



An Chomhairle Náisiúnta Eacnamaíoch agus Shóisialta
National Economic & Social Council

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Research Series

Paper No.18

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National Economic and Social Council

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Secretariat Covid-19 Working Paper Series

The Impacts of Covid-19 on Ethnic Minority and Migrant Groups in Ireland

Órlaith Hennessy

(as part of an 8-week internship in Summer 2020)

Research Series

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NOTE: The NESC Secretariat Covid-19 Working Paper Series is to provide timely, concise analysis for policy-makers and other stakeholders. This research work, in normal circumstances, would be used to produce NESC reports, which would be published following detailed deliberation by the Council. The Council has members appointed by the Taoiseach, comprising representatives of business and employers' organisations, trade unions, agricultural and farming organisations, community and voluntary organisations, and environmental organisations; as well as heads of Government Departments and independent experts. By putting it in the public domain earlier, it is hoped this research can help those now working on Ireland's response to Covid-19. It will also inform Ireland's discussion of its recovery from the Covid-19 crisis. These papers are un-refereed material and are a work-in-progress by the Secretariat. The Secretariat is solely responsible for the content and any views expressed therein, and welcomes any comment on these papers (email info@nesc.ie). Given the nature of the crisis, these working papers are likely to be updated on a regular basis. This will be done in as timely a manner as possible.

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1.1 Introduction

This paper outlines key impacts of Covid-19 on ethnic minority and migrant groups in Ireland. It presents an overview of available data, and identifies areas for further work.

The paper provides some contextual information first, followed by an outline of issues arising for ethnic minority and migrant groups in relation to Covid-19 in the areas of employment and income, housing, health and well-being, education, immigration services, and discriminatory attitudes.

A number of the problematic issues arising for these groups during the pandemic stem from pre-existing disadvantage experienced by migrants and Irish people of colour. However a range of supports have been put in place which aim to address some of the issues which negatively affect migrants and ethnic minorities during the pandemic.

A summary of the findings is given first, before a more detailed outline of the data and findings are provided in the main part of the paper.

1.2 Executive Summary

1.2.1 Context

- ‘Non-Irish nationals’ make up just over 12 per cent (620,000 people) of the population in Ireland. The countries with the highest number of immigrants in Ireland are Poland and the UK, followed by Lithuania, Romania and Brazil.
- There are just under 31,000 Irish Travellers in Ireland, approximately 4,000-5,000 Roma, and 7,000 asylum seekers living in direct provision centres.
- Migrants to Ireland are a heterogeneous group, ranging from well-qualified migrants with good English-language skills, to those arriving from conflict regions with few resources.
- A number of the negative issues arising for migrants and ethnic minorities during Covid-19 stem from situations where pre-existing disadvantage was experienced by these groups.

- A range of supports have been put in place to address issues which negatively affect migrants and ethnic minorities during the pandemic.

1.2.2 Employment and Income

- On average, migrant families have a lower level of income than Irish families and so are likely to feel the financial effects of the COVID-19 lockdown more strongly.
- Non-Irish nationals are over-represented in sectors severely affected by COVID-19 closures, including accommodation and food. Overall, they are less likely to be essential workers than Irish nationals, but African and Asian groups are over-represented in the health sector.
- Migrant workers are more likely to be in lower-paid jobs, and some of these have poor working and employment conditions. Outbreaks of Covid-19 in meat plants have exposed the risks present in some workplaces with a concentration of migrants.
- A higher proportion of Africans and Travellers are unemployed, relative to the general population, which may lessen the impacts of any job losses caused by the pandemic for these groups.
- There can be barriers for non-Irish nationals in accessing state supports, such as language barriers and difficulties accessing information. These issues could cause difficulties in accessing COVID-19 related supports.

1.2.3 Housing

- A higher proportion of non-Irish nationals than the general population are living in rented rather than owner-occupied accommodation, which increases the likelihood of overcrowding, sharing space with non-family members, and less control over the use of space. This can have impacts on the ability to socially distance, and to work from home.
- Blanket bans on evictions and rent increases, and mortgage breaks, were provided by government and financial institutions respectively for a limited time period, and specifically in relation to the impact of Covid-19 on people's livelihoods.
- A number of long-standing difficulties with Traveller accommodation are particularly problematic in a pandemic. These include overcrowding, and lack of running water and sufficient sanitation on halting sites. Some local authorities have used Government funding for pandemic supports to offer additional resources in Traveller accommodation.
- Direct Provision (DP) Centres are not conducive to public health guidelines such as social distancing. 1,700 asylum seeker residents share rooms with non-family members; canteens cater for all residents at once at mealtimes; and residents use shared washing and laundry spaces. There have been a number of Covid-19 outbreaks across DP centres, which can be linked to such practices.

