



Irish Nurses and Midwives Organisation
Working Together

**Submission to the Special
Committee on Covid-19
Response**

Childcare

23 June 2020

Childcare Submission

1.0 Introduction

1.1 The Irish Nurses and Midwives Organisation (INMO) wishes to thank the Oireachtas Special Committee on Covid-19 Response, for this opportunity to submit on the important matter of the impact of COVID-19 on childcare.

The main issues we will concentrate on are the effects of lack of childcare on nursing and midwifery staff:

- Supply of Nurses and Midwives.
- Health Care Worker Infection Rates.
- Lack of Childcare Provision.
- Survey Results: gender, mental health and social stigma.

2.0 Background

2.1 While the Government's response to COVID-19 set out to protect the population by closing down schools, creches, other childminders and cocooning the over 70s, little consideration was given to front line workers and in particular essential workers - nurses, midwives and other health care workers (HCWs) who have childcare needs.

2.2 The Irish health system had been experiencing a severe shortage of nurses and midwives even before the pandemic was declared. The supply of nurses and midwives has now been greatly challenged by additional staffing requirements, travel restrictions, an inability to recruit internationally and the high level of infection among health care workers. The lack of childcare provision has compounded the nursing and midwifery shortage in the health services.

2.3 The reopening of Ireland is now underway and while the Government's Roadmap focuses on getting many sectors of the economy back up and running, there remains a stark lack of focus on childcare for the essential health care worker.

3.0 Supply of Nurses and Midwives

3.1 The Government's failure to provide a workable childcare solution for nurses and midwives as part of the COVID-19 response has led to unnecessary pressure on the health service due to reduced numbers of staff available for work.

3.2 The world faces a severe shortage of nurses and midwives. For two decades Ireland has relied heavily on international recruitment. The opportunity to recruit valuable nurses and midwives internationally will be challenged by travel restrictions and the fact that Ireland will face competition from all developed nations. For moral and ethical reasons, we will be restricted from recruiting such professionals from countries where they are most needed.

3.3 In 2019, 62% of newly registered nurses and midwives trained outside of Ireland. The majority trained outside of the EU (see table 1). Given the current emergency involving necessary travel restrictions it is likely that this migration of nurses and midwives will reduce considerably.

3.4 This leaves Ireland with a potential shortfall of over 1,500 this year alone. This is 4% of the public sector nursing workforce (38,824 WTE).

Full figures on new/first time registrations at the NMBI for 2019 and for 2020 until March (primarily pre-COVID-19):

Table 1

Trained in:	2019	Share	2020 (to March)	
Ireland	1397	38%	149	14%
EU	483	13%	145	14%
Non-Eu	1819	49%	750	72%
Total	3699	100%	1044	100%

So, while challenged on the recruitment side, the demand for nurses and midwives will never be greater.

3.5 Intern students have been offered permanent posts in Ireland, however, the UK have specifically provided for travel to accommodate the migration of Irish nursing staff and will recruit as they do every year with attractive packages of employment. We cannot assume Irish graduates will stay and we must work hard to provide attractive realistic options to ensure they do.

4.0 Health Care Worker Infection Rates

4.1 While the lack of childcare created a significant staffing problem in the health service, this situation was then worsened by the rapidly increasing infection rates in HCWs.

4.2 Irish evidence identifies a real challenge in terms of the number of healthcare workers infected with the virus. The INMO's analysis of these figures provides a number of key insights. In Ireland, the figures show that HCWs make up a third of all COVID-19 positive cases. Nurses make up a third of those COVID-19 positive HCWs, making them the largest single group of workers infected. Excluding cases which are unknown/under investigation, we also understand that:

- 88% got the virus in a healthcare setting as staff,
- 4% from contact with a confirmed case,
- 3% from travel,
- 3% from community transmission,
- 1% from a healthcare setting as patients.

4.3 Of the 8,018 cases of infected HCWs, 2,551 are under investigation without a known source of transmission. Those cases represent 32% of all HCW cases and are not included in the above percentages. Seven HCWs have died from the virus, while 1,515 (19%) have recovered, and 4,823 are still ill (60%). 20% of cases have currently an unknown status (*HPSC figures run until May 30th*).

4.4 Although testing has been prioritised for healthcare workers, this excessively high infection rate is a real concern and needs to be addressed. This high level of infection of

HCWs, combined with reduced staffing due to childcare commitments is having a negative impact on an already stretched health service.

