Overview Paper – Independent COVID-19 Evaluation Public Consultation

Drawn from open survey responses and individual submissions.

This detailed overview paper provides comprehensive content based on qualitative inputs received as part of the COVID-19 Evaluation's general public consultation. It complements the detailed analysis of responses to closed survey questions (see Public-Consultation-Analysis-Overview.pdf).

Note, this paper provides an overview of people's personal experiences and perspective without questioning or verifying information provided. Information is at an aggregate or grouped level, ensuring that no individuals can be identified.

While the survey and wider submissions do not necessarily represent the whole population, they represent the views of those who chose to share their experiences with the COVID-19 Evaluation.

When considering this information, it is important to note:

- biases inherent in public consultations (those who choose to participate)
- differences in demographics of respondents compared to general population
- risk of hindsight biases (in particular, as the consultation took place 5 years after the onset of the pandemic).

This overview covers input from the general public consultation right across cohorts and sectors. Additional more specific consultation was conducted for Children/young people and on those impacted by long-term residential care facilities for older persons. These more detailed consultations are being analysed and published separately and are not included in this overview document.

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Section 1: Summaries of dimensions

1. Relationships, social connections and community

Respondents had very mixed experiences across relationships, social connections and their community. Circumstances and perspectives mattered, for example, people's level of busyness, their care duties, age, whether they experienced loss, whether they were a new parent, a separated parent, grandparent or living alone, and their risk appetite. Respondents raised issues around lost life opportunities, regret with adhering to restrictions, particularly where people experienced a bereavement, isolation, social development impacts, feeling restrictions were conceived for nuclear families, the value of 'bubbles' and the delays with their introduction, and issues regarding legal access for high-conflict or separated families, and domestic violence issues.

While some appreciated the sense of community and national solidarity that emerged during the pandemic, others observed a shift in attitudes as the pandemic progressed, with increasing tensions between cohorts. They raised concerns around socially enforced compliance resulting in a more polarised and changed society.

2. Mental health and wellbeing

Respondents highlighted that public health is not just about infection numbers, but also people's mental health and wider well-being. Respondents shared their wide-ranging experiences, exploring factors which negatively impacted their mental health. These included fears around getting or spreading COVID-19, particularly among frontline workers, and increased workload and burnout, particularly among healthcare workers. Visiting restrictions in hospitals, maternity hospitals and nursing homes were also emphasised, as was cocooning, and its detrimental impact on older people.

More broadly, missing family and major milestones, including graduations, weddings and funerals, impacted people with a general sense of lost time, from people entering college to people in their 80s living their final years of life. The impacts of school closures featured, along with additional care duties, in particular for women, due to homeschooling, childcare closures and cocooning, and the withdrawal of supports and services for people with disabilities, family carers and new or expectant mothers. In addition, communications during the pandemic, including daily case numbers and messaging targeted at children was highlighted as well as the general impacts on existing mental health conditions, such as anxiety, OCD and depression.

For others the slower pace of life and better work-life balance improved their mental health.Overall, respondents felt that mental health and wellbeing supports and services were insufficient throughout the pandemic.

3. Physical health

Respondents' experiences on general physical health were mixed. The slower pace of life presented some respondents with the opportunity to get fitter and eat healthier. However, for others, they struggled with the closure of sport facilities, ate more unhealthily and drank more. Cocooning also impacted older people's physical activity and, in turn, their mobility.

Immunocompromised or high-risk individuals largely welcomed restrictions and the Government's approach. They felt safer and experienced less illness. However, some had to adjust their lives to protect themselves or their loved ones: some respondents felt forced to retire and others faced difficult decisions between living or isolating separately from their families or all cocooning together, which created difficulties for families caught between different generations.

4. Nursing homes

Staff outlined how they struggled to keep up with changing guidelines and HIQA inspections. They described an initial lack of PPE and lack of support around testing, particularly for people who were transferred into homes from hospitals. Staff reported chronic understaffing due to COVID-19 outbreaks, as they worked in tough conditions and experienced trauma.

Family members described the heartbreak they experienced due to visiting restrictions on nursing homes throughout the pandemic. Respondents described their loved ones' distress as they could not understand the COVID-19 pandemic and why their loved ones were not visiting them. They remarked on how the extended isolation, loneliness and lack of social interaction caused many residents' health to significantly deteriorate.

Many criticised the approach in nursing homes around protecting residents from COVID-19. They pointed to transfers from hospitals to nursing homes, a failure to satisfactorily test residents for COVID-19, particularly when they were transferred, understaffing, visiting restrictions and a failure to prioritise nursing homes with PPE, testing and staffing as reasons as to why so many residents died in these residential facilities.

5. Healthcare

Respondents experienced delays accessing healthcare during the pandemic. Some people stated that they could not access critical care, which caused their conditions to deteriorate or, in some cases, become terminal.

Many respondents criticised the visiting restrictions in hospitals and hospitals' failures to properly communicate with patients loved ones. Family members felt they could not advocate for their loved one's care, offer them support when they received diagnoses or treatment or be by their bedside during their final days.