- Provisions made in response to the virus in DP Centres include additional beds, self-isolation facilities, PPE distribution and staggered mealtimes.

1.2.4 Health and Wellbeing

- Official data on Covid-19 case numbers and deaths among ethnic minorities, migrants, Travellers and DP residents is poor. It would be useful to regularly publish disaggregated COVID-19 cases and deaths by ethnicity in Ireland.
- Nonetheless, recent research suggests that Black, Black Irish, Asian, Asian Irish and Traveller groups are more likely to contract Covid-19 than those who are White Irish. This may be linked to their occupation and housing conditions. The death rates are lower than those of the White Irish group, which may be related to the younger age profile of these ethnic minority groups.
- A range of supports to help reduce Covid-19 transmission amongst asylum seekers, Travellers and Roma have been put in place, including priority testing, helplines and accessible health guidelines.
- Mental health issues are likely to be exacerbated by restrictions due to the pandemic. DP in particular has been shown to trigger feelings of a lack of control, isolation and boredom. The Traveller community has a disproportionately high level of mental health issues. Therefore, the mental health of people living in DP Centres and Travellers may have been exacerbated by the pandemic.
- The Traveller community has a disproportionate level of disability compared to the general population. Therefore they are likely to be more vulnerable to the impacts of Covid-19.
- Ethnic minorities make up a disproportionate number of domestic abuse service users and are likely to be affected by the rise of this abuse since the pandemic.
- Ethnic minorities can face linguistic, cultural and financial barriers to healthcare. There are also concerns about structural discrimination experienced by Travellers and Roma in accessing healthcare (NASC, 2013).

1.2.5 Education

- Children of migrants and ethnic minorities have lower reading scores than others in the education system, and the closure of schools is likely to worsen this.
- Some migrant parents may face particular difficulties undertaking home schooling due to lack of space, language barriers and unfamiliarity with the curriculum. Disadvantaged students, e.g. Travellers, are less likely to have access to broadband and adequate IT devices, which limits their ability to continue schoolwork remotely.

1.2.6 Immigration Services

- Residence permissions for those who are not EEA nationals have been continuously automatically renewed during the pandemic, most recently until 20th January 2021. Foreign nationals living in Dublin can also now renew permissions online.
- Undocumented migrants seeking healthcare services related to COVID-19 will not be referred to immigration authorities.
- Travel restrictions due to the pandemic can cause particular difficulties for non-Irish nationals living in Ireland who have family living abroad.

1.2.7 Racist Attacks, Representation

- A number of Asian people in Ireland reported an increase in racist attitudes towards them in 2020, which they attribute to links made between Asian individuals and the origins of COVID-19 in China.
- The Community Call Fora set up in local authorities to co-ordinate services provided to vulnerable people during the lockdowns required a representative for migrants to be included among the members.

1.3 Context

‘Non-Irish nationals’ in 2016 made up just over 12 per cent (620,000 people) of the population in Ireland, and the country is an attractive location for migrants, with 88,600 immigrants arriving in Ireland between April 2018 and April 2019 (CSO, 2019). The group is made up of equal numbers of men and women, with a higher percentage of young people than the general Irish population (CSO, 2016a: Figure 2.1). The countries with the highest number of immigrants in Ireland are Poland and the UK, followed by Lithuania, Romania and Brazil. In addition to these migrant groups, there are just under 31,000 Irish Travellers in Ireland, comprising 0.7 per cent of the population (CSO, 2016b). There are approximately 4,000-5,000 Roma (Kennedy, 2018). These numbers do not include people of colour or other migrants who have Irish citizenship, and who may face several of the challenges outlined here which are presented by COVID-19 and the response to it.

It should be noted that ethnic minorities are not a homogenous group, but contain a range of backgrounds, both within and between nationalities and ethnicities. Some migrants are from advantaged backgrounds, with high levels of education and good English language skills. At the other end of the spectrum, some migrants arrive in Ireland following traumatic experiences due to war and political conflict, without any resources, and with interrupted education. At a general level, Eastern European and Asian families have higher employment rates and incomes than African families, but African children have higher reading test scores than Eastern European children (Darmody *et al.*, 2012). Non-white minorities also experience more discrimination in the labour market (Joseph, 2017). This points to the importance of considering class when looking at race and ethnicity, as well as gender, education, employment,

English-speaking skills and nationality. As the data in this paper will show, it is clear that a number of the negative issues arising for migrants and ethnic minorities during the pandemic stem from situations where pre-existing disadvantage was experienced by these groups.