5.0 Lack of Childcare Provision

5.1 9 out of 10 nurses and midwives are women, many of whom work on a 24/7 basis. Childcare has always been a major practical issue in our professions. The closure of schools and creches continues to place our members under intolerable pressure. This has not only added needless stress at a difficult time but has made rosters and staffing increasingly difficult.

5.2 The INMO has been calling for childcare provision since before the COVID-19 restrictions took effect. The organisation has had much contact from concerned members regarding their childcare situation and how difficult this has become for them. INMO officials have had to intervene to assist members secure fair rosters and when this was not possible, the facility to work from home. This was provided to all other workers in the public service when childcare was an issue or simply was not available.

5.3 Throughout the current emergency, the INMO has consistently and tirelessly campaigned on behalf of its members to ensure a workable solution, thus allowing nurses and midwives to return to work. Freedom of Information (FOI) requests made by the INMO to the Department of Health evidence receipt and discussion of regular correspondence from the INMO in relation to childcare from the outset of this crisis. It also shows that, none of our attempts to obtain information received a meaningful response.

5.4 [Appendix 1](#) provides a summary of some of the key correspondence, requests for information and meetings which took place in order to support members to continue to work.

5.5 An FOI received on the topic of childcare reveals that the HSE does not have access to workforce family structure data. All analysis on the requirement for childcare support to staff was based on figures from the CSO and revenue. On 19th of March, the estimate for demand was minimum at 21,826, with acknowledgement that it could be as high as 67,156. Following data provided from HR, this was estimated at 8,898, although acknowledged to be conservative. The INMO believe that this was a gross overestimate which made rendering of a practical solution more difficult.

5.6 The arrangements and solutions brought to the table by the HSE, Department of Health, Department Youth and Child Affairs and DPER have been poor and have let down the nursing and midwifery professions. Consistently the FOI communication shows that the HSE routinely waited for NPHTs approval on solutions proposed. However, they were unwilling to deliver appropriate solutions for their own staff. Many members found it difficult to get provision of the HSE's Circular (033/2020: Working arrangements for those with caring arrangements during COVID-19) applied. The arrangements in place created confusion and unnecessary stress on nurses and midwives during a time which was already fraught with pressure.

6.0 Childcare Survey Results

6.1 A survey was undertaken of our members between the 4th and 11th of June asking them specific questions relating to childcare during the COVID-19 pandemic. There were 1,826 responses with a completion rate of 86%.

6.2 The key findings are outlined below:

- Almost 60% of respondents stated that they are co-parenting with an essential worker or healthcare worker, resulting in neither parent being available to provide childcare during the pandemic.
- 62% took annual leave to provide childcare.
- 48% of respondent's spouses/partners took annual leave to provide healthcare.
- Additionally, 30% of respondents took parental leave to provide childcare.
- Almost 40% of respondents stated that the public health restrictions caused additional expenditure for them.
- 38% of respondents experienced difficulty accessing provision of the HSE's HR Circular 033/2020: *Working arrangements for those with caring arrangements during COVID-19*.
- Over 200 members spontaneously cited stress, anxiety or mental health issues arising from trying to manage childcare.
- Many members reported that their current childcare solutions would no longer be available in the next phases of re-opening the country.

6.3 Respondents were asked to provide information on the childcare arrangements pre-COVID-19 and then during COVID-19. Table 2 provides an analysis of the responses.

Table 2

Childcare Provision	Pre-COVID-19	During COVID-19
Creche	27.44%	
Childminder in childminders home	29.79%	7.89%
Childminder in your home	11.50%	13.80%
Grandparent	32.58%	10.13%
Preschool	10.35%	
Primary school	37.51%	
Secondary school	10.41%	
Other (please specify)	13.75%	74.48%

Answered: 1826, Skipped: 0

As table 2 shows, there is a dramatic change in the availability of childcare to nurses and midwives pre-COVID-19 and during the pandemic. Pre-COVID-19, many of the respondents used a grandparent to provide care (33%). However, due to cocooning of the over 70s, this option was either no longer available or severely limited, with only 10% using this option.

6.4 During the pandemic, 74% of respondents selected the "Other" category for childcare during COVID-19. When these responses were analysed, it revealed a large range of answers including partners taking leave, members taking leave, rearranging shifts with partners and other members of the family assisting with childcare. This provides an insight into the pressure that has been on members to find a workable solution. In fact, many members who previously may not have experienced childcare pressures, were now experiencing significant difficulty.

6.5 These combined stresses undoubtedly added to fatigue, and fatigue inevitably leads to an increased risk of infection.

