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Covid-19: Lessons from disadvantaged communities for EU social policy

Hugh Frazer

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Covid-19: Lessons from disadvantaged communities for EU social policy

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Introduction

As the COVID-19 (CV-19) pandemic has spread across the world it has become increasingly clear that while the virus and measures being implemented to combat it are affecting everyone the impact is and will continue to be much greater for those who are disadvantaged and experiencing poverty and social exclusion. Indeed the CV-19 crisis is bringing into sharper focus already existing inequalities. The impact of the virus and many of the measures to counter it are exacerbating these inequalities. Drawing extensively on the work of the Dublin City Community Co-operative (Co-op) this Opinion paper looks at the emerging experience in Ireland of the impact of the CV-19 crisis in disadvantaged communities and what are some of the issues and challenges that this is raising for future policy making.([1]) It then reflects on the extent to which these issues seem to be mirrored elsewhere in Europe. In the light of this it concludes that there are some important challenges for European Union (EU) social policy in responding to these issues and challenges.

1. Some issues and lessons from disadvantaged communities in Ireland

Early in the public health crisis Ireland's leading community development organisation warned that some communities were particularly at risk of further marginalisation because of CV-19 (Community Work Ireland 2020). It especially highlighted those that: have low levels of access to economic resources and work in the lowest paid sectors; have inadequate access to social resources; have limited capacities and opportunities to cope and adapt; and limited access to technologies ([2]). More recently a group of leading NGOs from around Ireland has come together to highlight the issues and challenges and the responses needed to mitigate the consequences of the CV-19 crisis for the already marginalised groups and communities that they represent (Covid-19 NGO Group 2020). They particularly emphasise the need to recognise the broad range of vulnerable groups at risk from and affected by the fallout from the crisis. These include: people experiencing or at risk of homelessness (including those in

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[1] The Dublin City Community Co-operative is a network of 13 community organisations working across Dublin's inner city where some of Ireland's most disadvantaged communities are concentrated. During the CV-19 crisis members of the Co-op have been working tirelessly to support the most disadvantaged in their communities and to work closely with statutory agencies to address emerging issues facing their communities. As well as documenting the work that they have been doing the Co-op has also begun to document some of the emerging issues and challenges facing the most disadvantaged in their communities. This Opinion paper draws extensively on a recent paper from the Co-op, *The Impact of Covid-1 on the Most Disadvantaged in Our Communities* (McCarthy and Wardick 2020). Many of the issues highlighted in this opinion paper are elaborated on in more detail in the Co-op's paper.

[2] Access to economic resources can include access to decent wages, adequate income support and financial assets. Access to social supports can include access to public services such as health and social services and community-based support systems that help to overcome isolation and marginalisation. Access to technologies can include access to laptops, tablets, mobile phones and internet/broadband.

emergency accommodation, hotel accommodation, family hubs([3])); disadvantaged women; women experiencing domestic violence; Travellers and Roma; lone parents; people seeking asylum (the majority of whom are living in direct provision); migrant communities including undocumented migrants; people with disability; people living in poverty and experiencing unemployment; people experiencing poor mental health and mental illness; people with addiction; LGBTI+ Community; and disadvantaged young people. The experience of the CV-19 crisis on the ground in Dublin's inner city ([4]) confirms the evidence from the Community Work Ireland and the Covid-19 NGO Group reports. The public health crisis has increased the vulnerability of local communities and left them even more marginalised than before. It has put the focus on and reinforced the deep-seated and persistent inequalities that still exist in Ireland and need to be addressed.

1.1.   Key issues

The following are some of the issues facing vulnerable groups in Dublin's inner city that Co-op members have highlighted as being exacerbated by CV-19 many of which are also occurring in other disadvantaged communities around Ireland.

Health inequalities: The CV-19 pandemic is first and foremost a health crisis and as the crisis has developed it has increasingly put the spotlight on how disadvantaged communities in Ireland such as those in Dublin's inner city are particularly at risk due to pre-existing health issues. It has also reinforced awareness that poor health is closely related to a range of other disadvantages such as low income, poor diet, inadequate income, poor housing and environment, unemployment and poor working conditions and inadequate access to health services. This is very much in line with the World Health Organisation's views that "the social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries" (WHO 2019).

With the main focus in Ireland early in the CV-19 crisis being on the high risk of the virus infecting those working in hospitals and then on those in residential care homes the Co-op became concerned that not enough attention was being given to the high risks faced by disadvantaged communities it works with in the inner city. An article in the *Irish Independent* (the largest circulation daily newspaper in Ireland) highlighted emerging evidence that a high

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[3] Family hubs are an important first response for families who become homeless and who have no alternative other than commercial hotels. The hubs provide more appropriate and suitable emergency accommodation for families and provide play space, cooking and laundry facilities and communal recreation space.

[4] Dublin developed around the river Liffey and the inner city area encompasses traditional communities and new migrant communities on the north and south side of the river many of which experience very high levels of poverty and social exclusion. These communities exist alongside some of the greatest concentrations of power (Irish parliament, government departments, city hall) and wealth (International Financial Services Centre (IFSC) financial district and surrounds) in the country. Thus one finds both great disadvantage and great wealth/power co-existing side by side.

level of infection was found among the Roma community and homeless people in the north inner city and clusters of infection were identified among those living in extreme poverty in overcrowded accommodation (see Sheehan 2020). This subsequently led to the establishment in early May 2020 of a community testing hub at the Mater Hospital specifically for members of vulnerable communities. The Co-op has identified three significant implications of these serious health issues for the future. First, it will be essential to ensure that those who are most vulnerable and have contracted CV-19 are supported going forward ([5]). Secondly, continuing effective and prompt testing of disadvantaged communities as Ireland moves out of lockdown will be vital if the virus is to continue to be contained. Thirdly, it will be important in the medium to longer term to intensify efforts to address the underlying social determinants of poor health that are so apparent in areas like the inner city.