1.4 Employment and Income

On average, migrant families have a lower level of income than Irish families, which suggests that they are likely to feel the financial effects of the impact of the coronavirus more strongly (McGinnity *et al.*, 2018). Among migrant workers (as among the general population) there is also a significant gender wage gap—migrant women earn 15 per cent less per month than male counterparts (O'Connell & McGinnity, 2008).

The general work context for migrants in Ireland gives an insight into how COVID-19 will impact their quality of life. Although migrant workers on average have higher educational qualifications than the Irish population, they are overrepresented in lower-paid jobs (Migrant Rights Centre Ireland, 2016). More non-Irish people were present in non-manual, manual skilled, semi-skilled and unskilled positions than Irish (47 per cent compared to 39 per cent) (CSO, 2016c: Figure 5.6). Migrants are particularly concentrated in service sectors including food, domestic, retail and healthcare sectors, areas of work where staff are exposed to others (Migrant Rights Centre Ireland, 2016), and which have been affected by closures and government restrictions. ESRI analysis has shown that Eastern European workers, particularly women and those over 30, are more likely than Irish nationals and other immigrants to have lost employment due to Covid-19 closures (Enright *et al.*, 2020).

In the context of COVID-19, overall, non-Irish nationals are less likely to be key workers than Irish nationals (37 per cent vs 47 per cent). However, there is significant variation by sector and ethnicity. For example, African and Asian nationals have significantly higher rates of employment as key workers in health and related sectors compared to all other groups. Eastern Europeans are significantly more likely to be key workers in the manufacturing sector compared to other groups (*ibid.*). They are thus affected by the higher risk of infection among essential workers. The MRCI (Migrant Rights Centre Ireland) also points to a high number of migrants working in homecare, particularly undocumented workers (Migrant Rights Centre Ireland, undated), and staff in this sector are exposed to COVID-19, as well as poor working conditions (Pollak, 2020d).

Poorer working conditions, and in some cases exploitation, are more common in sectors in which migrants are particularly likely to work. Employees have reported being paid less than Irish counterparts in the same roles. Migrants can have greater difficulty accessing labour rights resources and some report they do not wish to challenge their employer for fear of losing their job. The position is obviously worse for those who are undocumented (Bhattí, 2020).

The COVID-19 outbreaks at meat plants have highlighted the situation of a group of migrants during the pandemic. There were 1,050 COVID-19 cases across 22 meat plants by early August, and more since, and 57 per cent of 15,000 meat plant

workers are migrants (Carswell & Wall, 2020). Some 27 per cent of migrant employees report in a MRCI survey that protection measures were not implemented until after 5 weeks or longer (24 per cent said they were put in place in the first week of the pandemic) (Hennessy, 2020). Other factors contributing to the outbreaks include the nature of the work and its environment (Sally, 2020), and the ‘posting’ of employees to work in Irish meat plants from other EU countries with subsequent lack of access to statutory Irish sick leave schemes (Wall, 2020).

In terms of home working, migrants from Eastern Europe were less likely than Irish nationals to be employed in jobs which could be carried out from home. However, migrants from Western Europe and from outside the EU are more likely to occupy jobs that can be done from home than Irish nationals and other migrant groups (Enright *et al.*, 2020).

International students make up a significant portion of migrants entering Ireland in recent years—22 per cent of all immigrants in 2016 (CSO, 2016c), but 52 per cent of non-EEA immigration in 2014. The MRCI reports that there is a considerable number of students working in the home care sector, and in informal work generally. Informal workers would not be eligible for the income supports provided by the State during the lockdown for those who lost their employment then, although they may be eligible for hardship payments.

Migrant women may experience a range of inequalities in employment. As well as the gender pay gap experienced in society more generally, migrant women are more likely to be in informal, unregulated work (Barry, 2010). Again, this means lack of eligibility for the income supports provided by the State during the lockdown for those who lost their employment during lockdowns. Migrant women also lack family back-up to a greater extent than others in Ireland, which may have exacerbated the childcare challenges which arose during the lockdown periods.

Unemployment rates vary by race and ethnicity: Western European migrants had the lowest unemployment rate with Eastern Europeans showing a somewhat higher rate, while Black Africans recorded an unemployment rate of 42 per cent (Joseph, 2017), and the Traveller community had an unemployment rate of 80 per cent. Therefore the change in employment circumstances during the lockdown will be less for these two groups than for other groups (CSO, 2016b).