Gender

6.6 According to NERI the absence of childcare disproportionately affects the female population (2020). An examination of the labour market composition of essential employees in Ireland has found that 70% of essential workers are women, and just over half of all essential workers have children (ESRI, 2020). As stated above, the nursing and midwifery professions are 90% female, a percentage reflected by our study (96% stating they were female). Moreover, looking at the age profile of nurses and midwives working in the HSE, a large portion of the professions are in the age groups normally associated with childrearing and parental responsibility.

Lone Parents

6.7 ESRI (2020) also identified that lone parents make up 9% of essential workers in Ireland. The rate of lone parents is highest (14%) in the “Other Health Employee” group, which includes workers in hospitals and nursing homes. Arranging childcare as a lone parent can be extremely challenging and this has not been helped by the crisis. The provision of paid leave for partners of essential workers was strongly criticised by the INMO as it discriminated against lone parent families. Lone parents responding to the survey expressed their frustrations. One respondent stated: **“One parent household, can’t afford extra childcare since schools closed...”** and another stated: **“There is no thought for single parent who are front line workers”**. 60% (n=115) of lone parents responded that COVID-19 restrictions caused additional expenditure.

Mental Health

6.8 Although research is still emerging there is evidence to suggest that the mental health of nurses, midwives and other HCWs has been adversely affected during the pandemic. The International Council of Nurses (ICN) identified the need for increased mental health supports for nurses globally as they work during the pandemic (ICN, 2020). The demands placed on HCWs including nurses and midwives are described by one author as “extraordinary and long lasting” (Gavin et al., 2020). Some of the concerns of nurses and midwives include risk of exposure, risk to family members, as well as increased workloads and inadequate staffing levels (McMullan, et al., 2020).

6.9 As identified, our survey revealed that many of the respondents were experiencing high levels of stress, anxiety and worry over the issue of childcare. One respondent stated: **“I feel that the lack of assistance in relation to safe childcare has caused increased stress to both myself and my family.”** Another member stated:

“The stress on us with three school going children has been immense in every sense I don’t really want to hear the government thanking us and calling us heroes they have neglected this huge issue we need help now with childcare now. financial assistance something. also this is not going to change in the next coming months the problem will remain if the schools only open part-time. This issue has been handled disgracefully.”

Another stated: **“Childcare was the most stressful aspect of this pandemic for my family. As PHN & 20 miles from home I worried when I got no reply from my child’s phone. I felt constant stress at work.”**

6.10 A number of respondents told us they had to send their children to live elsewhere in order to ensure they were supervised and many reported they would sometimes finish a shift and go straight into a day of childcare without sleeping.

6.11 Many comments received throughout this survey expressed frustration at the complete lack of response from the Government in terms of a workable childcare solution. Many members expressed feelings of frustration and being let down.

Social Stigma

6.12 It has recently emerged that another worrying development of the global pandemic has been a social stigma associated with nurses and midwives working with COVID-19 patients. Globally, social stigma has been experienced in a number of different ways. In the UK, nurses have been experiencing physical attacks and online trolling (RCN, 2020). In Japan, reports have emerged of HCWs being refused childcare or having their children removed from childcare facilities.

6.13 The ICN has called on governments to take action on this issue. Nurses and midwives are under extreme pressure and the added dimension of social stigma can have a detrimental effect on their mental health.

6.14 In relation to childcare, many of the respondents reported being refused childcare because of their connection to COVID-19 patients. One respondent stated:

“Childminders don’t want to take your children when they hear you are a nurse as they perceive you to be a high risk of infection, they have their pick of kids to mind so will decline to look after nurses children”. Another stated: “Childcare provider less willing to take nurses children because they're perception of higher risk of transmission from health care workers and the initial stance of the government to portray children as super spreaders”

6.15 Although the country is now reopening, that does not mean that this stigma will end. It is now extremely important that a national campaign is launched to stop any such social stigma from growing. One recent study suggests that such behaviours can last long after quarantines are lifted, and the virus contained (Ramaci, et al., 2020). As we learn to live with COVID-19 in the coming months, it is essential that HCWs are not stigmatised or prejudiced in any way.

7.0 Actions

7.1 As a matter of urgency, the INMO now calls on the Government to develop a workable childcare solution for healthcare workers. While the restrictions are easing, this problem has not gone away, and it must be addressed immediately. This must be done in consultation with the INMO. It must also be acknowledged that private employers must also take responsibility for their staff and ensure appropriate action in terms of childcare during this crisis.