Most criticism levelled at hospital staff centred on their upholding of visiting restrictions. However, some detailed the poor level of care their loved ones received due to staff shortages and increased workloads.

Respondents opposed the visiting restrictions in maternity hospitals and the lack of care and support given to expectant and new mothers. Mothers described attending appointments and largely labouring on their own, with additional difficulties if they were miscarrying alone, experienced complications at birth or had a child in the Neonatal Intensive Care Unit (NICU). Mothers detailed how they received little or no support post-birth and could not access their usual support from family or friends.

People with disabilities and their loved ones also outlined the impacts of the suspension of disability services, and how many of these supports failed to resume after restrictions have lifted.

6. COVID-19 healthcare

Respondents criticised the initial delays in getting test results and subsequently the slow adoption of antigen testing. For contact tracing, while some believed it worked well, others felt that it, and the contact tracing app, largely failed.

Some people shared their experiences of receiving treatment for COVID-19. Patients described how staff feared them, while loved ones fought for updates on their sick loved ones. They expressed their hurt and frustration that their loved one contacted COVID-19 in hospital or were not prioritised for treatment. They described their loved ones' final days spent alone on ventilators and buried in body bags without a final goodbye or the funeral they felt they deserved.

While many praised the vaccine roll-out, others criticised which groups were or were not prioritised for vaccines. They called for better protocols around unused or left over vaccines. Respondents largely did not agree with vaccine certificates. By restricting people's entry into certain facilities or places, people felt forced into getting a vaccine they did not want.

Respondents also shared their experiences of developing long COVID. They described a lack of support from their employers, doctors and the State.

7. Housing and local environment

Housing experiences depended on people's circumstances. While some enjoyed doing up their homes and spending time in their garden, others described difficult living situations, most often caused by a lack of space or adult children moving home.

People were widely impacted by their access to green spaces and public facilities. Urban and rural dwellers experienced contrasting issues. In urban areas, people did not always have access to green spaces and city parks were often busy. In rural areas, while social distancing was easier, some struggled to access safe spaces to exercise

due to prevailing kilometre restrictions. Respondents also highlighted the impacts of playground and recreational closures on children.

Many people appreciated the use of digital devices to stay in touch with their loved ones during the pandemic. Children's screen time increased, workers upskilled for remote working, and some entered the digital world for the first time. Older people had mixed experiences with technology – some embraced the shift online, while others struggled to adapt. Respondents highlighted the value of digital upskilling for future events.

8. Education and development

Respondents, largely depending on their role, were divided over whether schools should have closed and the length of time they were closed for. While some acknowledged that schools had to close initially given the level of uncertainty, others argued that schools should have remained open. Many felt that schools were closed for too long, and not enough weight was given to the impact of closures on children's education, social development and mental health.

For online learning or teaching, teachers expressed frustration about the lack of preparation and inadequate communication. Parents, in particular mothers, described a lack of support and guidance from schools, and their difficulties balancing home schooling with work and other care duties.

On the return to school, principals and teachers described the immense workload involved to get schools ready to reopen and to enforce restrictions at schools. Teachers described a feeling of betrayal as they were told schools were safe to return, which they felt was in stark contrast to advice given to other settings.

Many respondents highlighted the social and developmental impact of COVID-19 on children and young people. Parents criticised the lack of developmental checks, delaying referrals and early interventions, and highlighted the transition from primary to secondary school as particularly difficult. Teachers noted a rise in absenteeism among students.

For exam years, respondents described the stress they or their child experienced as a Leaving Certificate student during the pandemic and how indecision caused much anxiety. Some also noted difficulties for students who missed their Junior Cycle exams, resulting in their first State exam being their Leaving Certificate. Respondents called for clear plans for education and State exams during times of crisis.

9. Work and time use

Respondents welcomed the introduction of remote working. While some described an increased workload and toxic surveillance cultures, most respondents reported that remote working improved their work-life balance and disagreed with the move back to the office post-pandemic. They called for a stronger official stance on the issue, given its positive social, economic and environmental impacts.

Essential workers detailed their increased stress and workload during the pandemic. While some enjoyed continuing to work in-person, others felt unsafe in their workplaces. They believed that employers were given too much discretion around categorising their work as 'essential' and lacked a mechanism to report breaches in COVID-19 restrictions.

Some healthcare workers reported poor working conditions, noting they were exposed to COVID-19 and expected to return to work before they fully recovered. The significant personal sacrifices to continue working made by staff was highlighted, often limiting or stopping all contact with their families. They detailed the trauma and mental health issues they have suffered post-pandemic.

Both non-healthcare and healthcare workers felt they did not receive sufficient recognition for their contributions during the pandemic.

Business owners wrote about how their businesses were forced to close or have struggled to remain open since the pandemic. While business supports helped some through the pandemic, many experienced knock-on effects as other businesses they relied on shut their doors. Some expressed their frustration with the delays in reopenings, as changing guidelines and restrictions impacted people's bottom line.