For Travellers in employment, a high proportion of employed female Travellers work in ‘caring personal service occupations’, with male and female workers in this group making up 12 per cent of Traveller employment. Elementary service occupations, and health and social care associate professionals, respectively account for 13 per cent and 7 per cent of Traveller workers. These groups are likely to involve labour on the frontline and exposure to COVID-19. However, because of the small number of Travellers in the workforce there is limited data on their workplace experiences (McGinnity *et al.*, 2017).¹

¹ See table 5.1 notes

1.4.1 Social protection

The state has implemented a number of Covid-19 income supports for the general population, primarily the PUP (Pandemic Unemployment Payment) and TWSS (Temporary Wage Subsidy Scheme)². Analysis to date shows that migrants from Eastern Europe are proportionally much more likely than Irish nationals or migrants from other areas to be in receipt of the PUP and the TWSS (Enright *et al.*, 2020). This can be related to the sectors in which they are most likely to work, such as accommodation and food, which have been hardest hit by lockdown closures. Enhanced Illness Benefit has also been introduced to address loss of income due to COVID symptoms or diagnosis. All workers, including those from non-EU/EEA countries, are eligible for the benefit if they satisfy these requirements. The Irish Government has also confirmed that undocumented workers can apply for hardship payments and access information from social welfare without immigration services being notified (INAR, 2020).

However, certain barriers to state supports are present for non-Irish nationals. Marginalised communities within this group may not have access to information around these income supports, evident in reports among some migrant communities that they were not aware of the PUP (Pollak, 2020a). Asylum seekers living in DP who worked prior to the pandemic, and lost their job because of it, were eligible to receive the PUP upon its introduction (Pollak, 2020g). This eligibility ended after two weeks, as the Department of Employment Affairs and Social Protection reasoned that these individuals received accommodation and other supports from the state for their basic needs, including a weekly allowance of €38.80 for adults and €29.80 per child. However eligibility for the PUP was restored to asylum seekers on 7 August, and asylum seekers in employment are also eligible for Enhanced Illness Benefit (EMN, 2020). Other barriers faced by non-Irish individuals in receiving social protection supports remain relevant during the pandemic. Migrants have reported difficulties accessing information, and in some cases discriminatory attitudes from some service providers, as factors preventing them receiving state supports they may be entitled to (NASC, 2012; McGinnity *et al.*, 2017).

² This has now been revised into the Employment Wage Subsidy Scheme.

1.5 Housing/Living

Housing is an important factor in the context of COVID-19 when social distancing and self-isolation become necessary.

1.5.1 Situation for migrants

A considerably higher proportion of non-Irish nationals are living in rented rather than owner-occupied accommodation (CSO, 2016c: Table 5.1). Rental accommodation is more crowded than owner-occupied property,³ and more likely to be shared by non-family members, leading to less space for self-isolation, and less control over the use of space. Less space could also present issues for some renters trying to work and attend education from home.

From the 27th March until 1 August, a blanket ban on evictions and rent increases was in place; and another ban on evictions was put in place during the 20 October to 1 December Level 5 lockdown. Financial institutions have also offered mortgage breaks of up to 3 months for those receiving the PUP payment, with the possibility of a 3 month extension, and with interest added for the period of non-payment. From the 2 August, special measures have been put in place for some tenants who have been unable to pay their rent due to Covid-related loss of income. These will be in place until 10 January 2021 (Citizens Information, 2021). In addition, financial service providers are offering payment breaks or reduced payments for borrowers who are encountering difficulties as a result of the Covid-19 crisis, as a voluntary initiative (Lynch Shally, 2020).

1.5.2 Travellers

For Traveller households, nearly 40 per cent have more persons than rooms, compared with 6 per cent of general households (CSO, 2016b). This decreases the ability to self-isolate within a household should one family member contract the virus. Some Traveller sites do not have running water which limits sufficient sanitation (Holland, 2020). A circular was distributed to local authorities in mid-March directing them to attend to Traveller sites in need of facilities, such as toilets, running water, accommodation for self-isolation and refuse collection (Tobin, 2020). The general ban on evictions also includes evictions from Traveller sites. A significant proportion of the Roma community also report living in overcrowded accommodation (Kennedy, 2018).

Funding for local authorities to invest in Traveller accommodation is rarely fully used, and this has been an on-going issue prior to the pandemic (Holland, 2019). Issues relating to this and other Traveller accommodation issues were the subject of a Expert Group Review established by Damien English, the Minister of State for Housing and Urban Renewal, in 2018. However the report is still under

³ See <https://data.cso.ie/table/E1034>, Census 2016, housing, table E1033 PX, accessed 02.02.21.

consideration by Government (Kildare Street, 2020c), and there are currently no details available on how its recommendations will be addressed.