Access to food and food poverty: Food insecurity has increased for many people living in the inner city. There has been an urgent need to increase the provision of meals and food parcels to vulnerable people such as the homeless, those with mental or physical health issues who are unable to cook for themselves, children from disadvantaged backgrounds who are no longer attending schools and afterschool projects where they received food and families living in poverty whose food bills are increasing at this time as more people are at home for longer periods. The issue of food poverty has also been highlighted in other disadvantaged communities across Ireland as has been documented by a report from the network of 121 family resource centres operating in disadvantaged communities. They report an enormous increase in demand for meals and food parcels (Family Resource Centre National Forum 2020). Also, the Irish Local Development Network (ILDN) has published a number of case studies highlighting other parts of the country where local development companies have had to tackle the issue of food shortages (Irish Local Development Network 2020).

Violence: There has been increased risk of domestic violence and violence against children as tensions in homes have increased due to the rise in unemployment and restrictions imposed on movement. Such tensions are being exacerbated when people are living through lockdown in crowded spaces. The rise in domestic violence is in line with evidence elsewhere in Ireland. The *gardaí* (Irish police) are reporting receiving 25% more calls for help than last year and NGOs such as Women's Aid have reported a significant rise in women contacting them.

Homelessness: The early stages of CV-19 highlighted serious difficulties for individuals and families who are homeless. Some homeless people were still being sent out of homeless accommodation such as night shelters during the day despite advice to socially distance and

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[5] In this regard the evidence from the North Dublin COVID-19 Cohort Study, which was established in April 2020 to research the health of people living in the north inner city who have been affected by COVID-19, will be important. Further information is available at: https://www.hrb.ie/news/covid-19-coronavirus/coronavirus-news/article/improving-healthcare-delivery-for-covid-19-patients-in-dublin-s-north-inner-city/

limit movement. These individuals literally had nowhere to go, no place to rest during a long day, to eat, to use bathroom etc., not to mention the fact that they had no option but to wander the streets. Some private emergency accommodations do not provide/have cooking facilities. Encouragingly these issues have been largely resolved ([6]). However, some issues persist: the continuation of overcrowding in homeless settings; families in one room, and/or nonfamily members sharing facilities (bathrooms, bedrooms, communal spaces) has limited social distancing possibilities; there are difficulties for families managing in hubs or hotels with children where they have limited space; some private emergency accommodation providers still expect their residents to leave the premises for two hours a day so that cleaning can be carried out; a significant cohort within the homeless population have health needs, which include mental health and addiction issues; and some people are still sleeping rough and have problems accessing shower and laundry facilities, food and hot meals.

Inadequate and overcrowded accommodation: Overcrowding in both the private rented sector and public housing is a real block in the national effort to socially distance and limit the spread of CV-19. In both local authority accommodation and the private rented sector in Dublin's inner city there is 'hidden' overcrowding, a situation where there are more people living in the accommodation than stated to the landlord. These cases of hidden and non-legitimate occupants are a serious concern as these individuals almost always have nowhere else to go and maybe fearful of being identified as living there. Therefore, these individuals most likely remain almost invisible to officialdom. Many of these individuals are highly vulnerable as their ability to access support may be hampered by their accommodation situation. Another overcrowding issue is large families (often inter-generational) living in small spaces and where they are unable to maintain social distancing and self-isolation should one member of the family become ill. Also, some families are sharing with relatives and extended families to prevent family members becoming homeless and having to access homeless services. Overcrowding in the private rented sector is a potentially dangerous conduit of CV-19 as lockdown restrictions are gradually lifted.

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[6] Steps were taken by the Health Service Executive (HSE) and Dublin Regional Homeless Executive (DRHE) to put in place accommodation for single people, couples and families in self-contained accommodation. Around 1,000 beds were created in a variety of settings such as hotels, self-contained tourist apartments for such purposes. As noted in a recent report by three of Ireland's leading NGOs working with the homeless "This has been a significant step forward by Government, HSE and DRHE to provide this response and has meant that the transmission of the disease amongst the population of those in temporary accommodation has been minimised" (Merchant's Quay Ireland, Coolmine and Depaul 2020).

Poor quality environment: The impact of living in areas with little green space has been compounded during CV-19. Many families in the inner city are struggling with confinement in their homes as a result of less space inside and outside their own homes and less quality green space around their homes. The inner city has significantly less green open spaces than other parts of Dublin (see Kelly 2016). Less green space around homes is compounded by the fact that many families live in small flats, apartments, or houses with no gardens. Therefore, families who are less likely to have gardens are also less likely to have open, green public spaces near them, within the two-kilometre lockdown limits. These difficulties are often exacerbated by drug dealing, life-threatening drug-related intimidation and anti-social behaviour in the limited public and green spaces available. Thus, the historic physical neglect of more disadvantaged communities in Dublin in terms of the provision of quality outdoor space for recreational use has fundamentally exacerbated the stress and tension of an already difficult situation for these communities and families.

Mental health problems: There is an increase in mental health problems. Despite resources made available online for people who may be experiencing mental health difficulties a number of people in the community continue to express feelings of isolation and loneliness during these unprecedented times, particularly older people with less access to technologies. There are serious concerns about the mental health of families, particularly more vulnerable families and those living in homeless accommodation. Isolation is causing stress, loneliness and anxiety. The fact that many vital support services have been closed is causing many people to feel depressed and low. Many of the resources that are available in relation to mental health are in written English and there are many people unable to access those due to literacy and/or language barriers. There are concerns for individuals who were availing of mental health services and dependent on the routine for their wellbeing. These are now isolated and often without the supports they were accustomed to thereby further negatively impacting their mental health. The increased need for mental health supports is also emerging as an issue in many other disadvantaged communities across Ireland – the 121 Family Resource Centres report an increased demand for mental health supports (Family Resource Centre National Forum 2020).

Addiction: CV19 has impacted on addiction and drug use in the inner city. There is a risk of people in addiction relapsing as access to services is more difficult. Drug dealing in parts of the inner city has become much worse due to a drought in drug sales in other parts of the city. There is a concern that teenagers are now being used as runners on bicycles and more will get drawn into the drug scene as time goes on. There appears to be a reduction in the cost of drugs which is very tempting to drug users. There are fears for some individuals who prior to the outbreak, were in the early stages of availing of services to deal with drinking/alcohol and now are isolated in a home with another drinker.

