential settings such as care homes when there was a difficulty in supplying PPE-----

Deputy Norma Foley: Where there were gaps, the union was obliged to fill in. I thank Mr. Bell for that. I now turn to the two submissions that have been made to the committee this morning. It is very clear that neither SIPTU nor the INMO was consulted regarding childcare provision. The SIPTU members were not surveyed on the survey we have spoken of, and the only survey I am aware of that we can verify here is the survey by the INMO. Ms Ní Sheaghda has been reduced to seeking a whole series of freedom of information requests to try to gather information on what has been happening and, no doubt, what is proposed to happen. I believe this to be an absolutely shocking indictment of where we stand currently. Where stands the morale of the INMO workers at this point? It has been made abundantly clear that nine out of ten nurses and midwives are women, and equally the vast majority of healthcare workers are women. One wonders if nine out of ten of the workers were male with childcare responsibilities, would we find ourselves in the position we find ourselves. Will Ms Ní Sheaghda please address the question of morale within the INMO membership?

Ms Phil Ní Sheaghda: I thank Deputy Foley for the question. On morale during Covid-19, our members have felt extraordinarily proud of their contribution and have stood very tall due to there suddenly being an understanding in general terms about the massive contribution they make. On morale in that respect, our members report that they are extraordinarily proud of their achievement. When one looks at the Covid-19 statistics in the State, it is not a coincidence

that the numbers of people who recovered and walked out of intensive care units did so. It was because people got excellent nursing care. It was also because they were nursed prone, which is recommended. It takes a lot of work and a lot of concentrated clinical judgment and clinical expertise to ensure this happens. As a representative of nurses and midwives, I am extraordinarily proud of the numbers when I report them internationally. The number of citizens and other people who live in this country who have recovered from Covid-19 is remarkable. It is exceptional. Although the nurses and midwives whom I represent are very proud, know how to do their job, do it well and to the best of their ability, they are not proud of the manner in which they were treated with regard to childcare in particular, as well as infection. Why is the State resisting the involvement of the Health and Safety Authority, HSA, in examining why infection rates were so high? That is a question we are asked by those workers on a regular basis. Although there may be nothing underneath it, they believe it must be independently examined. This committee should have a say in that regard and insist upon such an examination.

Chairman: We are out of time, but Deputy Whitmore wishes to make a brief point. I have one question relating to the evidence given by Ms Ní Sheaghda. She stated that her members were required to return to work notwithstanding being close contacts of people. At that time, were they wearing face masks? Did any of them test positive for Covid-19 subsequent to being forced to return to work despite having been close contacts?

Ms Phil Ní Sheaghda: That is the exact point I was making. Those are questions we have posed to the HSE. We now have the statistics, but far more detail is required. This is why the HSA needs to come in and ask these questions.

Chairman: Ms Ní Sheaghda believes it is possible that some of her members were forced to return to work-----

Ms Phil Ní Sheaghda: We have written to the HSE to ask whether it has examined the number of infections in healthcare workers who were derogated to return to work despite being close contacts. It stated that it does not have that statistical information, but we believe it should have it. Furthermore, we believe that there should be a simple application of the 14-day self-isolation rule for close contacts. It should not matter whether it arises in the health service or elsewhere.

Chairman: Presumably, the difficulties in this regard resulted from staffing shortages.

Ms Phil Ní Sheaghda: Yes.

Chairman: I thank Ms Ní Sheaghda. We have no further time for this session. We will need to hold another session to deal with the issue of infection of healthcare workers in particular. That is something the committee will have to discuss. We have been given a significant amount of information today, much of which shocked many members. I thank the witnesses for appearing. Deputy Whitmore has a point or a question. I thank her for waiting and ask her to be brief.

Deputy Jennifer Whitmore: I thank the Chair for allowing me in. This session was incredibly interesting. It was my first time to attend the committee. Many important points were made and questions asked. As the Chair stated, the rate of infection among healthcare workers is one of the things that will need to be looked at further. A significant amount of the discussion today dealt with issues unrelated to the issues of childcare. That reflects how we arrived at the current situation. Throughout the Covid crisis, children were relegated to a secondary position.

Issues relating to children and childcare were not given the focus they required. Childcare was to be the focus of this session and we should reflect on that.

Chairman: I acknowledge that some of the discussion diverged from that issue. We will have to take account of that. I am conscious that we must vacate the room. I thank the witnesses for providing the information they brought to light today, for answering all of our questions and for remaining with us past the time to which they agreed.

Sitting suspended at 1.10 p.m. and resumed at 2 p.m.

Deputy Jennifer Carroll MacNeill took the Chair.

Childcare: Impact of Covid-19 (Resumed)

Acting Chairman (Deputy Jennifer Carroll MacNeill): I welcome our guests in committee room 1. They are: Ms Teresa Heeney, chief executive officer, and Ms Frances Byrne, director of policy and advocacy, from Early Childhood Ireland; Ms Marian Quinn, chairperson, and Ms Paula Donohoe, member of the national committee, from the Association of Childhood Professionals; and Ms Marie Daly, CEO, and Ms Rachel Grant, HR manager, Crann Support Group.

I wish to advise our guests that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to this committee. If witnesses are directed by the committee to cease giving evidence on a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a manner as to make him, her or it identifiable. We expect witnesses to answer questions asked by the committee clearly and with candour. However, witnesses can and should expect to be treated fairly and with respect and consideration at all times in accordance with the witness protocol.

I ask Ms Heeney to make her opening remarks and to confine them to five minutes because we are tight for time.

Ms Teresa Heeney: I thank the committee for the opportunity to present here today. I will not repeat the background information about our sector, which is included in our written submission. Suffice to say that Ireland is the joint lowest *per capita* investor in early years care and education in the European Union. Our sector was already facing a diverse set of challenges on 12 March when the Government announced the closure of all childcare settings. A number of key events have occurred since for which the timeline is outlined in table 5 of our submission.

As it stands, the primary focus of many settings is the re-opening that is scheduled to take place next Monday, 29 June. The past three months have been extremely challenging for the early years sector. From the sudden closure of settings in March, to the extension of the closure to the lack of clarity beyond August, the uncertainty is having a profoundly stressful impact on providers. We acknowledge the additional supports that were provided to early years settings by the Department of Children and Youth Affairs as part of both the bespoke wage subsidy scheme and in the reopening package. However, the need for special measures is in itself a tacit

acceptance of the pre-existing precarious nature of the sector. The issues of insurance, staff recruitment and retention and the viability of settings have not gone away and have, if anything, been exacerbated by the Covid-19 crisis. Early years care and education is an essential service that allows a society and economy to function. This will become even more apparent post-Covid as people adapt to non-traditional working arrangements. Aside from the rights of babies and children to avail of high-quality early years experiences, a well resourced and sustainable early years system will be essential for this new economy to function.

When settings reopen next week, parents should not be expected to pay higher fees for the same or less service in order to ensure sustainability. The answer to this is not direct payments to parents or tax-breaks to offset costs, rather it is ramping up investment in the national childcare scheme and implementation of the First 5 strategy. The progressive universalism as outlined in First 5 must remain central to investment.

Lack of clarity on the post-Covid funding model after August is causing anxiety to providers, who are planning for reopening on 29 June with no clarity on the financial model which will be in place after the summer. This is also true of settings that will reopen for the first time in September. Central government needs urgently to engage with the sector and develop a plan on how funding needs will be met. It must be acknowledged, however, that our sector is extremely diverse and problems cannot be resolved with a one size fits all solution.

While providers have largely been on board with the reopening guidelines, and this is as a result of proper stakeholder engagement, time will be needed to allow children and practitioners adjust to the new normal and work out the kinks. Additional capital grants funding will need to be made available swiftly to ensure that settings can meet their obligations under the new guidelines, and to meet capacity and distancing requirements which will impact on staff and parents.

Increased capacity must not be at the expense of staffing levels or sacrificing quality standards. The pre-existing issues with regard to recruiting and retaining staff will have been exacerbated by Covid as some workers elect not to return to work and travel restrictions inhibit the return or recruitment of workers from outside Ireland. The Government needs to give serious consideration to how staffing levels can be maintained in this context.

We welcome the highlighting of the role grandparents and other family members play in providing care and support but public funding needs to remain focused on consolidating the fragmented care and education sector. We include childminders in this cohort, whom 87% of the public wish to receive Garda vetting and basic training for their important roles.

The Covid-19 pandemic had an immediate and profound impact on the early years and school-age sector. The response from Government was salutary, in that the provision of a bespoke wage subsidy scheme, which covered 100% of staff wages, acknowledged the fragility of our member settings. On the other hand, this also demonstrated recognition of the importance of childcare to the rest of society and economy.

The Government and other policymakers now have an unprecedented opportunity to act to increase investment in the sector, as envisaged in the First 5 strategy. Early Childhood Ireland recommends that, along with a funding plan which brings Ireland from the bottom to the top of the EU investment plan, the actions envisaged in First 5 to develop a new funding model and a proper workforce plan are prioritised without delay.

Ms Paula Donohoe: I thank the committee for this opportunity. My name is Paula Dono-

hoe. I am a private provider. I am a member of the national committee of the Association of Childhood Professionals and I am joined here today by Ms Marian Quinn, its chairperson. I will provide the committee with a brief summary of our Covid experience.

On 12 March, the word came through from An Taoiseach that we were to close our services at the end of that working day. In my case, and in that of many of my colleagues, the first we heard of this closure order was from parents arriving at our doors. It gave us no time for planning. That evening, the Department of Children and Youth Affairs wrote to providers and assured us that the closure was covered by *force majeure* so we would continue to be paid under the various fee subsidies schemes for the duration of the announced closure. However, with the closure of services, most providers were concerned about loss of parental fees and the resulting unsustainability of their services that endangered their ability to pay overheads, including staff wages. What ensued amounted to an information vacuum that was filled with speculation, misinformation, media interpretation and generally unhelpful commentary. This had the natural effect of raising already heightened stress levels and communicating with our families and staff became difficult.

The announcement of the temporary wages subsidy scheme, TWSS, and the temporary wage subsidy childcare scheme, TWSCS, on 25 March was welcomed by many providers because it allowed us to maintain contact with what we consider to be our most valuable asset, namely, our staff. An extra difficulty with this scheme was that sole traders were excluded from the TWSS, as were employees who were not on the payroll in January and February. A further challenge was that the TWSCS payment was sufficient for some providers, while others needed to take out micro-loans to cover non-deferrable overheads. Following the eventual issuing of the TWSCS funding agreement on 15 April, three weeks after the initial announcement, 85% of services signed up for the scheme. Time will tell how this support has helped us to remain viable.

Having overcome the funding and wage issues, the next milestone was phase 1 of the Roadmap for Reopening Society and Business on 18 May and the provision of childcare for front-line healthcare staff. The issues with this failed scheme have been widely reported and it is accepted to have been a non-runner from the start. The issues relating to insurance and HR had been communicated in advance of the roll-out of the scheme. It has to be said that there was willingness on behalf of the providers and educators to provide such a service but not in the format it was being offered.

We then turned our focus to phase 3 and 29 June. Thankfully, the Department of Children and Youth Affairs heard the concerns of providers and agreed that it was more feasible to merge phases 3 and 4 and to open services to all families previously connected with our services. We are to prioritise families involved in essential work followed by those families with children with disabilities or from disadvantaged or vulnerable backgrounds. If we have further capacity, we can then roll it out to the remainder of families within our services.

The announcement of a capital grant and a reopening grant, to help offset the costs involved in reopening under the new play-pod model, is positive, as is the reinstatement of the funding schemes, coupled with the simplified version of the re-registration process. The announcement that the fee subsidy schemes were being reactivated offered a reassurance to our parent body and allayed many of its fears regarding the costs involved in childcare. However, the very late notification of the funding model – a mere 12 working days prior to reopening - caused the now familiar stress levels to rise, as again we worked in the dark, while trying to plan a reopening without knowing if it would be viable. The pod model of provision was first mooted on the

floor of the Dáil Chamber on 20 May by the Minister for Children and Youth Affairs. We, the providers, educators and parents, had no clear idea how this was to work. This proved to be extremely confusing and still poses confusion among the professional and parent body alike. Thankfully, the Department has now provided useful supports for parents, providers and educators on the First 5 and Let's Get Ready websites.

In the childcare sector, we are used to working to stringent hygiene standards and are familiar with the risk analysis required to maintain a safe and hygienic environment. This is a regular part of our daily practice and is manageable with the proper supports in place. The additional Covid-19 health and safety requirements that must be implemented throughout our working day are a further responsibility for the staff team and will entail the need for supplementary staff over and above the regulatory requirements. Extra personnel will be required for: managing arrivals and departures; enhanced cleaning and; additional administration. The enhanced staff team may be possible for providers because of the TWSS being in place as between 70% and 85% of the wages will be covered under this scheme, leaving the smaller portion to be covered by the provider through fees and subsidies they receive.

The summer months are naturally a quieter period in most services and due to Covid-19 we would anticipate an even greater reduction in the demand for childcare. This should mean that we have staff available to cover this extra work. However, this assumes that we can afford to pay for these additional staff and that all our staff will be in a position to return to work. Some staff will experience difficulty returning due to family care needs and may have underlying health concerns of their own.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I am sorry to interrupt Ms Donohoe and I am sorry for the mix-up earlier. My notes referred Ms Quinn. There are only five minutes for opening statements and we have had the opportunity to read Ms Donohoe's submission beforehand so we might press on.

Ms Paula Donohoe: Thank you for the opportunity.

Ms Marie Daly: I am CEO of the Crann Support Group and the chair of the national community childcare forum. Crann Support Group is a community voluntary organisation working to improve and enhance the governance and operations of community childcare organisations through the provision of shared business services. Crann Support Group is responsible for the administration of in excess of €7 million and maintains assets to the value of €5.6 million. Crann works within the principles of community development. We believe that by working together we can achieve more.

There is no doubt but that the recent pandemic has been a challenging time for our society as a whole. I take this opportunity to commend the Government, in particular the Department of Children and Youth Affairs, for providing us with the infrastructure to be able to maintain the continuity of the employer-employee relationship. In doing so, we were able to continue to support our children and families through the use of our in-house communication tool, Child Paths.

It goes without saying that childcare has undergone many changes in the past ten to 15 years. In this time we have seen investment from the Government, starting from a very low base; the making compulsory of QQI qualifications - a minimum of level 5, level 6 for preschool, as we now strive to have 60% degree-led; and an increased number of inspections from Tusla, Pobal, DEIS and environmental officers to ensure compliance with regulations.

On 5 February, tens of thousands of early years childcare providers, educators demonstrating their support and parents took part in a protest in Dublin city calling on the Government to provide increased funding to reduce fees for parents, to introduce a recognised pay scale for early years professionals and to support the sustainability of the services. Current research demonstrates that 60% of early years childcare professionals earn less than the living wage. This factor has a great impact on the retention of staff. According to the Early Years Sector Profile Report 2018/2019, nationally, on average, there is a 23.4% annual turnover of staff within the sector, with 23% of services reporting vacancies and 53% reporting difficulty recruiting. While we acknowledge that these statistics are marginally down on previous years, the Government needs to focus on a robust governance structure that would provide for strong, effective leadership and Government investment in career and salary structures for the sector.

In May, the NCCF, in collaboration with the Association of Childhood Professionals, ACP, and the National Childhood Network, NCN, carried out a survey of both community and private providers to indicate the effects of Covid-19 and the difficulties in reopening. There were over 3,500 responses, and 2,500 providers completed the survey. The indicators were that 98% stated they would have some level of financial difficulty in reopening and 79% stated they had concerns about staff returning, with the greatest worry for staff being the health implications for themselves and their families. Reduction of staff hours or staff redundancy was an issue, as was the need for access to Covid-19 testing. Other issues included cross-contamination and the financial implications of operating on reduced ratios. As an air of confusion, insecurity and anxiety floated through the early years sector, it became very evident that Crann services were needed. The need for the services provided by Crann increased by 400% over the pandemic due to the lack of confidence within the community sector to identify the necessary actions to prepare for the reopening of services. The Crann support team had the necessary professional experience, knowledge and skills to amalgamate the guidelines from the relevant authorities. There was a statutory requirement for a Covid-19 document for the safe reopening of services.

Regarding the HSA and the back-to-work protocol, on 8 May Crann support teams started to work on the list of things needed for the Covid-19 response document. The committee can see my written statement for details. There are many benefits of a shared services model similar to that of Crann. These benefits have been documented following a recent external evaluation of the Crann model by Trinity College Dublin. The Trinity College research team has highlighted that the model allows member organisations to focus on core business activities; gives confidence and reliability in management and human resource services; gives access to significant expertise and knowledge working within the non-profit sector; gives confidence and reliability in the accuracy and efficiency of accountancy and payroll services; oversees compliance with statutory law; maximises training of qualified personnel; and is cost-effective, with substantial savings.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I will stop Ms Daly there. We have reached five minutes.

Deputy Norma Foley: I welcome all the witnesses. This morning unions representing healthcare workers confirmed to this committee that they were not consulted regarding the provision of emergency childcare for essential healthcare workers prior to the announcement of this service by An Taoiseach on 1 May. Further to that, I ask the witnesses if, as childcare providers, they were directly consulted or in what respect they were consulted regarding the provision of such a service prior to the announcement on 1 May. Ms Quinn might take that question.

Ms Marian Quinn: I thank the Deputy for the question. We were not consulted in relation

to the emergency childcare scheme for healthcare workers. Subsequently, for further phases, we have been consulted but at that stage we were not involved in it. The advisory group was not set up and, while we had contacted the Department to put forward suggestions on how any phased opening should happen, we had not been invited to do so at that time.

Deputy Norma Foley: I take it from the witnesses' submissions, and somebody may want to disagree with me, that there was absolutely no consultation either with the service providers or with those who would be the service users in relation to this announcement on 1 May. That totally defies logic and it is no surprise that it failed.

I will move on to a specific question as I am conscious of my time. Regarding children with additional needs, how are they to be catered for, with the opening on Monday, perhaps later in September or whenever? Ms Heeney might like to address that question.

Ms Teresa Heeney: I thank the Deputy for the question. We know that many parents have been very concerned about the fact that their children with additional needs have not had access to supports since the shutdown in March. We have made a suggestion to the Department through the advisory group that Ms Quinn has just referred to that an initiative could be developed over the summer for those children similar to the scheme in primary schools. It is a suggestion we think the Department should take up and should investigate whether or not early year settings can reopen or provide some support for children with additional needs who had been attending their services in March.

Deputy Norma Foley: To continue on that topic, which is hugely important to a large number of parents, where does that stand now? Has the Department come back to the advisory group? Is there a negotiation in relation to that suggestion?

Ms Teresa Heeney: We continue to raise it at the advisory group on reopening. Another meeting of that advisory group is convened for tomorrow. We have been meeting with the Department on a weekly basis. My colleagues here attend those meetings as well. These meetings involve planning for the reopening. The first phase of that is the reopening which is happening next Monday. We are very keen to begin conversations about what will happen in September and we will certainly be tabling again the issue of children with additional needs. Many members of ECI have expressed that they would very much welcome an opportunity to re-engage with those children because they have a very close relationship with them and their families and they know those children may need a little bit of extra support before going to school, for example, in September.

