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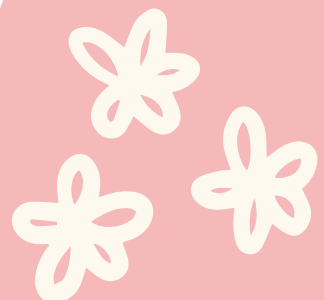
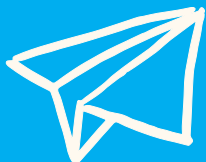
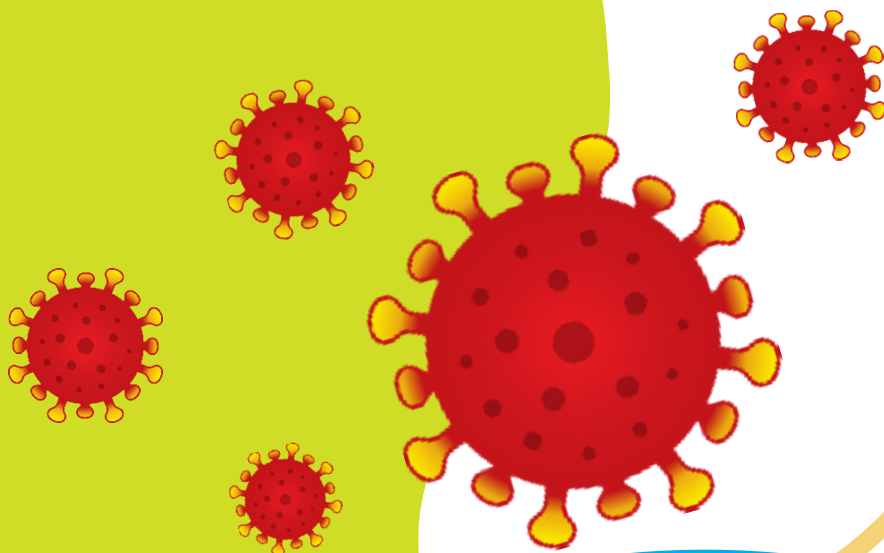
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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Child and Family Agency

**EARLY
YEARS**
INSPECTORATE

Response of the Early Years Inspectorate to the COVID-19 pandemic between March 2020 and December 2021



This report has been prepared by Research Matters Ltd (www.researchmatters.eu) on behalf of Tusla – Child and Family Agency.

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Foreword

It gives me great pleasure to present this report which describes the response of the Early Years Inspectorate to the Covid-19 pandemic between March 2020 and December 2021. This period of time also encompassed a significant cyber-attack on the Information Technology infrastructure of Tusla in May 2021. This had a very significant impact on the Inspectorate and its work and issues arising are also considered in this report.

On the 12th March 2020 Ireland's health, social, economic and life was significantly impacted as a result of a global pandemic arising from COVID-19. The Irish government moved swiftly to implement measures to contain and prevent the spread of this infectious disease and these measures included the closure of early years services. Compared with other sectors, these services were closed for a relatively short time and when services re-opened in June, the Inspectorate recommenced inspections.

This report documents how the Early Years Inspectorate '*stepped up*' and was at the forefront of regulation of early years services during one of the greatest public health emergencies of modern times. The Inspectorate responded rapidly to a constantly changing environment by mobilising its expertise, engaging across sectors, making considerable changes to the inspection methodology and practice, and ensuring personnel were supported, facilitated and enabled to carry out their work.

I would like to acknowledge and recognise the immense effort made by all personnel and thank each and every member of the Inspectorate for their responsiveness, co-operation, engagement, and work during, and since, this time. I would also like to thank the many stakeholders who work with the Inspectorate and with whom we have collaborated and shared expertise over the last two years. Our combined efforts have ensured that early years service providers have been supported in meeting their regulatory requirements and keeping children, staff and inspectors safe.

Finally, I wish to express my sincere thanks to Dr Sinéad Hanafin, Managing Director of Research Matters Ltd, for producing this report.

Fiona McDonnell
National Service Director of Children's Services Regulation

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List of Acronyms

Acronym	Definition
CSO	Central Statistics Office
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
ECCE	Early Childhood Education and Care
EPSO	European Partnership for Supervisory Organisations
ESRI	Economic & Social Research Institute
EYI	Early Years Inspectorate
FAQ	Frequently Asked Questions
GDPR	General Data Protection Regulation
HSA	Health And Safety Authority
HSE	Health Service Executive
HPSC	Health Protection Surveillance Centre
IRM	Inspection and Registration Manager
ICT	Information Communication Technology
IT	Information Technology
MOU	Memorandum of Understanding
NPHE	National Public Health Emergency Team

Section 1

Context and introduction to the report

Context for this report

In December 2019, the World Health Organisation noted an outbreak of unexplained pneumonia detected in Wuhan City, Hubei Province, China and by early March 2020 the disease had spread to more than 50 countries. This disease, named COVID-19, resulted in a global pandemic which led to an unprecedented crisis with significant social, economic and health impacts. At the onset, a scarcity of knowledge, along with partial and contradictory advice about the causes of COVID-19, the risk and mechanisms of transmissions and the best practices to deal with an outbreak of virus in social and work environments, resulted in considerable uncertainty and fear (*Boiral et al. 2021*).

The first confirmed case of COVID-19 in Ireland was announced by NPHET on 29th February 2020 and the first death was confirmed on 11th March, the day the WHO declared a pandemic (*NPHET Policy Unit Organisation, 2021*). This was followed by an announcement of the closure of key services, including early years services on 12th March 2020. Additional restrictions were put in place on 27th March, and these remained in place until the end of May 2020. Early years services re-opened in June 2020 and, for example, the Early Childhood Care and Education (ECCE) Programme was suspended from 6th January 2021 until March 8th.

The Early Years Inspectorate resumed face to face inspections in July 2020 and continued to do so until the present day. The Early Years Inspectorate is committed to ensuring that children attending early years services are safe, that they receive appropriate care and have a positive experience where they can develop and learn in a quality early years service. This is achieved through the registration, inspection and enforcement processes prescribed by law and implemented by the Early Years Inspectorate. The Tusla Early Years Inspectorate is empowered by legislation to enforce standards and the relevant regulations subject to fair procedures.

This report focuses on the period from March 2020 to December 2021 and presents a description and analysis of the response to the COVID-19 pandemic by the Tusla Early Years Inspectorate. This description is based on five group interviews (17 managers, administrative personnel and inspectors) and one individual interview (with a senior manager); and surveys with management and administrative staff (n = 43) and with Inspection and Registration Managers (IRMs) and Inspectors (n = 35). Analysis of documents circulated throughout that time was also carried out.

This period of time also encompassed a significant cyber-attack on the Information Technology (IT) infrastructure of Tusla in May 2021 which also had a significant impact on the service and these issues are also considered in this report.

Introduction

This section commences with a description of the initial response to the announcement of closures and is followed by a consideration of changes that took place over the following 21 months in terms of workload, intersectoral and multi-strand collaborations, policy, guidelines and process development, and specific supports put in place for early years service providers and for Early Years Inspectors to respond to the challenges arising from the COVID-19 pandemic. This section concludes with a consideration of the impact, and response to the cyber-attack which took place in May 2021.

Initial response by the EYI to the COVID-19 pandemic

The statement made by An Taoiseach on 12th March 2020 announcing the first restrictions that would be put in place to respond to the COVID-19 pandemic included the following text:

‘So, from 6pm today, the following measures are being put in place. They will stay in place until March 29th. Schools, colleges, and childcare facilities will close from tomorrow. Where possible, teaching will be done on-line or remotely. Cultural institutions will close. Our advice is that all indoor mass gatherings of more than 100 people and outdoor mass gatherings of more than 500 people should be cancelled.’

This announcement required an immediate response with little time for reflection, consideration or development of strategic or other responses. The impact of this and the immediacy of all closures were highlighted by one manager who said:

“Right! On the 12th of March 2020, we were told to go home and not return to the office ... when they came out that evening ... everyone just left so you couldn't even go in and get your handbag if you just left [it] inside.”

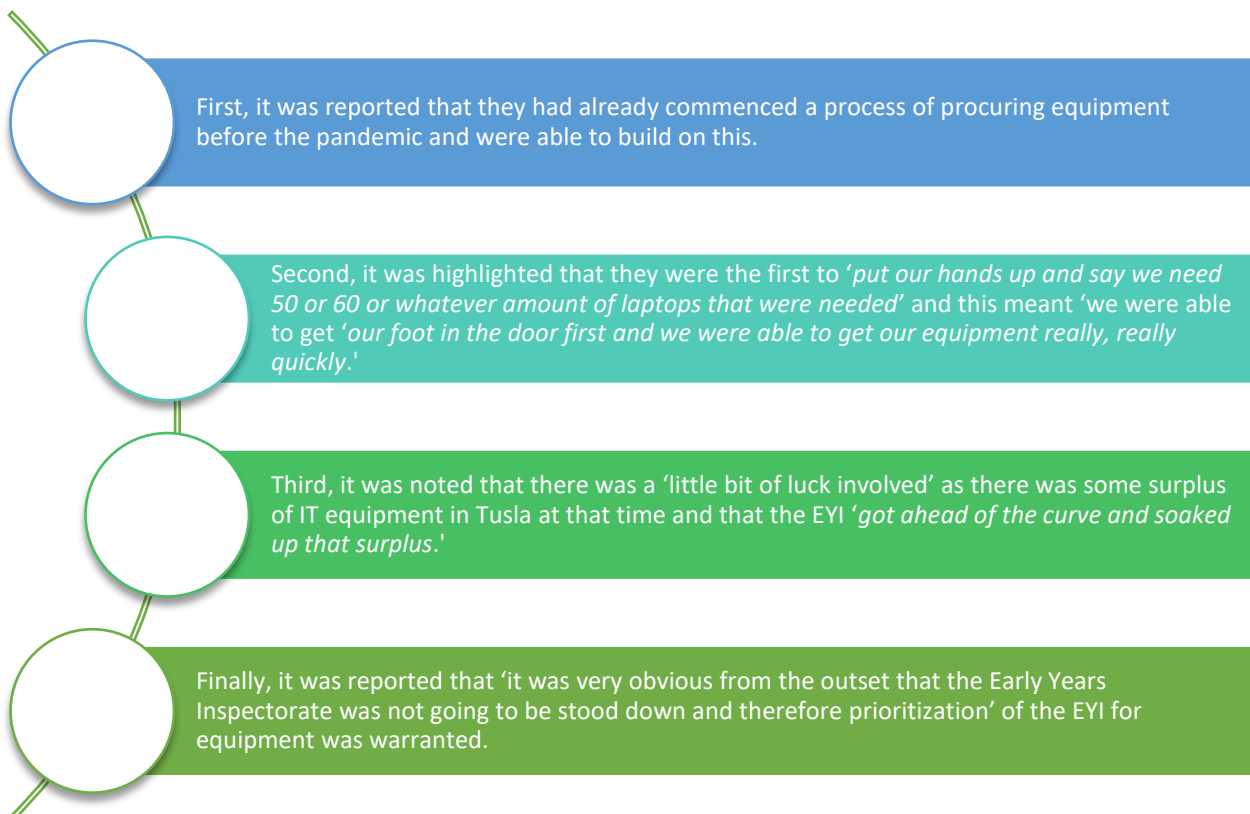
As with other services, this requirement meant that personnel had to be accommodated to work remotely and it was highlighted that in Tusla, as with many other public services, almost all personnel were based in the office at that time and remote working was very unusual. This shift from working as part of the team within an office environment to people

working individually in their own homes required an immense effort on the part of management to get the necessary resources, including laptops, desktop computers, mobile phones as well as internet connectivity so that people could access the shared drives and their emails. Prior to this many of the administrative personnel working within the Early Years Inspectorate did not have a work mobile phone and this also had to be addressed. The scale of this initial response was described by one manager who said:

“The only people that had laptops were some of the managers and some of the inspectors. So, not everyone had a laptop. Some were looking at home desktop computers. We had to get everybody a laptop computer. Not everyone had a mobile phone. ... So, people had to get mobile phones issued. And so actually even setting up the technology to work from home [was challenging].”

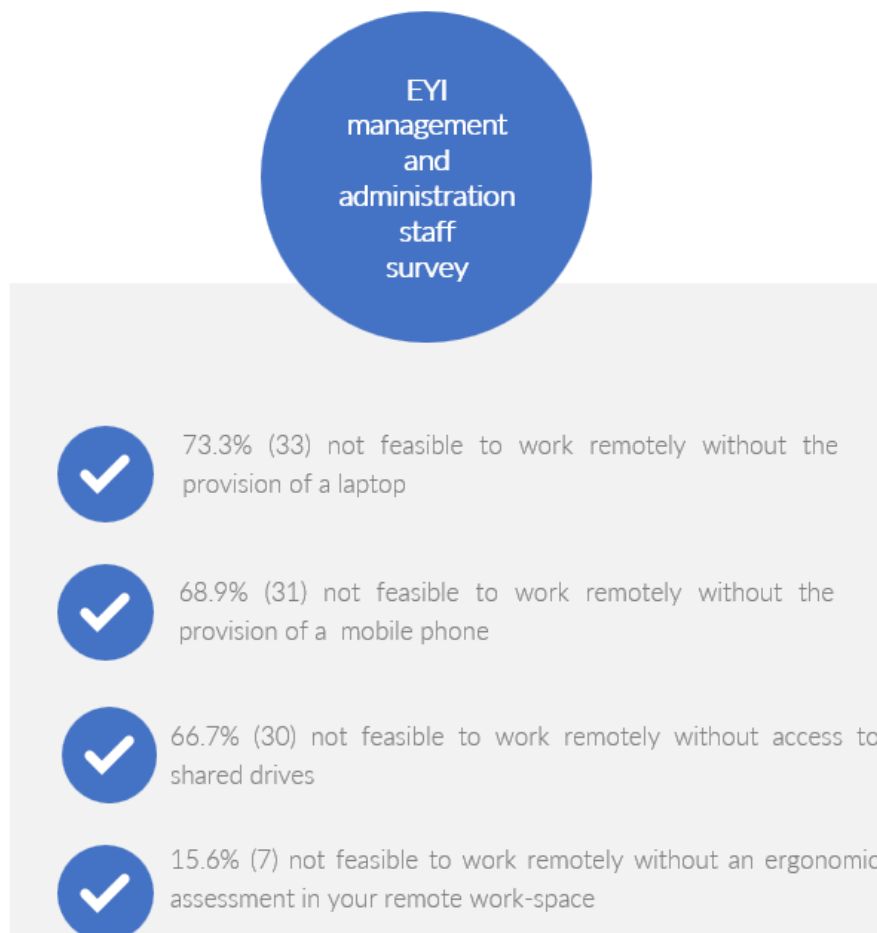
The responsibility for organising, liaising and coordinating this response was a function of management. Accessing the equipment was a significant challenge since all other services were in the same position.

Four issues worked in favour of the EYI:



Despite this, it was acknowledged that there were some delays in getting equipment to personnel, particularly in the more remote areas and that some individuals needed to ‘*come into offices, collect equipment, go home*’ which meant that somebody needed to come to the office to facilitate the collection. One manager estimated that it took about six weeks to get things sorted out initially.

The survey of managers and EYIs included a question about how feasible it would have been for them to work remotely without these supports in place and the findings of the survey confirm their importance.



Although a smaller proportion of administrative and management personnel indicated that it would not have been feasible to work from home without an ergonomic assessment, such supports are identified as an important measure to meet health and safety guidelines. It was reported that this has continued with one manager saying:

“An ergonomic assessment[,] it's a requirement now to be able to apply for the hybrid [working] model. You must be ergonomically assessed.”

Fear of COVID-19

Throughout 2020 and prior to the availability of vaccines, there was a high level of fear throughout of getting COVID-19 and commentary from those interviewed highlighted the intensity of this at the beginning of the pandemic. At the time the inspections recommenced, one manager said:

“I suppose, you know, we were very mindful of such a level of fear. I think we can sometimes forget the level of fear that existed in the whole of the country and all of society ... It was a scary time for staff at the time because we didn't really know a lot about the virus, and we knew that it was very contagious. But beyond that, the people were getting very sick.”