Many people enjoyed the slower pace of life offered during COVID-19. People had time to take stock of their lives - they spent more time with their families, took up new sports and hobbies, and turned to their faith. However, many reflect now on a sense of lost time.

10. Financial situation

Some respondents saved more money during the pandemic as they no longer had social events to attend, could move outside of cities due to remote working and did not have to commute to work. However, others experienced financial hardship, as they struggled to find work, impacting their future job prospects, pension and retirement age. Respondents reported that the cost-of-living increases during/immediately after the pandemic remains high.

The Pandemic Unemployment Payment and business supports helped to insulate some respondents from this financial hardship. However, some reported being overburdened by subsequent tax bills.

11. Civil liberties, human rights and trust

Respondents were largely divided on COVID-19 restrictions. While some agreed with restrictions and the Government's approach, believing they were necessary to save lives and the Government acted on the best available information, others felt that they were disproportionate. Some respondents felt that their constitutional rights and fundamental freedoms were taken away, as people were "coerced" into getting vaccines and were silenced if they questioned the Government or NPHET. Many spoke about how their trust in the Government and democracy was lost, eroded by officials breaching restrictions or NPHET's power – or simply doubting whether the pandemic was real. Many maintained that they would not comply with restrictions if a pandemic were to take place again.

Respondents were particularly critical of the 2km/5km restrictions, the lifting of restrictions during Christmas 2020, and cocooning, which they believed caused older people to become more isolated, fearful and less active.

While some people thought that the media provided an invaluable service during the pandemic, offering reliable information, others believed that they were a "mouthpiece" for the Government and failed to hold them accountable in their decision making. They believed that the media refused to voice or share dissenting opinions, stoked fear and stirred up hatred towards people who did not want to get vaccinated.

Many complained about the rise of misinformation during this period, and the risk that people were now revising their pandemic experiences as a result. Some felt that the lack of transparency around COVID-19 data and studies created the conditions for misinformation and disinformation. They called for a proactive strategy to combat misinformation.

Section 2: Detailed Overview Across Dimensions

1. Relationships, social connections and community

1.1 Family

For some respondents, the COVID-19 pandemic was an opportunity to spend more time with their family. Respondents recalled how remote working offered them greater flexibility and eliminated commutes to allow parents to be more present with their children and watch them grow up.

Some families grew closer as they spent quality time together exercising, cooking, watching films and playing games. For others, who were separated by distance, they found they grew closer to family as they had more time to regularly chat or video call. Parents wrote about their adult children returning home and experiencing time with them they never thought they would have again, while others described healing family relationships. Some respondents noted that this level of connectedness did not survive following the return to 'normal' life.

However, for other families, the COVID-19 restrictions brought additional challenges. Some respondents described a lack of space and privacy, and more arguments in their household. For others, the distance and time apart put strain on relationships and made it harder to connect. People missed the simple pleasures and rituals of family: the closeness, hugs and cups of tea. For some, video calls or texts could not replace that connection. For respondents with loved ones abroad or who live away from home, they described the pain of not being able to see their family due to travel restrictions. Some regretted the extent to which they complied with restrictions. They missed crucial time with family members, from birthdays to some family member's final years. For those who suffered a bereavement, they talked about the isolation of experiencing grief without family around to support them.

New parents shared contrasting experiences of the COVID-19 pandemic. Some new mothers felt isolated without a typical support system, whether from formal follow-up care or from their families, while others had more support as their partners could work from home. Some respondents described their heartbreak that their parents could not visit or hold their grandchild. Others detailed increased tension and pressure from family members, as new parents wanted to comply with restrictions to keep their newborn safe, while grandparents wanted to overlook them to meet their grandchild. Grandparents repeatedly detailed how they felt robbed of precious time and memories with their grandchildren, and how they had to work hard after the COVID-19 restrictions lifted to build a relationship with them. In contrast, some grandparents took on an active role in their grandchildren's lives during COVID-19, looking after them while their parents worked or doing schoolwork with them online.

For many, COVID-19 also brought about conflict and division between friends and family as people's opinions and beliefs on restrictions, masks and vaccines widely varied, as discussed in greater detail in Section 11.

1.2 Partners and spouses

For some respondents, the pandemic offered them a slower pace of life with more time to spend and bond with their partner. The periods of lockdown also provided some people with the opportunity to progress their relationships, to save money to buy their own homes or to get engaged or married.

However, for some, COVID-19 created additional stress and pressures which put greater strain on their relationships. This included financial strain and increased caring duties, with schools closed and the older people and high-risk groups cocooning. In particular, frontline workers had an increased workload or had to self-isolate from their partners due to the risk of exposure to COVID-19. For new romantic relationships where couples did not yet live together, they found that online calls did not adequately substitute face to face interaction. While some respondents described their difficulties with starting a relationship during lockdowns, others noted online dating successes.

Some relationships broke down due to pandemic stresses and pressures. Some described how their partners became people they did not recognise, and for some others, they had the space to reflect on challenging or dysfunctional relationships and ultimately end them.