Deputy Norma Foley: I would welcome that and the sooner there is clarity around it, the better it will be for all concerned.

What capacity is Ms Quinn anticipating will be available on Monday, 29 June in terms of providers and the uptake?

Ms Marian Quinn: Unfortunately, it is pretty much impossible to tell. We have spoken to providers around the country and some have said they will not be able to open. Many providers, having held discussions with parents, will be opening at 60% to 70% capacity but it depends where they are and the cohort of parents they have.

We know that every summer the majority of services do not open. Many services in Ireland are preschool services, so they tend to be bound by term time. My understanding is that last year about 1,800 services opened. The slack is typically taken up by summer camps. It is one

of the most stressful times for parents, where they are going from pillar to post for summer camps. That will be a reality but the reliance on grandparents and family members has not been available and that capacity will not become available either. We just do not know. There are so many unknowns until services open up in terms of what the demand will be. People will know the demand from the engagement with their current families but for other essential workers who have been reliant on families or summer camps, we will not know the demand from them until services are open.

Deputy Norma Foley: I had another question, but I am out of time.

Deputy Kathleen Funchion: I thank the witnesses for their presentations and for their ongoing work in this area. While I do not want to single anyone out, I regularly call on Ms Quinn and the ACP for advice and have found her and her colleagues extremely helpful. I will try to get in as much as possible during my ten minutes.

Do Ms Quinn, Ms Donohoe and Ms Daly feel that the level of consultation with the Department was adequate? We heard that this was a time when staff could do continuing professional development, CPD. Was that a realistic option for staff? Was support provided? Have facilities received clear guidelines on reopening, social distancing, pods sizes and other details relating to pods? Has the Department communicated that adequately and in a timely manner?

Ms Paula Donohoe: I will take that. Information has been confusing and conflicting regarding pods. We first heard about it when it was mooted by the Minister. It remains confusing although we are getting clarity. Going back to the previous question about capacity, when I started phoning the parents of children at my facility, I found an uptake of about 40%. When I phoned each parent personally to reassure them and explained how the new normal would look, our uptake rose to between 60% and 70% of our normal participation over the summer.

Regarding CPD, coming from a rural background, I recognise the challenges with broadband. Some members of my team are of a generation who were not computer savvy, and this became an issue for them. We had also been asking for the release of the quality and regulatory framework, QRF. We thought the 14 weeks of furlough represented a very valuable time when all staff could be trained on QRF. That has yet not to be released to us. We were somewhat disappointed at this missed opportunity.

Ms Rachel Grant: I am HR manager with the Crann Support Group. As Ms Daly explained, we provide services to 11 community childcare organisations. We very much welcomed the opportunity to maintain that relationship with the employer and employee. That was all down to the negotiations that took place with Revenue and the Department of Children and Youth Affairs, which came up with a package allowing us to maintain the net wages for staff. In doing that, the CPD took place. We laid down the roadmap. However, it was important that we did not lay that roadmap too narrowly because, as Ms Donohoe just explained, broadband issues, etc., can make it difficult.

We need to identify that childcare has gone through a revolution in the past ten to 15 years. Childcare professionals who did not have qualifications had to progress to get qualifications and also do CPD in their own time. This was an opportunity. This negative turned into a positive for all of the 323 employees in the Crann group. They could do courses of interest to them to allow them to progress with their career. As I explained to all our staff, that will not only benefit them when they return on 29 June, it is lifelong learning. It has been of great benefit to all staff and I commend everybody who took part.

Deputy Kathleen Funchion: Do Ms Quinn and Ms Heeney have concerns about the sustainability of the sector in future? Is there a need for a sustainability fund to help facilities with particular Covid debts? As a possible solution, could the wage-subsidy scheme be extended to all staff at the full amount, not just 85%, given that some providers may have to decide which staff will return if they are not coming back at full capacity? That seems to be a very unfair position for staff and providers.

Ms Teresa Heeney: As already stated, the level of investment and the introduction of the wage subsidy scheme showed a tacit acceptance on the part of the Government of the precarious nature of this sector. One of the things I am very concerned about is that we will lose staff from the sector if we are not able to maintain the entire workforce. We need our staff to be available next Monday, 29 June. We equally need them all to be available in September and we want them all to be available in 2021.

As regards the entire amount of investment that has been made to date, we in Early Childhood Ireland hope that a new agency, which is mooted in the proposed programme for Government, will gather that funding together and repurpose it in a way that ensures sustainability and builds on increased investment. There is reason to be concerned about services. The confidence of parents, operators and staff is absolutely required. There is a lot of anxiety out there at the moment, so seeing how many people arrive back on 29 June, 5 July and every subsequent week will give more confidence. However, there will still be huge issues of sustainability over the next number of months.

Ms Marian Quinn: Regarding sustainability, while we hear that €75 million was released specifically for early years care, the reality is that at least half of this was under the TWSS, which is generally available to businesses across Ireland. I am not taking from that and we are very grateful to be in receipt of it, but it limits the actual money that was specifically a bailout support for early years. When it is reported that €75 million was put into early years services, it puts huge expectation on service providers to open next week and be available for parents. The reality is that some services will still have sustainability issues. If their staff are not eligible under the wage subsidy scheme the providers will have to find the full level of funding to be able to pay the wages for those staff members. If staff were on reduced wages, were out sick or took leave in January or February, then their average wage would be lower by Revenue's calculation than what their employers are going to have to pay them. Effectively, their employers will have to pay the full wage. All those things are going to add to the providers' financial outlay while there will be limitations on their incomes because they will not come back with 100% capacity for children. We will only see over time how that capacity will increase across the summer. Without a doubt, there will be sustainability issues. We are thankful for the grants and so on that are available but it has to be acknowledged that there are going to be huge challenges.

Deputy Kathleen Funchion: I also want to touch on the children themselves and the impact all of this has had on them. Has Early Childhood Ireland thought about looking into this to see if there are any supports it can provide for them? I do not necessarily mean for it to give them directly but is there funding available or could we look for funding supports for children?

In case I do not have time, I also want to raise the rumoured possibility that the Department of Children and Youth Affairs and its stand-alone Minister might be abolished. It is an issue about which I feel very passionate and I would like to hear what the witnesses think because it is imperative that we keep a stand-alone Minister and Department. Given the week that is in it, I am going to take every opportunity I can to raise the matter.

Ms Frances Byrne: I thank Deputy Funchion. Early Childhood Ireland entirely agrees with her on this. We are active members of the Children's Rights Alliance and Deputies will be aware that this is of grave concern to organisations that are about and focused on children.

To go back to the Deputy's earlier point, children have been invisible and voiceless although hugely impacted by Covid-19. For example, we have seen shops stopping single adults coming in with children and so on. Other colleagues have noted this but our position is that the resources the Department has made available to the sector, parents and staff in the last few weeks in order to prepare are very welcome. Much more is to come and all the organisations here today are involved in helping with those resources. They are absolutely invaluable and are an important dimension of the consultation that has gone on. In the context of all of this, the idea that the Department of Children and Youth Affairs would not stand alone, would not be untouched and would not have a full Minister is unthinkable. It sends out a very bad signal and it should not happen. We entirely agree with Deputy Funchion on that.

Deputy Fergus O'Dowd: On the last issue, it is my strong view that the Department and Minister should be retained. It is abundantly clear from the structural issues in services highlighted today that that is where we need to go. In the programme for Government, I understand there is a new care provision to ensure proper and adequate care. In my mind the real crisis of Covid-19 is that the oldest and youngest in our society have been affected the most.

One thing that is coming out of this crisis is recognition that greater attention and investment must be put into the care of our children and older people. I acknowledge in full all of the contributions and submissions made by the witnesses. Given the fact that the economic certainty is that we do not know how our economy will grow in the next few years, no matter what promises I or anybody else makes here, will the witnesses articulate their views on the five things we need to do? Will they prioritise the actions that are necessary? I realise that all of the issues are important, but what are the most important issues the committee could consider and articulate to the Government?

Ms Marie Daly: The most important thing for me would be an examination of salaries for our professionals. As I stated, 60% of them earn less than a living wage, which is not good enough. We are putting more demands on them in terms of training and education. If we do not address this issue, apart from all of the other crises that are going on within the sector, the sector will lose very good people and we will not be able to staff childcare services.

If the Department and Minister are taken away, we will go back 20 years in childcare and it will be an insult to the childcare sector which is struggling to do the best it can. That will show a Government where exactly we stand in terms of its priorities. It would be a massive mistake. Sustainability for services is huge, and we are such a complex sector that one shoe does not fit all. There are differently sized pots and we have to come up with a solution that takes into consideration all of the complexities of the sector we are dealing with.

Ms Marian Quinn: There are many different models of provision. There are preschools and crèches. There are local needs in regional and rural areas. Centre-based care for children in their own area is what people want. That is a reality that needs to be looked after. We know there are issues in urban areas. In rural areas one sees rural decay, where Garda stations, shops and schools are being lost, and they are in danger of losing their preschools because they might not be a financially economical model, despite being fundamental to what is happening in local communities. Sustainability is huge and the funding model needs to be addressed in terms of how best to meet the needs of parents in respect of affordability and accessibility, how best to

meet the needs of children in terms of quality, locally based provision, and how best to meet the needs of providers in terms of sustainability and for them to be able to attract and retain the staff they need to be able to deliver high-quality services. Those matters are a significant focus for us.

Ms Frances Byrne: In response to Deputy O'Dowd, from the point of view of Early Childhood Ireland, we agree completely with our colleagues on the funding model and workforce development, and we would link both of them. The Department was embarking on very welcome nationwide consultations about that with the sector when Covid struck, and it needs to be the first priority of the new Government. We need increased investment. It is very welcome to see it in the programme for Government but we need to see the detail. We need to get to that Scandinavian level, which probably means spending about four times more than we are now.

Last but not least, that single agency which is mentioned in the programme for Government needs to get off the ground. At the moment, our members report to seven different agencies and Departments, which is not good. It is more fragmentation and it is appalling value for money for the Irish public.

Acting Chairman (Deputy Jennifer Carroll MacNeill): As one of the people involved in the establishment of the Department of Children and Youth Affairs in 2011, it is heartening to hear so much support for it at this stage. I call Deputy Costello.

Deputy Patrick Costello: I want to pick up on a point raised by Ms Heeney at the beginning, when she talked about how far behind other countries we are in terms of our investment in childcare. One of the clear examples is that while we are sitting here debating a failed attempt to set up a childcare scheme for essential workers long after the peak of the crisis, many other countries had it from the very beginning. That is a reflection of where we are, the lack of investment in the sector and the consequences of that.

One of the things I have been asking and have never got a straight answer on from the Department is in regard to the providers who did not take up the temporary wage subsidy childcare scheme, TWSCS, option. There are two questions. First, why did they not take them up, what are the issues and is there any learning from that going forward? Second, what is the likely outcome? There was concern that many of the providers who were not taking this up were planning to close or might have been forced to close. This speaks to the issue of sustainability, the availability of placements and the cost of placements. If the providers represented here can provide any insight into those issues, it would be useful.

Looking forward, there is the committee on reopening yet what I am hearing from the providers is that they are operating in the dark, there are still a lot of things to be worked out and there is a lack of information. Is this committee working? Are the consultation structures in place good enough and are they working, or should we be looking to change them? Any insight into that from the witnesses would be very helpful.

Ms Teresa Heeney: I will start with Deputy Costello's second question. The committee that is now in place - the advisory group on reopening - works well. It is an example which shows that when people sit around a table and collaborate and consult, and are then allowed to go back to their base, their members, their colleagues or their staff, they can work together and design something that is workable. The members of Early Childhood Ireland to whom I have been speaking were mostly relieved with the package, which gave them some certainty for the next eight weeks. I would welcome the opportunity for us to sit down again and table issues

for discussion at the ongoing meetings of the advisory group on reopening, which, as I said, has met weekly.

On the Deputy's first question on the 15% of services that did not sign up to the scheme, we do not know the answer to that. I understand the Department will use some of its structures, such as the county and city childcare committees, to establish why those 15% of services did not participate in the scheme, which I agree is a big issue, but at this stage we do not understand it. There is probably a myriad of reasons and perhaps some of my colleagues can shed some light on it.

Ms Marian Quinn: On the Deputy's second question, it is not so much that providers do not know or that there is not enough detail now in terms of being able to open. The issue is that there was so much confusion for so long about what would be the reality of being able to open. Providers are now trying to work through that reality in terms of what they are able to do, what is expected of them and what information is untrue. One will hear media reports about the pod system being inhumane. We have seen international images where children were in chalked out boxes and they were not allowed to engage with other people. One also hears about social distancing. However, the reality of social distancing and the pod model is different in an early years service. It will be adults who will be social distancing from each other whereas the children's needs will be met. If they need hugs, reassurance or the supports of the adults, they will get them. They will be able to engage with the children who are in the pod. What that means is that it is just a structure of a group of children together and they are not going to be interacting with other children or other adults from it. However, sometimes when one hears reports of it one says, "Hang on, I thought I had it straight in my head but now I have heard something else - maybe I read it in some media or somebody has commented on it". That is probably where the confusion happens.

The documents available on the First 5 and Let's Get Ready websites are very detailed and break it down for providers. There is a great deal there to go through because much has to be done on opening, but the information is there and people can engage with it.

Deputy Sean Sherlock: I join others in thanking the witnesses for their contributions today and for the clarity of thought they bring to these proceedings. The messages they are imparting to us are well rehearsed, perhaps, in that they have spoken on these challenges previously. My first question relates to the temporary wage subsidy scheme. If it is the case that public funding accounts for approximately 58% of wages in the sector, is it now time to consider continuing with the temporary wage subsidy scheme for the providers who will reopen in September and to use that as a launch pad to build out the employment rights and proper wages akin to people's qualifications, so we can get the wages element of this resolved once and for all? There was an opportunity, which was articulated very well to me by Darragh O'Connor of SIPTU recently, whereby this could have been a launch pad for resolving the wages element of this. We see the high rates of attrition and the fact that some people will now cease to avail of the temporary wage subsidy scheme as it relates to the childcare sector. This has created a massive amount of uncertainty, which the witnesses have just articulated. Perhaps it is time for the State to fund paying wages in a way that is done in primary and post-primary schools.

Ms Frances Byrne: Certainly, from Early Childhood Ireland's point of view and not to be remotely disrespectful to Deputy Sherlock, the short and long answer is "Yes, of course it should". We have said this since the evening the Minister called the meeting with the sector to say that she had brought this to the Cabinet and it was happening. It was very regrettable that it took another three weeks to sort it all out and it certainly caused great anxiety. Absolutely,

we and others have been asking for this for the last few years and we have been told repeatedly that it could not happen, that it was intervening in a private sector and so forth. Now it has happened through Covid-19. As we say strongly in our submission, it absolutely must be at the basis of the funding as we go forward. It is so important. The most important people who go into settings every day are the 206,000 babies and children, but-----

Deputy Sean Sherlock: I have only two minutes left.

Ms Frances Byrne: I am sorry. The workforce involved is very important, so the answer is “Yes”.

Deputy Sean Sherlock: I thank Ms Byrne and gaibh mo leithscéal for intervening. Is that shared by the other witnesses?

Ms Marie Daly: We have been looking for this for a number of years. We have brought it to the Government on several occasions. While we are all saying we are reopening on the 29th with less capacity for children and with the wage subsidy scheme-----

Deputy Sean Sherlock: I apologise to Ms Daly but I have very little time. That is a “Yes”.

Ms Marie Daly: Yes, it is.

Deputy Sean Sherlock: I take it that is a “Yes” from all the contributors here. We need a launch pad for a proper wage commensurate with people’s qualifications across the sector. Public funding accounts for 58% of childcare providers’ income. This is what we will be told later on by officials from the Department of Children and Youth Affairs. We therefore, as a society, need to grasp that nettle.

I will move to my second and final question. There are many disparate groups representing childcare interests. I have to be honest; they are all excellent people but there are many different voices and I believe that now is the time for the sector to unite as one voice because it is sometimes difficult for us, as politicians, to distinguish which group represents what interest. I put it to the witnesses, as advocates on behalf of children and parents and as providers, that now is the time for some sort of citizens’ assembly to look at the future of childcare provision and the early years sector in Ireland. Perhaps it is time to consider having one coherent voice in that regard because, quite frankly, if I was not spokesperson for children, I would be largely ignorant of the childcare model. I am telling the truth in that. I am a father of two young smallies as well, so I have a particular interest in this area, but sometimes speaking with one voice is more coherent and can strengthen one’s message in interacting with Government.

Deputy Jennifer Whitmore: I thank the different groups that have come in to talk to us. It is important that we have this level of engagement with them because it is patently obvious that there has not been sufficient engagement with the sector in recent months. We are really reaping the non-rewards of that at the moment.

I will refer to a comment Ms Byrne made earlier and with which I could not agree more. She said that children have largely been invisible during the pandemic except when they are being blamed and called superspreaders and vectors. The discussion around children has largely been negative. That has been very problematic. Children as a group were not hit from a health perspective but mental health issues will impact on them much more than on other cohorts and groups in our society. I have been very vocal about the need to incorporate advice from psychology experts into development of policies relating to children and their transition back into

normal childcare and educational settings. It is being recognised that the mental health curve is the next curve we will have to flatten. We have not had the necessary focus on that issue recently.

My question relates to those psychological supports. Do the representatives think their organisations' members are sufficiently resourced and have the capacity to identify and respond to the emotional, social and psychological challenges children may face when transitioning from a family setting and lockdown scenario back to the crèche environment? As a mother of four, I know that a lot goes on in their heads that they may not be able to verbalise. Childcare settings can provide somewhat of a family setting. When one has the right childcare provider, they become a member of one's family. There is an opportunity that children will open up when they go back to those settings. Are providers ready for that? Have they received the proper guidance and supports from the Department?

Ms Paula Donohoe: I thank the Deputy very much for her question. As a provider, I will say first and foremost that is part and parcel of what we do every day. It is part of our year. We are used to transitions. We regularly take children into the first place they might meet outside the family home. We work with children and support them, and also their parents, emotionally. Our role is quite large. We are professionally trained to deal with that on an ongoing basis. That training is there.

Resources have been made available to help during this closed period. I can speak for myself and some of my colleagues in saying that throughout this whole period, we have engaged very heavily with the children we care for through our Facebook engagements. We have been reading stories and connecting with them in other ways and they have not lost their connection with us. In fact, in my case, we did a virtual farm tour. We have tried to give them as close an experience as possible, virtually, to their schooling life. That has very much been part of our effort. We are best placed to support the children - as I have already been doing with my families - as we begin the process and journey of reopening next Monday. We will be there to support them in the way that we have been professionally trained to do, with the help of the additional resources that have been made available to us.

Deputy Jennifer Whitmore: I thank Ms Donohoe. Perhaps Ms Byrne or Ms Heeney might comment on behalf of Early Childhood Ireland.

Ms Teresa Heeney: Ms Donohoe has articulated the situation well. Our operators and staff are professionally trained to support children's emotional development. I know from talking to our members that they are very concerned about and alert to the potential anxieties of both parents and children. We are very well placed to deal with that. I agree that there have been some good resources produced by the Department of Children and Youth Affairs concerning the transition. Those resources have been well received by members of Early Childhood Ireland.