Vulnerable older people: CV-19 has brought into sharp focus the needs and welfare of older people generally but most especially in disadvantaged communities. While the medical focus in Ireland has rightly been on residential care homes and communal settings where a large proportion of the deaths from CV-19 and older people have taken place ([7]), Co-op members have been very concerned about the over 70s living in the community who have been asked to cocoon and how their basic needs can be met and supported. They have found that physical distancing of older people is increasing isolation and resulting in loneliness and/or depression due to lack of social interaction. Many older people are being left out of the communication loop, in particular those who are disadvantaged and/or who have little or no understanding of the internet or access to social media, smart phones or computers/tablets. Similar concerns have been highlighted by community and voluntary organisations around Ireland. For instance Alone, the organisation which supports older people, points out that "[o]lder people are one of the groups most affected by this pandemic, so it is vital that we show them compassion and support now and into the future. As we have noticed, inequality has played a role in the course of the pandemic, with those who are most marginalised among the most affected, and it is time that this changes" (Alone 2020).

Vulnerable children and young people: While it seems that children and young people's health is less at risk from CV-19, measures introduced to combat the spread of the virus are having a particularly severe impact on children and young people, especially those in vulnerable situations. Amongst the many issues highlighted by Co-op members are: parents expressing their concern about being able to cope with having children kept inside for such a long time, and the additional strain of having all the children home puts on a family; increased strife within families; some households lacking access to WiFi and/or devices which further excludes children from participating in online services, including education services; children being encouraged/allowed to spend long periods online without much supervision; problems of coping with house-bound and bored teenagers being exacerbated by limited space; a rise in loneliness among young people due to physical isolation from friends and other supports; and children at risk of abuse or neglect not being identified due to the closure of schools and youth projects. This evidence of the stress CV-19 is causing for families with children is replicated elsewhere in Ireland. For instance the Children's Rights Alliance has highlighted a range of issues arising from CV-19 restrictions: concerns about child protection; the risks faced by vulnerable children confined to living in potentially dangerous situations; food poverty; and the increased difficulties for children with additional needs such as children with a disability, one parent families and children in detention (see Ward 2020). Similarly, a survey by the

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[7] A Department of Health report (*Overview of the Health System Response to date - Long-term residential healthcare settings*) on 20th May 2020 recorded that 978 (63%) of all deaths in confirmed and probable cases of COVID-19 are associated with long-term residential care (LTRCs) clusters. Of these 851 deaths are associated with nursing home outbreaks.

children's charity Barnardos has documented the impact on family life and noted that lone parents and those with young children are most likely to feel the pressure of CV-19 restrictions (Barnardos 2020). This evidence from the inner city and elsewhere in Ireland highlights that CV-19 is likely to have a lasting impact on children's development and going forward risks further deepening inequalities between children from poorer backgrounds and other children.

Educational disadvantage and the digital divide: The disruption to schools and the long-term impact on children of being out of school for a considerable period is a concern for all parents. However, very particular concerns are emerging about children in the inner city who are already in DEIS schools (Delivering Equality of Opportunity in Schools) and/or disadvantaged in terms of education. Children who are already educationally disadvantaged are being most impacted on. While great efforts have been made to support home schooling and distance learning during the crisis this is proving much more difficult for many families in disadvantaged areas. Key issues that are arising include: difficulties experienced by parents who are themselves educationally disadvantaged in supporting their children's education; lack of physical space to provide a safe and usable space for children to learn – this is especially the case for families in emergency accommodation; older children being required to care for younger siblings while their parents go out to work; and lack of skills to use on-line teaching materials and/or lack of the necessary IT equipment and access. The loss of routine and social as well as educational support provided by schools is also creating serious concerns about the mental health of children and young people. These concerns are echoed by research carried out by Maynooth University, which has highlighted a range of specific concerns. These concerns include: DEIS Schools worried about their pupils; pupils with Special Education Needs (SEN); and 'English as an Additional Language' (EAL) pupils (Burke and Dempsey 2020). In the light of this, there must be a concern that the long term effect will be to deepen educational inequalities as those children and young people who were already educationally disadvantaged will find it most difficult to make up for this period out of school and be left further behind. As one school principal in a Dublin DEIS school has put it: "[m]y students started out not on a level playing field, and now it has become even more unequal". These concerns are also echoed in a paper from the Institute of Public Policy which warns that "[o]ne potential consequence of the current school closures is a widening of inequalities in education and skills" (Doyle 2020).

The Roma community: The Roma community is one of the most disadvantaged communities in Ireland and many of them live in overcrowded accommodation in the inner city. All of the barriers they already experienced have been exacerbated during the crisis and there have been numerous reports in Ireland that the Roma community has become disproportionately affected by the virus (see section on health inequalities above). The Co-op's Roma programme has identified a range of issues that have further exacerbated the

situation during the crisis: lack of English language skills is a barrier to the Roma accessing services and accompanying users to various services is no longer possible; support in accessing relevant documentation (e.g. personal public service [PPS] numbers, obtaining birth certificates, bank accounts, revenue registration or any other required official documentation) has become significantly more difficult; literacy problems and lack of access to IT skills has often excluded access to public administration on-line; lack of space in emergency accommodation or overcrowding in the private rented sector has limited social distancing; loss of employment has led to income problems; a range of medical conditions, including a high level of diabetes, pulmonary issues and obesity, has increased vulnerability of the Roma to CV-19; young Roma, many of whom are already very educationally disadvantaged, have particularly struggled with their school's online work. The Co-op's concerns about the Roma community in the inner city are reflected also in relation to the Traveller and Roma communities elsewhere in Ireland. Pavee Point, the Traveller and Roma Centre, has emphasised that "[t]he particular challenges faced by many Travellers include: already higher levels of chronic disease compared to the majority population making the Traveller community more vulnerable to COVID-19; accessing water and facilitating self-isolation for the approximate 3,000 Travellers still forced to live on the side of the road and others living in poor conditions on local authority halting sites; the difficulties of self-isolation in overcrowded conditions faced by Travellers who have been forced to double up on sites" (Pavee Point 2020).