1.5.3 Direct Provision (DP)

DP is a system of accommodation centres housing asylum seekers while their refugee status claims are processed. Residents receive an allowance of €29.80 for children and €38.80 for adults per week and are provided with set meals daily. The system is made up of 78 centres, including emergency accommodation at hotels and bed and breakfasts, accommodating 7,700 asylum seeker residents (Thomas, 2020a).

DP centres are not conducive to distancing between residents and avoiding cross-contamination. Some 1,700 residents share rooms with non-family members, canteens cater for all residents at once at mealtimes, and residents use shared washing and laundry spaces (*ibid.*). However, certain provisions have been made to adapt the centres in response to the virus. Some 850 additional beds and 4 self-isolation facilities (with capacity for 299 (Kildare Street, 2020a)) were made available by 9th April (Department of Justice, 2020b). By early May, 1,600 tests of DP residents had been completed (Thomas, 2020b), and in September free testing was rolled out to all residents and staff in DP centres. Temporary accommodation has also been provided for DP residents working in healthcare from April (Fletcher, 2020).⁴ Posters with information and guidelines about Covid-19 have been supplied, and PPE distributed to the centres.⁵ A telephone helpline was also set up, and translation services provided; and meal times have been staggered. Some vulnerable residents have also been provided with cocooning measures (Kildare Street, 2020b). A review has been requested by the Department of Justice on its response to the virus in DP centres (Department of Justice, 2020a). During the lockdown period, the Department paused inspection of centres to prevent the spread of COVID-19.

There have been a number of COVID-19 outbreaks across DP centres. As of 4 August 2020, there were 21 outbreaks, with 235 cases, in these centres (National Public Health Emergency Team, 2020). The Programme for Government has committed to abolishing the DP system during the current Government term and replacing it with a not-for-profit system. Some have argued that this would be less expensive than the current system.⁶ Meanwhile, targeted care of vulnerable residents is necessary while the COVID-19 virus remains active in Ireland, including transfer to self-isolation facilities. An outbreak in a DP facility located in a small community threatens the health of those both inside and outside of the centre and puts

⁴ However, some individuals catered for identified a lack of sufficient cooking and laundry facilities at this temporary accommodation.

⁵ Including 245,000 face masks, 350,000 gloves and 5,300 litres of hand sanitiser—see (Kildare Street, 2020a).

⁶ A DP resident and activist, Bulelani Mfaco, has identified that housing support (€10,800) and jobseekers' allowance (€10,556) for an asylum seeker living in Dublin, would cost €21,356 each year. This would be almost €15,000 less than the estimated €36,000 spent per person staying in a commercial hotel based centre per annum—not including the €38.80 weekly and the annual €200 clothing allowance provided to DP residents—see (Mfaco, 2020).

pressure on local health services. Therefore, it is of benefit to the general population that these issues are resolved.

1.6 Health and Wellbeing

1.6.1 COVID-19

The Computerised Infectious Disease Reporting (CIDR) database, which contains figures on Covid-19 cases and deaths, does not contain adequate data on ethnic origin and nationality to allow publication of information on this. This has led to a lack of disaggregated statistics on Covid-19 cases and deaths among ethnic minorities, migrants, Travellers or DP residents in Ireland. Some one-off statistics have been collected—for example, in early June, over 150 Travellers had tested positive for the virus and of these, 3 had died (Joyce, 2020). In early August, NPHET reported 10 clusters of infection among Travellers, and 4 among Roma (National Public Health Emergency Team, 2020). More recently, the ESRI has requested special runs of data from the CSO to help identify case and death rates for ethnic minorities and migrants. This data, which the CSO stresses is incomplete, indicates that Black, Black Irish, Asian, Asian Irish and Traveller groups are more likely to contract Covid-19 than those who are White Irish. However, the death rates of these ethnic minority groups from Covid-19 are lower than those of the White Irish group, which may be related to the younger age profile of the ethnic minority groups (Enright *et al.*, 2020).

Data from the US and the UK shows the disproportionate infection and death rates among people of colour in both of these countries. In the UK, Black males are 4.2 times and Black females 4.3 times more likely than white males and females to die from COVID-19 (Office for National Statistics, 2020). Bangladeshi, Pakistani, and Indian individuals are also more at risk of a COVID-19 related death. This pattern occurs across socio-economic classes (Kmietowicz, 2020). In the US, at an age-adjusted rate, Black people are 3.8 times more likely to die, and white people have the lowest chance of dying of COVID-19 (APM Research Lab, 2021). In addition, reports indicate the higher proportion of younger people of colour among these death rates.