Ms Rachel Grant: From a strategic point of view, it was disappointing that the insurance providers would not allow children and their families to visit services this week, prior to their opening next Monday, in order to break that anxiety about coming back. Staggered visits would have been helpful but they could not be facilitated by the insurance companies.

Deputy Jennifer Whitmore: Did they give a reason for that?

Ms Rachel Grant: It was not in compliance with the HSE guidelines.

Deputy Jennifer Whitmore: I thank the witnesses.

Deputy Bríd Smith: I thank the witnesses for their submissions and apologise if I am repeat any of the points I missed on my way to the Chamber. The first question I want to ask is sort of a follow-up to the last session, during which we heard from representatives of the nursing unions about the problems essential healthcare workers have faced. The Department, in its submission to the committee, states that the scheme of childcare for essential healthcare workers had to be cancelled because it was not possible to meet all the requirements that would have made it attractive to providers. Ms Grant referred to the insurance element. Can she elaborate - briefly, because we are stuck for time - on any other elements that were an obstacle to the scheme's introduction? Were they just insurance-related or were they also to do with premises costs such as the payment of rents and rate? Was a lack of sick pay a factor? I ask one of the witnesses to elaborate briefly on the barriers that stopped the scheme working.

Ms Marie Daly: I will take that question on behalf of the Crann Support Group. First of all, the difficulty was not in any way connected, from our point of view, to its not being worthwhile for us to reopen. We would have very much welcomed reopening our services using family pods if we were allowed to do so. However, insurance-wise, that was not possible for some reason. When it comes to going into somebody's home, one is looking at employer law and services having to take responsibility for supervising the people who would be going in there. That would have left our staff open to allegations that might be made against them. There were numerous reasons that the scheme did not work but I can say for my part that it had nothing to do with its not being worthwhile for the providers. It was more the difficulties-----

Deputy Bríd Smith: That has answered the question for me. I did not believe for one minute that the witnesses did not consider it valuable or worthwhile to participate in the scheme. There were obviously very complex obstacles for the sector. However, several of the witnesses have mentioned the fractured nature of the services and how there are so many different organisations overseeing different aspects of it. Believe me, I am not the witnesses' enemy. I think they are all wonderful and I know lots of childcare providers and workers in my own community. However, it strikes me - this is a point the witnesses may not like me making - that one of the problems we have is that this country has the highest level of private childcare provision in the whole of the OECD. The levels are huge compared with other countries, with the data showing that 99% of children attending pre-primary education are enrolled in private facilities, compared with an OECD average of 34%. Other Deputies talked about the need for a conversation and probably citizens' assembly to look at the issue of childcare provision. We really have to cop on in this country and look at the public provision of childcare in the same way as we look at the public provision of education and health. That should not exclude the witnesses or the very dedicated and highly trained workers who work with them. Instead, I believe it should encompass them. We need to start to look at such a public model because the data show the benefits of it. The Nordic countries are always the best. I have seen that at first hand as my two nephews grew up in Sweden. In Sweden, they spend 1% of GDP on childcare and we spend approximately 0.4%. There are higher returns for children with high levels of public investment. That high level of public investment also leads to better security and better returns for the parents and a higher level of maternal workplace engagement. It would probably have gone a long way towards helping to solve the problems we had with front-line workers. The fees are lower for parents and in general the outcomes are much better.

I emphasise that I am not opposed to those in the private childcare sector; I am on their side. In the brief time we have left I ask the witnesses to comment on the need to move to the public provision of childcare and to a higher spend of GDP on childcare.

Ms Marian Quinn: We are not disputing that we need to look at a different model or that we need to consider the situation going forward, but the reality is that childcare in Ireland has grown up in the way it has because of the lack of Government interest or investment, or it has not been seen as a priority. In the absence of that, it was something women in the local community set up for each other to support each other. That was gradually extended to families and then to being based in a centre. That has been the reality for between 40 and 50 years. We are looking for a new model now that will incorporate the brilliant work that has been done by providers for many years in the absence of that level of investment.

The big fees in Ireland are due to the lack of Government investment; it is not that the provision in Ireland is hugely more expensive than in other countries, it is because the fees for parents are not subsidised. When looking at a funding model that is more based on public provision, that is something everybody would welcome in the discussions to see exactly how that would work best for families, children and society.

Deputy Matt Shanahan: I thank all the childcare providers for appearing before the committee today. I will return to an issue that was raised on the floor earlier, that is, sustainability. I caught a bit of a radio debate coming up this morning. If my understanding is correct, the ratio of children to childcare staff in the pods is 8:1. The person speaking also highlighted the fact that a second person would be needed to provide cover for somebody going to the loo and when parents come to drop off or collect a child. It seems to me that one could have 16 children and three adults. Have the witnesses looked at whether that will impact on their model?

My other question relates to the sustainability of the childcare system in terms of insurance. What is the current position with insurance? I am aware that capital supports are being provided for childcare providers to reopen, but is there any inkling of what the situation will be in terms of personal liability insurance or to cover Covid illness?

Ms Marie Daly: I do not know who came up with the word “pod” but it is causing huge confusion. The ratio in the 1-2 room is 1:5. If previously one had eight to ten children in the room the situation will return to normal and it will be the very same as prior to Covid-19. That is a pod. The difference is that the children in the 1-2 room will not socialise with the children in the 2-3 room. Each room will have staff looking after the children and there will be relief staff. We will not put a third staff member in as we could not afford to do that but another staff member will provide relief and lunch breaks. The staff member may not go around the whole building but may operate between two rooms. As Ms Frances Byrne stated earlier, the reference to the pod system caused total confusion. There was mention of all kinds of restrictions and that we would have to put dividers into rooms, among other measures. That has all been cleared up and we have been told it does not apply any more. This is a live situation and changing by the day. A pod is as it was prior to Covid-19.

Ms Teresa Heeney: On the insurance question, we have only one underwriter. That obviously does not lead to competition in the insurance marketplace. Early Childhood Ireland has aligned itself with the Alliance for Insurance Reform in order to work with the next Government on addressing that issue. With the new single agency mooted in the programme for Government, we would certainly think that the issue of insurance should be one of the first items on its agenda.

Deputy Matt Shanahan: Deputy Sherlock made a point earlier about the potential for many of these groupings to speak with one voice and lobby on that basis in order that Deputies can understand the whole panoply of issues involved. An issue which came up this morning

and is coming up here again is that of funding and whether the groups have provided some sort of funding horizon of what they believe their requirements will be. This is going to come into sharp relief in the coming weeks. We have one group which is the taxpayer which has to pay for all of these increased costs. Children are vital to the future economic well-being of our country. We want to make sure they are given the best possible opportunity. Have the groups any funding platforms that they have put to the Government in terms of some of the proposals they are making?

Ms Frances Byrne: I am happy to answer for Early Childhood Ireland and I am conscious of time.

It would be moving towards a Scandinavian model. The last Government left that in place through the national childcare scheme. We estimate that to get the levels of funding that Deputy Bríd Smith described is probably four times more. Two party manifestos mentioned getting to €1 billion in the next five years. That would be very welcome from our point of view. It is certainly critical that in the next phase of the programme for Government, priority would be given in the first 100 days to telling us the amount of money involved. The parties have mentioned investment. We do need to get to those Scandinavian levels for all the reasons Deputy Bríd Smith outlined. The countries she referred to have the lowest levels of child poverty.

The early years sector - I hate to use this phrase about such an important sector - addresses a lot of things and has been described facetiously as a magic bullet. All of us are in agreement that the investment is key. We look forward to that day and possibly having a myriad of debates about how that money will be spent. The important point is to get the Government commitment to continue the journey towards Scandinavian levels of investment. We are probably looking at €2 billion to start out with.

Deputy Michael Collins: I thank the witnesses for being here before us today.

My first set of questions is for Ms Teresa Heeney. Is she a childcare provider? Many providers are on the Covid social payment. What are her thoughts on that? Was she surprised when the Department of Children and Youth Affairs pulled funding from the childcare schemes? How many providers does Early Childhood Ireland represent as a percentage of the sector? It provides an insurance scheme for providers at a discount. Is there any other reasonable insurance scheme of which providers can avail? Early Childhood Ireland represents providers and staff. Does Ms Heeney think it is possible to represent both providers and staff?

Does the Association of Childhood Professionals support grant-aiding private childcare providers to cover their operational costs for what has happened in the past four months? Regarding childcare for front-line staff, is it true to say better consultation with providers on the ground would have achieved better results?

Early Childhood Ireland has been in existence for many years along with the Association of Childhood Professionals. However, providers believe their interests are not being represented. New organisations are springing up all the time. The Federation of Early Childhood Providers sees issues for full day care providers. Is this not a sad indictment of representation in the sector?

The Department of Children and Youth Affairs said it has increased funding in the sector but providers have got nothing. Many are using Covid payments to pay bills for their services while relying on loans and family for subsistence living. Do the witnesses think this is right?

Perhaps Ms Heeney would address that.

Ms Teresa Heeney: No, I am not a childcare provider. Early Childhood Ireland has many providers who are members, obviously. Currently some 75% of operators are members of Early Childhood Ireland. I hope that answers the Deputy's question.

I have already addressed the question on insurance. It is very problematic that we have almost only one provider. There is another broker, Arachas Insurance, and Ronan Smith is also a broker. We are certainly hopeful on behalf of our members that the scheme will be able to identify another underwriter for its renewal, which is due this summer.

Deputy Michael Collins: Does Early Childhood Ireland represent providers and staff? Does Ms Heeney believe it is possible to represent both providers and staff?

Ms Teresa Heeney: Early Childhood Ireland's members are all operators. Staff generally are not members of Early Childhood Ireland. Our members are operators of settings.

Deputy Michael Collins: Ms Quinn may also be able to answer some of the questions I asked.

Ms Marian Quinn: Absolutely. I believe that, at all times, the better the consultation, the better it is. One can have a group think to identify issues and what are the possible solutions. Then we can work together in choosing the best solution. This should definitely happen at all stages, no matter what we are doing, be it Covid-19 related or at any stage of investment. There are multiple representative organisations. The Association of Childhood Professionals is a voluntary organisation, which means we are literally all working in our own different areas in trying to provide for and represent all the professionals in our sector. I would liken it to what happens in Government with elected Deputies where there are Independents and the different parties. Everybody has a slightly different agenda or a need to represent their members in the best possible way they can. It will never suit all people because people will have different ideas and they are able to bring them forward. Sometimes it is unfortunate when ideas are at polar opposites because it can create for a very confusing state for anyone who is listening who does not live it daily.

On the matter of funding the services, without a doubt we need a reasonable amount of funding to be able to support providers in reopening and in staying open, and in looking forward to what funding model will be available in September for term-time providers who will be reopening then. It is not that we are looking for providers being able to turn over a margin. It is about being sustainable. The cost of reopening cannot be on the individual providers. They are not providing this service without needing to take an income and have a wage themselves, as anybody else would when they work. I hope this answers the Deputy's question.

Acting Chairman (Deputy Jennifer Carroll MacNeill): Deputy McNamara is next but he is not here. I will reserve his time if he comes in later. Now it is the Fianna Fáil slot. Deputy Butler is down but perhaps I will go to the next Fianna Fáil speaker, Deputy McGuinness.

Deputy John McGuinness: Yes, my slot will be there if it is wanted later. In the various submissions that have been made, surely over the years and in discussion with Government officials, Department officials and Ministers, they would have been aware of the demands the representative organisations are making of Government for funding for a better model of delivery for the sector. What has been the response? Are the representatives in regular contact with the officials and the Minister?

Ms Marian Quinn: Yes, we are in regular contact. This, however, is not just specific to the Department of Children and Youth Affairs. It is Government specific. As Ms Byrne said earlier, it will require a substantial amount of investment. We are talking billions of euro. It is not something that can be done by a single Department. There has been a massive increase in the level of investment - I believe it is a 141% increase - while the Department of Children and Youth Affairs has been in existence. When one is increasing from a very low base, however, any multiple of increase will still be very low, relatively speaking. We are communicating. There have been repeated budget submissions and engagements. The Department is well aware of the level of funding, and it would also be able to identify the level of funding that might be needed by the Department to get where it wants to go. It is about convincing the Department of Finance and all the other Departments that are around the table of the level of investment that is needed. One Department cannot do this by itself.

Deputy John McGuinness: I understand that, but the point is that as a result of the engagement it has carried out, the sector has built up a body of information that would inform the Department as to the amount of money that is required. Even before Covid-19, the Department or the Minister would have known that substantial financial intervention was required.

Ms Daly referred to the survey that was carried out. The results of the survey indicate that it is all about money and the Government providing money. I am not saying there is anything wrong with that, I am simply saying that most of the issues relate to financial matters. It could not be unexpected that the sector will need further moneys to comply with the regulations and restrictions that are being put in place, apart altogether from addressing some of the hardy annual issues that arise that have not been dealt with to date. Drawing on the results of the survey, Crann Support Group has outlined the various issues that are a priority. What else has it done with the results of the survey? Has it presented or costed them? What are the next steps in that regard?

Ms Marie Daly: We have not costed them because the community forum is run on a voluntary basis. We have day jobs in which we look after various services. We do not have the capacity or the resources to cost them. The Deputy is correct that it is all about money. The fees for parents are among the highest in Europe, but we are charging the minimum amount we need to get by. I am referring to the community service and not the other services that are out there. Community services are paying money coming in and money going out. The Deputy is correct that investment through the years has been very low. It is probable that there was initially a negative level of investment and it has only increased gradually since then. We sent the results of our survey to the Department. We have had meetings with it through the years, under various Governments, to request more funding. We get dribs and drabs. The point is that, as Ms Quinn and Ms Byrne stated, this requires a leap which will cost millions of euro.

Deputy John McGuinness: In the few seconds I have left, I wish to state the community sector and the private sector are facing the same problems, as described by the witnesses and outlined in the submission of Seas Suas. It comes down to finance and supporting a new model. There was reference to a cost of €2 billion in the context of the Scandinavian model. We must strive towards some sort of goal and having excellence in this area. It comes down to the same things: overhead costs, deferred costs, the cost of regulation and red tape and so on. If all these problems exist even though there is a dedicated Minister and Department, I can only imagine what it would be like without them. The witnesses and those they represent need to make their voices heard much more loudly around these Houses. I acknowledge that they have been lobbying, but the issues remain. Although all members are here to help them address those issues,

the specifics regarding money and funding, particularly grants, must be made clear to everyone.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I think that point has been made several times today.

Deputy Matt Carthy: I thank the witnesses for attending. Some of my questions may seem repetitive or to be a matter of common sense, but I wish to get them clearly on the record of the committee. Any of the speakers may answer any of the questions, but I ask them to do so as quickly as possible because I have several important points to make.

Are our guests satisfied that the information they have received from the Department and its engagement with them to date have been sufficient? Can the witnesses outline particular gaps or deficiencies in the information and engagement process to date?

Ms Paula Donohoe: I thank the Deputy for his question. As a provider, the information has come slowly in dribs in drabs on a backdrop of misinformation in the media so it has proved extremely problematic. Are we getting clarity? We are, very slowly. We would have liked to see the information come through a lot faster. We would like to have had supports in the form of helplines, which were closed down through this entire phase and are still closed. We would have liked, as providers, to have had access to helplines operated by Pobal and the Department of Children and Youth Affairs, none of which was made available to us during this time of Covid.

Deputy Matt Carthy: Have those lines become operational again? Are they back online?

Ms Paula Donohoe: Up to yesterday, no, they are not.

Ms Teresa Heeney: There is potential for about 1,800 operators to open next Monday but we will not know exact numbers until then. That means there are another 2,700 operators due to open at the end of August or in September. Certainly we look forward to a discussion with the Department about when news about the funding model for all of those services is going to be made available because it will need to be considered so that people can make decisions and plan. Certainly, from the point of view of Early Childhood Ireland, we have said that we need to stop talking about the September model but talk about an August model because much of this work will have to begin in July and August. We are looking forward to that new discussion with the Department.

Deputy Matt Carthy: I want to contextualise this for myself. There is the infamous mind-at-home scheme or the programme that was announced to address the issues pertaining to front-line workers and the proposition that childcare professionals would simply arrive at somebody's home to mind their children regardless of the implications the measure would have for public health, insurance cover or whatever. The deficiencies of the scheme became very evident almost immediately after it was announced. Was any of the organisations consulted in advance of the announcement?

Ms Marie Daly: No, we were not consulted. There were a variety of reasons we could not do it. We were willing to open our services and operate family pods within our services. However, going into somebody's home to look after their children presented itself as very problematic for reasons of HR, insurance and loads more. We were not consulted at the time and we would have given our opinion if we were.

Deputy Matt Carthy: To be quite frank, any ordinary person with an ounce of common

sense, and they would not need to be an expert in the field as the witnesses are, would know that it was a crazy idea. The reason I have raised the issue in this context is to question the understanding of the realities of people's lives, and the situation in which the childcare profession operates, and why this would come as a formal proposal.

Are the organisations satisfied that the guidance and direction on public health advice will be sufficient for the childcare operators that will open on Monday? Are the information and supports sufficient? Is there scope for improvement? If so, what improvements must be made?

Ms Marie Daly: There is always room for improvement in everything. The information that we have now is sufficient for us to open. For the next two months the information we have is fine. To reiterate what all of my colleagues have said, we need to start talking about September. Now we know what we are doing. We know the money that is going to come in to us so the decision to open now lies with us and I hope most people will open. Talking about August, everybody must be let know before the end of July because if they are not we will repeat the mistakes that we made with the slow information that came down the line for 29 June. If we do not tell our providers that are opening in September, what they have to do in July and what funding packages are there for them, we will have learned nothing through this.

Deputy Matt Carthy: I ask whoever feels it most relevant to do so to answer my next question. With regard to the children of front-line workers - and I mean this in the broadest sense as being those who were deemed essential throughout the Covid emergency and who, in many cases, have, as we heard this morning, been in very difficult situations - are the witnesses satisfied their member organisations will be in a position to cater for the children of those workers who will require places next Monday?

Ms Marian Quinn: I will take that question. Not necessarily because, unfortunately, as I alluded to earlier, there is significant reliance on family, including grandparents. If 50% traditionally had such care, there will not be enough services able to open next week to take up that capacity. There are also childminders coming into this. We know that a lot of people in healthcare work 12 hour shifts and, typically, services cannot offer this model of delivery. Childminders will be hugely important. There is also the reality that there are service providers that typically do not open in July and August but that could be open this July and August because they have not been open since mid-March. They have been engaging with parents on whether parents want them to open for July and August when typically they would not. In some instances, quite a number of parents - or a majority of them - have said they could really do with that service but, unfortunately, the providers are unable to be involved in the scheme for opening because it is predominantly for those services that typically open. This is an untypical time and sometimes we need to look at resources that might not have been used previously if those providers feel they can offer such a service.

Deputy Matt Carthy: I ask each of our guests to inform the committee on particular issues relating to front-line workers finding it difficult to access childcare facilities for whatever reason. There is no need to go into specifics. It is important for the committee's work.