Low paid and insecure employment: Many of those living in Dublin's inner city are low paid workers and many of them have either lost their job or found themselves in 'front line' employment and are often in jobs where there are poor wages and/or working conditions. They include carers, cleaners, those in the food sector, from crop pickers, transport drivers to retail staff, those in the gig economies, those with zero-hour equivalent contracts and childcare workers, the majority of whom are low paid and often women. Many women in inner city communities are working as carers, but they are struggling with a range of issues such as: not having Personal Protective Equipment (PPE); struggling with childcare as their children are now out of school and crèches; and being in work that is low paid, stressful and now dangerous. Another significant source of employment for disadvantaged inner city women is childcare and in spite of welcome supports developed by the Department of Children and Youth Affairs there remain concerns that community childcare providers will remain under pressure to pay all their outgoings while closed with little or no budgets to do so. Indeed, the crisis has highlighted just how many people in the inner city are in vulnerable positions in the labour market. In addition to low wages and insecure employment discrimination in the labour market is a serious concern and non-Irish communities are fearful of discrimination in the labour market and are concerned that as rates of unemployment increase migrants are soft targets for job losses and will find it most difficult to find decent employment in the recovery

period. The extent to which the CV-19 crisis has hit those on low pay is also highlighted by other organisations working with disadvantaged groups. For instance, the Economic and Social Research Institute has emphasised the impact of the crisis on minimum wage jobs (Redmond 2020) and the Society of St. Vincent de Paul, Ireland's largest voluntary charitable organisation, has highlighted the impact of the pandemic on low paid workers and have pointed out that "those who were already on a low income, younger workers, and migrant workers have fared the worst, and people who have lost their job are more likely to be young, low-skilled, female and part-time than the rest of the population" (Petrie 2020). Key issues for the future will be: ensuring that a priority is given to supporting those who are most vulnerable in the labour market back into employment; ensuring an adequate living wage for such workers; and improving employees' rights in terms of zero-hour/gig economy contracts.

Devastation of self-employed: The majority of Co-op clientele who have established self-employment in the last 12 months were previously long-term unemployed. An estimated one third come from migrant communities (both European and non-European), as well as some who are ex-offenders and/or homeless/emerging from homelessness. Under the current restrictions there is no way many of them have been able to continue to work. Thus, the Covid-19 crisis is having a devastating impact on both newly established and existing micro businesses. Many of them will be forced to close for good and it will take others a long time to recover. In the next period they will need intensive support to re-establish self-employment.

Social welfare difficulties: The CV-19 crisis has reinforced the crucial importance of social welfare support at times of crisis. The Irish government's introduction of new social welfare payments, the Covid-19 unemployment and illness payments and a temporary wage subsidy have been very welcome and especially important in the inner-city. However, Co-op members have identified some particular difficulties: many of the Co-op's clients trying to apply for payments have limited English language/literacy/digital skills and are struggling with English forms and their own literacy; and there are concerns that undocumented migrants are lost and unable to access the system. Such communities are particularly vulnerable in the current situation. Looking to the future a key issue will be maintaining adequate levels of income support for the most disadvantaged and ensuring it reaches the most vulnerable.

Information gaps in access to healthcare messages and compliance difficulties: Early in the crisis Co-op members became aware that getting key public health information about CV-19 to poorly educated and disadvantaged communities was proving a particular challenge. One of the consequences of educational disadvantage is weak adherence to public health messages, where people may not understand, hear, or feel engaged with those messages as a consequence of their own disadvantage, marginalisation and exclusion. Also they are particularly vulnerable to disinformation, some of which is knowingly spread, which

can undermine expert advice and seriously damage public information campaigns. Language and literacy problems can increase these difficulties. It is also evident in the inner city that information gaps are also compounded by the fact that it is often more difficult for the very disadvantaged to understand and comply with the range of public measures put in place to limit the spread of CV-19. Disadvantaged communities can have a tenuous (or negative) relationship with those perceived to be in power and may not adhere and/or believe the message that those in power put forward. In particular they may not believe that the message is for their benefit. Thus Co-op members have worked hard with statutory authorities to try and ensure that messages are clear and relevant to disadvantaged communities and have made real efforts to reach out to those most at risk in order to ensure they receive appropriate information and to encourage compliance. The experience has highlighted the need to literacy proof all public information material and ensure it reflects the diversity of Irish society and to develop creative and targeted ways of communicating with and involving those who are most isolated.

Data gaps: One of the concerns identified by the Co-op has been the lack of adequate data on the impact of CV-19 on disadvantaged communities and ethnic minorities. This is particularly important given the growing body of evidence in other countries that risks of infection are higher for disadvantaged groups. For instance, in the United Kingdom the Office of National Statistics for England and Wales has produced figures confirming the disproportionate impact of Covid-19 on disadvantaged communities in England and Wales, with people living in the poorest areas of England and Wales twice as likely to die from Covid-19 as those in less deprived areas (Devlin and Barr 2020). When contacted by the Co-op the Irish Central Statistics Office indicated that detailed data such as that in the UK showing the impact on disadvantaged communities is not currently available. While the data currently available from the Central Statistics Office (CSO 2020) doesn't show a link between deprivation and CV-19 infections these findings are probably skewed because of the high rate of infections and deaths in care home clusters which probably do not reflect where these individuals originally came from and reporting by deprivation area is at a quintile level, which is very broad and makes it difficult to pinpoint the impact on the most disadvantaged groups and areas. There is thus a need to develop a more refined reporting. The lack of such data has certainly impeded the effective targeting of responses to areas most at risk.