These patterns can be part-explained by factors such as the over-representation of people of colour among lower socio-economic classes, which also means these groups are more likely to be in jobs exposed to the virus and to live in overcrowded housing (Lacobucci, 2020). Their general health will also have been impacted by diet and stressors. In the UK, Black people are more likely to be overweight or to have diabetes, both of which have been linked with COVID-19 deaths (Butcher & Massey, 2020). However, high death rates cut across class and so other explanations are necessary. The UK government report on BAME and COVID-19 outline a reluctance among ethnic minorities to seek medical help, explained by a fear of diagnosis and death, or mistrust of the health services (Public Health England, 2020). One US report links high death rates with high case rates, suggesting it is the cause of infection rather than death that should be investigated (Benitez *et al.*, 2020). Similar investigations in the Irish context would be useful.

In Ireland, disadvantages experienced by migrants such as poor working conditions or overcrowded accommodation would also impact their health. As noted above, the conditions of DP accommodation can involve poor hygiene and overcrowding which would also affect the physical health of residents.

There is a higher rate of chronic diseases among the Traveller population than the general population, and respiratory conditions are the biggest cause of excess mortality among the Traveller community (Pavee Point, 2016). Reports on the Roma community show poor living conditions and unemployment for many among this group (Kennedy, 2018). Many are not eligible for medical cards, and find it difficult to access information on services. There are also concerns about structural discrimination when trying to access healthcare. The Roma are also an at-risk health group with shorter life expectancy and higher rate of diseases (NASC, 2013).

Ireland provides free healthcare for asylum seekers and refugees, including a voluntary health screening on arrival, eligibility for medical cards and GP registration. However, there can be difficulties experienced in accessing these services, including language difficulties, transport to services and maintaining continuous care. Individual GPs are assigned large groups of migrants upon their arrival in a community without proportional additional support (Faculty of Public Health Medicine, 2016).

Since the pandemic began, a number of healthcare provisions have also been made specifically for ethnic minorities in Ireland. DP residents and members of the Traveller and Roma communities are classified as HSE priority groups for testing (INAR, 2020). An assessment centre for marginalised groups, including Roma and Travellers, has been established in Dublin (Cullen, 2020). There are also specific health workers that liaise with both the Traveller and Roma communities, and an information phone line established for these groups (Pavee Point, 2020b; NASC, 2013; Pollak, 2020e). It has been found that word of mouth is a more effective method of distributing information for the Roma community specifically. Translated and visual representations of COVID-19 guidelines have provided more accessible information for non-English speaking or illiterate residents in Ireland (Pollak, 2020f). Doctors Without Borders undertook rapid testing of 900 people in total among congregated settings in Dublin, identifying and isolating positive cases (MSF, 2020). However, Travellers and Roma communities have much lower trust in health professionals than the general population, and this can lead them to avoid seeking healthcare (Pavee Point, 2020a, 2014). Language and cultural barriers also exist for a number of ethnic minorities in Ireland in accessing healthcare .

There have been discussions in the US around prioritising certain racial groups for potential vaccinations, due to evidence of higher infection rates among BAME groups, but this is proving somewhat controversial (Twohey, 2020).

Culturally sensitive responses to migrant deaths are important. Regions in Catalonia, Spain have issued guidance on Islamic burial traditions during the pandemic to ensure the appropriate treatment of Muslim individuals upon their death (Ministry for Inclusion, 2020) . Some changes had previously been made in Ireland to facilitate Muslim burials (Melia, 2013).

1.6.2 Mental Health

Data on the mental health of ethnic minorities is limited, however, the mental health needs of migrants can differ somewhat from those of the native population (Mental Health Reform, 2014). The conditions of restricted movement and social isolation that COVID-19 government restrictions require can exacerbate pre-existing mental health issues. Refugees and asylum seekers in particular may have experienced trauma from conflict, persecution or other events in their origin country. Financial stress, discrimination and social exclusion may also negatively affect ethnic minorities. Unemployment, as a consequence of the pandemic, but also as a symptom of marginalisation, has been highlighted as particularly harmful to male migrant mental health. This often involves a shift in their identity and self-image, as they no longer feel productive in the context of their household (Pollak, 2020c). Data from the UK on Black and ethnic minority individuals tracks mental health deterioration before and after COVID-19 restrictions; it shows that the mental health of BAME men worsened to a greater extent than British White men, but female mental health deteriorated at a similar rate among all women (Proto & Quintana-Domeque, 2020).