I have been involved on the committee of a community crèche and I know one of the challenges is always how to cater for very young babies because of the staff ratio and the amount of space. Generally speaking, it can raise complications but nevertheless it is an essential part of the work done by the sector. There have been calls, particularly from women who were on maternity leave during this period, for a 12-week extension to that leave cover in order to make up for the traumatic experience they have been through. Would such a move assist the sector

with managing over the coming months?

Ms Teresa Heeney: Many of the suggestions we are hearing today are all described and set out very well in the Department's First 5 strategy. As my colleague, Ms Byrne, alluded to earlier, part of the strategy is a workforce development plan and the development of a funding model that the Department had begun before Covid. We certainly hope it will begin the process again quickly. Another commitment in the strategy is the extension of maternity leave up to one year to cover the first full year of the child's life. International evidence is that this is in the best interests of children and it certainly should be a key part of the new single agency that we see in the programme for Government.

Deputy Matt Carthy: I absolutely agree. Would Ms Heeney also agree that, as an immediate measure, the extension of 12 weeks should be provided to those women who have been on maternity leave during the Covid pandemic?

Ms Teresa Heeney: I would never be against an extension of maternity leave.

Deputy Matt Carthy: Let the record show that is a "Yes".

Acting Chairman (Deputy Jennifer Carroll MacNeill): The Chairman missed his slot.

Deputy Michael McNamara: I apologise for not being here earlier. I was dealing with a constituency matter. Turning to constituency issues, many childcare providers in advance of the general election, and certainly in advance of the shutdown, were already speaking about the huge difficulties in staying open because of insurance costs and the administrative burden being shifted onto them, primarily by the Department and its policies. I want to ask two questions about that. The insurance companies pretended to reimburse private car owners in a deal they appeared to hatch with the Minister for Finance and Public Expenditure and Reform but they are renegeing on their claims with pubs. All of the premises of childcare providers were shut for a number of months so did they get reimbursed insurance costs such that insurance is no longer a worry for them this year? Do childcare providers have an additional administrative burden now in reporting on safety and with the precautions taken in light of Covid-19?

Ms Paula Donohoe: As a provider, my insurer has extended my insurance period for a further three months into next year. On the question of an additional administrative burden, I used to work in the classroom, which was my joy. My favourite part of the day was the three hours I spent in the room with my three to five-year olds. Unfortunately, as the workload has increased to a point that I found myself working on administration at home from 9 a.m. until midnight after I had put my child to bed, I have had to take the decision to step back and become a full-time administrator in my service. That is due to the increased burden of paperwork that pre-existed Covid-19. In light of Covid-19, we will have to put in the checks and balances that will attest to the fact that we are doing all the risk assessments, cleaning, hygiene and tracing of pods, etc. We will have an additional workload as a result of that.

Deputy Michael McNamara: Have childcare providers been offered any additional support to pay for that additional administrative workload? Ms Donohoe's story of staying up all night filling in paperwork is typical of what I have heard from childcare providers whom I met in Clare in January and February.

Ms Paula Donohoe: We are in receipt of programme support payments, which we fought hard for, but they cover a massive workload. They cover non-contact time, the administrative burden and meeting time with parents. They are probably not adequate but they do exist.

Deputy Michael McNamara: Are they being increased?

Ms Paula Donohoe: We are getting the reopening grant and we will have to look at how we can use some of that to help with the administrative burden.

Deputy Michael McNamara: The reopening grant applies to all businesses in the State that do not have any additional administrative burden.

Ms Marian Quinn: The reopening grant does not apply to all businesses. It is specific to early years childcare providers. The temporary wage subsidy scheme applies to everybody. We are awaiting the full details on what exactly the reopening grant can be spent on but our information to date has been that if there is increased administrative or cleaning work specific to Covid-19 expenses for personnel, then that money can be used. That will be challenging for providers because where the temporary wage subsidy scheme does not cover the wage of the employee, the employer will be stuck trying to find the funding to do that because it cannot raise parent fees and nor would it want to. Therefore, it will need to come out of the small income it has, given it is at reduced capacity.

Deputy Michael McNamara: To go back to the issue of insurance, do the witnesses know if all insurers are giving an premium extension to cover the period that crèches and childcare facilities were closed?

Ms Marie Daly: I am responsible for 11 community childcare service providers and we have not been offered anything whatsoever.

Deputy Michael McNamara: Some insurers are being decent about it and others are being typically indecent.

Ms Marie Daly: Yes.

Deputy Michael McNamara: That is disappointing but maybe it is not surprising.

Deputy Colm Burke: I thank the witnesses for coming here today, for making their presentations, for all of the work they do and for the commitment that they and their staff have. It is very much appreciated.

A number of people touched on the issue of insurance. Could we have some idea of the annual premium for the average facility at the moment? What is the level of claims against facilities? Can it be averaged out as, say, one claim per ten, 20 or 30 facilities per annum? Do the witnesses have any figures for the total number of claims against childcare facilities per annum? I know insurance is quite expensive, but could we have any guideline as to what is happening to justify the cost of insurance being imposed on the witnesses' sector?

Ms Marie Daly: Insurance costs depend on the number of children catered for, but in our services one would be looking at between €6,000 and €9,000 a year. Do we have many claims? I do not know what the national figure is, but we might have one a year or even one every two years. The number is not extremely high, but the cost is anything from €6,000 to €9,000, depending on the number of children catered for.

Deputy Colm Burke: If we take it as €9,000, what number of children would we be talking about in such a facility?

Ms Marie Daly: We would be looking at 100 full-time equivalents.

Deputy Colm Burke: Has there been any discussion with any of the Government Departments on this issue of insurance? We have had to do a deal in this regard with the healthcare sector, whereby the State has had to take over insurance in the healthcare sector. In particular given there is, I think it was said, only one main insurer for the sector, the question is whether or not this would be part of a package of the State taking over insurance cover for childcare facilities. Has that been discussed at any stage?

Ms Marie Daly: I will hand that over to Ms Heeney in a few moments but I just want to mention another issue with insurance. Insurers now are beginning to dictate what our programmes with children can look like. In some cases it could be said that they are stunting the development of children. We run outdoor preschools and are now being told they cannot use this and cannot use that. The insurers are not covering us for a load of stuff, even though the insurance premiums constantly go up. That is just something I wanted to add. I will hand it over to Ms Heeney, who knows more about insurance.

Ms Teresa Heeney: I do not know if I have an awful lot more to add, other than to reiterate the point I made earlier, that in the new programme for Government we see a commitment to establish a single agency. We certainly think the issue of insurance, given the situation we have at the moment, has to be considered by that agency because a risk assessment on the sector would show that that issue is critical. All the 4,500 operators that operate settings in Ireland need insurance, and we all need to be concerned about the fact that there is very limited choice. We have addressed this on a number of occasions with the Department of Children and Youth Affairs.

Deputy Colm Burke: As I understand it, there is one organisation dealing with insurance for the primary schools. Would it not be possible to incorporate the cover for childcare facilities under a similar arrangement as what is at present in place in primary schools?

Ms Teresa Heeney: Anything is possible. It is the same under-----

Deputy Colm Burke: I will move on to the area of staff recruitment. I think a presentation earlier referred to 23.4% annual turnover of staff. When staff move on, have we any idea where they go? Is it the case that they move on to other facilities? Do they move on to a total change of work style? I think there was a 40% turnover of workers in full-day care facilities. Have we any idea where people move to when they leave the childcare workforce?

Ms Frances Byrne: We know there is a lot of what I think researchers call churn within the sector. People are moving within the sector, but undoubtedly people are also leaving it. In ECI every September and January our employer service, which is an information and advice phone line, is inundated with really concerned members because people have signalled that they are not coming back or have not come back. Last September we had members all across the country telling us that people were leaving. A particular retailer was mentioned. I will not give it free advertising here. It was not that the entry-level wage was that much higher. Members were being told by departing staff that in moving into retail, they were guaranteed increases over the forthcoming years. The employer was able provide them with a pay scale. My colleague, Ms Heeney, often jokes, though not in a facetious way, that among the 4,500 providers, there are 4,500 pay scales. There are providers that try really hard to provide a pay scale. The problem is that Ireland is the joint lowest investor in the EU. The money is not coming in, so we have very high staff turnover, low pay and, unfortunately, the highest proportion of fees from take-home pay across the EU.

It is a mixed picture. For the sake of babies and children, it is a very bad indicator. I think everybody would agree with that. One of the reasons groups like ours highlight it is because that link with quality of relationship and consistency with babies and children is so important. It is vital, as we said earlier, that this is a focus of the next Government. Workforce development and the funding model are intertwined and that needs to be a priority.

Deputy Colm Burke: Have we any idea of the percentage of people working in the childcare sector who earn less than €350 per week?

Ms Marie Daly: Research shows that 60% of those in the childcare sector are paid less than the living wage. A bigger thing that has hit the sector in the last number of years is the introduction of special needs assistants in schools, which we have no objection to, but all of these people are leaving the childcare sector because they are starting at something like €33,000 per year, which is way above what childcare workers get. They have all the summer off, finish work at 4 o'clock and do not have the burden of responsibility or the paperwork to carry out that childcare professionals have.

Deputy Colm Burke: Outside of insurance and wage costs, what are the biggest costs that the childcare sector faces? What are the other obstacles at the moment to providing an efficient system?

Ms Teresa Heeney: Rent is a big overhead as well. The issue of rent very much speaks to the complexity of the sector. Some services may have very large leases or mortgages depending on where they are. Other services may have built a building beside their family home. The issue of overheads and rent is very contextualised as well but it is a very significant cost for a lot of operators.

Deputy Colm Burke: That would obviously depend on whether the service was in an urban or a rural setting.

Ms Teresa Heeney: Yes, and it may also speak to how long the service has been in operation. That is often an issue.

One of the key things I am concerned about in relation to Covid is that if members of ECI had any savings at all, that has now probably been spent. One of the concerns I would have about that is that if they had any plans to extend their capacity or conduct quality improvement measures, it is unlikely that those things can now happen.

Ms Marian Quinn: I would like to add to that. The reality was that sole traders - and quite a number of providers are sole traders - were not able to take a wage under the temporary wage subsidy scheme over the period of time. One woman who contacted us is 67 years of age, so she was not even able to apply for the pandemic unemployment payment. That created a huge sustainability issue for her. She may have been getting €300 towards covering her overheads and then she was depending on the pension. Her overheads were not covered by that. She still had to put in the time to support staff, engage with CPD and administer their wages. It was very unfortunate that she was really hard done by in that case. There are many more like that.

Ms Paula Donohoe: Commercial rates represent another overhead cost. Depending on the location it can present as a very big cost to many services.

Deputy Mary Butler: I thank all the witnesses for appearing before the committee and for their submissions. The general secretary of the INMO, Phil Ní Sheaghda, participated in

this morning's session. She cited social stigma towards healthcare workers as a major problem with childcare providers being reluctant in accepting children in their care. She quoted one respondent of an internal survey as stating that childcare providers are less willing to take nurses' children because of their perception of a higher risk of transmission from healthcare workers and the initial stance of the Government to portray children as super spreaders. Has this issue been raised with any of the witnesses? I was quite surprised to hear it this morning.

Ms Teresa Heeney: I heard that as I was driving in today. I have never encountered anything like that. As Ms Donohoe said earlier, this is a professional and highly regulated sector. We have training in diversity and equality. We have the leadership for inclusion programme. Our staff are all professionally trained people. I have never come across the suggestion in question from any of the people I have spoken to. My colleagues may have had a different experience. I was shocked when I heard that on the news coming here today.

Ms Marie Daly: I would like to add to that. I look after 11 community childcare services in Meath and two in Dublin. We have not been approached by one front-line worker looking for childcare in any of those areas. The people we already had in the service are coming back. We have never had one inquiry for a new person to come on board.

Deputy Mary Butler: The INMO submission called for a public awareness campaign confirming the post-shift safety measures undertaken by nurses and midwives, and the low risk of contracting Covid-19 if caring for nurses' or midwives' children. Nurses and midwives are calling for a public awareness campaign to assure childcare providers that their children would not be susceptible to Covid-19. Is that necessary?

Ms Frances Byrne: Certainly, I picked up from the INMO general secretary that it was more about that. One does not want to rely on anecdotal evidence too much, but in the fast-moving environment post-12 March, when the front-line scheme failed some members were telling us in Early Childhood Ireland that they were not clear about the precautions that front-line staff were taking. That may have been a factor in the broader concerns that people had. There may be something in that about the broader public - not just early years providers but others - having sight of or understanding the measures that nurses, doctors etc. take before they go to work every day and when they come home. There probably is something in that.

Deputy Mary Butler: I read with interest Ms Daly's submission about the survey that was undertaken. Will the uncertainty of staff availability for reopening be an issue? Are staff nervous that they might contract the disease themselves? Is it because they have childcare issues themselves or they may have issues with being susceptible to the disease themselves? Is that the issue with uncertainty about staff availability for reopening?

Ms Marie Daly: There are a number of issues and I think the Deputy has named them all. There are concerns about their own health and bringing any infection home to the people they might be living with such as their parents. They may not have childcare and may have relied on their parents to look after their children while they went to work. A number of them would have underlying conditions which would prevent them from returning to work. There is a mixed bag as to why staff are not returning to work. Within my organisation, which has 323 staff, we have five people who are unable to return to work, but that is due to underlying conditions.

Deputy Mary Butler: Childcare providers will be opening up on Monday next. Is there apprehension among the different providers as to what they are facing? Exactly what they are facing is very uncertain, with the new way of childcare and these suggested pods. Many dif-

ferent supports will have to be put in place to make sure staff and children are kept as safe as possible as we live through Covid.

Ms Teresa Heeney: Uncertainty causes anxiety and there is uncertainty for parents, children and staff. However, there is also determination. It is important to put on the record that this sector is already highly regulated. It is professional and regulated so a lot of the practices that are required due to Covid-19 are run-of-the-mill for many of our services. They already have lots of hand washing, cleaning and so on. Parents coming back to services next Monday are aware of that, and it is to be hoped it will give parents and staff a lot of comfort as we move back into recreating the national early years infrastructure which is going to be really important for children and families as well as for the economy.

Deputy Mary Butler: I thank the witnesses and I wish all the childcare providers the best of luck as they return to work next Monday. Go raibh maith agaibh.

Deputy Anne Rabbitte: I thank the witnesses for their comprehensive presentation earlier on. As I am the last speaker of this session, most questions have been asked already so I am going to expand a little bit. One of my questions relates to fees. Ireland has some of the highest childcare fees in Europe, averaging around €185 per week for a single day care place. Is it fair for providers to return to charging fees or should the fees be capped at the lower rates, given that the wage subsidy scheme is staying in place? Ms Heeney might answer that question for me.

Ms Teresa Heeney: The issue of certainty arises again here. The funding package that was made available to the sector to reopen included the reinstatement of the schemes, the reopening grant, a capital grant and the wage scheme. One of the things that has been critical to reopening is the fact that operators, including members of Early Childhood Ireland, can re-engage with parents on the same basis they engaged with them back in March. The package of supports is due to the fact that services are going to reopen with fewer children and therefore less income and with the range of debts that have been incurred during closure. It is reasonable that fees are charged at the same level because we need to get through the next eight weeks and see our way through to the end of the year.

Deputy Anne Rabbitte: If I could just expand on that, what about the parents who might not need the service until next September? Would it be reasonable to have a conversation about them not having to pay the holding fee that would have been part of their pre-Covid contract while the service is getting up and running? I am talking about parents who would not need the service until September. Has that conversation been had with the expert advisory group?

Ms Marie Daly: I will answer that question. Our policy normally would be that if people were not using the service for the summer, they would pay a 50% retention fee but they could use the service two days a week. We have had parents come forward who are not back to work and, of course, if they are not back at work, we would not expect them to pay. We more or less look at everything individually. Where children would normally leave the service from the end of June to the beginning of September, such as the children of teachers who would not need the service, they would pay 50%. They would also be able to use the service twice a week. However, we would not look to charge any parent who is not back at work and does not need our services.

Deputy Anne Rabbitte: My question concerns the expert advisory group that has been meeting once a week for the past number of weeks. Has a joint decision been made on how to support the parents who will not return to work until September? Is there a blanket recommen-

dation for non-intake of fees for parents who will not need the service? I would like a “Yes” or “No” answer.

Ms Marian Quinn: No, there has not been a blanket agreement. The temporary wage subsidy scheme might cover 40% of some people’s costs. There might be 40% capacity and 20% of an overhead cost left for providers. They cannot afford to take that given that they are going back into business with a significant amount of debt. If they were to take some sort of retainer from parents who will not use a service because of a personal choice or because they cannot afford it, they will be left with 20% of the cost of the service and they might be in danger of needing to shut down if they were to incur more costs.

Deputy Anne Rabbitte: I thank Ms Quinn. It is important that people listening to this debate understand the complexities that the providers operate under. Earlier today, like many other Deputies driving to Leinster House, I listened to the radio. The Federation of Early Childhood Providers was quoted as saying in a newspaper that the Department does not even understand its own package of supports which fall short, will force children with additional needs to stay at home and will leave a massive black hole in the finances of early years providers. This is a bleak assessment and will leave many providers and parents worried. I am following on from my colleague, Deputy Norma Foley, who talked about the AIM model and children of varying abilities who might not be included in phase 1 of childcare reopening as part of phase 3. In regard to the expert advisory group, I want to tease out with the witnesses whether there has been a conversation about July or August provision for children who will need to reintegrate and will need such services more than others.

Ms Teresa Heeney: We have raised that issue at the meetings of the advisory group because the July provision would be welcome for many families. I have spoken to many members of Early Childhood Ireland who would welcome an opportunity to bring some of the children and families back in order to help those children prepare for going back to school in September.

Deputy Anne Rabbitte: That is why I asked about July and August. There could be a three-week period for opening up and perhaps we could then examine the issue. The others feel exactly the same way. Do I have time for one last question?

Acting Chairman (Deputy Jennifer Carroll MacNeill): Yes, no problem.

Deputy Anne Rabbitte: I thank the Acting Chairman. My final question is about staff wages. Childcare staff, many of whom marched outside this building last February to highlight the poor rates of pay, have had the Department of Children and Youth Affairs and Revenue cover their wages during the pandemic, ensuring a minimum payment of €350. I would like a “Yes” or “No” answer to my question. Do the witnesses think this model should be considered as a permanent solution to solve the sector’s wage issue?

Ms Frances Byrne: For Early Childhood Ireland, yes we do.

Deputy Anne Rabbitte: I thank Ms Daly.

Ms Marian Quinn: It is not quite a “Yes” or “No”. There are flaws in the temporary wage subsidy scheme as is, but as a level of State funding for wages it is something that is needed.

Deputy Anne Rabbitte: I thank Ms Quinn.

Ms Marie Daly: There is much more to be done, but it would be a great start.

Deputy Anne Rabbitte: I thank Ms Daly. I thank the Acting Chairman for her flexibility.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I have a couple of observations and questions in the two or three minutes we have left. We all have a very strong interest in this issues from our own family perspectives and the well-being of children generally. On the well-being of children generally, in advance of this debate I spoke with a number of clinical psychotherapists specialising in children and early years. Their view was that for children who do not have other social vulnerabilities beyond the Covid-19 period, those aged under seven, and in particular under five, are taking most of their social cues from parents and siblings and unless they have additional vulnerabilities, while acknowledging that there may be some emotional or developmental regression, the transition back will be part of their development and something should we expect to be generally okay. I would like to get the perspective of the witnesses on that.