Funding crisis for NGOs: As the CV-19 crisis has developed it has become evident that many local community and voluntary organisations providing front-line services have faced increased demands for support while their funding-raising base has decreased putting their long-term survival at risk. This has become a major issue for the NGO sector more widely and has been highlighted by The Wheel, Ireland's association of community and voluntary organisations, charities and social enterprises (The Wheel 2020) and in a recent report from

the Charities Regulator which has highlighted the financial difficulties and uncertainties faced by many charities providing front-line services (Charities Regulator 2020).

1.2.   Some positive developments

While Co-op members have identified many difficulties arising from CV-19 they have also noted some encouraging developments that provide important pointers for the future. These are just five of them.

Enhanced sense of community and solidarity: There has been a real flowering of a sense of community and solidarity during the crisis with enormous efforts being made by community groups and individuals across the inner-city to support the most disadvantaged. The invaluable role being played by local community groups in reaching those most at risk has become much more visible and increasingly recognised by statutory agencies than heretofore. Indeed, this flowering of a new sense of solidarity and community spirit has been a feature of the response to CV-19 across Irish society. It provides an important base for building a more inclusive society in the future.

Enhanced cooperation and coordination between service providers and different sectors: There has been a significant increase in cooperation between statutory and community and voluntary agencies in the inner city and indeed further afield in response to the CV-19 crisis. This has led to important improvements in areas such as: support to the homeless, better targeting of the most disadvantaged communities, increased support to the vulnerable elderly and enhanced support for victims of domestic violence. This is mirrored elsewhere in Ireland. For instance the Family Resource Centres have noted that there has been "[g]reater collaboration between diverse agencies and support groups; and a strong community spirit evident in response to Covid-19" (Family Resource Centre National Forum 2020).

Increased government awareness of and intervention on poverty issues: The crisis has certainly led to a growing awareness of the need for urgent action on some key issues facing disadvantaged communities in areas such as the inner city. As a result there have been significant new initiatives taken by government many of which could only be dreamt about prior to the crisis, for instance in areas such as: supporting the homeless, banning evictions, providing money to address the digital divide, €40 million package of supports for the charity sector providing front-line services, increased support for victims of domestic violence, enhanced income support and wage subsidies, a child care support package. As noted by a leading Irish think tank commenting on measures to prevent evictions "[w]hat would, just a few months ago, have been seen as an insurmountable breach of the Constitutional rights of landlords was possible to enact in an emergency in a matter of days" (Social Justice Ireland

2020). The pandemic has indeed put the need for government to play a much more active and interventionist role in addressing key social issues firmly on the political agenda.

Growing awareness of high level of socio-economic and environmental inequality:
The CV-19 crisis is increasingly making much more visible the extent of underlying social, economic and environmental inequalities in Irish society which have made the impact and experience of living through the pandemic much worse for disadvantaged communities in areas like the inner-city than in more affluent areas. As the Co-op paper puts it "we are all in the same storm but we are not all in the same boat" (McCarthy and Wardick 2020). Hopefully this provides a clarion call for addressing these inequalities in the future.

Increased awareness of the interdependence of all sectors of Irish society: The CV-19 crisis has highlighted how much the different levels of Irish society are interdependent. The key role played by frontline workers, whether in essential public services or retail services, many of whom are in low paid and insecure jobs and living in disadvantaged communities like the inner city, in keeping society functioning is now much more visible to everyone. Hopefully, this will lead to a much higher value being placed by the whole of society on essential public services and on the role played by workers in key areas such as retail. It could provide the momentum for a new national effort to reduce inequalities in access to essential services and decent accommodation, to ensure everyone has access to a living wage and to address environmental inequalities as part of a more sustainable future.

2. Similar evidence from EU networks

From a quick review of evidence emerging from some of the key European networks and other organisations concerned with issues of poverty and social exclusion it would seem that many of the issues that have emerged on the ground in Ireland in relation to CV-19 are also being experienced by disadvantaged communities in many other EU countries. Drawing on the experience of its 31 national networks of voluntary organisations and grassroots groups The European Anti-Poverty Network (EAPN) has emphasised that across the EU the virus proportionally hits the poorest and most vulnerable people and their families hardest and the measures to mitigate it have more severe and damaging effects on workers with low wages and/or income and their families, those in atypical work and with precarious employment contract arrangements (i.e. zero-hour), low-quality jobs or those who are unemployed or reliant on income support. Medically, it has higher fatality rates and creates higher needs for hospitalisation for those who are older, chronically sick or with a health condition. Households in poverty and social exclusion are most severely hit as they have fewer resources and fewer options, in particular households with children, chronically ill and disabled persons (European

Anti-Poverty Network 2020a). Similarly, a broad range of European civil society organisations signed a joint statement stressing that while the CV19 crisis affects everyone it hits some harder than others and magnifies existing inequalities. Those most affected include migrants at the borders, precarious workers, undocumented people, low income families, homeless people, elderly people, women, and people with disabilities or chronic illnesses – including many racial and ethnic minorities" (European Network Against Racism 2020). Likewise ATD Fourth World has pointed out that f*or many people trapped in the permanent crisis of poverty* the pandemic and the measures adopted to cope with it aggravate the situation (ATD Fourth World 2020)*.*

Health inequalities: The evidence from EuroHealthNet (EHN), the partnership of national and regional public health institutes and authorities, shows that the issue of health inequalities is not just an Irish concern. EHN has highlighted the extent to which health inequalities and the social determinants of health have been put in the spotlight by the pandemic. It stresses that the impact of *COVID-19* is heaviest on the lives of people living in deprivation or facing difficult socio-economic circumstances".   It emphasises that fatalities occur most amongst those with underlying illnesses such as high blood pressure, diabetes and heart or respiratory disease and that the more socially and economically disadvantaged a person is, the more likely they are to suffer from these largely preventable diseases and be more exposed to infection as they may be unable to self-isolate due to insecure labour conditions and may live in closer proximity to each other and are more likely to experience overcrowding. Looking to the future EHN stresses that *COVID-19 lessons highlight the need to invest in prevention and health promotion, as well as in the wider health workforce, tackling avoidable health inequalities, and boosting health literacy* (EuroHealthNet 2020a and 2020b).