This was also highlighted by an inspector who noted that:

“We hadn't had vaccines ... there was still that fear, you know, oh, my God, I get this. I could die. And that was the reality of it at the time.”

This was reiterated by others including inspectors who noted that among services *‘the level of fear was palpable’* and this was compounded by the lack of knowledge about COVID-19 and the consequent changes in advice as new information became available nationally and internationally.

Findings from the survey of IRMs and inspectors show that about half considered fear of COVID-19 in early years services to be a moderate (37%) or extreme challenge (20%) although a lower proportion considered this to be the case in respect of fear of COVID-19 in the Early Years Inspectorate.

A similar proportion of respondents to the survey by management and administration staff identified a ‘fear of COVID-19’ by service providers (extreme 30.2%; moderate 27.9%) and about 60% identified fear of COVID-19 as moderate (33.3%) or extreme (26.2%) in the Early Years Inspectorate, which is higher than that identified by the IRMs and inspectors.

Table 1 Extent to which fear of COVID-19 was a challenge for services and inspectors

Respondents	Area	Not a challenge	Somewhat of a challenge	Moderate challenge	Extreme challenge
Inspection and registration managers and inspectors (n = 35)	Fear of COVID-19 in early years services	17.4% (n = 6)	25.7% (n = 9)	37.1% (n = 13)	20.0% (n = 7)
Management and administration staff (n = 43)	Fear of COVID-19 by service providers	20.9% 9	20.9% 9	27.9% 12	30.2% 13
Inspection and registration managers and inspectors (n = 35)	Fear of COVID-19 in the Early Years Inspectorate	28.6% (n = 10)	42.9% (n = 15)	22.9% (n = 8)	5.7% (n = 2)
Management and administration staff (n = 42)	Fear of COVID-19 by the Early Years Inspectorate	21.4% 9	19.0% 8	33.3% 14	26.2% 11

In the reopening of services, one inspector spoke about returning to inspecting and noting that *‘everybody was a little bit fearful, yeah, we still had to go home to our families, you know? So we had to look after ourselves as well’*.

Section 2

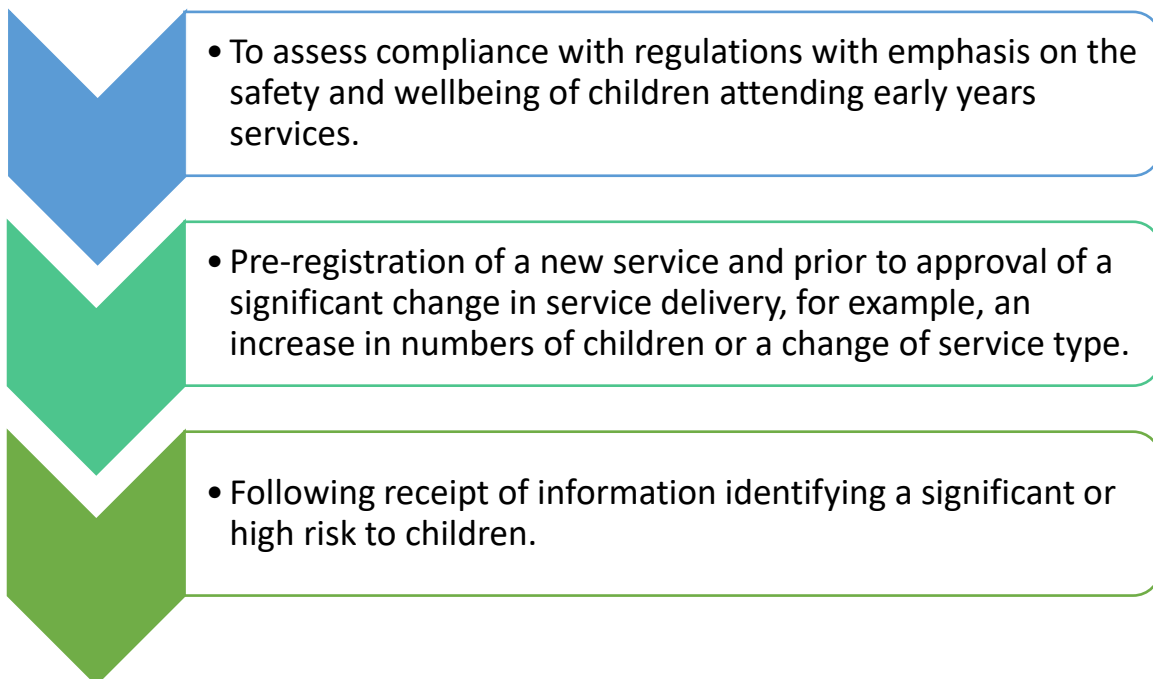
- *Changes over the period
March 2020 – December 2021*
- *Managing COVID-19 as the
statutory regulator*

Changes over the period March 2020 – December 2021

All early years services closed on 12th March 2020 and consequently, inspections were suspended from that time. The Department of Children, Equality, Disability, Integration and Youth (*DCEDIY*) confirmed that staff were permitted to travel to their childcare facility to undertake preparatory work required for reopening on 27th May and early years services subsequently reopened on 29th June.

The Early Years Inspectorate advised all early years services on 2nd June 2020 that Fit for Purpose inspections would recommence immediately. Fit for Purpose inspections are required where a new service is proposed to operate or where an existing service intends to make ‘*certain changes*’ (e.g. increasing the numbers of children attending). There were minimal public health risks to this activity as there were no children or staff on-site during the inspection and there was minimal contact between the registered provider and the inspector.

From 13th July 2020 there was a return to all inspections for the following purposes:

- 
- To assess compliance with regulations with emphasis on the safety and wellbeing of children attending early years services.
 - Pre-registration of a new service and prior to approval of a significant change in service delivery, for example, an increase in numbers of children or a change of service type.
 - Following receipt of information identifying a significant or high risk to children.

A new approach to inspecting based on a hybrid model was developed. This involved service providers being requested to submit certain documentation for review prior to an inspection taking place. This was an important change since it meant that services became aware they would be inspected before the inspector arrived. Prior to this, over 90% of inspections that took place were ‘*unannounced*’.

This was followed on 12th October where services were informed that unannounced inspections would resume.



The ECCE programme was suspended between 6th January and 8th March 2021 due to a significant increase in the number of infections, and inspections of services providing this programme also ceased. Other services, however, continued to be inspected.

Some changes took place in the workload for personnel working in the EYI over the period under examination and these are now considered.

Redeployment of some personnel

Some personnel who came from a public health nursing background and worked as inspectors volunteered to be redeployed back to the health services at the start of COVID-19. These personnel were assigned to various areas such as the HSE COVID-19 helpline, Community COVID-19 assessment hubs and nursing homes. One inspector reported that when inspections recommenced, she returned to the EYI noting that the knowledge about infection control and COVID-19 meant that she had a very good understanding of risks and of the trajectory of COVID-19. This EYI noted:

“So definitely from my point of view going out, I think because I was forearmed with better knowledge, okay. And so therefore I was able to impart that knowledge with services and the managers ... and I had a direct line to an infection control nurse specialist ... So there's a few things I checked with her.”

Increases and decreases in workload

Some changes in workload took place at different time periods between March 2020 and December 2021. For some personnel, particularly managers, their workload increased initially due to the need to collaborate, engage, develop policies, guidelines and processes, and as highlighted above, to provide support for personnel to work remotely. Senior management were involved in extensive numbers of daily, and sometimes, twice daily meetings within Tusla, as well as interagency meetings and collaboration with other national organisations on a weekly and / or ad hoc basis. Formal and informal communication took place with many organisations including early years providers. One manager described a significant increase in their working time saying:

“... we worked seven days a week for many, many weeks at weekends, everything because we had to get stuff done.”

Survey findings

Findings from the surveys showed that the workload for IRMs and inspectors remained the same throughout the four periods for a little more than a quarter of the staff (26.5% to 28.6%). Workload decreased for about one third by either a little (15.1%) or a lot (15.1%) between March and June 2020 while it increased steadily for respondents from July 2020 (from 42.4% to 68.6%).

Table 2 Survey responses from IRMs and inspectors in response to the question of whether their workload increased or decreased over four time periods

	Decreased a lot	Decreased a little	Neither increased or decreased	Increased a little	Increased a lot	Total
Between March and June 2020	15.1% 5	15.1% 5	27.3% 9	21.2% 7	21.2% 7	33
July 2020 to December 2020	0.0% 0	17.7% 6	26.5% 9	32.4% 11	23.5% 8	34
January 2021 to May 2021	0.04% 0	5.74% 2	28.6% 10	31.4% 11	34.3% 12	35
Since May 2021	0.0% 0	2.9% 1	28.6% 10	20.0% 7	48.6% 17	35

A different pattern was identified in respect of administrative and management personnel, where less than 20% (18.4%; n = 7) reported a decrease in their workload as a result of COVID-19 in the initial period from March to June 2020 and almost 60% (57.9%) reported their workload had increased a little (21.0%; n = 9) or a lot (36.8%; n = 14) during the same time period.

From July 2020 only four respondents indicated any decrease in their workload and a growing proportion of respondents identified an increase in their workload as a result of COVID-19.

Table 3 Survey responses from management and administration personnel in response to the question of whether their workload increased or decreased over four time periods

	Decreased a lot	Decreased a little	Neither increased nor decreased	Increased a little	Increased a lot
Between March and June 2020	5.3% 2	13.2% 5	23.7% 9	21.1% 8	36.8% 14
July 2020 to December 2020	2.5% 1	5.0% 2	25.0% 10	20.0% 8	47.5% 19
January 2021 to May 2021	0.0% 0	0.0% 0	17.1% 7	36.6% 15	46.36% 19
Since May 2021	0.0% 0	2.3% 1	20.9% 9	18.6% 8	58.1% 25

Managing COVID-19 as a key regulator

It was recognised and acknowledged throughout the COVID-19 pandemic that childcare was a critical pillar in enabling front line and other workers to carry out their work. Since the Early Years Inspectorate (EYI) is a statutory regulator its engagement with other statutory and regulatory organisations, as well as with the sector itself, was critical throughout the pandemic in contributing to, and ensuring, policy, guidance and advice around early years services throughout the pandemic. One senior manager noted:

“... everyone was grappling with it ... We had meetings with the department [DCEDIY] on a weekly basis. We had meetings with HPSC [Health Protection Surveillance Centre], and as well with Public Health ... and we would have to send our data and information to the Department of An Taoiseach every week ... in relation to kind of tracking and monitoring ... we had senior leadership teams and they were daily initially, they eventually went to weekly and they went to fortnightly all through it and they were very good.”

When inspections recommenced, data from the EYI was provided on the number of inspections that had taken place to the Department of An Taoiseach.

The EYI engaged widely in a formal way with other statutory organisations and were involved in many different local, regional, national and international organisations. These relationships were strengthened and many of these were reported to continue to the present day. Examples of the groups that the EYI was represented on included those set out in **Figure 1**:

Figure 1 Examples of groups EYI was represented on

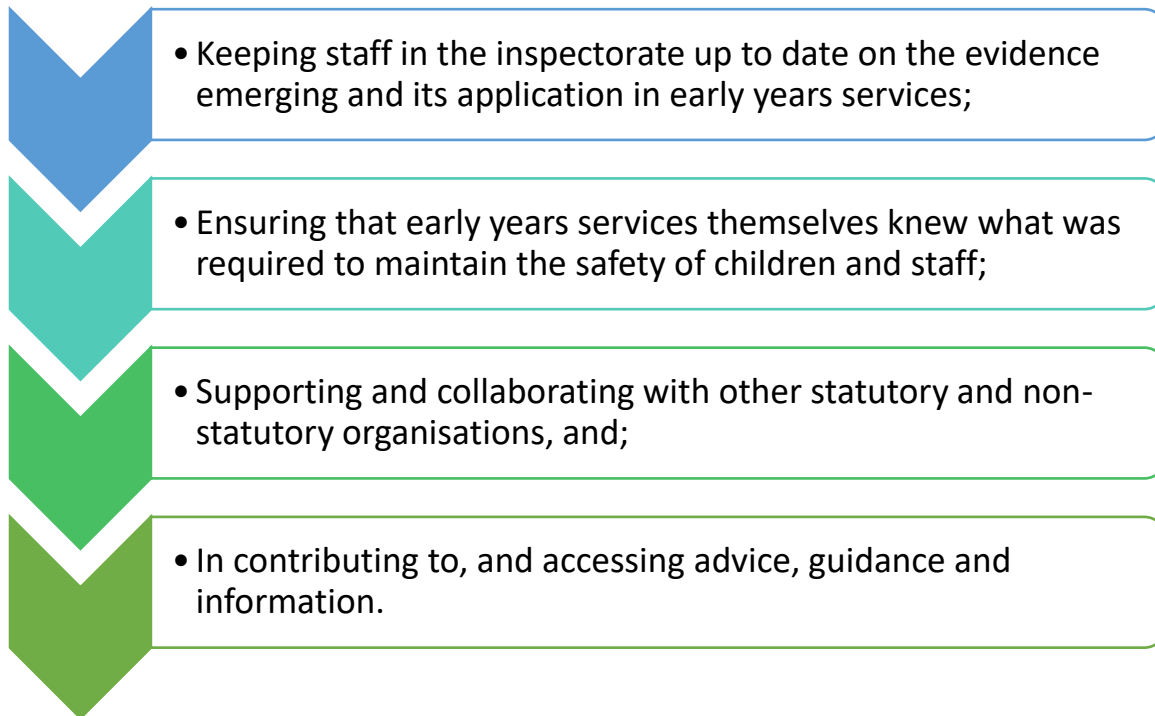


Formal arrangements were made with some statutory organisations such as the Health and Safety Authority where a Memo of Understanding (MOU) was agreed. The purpose of this MOU was to have:

'... shared objectives and common interest between the Tusla Early Years Inspectorate and the Health and Safety Authority (HSA) in relation to the Work Safely Protocol for addressing COVID-19 in the workplace and to provide a cooperative framework for achieving their respective and legal objectives.'

Communication and collaboration

It was noted that throughout COVID-19 there was a lot more communication with both external and internal stakeholders and many interviewees identified the importance of this in terms of:



While there were *'peaks and troughs'* throughout the period under examination in the level of engagement the importance of good communication was identified as a core element of managing the inspectorate and ensuring services were supported.

One senior manager said:

“So, what we're talking about internally was that in the early days and I think the direction we gave to the managers was to link with your team, talk with your team, have regular meetings, connect with them, address the concerns ... And if we just do that and keep our staff on board and communicate, communicate, and communicate back, that's the big learning. And any other crisis I think was the same with the cyber-attack. It was all around communication. Communication, linking in and keeping people informed. Yes.”

Intersectoral collaboration was a critical feature in the management of COVID-19 and in recognition of the importance of the early years sector, personnel from the EYI were involved in several regional, national and international fora.

At a policy level, it was reported that personnel in the DCEDIY and those in the EYI worked together, *'more as a team'*, supported each other and challenged each other on what they

were saying. One manager reported having fortnightly meetings with a group, of having strong professional working relationships with others on the group and of being able to pick up the phone and discuss issues with them. It was also highlighted that these relationships have continued and there is an ongoing contact on a formal and informal basis with personnel in the DCEDIY as well as in other sectors.

One manager said:

“So, there was a kind of a lot of things done at that level probably that the inspectors wouldn't have even been aware ... and verifying of information that we continue to, I suppose to hold on to.”

Another senior manager noted that:

“... and we can have those really difficult conversations in a normal way. It has been great. So that is there and [it has] most definitely deepened trust, I think, but has also really focused us ... And like the department [DCEDIY] absolutely, they were very good. They supported us. They were very, very supportive of us.”

The high level of cooperation and collaboration between the EYI and the DCEDIY was reflected in the consistency of the advice made available to the sector and the First Five Website was particularly highlighted as an initiative that worked well.