1.3 Separated parents

Separated parents outlined the difficulties they experienced with COVID-19 restrictions. They believed that policies were not clear, for example describing how there were no guidelines in place for a parent to travel over the 2km/5km restriction radius to see their child, and that the definition of a bubble was not sufficiently clear. Compounding this was having to explain separation and access arrangements to Gardaí with children in the car, with a recommendation put forward that in future crises, separated parents should be given a document to present to Gardaí to inform them of their situation.

Some separated parents felt that guidelines were not written with high-conflict families in mind. Issues such as a parent withholding access to their child(ren), under the guise of adherence to restrictions were raised. These experiences were deemed traumatic for both parent and child. Overall impacted respondents outlined the significant damages to parent/child relationships, from geographic distance and lack of physical contact or from parental alienation; and called on family law and public health responses to be more informed and child centred.

High-conflict or separated families repeatedly noted that delays in access to legal aid or the courts during the pandemic had a significant impact on their families. Those denied access to their child by their ex-partner were met with waiting lists for legal aid

and delays or postponements with the courts. For people in abusive households, delays in legal proceedings caused delays in marriage separations, prolonging abuse / risks and also the impact on children.

1.4 Older people

Respondents described how restrictions impacted their relationships with their older relatives. For those who lived far away, they described how they could not provide care and support to them during lockdowns, and the difficulties with travelling to them including Garda checkpoints. Respondents also described how they missed meeting up with their older friends or visiting them in nursing homes.

However, others detailed how lockdowns presented them with an opportunity to deepen their relationship with their older loved ones.

Driven by fear, many respondents who complied with restrictions described how they now regretted that decision, particularly if their older loved one had died. They described losing time together that they will never get back, and frustration that their loved one's last years were constrained to such an extent.

1.5 Friends and social life

COVID-19 impacted friendships and social lives at all ages, from schools closing for children, damaging their ability to maintain or make friends, to older people losing friends to COVID-19.

Respondents described the difficulties they experienced maintaining friendships during this time. Distance caused friends to drift apart, whether during lockdowns or due to struggles remerging when restrictions eased. Other respondents described how friendships ended due to disagreements over pandemic restrictions. Some regretted complying with restrictions and not physically comforting their friends through loss, while others described how difficult it was to go through hardships or life transitions without support from their friends.

Some people's social skills suffered during the pandemic. Respondents detailed how they struggled as restrictions began to ease, such as being in big crowds or to even leave their house. A change in office culture was also noted, with less fun on return. The social impact was particularly evident among older people, as respondents reported that friends no longer socialised due to fear.

For other respondents, friends were a critical lifeline of support during the pandemic. People appreciated the new ways to socialise which emerged, whether via Zoom or other online platforms, or simply meeting up for a walk or coffee in a park. Some respondents enjoyed having less pressure around socialising, with reduced obligations. Other respondents found other ways to socially engage, such as through volunteering.

Some expressed their deep emotional relief when “bubbles” were introduced during later lockdowns, particularly for people living alone, though issues regarding the limited scope of bubbles was raised.

1.6 Living alone and single people

Some people who lived alone, in particular introverts, welcomed the time spent alone. However, many people who lived alone struggled with restrictions. They described the isolation they experienced, away from their family and friends for months at a time, where days would pass without speaking to another person. They feared getting sick and needing help if they were unwell. Respondents relied on their pets, their colleagues and the kindness of neighbours to get them through the pandemic. Respondents noted that “bubbles” made a big difference in later lockdowns.

Some single people similarly felt isolated and lonely. There were few opportunities to meet a new partner, and for many, life during the pandemic further highlighted their lack of partner or children. Friends and family were suddenly busier while some described how their lives became quieter, without purpose, and with little to converse about. Respondents felt that COVID-19 restrictions robbed them of their final years to meet a suitable partner and start a family.

Both groups maintained that many of the COVID-19 restrictions and guidelines were developed with nuclear families in mind, with little regard for people living alone or single people. They explained that access to low-risk activities, such as meeting up with a friend outside, was much more important for single people or people living alone than for people living with family and was not initially prioritised.

It was noted that strong supports were offered to vulnerable people living alone in the UK with personalised letters sent inviting people to register their needs, such as food delivery, on a government website. Addressing loneliness now, so that the social structures are in place when another crisis hits, was suggested. For example, greater investment in organisations like Men’s Sheds, knitting circles and retirement groups.

1.7 Domestic violence

Respondents expressed concern for women and children in unsafe situations and shared their personal experiences of domestic violence and abuse during the pandemic. For people living in unsafe situations, the pandemic exacerbated issues as people became unemployed and spent more time at home, with victims feeling trapped in their house and on high alert for danger. School was also cited as a safe place that was missed during closures.

Respondents described how it became more difficult to leave abusive relationships during the pandemic as it was harder to find alternative options. Delays in the courts was also identified as keeping people in at-risk situations for longer.

1.8 Society and community

1.8.1 Unity

Many respondents admired the sense of community and national solidarity which emerged during the COVID-19 pandemic, feeling a sense of pride in the Irish response. Communities pulled together, and through this collaboration and innovation provided vulnerable people with much-needed support. There was a sense of resilience and community spirit, with adversity bringing out the best in people. Many people formed new friendships with neighbours, sang in the streets and volunteered, particularly to help those who were cocooning.