Ms Paula Donohoe: I go back to what I originally said. We generally expect children to have separation anxiety, especially having lived a really cosseted time with parents and family. We anticipate such issues. Again, I do not think there is any profession better placed to support these children, and their parents, through the transition back into these settings.

Ms Marie Daly: I agree with Ms Donohoe that some children are very excited about returning. During Covid-19, the majority of providers would have kept links with the children via Facebook and other means and some children are very excited. This does not mean that they will not cry on the second day, but that is the nature of childcare.

Ms Teresa Heeney: We always tell the story in early years education about children who go in on day one and then, on day two, cannot believe they have to go back. Certainly, the conversations I have been having suggest that there are a lot of children, staff and operators who are very excited and, as I said, hopeful and determined about next Monday. People are also looking forward to redesigning the national early years infrastructure.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I thank Ms Heeney. That will be an exciting opportunity for us all. I want to ask it Early Childhood Ireland about its submission, particularly as the issues with which it deals are so concentrated. In the context of people's anxiety about what will happen beyond August, which, of course, I completely understand, I have been speaking with a number of providers in my area that may have to close because of their size and inability to apply the pod scheme, or because it changes their model so substantially. Do we accept that this uncertainty relates to that which obtains regarding the public health advice for the next two to three months?

Ms Teresa Heeney: What we are going to see next Monday is an opportunity to see what the public health advice looks like in practice. It is going to be very important that the Department and ourselves, as support organisations, monitor and keep in touch with our members about the kinks, what it looks like and whether the grants are sufficient or whether further funding is needed, so we can better prepare for the next wave of services opening in mid-August. There is a lot to be learned in that period.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I have one question for Ms Byrne on the front-line scheme. I am asking her because she and I were on the same radio show to discuss this scheme at the time. Ms Byrne acknowledged in her submission that the sector had a sort of bespoke wage subsidy scheme, which, I suppose, could be said to be additional to the supports provided to other sectors. I recall Ms Byrne stating that the sector had engaged

in good faith with the development of that scheme and was disappointed that ultimately it did not work out. Will she elaborate on what had happened up to that point? Is what I am saying correct?

Ms Frances Byrne: No, what I was referring to was the wage subsidy scheme. We had welcomed it on the evening the Minister announced it and then, unfortunately, there were weeks of waiting. Based on what was said that evening and what was in the media, people who had been laid off returned to their settings, and providers re-employed people or made different arrangements, and then there was this lag. It was not in respect of the front-line scheme but, rather, to the wage subsidy scheme and just because there were those delays. The Department has somewhat made up for that in listening to the sector on this occasion regarding the advisory group. The continuation of that advisory group through the August-September opening and, indeed, into 2021, when we all hope Ireland will move out of the Covid phase completely, will be critical. That is what I meant on that day we were discussing these issues on the radio.

Acting Chairman (Deputy Jennifer Carroll MacNeill): I thank the witnesses for their attendance. We will suspend until 4.30 p.m., when we meet representatives from the Department of Children and Youth Affairs. I am sure we will have plenty of questions for them.

Sitting suspended at 4.05 p.m. and resumed at 4.30 p.m.

Deputy David Cullinane took the Chair.

Childcare: Impact of Covid-19 (Resumed).

Acting Chairman (Deputy David Cullinane): We are joined by representatives from the Department of Children and Youth Affairs to discuss childcare. I welcome, in committee room 1, Dr. Fergal Lynch, Secretary General, Ms Bernie McNally, assistant secretary, Dr. Anne-Marie Brooks, principal officer, Mr. Toby Wolfe, principal officer, and Mr. Mark Considine, principal officer.

I wish to advise our guests that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to this committee. If witnesses are directed by the committee to cease giving evidence on a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a manner as to make him, her or it identifiable. We expect witnesses to answer questions asked by the committee clearly and with candour. However, witnesses can and should expect to be treated fairly and with respect and consideration at all times in accordance with the witness protocol.

I invite Dr. Lynch to give his opening remarks.

Dr. Fergal Lynch: I thank members for the invitation to attend this afternoon's meeting of the Special Committee on Covid-19 Response. I am joined by Ms Bernie McNally, Dr. Anne-Marie Brooks, Mr. Toby Wolfe and Mr. Mark Considine.

The closure of all centre based early learning services and most childminders from 12 March

was necessary due to Covid-19, but it has had adverse effects on children as well as bringing major challenges for the sustainability of the sector. In dealing with this issue, the Department's primary concern has been to meet the needs of children and families and to do what is best for them. We also want to do all we possibly can to help sustain the early learning and care and school age childcare sector. We are conscious that, unlike schools, the State does not either own or almost fully fund this sector. In fact, public funding accounts for approximately 58% of childcare providers' income in what is essentially a private sector system. Parents account for the remaining 42% of income in a sector that has approximately 75% for-profit and 25% non-profit or community services. We recognise that the sector operates in a very challenging environment with low pay and a high turnover of staff. The Department's work to support the sector is focused on promoting high quality, affordable and accessible childcare.

When services closed in March we moved, as a first measure, to guarantee State funding through the existing early childhood care and education scheme and the national childcare scheme, which incorporates the older legacy schemes. These operated from 13 March until early April, by which time we introduced a temporary wage subsidy childcare scheme, operating to 28 June in conjunction with the corresponding Revenue scheme. This system has protected parents by guaranteeing no parental fees for participating providers for the duration of the scheme. It has also protected childcare workers by ensuring that up to 85% of them could retain their pre-Covid-19 income and maintain a relationship with their employer. This helped prevent losing them to unemployment and possibly not returning to their jobs. Our focus was on helping providers to maintain viability to the greatest possible extent. The result was that the temporary wage subsidy childcare scheme supported just over 3,900 providers, which represents some 87% of the sector, and some 22,670 staff at an estimated cost of €77.3 million to the Department.

The Department has worked intensively with the sector on a plan for the phased reopening of childcare services from 29 June. We are grateful to the sector, including the members of an advisory group that has met once or twice every week since the middle of May, for the advices and collaborative perspectives they have offered. Again, our first concern was for the safety and welfare of children and staff. Critical to this was the public health guidance we received. We worked in collaboration with the Department of Health, the HSE and the Health Protection Surveillance Centre to ensure the sector was provided with expert guidance on how services could be managed when reopening and what arrangements and procedures were needed to minimise the risk from Covid-19 to children, families and staff.

Estimating likely demand for childcare services between 29 June and early September is a significant challenge. The planned reopening on 29 June occurs at a time of year when just 40% of services would normally be open. That is 1,800 out of approximately 4,500 providers. We are conscious that demand may be lower to start but may rise as parents seek to return to their own work and to more normal living and feel greater confidence regarding the safety of their children. However, compared to pre-Covid, demand this autumn may be lower because of job losses among parents or because of more flexible working that allows families to better balance caring and working responsibilities. Overall, we anticipate that demand for places will rise progressively over the summer and autumn but we are in uncharted waters this year and we cannot be definitive about uptake.

In turn, this brings challenges with regard to the type of funding model that stands the best chance of successfully supporting the sector in the weeks and months ahead. The Department developed, and the Government approved, a significant funding package for the period from 29

June to 23 August. At €75 million, it is more than two and a half times what we would have projected to spend in a normal year for this eight-week period. The Department's written submission to the committee sets out the details of the funding package, comprising the Revenue temporary wage subsidy scheme, resumption of the Department's existing funding schemes and two further supports: a reopening grant to the value of €18 million and a capital grant totalling €14.2 million, with a further fund of €375,000 for certain childminders.

We have sought to offer clear advice about the practicalities of reopening. We have developed a suite of guidance documents for providers, practitioners and parents and we are updating the website regularly as further guidance is developed. We have sector-specific advice on preparing to reopen, a health and safety checklist, and frequently asked questions for providers and practitioners as well as separate frequently asked question documents on reopening and on funding.

The Department is strongly committed to doing all we can to support early learning and care and school-aged childcare services in reopening. We believe it is vital that services can do so to the benefit of children and their families. Not all our efforts have been successful. The scheme of childcare for essential healthcare workers had to be cancelled because it was not possible to meet all of the requirements that would have made it attractive to providers. This underlines the difficulty of putting in place at short notice often complex measures that meet public health requirements and the concerns and needs of providers and parents. However, we have continued to work hard with the sector to do everything possible to make the reopening on 29 June a feasible proposition, again within the boundaries of where we must operate for the safety of children and staff.

We have worked closely with the Department of Education and Skills to support the transitions for children returning to services. The joint initiative, Let's Get Ready, which was launched on 15 June, seeks to help parents and children with the transitions for children returning to, or going to, preschool for the first time and for children moving from preschool to primary school. More recently, our focus has been on getting ready for the first phase of reopening on 29 June. While it is difficult just yet to predict the situation that will apply after this initial eight-week period, we have commenced planning for the 2020-21 programme year, which we propose to start on 24 August. The Department will review demand and supply over the next few weeks and we will consult stakeholders before finalising the programme from August. We will seek to finalise these arrangements as quickly as possible, having analysed the outcome of the initial reopening phase in the coming weeks.

Finally, the committee may wish to note, regarding the wider development and improvement of early years services, that the European Commission, in its recent semester report on Ireland for 2019, has noted substantial progress in increasing access to affordable and quality childcare. There is much more to be done, and I am referring to this simply as an indication of the road travelled to date and the progress made from a low base in recent years. In the time available, I have highlighted some of the key points of importance to this issue. A much fuller and more detailed treatment of these matters is contained in the Department's written submission to the committee.

Acting Chairman (Deputy David Cullinane): I thank Dr. Lynch. Members will have between five and ten minutes, depending on the member. I will need to keep people to those times because everybody has indicated that they want to contribute. The first speaker is Teachta Funchion. She has ten minutes.

Deputy Kathleen Funchion: I thank the departmental officials for being with us. I have a number of points I want to get through, the first of which is to do with consultation. We heard earlier from representatives of the unions for front-line healthcare workers that there were zero consultations with their own Department regarding what we now know was a failed childcare scheme proposal. I welcome the advisory committee that was set up in the past few weeks but it really should have been put in place at the very start of all this, not in the middle of May. The group has worked well and I want to know whether the Department is committed to keeping it in place and inviting relevant groups to participate as the process develops. For example, the union representatives should be brought in to discuss any childcare scheme for front-line workers. If the advisory group had been in place from the start, maybe we would have got a scheme that actually worked. Since it has been up and running, consultation has been a lot clearer and better, from what I can see, and it is key to many different issues. Can we get a commitment from the Department - I hope there will be a Department in the future to fulfil any such commitment - that the advisory group will stay?

Dr. Fergal Lynch: I certainly can give a commitment that we will retain the advisory group, which we have found very helpful. The group has met once or twice a week since the middle of May and we have worked very collaboratively with it to produce very positive results. To deal with the Deputy's point regarding what was discussed this morning, ideally we would have had much earlier-stage consultations, including with the unions. At the time, for practical reasons, that simply did not prove possible because of the nature of what we were dealing with in a very compressed time period. We were essentially operating off a very limited number of options. The public health requirements in particular effectively would have limited us to one of two options, namely, either childcare workers providing a service at home or else a limited opening of services. It became clear very early on in our discussions with NPHE, which was very helpful, that the only game in town was childcare workers going into the homes of healthcare workers. We were very limited in our options and what we could discuss with others.

It is fair to say that we have a good record of consulting, generally speaking, throughout the Department on all sorts of issues. It was unfortunate that we did not have an opportunity to do that in the early stages of the development of this particular scheme but I certainly can give a commitment that we will continue to consult widely, going forward, in regard to the schemes. With particular reference to the advisory group, it has been a good group which has met, as I said, once or twice a week since the middle of May. We have worked collaboratively with the group to make sure that we produce the best possible scheme.

Deputy Kathleen Funchion: Sustainability is a key issue in all of this. I have been talking about it since the very start of the crisis. We know that the childcare sector has been underfunded for years and this was the straw that broke the camel's back for most providers and staff working within it. I have been asking about a sustainability fund for the childcare sector and the one that exists for community services. I have not got a clear answer as to whether that fund will be used to help childcare facilities that now have debt due to the Covid closures and may not be able to reopen. I would like a reassurance from the Secretary General that there will be a sustainability fund to assist them. Otherwise, there will be closures and job losses.

I also want to ask about the wage subsidy scheme. Can a commitment be given to continue the payments under that scheme at the full rate, not the 85% rate? As Dr. Lynch said in his opening statement, the very reason it was set up was to keep people in the sector, and we will see them leaving the sector. The Department will put providers in a very difficult situation. If they had a staff of 20 and they can only bring back ten, for social distancing reasons, how do

they pick which staff to bring back? The Department is creating a very difficult situation. My next questions are about the sustainability fund and the wage subsidy scheme.

Dr. Fergal Lynch: On the wage subsidy scheme, as the Deputy knows, the scheme that we announced for the next eight weeks from 29 June will feature the temporary wage subsidy scheme. There is then a decision to be made by the Government as to the future of the temporary wage subsidy scheme overall. I cannot speculate on what that will be, but it will be a decision for the Government. That will obviously influence the type of scheme that we can then operate from 24 August onwards but, as I say, it will be a decision for the Government.

I take the point about sustainability. I would emphasise that the scheme we have put in place for the next eight weeks includes a capital scheme of €14.2 million and a reopening grant totalling €18 million. I think there is a significant component there. We also do programme support payments and, as Deputy Funchion mentioned, there is the sustainability fund as well. Up to now that has operated essentially on the community side. If I may, I will ask Ms McNally to deal with further aspects of the sustainability element.

Ms Bernie McNally: Specifically on the sustainability fund and the questions Deputy Funchion asked about opening it up to the private sector, there are some potential state aid issues there, so we are looking into those at the moment. Hopefully, that will not prove to be an issue. We certainly would like to extend the fund if we could and we have heard the feedback on that.

As regards sustainability generally, much of the 141% investment in the sector in the past five years has gone to parents but some of it has gone to the sector because sustainability is a core objective of the Department.

Specifically in regard to capacity restraints because of social distancing, the public health guidance is such that some services will be able to open with almost normal capacity because the public health advice has been that we can retain the ratios if the space that is provided is appropriate. Some services will be able to bring back a very high percentage of parents and we hope that too will assist with sustainability, in addition to the funding packages that we provided initially for the first couple of months, the one for July and August, and the one we hope to provide from the end of August onwards.

Deputy Kathleen Funchion: What guidelines have been issued to the sector? Many people working in the sector have come to us with concerns about their own health and safety. We are all talking about whether schools will open in September and if they will open perhaps for one or two days a week, yet the early childcare sector is expected to open from Monday with no talk about it only being for one or two days a week. Are clear guidelines being provided? We are getting a range of questions about Covid symptoms and how managers are to handle such situations. Have guidelines been issued?

I also wish to ask about the early childhood care and education, ECCE, programme. Given that children had to drop out of that in mid-March, has any consideration been given to rolling out even a few additional weeks for children due to start school in August, as that would help them by acting as a stepping stone to September? I have one or two more questions to ask.

Ms Bernie McNally: On the guidelines, we have published a very significant amount of resources. In fact, some people in the sector say we have probably given a little bit too much. There is a dedicated space on our First 5 website, with all sorts of guidance, including specifically what Deputy Funchion asks about. Significant guidance has been developed by the

Health Protection Surveillance Centre, HPSC, of the HSE for people who have concerns about their health or infection control. We have worked with the HPSC and published the guidelines alongside other resources that organisations such as Early Childhood Ireland and others have helped us with.

As regards the ECCE programme, I fully hear what the Deputy says about how it would be lovely for children to give them an extra few weeks. Our focus had to be on getting childcare services up and running on 29 June and I think the Deputy will appreciate that it has been a significant challenge. I think we are nearly there. The reports on the ground seem to be quite positive about next week, so we can turn our attention to others. There would be a cost to that. We do not have a budget for that at the moment but it is something we can look at.

Deputy Kathleen Funchion: My last question relates not necessarily to Covid but to the sponsorship scheme where children can get additional childcare under the national childcare scheme, NCS. There seems to be some confusion in some areas. A facility in the west could not actually access this scheme and had to pay for the additional childcare itself. Is there a programme in place or will additional training or information be rolled out to the five sponsorship bodies?

Ms Bernie McNally: We would be delighted to follow up on any individual cases.

The NCS was unfortunate in that it had just launched in November and then Covid closed down services in March. The NCS was really just getting up and running. There are only approximately 200 children registered under the sponsor agreement. It was building but needed a little bit more time.

We would love to look at the details of that case. We had been running some training and information for Tusla and the HSE, as well as the various agencies that were helping us. It was our intention to do more, so we can follow up on that.

Deputy Jennifer Carroll MacNeill: I thank the witnesses for coming in and for all of the work done to begin next week.

There is some uncertainty about the public health advice we have now which may be different from what happens in September. For example, a childcare provider local to me is a small place within two rooms. Many parents using the facility have been early childhood care and education, ECCE, only. Due to the new arrangements requiring the pod system and the same children with the same childcare worker, the model is essentially disrupted because they do not have this physical space to be able to keep people separate enough. For example, in order to leave, one has to go through another room. That is just a one practical example.

Business decisions will be needed to be made by certain providers. If advice in September or October proves to be substantially different and providers have made a decision that they cannot or will not be able to sustain services based on the current model, this will have an impact on the different parents. How is the Department thinking about that small cohort which are in real difficulties about reopening on Monday but may in fact be okay if the model were to change? What is the Department's forecasting on that?

Mr. Toby Wolfe: The public health advice allows, in most cases, providers to operate at something really rather close to the adult-child ratios and capacity which they were working with before. While there will have to be some adjustments at drop off, arrival, entries, exits, use of relief staff and so on, it will not be such a big change from the way their practices worked

previously.

We cannot make any promises at this stage as to whether the public health advice will change in September. Clearly much of that depends on the course and control of the virus over the coming weeks. The Health Protection Surveillance Centre, HPSC, has made clear the public health advice is a living document. It is what we have at the moment. It is intended to last until there is a change in circumstances.

Some services will find it more challenging than others, just depending on the layout of the rooms, for example. That is where our reopening grant is intended to provide some supports for services which have to make bigger changes.

Deputy Jennifer Carroll MacNeill: Speaking with providers earlier, they were not clear about for what the reopening grant would be allowed to be used.

Mr. Toby Wolfe: My colleagues might say more on that. There is quite a lot of guidance available already on that.

Ms Bernie McNally: We have published advice on what the grant can be used for. For example, it can be used for consumables such as sanitiser, soap, paper towels, etc. It can be used for extra cleaning. If a service only needed two hours of cleaning before and now it needs six hours, it can be used for that. It can be used to bring in extra staff for extra reception duties. There is quite a lot published on that already.