Changes in the extent of interactions with various stakeholders

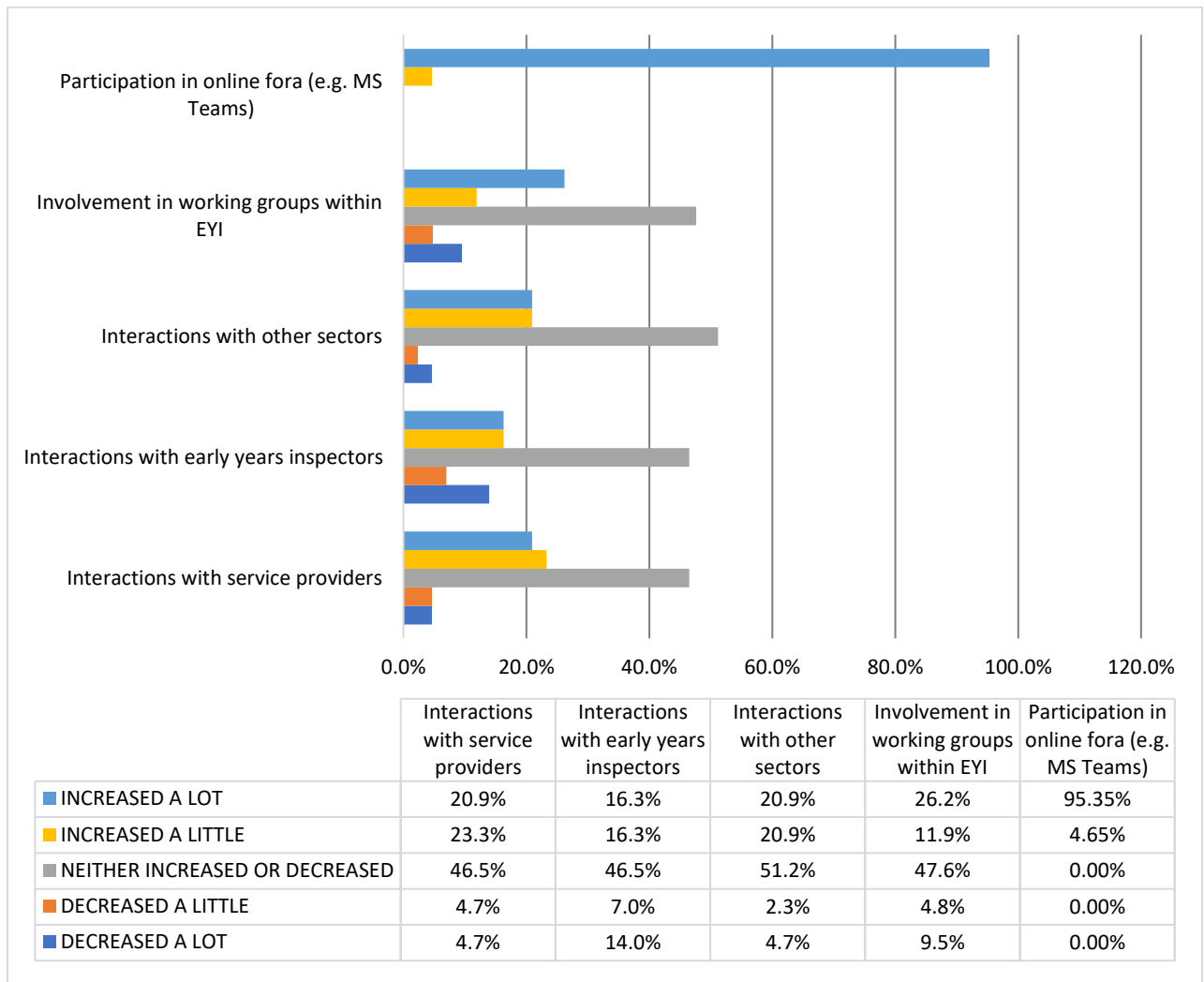
The survey of management and administrative personnel asked respondents to indicate to what extent, if any, interactions with various stakeholders changed for them since the start of the COVID-19 pandemic.

The findings show that for about half of management and administration staff respondents there was neither an increase nor a decrease in interactions with service providers (46.5%), early years inspectors (46.5%), involvement in working groups within the EYI (47.6%) or with other sectors (51.2%).

About 40% of respondents increased their interactions with service providers by a little (23.3%) or a lot (20.9%), and about 30% increased their interactions with early years inspectors by a little (16.3%) or a lot (16.3%).

About one third of respondents indicated they increased their involvement in working groups within the EYI (38.1%). All respondents reported an increase in their engagement with online fora such as MS Teams with 93.3% (n = 45) indicating it had increased ‘a lot’.

Figure 2 Changes in interactions between management and administrative staff and various stakeholders



IRMs and inspectors were also asked to indicate whether their engagement with managers and with administration and clerical personal increased or decreased and the findings shows almost two-thirds of respondents indicated their interactions with management had increased a little (42.9%) or a lot (28.6%) while about one-third indicated this in respect of administration and clerical personnel.

Table 4 Survey responses from management and administration personnel in response to the question of whether their interactions increased or decreased since the start of the pandemic

	Decreased a lot	Decreased a little	Neither increased / decreased	Increased a little	Increased a lot	Total
Interactions with management	2.9% 1	5.7% 2	20.0% 7	42.9% 15	28.6% 10	35
Interactions with EYI administration / clerical services	11.8% 4	14.7% 5	41.2% 14	20.6% 7	11.8% 4	34

Preparations made by inspectorate to minimise risk for all personnel

Over time, considerable effort was made to ensure that any staff who were being asked to return to the office or to inspect services could do so in a safe way. One senior manager noted that:

“It was a lot of work to be done to make the offices safe, allay fears, work through the guidelines, do more risk assessments and identify staff members who would act as advocates as well for health and safety lead worker representatives ... You know if somebody did need to come into the office, the office was available to them.”

Several changes were made to minimise the risks for all personnel, and these are presented in **Figure 3**.

Figure 3 Changes made to minimise risk for personnel

Early years inspectors

- All inspectors will complete the return to work online training provided.
- Declaration form to be completed and submitted to the line manager.
- HSE Handwashing training to be completed.
- Early years inspectors shall maintain a diary and document the time of entry and exit to all services.
- Pre-inspection email to be completed by the early years inspector and emailed to registered providers for completion for each inspection.

Personnel using offices

- Office risk assessments will be completed for all locations prior to staff returning to offices.
- An inspection risk assessment has been completed.
- PPE is available as required and the necessary inventory of PPE are maintained.
- Area team inspection meetings and 1:1 meetings (between IRM and inspector / administrative staff) take place to discuss any health and safety concerns.

Development of policies, guidelines, and processes

A major part of the work of the Early Years Inspectorate was to provide guidance and advice for the early years sector. It was highlighted by several stakeholders that the knowledge about COVID-19 was evolving all the time and as a result the advice around what to do was also changing. One manager noted:

“And the other challenge was constantly keeping abreast of what the public health advice was, because it actually nearly at one stage was changing weekly.”

One senior manager reported that mandatory attendance of key personnel was required at one group they were part of noting that ordinarily it would have been very difficult to get everyone together. The impact of this was highlighted with one senior manager saying:

“So, it means, you know, decisions were made quickly, you know, so it wasn't a case of waiting for a long time or kicking a decision off the line, waiting for a long time to come back down. So I would say like that it was very effective and it was coordinated by the risk director of risk at the time. And, you know, so that that was really, really helpful.”

Keeping *'abreast of the public health advice'* was identified as a key challenge because *'at one stage it was changing weekly'*. This manager noted that one Inspection and Registration Manager was assigned to *'drafting and rechecking and checking'* noting that this individual:

“...was on alert all the time to see what the changes were, where the documentation needed to change and redrafting and circulating it and calling meetings where we needed to look at it again. And that was kind of really important that we had that one person assigned to keeping an eye on what the public health advice was.”

In addition, it was noted that one of two senior managers attended all the meetings bringing forward the issues arising from the inspections and the helpline. One senior manager noted that this information *'actually helped to focus public health and the department as well'*.

It was also noted that the EYI worked closely with the DCEDIY throughout the pandemic, and this was particularly evident in the move to re-open the childcare services. One manager said:

“... we had to align our documentation with them, where to send all our draft documents over and back and get pre-approval on them. They imputed on our documents we imputed on theirs. And it was kind of like a united front out to the sector to commence the inspections.”

There was a consistency in the findings relating to the extent to which knowledge and advice about COVID-19 was considered a challenge. Just under half (46.6% to 48.5%) of all personnel indicated that the limited knowledge about COVID-19 and its transmission was either a *'moderate'* or an *'extreme'* challenge. Just over half (57.1 to 59.5%) of both stakeholder groups surveyed reported that the ongoing changes in public health advice was either a moderate or extreme challenge for them (**Table 5**).

Table 5 Extent to which knowledge and advice was considered a challenge

Respondents	Issue	NOT A CHALLENGE	SOMEWHAT OF A CHALLENGE	MODERATE CHALLENGE	EXTREME CHALLENGE
Inspection and registration managers and inspectors (n = 35)	Limited knowledge about COVID-19 and its transmission	20.0% (n = 7)	31.4% (n = 11)	37.1% (n = 13)	11.4% (n = 4)
Management and administration staff (n = 43)	Limited knowledge about COVID-19 and its transmission	20.9% (n = 9)	32.6% (n = 14)	23.3% (n = 10)	23.3% (n = 10)
Inspection and registration managers and inspectors (n = 35)	Ongoing changes in public health advice	8.6% (n = 3)	34.3% (n = 12)	37.1% (n = 13)	20.0% (n = 7)
Management and administration staff (n = 42)	Ongoing changes in public health advice	16.7% 7	23.8% 10	38.1% 16	21.4% 9

The evolving nature of the knowledge about COVID-19 was a significant challenge for the EYI and it required a substantial effort to ensure that advice given was accurate, up to date and coherent with best practices at that time. This was highlighted by one manager who said:

“So we had to ... take on material, digest it, interpret it, have meetings with people, issue information out to everyone on health and safety within their own homes ... Make their home offices safe, allay fears, work through the guidelines, do more risk assessments and identify staff members who would act as advocates as well for health and safety lead worker representatives...”

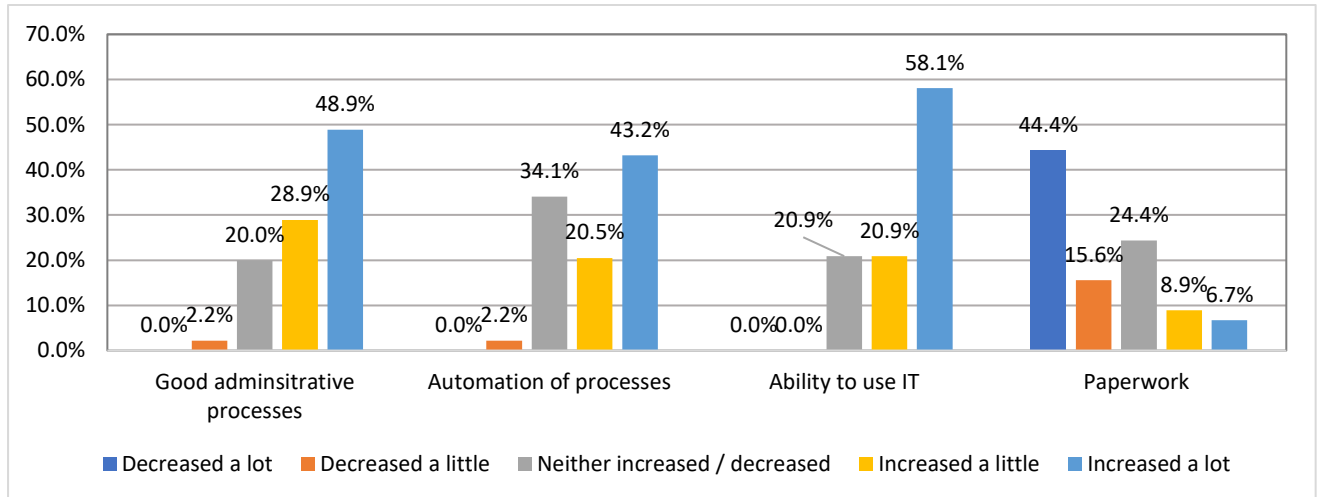
Others spoke about their attendance at national meetings and of bringing forward the issues arising for services on the group that had been identified through the inspection process.

Changes in the extent to which administrative processes increased or decreased

Respondents to the survey of management and administration personnel reported a number of changes in administrative and IT processes. Over 40% of respondents indicated

that automated processes had increased a little (20.5%) or a lot (43.2%). About 80% of respondents indicated that good administrative processes (77.8%) and their ability to use IT (79.0%) had increased by either a little or a lot. There was a corresponding decrease in paperwork reported by 60.0% of respondents.

Figure 4 Responses by management and administration staff in respect of changes in administrative processes since the start of COVID-19



Considerably lower levels of IRMs and inspectors reported these changes. About one third of respondents indicated that there was an increase in good administrative processes by either a little (22.9%; n = 8) or a lot (11.4%; n = 4) and about one quarter indicated they had decreased (25.7%). An ability to use IT increased by a little (37.1%; n = 13) or a lot (17.1%; n = 6) for just over half of respondents. Access to shared drives increased for about over half of respondents and the automation of processes increased for just over one-third.

Table 6 Responses by IRMs and inspectors in respect of changes in administrative processes since the start of COVID-19

	Decreased a lot	Decreased a little	Neither increased nor decreased	Increased a little	Increased a lot	Total
Good administrative processes	8.6% 3	17.1% 6	40.0% 14	22.9% 8	11.4% 4	35
Ability to use IT	5.7% 2	2.9% 1	37.1% 13	37.1% 13	17.1% 6	35
Access to shared drives	0.0% 0	5.7% 2	37.1% 13	25.7% 9	31.4% 11	35
Automation of processes	3.0% 1	6.0% 2	54.6% 18	27.3% 9	9.1% 3	33

Balancing regulatory and public health requirements

Some challenges were identified in balancing the need to adhere to the regulations while at the same time accommodating the public health advice.

Pod structures and staffing ratios

One example given by a manager related to the allocation of funding to support a pod structure (where children remained in a small group with the same service personnel throughout the day). This manager said:

“... the Department [DCEDIY] had worked out the pod structure within services. So some of the challenge was that where our inspections are based on regulation, based on ratios used, [the pod structure] was based on advice. It was advice, it had no legal standing, so pods had no legal standing. And so we actually struggled a little bit [with that] ...”

Notification of incidents

A similar type of challenge arose in respect of notification of incidents. Under Regulation 31, of the early years regulations 2016, all infectious diseases identified as notifiable must be notified to the Early Years Inspectorate. At an operational level, extensive communication took place between the EYI and Public Health when the first outbreaks started, and one Inspection and Regulation Manager noted:

“So there was a couple in my region and there was continuous phone calls back and forth between public health. The doctors there weren't quite sure [and] we weren't quite sure. Do you send inspectors in?”

There was, however, an *'explosion'* of these incidents once services had reopened and under the regulations each one had to be tracked and responded to and this was all done on Excel as a designated ICT system was not in place. As time went on, however, it was reported that the Departments of Public Health locally did not require the inspectorate to notify them about the outbreaks as there was a system in place to follow up on positive COVID-19 tests. However, under the regulations, services were mandated to notify the EYI.

Renewal (re-registration) of registration of services

All early years services are required to register with the EYI and renew this registration within three years in accordance with legislation and regulation. A memo issued by the EYI to providers on 14th December 2020, titled 'Completion of 2019 Re-registration of Early Years Preschool Services' noted that most early years preschool services re-registered in the latter part of 2019 and completed part one of a two-part process. The deadline for the second part which related to the submission of the remaining document was postponed until June 2020 but due to challenges arising from COVID-19 a decision was taken to defer the deadline until Monday 1st November 2021.

One staff member noted that these delays created challenges in terms of the regulations. Following stakeholder engagement, and in order to mitigate some of the challenges arising for providers from COVID-19, requirements around documentation to be submitted were eased. One manager noting that providers were advised:

“We're going to reduce the amount of documentation you have to send in to re-register your service during COVID. So we already have your fire [certificate]. We already did your planning [for the property]. You don't need to send those into us.”