The UN Committee on Elimination of Racial Discrimination has underlined the psychological effects of long-term stays in DP centres (Department of Justice and Equality, 2017)⁷, and residents report that this environment can both cause the worsening and the development of mental health issues. Residents have named the set meal times, limited income and stigma of their status as factors preventing social contact outside of the centre and contributing to their social exclusion (Stapleton, 2012). A sense of isolation and boredom also comes from lesser access to work and fewer choices on how to fill their time. An uncertainty about their future and a lack of control can also feed into mental health difficulties (Stewart, 2006). These aspects of social exclusion, idleness and lack of control are likely to have been worsened by COVID-19 restrictions.

Among the Traveller community, 63 per cent of women and 59 per cent of men said that they had had poor mental health in the previous month, compared to 20 per cent of women and 22 per cent of men in the general population (Pavee Point, undated). Traveller males have a suicide rate 6.6 times higher than the general population (Pavee Point, 2016). Poor mental health is also reported among the Roma community (Kennedy, 2018). The difficulties of Covid may exacerbate these pre-existing mental health difficulties.

1.6.3 Domestic Abuse

An Garda Síochána have reported a 25 per cent increase in domestic abuse during the lockdown period (Lally, 2020). With ethnic minority women accounting for a disproportionate number of gender-based violence service users, it can be assumed that this group has also experienced some of this recent rise. Some 13 per cent of those seeking help from relevant organisations were non-Irish ethnic minority women, the majority of whom were on a spouse-dependent visa or a migrant

⁷ see observations on paragraph No.20

worker visa, were seeking asylum, or were refugees (this group is 5 per cent of the total population of women aged 15 years and older in Ireland) (The Women's Health Council, 2009). Separately, Traveller women were 15 per cent of service users (although they make up 0.5 per cent of the total population of women aged 15 years and over). Traveller women can face isolation from their community when reporting abuse. Barriers faced by migrant women in reporting abuse include economic dependence, isolation from support systems of family and community and their legal status being dependent on the abuser (O'Conner, 2006). There also may be a fear that reporting abuse could perpetuate racist attitudes, and lead to the state or police intervention in the community (Fagan, P., 2008). It is thought that certain ethnic groups are underrepresented among service users and are perhaps less informed on available services. Domestic abuse is a significant cause of homelessness among migrant women in Ireland (Mayock & Sheridan, 2012).

The national response to this increase in domestic abuse during Covid-19 has involved a specific Garda operation (Operation Faoiseamh) and additional funding for relevant service providers. Previously identified victims are being contacted, and the capacity of service providers to offer additional accommodation, financial support and PPE is being identified. The Legal Aid Board has a Dublin office open for urgent private family law matters, and has established a Legal and Mediation Information Helpline, and a Video Mediation Service (Department of the Taoiseach, 2020). There is also an Emergency Rent Supplement available to those at risk in their own home (Citizens Information, 2020).

1.7 Education

While the closure of schools and universities affected all students, disadvantaged students have experienced more severe interruption to their education. Education is an important institution for children of migrant families, with high costs for educational failure and high financial returns for tertiary education (Darmody *et al.*, 2012). It is also an important aspect of their integration into Irish society.

Although migrant mothers tend to have been educated to a higher level than Irish mothers, as well as possessing high expectations for their children (Trinity College Dublin, 2018), migrant children have experienced educational disadvantage prior to the pandemic. Reading test scores are lower among children from Eastern Europe, Asia and Africa in comparison to their Irish peers. Migrant children also had less parental involvement with schoolwork, poorer school attendance and a lower rate of homework completion (Curry *et al.*, 2011; McGinnity, 2017; Nugent, 2011). These patterns show that, overall, the impact of Covid-19 school closures on children from migrant backgrounds is likely to be more severe than that for children from Irish backgrounds (Darmody *et al.*, 2020).

While schools and universities are closed, living environments must become conducive to focused learning, which is less often the case for those from more disadvantaged backgrounds. For DP residents, IPAS (the International Protection Accommodation Service) is in contact with the Department of Education and Skills and TUSLA Education Support Service to support vulnerable children, and report that accommodation centre residents all have access to WiFi and televisions, which

enable continuation of education (Kildare Street, 2020a). However, university students at DP have reported that poor broadband interrupts their online lectures and has led to missed exams. Young children and others occupy shared study spaces (O’Leary, 2020), which may not aid concentration. Access to broadband and devices is also difficult for those living in Traveller sites; and for pupils in DEIS schools, which are more often attended by migrant children. In addition, migrant parents may not be familiar with the Irish school curriculum and may not have sufficient English to aid their children in home-schooling; and migrant children may have difficulty following instructions in English while still learning the language (Brown *et al.*, 2020). Families with lower incomes, such as migrant households, are also less able to access sufficient devices and broadband, and are more likely to live in overcrowded households.