Mental health impact: The impact of the crisis on mental health so evident in disadvantaged communities in Ireland is also an issue around Europe. This was highlighted both by EuroHealthNet (EuroHealthNet 2020a) and by Mental Health Europe's Coalition for Mental Health and Wellbeing which brings together champions of human rights and positive mental health in the European Parliament. In an open letter to the Presidents of the European Council and Commission the Coalition highlighted that the consequences of the current outbreak disproportionally affect people who experience mental ill-health and expose the shortcomings of European mental healthcare systems and reminds us that mental health is strongly affected by a range of social determinants (Mental Health Europe 2020a).

Food poverty: The rise in food shortages experienced in Ireland during the pandemic is also strongly reflected elsewhere in the EU. For instance, the European Food Banks Federation has reported that the COVID-19 crisis has brought not only grief and suffering but also a new food

emergency with the demand for food increasing by up to 50% compared to the pre-coronavirus period (European Food Banks Federation 2020).

Vulnerable older people: The extent to which older people in disadvantaged communities are particularly vulnerable during the pandemic appears to be a common concern across the EU. AGE Platform Europe, the largest EU network of organisations of and for older persons, has highlighted the need for additional support for some older people to access essential goods (e.g. food), services (e.g. social or health care), and to maintain human interaction during the CV-19 crisis. It has also highlighted that while digital social networking is now being widely used to communicate during the current lockdown, many older people do not have equal access to digital media (AGE 2020a).

Vulnerable children: The impact of the pandemic on children is clearly a major concern well beyond Ireland. The EU Alliance for Investing in Children has stressed that while children are considered as a low-risk group from the virus they are one of the groups hardest hit by the public health measures to tackle the resultant crisis. It points out that already in 2018, 23 million children were growing up at risk of poverty or social exclusion in the EU and this number is now expected to increase considerably in the coming year(s) as the economic consequences of CV-19 in Europe take their toll. It thus stresses that the fight against child poverty should be put high on the political agenda as investments in our future education, child protection, health and nutrition, will help Europe reduce the damage and avoid future crises." (EU Alliance for Investing in Children 2020). Likewise, Eurochild, the network of organisations and individuals working in and across Europe to promote the rights and well-being of children and young people, has pointed out that *during the crisis the challenges of staying home have been compounded for children living in poor housing, and for those for whom school lunches were the only hot meal a day. It also highlights how families in poverty particularly struggle to provide a home learning environment and raises concerns for children in the child protection system as COVID-19 impacts vital social care and family support services*" (Eurochild 2020). Similarly, Eurodiaconia, the European network of churches and Christian NGOs providing social and healthcare services and advocating social justice, has highlighted that children are the hidden victims of COVID-19 (Eurodiaconia 2020). The impact of CV-19 on children across Europe highlighted by NGOs has also been stressed by the OECD which has pointed out how the economic and social consequences of CV-19 hurt some children more than others and, in particular, exacerbate the risks of children living in poverty experiencing maltreatment, violence at home, and poor nutrition, reduces opportunities for children to participate in extra-circular activities and to come in contact with supportive adults at school and in the community, and limits thier access the justice system and child protection services. (OECD 2020).

Homeless people: The serious risks faced by the homeless from CV-19 in Ireland are clearly replicated elsewhere in Europe. FEANTSA, the European Federation of National Organisations Working with the Homeless, has stressed that people experiencing homelessness are an especially vulnerable group in the context of the pandemic as sleeping rough or staying in temporary or emergency accommodation (hostels, night shelters, etc.) puts them at a high risk of transmission and compromises their access to hygiene and isolation spaces. As a medically high-risk populationif they contract COVID-19, they are more likely to become seriously ill and to die. Also, they face multiple barriers to accessing healthcare as well as public health information. Furthermore, many of the measures aimed at the general population – self-isolation, increased hygiene, staying at home, strict social distancing – are not a realistic prospect for people experiencing homelessness (FEANTSA 2020a). Likewise SMES Europa, a network of health and social workers across more than 15 European countries, has emphasised that the CV-19 crisis has highlighted the plight of people who are homeless and those with a mental illness and has shown that resources can be mobilised to provide housing, social and healthcare for vulnerable people (Santé Mentale et Exclusion Sociale 2020).

Roma and migrant communities: The high level of vulnerability experienced by the Roma and migrant communities in Dublin's inner city is strongly reflected elsewhere in the EU. The OSCE Office for Democratic Institutions and Human Rights (ODIHR) and the EU Agency for Fundamental Rights (FRA) have highlighted how persistent Roma inequality across Europe increases COVID-19 risk and the pandemic has brought longstanding Roma discrimination and marginalization into sharp relief. They point to the difficulties Roma face to maintain physical distance, self-quarantine and regularly wash their hands because they live in cramped Roma neighbourhoods with overcrowded housing and 30% of Roma live in households with no tap water. Also many Roma are being pushed further into poverty as they work in low paid jobs often without social security. They also highlight a rise in discrimination and anti-Gypsyism (see OSCE 2020 and FRA 2020). The Platform for International Cooperation on Undocumented Migrants (PICUM) has highlighted that for undocumented individuals and families in situations of acute vulnerability, such as those who are homeless, living in encampments, reception centres, or in immigration detention, the risk of infection from the virus is great because of proximity and poor living conditions and that it is even more difficult to contain the spread of the virus in such precarious and overcrowded settings (PICUM 2020).

Domestic violence: The rise in domestic abuse in Ireland during Covid-19 seems to be replicated in many other countries. For instance the European Social Network (ESN), a network of public social services, has raised fears of a rise in domestic abuse, specifically violence against women and children (European Social Network 2020). The European Women's Lobby reports that among many ways that women are being heavily impacted by the pandemic

includes being at home with a violent partner and that since implementation of lockdown measures, there has been an increase of 30-50% in domestic violence in the EU (European Women's Lobby 2020a). Similarly the WHO reports that as Covid-19 rampaged through Europe, countries across the region have reported a large increase in domestic violence with Member States reporting up to a 60% increase in emergency calls by women subjected to violence by their intimate partners (United Nations 2020).