This member of the administration staff said:

“We now have a much more streamlined, easier ... current process for providers to follow administratively ... [it is] less burdensome and ... all applications ... now we just have three documents to examine.”

Section 3

- *Support for early years services provided through the inspectorate*
- *Supports for early years inspectors*

Supports for early years services provided through the inspectorate

Early years services were closed between the 12th March and the 29th June and this created significant challenges. The report of a survey carried out by the CSO in June 2020 highlighted that the closure of schools and childcare facilities as well as the cocooning requirement for older relatives or grandparents, led to childcare challenges for about one-quarter of people in Ireland in the 25–33-year age group (CSO, 2020). In a further report the ESRI (Darmody et al. 2020) on the implications of COVID-19 on policy for children and young people, the authors note that a lack of childcare is likely to have had a severe impact on the 22% of essential workers (of whom 9% are lone parents) and the 7% of health professionals in the workforce. These challenges were identified at the onset of the pandemic and one senior manager noted that:

“It was very obvious that essential workers were struggling to be able to come to work because they didn't have childcare ... So doctors, nurses, firemen in all of those kinds of ... essential services ... people working in supermarkets ... were essential to survival.”

While it was reported that in the early stages of the pandemic, the Government had introduced a scheme to provide childcare in the homes of essential workers, due to low take up and logistical difficulties, the scheme was subsequently cancelled.

Reopening of services in June 2020

In focus group interviews it was highlighted that there was a strong political impetus to re-open creches and for essential workers to be able to access childcare because they were *'struggling to come to work and because they didn't have childcare'*. In recognition of the importance of these professionals, restrictions were lifted on childcare services and a re-opening date of the end of June 2020 was announced.

Mitigating the fear of contracting COVID-19 and the ensuring that limitations in knowledge about the coronavirus were minimised, was particularly challenging and onerous in the period leading up to the re-opening of services following the first closures. It was reported that while many other inspectorates did not return to on-site inspections, a decision was taken that the Early Years Inspectorate would recommence inspections with the reopening of services. One manager explained:

“We made a decision at the time, as long as services and staff were opening and going to work in services that as the regulator, we should be out there making sure that standards were maintained, and the children were safe.”

This was also highlighted by another manager:

“As long as staff are taking risks and services and providers are opening the doors to keep children in, we as the regulator should be out there as well. That was the key message we kept throughout this time.”

The impetus to return to inspecting was also highlighted by another senior manager who noted that *‘there was no standing down or derogation around the Early Years Legislation’* although this happened with other services, such as the assessment of foster carers. It was reported that there was some resistance to going back inspecting and that some inspectors had caring responsibilities themselves that made it very challenging to return to inspections. One manager reported that there were ‘some hairy meetings with the union’ and there were concerns raised about:

“... whether we've got PPE, whether or not we should be going. I think we should. We don't think we should [inspect] or we're not [inspecting]. And even to the point of some people saying they wouldn't [inspect] in some circumstances. So that needed to be overcome and managed.”

It was agreed at one group interview that *‘we never really seriously considered not inspecting while services were open’* and to *‘some extent it was just how we do it [inspect]’*. It was also noted that some inspectors had already been seconded to the HSE to assist and there were concerns that additional inspectors who had a nursing qualification would be required to do so if they were not inspecting. One inspector reported that services were surprised that the inspectorate were back out inspecting saying:

“... we would go up to doors and services would be saying ‘I’m so shocked that you're still inspecting, you know, they didn't expect us to be at the doors. I nearly felt like saying I’m shocked myself ...”

Engagement with services

It was highlighted that while the EYI always carried out stakeholder engagement, a higher level of consultation and engagement took place during COVID-19 than previously and this was important for communication with the sector. It also allowed the EYI ‘to do a temperature check’ and ‘get the pulse of what members were saying’. It was noted that this could then be brought back to the Department [DCEDIY] and other stakeholders thus ensuring that proposals were feasible and implementable. It was suggested that it was possible for a lot more services to open and remain open due the clarity of the information that was provided.

Throughout COVID-19, communication between the inspectors and services also increased and one inspector explained:

“There was a lot more communication. Definitely, yeah, a lot more reaching out, emails and maybe they asked, you know, can you call me? So you'd be on the phone chatting a little bit. [There were] a huge amount of phone calls around the pod structure and around if a child tested positive or the family member and keeping them out. And even though they had that direction from HPSC or from the HPCC, they still were phoning.”

The findings set out in **Table 7** highlighted that over 60% of respondents to the survey of IRMs and inspectors indicated that their interactions with service providers increased a little (25.71%) or a lot (37.14%) while less than one third indicated this in respect of their interactions with other sectors / agencies.

Table 7 increases and decreases in interactions between IRMs and inspectors and service providers and other sectors /agencies

	Decreased a lot	Decreased a little	Neither increased / decreased	Increased a little	Increased a lot	Total
Interactions with service providers	2.9% 1	8.6% 3	25.7% 9	25.7% 9	37.1% 13	35
Interactions with other sectors / agencies	14.3% 5	22.9% 8	34.3% 12	20.0% 7	8.6% 3	35

Changes in the relationship between service providers and inspectors

Management, administrative and inspection personnel all highlighted changes in how they were perceived by the early years sector, and it was highlighted that, particularly in the early stages of COVID-19, there was a strong focus on supporting services. One Inspection and Registration Manager highlighted this saying:

“Like I felt our role changed very much in that. Do you know, I think that maybe the services began to see us maybe as a support or to validate their practice because they needed a huge level of support ... And we were making ongoing contacts with the services on a daily basis and in relation to a COVID notification that would come in. And they needed such affirmation that we're doing things safely and right.”

This was also highlighted by another member of the administrative staff who spoke about being there for the registered providers noting that *‘I felt it helped our relationship because they came back to me and said, thanks very much’*. This individual also reported that one person had said:

“I was really scared at that initial period of time, and it was great that the inspectorate was there to support us at that point in time.”

This individual went on to say that while it had been a challenge there was a positive outcome and *‘they saw us in a different light.’*

Responsiveness of services

It is clear that services were very responsive to advice, supports and interventions provided through the inspectorate and this is highlighted in the findings from the survey of IRMs and inspectors. Almost all respondents (94.1%) to the survey indicated that services had been either responsive (35.3%) or very responsive (58.8%) in the period July to December 2020. While a similar proportion reported this for the period January 2021 to May 2021 there was a lower proportion who reported that services were *‘very responsive’* (29.4%) during that time. The third time period relating to the period from May 2021 showed that the overall proportion of respondents who indicated services were *‘very responsive’* had decreased to 14.7% and who were *‘responsive’* to 55.9%. In that third time period about one in five respondents indicated services were *‘neither responsive nor unresponsive’* (Table 8).

Table 8 Number and percentage of respondents according to the responsiveness of the services

	Respondent	Very responsive	Responsive	Neither responsive nor unresponsive	Unresponsive	Very unresponsive	Don't know	Total
July 2020 to December 2020	IRMs/ Inspectors	58.8% 20	35.3% 12	5.9% 2	0.0%	0.0%	0.0%	34
	Management / Administration	40.5% 17	23.8% 10	9.5% 4	2.4% 1	0.04% 0	23.84%	42
January 2021 to May 2021	January IRMs/ Inspectors	29.44% 10	64.74% 22	2.9% 1	2.9% 1	0.0%	0.0%	34
	Management / Administration	45.2% 19	23.8% 10	7.1% 3	0.0% 0	0.0% 0	23.8% 10	42
Since May 2020	IRMs/ Inspectors	14.7% 5	55.9% 19	20.6% 7	8.8% 3	0.0%	0.0%	
	Management / Administration	48.8% 20	26.8% 11	2.4% 1	0.0% 0	0.0% 0	21.9%	42

Some differences were seen in the responses of personnel from management and administration, notably that between one-fifth and one quarter (21.5% to 23.8%) indicated they did not know, suggesting their work does not bring them into direct contact with services. With the exception of the final time period these respondents were less likely to indicate that services were very responsive or responsive with around two thirds (64.3% to 69.0%) indicating this compared with more than 90% of IRMs and inspectors.

In the commentary section relating to this question in the survey questionnaire, respondents concluded that *'I think most services have tried to do their best during Covid 19 pandemic'*, that once the majority of services had been opened a couple of months, they became very familiar with how to operate within the bounds of COVID-19, *'as people understood what COVID was and the risks involved they got better on the ground'* and *'every service took COVID-19 very seriously as implications for young and old [were evident]. A lot of childcare staff had vulnerable family members or had underlying medical conditions themselves'*.

It was also suggested that the *'constant changing of info and advice as the pandemic moved through time meant the public became less responsive'*. Other comments highlighted that while some practices, particularly relating to hand hygiene had been maintained, others had disimproved since May 2021 (e.g. cleaning of toys and premises). One comment suggested that *'many registered providers and staff now consider there is no risk of transmission of COVID-19 in services'*.

Specific supports provided for services to enable reopening

A number of supports were established by the Early years Inspectorate in early June in advance of the services reopening (**Figure 5**).

Figure 5 Supports put in place by Early Years Inspectorate in June 2020 prior to recommencement of early years inspections

A COVID-19 helpline was established and this was available from 09.00 – 17.00 and was available from 4th June 2020.

Guidance and other documents supporting the management of Covid-19 in early years settings and these included:

- Guidance Document for Early Years Services: COVID-19 Version 1 04.06.2020
- Early Years Services Self-Assessment Checklist Version 1 04.06.2020
- COVID-19 Specific Notification Form Version 1 04.06.2020

A webinar titled 'Preparing to reopen EYs-Infection Control' was delivered in June 2020.

Two Tusla early years newsletters were distributed.

Information about infection control / handwashing and single use aprons and hygiene was provided.

A sample policy on infection control was issued.

COVID-19 helpline

The COVID-19 helpline was for service providers and parents where EYI personnel answered queries arising from multiple stakeholders including parents, providers, and the general public. It was noted that it was 'intense at time[s]', 'very busy initially' and one administrative person said:

“But most definitely, yeah, there was a huge level initially and then the COVID helpline was for parents also. So, there was a constant flow of queries from parents who I mean, one of the challenges as well is that the information was constantly changing, the guidance was changing, the government guidance was changing, the world was changing ... And for parents as well, sometimes when they were excluded from the services, if their children had COVID or the families had COVID, or that was another area that took a little bit of time because the legislation was also changing, ever changing.”

Issues raised through the helpline were responded to by administrative personnel who liaised with inspectors and managers to provide the most up to date information. Where unanticipated issues arose through the helpline, it was possible for the EYI management to seek clarification and further information from the Public Health Department. At times, the information required was very technical in nature and in that regard, an extensive process of engagement was required with external agencies, particularly the Public Health Department but also from other statutory organisations. One member of the administrative team said:

“I think that was quite challenging. I remember because there was lots of queries, you know, around different practices and different things and use and services that we weren't familiar with like fogging machines or chemicals in use.”

The helpline, however, was also a key source of information for senior managers about the issues arising for services and parents in respect of childcare provision with one manager noting that:

“It also gave us information for senior management to go to the public health department and get clarification on.”

Question and answers document for internal use

A document titled ‘FAQs from providers on the reopening of Early Years Services’ was developed and circulated on the 13th July 2020 to in the EYI personnel in response to the

questions arising. This document provided answers to the most commonly asked questions under specific regulations, namely *Regulations 8, 9, 11, 20, 22, 23 and 29*.

The responses in the document were collated using the guidance from the Health Protection Surveillance Centre, the *'FAQs for providers on re-opening of Early Learning and Care and School-Aged Childcare settings'* from the Department of Children and Youth Affairs, the *'Tusla Guidance Document for Early Years Services: COVID-19'* and other relevant published information.

Webinar

In addition to the provision of advice, guidance and supporting documents, a webinar for providers was delivered online and titled *'Preparing to reopen Early Years Services – Infection Control'*. It was delivered in June 2020. The development of the webinar was informed by issues arising including through the COVID-19 helpline. The webinar focused on providing guidance on infection control measures to be put in place and it also gave links to a number of supplementary documents and other information. One manager said:

“We had a webinar for external stakeholders and from that developed the questions and answers [document], so they came with loads of questions. So that was probably the most interactive webinar we had ever run.”

This was also highlighted by another manager who noted that people came with 'lots of questions' and were very appreciative of the approach being adopted by the EYI in supporting services.

Question and answers document for providers

The challenges and problems identified through the helpline, webinar and other sources were also used to inform the development of a questions and answers document for providers which was widely used as a way of promoting good practices. This document was constantly updated with the most recent information available, and it was also used to ensure all information being circulated was consistent and up to date. The main areas addressed in the document are set out in **Figure 6**:

Figure 6 Main areas addressed in Question and Answer Document

Section 1: Before opening – Preparedness

- Notification to Tusla
- Policies: Infection control policy; Risk management policy
- Staffing: Staff rostering; Staff training
- Communication with parents / guardians and other visitors to the service
- Physical environment – building

Information was also provided on keeping safe when the service was open and operating and this was presented under Section 2. Areas addressed in order to stay safe were:

- Attendance records
- Hand hygiene
- Personal hygiene/ respiratory etiquette
- Suspected case of COVID-19
- Maintaining social distancing where possible
- Environmental cleaning
- Waste management
- Personal protective equipment (PPE)
- Ventilation
- Outdoor play and activities
- Food provision
- Sleep / rest

This document was updated and circulated a number of times between June 2020 and December 2021.

Two additional documents were also published at the same time, and these were:

- a) EYS Self-Assessment Checklist (*Version 1 04.06.2020*)
- b) COVID-19 Specific Notification Form.

Self-assessment checklist

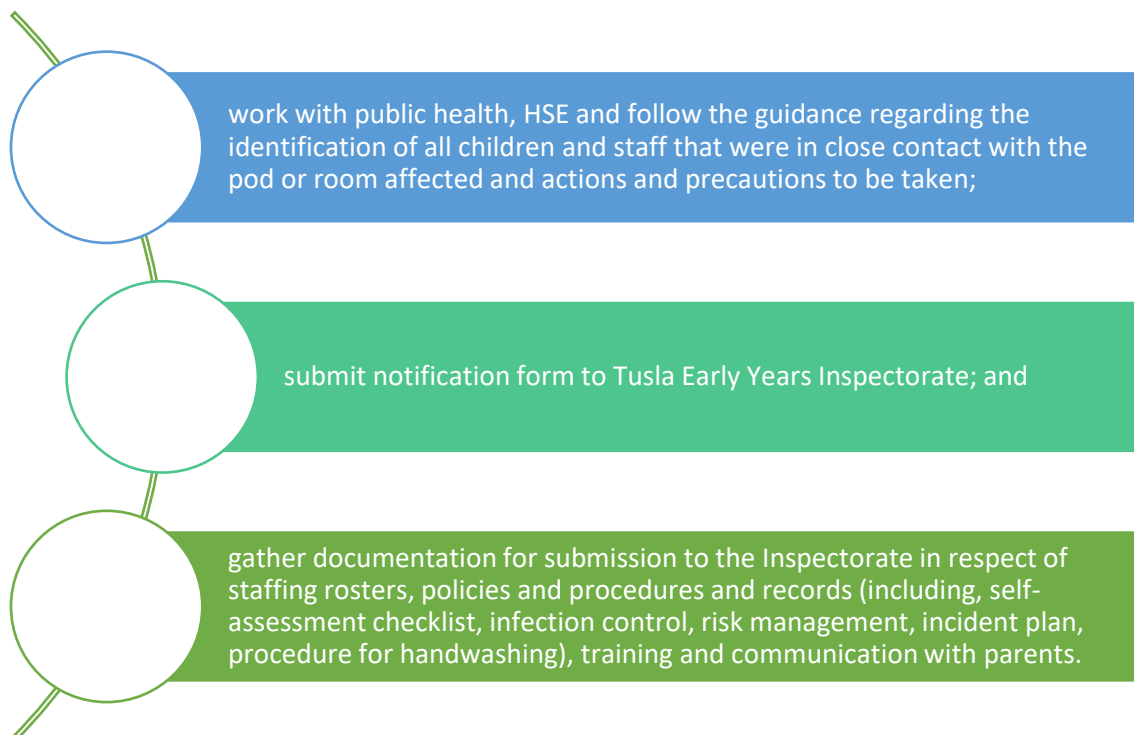
The self-assessment checklist which was circulated in early June 2020 to assist providers in both getting ready to reopen and to remain open. Detailed guidance in respect of compliance with the regulations and public health advice was included in the document under two parts, prior to open and when the service has opened.