Traveller students also experience disadvantages in the education system which may be exacerbated by the pandemic. At primary level, over 60 per cent of Traveller students are below the 20th percentile in reading and mathematics, and on average consistently receive lower scores than non-Traveller students (Department of Education, undated). At secondary level, most Traveller students attend during the junior cycle but have left by age sixteen. Absentee rates are high among Traveller secondary school students. Since the closure of educational institutions, Traveller students have experienced difficulties in continuing their learning because of poor broadband or limited device access. As aforementioned, Traveller and Roma housing often has less rooms than occupants, leaving little space for focused study. There is concern that the additional disconnect from formal education caused by the pandemic will lead to further early school-leaving among Travellers and Roma (ITM, 2020). This will worsen the consistently low rate of Travellers in higher education.

A learning loss also generally occurs over summer months, with children experiencing this at a greater or lesser level depending on their home environment (Psychology Today, 2020). It is estimated that children from ‘disadvantaged’ backgrounds can lose 20 per cent of their learning from the previous school year (O’Brien, 2020). With the extended closure of schools as a result of COVID-19, this learning loss will increase, and particularly for those already disadvantaged in the education system.

1.8 Immigration Services

Those who are not European Economic Area (EEA) citizens⁸ need permission to enter and remain in Ireland and must register their presence with the immigration services. In 2018, over 168,000 people in Ireland held a residency permit (EMN, 2019). Residence permissions have been continuously automatically renewed, for the duration of the COVID-19 restrictions, most recently until 20 January 2021, for those with permissions expiring before then (EMN, 2020). Dublin-based foreign

⁸ Or from the UK or Switzerland

nationals can also now all renew permissions online, a system previously only available for international students. However, there have been issues previously with the online system, where third parties have booked slots and ‘sold’ them to applicants (Pollak, 2020b). Delays caused by a backlog of online visa renewal applications have been reported, and some applicants may not have access to up-to-date documentation (Hilliard, 2020).

For those with an English language college attendance requirement, it will be considered fulfilled if their school was closed during lockdown (Government of Ireland, 2020). These students were also allowed work longer hours under their visa during the period when their schools were closed (EMN, 2020).

Undocumented migrants seeking healthcare or social welfare services related to COVID-19 will not be referred to immigration authorities; however, some of this group may be wary of this.

In terms of asylum seeking, the International Protection Office has continued taking new applications for asylum and while interviews were postponed during the national lockdown periods, they have resumed outside of these (IPO, 2021).

Travel restrictions pose as an issue for non-Irish people residing in Ireland during this period with family living abroad, particularly those who have experienced deaths in their family at this time, or who wish to travel for significant events.

1.9 Racist Incidents, Representation

1.9.1 Racist Incidents

In 2019, iReport⁹ noted 530 reports of racism in Ireland in that year. Criminal offences excluding incitement to hatred constituted 112 reports, discrimination 111 reports, and hate speech 174 (Michael, 2019).

An increase in racist attitudes towards Asian people in Ireland was reported when links were made between Asian individuals and the origins of COVID-19 in China (Fagan, M., 2020; Gash, 2020). These incidents were widespread internationally.

1.9.2 Representation

Migrants tend to be less well represented in decision-making structures, and the Migrant Integration Strategy contains commitments to increase their representation in local authority fora, and in the civil service. It also commits to encouraging migrants to register to vote, and to participate in national and local

⁹ I-Report is a human rights monitoring tool which compiles data on racist incidents from information submitted by frontline anti-racist organisations, trade unions and other organisations that are committed to combating racism, people who have been subjected to racism, and the general public.

politics (Department of Justice and Equality, undated). Migrants' low representation in decision-making fora may mean a delay in the issues which have most impact on them during Covid-19 being identified. However, at local authority level, Community Call local authority response fora set up to co-ordinate the supports provided to vulnerable people were required to include a representative for migrant communities. In a number of counties, work under Community Call included co-ordination with migrant representatives to help distribute information on Covid-91 and the State response to it, to migrant groups (Local Authorities Ireland, 2020; IPA, 2020).

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