Deputy Jennifer Carroll MacNeill: If I could go back to my example because it is a reasonably foreseeable problem. Due to their physical layout, some facilities may face greater challenges than others. This has a significant impact on the tens and tens of families who may have to scramble to find somewhere else or who may have to pay more in order to take a full day instead of a half day. It has a very significant impact on every single childcare provider in structural difficulties who, for whatever reason, just cannot fit into the arrangements for next week. For example, the reopening grant could be used to survive until August or September when, based on the trajectory of the virus and how circumstances can change, it is not impossible that circumstances could change substantially with regard to public health advice. On the basis that I can reasonably foresee this, what is the Department thinking and forecasting to work to try to keep those providers who may decide to close, with an impact on parents, and who might otherwise have been viable if they had reopening grants and other grants that could see them through this period into the next academic year and some real clarity at that point?

Ms Bernie McNally: The range of measures we have put in place will ensure that a majority of the services that opened last July and August will be open again this July and August. We do not know and must wait to see next week, but the early indications we have received from various stakeholders we are engaging with and surveys we have done with providers are that the vast majority of services that were due to open next week will open. By the end of August and the beginning of September, the majority of the remainder will reopen. The feedback we are getting is that the package we have put together is broadly meeting needs-----

Deputy Jennifer Carroll MacNeill: I thank Ms McNally for that. I am providing additional feedback, which is that this is also an issue and the Department might keep it in mind. I would appreciate that.

Ms Bernie McNally: We will.

Deputy John McGuinness: The committee heard earlier from the INMO and Crann Support Group. We had written submissions from other groups, including Seas Suas. During most of the commentary on the provision of healthcare for front-line workers, there has been criticism of the consultation process and how people were excluded to a degree, or at least not involved. What have the officials to say regarding this criticism, which comes directly from those who are responsible for healthcare workers and those who provide the necessary childcare?

Dr. Fergal Lynch: We accept that ideally the Department would have engaged in that consultation at an earlier stage. We have to look back to the middle of March this year when things were extremely fraught and difficult in trying to organise things in a very short period. We certainly did not have a huge number of options at the time. When we worked our way through what was possible, we were asked to come up a scheme very quickly in the first instance. In the event, it was not put in place for some time thereafter. At the beginning, we were very pressed for time. We also had practical issues around the number of options we would be able to consult on. It really came down to the question of being able to put individual childcare workers into the healthcare workers' homes. I accept that ideally we would have been in a situation where we would have consulted. I do not believe it is typical of our reputation or our practice. The Department has a strong reputation for consulting widely on a whole range of issues. As referenced earlier, we now have a good system of consultation using the advisory group that meets once or twice a week. We also have a reference group that also operates effectively. I absolutely accept that it would have been far more ideal for us to have been able to consult on that scheme, but they were extremely difficult days in March and April

Deputy John McGuinness: Does Dr. Lynch accept what the INMO said this morning in its opening statement that the Department's response to this has been poor and that it has let down the nursing and midwifery profession? The committee was told that the information provided in response to requests under freedom of information was less than adequate. Why was that the case?

Dr. Fergal Lynch: I think that we provided everything we possibly could under FOI. We certainly meant absolutely no disrespect whatsoever to the nurses or the nursing unions. We were operating in an extremely constricted environment at the time and we did what we possibly could at that time. Since then we have been able to work very effectively with the sector to move forward.

Deputy John McGuinness: Has the Department examined the survey carried out by Crann Support Group? This afternoon, Ms Marie Daly, its CEO, provided the committee with details of the survey which highlights several areas which the sector requires to be addressed. Has the Department examined that survey? What is its response to it?

Ms Bernie McNally: We have looked at the survey. It is fair to say that we have carried out our own surveys, as have several other organisations. All those surveys have helped to design and feed into everything we have done in recent weeks, including the funding model for July and August. Indeed, they will feed into the model to be put in place from the end of August onwards. Much of the information in the Crann Support Group survey reinforced issues of which we were already aware, such as struggles around workforce issues, pay and conditions, security of position and sustainability. It reinforced much of what we knew or suspected and it is actively feeding into our process. Crann is part of the advisory group and, as such, we meet Ms Daly weekly.

Deputy John McGuinness: I raise this issue because what Dr. Lynch indicated in his open-

ing statement almost contradicts the statements given to the committee earlier this afternoon by the representative organisations in the context of the co-operation between the groups and the Department. For example, the Crann survey states that 98% of respondents indicated they will have some level of financial difficulty in reopening. Seas Suas criticised and found fault with the amount of money that has been allocated and stated that €130 million will be required for the six months to the end of the year.

Another issue that came up with regard to consultation was the notion of pods. The sector indicated that the first it heard of pods was when it was mentioned in the Dáil and that there was no consultation on the issue. It has serious reservations about the cost of reopening and the staffing issues that will arise in meeting the required regulations. The representative organisations addressed the committee on access to Covid-19 testing, cross-contamination and the implications of operating on reduced ratios. It seems that they have one view, which will require significant funding now to address, while the Department has another view, but we are talking about the same sector.

Ms Bernie McNally: We are working with Seas Suas. All the sectoral organisations had concerns that there would not be sufficient funding from parents or the State to make them viable. To give an example of how we have addressed that concern, the Department normally spends €28 million on the childcare sector in July and August. This year, the package that is available is €75 million, as Deputies have heard previously. There is significant extra money going into the sector in the knowledge that some parents will not return and, as such, the sector is losing parental fees. That package of measures is expected to be sufficient. To begin to make a profit, providers will need to get either 40% of parents back or maybe 20% and charge some kind of retention deposit for July and August. In general, if they get some form of income from approximately 40% of parents, the package we have put in place will allow them to start making a reasonable profit.

Deputy John McGuinness: Seas Suas and other organisations at the coalface of the delivery of this service are saying that the funding is insufficient. It is misleading to compare the allocation this year to that in previous years because the funding in place previously was insufficient and providers must now deal with the substantially greater issues raised by Covid-19 and the regulations. The representative bodies referred to the excess red tape and bureaucracy around this which they wish to be lessened. The Department is not comparing like with like in the context of funding this year and previous years. Providers need substantial financial support if they are to reopen and remain open.

Ms Bernie McNally: What we have done is take a very evidence-based approach. We have used information that we have on the providers' costs and that is how we came up with a figure of €75 million this year, instead of €28 million. For example, the reopening grant will cover a lot of their additional costs from the list that I spoke about earlier.

If only 50% of the parents return some providers will have surplus staff to help them out. It is not that they will have additional costs and need more staff, with additional costs. They will have some surplus staff that are being funded, through the temporary wage subsidy scheme, by up to 85% of their income plus what they will get from us through schemes, plus what they will get from parents, plus the capital money, and plus the reopening money that should allow them to keep their heads above water and start to make a profit after they have income from about 40% of services. We will continue to monitor this aspect. We have worked very closely with the stakeholders to develop the funding package with them.

Deputy John McGuinness: The sector is under serious financial pressure. What has been offered by the Department in the face of Covid-19, and planning for a second wave of the virus, is not sufficient and does not show real forward planning or thinking on the side of the Department, or a real understanding of the sector and the cost base that it must carry. As an aside, we have been told that there is only one underwriter. Providers have serious insurance problems but that existed before Covid-19 and exists now in an even more significant way.

Finally, in addressing that matter, was the Department asked about its future in the context of what is being talked about now relative to the formation of Government? Is it a fact that this discussion was shared with the Department or was it not? I would like to hear the views of the witnesses on this matter.

Dr. Fergal Lynch: On the future of the Department, we regard that as entirely a matter for Government. The next Government will decide on the formation of different Departments and functions assigned to them. We have had no hand, act or part or involvement in any of that debate. That is a matter for others.

Deputy John McGuinness: Will it be a disappointing development?

Acting Chairman (Deputy David Cullinane): The Deputy has been told that it will be a matter for him in the next Government.

Dr. Fergal Lynch: Deputies, it is not appropriate for me to comment.

Deputy John McGuinness: Or maybe the Acting Chairman, one would not know.

Acting Chairman (Deputy David Cullinane): We will wait and see.

Deputy John McGuinness: God is good.

Acting Chairman (Deputy David Cullinane): Let us not be presumptuous. The next speaker is Deputy Costello and he has five minutes.

Deputy Patrick Costello: One of the questions that I have asked the Minister before, and I asked the ECI earlier, concerned the 15% of providers who did not sign up for the temporary wage scheme. When I last asked my question the witnesses said they would look into it and try to dig down into it. Do they have an insight into why the 15% of providers did not sign up? I keep asking because it is important for us to understand where the providers are coming from in terms of set up so that the information can feed into any financial decisions or models in the future. The matter is concerning. What are the plans for the 15%? Do they plan to close? Any loss of providers would put huge pressure on the system and on parents. If 15% of providers were to close then that would be catastrophic so any information on that would be really useful.

The points about consultation have been raised quite a bit so I shall leave them. It is good to see that a committee is in place now. There has been a lot of talk about parents leaving the system but staff leaving the system is another concern. There is a high proportion of staff from outside of the country who may have gone home at this time and may not come back. There may also be staff seeking other employment. Do we have any indication of staff leaving the sector? Has the issue come up through the committee? What is being done about that?

Dr. Fergal Lynch: In terms of the 15% of providers, we are still doing more work on that to understand the issue. We have not identified any serious or specific individual trend that explains why that is the case. It is important to emphasise they are entitled to the various supports

we have announced, including the capital grant and the reopening grant. We are doing more work on that. We have not identified a specific reason for it.

With regard to concerns that a high proportion of providers would close, the good news so far, and I stress this is preliminary information, is that our latest data from Tusla is that 18 services have notified their intention to close but 17 new services have notified their intention to open. It is pretty much line ball on that. We do not have an immediate indication that a significant number of services will close permanently and will not be replaced.

With regard to staff leaving the system and plans for the future, this is a continuing issue for us. There is an unfortunately high staff turnover ratio that we have been dealing with for some time. One of the big things we are planning is a workforce planning study, which had started before Covid-19. We were about to launch into a consultation phase just before the pandemic hit. We hope to work our way through that and rejuvenate it as quickly as possible.

Acting Chairman (Deputy David Cullinane): Teachta Sherlock has five minutes.

Deputy Sean Sherlock: I will gladly take the balance of the Green Party member's time, if I could.

Deputy Patrick Costello: I am happy to share.

Deputy Sean Sherlock: Deputy Costello is very kind. I thank the witnesses for appearing before us. I want to go back to the staff ratios. There are two stories here; there is the 29 June scenario and the September onwards scenario. What is the Department's assessment of the level of demand in percentage terms for 29 June onwards with regard to staff? Will 50% or 40% be back? I ask the witnesses to give us a picture on that.

Ms Bernie McNally: Is Deputy Sherlock speaking about parental demand? What do we think the demand from parents will be?

Deputy Sean Sherlock: Staff and parental. I want to get a clearer picture of what the sector will look like.

Ms Bernie McNally: We asked Ipsos MRBI to do a poll for us a number of weeks ago asking parents whether they would return. That survey, which was a few weeks ago and things have moved on since then, showed that approximately half of parents who used centre-based care last summer would use it again this summer and half of them would wait until a little bit later, probably September.

Deputy Sean Sherlock: If that is 50%, and if we are looking at the new pod type arrangements, because we had a considerable discussion on this in the Dáil some time back, the question arises as to how staffing will be applied to the new pod arrangements in September. I presume it will go back up to 100%. Can the new pod system be made work, particularly for smaller and older providers that have been providing services in the community for a decade or two or even longer, if a serious constraint is put on them if the pod system is to be adhered to, notwithstanding the fact that reopening grants and once-off capital grants are being made available? I note what was said about providers feeding back that they would be able to manage it, but even if €18 million is put in place for additional staffing costs, training and staff guidelines, additional resources, hygiene and cleaning consumables, if the regulatory regime on the spatial requirements is applied uniformly throughout the system it will have a major impact on providers throughout the State, such that there will be an even higher rate of attrition in the number

of providers. What I am getting at is if we could get some assurance from the Department and Tusla that the hammer will not fall too hard and common sense will be applied, such that people will be allowed to survive as long as they meet, by and large, the requirements expected of them.

Ms Bernie McNally: Absolutely. We have been working very closely with Tusla. Tusla understands this is a pandemic. Services will take a while to get used to the new regime. The HSE surveillance centre people told us that because we were already operating with low ratios, such as 1:3, 1:5 and 1:6, with the highest coming to 1:12, and already had a strict space regime, we did not need to go further. Schools might have to go further but we did not have to do so because of our lower ratios. In working with the sector, we expect that a lot of childcare providers will have to change behaviours but they still may be able to retain 100% of their children and we know of a number of services that are expecting to take back 100% and lots will take back in the region of 90%. Tusla and ourselves are working reasonably and pragmatically with the sector on that.

Deputy Sean Sherlock: I appreciate that. We had a good engagement with the INMO and SIPTU earlier regarding healthcare workers. The evidence is there about the level of engagement with the INMO, in particular, in respect of 18 May, which was the date on which childcare was supposed to be provided for front-line workers. I contend that there was a failure on the part of the State to live up to its promise to deliver for those workers. It is incumbent on us to acknowledge that there was a failure in respect of those people. Do the witnesses acknowledge that the Department of Children and Youth Affairs and all Departments failed those front-line workers? There is a major issue whereby it considerably added to the stress and strain placed on those workers in trying to do their jobs. These people had a legitimate expectation, which was preannounced in the context of the Roadmap for Reopening Society and Business, that they would have access to those childcare facilities but this never happened. Should we not now acknowledge that there was a failure on the part of the State towards those people? Do they not deserve an apology for that or some acknowledgement of the failure to which I refer?

Dr. Fergal Lynch: We were very disappointed when the scheme did not work out. We put a huge amount of time into it. The people sitting with me in this room spent weekends, nights and long hours trying to put together a scheme that would work. This did not happen. However, that was not because of a want of trying. It proved not to be possible in the end for a number of reasons which were rehearsed this morning, including matters such as insurance issues and concerns about Covid-related claims, as well as specific issues relating to lunch and rest breaks, unfamiliar working environments and so on.

Deputy Sean Sherlock: I apologise for cutting across Dr. Lynch. Why was that not signalled at an earlier stage to the organisations that represent those workers? It would have been much easier for people to digest if there were legitimate issues such as those relating to insurance.

Dr. Fergal Lynch: We were working our way through the issues and we were hoping we would come to solutions to them. In the end, unfortunately this was not possible. We were extremely disappointed because we were very committed to trying to achieve a package that would work. We had the funding in place, which had been agreed by the Government. There was a €4.2 million per week package of funding. That would have involved an average pay of €15 per hour for childcare workers, employer costs for PRSI and holiday pay and some funding for administration costs for providers as well. I am not blaming anybody but it was disappointing. It did not happen. That was not, however, for the want of trying.

Deputy Jennifer Whitmore: I thank our guests from the Department for attending. I acknowledge that it has been a difficult period and that a great deal of work has been done by the Department in challenging circumstances. I want to come back to some of the previous points that were made. Seeking to develop a policy to provide a specific childcare service for front-line workers and not including the representative bodies of those workers in the discussions was a huge flaw. It beggars belief that we essentially got to 14 May with a scheme that was bound to fail. Dr. Lynch mentioned that the provision of childcare in the homes of front-line workers was the only option available. However, the INMO gave us documentation this morning - and I am not sure if Dr. Lynch and his colleagues have received it - which provides a breakdown of the front-line workers and the types of childcare provision of which they currently avail. It shows that 30% of them use childminders in the childminder's home. Perhaps the Department did examine this, but it seems to me there was a possibility of continuing arrangements for children of front-line workers who had existing arrangements with childcare minders. Did the Department look into this possibility? If so, what were the barriers to utilising it?

Dr. Fergal Lynch: Yes, we did look at that and a range of other issues. I will ask Ms McNally to comment on that in a minute but I will first say that in proposing what we proposed, we were conscious that a smaller informal scheme which was being organised online successfully matched approximately 1,400 people who were willing to provide childcare to essential workers. Obviously, they faced the same sorts of issues we were conscious of, including the insurance issue and concerns about rest breaks, unfamiliar working environments and so on. We looked at a range of issues. At the time, however, especially in the early days, when there were such concerns about doing anything that would relax the public health restrictions, the key issue we were brought back to the whole time was, obviously and understandably, one of public health. I am not in any way criticising NPHE for the conclusions it reached at the time but one of those conclusions, from our having looked at these issues, was that this was the only possibility that could be developed at that time.

Deputy Jennifer Whitmore: I have only a couple of minutes and I have another question. Two things have become really clear over the course of Covid, the first being that in the absence of childcare, women are left holding the baby. The second, which has become blatantly clear, is that women can no longer be left holding the baby while also trying to hold down a job. We will have to address this. We have to get the childcare requirements of families right. I think there is a real risk at this point that if we do not get childcare right for families, we will have a two-tiered workforce system when we return to work and women will be left behind. It will be women who will be required to stay at home or, perhaps, take jobs that offer more flexibility but lower wages. I think there is a real risk that women's participation in the workforce will be very negatively impacted if we do not provide proper childcare facilities. Has the Department conducted a gender analysis of the lack of childcare and its impact on specific sectors? We see that the caring sector, including nursing, is heavily gendered. Has the Department provided a gender analysis in this regard? If not, is it willing to do one? My second question in that regard is this: Has the Department had any discussions with the Department of Business, Enterprise and Innovation about the impacts of lack of childcare on female employees and employers in the sector and in the business area? Is the Department looking at pre-emptive solutions to mitigate any potential problems coming down the road?

Ms Bernie McNally: I will answer those questions. Regarding female labour market participation, we have done a huge amount of work on a cross-government basis under First 5, the whole-of-government strategy for babies, young children and families. That focused hugely on supporting women who choose to work outside the home to do so. Not only did it look at

childcare, but we also worked with the Department of Justice and Equality and the Department of Employment Affairs and Social Protection on paternity leave, paid parental leave and encouraging both partners, if there are two partners, to share that leave in order that it might be the woman who goes back to work and her partner who stays at home. A lot is contained in First 5, which is a ten-year strategy up to 2028. We work with the Departments of Business, Enterprise and Innovation, Public Expenditure and Reform, and Finance regularly as well on jobs and the economy, and we know that childcare is very much central to that. First 5 commits to doubling the level of investment in childcare over the coming years to make it more accessible, more affordable, higher-quality and more flexible. There was a draft childminding action plan that would reform childminding because we know that childminding is probably more flexible in some ways and responsive for parents who work shifts, such as front-line workers. There is a lot of work in progress - a lot more to be done but a lot started - and the national childcare scheme that was developed just last November is also a potential solution.

Deputy Mick Barry: I want to talk about the Oireachtas Library and Research Service report on public provision of early childhood education. It is only a three-page report but I think it is a dynamite report. The report finds that the key challenges to universal provision in Ireland - in other words, provision for all - are the negative economic impact of the Covid-19 outbreak and what it describes as the market-driven approach to early childhood education and care in this country. It states that early childhood care and education in this country is characterised by low state investment, low wages and high fees. It states that 99% of pre-primary services, that is for children aged three to five years, is in the private sector, whereas the OECD average is 34%. It finds that the average wage for workers in the sector is €11.44 per hour, whereas the living wage is nearly a euro higher than that at €12.30. It finds that early childcare and education fees for under-threes are the highest in Europe alongside the Netherlands, the UK and Switzerland. Earlier today the situation was summed up by the Desmond Chair of Early Childhood Education in Dublin City University, Professor Mathias Urban, who said the system here is fragmented, very expensive and does not produce good results for children, families or the state.