Figure 7 Areas of guidance in reopening and remaining open

Prior to opening	When the service has opened:
<ul style="list-style-type: none"> •Policies •Staff information and training •Communication with parents / guardians and other visitors to the service •The physical environment 	<ul style="list-style-type: none"> •Attendance records •Hand hygiene •Personal hygiene / respiratory etiquette •Suspected case of COVID-19 •Maintaining social distancing of 2m (where possible) •Environmental cleaning •Waste management •PPE •Ventilation •Toys and play materials / activities •Outdoor area / activities •Food provision •Sleep / rest

COVID-19 Specific Notification Form

Under the regulations, all notifiable diseases have to be notified to Tusla and as COVID-19 was designated as such, each service was required to submit this information. This form provided a structure for the information to be provided. Guidance was issued to all Providers by the EYI on 1st September 2020, with instructions on what to do *‘in the Event of a Staff Member / Child being Confirmed with COVID-19’*. This guidance included instructions to the service to:



The guidance also noted that this submission would be followed by contact from an early

years inspector to discuss the next steps in relation to regulatory compliance.

Named link person

Each registered provider (or applicant) had a direct telephone contact to a named person within the registration office who would assist them with their application or the renewal of registration. In addition, it was reported that service providers had the mobile phone numbers of their inspector and would call them directly. One inspector said:

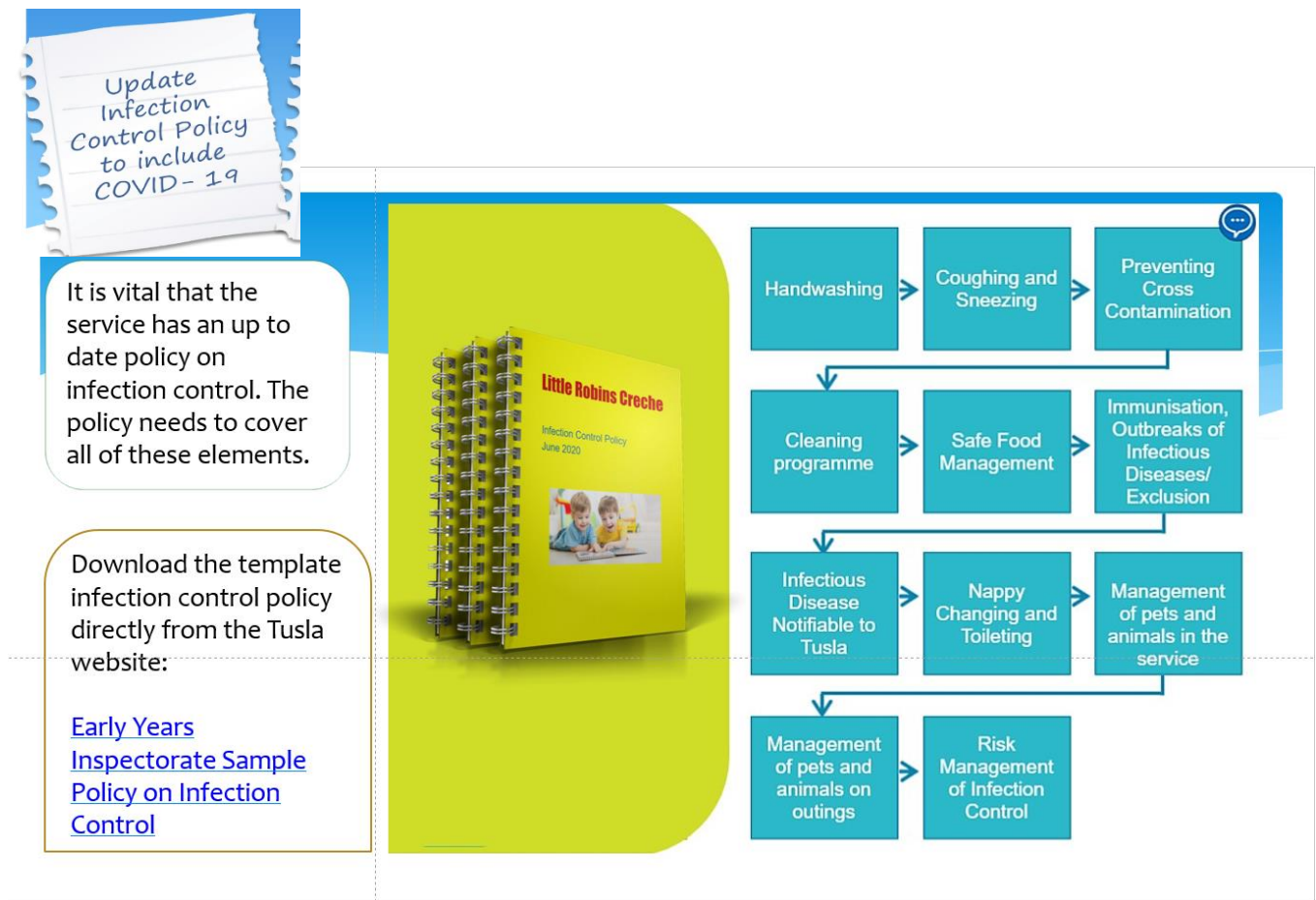
“During that time ... they were really struggling to cope with the amount of information that was being given to them by everybody. Yeah. And they were trying to get their infection control procedures to a higher level so that they could phone up. And they could ask our advice, you know what I mean? And it was more of a partnership. I think it was more it was even more of an accomplishment because there were very few other people around on the ground. Right.”

Two newsletters were issued by the EYI and these included information and guidance for services. These newsletters were discontinued due to the multiplicity of newsletters that were being circulated by early years stakeholders at the time. The DCEDIY subsequently collated from various stakeholders and the EYI contributed to these on an ongoing basis.

Sample policies to meet the requirements of the regulations had been developed by the EYI in collaboration with Barnardos and among these a policy on infection control had been made available to services. Information required to ensure services had an up to date infection control policy to meet the new measures needed to manage the COVID-19 pandemic was made available to services including a webinar in June 2020 titled “*preparing to reopen early years services*” available at: <https://www.tusla.ie/services/preschool-services/infection-control-presentation/>

The key information required for an infection control policy for preparing to reopen a service in June 2020 is set out in **Figure 8**:

Figure 8 Key information required for an infection control policy



Perceptions of the helpfulness of these supports by EYI personnel

The survey of EYI management and administration staff asked about the helpfulness of a range of supports to services during 2020 and, depending on the area, between 7% and 21% indicated they did not know. The findings show that the EYI newsletters (90.7%; n = 39), guidance document for early years services (90.7%; n = 37), the sample policy on infection control (86.0%; n = 35) and the COVID-19 specific notification form (83.3%; n = 32) were considered to be either very helpful or helpful by more than 80% of respondents.

Table 9 Perceptions of the helpfulness of supports according to management and administration personnel to services during 2020

	Very helpful	Helpful	Neither helpful nor unhelpful	Unhelpful	Very unhelpful	Don't know	Total
COVID-19 helpline to respond to queries arising	41.9% 18	27.9% 12	9.3% 4	0.0% 0	0.0% 0	20.9% 9	43
Identification of a named person to link with providers	39.5% 17	30.2% 13	9.3% 4	0.0% 0	0.0% 0	20.9% 9	43
Webinar on preparation to reopen early years services (June 2020)	39.5% 17	34.9% 15	11.6% 5	0.0% 0	0.0% 0	13.9% 6	43
Early years newsletters	41.9% 18	48.9% 21	2.3% 1	0.0% 0	0.0% 0	7.0% 3	43
EYS self-assessment checklist	39.5% 17	34.9% 15	7.0% 3	2.3% 1	0.0% 0	16.3% 7	43
COVID-19 specific notification form	42.9% 18	40.5% 17	7.1% 3	0.0% 0	0.0% 0	9.5% 4	42
Sample policy on infection control	37.2% 16	48.8% 21	4.7% 2	0.0% 0	0.0% 0	9.3% 4	43
Guidance document for early years services COVID-19	46.5% 20	44.2% 19	2.3% 1	0.0% 0	0.0% 0	7.0% 3	43
Deferral of re-registration of services	39.5% 17	27.9% 12	14.0% 6	2.3% 1	2.3% 1	14.0% 6	43
Deferral of fees	25.56% 11	27.9% 12	21.0% 9	2.3% 1	0.0% 0	23.3% 10	43

The survey of IRMs and inspectors also shows a high percentage of respondents considered almost all supports provided by the EYI to services to be either helpful or very helpful. More than 80% indicated that the following supports were either helpful or very helpful: the EYI

inspection protocol for registered providers (94.3%), the COVID-19 helpline (88.6%) and the guidance document for early years services COVID-19 (88.6) to be helpful or very helpful. The deferral of re-registration of services was considered helpful or very helpful by the lowest percentage of respondents (48.6%; n = 17).

Table 10 Perceptions of the helpfulness of supports according to IRMs and inspectors to services during 2020

	Very helpful	Helpful	Neither helpful nor unhelpful	Unhelpful	Very unhelpful	Don't know	Total
COVID-19 helpline to respond to queries arising	51.4% 18	37.1% 13	11.4% 4	0.0% 0	0.0% 0	0.0%	35
Identification of a named person to link with providers	37.1% 13	37.1% 13	14.3% 5	5.7% 2	2.9% 1	2.9% 1	35
EYI inspection protocol for registered providers	37.1% 13	57.1% 20	2.9% 1	2.9% 1	0.0% 0	0.0% 0%	35
Webinar on preparation to reopen early years services (June 2020)	31.4% 11	60.0% 21	5.7% 2	2.9% 1	0.0% 0	0.0% 0%	35
Early years newsletters	17.7% 6	64.7% 22	11.8% 4	2.9% 1	0.0% 0	2.9% 1	34
The guidance document for early years services COVID-19	48.6% 17	40.0% 14	8.6% 3	2.9% 1	0.0% 0	0.0% 0	35
EYS self-assessment checklist	31.4% 11	54.3% 19	5.7% 2	5.7% 2	2.9% 1	0.09% 0	35
COVID-19 specific notification form	25.7% 9	48.6% 17	20.0% 7	2.9% 1	0.0% 0	2.9% 1	35
Sample policy on infection control	37.1% 13	42.9% 15	14.3% 5	2.9% 1	0.0% 0	2.8% 1	35
Deferral of re-registration of services	20.0% 7	28.6% 10	34.3% 12	11.4% 4	5.7% 2	0.0% 0	35

Supports for early years inspectors

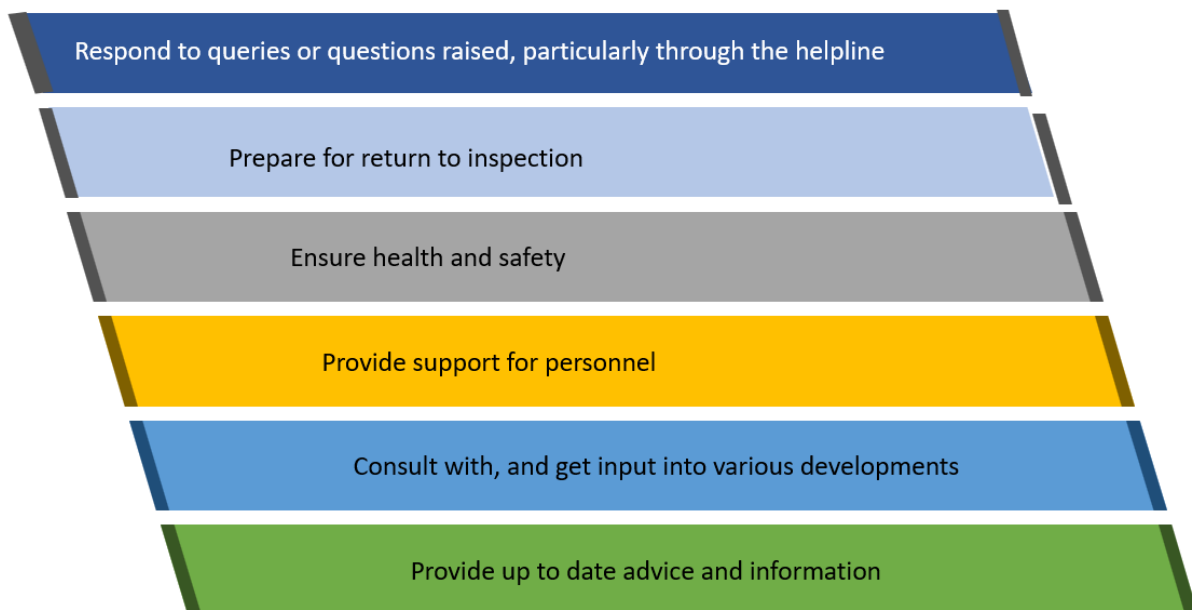
At the onset of the pandemic, inspection and registration managers and early years inspectors, similar to others within the EYI, commenced remote working and as described earlier, they were supported by the management and administrative staff in practical ways

to do so. There were many challenges experienced by all workers and in response to this, one senior manager reported that a philosophy of support was adopted throughout the pandemic saying that:

“The reality of life is when you're in an unknown and you're not sure you need somebody to take direction, give you a directional sense of vision of what we can do and the limitations ... But it essentially was saying like, we can only do so much in one day. We do the best we can. We work together, we support each other. And any concerns at all, you know, talk to your manager, try and work it out. That was the message for people.”

‘Constant’ communication took place within the EYI and there was significant communication between management and administrative personnel and inspectors. The main focus of these interactions are presented in **Figure 9**.

Figure 9 Main focus of engagement between management and administration and IRMs and inspectors



Listening and responding to the concerns arising formed a core element in preparing the inspectors to return to face to face and on-site inspections. It was also highlighted that good communication about what was expected was critical and it was reported that if anyone felt uncomfortable (e.g. due to medical conditions themselves) about carrying out an inspection there was a process through which they could get support around that. This was reiterated by an inspector who said:

“And I think it was, you know, initially when, you know, you go to the door and you ask, was there any covid cases, you know? And we had that choice and management gave us that choice. We can just turn around and walk away and we didn't have to go in. So that for me was a great reassurance in the sense that people were listening to our fears as well.”

However, one manager highlighted that this could be problematic due to inconsistencies arising in whether services were inspected and also because of the hybrid model where some documentation reviewed prior to the inspection could be out of date by the time the inspection was actually carried out.