7.2 This solution must include the following options:

- Reimbursement of additional costs incurred pre-COVID childcare costs
- If nurses/midwives source childcare themselves, state assistance with payment for same
- Preferential treatment and access for nurse/midwives in relation to current proposal of limited access to preschool, creche, childminding.
- Reopening of schools to facilitate children of healthcare workers / essential workers

- Public awareness campaign confirming the safety measures undertaken by nurses/midwives' post shift, and the low risk of contracting COVID-19 if caring for nurses/midwives' children.
- Full restoration of annual leave forfeited to care for children by Nurse/midwife and their partners (re classification as circular 33/2020 in public service)
- Full restoration of parental leave which will not now be available throughout the year and also is unpaid, (re-classification to leave under circular 33/2020 in public service)

7.3 The difficulty of childcare provision has not disappeared. For nurses and midwives, it remains a central concern and cause for stress. It is also unlikely to dissipate as the health service reopens services and tries to provide two services, a COVID and non-COVID health service, requiring expanded bed capacity and staffing.

7.4 It is time for a real look at solutions which will allow a majority of female shift workers to attend for work where they are needed while being assured that safe and appropriate childcare is available.

Appendix 1 – List of communication concerning childcare between the INMO and Government Departments/HSE.

30th March 2020 – Letter from Ms Ni Sheaghda to Mr Paul Reid CEO HSE subject: Childcare Provision. The letter details the difficulties that have arisen as a result of closure of childcare facilities, schools and cocooning of over 70-year olds and outlines the impact this is having on nurses and midwives;

“Many of our members rely on both family and formal childcare facilities as their working hours span the 24-hour cycle. To ensure that they can continue to work it is now imperative that safe alternative childcare is provided to nurses and midwives and that this is not at an additional cost to them.

In the event that it is simply not possible to ensure safe appropriate childcare our members cannot be penalised or suffer any negative consequences if unable to attend work due to these circumstances entirely outside of their control.”

6th April 2020 – Letter from the National Joint Council: HSE Staff Panel of Trade Unions (NJC) to the Head of Corporate Employee Relations. Subject: Child Care. This letter details the lack of childcare provision for HCWs four weeks into the lockdown. The letter states that no solutions had been put forward and illustrated how this was having a major impact on the ability of healthcare workers to continue attending work. It also stated that those who had managed to secure childcare were paying significantly higher rates than if schools and creches were open. The NJC demanded that.

“the employer would cover the cost of childcare for all healthcare workers who had secured childminding for the COVID-19 emergency and.

the employer would continue to pay full salary (including allowances and normal premium) to healthcare workers who could not attend work due to their childcare responsibilities.”

The letter also noted that failure to act would result in a significant and detrimental impact on the availability of healthcare workers in the health care sector.

16th April 2020 – Letter from the National Joint Council (NJC) to the Head of Corporate Employee Relations. Subject: Child Care and other matters. Following a conference call at which a meeting was to take place between the HSE and other departments, this letter reiterates the concerns of the NJC in relation to the lack of childcare provision for healthcare workers. It states that the *“unions continue to be inundated with calls from healthcare workers who have shown great ingenuity and flexibility in order to make themselves available for work.”* Again, the NJC repeated its call for the HSE/Employer to cover the additional childminding costs.

21st May 2020 – Letter from the National Joint Council (NJC) to the Head of Corporate Employee Relations. Subject: Child Care Supports to Health Care Workers. This letter once again outlined nurses and midwives’ deep frustrations concerning the lack of a workable childcare solution. The government’s ill-conceived childcare plan, having failed, had meant that four months into the crisis, members still did not have a solution to their childcare needs. The NJC once again, demanded that members be reimbursed for any costs of childcare; that staff who had taken leave to care for children before the circular had been issued, to have their leave returned and need for the HSE to apply the circular in a flexible manner. The NJC staff panel has referred the matter to the WRC and conciliation is due to take place on the 2nd of July 2020. There really should not be a requirement for matters to be subjected to conciliation. These were circumstances outside of the HCW control and they were unique in

having to attend work when most others were in lockdown. The fact that due to lack of childcare provision it cost them additional money and annual leave, should be immediately corrected by their employers.

8th April 2020 – INMO Meeting with the Minister for Health - The INMO met with the Minister for Health in relation to childcare provision for nurses and midwives.