The report quotes from a survey done last year by Yerkes and Javornik which found high levels of access, availability, affordability and quality in countries which had public childcare systems, instancing Iceland, Slovenia and Sweden, and the opposite in those which had lower levels of state investment, instancing the Netherlands, Australia and the UK. The report finds that in Germany when there was a switch to full public provision of childcare there was a decline in child abuse and neglect; an increase in child birth rates; an improvement in the social and emotional development of children; and, an improvement in maternal life satisfaction. To repeat, it states that the obstacles to universal childcare provision are the economic consequences of Covid and the market-driven system.

There are no costings included. Some will ask if the country can afford to move towards universal public provision. I think in the light of this data and this report the question is framed the wrong way. The question is, can we afford not to do that? Low-paid childcare workers and hard-pressed parents would say that we cannot afford not to move towards this. I would favour a system which is free and which is funded through steeply progressive taxation with particular concentration on the big corporations and the very highest income earners.

My question relates to financing. Are there plans in place, and if there are can the witnesses describe what they are, to do some costings on the type of provision that is mentioned in this dynamite report?

Dr. Fergal Lynch: I thank the Deputy. What he has described summarises very well many of the issues that we have been very conscious of for a considerable period of time and a lot of it would be generally accepted, including the issues of low State investment, high fees, low pay and so on. There is no argument about those. Obviously, I am not going to get into policy debate about what Government should do. I will say that there is an expert group which is developing a funding model at the moment and that started around this time last year, I think. That expert group has been working to help us develop proposals for the future in that regard. The funding model that it could propose could, for example, operate in parallel to the existing schemes or it could propose something else but the key issue emerging from all of this work is the scale and complexity of it and the time it would take to develop a new funding model. Among other issues it would deal with would be things like fee controls, the question of reasonable profits and how best to develop a system for the future. I stress that it is a matter for Government to decide whether it wants to move to a particular different model, be it a public one or a mixed public and private one. We are certainly doing extensive work through the expert group, which includes experts from other countries and people within the system here to develop proposals for the future in that regard.

Obviously, the cost will be a major issue. The Deputy rightly identified that by comparison with other countries, Irish spending is low, although it has increased very significantly in recent years. State funding of childcare has increased by about 141% in the past five years, but admittedly from a very low base. We are starting from a low base and we have a significant expert group working on that funding model.

Deputy Matt Shanahan: I thank the departmental officials for attending today. I wish to cover the costs to business, in particular that of insurance which was discussed already. Earlier the witnesses from Crann advised that the average insurance cost per facility was between €6,000 and €9,000 per annum with only one or two injury claims in a year - I do not know the extent of the claims. Those witnesses also highlighted that the insurance environment is now stunting childcare activity yet the premiums continue to rise. Has the Department considered any type of mutual insurance fund or bond and if not why not? There is obviously a monopoly in the market, and it should be on the radar.

I ask the officials to advise on some of the other costs that arise in business, particularly commercial leases, mortgage arrangements, rates and utility costs. I hope the Department is providing some dashboard particularly to the private operators which probably do not have the backup that the larger community ones do, in terms of having people with skill sets to renegotiate in this new environment with utility providers, mortgage providers and landlords.

Ms Bernie McNally: I thank the Deputy for his question. Insurance is a major issue for the sector, and it is particularly difficult and challenging that there is only one major provider. There is one other small provider, but it is really only main one. From evidence we know that insurance costs represent approximately 1% of the sector's cost. Staff salaries etc. come to 70%. The Alliance insurance cost for a child in full-time care is about €60 per child per year.

Regarding the risk of the sector, we would say this is a heavily regulated sector. There are a number of safeties built into that which should be factored into any consideration of insurance and risk. People in the sector will say they feel overregulated. There is a Tusla inspectorate and a Department of Education and Skills inspectorate. Health and safety, and other regulators also have a role in the sector.

We were due to publish the Crowe independent review of costs in April, but unfortunately

Covid struck us. The three or four weeks' work that we had to do on it had to be postponed because Covid has taken over for us. We hope to publish that review fairly soon and it gives considerable information on the costs in the sector. That would be very useful in future considerations of insurance and how to get better value for money.

Deputy Matt Shanahan: Will the Department provide any expertise to people trying to renegotiate utility and other costs? The officials might give me a written response on that.

The sole traders obviously fell outside the scope of the Covid supports. Have the Department any way of supporting them? Is it undertaking any mitigation exercises to allow them to come back into the marketplace which will be extremely difficult if they have not been able to cover their full costs over recent months? For small businesses, dealing with Departments and trying to claim subsidies tends to be very onerous. Does the Department have a digital dashboard in place in order that people can do this quickly and efficiently? One of our contributors this morning spoke of having to give up 12 to 14 hours a day with the children to spend all her time managing her business. I ask the witnesses to comment on that as well.

Ms Bernie McNally: On the sole traders, it was regrettable that of about 4,500 providers in the sector, more than 1,000 are owner-managers who were not on the payroll. Therefore, when the Revenue temporary wage subsidy scheme was developed they had no option to go on the temporary wage subsidy scheme as they were not on the payroll. Their only option was the pandemic unemployment payment, so we could not top them up. We topped up other providers but we could not top them up because they were not on the Revenue scheme and our scheme layered on top of that. That was regrettable. What we did to assist them was give them overheads and we continued to make 15% of their staff costs or about 10% of their operational costs available to assist them with other overheads. As the Secretary General mentioned earlier, from 29 June they all will be able to open their doors again so they will have access to that €75 million just like others, including the capital and the reopening grant. They will not get the temporary wage subsidy scheme, so they will be missing out on that again. In speaking to the sector about this, we have told them that if they can get another two children it would match their pandemic unemployment payment, and if they can get three extra children it would give them more income. The doors are now open and they can come back in from 29 June and avail of this. We hope that, come September, demand from parents will increase even further and the funding they can access through our schemes would therefore come back as normal.

Acting Chairman (Deputy David Cullinane): I thank Ms McNally. The next speaker is an Teachta Michael Collins.

Deputy Michael Collins: The Department's flagship service is the early childhood care and education, ECCE, scheme for seasonal services but it is barely sustainable for providers. If childcare closes down in a village or town, that learning in the community is lost. I have a number of questions for both Dr. Lynch and Ms McNally. I will read them out and they might be able to answer them now but if not they might provide a written reply later. Why did the Department pull all ECCE funding, which had devastating consequences for services? Will the witnesses guarantee that they will never consider doing this again? Why are no operational costs being covered? How many services do they expect will close this year and if that happens, where might they be located? Have they done a financial analysis of the situation? Finally, in America, they have what they call "preschool deserts", where there are no preschools in many communities. Do the witnesses think that is a possibility here in Ireland? Rural Ireland in particular is a big worry for us going forward. I would appreciate if the witnesses could answer those questions. I can repeat some of them if I was too quick reading them out.

Dr. Fergal Lynch: We will answer as many of them as we can as quickly as we can. Just to be clear as regards the ECCE funding, when we moved to the new funding model of the temporary wage subsidy scheme for childcare, we basically repurposed our money. The difficulty was that, while leaving the ECCE funding in place would have been fine for ECCE providers because it funded pretty much the full cost of what they were being exposed to, only 58% of all the funding comes from the State system, as I mentioned in my opening statement. Therefore, the non-ECCE funders which are full-time providers of services would have continued to be at a major financial disadvantage. We needed to spread the funding across a larger number of providers and while it was reasonable to continue the ECCE funding for the first few weeks from the middle of March to early April, after that it was clear that we needed to move to a different model, and that is what we did. As to guaranteeing never to do it again, we need to look at the circumstances in each case. Hopefully we will never go back to a situation where we need to close providers but that was a very difficult situation.

In terms of the number of services closing, I mentioned earlier that we have notification of 18 closures but that 17 new services have indicated an intention to open. That is not unusual. Every year a number of services open and others close. The total number of places has increased significantly each year.

On the danger of there being a preschool desert, we hope that will never happen but we need to look at each part of the country and support the provision of services as best we can. That very much depends on demand and supply in different areas. As already stated, it is difficult to predict with any degree of confidence or certainty what the level of demand and supply will be over the next number of months. We are facing into an uncertain period, there is no doubt about that. The original funding model finishes on 28 June and the new funding model that will come into place on 29 June is based on trying to support, as much as we possibly can, the provision of childcare in an efficient, fair and reasonable way. Above all, we need a model that works for the benefit of children. We recognise that it is a very difficult environment to be operating in. We know that childcare providers face a very difficult situation at the moment. We have been as helpful as we possibly can in terms of developing a model that would assist them in the context of their operations. We have been as helpful as we possibly can with regard to explaining and supporting the public health requirements, including play pods. We are hopeful that we will have a reasonable number of well functioning services operating from 29 June.

Deputy Michael Collins: Dr. Lynch said that 18 services are closing. Are they in rural or urban areas?

Dr. Fergal Lynch: I do not have information on that. I can get it for the Deputy. There are also 17 new ones.

Deputy Michael McNamara: Following the question on insurance costs, in the session which preceded this one we heard that some insurance companies are refunding money to crèches which have not been open for the past three months but that others are not. For a crèche which is not open, there is absolutely no insurable interest whatsoever. Given that all of these moneys come from parents and the Exchequer, is this something the Department will take up with insurance companies? I am aware that the Minister for Finance met insurance companies to discuss issues relating to car insurance some time ago.

Dr. Fergal Lynch: We expect to be working very closely with other Departments on insurance issues over the next number of weeks and months. This is a matter that we can raise. As I understand it, a number of insurers have extended their terms for three months so that the next

insurance bill will fall due three months later. If there are any instances where insurers are not giving refunds that is an issue of concern that we would certainly raise in the context of the work we will be doing on insurance generally.

Deputy Michael McNamara: I greatly welcome that, particularly in view of the fact that we heard from our previous witnesses that there are instances where some insurance companies are not giving refunds or are not extending the time limits on cover.

My next question pertains to the administrative burden on small crèches, many of which began operating in people's homes as a form of self-employment. We heard from a witness that she was up until midnight filling out forms. It is like the GP system, where the State wants to load all of the administration, insurance, risk and cost onto individuals and get a universal service in return. Does anybody ever think about lessening rather than increasing the administrative burden on childcare providers? I appreciate that there is a tendency for civil servants to just say, "Oh, we will create another form for people to fill in", without ever thinking that this is something ordinary people have to do and that they cannot just walk away and not do it. This is not a nine-to-five job and it involves people sometimes staying up until midnight, trying to fill in forms. The same is true of GPs but I have more sympathy for childcare providers because they are typically less well remunerated than GPs.

Ms Bernie McNally: We accept that is a problem for the sector and, genuinely, we do not set out to have them spend all their time on paperwork. However, there are two reasons for much of the administration. One of these relates to regulation and regulatory requirements, which is coming from the perspective of child safety and child protection, so there is a certain amount they need to do. We have seen the impact that poor regulation has on children and families, so it is right that there is a strong regulatory regime. I note the draft programme for Government. The previous programme for Government looked to us to streamline various inspectorates and so on, and we will work on that. The second aspect of administration is associated with those services that are getting Government funding. If they are not running any Government schemes, there is not that much paperwork. If they are running our schemes, because they are in receipt of Exchequer funding, there are a certain number of rules attaching to that.

We are trying to lessen the burden. For example, the national childcare scheme is a more IT-based system and the burden for providers will be lower with that than it was for the old community childcare subvention and training and employment childcare schemes. That is one tangible example of what we are doing to try to reduce the workload on them. We have also given extra funding and, for example, we have given the programme support payments to recognise there are a lot of the administrative demands on provider. The system we used in the past, PIP, is going to be replaced over time with the more user-friendly Early Years Hive system. The latter will be easier for providers to operate.

Deputy Michael McNamara: I greatly welcome that. With regard to the fact that it is computer-based, I have received complaints from childcare providers in areas where there is relatively poor broadband connection that they simply cannot download these forms and cannot interact with the system. I urge the Department to take into consideration that not every place in the country has the same quality of access to the Internet as a Department in Dublin.

Acting Chairman (Deputy David Cullinane): Our witnesses can take that as advice. I call Deputy Carthy.

Deputy Matt Carthy: I thank the witnesses. I have been speaking in recent days to numer-

ous childcare professionals, not just the representatives of organisations but, in particular, the people who from this Monday onwards will be on the front line, to ask them what questions they would like asked. The predominant issue that has been raised with me is one that was touched on earlier, namely, the standards that will apply to those in the childcare sector from next Monday and the apparent disconnect with other sectors. Other matters raised with me include the provision of PPE, the physical distancing that will be in place and the length of time people will be in the same room. What has the Department done and what will it do in order to safeguard those who work in the sector? What protections and guidance are being provided? What mechanisms are in place to respond to instances where a cluster of Covid-19 appears in a childcare facility?

Mr. Toby Wolfe: To be clear, the advice that is being given to providers on public health is from the Health Protection Surveillance Centre, HPSC, within the HSE, so it is evidence-based advice. The HPSC has looked at the specific context of the childcare sector in terms of the risks around children and the evidence relating to coronavirus in children. It has also taken into account the regulatory context of the sector. This is a sector that is well used to infection control measures and it is regulated. The advice it has given is to have measures in place to reduce the risk of infections coming into centres. That means, for example, if a child or an adult has symptoms, he or she does not attend. There is also the notion of play pods whereby children and adults are kept in small groups that do not interact with each other. That reduces the risk of the spread of infection. The HPSC also has quite comprehensive advice on infection control, cleaning of toys and equipment and so forth. There is quite substantial guidance from it.

Deputy Matt Carthy: My time is short. What will the Department do if it gets a telephone call to inform it that there has been an outbreak of Covid-19 in which several staff members or children have contracted the virus? What will its response be?

Mr. Toby Wolfe: In the first instance, it is a matter for the public health officers to deal with the matter in terms of making assessments as to whether there is a need to do the contact tracing or for any measures to be taken in the setting. There is also a requirement for Tusla, which is the statutory regulator in the sector, to be informed of any outbreaks of notifiable infections. Services are required to inform Tusla very quickly. It is a public health decision as to whether any measures are taken. However, the key-----

Deputy Matt Carthy: I get that and I thank Mr. Wolfe. The point is that I want to get an understanding of the decision-making processes that operate within the Department. We heard this morning from the representatives of healthcare workers about broken promises and the litany of correspondence relating to childcare needs that went unanswered. We also heard in the preceding session from the professional bodies. They stated that there had been absolutely no consultation regarding the so-called home supports scheme. Anybody who has an inkling about childcare knew as soon as that scheme was announced that it was not going to work. Earlier one of the Department's speakers indicated that there was no time to consult. Did anybody at senior level in the Department say that this was a bonkers scheme that would not work? Did anybody at a senior level say that the scheme would not work without the insurance and other supports that would be required and, therefore, that the Department should not be raising the expectations of our most important workers, those in the healthcare sector, by announcing the scheme?

Ms Bernie McNally: I respect what the Deputy is saying, but this scheme had worked elsewhere. There was an initiative elsewhere in the country that had matched 1,400 childcare workers to the homes of front-line workers. We had seen that and we had spoken directly to the people running that service. It had worked. In fact, we also had representations saying that in

the best interests of children and to protect them and, indeed, the staff from Covid-19 it was the single best way of ensuring that we did not spread infection. Certainly, that was in our minds and in the minds of those in NPHE, the Department of Health and other colleagues who were working on this. It might have worked had other issues been addressed.

Deputy Matt Carthy: Is the answer to the question that nobody raised a concern about its viability?

Ms Bernie McNally: I am sorry, what was that?

Deputy Matt Carthy: The answer to the question, therefore, is that nobody in the Department said that it might not work.

Ms Bernie McNally: It could have worked if some issues had been resolved, but it was not possible to resolve all of them. For example, the insurance issue was beyond our control.

Acting Chairman (Deputy David Cullinane): Deputy Colm Burke has ten minutes.

Deputy Colm Burke: I might not take the full ten minutes, but I have a number of questions. I thank the witnesses for their presentation and for all the work that has been done. It has been a challenging time for everyone in all Departments and for all people involved in this area. I have a question about the development of childcare generally. In other countries, big employers in particular are extremely supportive of their employees in providing childcare facilities. Not far from where I live in Cork city there is University College Cork, Cork Institute of Technology, Apple and Cork University Hospital all of which are big employers. I am not sure about the childcare facilities available in those places. Is it time to look at this issue and to work with major employers, such as the hospitals, in order to provide, in addition to other supports for staff, childcare supports close to their facilities? Has the Department looked at that? It is being done in other countries. Have we ever thought of looking at that area, particularly in the context of people working in the healthcare sector in very large hospitals?

Ms Bernie McNally: It is a market model. To go back to some of the other Deputies' questions, I am not sure Ireland ever set out to develop a private childcare sector but that is what it is at the moment - a market model. Many organisations, including a number of hospitals, have built crèches or provided accommodation. Certainly, a number of big organisations have done so. We have worked with the Department of Business, Enterprise and Innovation to assist any companies looking at doing so. Our schemes, including the national childcare scheme and the early childhood care and education, ECCE, preschool scheme, are available to anybody who wishes to set up a childcare service in those entities. Clearly, the parents would have to be eligible but, once they are, the organisation could attract State investment.

Deputy Colm Burke: In real terms, however, the involvement of major employers has been very low, regardless of whether they operate in the healthcare sector or in private enterprise sectors such as those relating to technology, pharmaceuticals or whatever. Is there a need to look at that and to see how we can all work together to develop more comprehensive services in the area of childcare? We certainly have a lot of ground to make up in this regard.

Ms Bernie McNally: Access and ensuring that there is adequate capacity is really important for the Department. There is broadly enough access for the free preschool scheme but we know that it can be very difficult to get a childcare space for children under three. We absolutely note the Deputy's comments on working with large employers in the future.

Deputy Colm Burke: Have we looked at other jurisdictions to see what we can gain from them and at what we can implement in a reasonably timely manner to deal with the new challenges arising?

Ms Bernie McNally: We look at international examples all the time. There are a number of international experts on our funding model expert group. In everything we do, we are building infrastructures, schemes and systems that will work regardless of the future model. The most direct answer to the Deputy's question is that the funding model group can look at that and is doing so. It is not the central point of its existence but it is within the terms of reference.

Deputy Colm Burke: Dr. Lynch stated earlier that approximately 40% of facilities would normally be open at this time of the year. That is approximately 1,800 out of 4,500 providers. He may have answered this question already but, of the 1,800 Dr. Lynch said would normally be open at this time of the year, does the Department have any indication as to how many will open from next week on?

Dr. Fergal Lynch: We have some indication but it is preliminary so I would be loath to be definitive about it. We carried out a survey of providers recently and we are just analysing the results. I stress that these are initial provisional results but the survey response as of now indicates that approximately 84% of those providers propose to open over the course of June and July. That is good news. A further 8% indicated that they may open. Adding this 8% to the 84%, we see that approximately 92% indicate a probable intention to open. That is not to say that absolutely every one will open from 29 June; some may open a little later. It gives us cause for cautious optimism that there will be a significant number of providers out of that 1,800 who will open during the course of June and July. That is very much what we want.