Specific supports put in place for inspectors

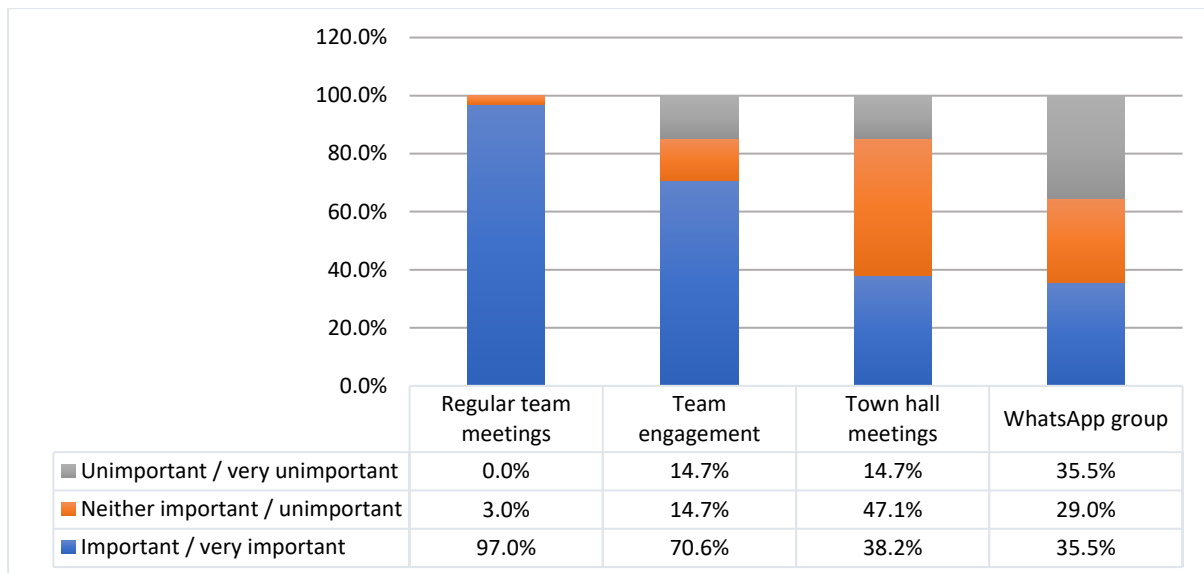
In addition to informal communication with staff, it was reported that a number of different initiatives took place including town hall meetings and workshops. The introduction of ‘*town halls*’, and ‘*lunch and learn*’ interactions were provided to help inspectors meet the challenges of balancing public health advice with regulatory requirements; and also to support decision making in respect of the regulations where, for example, a single regulation (e.g. *Regulation 23*) could be fully compliant with COVID-19 infection control processes but noncompliant in another area of the regulation, such as safeguarding children. One manager said:

“And we did set up lunch and learns with the staff to go through that actual guide ... where do you make that judgment of compliance and noncompliance. But we had to give that very direct training to the inspectors to help them to make those judgments in light of the pandemic. And that was probably our biggest challenge to whether it was a regulatory breach as opposed to good practice or a recommendation ...”

Findings from the survey of IRMs and inspectors in response to the helpfulness of various supports in enabling the recommencement of inspections in July 2020 show that regular team meetings were identified by almost all respondents as important (57.6%; n = 19) or very important (39.4%). About 70% (70.5%) of respondents identified that the Team Engagement Forum was important or very important. A lower proportion of respondents

indicated that town hall meetings (38.2%) or the WhatsApp group (35.5%) were important or very important (**Figure 10**).

Figure 10 IRMs and inspector indication of the importance of various methods of communication in preparing for the reopening of services



Face to face meetings as well as online

The importance of having access to MS Teams throughout was identified as a crucial mechanism for keeping in touch and, in the early stages of the pandemic, provided the only way in which meetings could take place. It was also highlighted, however, that face to face meetings are also important with one manager noting that:

“you can't beat the bit of conversation or ask what you might think is a very minor question over a cup of coffee and a scone. You miss that. You miss that.”

It was particularly highlighted that when new staff join they *‘really did lose out on that bit of conversation and just you know batting things across the desk asking somebody what do you think?’*.

GDPR

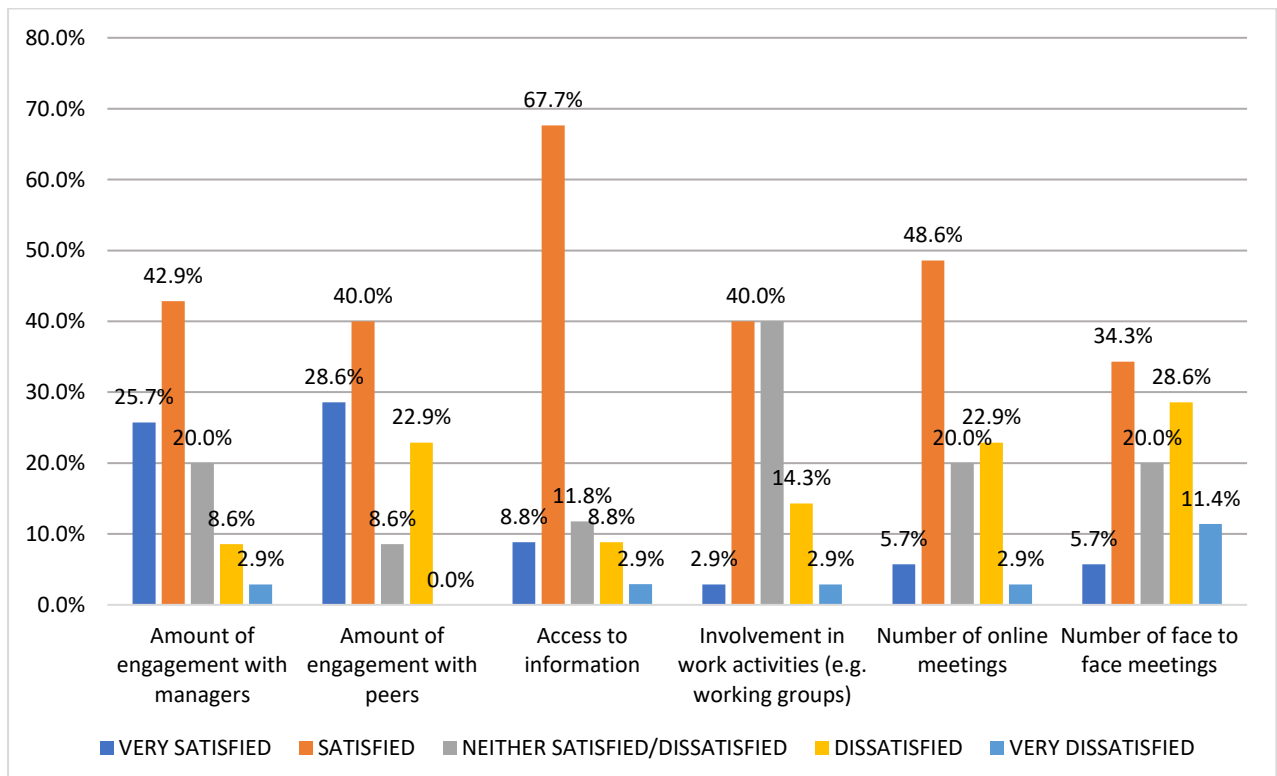
Some comments were also made in respect of the need for good processes to be in place around GDPR due to the level of *‘quite sensitive personal information’* that is now being sent electronically. One manager noted that everything is being password protected and encrypted and that:

“... we've really upped the game there and even just the kind of level, the complexity of passwords and things like that, you know, and because there's so much information going around the place to be very, very careful.”

Throughout COVID-19, particularly the early stages, many changes were required in advice given to providers and also in the inspection process. One senior manager spoke about the challenges of consultation noting that before getting shared drives accessible by all, along with a national IT system, *‘it was a nightmare. You were getting in eight different versions’* of a document, some individuals would do their own and then *‘we found it really hard to get everything to the end stage’*.

IRMs and inspectors were asked in the survey to indicate how satisfied they are at this time with engagement with peers and managers and other activities such as access to information, work activities and the number of face to face and online meetings. The findings show that there are high levels of satisfaction with access to information with about two thirds of respondents (67.7%) indicating they were satisfied and a further 9% indicating they were *‘very satisfied’*. About half of respondents indicated they were satisfied (48.6%) and 5.7% indicated they were very satisfied with the number of online meetings with about 40% identifying this in relation to face to face meetings.

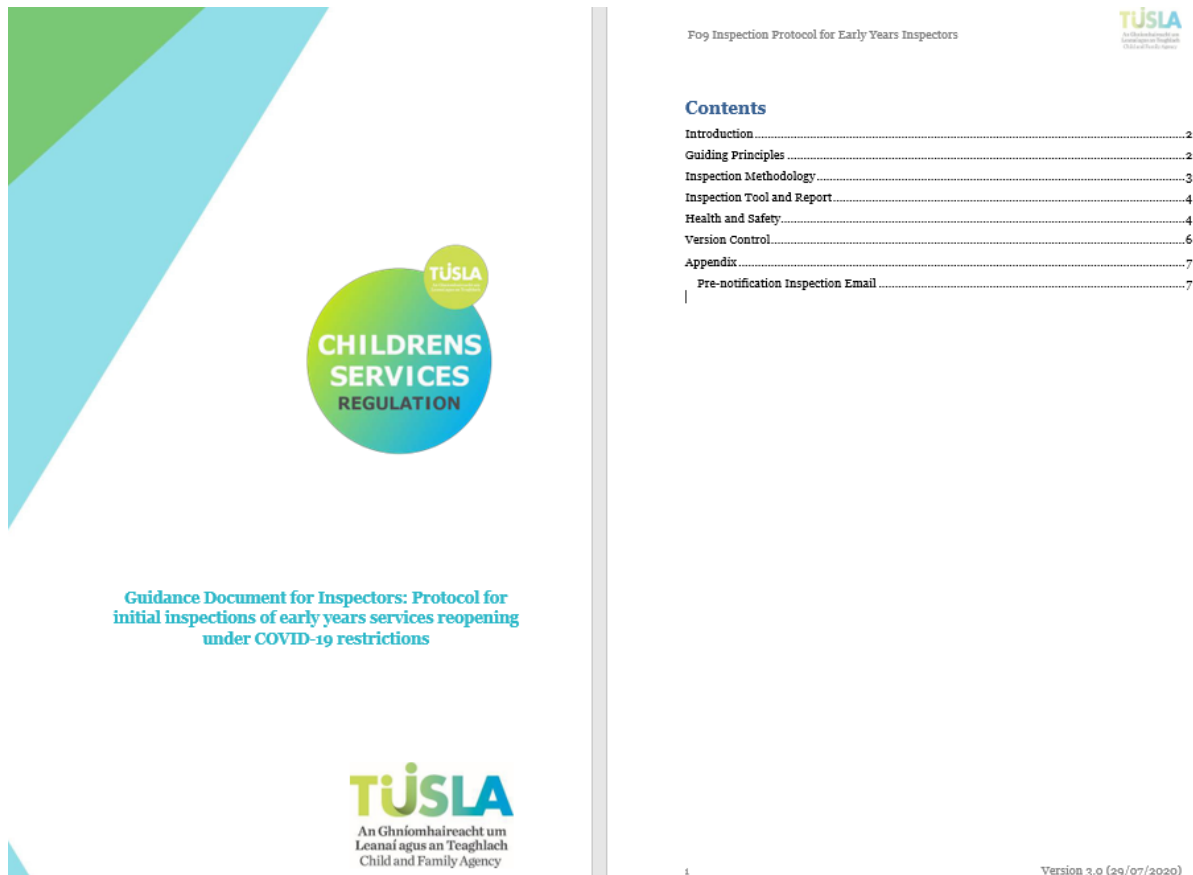
Figure 11 Satisfaction of IRMs and inspectors with key areas of communication and engagement



Supports for the inspection process

Other supports relating to the inspection process were put in place and the importance of these supports was also considered in the survey of EYI inspection and registration managers and inspectors. A key support was the development of a revised inspection process and accompanying protocol for initial inspections of the early years services reopening under COVID-19 restrictions (**Figure 12**). This guidance document set out the guiding principles, inspection methodology, inspection tool and report, health and safety and an appendix that included pre-notification inspection email. This document was revised a number of times between July 2020 and December 2021).

Figure 12 Guidance document on the F09 protocol



Importance of key supports in enabling a return to inspection

The findings from the survey of IRMs and inspectors show that many of the supports put in place were considered either important or very important by more than three quarters of respondents. These supports were the EYI inspection protocol for inspectors (91.4%; n = 32), the F09 inspection tool (84.4%) including revised versions (82.4%), the COVID-19 helpline, FAQs from providers and other question and answer documents (76.5%), and the risk

assessment tool (76.5%). The lowest level of helpfulness was identified in respect of the guide for inputting and maintaining COVID-19 tracker logs.

Table 11 Importance of supports put in place to facilitate a return to inspections

	Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant	Total
EYI inspection protocol for inspectors	31.4% 11	60.00 21	2.9% 1	2.9% 1	2.9% 1	35
The F09 inspection tool	21.2% 7	63.6% 21	9.1% 3	3.0% 1	3.0% 1	33
Revised F09 inspection tools	20.6% 7	61.7% 21	11.8% 4	2.9% 1	2.9% 1	34
COVID-19 helpline FAQs from providers	29.4% 10	47.1% 16	23.5% 8	0.0% 0	0.0% 0	34
Other question and answer documents	11.8% 4	64.7% 22	17.7% 6	5.9% 2	0.0% 0	34
Policy practice threshold decision documents (PPTDs)	5.9% 2	55.9% 19	23.5% 8	5.9% 2	8.8% 3	34
The risk assessment tool	11.8% 4	64.7% 22	17.7% 6	2.9% 1	2.9% 1	34
Training in the use of the risk assessment	2.9% 1	58.8% 20	29.4% 10	5.9% 2	2.9% 1	34
The Quality and Regulatory Framework (QRF)	23.5% 8	32.4% 11	35.3% 12	2.3% 1	5.9% 2	34
Standard operating procedures	17.7% 6	47.1% 16	23.5% 8	5.9% 2	5.9% 2	34
Guide for inputting and maintaining COVID-19 tracker logs	0.0% 0	35.3% 12	41.2% 14	8.8% 3	14.7% 5	34
Online training	14.7% 5	64.7% 22	14.7% 5	5.9% 2	0.0% 0	34

While each of these areas were identified in the interviews with key stakeholders as supports that were put in place and which enabled inspections to recommence and continue on, three areas were given particular attention — the risk assessment prior to re-opening, face fit masks, and the revised inspection tool. This was the risk assessment instrument which was developed collaboratively with ‘*our own health and safety office*’ which one manager said meant that:

“... it was clear what was required in terms of health and safety and getting the whole PPE, which was a problem at the time to get all of that in place and kind of allay all of those fears around the health and safety issue. And that was our number one thing ... So I think that gave the assurance to staff and we, we carried out some kind of robust risk assessment of how we would, I suppose, give us more safeguard to staff to send them out on inspection.”

Face fit masks

In communication with the Health and Safety Authority, it was recommended that face fitted masks (FFP 2) be provided for personnel in the EYI. These masks were identified as providing very good protection and one manager noted ‘*it was a game changer*’ in staff being willing to resume face to face engagement. Each individual was tested by a company specialising in this area and ‘*we’ve three or four different types of masks now allocated to different inspectors*’. It was highlighted that while these are ‘*an expensive enough mask*’, they were considered necessary as a tool to ensure safety. It was also highlighted that the use of face fit masks meant that:

“... inspectors were not considered close contacts by the public health personnel when following up on cases emerging in childcare settings.”

Covid Vaccination Programme

A Covid-19 vaccination programme commenced in Ireland on 29th December 2020 with the rollout of a mass immunisation campaign. The success of the vaccination programme over a period of time enabled the stepping down of many of the supports and the gradual return to many pre-Covid inspection processes and practices.

Section 4

- *Changes to inspection methodology*
- *Positive & negative impact of Covid-19*
- *Cyber attack*

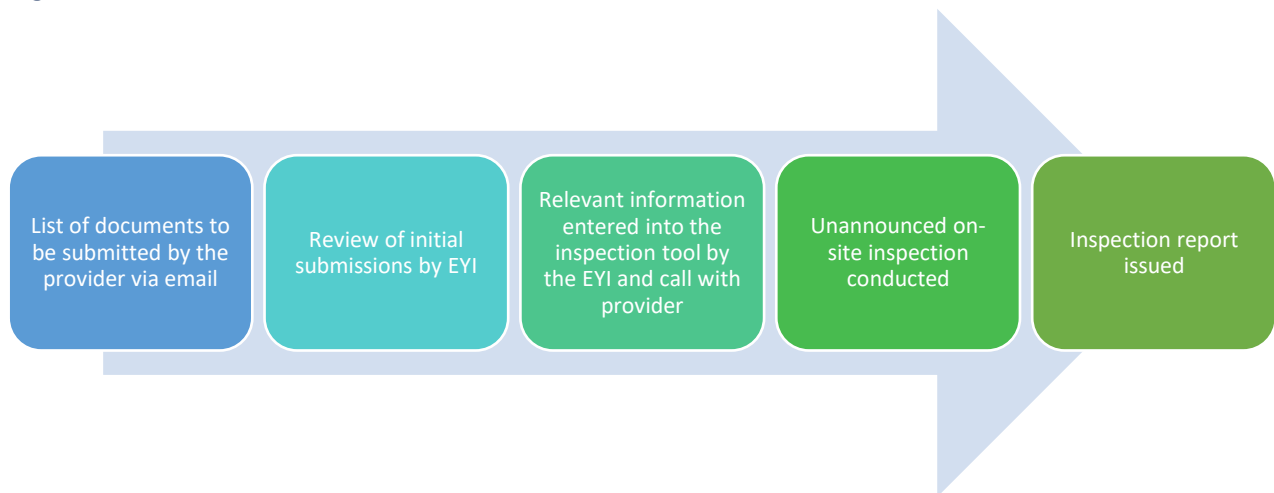
Changes to the inspection methodology

A number of changes to the inspection methodology process took place and it was reported that this required:

“... a lot of redrafting and redesign of the inspection process of what that would look like. And would it be robust enough to still kind of class it as a robust inspection at the same time?”