1.8.2 Division

However, some observed a shift in attitudes as the pandemic progressed with cohesion becoming fractured with self-interest prevailing.

Many respondents commented on the division and conflict COVID-19 restrictions caused in their lives. With families having to stay in close proximity with each other, respondents described rising tensions. Compliance also caused tensions, in particular across age groups/generations, including monitoring interactions across wider family members over fear of spreading COVID-19.

People working on the frontlines, those who lost a loved one to COVID-19 or have lifelong conditions due to COVID-19 expressed frustration with people's refusal to comply with restrictions during the pandemic. They expressed their disappointment and anger that people they had previously trusted flaunted rules to visit or socialise, feeling these acts ultimately cost lives and deprived others of time with their loved ones.

Some respondents fell out with friends and families for refusing to take vaccines, refusing to follow restrictions and following "the far-right". Some described how family, friends, classmates and colleagues turned against them, uninvited them from events, bullied them in school and verbally abused or shamed them for refusing to wear masks or get the vaccine. These respondents blamed the government and media for creating this hostile environment through their messaging and policies, including ostracised unvaccinated people from society as it began to reopen. More broadly, some felt dubious about the "all in this together" narrative, believing it was more a case of enforced compliance.

Some felt community trust began to break down as neighbours informed Gardaí about other neighbours' activities.

Workers discussed their bad experiences with the public during the pandemic. Teachers described how they worked long daily hours and were made to return to schools when they felt they were not safe from infection, only to be met by abuse from the public. Supermarket and chemist workers also described negative interactions with the public.

Respondents maintained that division arising during the pandemic has had a lasting impact on Ireland, with society becoming more mistrustful. Several felt that society is now more polarised, more aggressive and individualistic, with less social cohesion.

1.9 Milestone events

Respondents described the sense of loss they felt from missing out on different life events or meaningful moments, from birthdays and anniversaries to weddings and funerals. Many children could not get christened or make their Communion or Confirmation, young people missed out on what they believed were "the best years of their lives", some grandparents did not get to meet their grandchildren, and while some enjoyed outdoor celebrations, others celebrated big birthdays alone.

People's big travel plans were interrupted, from J1s to travelling post-graduation. Respondents described how life had since moved on, and they never again found the time to travel. For others, restrictions delayed people's life plans, for example, weddings were postponed and people held off starting families as a result.

1.9.1 Weddings

COVID-19 restrictions impacted weddings. Respondents described how they had smaller weddings to accommodate restrictions, which some outlining related benefits, including easier planning and costs. For others, relatives could not attend due to travel restrictions or were uninvited due to disagreements arounds vaccines.

A few respondents wrote about delaying their weddings until after restrictions had lifted. Some had to postpone their weddings up to five times, with respondents describing losing deposits. Some even cancelled their weddings and/or ended their relationships during the pandemic, as the pandemic gave them time and space to reevaluate relationships.

1.9.2 School events

Students and their parents described how sudden school closures were, in particular for people in their final year of school, their presence in that school abruptly ended in March 2020 with no advanced warning. They did not get an in-person graduation, Debs or Leaving Certificate celebrations, with respondents describing how they left deprived of a true goodbye. Parents described how missing these keys milestone events and then starting college online was isolating for their teenagers and negatively impacted their mental health. Similarly, primary school children and college students described having online graduations which felt less 'special'.

It was highlighted how COVID-19 impacted typical experiences for teenagers growing up in Ireland, such as attending teen discos or going on a date.

1.9.3 Funerals

Respondents wrote about how funeral restrictions, especially when numbers were very low, negatively impacted them during the COVID-19 pandemic. Some

respondents described the restrictions as a “disgrace” and “deeply distressing”. Funerals in some instances involved has-mat suits, with undertakers on edge, where loved ones were buried speedily in hospital gowns or body bags, and priests were terrified and rushed the mass. Some expressed frustration that exceptions were not made for churches that could seat hundreds or thousands of people and questioned why lifting restrictions on funerals was not prioritised.

Many repeatedly emphasised how funerals, with few mourners present, were not what their deceased loved ones “deserved” and were contrary to the Irish culture around death and dying – many people who died had lived long lives and wanted a big celebration to mark their achievements and lasting impact.

Other respondents could not attend funerals due to travel restrictions, while some had to watch proceedings from the church carpark or online.

Many respondents described the enormous emotional toll this took on them and their family. They felt more isolated and lonelier in their grief. Some described feeling no closure as they could not attend the funeral or could not see their loved one in the coffin – the passing felt surreal.

Respondents described a lack of support that prolonged their grief and made the death more difficult to process.

Some regretted not attending funerals and were “haunted” by not being able to properly say goodbye to their loved one.

A small number of respondents described more positive experiences of funerals as members of their local communities lined their streets, lit candles on pavements, made small altars or gave a guard of honour for their loved one.