9th April INMO freedom of information request to Department of Health. Reference FOI/2020/124. Request was sent to DOH for all correspondence on the issue of childcare provision to frontline healthcare workers, the documentation to the Department of Health and from the Department of Health. The dates are from and including the 29th February to 16th April. Completed and returned to INMO on 19th June 2020.

9th April freedom of information request to Department of Public Expenditure and Reform. Reference FOI/P074/2020. Request was sent to DPR for all correspondence on the issue of: Childcare provision to frontline healthcare workers, the documentation to the Department of Public Expenditure and Reform and from the Department of Public Expenditure and Reform. The dates are from and including the 29th February to 9th April 2020. Completed and returned to INMO on 21st May 2020

9th April freedom of information request to Department of An Taoiseach. Department advised a separate request must be sent to each department – 17th April request sent to Department of Children and Youth Affairs. Reference FOI/2020/30. The request was for all correspondence on the issue of childcare provision to frontline healthcare workers, the documentation to the Department of An Taoiseach and from the Department of An Taoiseach. The dates are from and including: the 29th February to date. Completed and returned to INMO on 17th June 2020

16th April 2020 – Meeting with the leader of Fianna Fail - The INMO met with the leader of Fianna Fail, Micheál Martin in relation to childcare and other issues.

27th April 2020 – Letter from Ms Ní Sheaghdha to Minister Harris subject Childcare Provision. The letter details that despite much representation on the issue of childcare provision the results to date have been very disappointing. It also outlines that it is disproportionately affecting women.

“who have been to the frontline of protecting society from the spread of this virus, are simply disregarded by government and their employer”

The letter explains that nurses and midwives are obliged to use annual leave and other leave to substitute childcare that is no longer being supplied by usual means and that where childcare can be secured it is at higher than normal cost which is having a negative impact on the daily lives of nurses and midwives.

“Our members are having to exhaust their annual leave and other leave and where they can secure childcare, they are paying extraordinarily high premiums to allow them attend work. These costs and use of annual leave and other leave must be borne by the employer as to simply allow a situation where those with family responsibilities are negatively affected in this manner is contrary to fair and equal treatment as employees of the state”

6th May email to Anne Marie Hoey National Director of HR from Ms Ní Sheaghdha re: DCYA-supported in-reach service where registered childcare workers provide support in an essential healthcare worker’s home. The email requests an outline of the planning process across government departments in respect of this issue, what instruction/direction has issued to the HSE if any, from Dept of Health, DPER, in respect of putting this plan in place?

“this matter would need to be addressed this week to ensure we can utilise this part of the national plan in a timely and appropriate manner and;

could you advise of the cross-department process which is required to facilitate co-parents of healthcare workers’ children time off from work to provide childcare while the essential healthcare worker attends work”.

22nd May 2020 – Letter from Ms Ni Sheaghda to Minister Harris subject Childcare Provision. The letter details ongoing issues that are arising for INMO members in relation to provision of childcare during this time, in addition to lack of dialogue with Department of Children and Youth Affairs;

“The lack of dialogue with this organisation on proposals that were developed by DCYA is disappointing. We understand a working group is established and is meeting currently, again we are not party to its deliberations and:

Our concern is that without this consultation we will have another announcement and it will not, in fact, be an appropriate or suitable solution for frontline nurses and midwives.”

2nd June 2020 – Meeting with the Minister for Health - The INMO met with the Minister for Health in relation to childcare provision for nurses and midwives.

3rd June 2020 – Follow up letter from Ms Ní Sheaghda to Minister for Health. The letter re-emphasised the need for a separate meeting regarding childcare with the Department of Children and Youth Affairs, Department of Health and the INMO stating that:

“Having re-emphasised the necessity for appropriate consultation it was agreed that the DOH would establish a three-way meeting with DCYA, DOH and INMO this week to discuss matters further”.

9th June 2020 – Meeting with the Minister for Health - The INMO met with the Minister for Health in relation to childcare provision for nurses and midwives.

11th June 2020 – Follow up letter from Ms Ní Sheaghda to Minister for Health. The letter is in response to the announcement that pre-school creches and registered childminding services are to reopen which was set out by an official from DCYA who confirmed that while requests to provide for prioritisation for HCW may be made it is simply a request. The letter outlines the concerns relating to same;

“There is no requirement or facility to provide for such prioritisation.

The real cost in annual leave, parental leave and, in some cases, unpaid leave endured by our members as a result of the inability to secure childcare and;

That more needs to be done to facilitate the childcare needs of frontline health care workers.”

8.0 References

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