A new inspection tool, the F09, was developed, and this tool was adopted ‘*to make it safer for staff on site and to make it easier for the providers*’. The tool facilitated a hybrid model of inspection where traditional on-site visits were supplemented with the use of remote and desk-based work. This type of approach enabled adherence to COVID-19 guidelines while at the same time enabling the assessment of compliance in respect of key regulations. The process included five steps (**Figure 13**).

Figure 13 Revised inspection process



As a transitional measure, a number of changes were made to the inspection process to ensure the safety of staff, children and the inspectorate team and to reduce the burden on providers as the services reopened during the pandemic. These changes were articulated in the guiding principles set out which were in line with public health guidance (**Figure 14**).

Figure 14 Changes in the inspection process from June 2020

Scheduling of inspections

- 🕒 Scheduling will be intelligence led to maximise public value and provide assurances for families.

Amendments to the inspection process

- In July, August and September inspections will be focused on controls put in place by early year services to comply with infection control obligations.
- The Early Years Inspector will contact the registered provider or person in charge in advance of the on-site inspection and provide them with an opportunity to submit the required documentation prior to going on-site. From 12th October 2020, the on-site component will be unannounced. In a small number of cases, it will be necessary to carry out unplanned inspections where significant or urgent concerns are raised about a service (e.g. unsolicited information) with no remote component.

Adherence by the Early Years Inspectorate to public health guidance

- The inspection process has been amended to minimise the amount of time that early years inspectors spend in the service. The Early Years Inspectorate is committed to adherence to public health guidance in the discharge of our duties. Early years inspectors will observe good hand hygiene practices on entry, departure and at regular intervals throughout the inspection. Early years inspectors will also follow the recommended public health respiratory hygiene etiquette. Early years inspectors will observe physical distancing measures and limit the time spent in contact with adults and children. The use of Personal Protective Equipment (PPE) on inspection, as necessary, will be guided by public health advice.

Limiting the time spent in each care room

- It will be necessary to enter care rooms to assess practices and discuss procedures with staff. Early years inspectors will limit the time spent in each care room to the minimum time necessary. In some circumstances, it may be necessary to return to the care room later in the inspection, but this will be kept to a minimum.

Feedback following inspection

- Feedback will be provided remotely and also in the form of the inspection report. In some situations, the feedback meeting may be carried out on-site, but only if the registered provider and early years inspector agree and if there is a suitable location. Any immediate risks identified will be raised with the person in charge or registered provider prior to the conclusion of the on-site inspection.

Care was taken by inspectors while in the services to ensure they minimised any risk of them spreading infection and this was explained by one inspector who said:

“I must have used tons of hand sanitizer. We were trying to show that we were keeping ourselves safe and keeping the services safe and that kind of thing. So, so much of it was around kind of making sure that we didn't give an impression to the services that we were adding to the risk that they felt under ... we really focused on maintaining distance of not you know not being in any way pushing either staff for changing this risk by our presence in the service and yet trying to carry out the inspection.”

Differences over time in changes made

The extent to which these changes took place and continued was identified by IRMs and inspectors in the survey (**Table 12**). The findings show that while all respondents requested and reviewed documentation prior to inspection between July and December 2020, this procedure has not continued to the present time and no respondent intended to do so in the future. While 88.6% of respondents indicated they spent reduced time in the service at inspection between July and December 2020, just over one in ten (11.4%) do so currently and none intend to implement this in the future.

The findings show that while the assessment and use of a face fit mask was implemented between July and December 2020 by about two-thirds of respondents (65.7%) and is currently being implemented by over half of respondents currently (57.1%), other changes to the inspection have not continued to the present time.

Table 12 Changes in IRMs / inspector practices over time

	I did not make this change	Implemented July to Dec. 2020	Currently implementing	Will implement in the future
Assessment and use of a face fit mask	0.0%	65.7%	57.1%	8.6%
Reduced time in service	2.9%	88.6%	11.4%	0.0%
Documentation reviewed prior to inspection	0.0%	100.0%	0.0%	0.0%
Sampling documentation	8.6%	51.4%	45.74%	22.9%
Sampling rooms	11.4%	60.0%	45.7%	17.1%
Carrying hand sanitiser	0.0%	52.9%	73.5%	26.5%

All respondents indicated that they carried hand sanitiser with about half (52.9%) doing so between July and December 2020 and about three quarters doing so currently.

Issues arising in changes to inspection methodologies

It was noted that some discussions took place between early years stakeholders prior to the reopening, and it was reported that the inspectorate were in an unenviable position of being required, in the interests of keeping services open and the services stable, *'to be compassionate'* and *'kind'*, *'particularly once the centres opened'*. This was also highlighted by an inspector who suggested that:

“... the F09 inspections, they seem to be a little bit biased towards compliance. Yeah, but I don't think it did as much favours going back.”

Another inspector explained that at the outset when services reopened the number of children in the services was reduced and this meant that the staffing ratios were almost always compliant. Further, because the inspectors were going into only one or two rooms due to the process of sampling rooms, they were finding that services that may never have been '*fully compliant*' in the past were compliant now. This is highlighted in the following quote from an inspector who said:

“So we were literally going in, had [they] all the documentation and staff members? ... There was nobody in the cot now. Right! ... that's compliant. Tick [Regulation] 23 washing their hands ... The schedules. Tick, tick, tick, tick, tick. You know, they were all compliant or whatever. I don't mean that! [that they were all compliant]. So oh my God. ... and services that were just they were just delighted.”

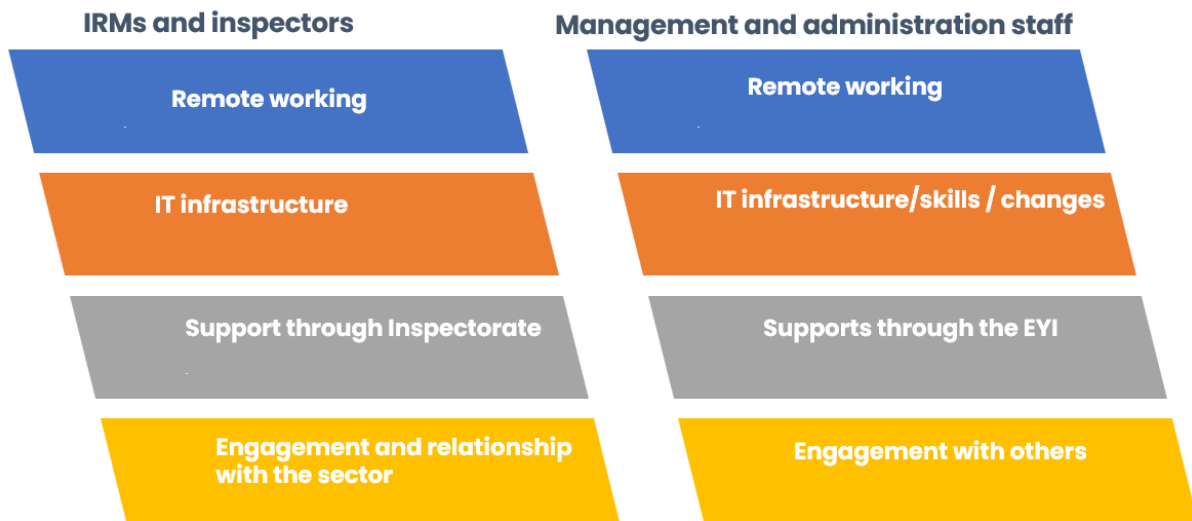
This inspector went on to say that now that everyone is '*back up and running at full capacity*' and all the resources have to be divided across more rooms and more staff, this is resulting in lower levels of compliance. Others highlighted that services are currently finding it very difficult to recruit staff and, consequently, there are now higher levels of services who are assessed as noncompliant in respect of the staff-child ratio.

Positive and negative impact of COVID-19

The period March 2020 to December 2021 was one of tumultuous change for people all over the world. Those charged with continuing to provide services were particularly impacted on and within this the EYI were a key frontline service ensuring that early years services could open, and remain open, in a safe way for children and staff.

Respondents to each of the surveys were asked to identify three positive and three negative impacts arising from COVID-19. The findings show that 88 positive comments were written by the IRMs and inspectors and 106 by management and administrative staff. The top four positive impacts are identified in **Figure 15** and highlight the importance of remote working (39 comments by IRMs and inspectors; 53 comments by management and administration staff). The IT infrastructure (including the use of Teams and upskilling in the area of IT) were identified in 13 comments by IRMs and inspectors and 35 by management and administration. Supports through the EYI were identified in 10 and 7 comments respectively and engagement with the sector (7 from IRMs and inspectors) and with others by one manager and administration person.

Figure 15 Top four positive impacts of COVID-19 on work



Negative impacts were also identified, and 65 comments were made by both IRMs and inspectors and management and administration. The top four negative impacts in terms of the number of comments made by IRMs and inspectors related to a negative view of support received through the EYI, fear of COVID-19, an increase in workload and engagement with the services. The top four negative impacts identified by management and administration related to decreased interaction with others, increased workload, supports through the EYI and IT challenges.

Table 13 Comments relating to the negative impact of COVID-19

IRMs and inspectors			Management and administration		
Area	No. of comments	% of comments	Area	No. of comments	% of comments
Negative view of EYI supports	24	36.9%	Decreased interaction with others	20	30.8%
Fear of COVID-19	14	21.5%	Increased workload	10	15.4%
Increase workload	14	21.5%	Other	7	10.8%
Engagement with services	8	12.3%	Supports through EYI	7	10.8%
Challenges working from home	3	4.6%	IT challenges	6	9.2%
Other	2	3.1%	Online engagement	6	9.2%
			Remote working	5	7.9%
			Staff absenteeism	3	4.6%
			Fear	1	1.5%
Total	65	100%	Total	65	100%

Cyber-attack

On 14th May 2021, the HSE was subjected to a serious criminal cyber-attack, through the infiltration of IT systems using Conti Ransomware. The TUSLA IT system, which was directly linked to the HSE system, was also directly impacted as a result of this attack. An update on the attack was issued to all Tusla personnel on 16th May requesting that other than phones, no other Tusla device be used (<https://www.tusla.ie/staff/ict-update-staff/>).

- Update on current ICT challenges - Sunday 16/05/21 @ 19:30

Colleagues,

Please do not turn on any Tusla device other than your phone, for any reason, unless advised by ICT. Line Managers should ensure this is communicated to all of their team.

As you will be aware, our systems (including email, referrals portal, and NCCIS) are currently not operating due to precautionary measures taken by the HSE.

The safety and welfare of children continues to be our priority. Referrals are being taken by phone only (via local duty social work offices).

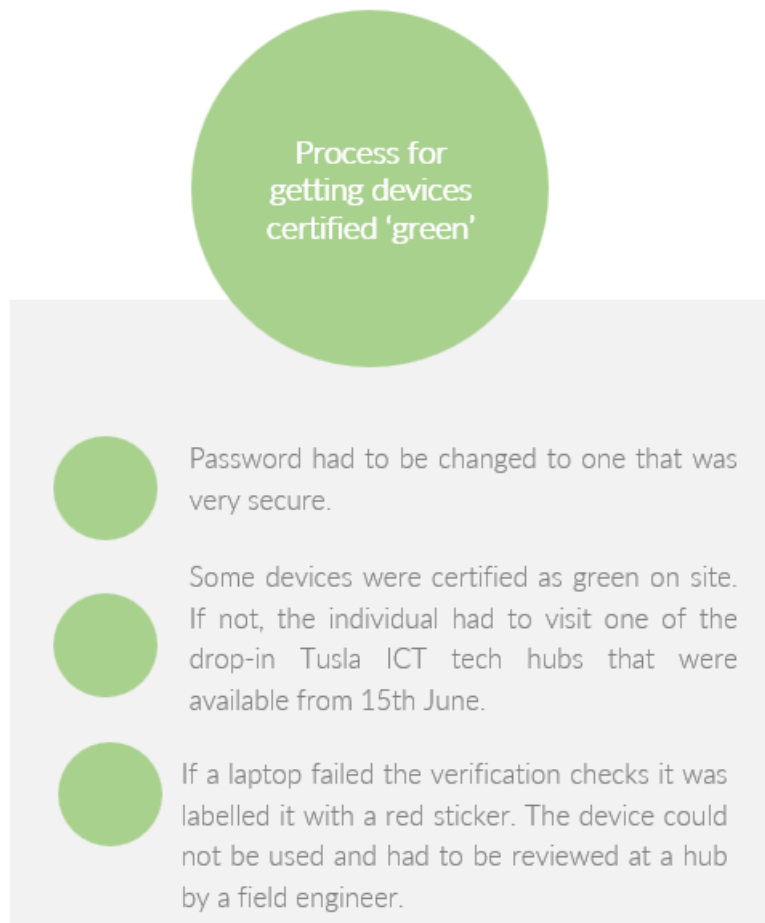
Case work must continue and case notes should be hand written (as legibly as possible) and stored safely.

Staff may be required to attend briefing sessions in the coming days. Line Managers will have further updates for staff in the next 48hrs.

Office of the CEO

In an update on the situation on 31st May from the CEO of Tusla, it was noted that some Tusla staff who had already connected their HSE device to the HSE wired network for scanning and security updates could use their laptop / PC in the office. Others, however, could not. It was noted in a further update that it was expected that a full email for Tusla staff on the HSE network would be available from Tuesday 8th June, although it was highlighted that Lotus notes being used by staff in the North East and North West could not be restored. Following this all devices had to be certified as '*green*' by a field service engineer before it could be used again (**Figure 16**). In an update on 21st July 2021, it was highlighted that the Tusla online portals, including those for the early years registration process, were now open.

Figure 16 Key elements of the process of certifying devices green



Impact of the cyber-attack

This attack was very problematic, not least because of the IT dependencies that had arisen due to COVID-19. One senior manager said:

“The cyberattack was way worse than COVID-19. This cyberattack was meltdown. We had no information; we had no anything ... We had people's contact numbers and personal numbers and a lot of teams had done that ... So at least we [were able] to contact people, which I don't think a lot of services could, and we were trying to figure out what to do. That was a nightmare.”

This was reiterated by another manager who noted that:

“That was a sort of a double whammy as it were ... it was such an unprecedented thing to happen but made it so difficult.”

In the initial period of the cyber-attack, it was highlighted that the management and administration personnel involved in supporting staff to work at home were *'super busy'* because of the need to get all the equipment back to a central depository to have them cleaned. It was highlighted that noted at the outset, it was not clear how much information was lost, and whether the original equipment would be returned to individuals. One manager said:

“We did not know whether we were going to see those again or have access to them again ... so kind of like for us that's hampered [use] massively in all the work that we were doing. We could do literally nothing and ... we had email accounts we couldn't access. Providers were continuing to email us and send us information. We couldn't access that information or do anything with it.”

This manager went on to say:

“So, you know ... we got some of our stuff, but we didn't get it all back. Some colleagues have lost all of their emails for ... that period of time and never got them back.”

Others noted however, that in the initial window when it was impossible for people to work, it provided some time for thinking and it led to *'some brilliant proposals'*. It was also highlighted that it allowed Tusla to *'cut the apron strings from the HSE'* and become *'more autonomous'* and *'in control of our destiny'*. One manager said:

“Right. Because we, you know, Tusla had to rebuild its systems, sever its ties and as a consequence, it's been able to innovate a lot faster.”