Disability: Just as the Covid-19 NGO Group in Ireland has highlighted that people with disabilities are one of the groups at particular risk during the pandemic the European Disability Forum has highlighted the extent to which persons with disabilities face the same risk as the rest of the population, compounded by many other issues: disruption of services and support, in some cases, pre-existing health conditions which leave them more at risk of developing serious illness or dying, being excluded from health information and mainstream health provision, living in an inaccessible world where barriers to goods and services are everywhere, being disproportionately more likely to live in institutional settings (European Disability Forum 2020a).

Key role of civil society organisations: The Social Platform, the largest network of civil society organisations in the European Union, in its Social Compass shows that the key role played by civil society organisations in supporting vulnerable people during the crisis is not just an Irish phenomenon but is evident across many other countries (Social Platform 2020). AGE also highlights that the ongoing crisis has prompted high levels of volunteerism and mutual cooperation and stresses the vital role being played by local communities in making sure care and support is delivered to those who most need it. (AGE 2020b). Likewise SMES Europa has welcomed the community feeling, social solidarity and mutual self-help that has emerged from the COVID-19 crisis. In many countries, significant resources have been mobilised to house (and provide health care for) homeless people (Santé Mentale et Exclusion Sociale 2020).

3. Lessons for EU Social Policy

The experience of the CV-19 crisis on the ground in disadvantaged communities has put the spotlight firmly on issues of inequality, poverty and social exclusion both in Ireland and in many other countries. CV-19 has also demonstrated the strong link between health issues, social inequities and environmental issues. It has raised awkward questions about how our societies function. As Richard Horton, editor of the Lancet, said in a recent interview "Covid-19 has held a mirror up to our society and forced us to look at who really is vulnerable, who really does make society work, who has to literally put their lives on the line while the rest of us are secluded in our homes." ([8])

While first and foremost responsibility for addressing the range of issues highlighted in this paper lies with Member States there is also a crucial role for the EU to play in addressing these issues. Indeed, the message for the EU from disadvantaged communities is clear. The EU needs to create a much stronger social dimension than heretofore and to rebalance its economic, social and environmental policies so that they are mutually reinforcing and leave no one behind. This principle must be at the heart of the stimulus package that the EU is putting in place to help Member States to recover from the consequences of the pandemic. There must be no return to policies of austerity but real investment in quality public services that are vital to ensuring an inclusive and sustainable economy and society for all. In the light of this the following are some suggestions of the ways the EU can address the issues emerging from disadvantaged communities and contribute to building a better, more inclusive and more sustainable future post CV-19.

Encouragingly the basis for developing a strong EU response to the issues of poverty and inequality highlighted in this paper can already be found in two documents which the President of the European Commission (EC), Ursula von der Leyen, has put at the heart of the European Commission's mission (along with the Green New Deal) in the coming period: the European Pillar of Social Rights (European Commission 2017) and the UN Sustainable Development Goals (United Nations 2015). What is needed now is a dynamic and concrete strategy for operationalising and implementing the principles, rights and objectives set out in these documents which the EU has committed to implementing. To this end the European Pillar of Social Rights (EPSR) and the Sustainable Development Goals (SDGs) should be put at the heart of a comprehensive social and sustainable Europe 2030/Recovery Strategy and back this with an ambitious EU long term budget. The Strategy should set clear overall goals and targets on reducing poverty, social exclusion and inequality and specific goals and targets for key policy areas. All measures (economic, environmental and social) in the Strategy should be proofed for their potential impact on poverty, social exclusion and inequality. Member States

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[8] Interview with Andrew Antony in the New Review, The Observer, 14th June 2020.

should be required to develop comprehensive strategies to combat poverty and social exclusion and address inequalities in access to quality public services. This would then provide a clear basis for implementing and monitoring the EU Strategy through the European Semester process and for allocating EU Funds in the coming period (i.e. Multiannual Financial Framework 2021-2027).

The following are some of the key elements that should be prioritised in such a strategy in the light of the issues emerging from disadvantaged communities.

Invest in accessible health care systems: In view of the serious health inequalities faced by disadvantaged communities and in line with Principle 16 of the EPSR the European Commission should support Member States in ensuring that everyone, especially those in vulnerable situations and living in disadvantaged communities, has access to affordable and accessible health care with a particular emphasis on strengthening primary health care and resourcing community based preventative measures. To this end EU funding should be used to improve access to healthcare, in particular for vulnerable groups. The European Commission should strengthen the monitoring and reporting on inequalities in access to healthcare in the European Semester process, with the use of Country Reports and Country-Specific Recommendations for those countries lagging behind. Special attention should also be given to addressing mental health issues including through promoting cross-sectoral collaboration and community-based services and investing in mental health literacy to tackle stigma and discrimination.

Strengthen social services: The key role played by social services in supporting people in vulnerable situations during the pandemic should be recognised and an investment in strengthening social services should be a priority in any Europe 2030/CV-19 recovery strategy. To this end a Commission Communication on the role of social services in assisting vulnerable groups following the CV-19 crisis and on supporting the implementation of the EPSR should be considered. This can then provide a useful guide for the use of EU Funds to encourage the development of quality social services in countries where they are underdeveloped.

End low pay and insecure work: Those in low paid and often insecure employment have been both one of the main groups impacted by the CV-19 pandemic and many of them have played a key role in keeping essential services and retail provision operating during the crisis. This highlights the importance of addressing in-work poverty and ensuring that in future all workers across the EU receive at least an adequate living wage that ensures a decent standard of living in line with principle 6 of the EPSR. In this context the priority of the current Commission, as stated by President von der Leyen, "to ensure that every worker in our Union has a fair minimum wage" allowing "for a decent living wherever they work" (von der Leyen 2019), takes on especial importance. Achieving this should be a high priority for the European

Commission, social partners and political leaders and combating in-work poverty and low pay should be mainstreamed into the Europe 2030/Recovery Strategy.