2. Mental health and well-being

Respondents noted that public health is not just about infection numbers -health is about physical, mental and social well-being. Some believed that the Government lost sight of mental health during the COVID-19 pandemic and that more should have been done to protect people's mental health and wellbeing.

2.1 Collective sum of experiences

Many respondents noted that there was not a single factor which impacted their mental health but an accumulation of many things. People were plagued with worry, missed their family, missed major milestones, felt a lost sense of time, not just in their own life but with older family members, gained weight and lost routines, whether from a lack of exercise, job loss or just a lack of structure in the day. People felt isolated, adrift and in low spirits. Others felt down, with some describing self-harm or losing loved ones to suicide. For some people, it was only after the restrictions had lifted that they realised the enormous impact restrictions had had on their mental health. They thought that they would bounce back but then struggled to. Some noted that if there were another emergency or crisis in the future, they would not be as mentally strong to go through a lockdown again.

2.2 Cocooning

Respondents highlighted the detrimental impact cocooning had on older people. They described how they themselves, their parents, relatives, friends or neighbours were previously social people with daily habits – going to mass, shopping – and how this abruptly stopped during COVID-19. Older people grew more isolated, fearful and less active, inhibiting their ability to return to 'normal' life once restrictions lifted. A generation lost confidence, their social lives and their independence. Relatives described the rapid deterioration of their loved ones following cocooning, which, in some cases, relatives believed shortened their lives. A lack of support to reassure older people when restrictions lifted was noted, contrasting with the extensive media coverage cautioning them to stay inside during the pandemic.

2.3 Living alone

Isolation increased for people of all ages living alone, for those required to cocoon, and for younger single people. Respondents described losing lifelines of friends and family, experiencing the hardships of COVID-19 restrictions without having someone to lean on.

2.4 Rural and urban divide

People living in both rural and urban areas found the 5km restriction on movement damaging to their wellbeing. For some people in rural areas, their social experiences were limited to their local shop and dangerous walks on country lanes. For people in

urban areas, poor mental health was driven by cramped living conditions for some and a lack of or overcrowded green space.

2.5 Caring duties

Many people took on additional care duties during the COVID-19 pandemic, in particular women, with associated increasing stress and worry impacting their mental health and wellbeing. These additional care duties took on many different forms. Many mothers outlined the load of home-schooling their children while trying to juggle working. Respondents described feeling guilty, feeling they were failing on the parenting and work front. Many described feelings of isolation and loneliness, as their partners continued to work, while others described the enormous stress they experienced, particularly frontline workers, as they had to attend work but had no access to childcare.

Many took on additional care duties for cocooning relatives. Some respondents moved in with their older relatives or their older relatives stayed with them. Others carried out their older relatives' shopping and/or tried to ease their loneliness, while also being fearful that could infect relatives with COVID-19. Others took on health care duties as they did not want their loved one to receive treatment or die alone in a hospital or nursing home. Heavy burdens, without supports, left people exhausted.

For those who were family carers prior to the pandemic, their stresses and concerns were further exacerbated. Day services closed, essential routine was lost, and family carers were left to fill the gaps. Respondents described how their own mental and physical health significantly declined as their caring duties increased.

2.6 Expectant and new mothers

Many women who went through pregnancy or were new mothers during the pandemic described the negative impact on their mental health, experiencing loneliness and anxiety with little emotional support. Partners were not allowed attend critical appointments or stay in hospital with them after the birth. This was particularly difficult where women and babies experienced situations, such as miscarriages, still-births, traumatic births, prematurity or health complications. Several respondents described experiencing post-partum depression without the support of their families, in particular their mothers, baby groups, and follow up care, with completely insufficient mental health support.

2.7 Visiting and treatment in hospitals and nursing homes

Many respondents described the anguish they or their loved one experienced due to visiting restrictions in hospitals and nursing homes during the COVID-19 pandemic. Patients described the isolation and loneliness they felt in hospital as they spent countless days confined to a room without visitors and how this impacted their mental health.

In particular, visiting restrictions on older patients and residents caused them and their loved ones' emotional hardship. Multiple respondents recalled how their loved ones felt abandoned and could not understand why they were not visiting them, with some describing how their loved one eventually gave up their fight to live. Some respondents detailed the lasting pain and anguish caused by being refused the right to visit their dying loved one and how this has prolonged the grieving process.

2.8 Work

Frontline workers described the stress, fear and anxiety they experienced working during the pandemic. People working in health, care and death related services described the immense number of deaths they had to deal with and the mental toll that has taken on them. They described the burnout, pressure and stress of their increased workload, as patient numbers increased and COVID-19 outbreaks resulted in staff shortages. Respondents outlined how guidelines continually changed and also that they were required to impose policies they did not necessarily agree with, such as restricting people from visiting their loved ones. Workers described the fear they felt about spreading COVID-19 to their loved ones, particularly those who were high-risk, with some citing insufficient PPE and support.

This stress was not limited to health and care workers, but across essential workers. For example, principals and teachers described the immense pressure they felt when schools reopened, implementing public health guidance measures while also trying to reassure staff, parents and children.