Deputy Colm Burke: Evidence was given earlier that insurance, although a significant cost, accounts for only 1% of childcare facilities' costs. I referred earlier to what might need to be done in regard to cover for health service providers, where there is a difficulty in getting insurance. A number of years ago, one or two of the main insurers pulled out of the market. I understand from what we heard today that there is only one insurer operating in the childcare sector. Do we need to have a plan in place in case that insurer decides for some reason or another that it is no longer interested in the Irish market? Should we be working towards what is happening in the health sector, where the State is looking at being involved in providing insurance cover where it is required?

Dr. Fergal Lynch: In terms of the insurance position in the childcare sector, everybody agrees that it is far from ideal that there should be only one provider. Ideally there would be competition and that would always be very welcome. I am not trying to overstate the matter but the costs are relatively low. Ms McNally indicated that the average cost at the moment is €60 per child per year, which is probably quite favourable by comparison with costs in other sectors. This is not to say that in individual circumstances or in a number of cases, childcare providers are not concerned about the costs to them, but it is a relatively reasonable cost at the moment in many instances. However, we are concerned that there is only one provider and we would very much welcome more providers in the market. We will be doing work in that regard with other Departments over the next while. There is a wider issue in regard to insurance generally but, certainly, insurance in the childcare sector is something of concern to us and we would like to act sooner rather than later to see what is possible.

In terms of State involvement, that would be a Government policy decision. For now, we will do what we can to ensure there is a proper service provision for the future. This is some-

thing that applies across government rather than to the childcare sector alone.

Deputy Colm Burke: Do we have any idea of the total number of claims in any one year against childcare facilities? We have talked around this issue quite a bit today but no one has actually given a figure for the total number of claims in this area. I am wondering if it is possible to get that information.

Dr. Fergal Lynch: It is not information we have at the moment but we can check it for the Deputy. One of the witnesses earlier referred to her own particular experience in this regard but I do not know whether it is representative. It is probably reasonable to speculate that given the low cost of insurance - €60 per child per year, as I said - there is not a very high degree of claiming. Certainly, when people in the sector were expressing concerns late last year about rising costs, the point they were making, among others, was that the increases were not the result of major claims or a major number of claims. If we can get the information the Deputy is seeking, we will pass it on to him but I do not have it at the moment.

Deputy Colm Burke: I thank Dr. Lynch.

Deputy Anne Rabbitte: I thank the departmental officials for their presentations. When one contributes towards the end of a debate, it gives one the opportunity to see what questions were not asked. Those are the ones I will focus on rather than repeating points that were already raised. During an earlier session today, I referred to reports in today's newspapers of a statement by the Federation of Early Childhood Providers which included the following warning:

The Department don't even understand their own package of supports for the sector, which fall short, will force children with additional needs to stay at home and leave a massive black hole in the finances of early years providers.

That is a very bleak assessment and it will leave many providers and parents worried.

Does the Department feel this is a fair assessment of the support? What basis is the Department using to calculate the appropriate level of financial supports needed for crèches now and in the future? Perhaps Dr. Lynch would please answer me.

Dr. Fergal Lynch: With the greatest respect to the federation, I simply do not agree that we do not understand our own package. We spent a lot of time working out what an appropriate evidence-based set of supports would be. That is why we worked out what we thought was an appropriate set of supports. To claim that we do not understand them just does not hold water.

I think it is fair to say that in the advisory group, the overall reaction to that package has been broadly positive. Inevitably, when people are commenting on it in public, it is understandable that people say they want more or need more - that is to be entirely expected - but we sought to sit down and work out, on the basis of the information and data we had, an appropriate, fair and reasonable package of measures that would ensure providers were supported to provide a reasonable service in June and July. That is exactly what we did. We brought it to the Government and it was approved on that basis.

Regarding children with special needs, I think it is important to emphasise that it is already open to providers to provide that service to people with special needs. The childcare providers themselves are trained and the staff ratios are such that it is possible to do that. Better Start will be offering supports. The applications have already started for the access and inclusion model, AIM, system which kicks in for ECCE from September. I think in overall terms it is reasonable to say that the provision of service that we have planned and supported is carefully thought out

and is certainly not one that is not understandable or that we do not understand. We have put a lot of work, time and effort into it. I stress that it was developed with considerable input from the sector itself.

Deputy Anne Rabbitte: I thank Dr. Lynch. My follow-up point is that when the providers were here earlier, I referred to the July provision and the August provision but none of them seemed to be clear about what Dr. Lynch has said about them being in a position to make provision for children with additional needs. There was not a clear understanding of that. Is Dr. Lynch telling me now that come 29 June, children with additional needs can be incorporated into services?

Dr. Fergal Lynch: What I am saying is that has always been the case. The providers have been trained for that purpose. I think they were looking for a specific provision of an AIM-type service in June and July.

Deputy Anne Rabbitte: Yes, the July provision is what they call it in education.

Dr. Fergal Lynch: Yes. Unfortunately, that has not been possible, in the sense that we had to focus on getting the services up and running to provide the service that they would typically have been providing in previous years, so we focused on that. The point I was making was that in any event it is open to services and they are trained to provide services for children with a disability. If the impression is being created that it is simply not possible at all to cater for children with a disability in July or August, then I think that is not the case.

Deputy Anne Rabbitte: Is it the case that none of the funding package of €75 million that was allocated to the reopening of services in phase 3 of the roadmap includes funding for providers to provide AIM staff to support children with additional needs?

Dr. Fergal Lynch: No, Deputy Rabbitte is correct there. As I say, what we aimed to do this year was to provide what we would have provided in other years. The AIM provision would normally start in September alongside the ECCE scheme and that is the situation that will apply this year as well.

Deputy Anne Rabbitte: I will finish to this point and move on to the next question then. This is not normal for the simple reason that these children are the ones who are most in need and they thrive on routine and early intervention. Part of it is that those parents are hugely frustrated and they need to get their children back into it. It is the childcare providers who are getting the brunt of this because they are trying to work to a very tight funding model and funding is not available to incorporate children with special needs. I thank Dr. Lynch for answering the question. I fully appreciate what he said.

Dr. Lynch also touched on the ECCE programme and he referred to September. Will the ECCE scheme be returning in September? There was much confusion and anxiety earlier on regarding where the funding model is going to go from August. Will our guests clarify if we are going to have ECCE in September? Has the Department worked with the Department of Public Expenditure and Reform on it? Has the Department had the conversation around the next phase of funding?

Dr. Fergal Lynch: That is a very important question. We are working now and will be over the next number of weeks on the funding model from 24 August onwards. We are very conscious that providers want clarity and want to know, as quickly as possible, what that funding model is going to look like. We cannot say with absolute certainty what each component

of it will include but we will certainly consult them. We will provide the full funding model as quickly as we can.

On the components, it would certainly be our hope that ECCE would resume in the normal way from 24 August. Obviously, that is down to an approval from the Government for a complete package which would include ECCE. It would also include what we have already announced, capital grants and reopening grants, which will apply to services that are opening in September as well. It is important to stress that the capital grants available for services opening in July and August will be available to services in September as well, as will the reopening grants. Our hope is that the ECCE component will be available as well. We need, however, to work out the whole scheme before finalising that. We are very conscious that providers want to know as soon as possible what that will be.

Deputy Anne Rabbitte: Does the Department believe that there is merit in the temporary wage support scheme being put on a permanent footing as a new model in the context of childcare? It would reduce the cost to parents and ensure staff earn a decent wage. I am sure this was Dr. Lynch's concern on 13 March. I remember ringing him on that particular day to ask what the difference was between what the shortfall was to ensure that we could hold on to the highly-trained staff and give reassurances to the providers. Subsequently, the Department has done all of that. The Department has been analysing this. Do our guests think there is merit in putting it on a permanent footing?

Dr. Fergal Lynch: I will be careful in how I answer because this will be a policy issue for the Government. The Government will need to decide what it is doing with the temporary wage subsidy scheme. It has indicated, as of now, that it will extend it to the end of August. A decision has to be made thereafter. What I am clear about, from the Department's point of view, is that we need to develop a workable funding model that would include either the temporary wage subsidy scheme, if it is in place at that point, which is a matter for the Government, or some other appropriate funding mechanism if it is not. Obviously, the decision on a temporary wage subsidy scheme, its duration and whether it would be extended beyond the end of August, will be one for the Government in the first instance.

Deputy Anne Rabbitte: Everybody has touched on insurance. When did the Department know that the insurers would not cover front-line workers as part of phase 1 of our roadmap?

Ms Bernie McNally: Very early on. We started to work on childcare for healthcare workers in the middle of March. We made our first submission on 15 March. Very early on, the insurers told us that they would not cover Covid-related claims. We did not accept that. We tried to push that for an extended period.

Deputy Anne Rabbitte: I thank Ms McNally very much for being very honest in that. It is important to know the position.

I am going to delve into something that I suppose many new Deputies would not be aware of, namely, how complex the whole childcare sector is. Deputy Funchion is here with me. We sat on the Joint Committee on Children and Youth Affairs in the previous Dáil. We know exactly how complicated the sector is. One has the private, the community, the various NGOs and everything else.

I want to go back to this expert advisory group and then the reference group. Why can we not have had everybody sitting down at the table together in order to have an input from the

unions, the NGOs, community and private providers? I admire all the good work by everybody but I believe the dots are not being connected. In the context of the latter, one could see, looking around the Chamber this evening, that there was confusion around the questions. Maybe that is coming up because not everybody's voice is being heard. I know that this goes back to last September but since then we have had the insurance issue and the march on Merrion Square. We have also seen the emergence of various organisations in the interim. They bring a voice and a weight because they represent so many people. Does Dr. Lynch believe that everybody should be at the same table in order that there can be a cohesive voice and that the Government and the Department can give a cohesive answer? At the moment, it seems to be very disjointed and, as one Deputy described it earlier, fractured. This is not good for parents, for staff or for the sector. When what I have outlined obtains, there is lack of communication. How can we rectify the position?

Dr. Fergal Lynch: There are a number of elements to that. I agree it is important that we pull these different strands together as much as we possibly can. I would not want to leave the Deputy with the impression that there has been fragmentation throughout the system. We have had a well functioning early years forum for quite a period, which the Minister set up some years ago. The advisory group we established recently for the current scheme has, I believe, also functioned well. Certainly, the Department would be open to working with all the key stakeholders to ensure that we develop solutions for the future. This has worked very well for the scheme that is to start on 29 June. For future endeavours, we will certainly be happy to look at that model also.

Deputy Anne Rabbitte: That would be greatly appreciated. I am hearing - and Deputy Colm Burke said it earlier - that they are having problems logging on to the system. They feel they are being left out. We need to have joined-up thinking. If the Department could look at the model of including everybody, then we could go in the right direction. I thank the Acting Chairman for his leniency.

Acting Chairman (Deputy David Cullinane): The Deputy might be talking herself into a job. I am the next speaker and I have a number of questions for Dr. Lynch. Perhaps the ten minutes could be put on the clock. When they have lapsed, our session will be over.

I have a follow-up question to that asked by Teachta Matt Carthy earlier, which I believe was not fully answered. The Deputy asked about the childcare scheme which was put in place for front-line health workers and which did not work. Did anyone in the Department raise a red flag to indicate that the scheme might not or would not work? The question may have been directed at Dr. Lynch and the buck stops with him as the head of the Department. Did he or any of his senior staff raise concerns that the scheme might not work? When she responded, Ms McNally said that they hoped it would work. That was not the question that was asked. The question was not about whether the Department hoped it would work, it was about whether people within the Department had concerns, or had articulated concerns, to the effect that maybe the scheme would not work. Will Dr. Lynch answer that question directly if he can?

Dr. Fergal Lynch: We identified the risks associated with each element of the scheme, which we always do when we are working out a scheme of this kind, such as what could go well and what could go badly. We identified a number of specific items we felt were potentially problematic. The first of these was insurance, and so it proved to be. Second - this emerged later - was the concern raised by individual providers about rest breaks and arrangements of that kind. In each instance, it is fair to say that we identified what the risks were. As Ms McNally said earlier, we identified those risks but at no stage did we think that the scheme was

“bonkers”, which was the term used by Deputy Carthy. We never believed that the scheme was bonkers. Neither did we believe it was doomed to failure. There were issues that needed to be overcome, and we were very much influenced by the fact, as referred to earlier, that there was an informal scheme then functioning - organised in an informal way - which got over all of these issues. Insurance did not become an issue and the question of supervision did not become an issue. Neither did any of the other concerns that were raised in the course of the process. At no stage did we believe that the scheme was doomed to failure. At no stage did we believe it was bonkers. We had identified correctly a number of specific risks. We mitigated all the risks we possibly could but there were a couple that were outside our control, including that relating to insurance. That is the way we moved forward.

Acting Chairman (Deputy David Cullinane): As I only have ten minutes, I ask the witnesses to facilitate back and forth discussion. Dr. Lynch is in a different room and I am not sure whether he heard me.

Dr. Fergal Lynch: I did not. Apologies.

Acting Chairman (Deputy David Cullinane): He stated that the Department identified risks and I understand that completely. The risks it identified related to insurance and the concerns raised by providers. He stated that he did not believe the scheme would fail. Did the scheme fail?

Ms Bernie McNally: May I respond to-----

Acting Chairman (Deputy David Cullinane): No, it is a question for Dr. Lynch.

Dr. Fergal Lynch: I am not sure what point the Acting Chairman is making. I apologise; I missed the end of the question.

Acting Chairman (Deputy David Cullinane): Did the scheme fail?

Dr. Fergal Lynch: Yes, it did. I am not clear on the question the Acting Chairman is asking.

Acting Chairman (Deputy David Cullinane): Teachta Carthy made the point that the Department did not anticipate that the scheme would fail, but it did. How is it that nobody in the Department was able to identify that the scheme was flawed and would not work?

Dr. Fergal Lynch: As I stated previously, a similar scheme was functioning. We reached the conclusion that we needed to put it out to the system to see the extent of interest in it and take-up of it.

Acting Chairman (Deputy David Cullinane): Part of the problem was that there was announcement after announcement by the Minister in particular that a scheme would be put in place. That raised people’s expectations that a scheme that was going to work would be available. However, as we know, the scheme failed. Is it not the case that the expectations of front-line workers were raised? Dr. Lynch stated that his staff put significant time and energy into devising the scheme and other required supports. I do not doubt that for a second.

The people who were most frustrated and challenged were front-line healthcare workers, particularly those in households with two members working on the front line. Those workers feel let down. The committee heard from their representative groups this morning. Does Dr. Lynch accept that those workers were let down, their expectations having been repeatedly raised? They waited four weeks for the plan to be announced, but when it was announced, it

did not work. Notwithstanding what he stated regarding the effort put in by departmental staff, does he accept that those workers were let down by the Department because the scheme took so long to be put in place and then failed, and that their expectations may have been raised unnecessarily?

Dr. Fergal Lynch: I accept that we found ourselves in an extremely disappointing situation. We had no wish to raise expectations in respect of a scheme that was going to fail. We never would have done so. We were faced with extremely difficult circumstances and, essentially, only one option. We had no wish to raise expectations or give the impression that we were going to go ahead with a scheme that we secretly knew would not work or anything of that kind. We genuinely believed there was a very good chance of the scheme starting. As with so many of these issues, if one can get the scheme up and running, even in a modest way, it can gather steam thereafter and work. It was part of our hope that it would work on that basis. Unfortunately, it did not work because the extent of interest early on was very low. As I stated, and I think the Acting Chairman acknowledged, the scheme did not fail for the want of trying on the part of the Department.

Acting Chairman (Deputy David Cullinane): I acknowledge that. Dr. Lynch earlier discussed identifying the risks. Was a formal risk assessment carried out? If so, could any existing documentation relating to identifying those risks be provided to the committee?

Dr. Fergal Lynch: I do not think there was a formal risk assessment. There was a discussion and itemisation of the various elements of challenge and risk that we would face. To my knowledge, everything of that nature was released under freedom of information. I will check that.

Acting Chairman (Deputy David Cullinane): I ask Dr. Lynch to carry out that trawl and pass on to the committee any additional information relating to the risks that were identified.

I think Dr. Lynch is stating is that there are two elements to the expert group that is examining the funding model, that is, the immediate and the medium to long term. Is the group looking at funding a State-led early childhood education system? Is part of its remit to look at the cost of rolling out a State-led early childhood education system? Is that part of the modelling that is being considered?

Ms Bernie McNally: We have done some costings on a State provided childcare system. For example, were we to pay all those people with degrees a teacher's salary and those with a Level 5 or 6 qualification an SNA salary we would probably need about €1.6 billion extra for centre-based services. Were we then to replace and reduce parental fees, as one can imagine, it would cost a lot more money on top of that. Were we to buy out the capital assets it is a lot more than that. A public service model is a minimum of an extra €2 billion or it could be €5 billion but it is a significant amount of money.

We wanted the expert group to have an impact very quickly. We did not want it producing something that we would need an extra €3 billion to implement. Its terms of reference at the moment have more to do with how can we move in an incremental manner, how can we control fees for parents, and how can we improve the quality and pay the workforce, and not specifically on a State-run model.

Acting Chairman (Deputy David Cullinane): I shall return to the points made by Teachta Barry earlier, which were acknowledged by the Secretary General in terms of the report by the

Oireachtas Library and Research Service and its critique of the sector, the lack of funding and all of the other challenges. Ms McNally has said that her Department has modelled a fully State-led system. She also said that the range could be between €2 billion and €5 billion, which is a huge range. We need to reach the point where we have much more accurate readings and costings. Can she provide this committee with a breakdown? If I understood her correctly she said that the range from €2 billion to €5 billion depends on what is done by the Department such as whether it pays the staff costs, the parental fees or takes over the assets. The cost will rise depending on what is done by Department. I ask her to pass on the information on the model to us and the cost of different transition elements as it would prove useful.

Ms Bernie McNally: I will do that.

Acting Chairman (Deputy David Cullinane): I am finished. Does any Deputy wish to avail of the remaining three or four minutes?

Deputy Anne Rabbitte: I shall follow on from where Deputy Cullinane finished talking about the costing of the entire model. I ask the witnesses to correct me if I am wrong about the following. Did it cost €150 million all-inclusive for everything to be paid for the 11 weeks? If so, does that mean, if one multiplies it out, a fully funded public childcare model, without fees coming in, would cost the State €750 million to pay the wages for everybody who works in the sector?

Ms Bernie McNally: Certainly paying existing rates, which average at €12.55 an hour, would be a lower cost. The costs that I just gave are if we gave teacher and SNA equivalence so that is why there is a higher amount. We will come back to the Deputy on those numbers.

Deputy Anne Rabbitte: I thank Ms McNally.

Acting Chairman (Deputy David Cullinane): I thank our witnesses today for their attendance and for the information provided for today's meeting. I thank the Secretary General and his staff for a very frank engagement, which was very helpful.

Is it agreed to request the Clerk to seek any follow-up information and carry out any agreed actions arising from the meeting? Agreed.

The committee adjourned at 6.30 p.m. until 9.30 a.m. on Thursday, 25 June 2020.