Adopt minimum income directive*:* The key role of income support systems during the CV-19 crisis highlights the need to ensure that all Member States have strong income support systems in place and in particular that all have adequate levels of minimum income. In this regard a high priority should be given to develop stronger EU level guidance on adequate minimum income schemes in all Member States in line with Principle 14 of the EPSR. Urgent consideration should be given to adopting an EU framework directive on the right to a decent minimum income, to effectively contribute to the realisation of an enforceable social right for all in Europe.

Define and set minimum standards for essential services: The CV-19 crisis has highlighted the importance of access to essential services of good quality such as water, sanitation, energy, transport, financial services and digital communication, especially for disadvantaged communities and has put the spotlight on some serious gaps in this regards, for instance the often poor access of vulnerable groups to digital communications. Thus, urgent EU action is needed to ensure the implementation of principle 20 of the EPSR on essential services. A key first step will be getting agreement on EU wide definitions of what are essential services and setting minimum standards for the provision of such services. Using EU Funds to support the development of services must be an important element in post CV-19 investment and closely linked to the Green New Deal.

Adopt and implement EU Child Guarantee*:* The CV-19 crisis has highlighted the extent to which children experiencing poverty and social exclusion are particularly at risk and the urgent need to take action to end child and family poverty and to ensure the access of all children in poverty and their families to essential services. In this regard and in the light of Principle 11 of the EPSR, the proposal of the European Parliament and the commitment of the President of the European Commission (von der Leyen 2019) to establish an EU Child Guarantee ([9]) take on added urgency. The introduction of a new (Council) Recommendation on an EU Child Guarantee which would complement and build on the existing legal frameworks and especially the 2013 *Recommendation on investing in children* should be pursued urgently. This should be supported with a significant additional allocation of EU Funds to support children and families in vulnerable situations as proposed by the European Parliament.

Strengthen community based support systems for the vulnerable elderly: Given the extent to which the pandemic has highlighted the risks faced by elderly people in vulnerable

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[9] The European Parliament has called for the introduction of *"a child guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty"* (European Parliament Resolution of 24 November 2015)

situations in disadvantage communities the implementation of Principles 18 (on long-term care) and 15 (on old age income and pensions) takes on added urgency. Especially important will be ensuring greater investment in home-care and community based services while at the same time closely monitoring the accessibility, affordability and quality of residential care. Monitoring and reporting on the adequacy and the quality long term care should be built into the European Semester process in the coming period. EU Funds can play an important role in supporting the improvement of services in this area.

Put a special focus on the most vulnerable: Any EU 2030/Recovery Strategy should give especial attention to addressing the poverty and inequality faced by some groups in particularly vulnerable situations that have been highlighted during the pandemic. A key principle, in line with the SDGs, is that no one should be left behind and those furthest behind should be helped first. Key areas to give attention in this regard include:

- ***Intensifying efforts to combat homelessness:*** The various emergency measures introduced during the CV-19 crisis to support the homeless can provide a basis for inspiring increased action by the European Commission and Member States to intensify efforts to combat homelessness. Priority should be given to fostering integrated Housing First approaches based on rapid access to permanent housing and high quality social and health support. Consideration should be given to setting an EU target of ending or significantly reducing homelessness by 2030 and developing a specific EU action plan on housing exclusion and homelessness complemented by national strategies which would then provide the basis for the regular monitoring of progress achieved.
- ***Enhancing Roma integration strategies****:* This could involve renewing and reinvigorating the *EU Framework for National Roma Integration Strategies up to 2020* to 2030 and investing EU Funds in support of updated national strategies or Roma integration;
- ***Increasing support for migrants and ethnic minorities****:* in particular intensify measures to counter discrimination and racism and develop guidelines for Member States on ensuring inclusive public services that reach out to people from a migrant background;
- ***Increasing investment to support people with disabilities****:* given the impact of the CV-19 pandemic on many persons with disabilities there is an urgent need to increase investment in social health services that support them and other groups at risk of poverty and social exclusion and to use European Social and Investment Funds to support and develop community-based disability support services into the future.

Mainstream gender equality across all measures: Given the light that the impact of the pandemic in disadvantaged communities has shed on the persistence of gender inequalities

(e.g. the high proportion of women in low paid employment, the majority of front line workers in the crisis being women, the extent to which women have been predominantly responsible for providing unpaid and undervalued care in their communities) and the rise in domestic violence experienced by women and taking into account Principle 2 of the EPSR, promoting greater gender equality should be at the heart of all measures to build a fairer and more sustainable future. Thus, the EU's new Gender Equality Strategy 2020-2025 (European Commission 2020) should be mainstreamed across a new Europe 2030/Recovery Strategy.

Put environmental justice at the heart of the European Green Deal: Given the extent that the CV-19 crisis has highlighted the impact on disadvantaged communities of poor environment and housing it is essential that the European Green Deal for a sustainable future and the proposed European Climate Law give a high priority to ensuring that the transition to a more sustainable future is just and fair and that the needs of disadvantaged communities will be fully included in and benefit from the process. In particular the potential impact of all measures on those people in vulnerable situations should be carefully assessed and taken into account.

Improve data and monitoring: Given the extent to which in some countries data on the impact of CV-19 on disadvantaged groups and communities has been absent the European Commission should work with Eurostat to ensure that such gaps are filled in the future and there are effective measures in place for monitoring the impact of health emergencies on vulnerable groups across the EU so that rapid and targeted support measures can be more quickly developed to prevent the situation of vulnerable groups worsening.

In conclusion it is essential that the EU responds dynamically to the lessons emerging from disadvantaged communities during the CV-10 crisis. We must not waste the opportunity that has been created during the pandemic with our rediscovery of the extent of poverty and inequality, with our increased awareness of the importance of social capital, with our new understanding of the interdependence of all sectors of society and with our renewed sense of social solidarity as we have all looked after each other. The time to build a new, inclusive and sustainable EU is now.

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