Some respondents described how they felt exposed to unnecessary risk in their jobs, and that a clear definition of a frontline/essential worker should be provided for future events. Required attendance at work was particularly stressful for people in 'at-risk' groups.

While the Pandemic Unemployment Payment (PUP) eased the financial burden on people who became unemployed due to the COVID-19 pandemic, other respondents described the lack of support available to people who were unemployed prior to the pandemic, in particular for those working in the arts, such as actors and musicians, where potential for work stopped abruptly. For others who received PUP but had to subsequently pay tax on it, they described the financial strain this created with related mental health impacts.

2.9 News and communications

Many respondents criticised the extent and delivery of messaging throughout the COVID-19 pandemic, elevating people's fears and negatively impacting their mental health. People outlined how this began with news footage of coffins in Italy and continued throughout the pandemic.

People were met with daily messages and statistics that increased their anxiety and left them worried about protecting others. For those cocooning, this exposure was

particularly intense. Some respondents described how they had to turn off their television due to the impact on their mental health with the daily death figures.

Respondents criticised the messaging targeted at children, with many left frightened that they could cause harm to their grandparents. Similarly, for older people, many were left terrified of being infected with COVID-19, with some respondents feeling that messaging suggested that they would not be prioritised for treatment in hospitals. Respondents believed that this fear and anxiety prevented some older people from reengaging with society after the pandemic.

Others felt communications and messaging by causing fear and negativity, created conflict and division in society, such as neighbours reporting on each other's behaviour and adherence.

2.10 Fear and anxiety around COVID-19

Many people wrote about the fear they felt around contracting COVID-19 or giving COVID-19 to a loved one. They described how they were "terrified" that they or their loved ones who were immunocompromised would catch COVID-19, particularly at hospitals. Respondents described conversing through closed windows, how they feared COVID-19 was on everything, such as groceries, and how they developed a fear of tasks such as shopping.

Other respondents described how anxiety consumed some older people and how previously independent people refused to leave their home or even seek medical attention due to their fear of getting COVID-19.

Healthcare workers who cared for people with COVID-19 described how people would cross the road if they saw them out, seeing them as a threat. They felt scared that they would expose their loved ones to COVID-19, describing how they would remove their clothes before greeting their families. Teachers similarly described how they felt on edge in classrooms, taking mental notes when students coughed or sneezed in class.

Some people noted that they or their children developed or experienced heightened anxiety during the pandemic, including obsessive compulsive disorder (OCD) behaviours (related to air contamination and hand washing), and lingering social anxiety in crowded places, such as on public transport. Some respondents described how their fear persists to this day, and how they have maintained COVID-19 era measures, including avoiding physical contact with people.

2.11 Exacerbating pre-existing conditions

Respondents highlighted that pandemic restrictions often exacerbated existing mental health conditions for people, such as health anxiety, social anxiety, depression, OCD and eating disorders. Some respondents described increased obsessive behaviours around hand washing and washing shopping. Some respondents noted increased anxiety due to their lack of control over their life. For some this did cease once

restrictions lifted. Previously social people described how they now found it difficult to maintain eye contact, go out in group settings, or go to crowded places, and how this has resulted in lost friendships and isolation.

2.12 Young people

Young people, their parents, principals and teachers repeatedly described the negative impact restrictions and school closures had on young people's mental health. Teachers reported widespread issues among students' social development, with more students experiencing anxiety and emotional difficulties.

Many students cited the lack of information and delays in making a decision on the Leaving Certificate as causing additional stress and anxiety for them. For some, this was exacerbated by students having to decide whether they would sit exams or let their teachers calculate their grades.

2.13 People with disabilities

Respondents maintained that people with disabilities suffered disproportionately during the pandemic as their lines of support and connection abruptly stopped. When things began to reopen, their services were not prioritised causing further isolation and loneliness for some respondents.

In particular, people who are hard of hearing or deaf who rely on lip-reading described how they struggled to connect with people due to face masks.

People who have developed long-COVID also outlined the impact it has had on their mental health driven by a lack of financial and emotional support and a failure to recognise the condition.

2.14 Pace of life

Other respondents outlined how COVID-19 restrictions improved their mental health. This was primarily due to changes to their pace of life, as restrictions allowed people to reflect and live slower, quieter lives. Some people had more time to do sport and hobbies, with many reporting that their improved physical health was accompanied by an improvement in their mental health. Respondents described remote-working allowed for a better work-life balance.

Some people with autism detailed how this slower pace of life helped them to finally seek a diagnosis.

2.15 Lack of services and supports

While measures to help address mental health and wellbeing, including Community Call and increased online mental health services, were implemented, many respondents maintained that there were insufficient supports and services overall throughout the pandemic.

Respondents detailed how their therapy services ceased in March 2020, how diagnoses were delayed or missed as services were not interacting in their usual way, and how online supports were ineffective. Waiting lists grew, and people's mental health continued to deteriorate. Some people described having mental breakdowns, self-harming and experiencing suicidal ideation. With GP services largely moving online, respondents believed that GPs could not properly assess people experiencing mental health crises. They maintained that they were advised that the only other supports available were going to A&E, which many felt was not an option during a pandemic, or calling the Gardaí. Respondents called for contingency plans for people who experience a mental health crisis during times of emergency, so they have pathways for assessments, treatment and support.