It was reported that this innovation has allowed for a Tusla national network where it is easy to have access to shared files. *'There are now national email accounts, and you get an email*

account in a day when you start and where all the equipment is the same, thus reducing the complexity of maintaining the overall system'. This was contrasted with the time prior to the cyber-attack:

“... before it was three months before you'd get an email account ... if you joined and you were based in Galway, you had a different laptop than if you were based in Dublin because you're on a completely different network and your machine had to be, you know, kind of image to deal with that area.”

It was recognised that these changes were substantial and that the equipment allocated to each member of staff had been replaced with a brand-new set and it was noted that *'it was huge. It was phenomenal'*.

The challenges of getting all this in place were highlighted and it was reported that, initially, it was not clear who would be responsible for getting the Tusla IT infrastructure up and running, which led to referrals between Tusla and the HSE. It was also highlighted that within Tusla, the EYI was ahead of other services due to pre-emptive planning and that they were *'generally ahead of the queue'* because they had developed good relationships with key personnel, worked very closely with the link person and were very organised. One senior manager spoke about the organisational preparedness that went on behind the scenes noting that:

“I would say [name of senior manager], pre-emptive organization was exceptional because ... when something was to be done [name of senior manager] would have had [lists prepared of] who doesn't have a laptop ... those lists [would be] ready immediately. So there was no excuse for anyone ... So if they asked us something, we had an immediate response back to them or in fact sometimes they had the response before they even asked us, right, you know, kind of thing.”

The impact of this was highlighted in a comparison of one area where personnel in the EYI

had ‘access to all their systems and files back again, whereas their social work colleagues and some of them were miles away from doing it’.

Extent of the impact

Survey responses on the impact of the cyber-attack on IRMs, inspectors, management and administration show both positive and negative effects. About two-thirds of managers and administrative personnel indicated that the cyber-attack had severely disrupted their work (67.4%) compared with just over one-third of IRMs and inspectors (37.1%). Similar proportions of respondents indicated they had lost important data because of it (16.3% and 14.7% respectively) and similar proportions indicated their workload had significantly increased (53.5% and 48.6% respectively). A considerably lower proportion (16.7%) of managers / administration personnel agreed or strongly agreed that the encryption processes put in place following the cyber-attack are too time consuming compared with IRMs / inspectors (50%). While more than 80% (83.7%) of management and administration personnel agreed or strongly agreed that the IT infrastructure has improved a lot as a result of the cyber-attack, only half (51.4%) of IRMs / inspectors who responded agreed or strongly agreed with this.

Table 14 Impact of cyber-attack on EYI personnel

Statement about the cyber-attack	Stakeholder group	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
The cyber - attack severely disrupted my work	Management and administration	4.7%	2.3%	2.3%	23.3%	67.4%	45
	IRMs and inspectors	11.4%	8.6%	8.6%	34.3%	37.1%	35
I lost important data because of the cyber-attack	Management and administration	11.6%	18.6%	20.9%	32.6%	16.3%	45
	IRMs and inspectors	2.9%	5.9%	41.2%	35.3%	14.7%	34
The encryption processes put in place following the cyber-attack are too time consuming	Management and administration	14.3%	23.8%	45.2%	14.3%	2.4%	44
	IRMs and inspectors	2.9%	5.9%	41.2%	35.3%	14.7%	34
My workload significantly increased as a result of the cyber-attack	Management and administration	7.0%	11.6%	27.9%	27.9%	25.6%	45
	IRMs and inspectors	5.7%	8.6%	37.1%	34.3%	14.3%	35
The IT infrastructure	Management and administration	2.3%	0.0%	14.0%	34.9%	48.8%	45

has improved a lot as a result of the cyber-attack	IRMs and inspectors	8.6%	0.0%	40.0%	31.4%	20.0%	35
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Commentary in respect of the cyber-attack

In response to whether individuals had any comments about the cyber-attack, five of the seven respondents to this question from the survey of EYI management and administration staff highlighted the very rapid and positive response by the EYI in responding to the attack and in creating a new system.

Comments such as the following highlight this:

"Best thing that happened as everyone in Tusla will be on the one Network and all using the same Systems rather that people in different Regions using different applications";

"The actions put in place following the cyber-attack have been excellent. We are all now on the one IT system - if the cyber-attack had not happened it would have taken at least 5 more years to bring us all onto the one system";

"As a result of the cyber-attack our IT Equipment and systems have greatly improved and are getting better all the time";

"IT systems still need to improve but IT team is helpful and quick to resolve issues";

"Again, a huge event, IT exemplary in restarting the organisation."

The remaining comments noted that the attack *'could not be foreseen and happened very quickly'* while the final comment highlighted the stress associated with the attack noting that:

“The cyber-attack on top of COVID 19 made work life very difficult. We had no access to systems and were literally working blindly. We returned to a paper registration application system which was difficult to track and monitor without IT access. It was like a step back to the bad old days and during this time it was even more difficult to keep staff engaged. Overall, it was an extremely stressful period with staff members working way above their contracted hours to keep processes going.”

The 11 respondents to the same question in the survey of IRMs and inspectors were less positive in their commentary and some highlighted ongoing challenges with the IT system. One respondent wrote that *‘The whole IT system migration, upgrade, security upgrades was a nightmare and still is sometimes !!’*, while another suggested that *‘migration should not have meant having to hand in your own laptop for another laptop of poorer quality and older of the laptop you handed in’*. Others highlighted ongoing challenges, particularly those relating to the printing and scanning facilities as presented in the following comments:

"Still no printing, or scanning in the SW [South West] since Sept 2021 no efforts made to raise this have resulted in a solution. No green cables in sight for us small offices."

"Lack of printing for 6 months following migration."

"The ongoing effects are still being felt by not having access to printers or not being able to log on to the main frame when offices have not been cleared and 'green cabled yet'. This will continue for a long time."

".... Could not print anything which is an issue to this day."

Some respondents drew attention to the parallel system currently in place that requires both paper based and IT based record keeping, and one individual wrote:

“Now that more secure ICT systems are progressing and all EYI staff are on the same network we need to formally step-down paper files. Requirement to maintain both paper and electronic files in operations is inefficient and does not serve us given various staff locations within each team. Current file structures mean that there can be upwards of 5 or more service files between operations and registration holding different pieces of information on the same service. This requires urgent consolidation in order to support staff to make more efficient and effective decisions and for better data governance.”

The following findings emerged from the surveys:

88.4% of management and administration staff either agreed or strongly agreed with the statement ‘The cyber attack was handled as well as it could be by the Early Years Inspectorate’. Two people disagreed with this statement.

48.6% of IRMs and inspectors either agreed or strongly agreed with the statement ‘The cyber attack was handled as well as it could be by the Early Years Inspectorate’. Only one person disagreed with this statement .

One inspector wrote:

“I feel they [have] done as much as they could in a crisis situation. Having to travel in excess of 150 miles to get a laptop serviced seemed extreme. I would have thought there would have be a few central points locally. I found the IT technicians more than helpful.”

Section 5

Summary

Summary

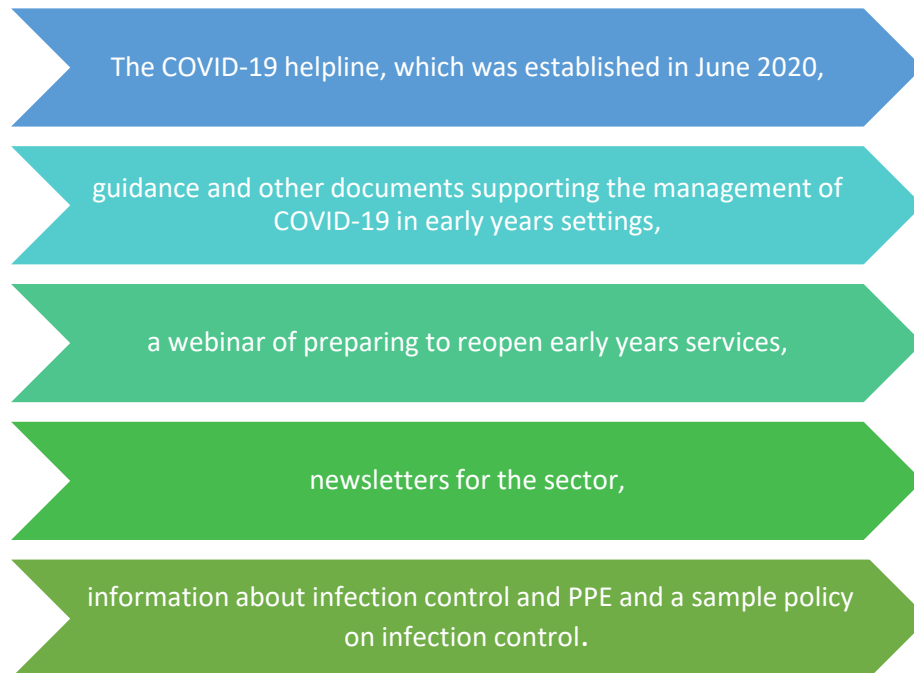
This report has presented a description and analysis of the response, between March 2020 and December 2021, by the Early Years Inspectorate to the COVID-19 pandemic. The announcement by An Taoiseach on 12th March and the restrictions on attending workplaces required EYI personnel to work remotely. An immense effort was put in place by management to ensure personnel were provided with the appropriate health and safety, IT infrastructure and communication mechanisms and supports to do so.

Early years services closed between March 2020 and July 2020 and when these services reopened, inspections recommenced to ensure the safety of children and workers within early years settings. The resumption of inspections took place in a time of significant fear, along with limited and changing understandings about the virus and its transmission, and this was challenging. Some personnel were redeployed to the health services and increases and / or decreases in workload were reported depending on the particular time period under examination.

The management of COVID-19 by the EYI as the statutory regulator of early years services required extensive communication and collaboration, considerable changes to supports and processes to ensure the risk for all members of the inspectorate was minimised, the development of policies, guidelines and processes, and changes in administrative processes. Balancing regulatory and public health requirements was onerous, particularly in respect of the pod structure and notification of incidents, although through collaboration and inter-agency working, appropriate solutions were found.

There was extensive engagement with the early years services throughout the pandemic and this was particularly the case in the early stages when reopening of services became a critical element in enabling society to function.

Specific supports that were provided included:

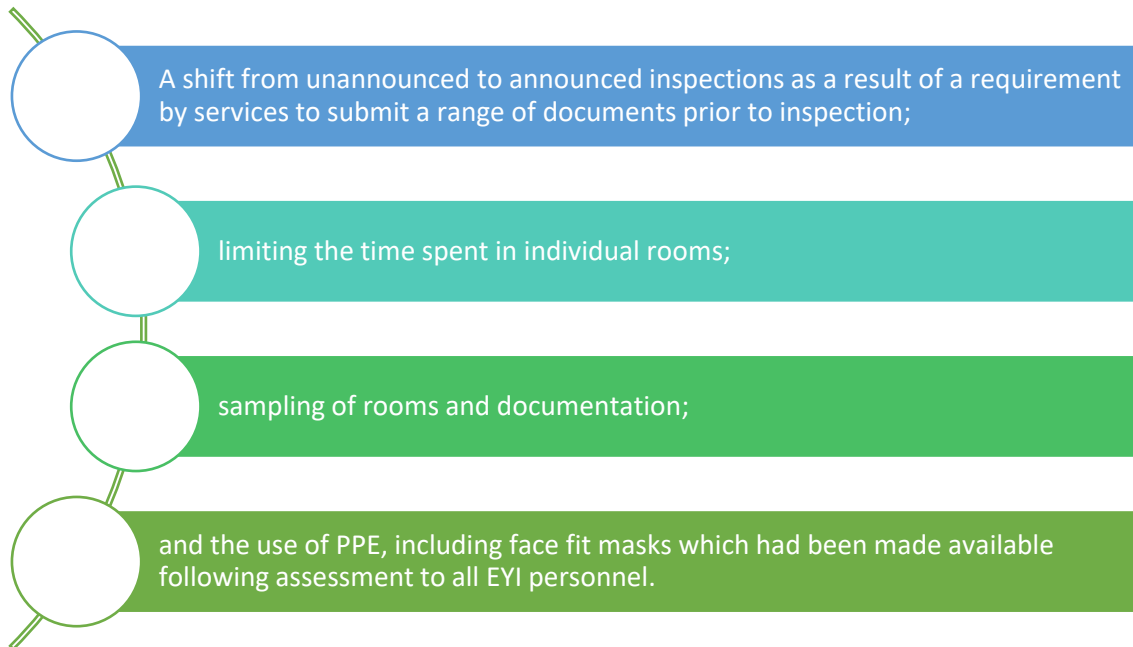


In addition, a named link person in the registration office was assigned to applications for registration or re-registration and all early years providers were able to access early years inspectors directly through mobile phones. These supports were perceived to be helpful or very helpful by a majority of managers, administration personnel and inspectors.

Supports were also put in place for early years inspectors and constant communication between managers and inspectors took place using regular team meetings held online, via WhatsApp groups, in town hall meetings and via online training. The focus of this communication was to respond to queries or questions raised, prepare for return to inspection, issues relating to health and safety, providing support for personnel, consultation and inputting into various developments and providing up to date advice and information.

A change in the inspection methodology was implemented when inspections resumed in July 2020 in order to ensure adherence to public health guidance by the inspectorate.

Key changes included:



This change in the inspection process was supported by the provision of a newly developed tool, specific guidance, online training and documentation. Some personnel suggested that the revised process led to higher levels of compliance although it was noted that this led to some challenges for services when reverting to the original type of inspection.

It was reported that engagement between the inspectorate and early years services changed in its nature over the period of the pandemic and that the supports provided by them to the sector were welcomed.

The pandemic had, and continues to have, a number of very negative social, emotional, health and economic impacts. Decreased interaction with others, increased workload, the consequences of remote working in terms of teamwork, engagement with others and the shift to online rather than face to face engagement, as well as limitations in the supports provided through the inspectorate, were all identified as having negative impacts on personnel. However, a number of positive impacts were also identified. These included benefits accruing from remote working (improved quality of life, reductions in travel), improvements in the IT infrastructure, the supports provided by the inspectorate and the engagement and relationship with the early years sector as positive outcomes arising.

The period of time under examination in this report also included a significant cyber-attack on the Tusla IT infrastructure which took place in May 2021. The challenges arising from this attack were exacerbated by the dependencies that had arisen as a consequence of COVID-19. EYI personnel reported that the cyber-attack had severely disrupted their work; important data had been lost and their workload had significantly increased as a result of it. About half of IRMs and inspectors highlighted ongoing issues relating to new encryption processes in place and a number highlighted that they continue to be unable to print documents. Nevertheless, there is considerable agreement, particularly among management and administration staff, that the IT infrastructure has improved a lot as a result of the cyber-attack.

References

An Taoiseach (2020) Statement by An Taoiseach Leo Varadkar On measures to tackle Covid-19 Washington, 12 March 2020 <http://merrionstreet.ie/en/news-room/news/statement-by-an-taoiseach-leo-varadkar-on-measures-to-tackle-covid-19-washington-12-march-2020.html>. Published on Thursday 12th March 2020.

Boiral, O., Brotherton, M.C., Rivaud, L. and Guillaumie, L., 2021. Organizations’ management of the COVID-19 pandemic: a scoping review of business articles. *Sustainability*, 13(7), p.3993.

Central Statistics Office (2020b). Social Impact of COVID-19 Survey April 2020. Retrieved from: www.cso.ie/en/releasesandpublications/ep/p-sic19/socialimpactofcovid19surveyapril2020/

Darmody, M. Smyth E. and Russell, H. (2020). The implications of the covid-19 pandemic for policy in relation to children and young people a research review. ESRI survey and statistical report series number 9. 4 July 2020. https://www.esri.ie/system/files/publications/sustat94_3.pdf

NPHET Policy Unit Organisation (2021) Timeline and detail of public health restrictive measures advised by NPHET in response to the covid-19 pandemic. NPHET policy unit organisation: Department Of Health. 13 January 2021.

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