A lack of support repeatedly came up for those who lost a loved one during the pandemic. As people were unable to mourn through typical means, such as open funerals, respondents believed that the Government should have offered greater emotional and bereavement supports. For many, this lack of support prolonged the grieving process.

3. Physical health

In terms of personal health management, respondents' experiences were mixed. For some, the slower pace of life presented an opportunity to get fitter and healthier, while others were impacted by closure of gyms and sports facilities. For some they began to eat more unhealthily and drink more alcohol.

3.1 Weight and exercise

Some respondents reported that COVID-19 restrictions prevented them from doing regular exercise. Gyms closed, indoor sport stopped, and they lost habits and their passion for exercise. Some found it very difficult to rebuild this habit. Others reported that they turned to food for comfort, particularly if they were in stressful jobs during the pandemic, or simply out of boredom.

Other respondents outlined how restrictions gave them the opportunity to form better habits around exercise and food. Due to the slower pace of life for people who were without work or had a better work-life balance due to remote working, respondents began regular exercise. Others formed new habits, such as cooking meals or socialising through walks rather than going to a pub.

However, access to safe, green spaces to do exercise was dependent on people's local areas. The 2km and 5km restrictions caused issues for people in both rural and urban settings. In rural places, some could not exercise safely, as winding country roads were too dangerous. Some urban spaces lacked green spaces or areas were crowded.

Some respondents were critical of the Government's lack of messaging around maintaining exercise and other healthy habits during the pandemic. Others criticised the delay in reopening sports facilities, especially for outside, low contact sports. A few respondents also criticised the vaccine requirement to go to gyms and other indoor sport facilities once restrictions began to ease.

3.2 Mobility

When vulnerable groups, including older people, were told to cocoon, this largely reduced their physical activity which many never recovered. Respondents described how they or their loved ones stopped their daily walks or swims, and how losing these habits dramatically reduced their mobility. Other people described physical decline due to delays in physical therapy during the pandemic. Some respondents were critical of the Government's failure to encourage physical exercise among those who were cocooning.

3.3 High risk

Cohorts vulnerable to COVID-19 infection included immunocompromised or 'high-risk' individuals.

This group of respondents largely welcomed restrictions. They described feeling safe during lockdowns. They experienced less illness, welcomed remote working and could engage in activities they had previously felt unsafe doing, such as going to a shop or to mass, as other people were now masked and socially distanced. People felt relieved by the 'caring' approach embraced by the Government and Irish society.

However, this did not eliminate fear for high-risk respondents. Some described their anxiety around getting COVID-19 and fear of not being considered for certain treatments. Others described guilt and sadness at not being able to say goodbye to dying loved ones due to the risk to their own health. Some high-risk respondents felt forced to retire as they no longer felt safe in their workplaces, this was particularly evident for healthcare workers and teachers, who felt unsupported by their employers or unions.

Respondents also described the stress they felt around potentially infecting high-risk family members, particularly frontline workers who were exposed to COVID-19 and carers directly looking after high-risk people. Many households faced difficult decisions between living or isolating separately or all cocooning together. This created difficulties for families caught between accommodating different generations and prioritising different family members physical or mental health.

High risk respondents (and frontline workers), aware of the limited capacity of ICU and hospital beds, described their frustration and anger at people who refused to comply with restrictions or who campaigned to ease restrictions. Respondents described their stress and fear driven by what the termed the 'selfishness of others'. However, other respondents believed that as COVID-19 posed the greatest risk to certain groups, targeted restrictions for the medically vulnerable should have been introduced rather than widespread restrictions.

4. Nursing homes

4.1 Guidance

Respondents wrote about a disconnect of information from the health system/HSE to nursing homes, as respondents believed that people had to "learn on the fly", while other staff described how they had to carry around a mobile phone with them to keep up with "changing infection control instructions".

Other respondents expressed their frustration with the level of discretion nursing homes were given to implement COVID-19 restrictions. Some staff believed that restrictions were interpreted "to best suit the home, not the resident" which had wide, varying impacts on residents and families, as discussed in more detail in the sections below.

4.2 Infection control

Staff, relatives and observers described a lack of PPE, particularly at the beginning of the pandemic. It was noted how Ireland failed to adequately prepare despite "warning signs" from other countries over the impact of COVID-19 on older people. Relatives described how their loved one's nursing homes did not get any or sufficient allocation of PPE, while some staff described their "stress" when PPE was largely commandeered by the HSE. Staff became sick without adequate protection, escalating issues around staffing. It was also noted that staff worked in hot and uncomfortable conditions.

Visitors to nursing homes described the "three layers of PPE" and dressing up "like a spaceman" to visit their dying relatives. Both visitors and staff described how difficult it was to visit or provide care to residents in full PPE as often residents were frightened by people in full PPE and did not understand COVID-19, particularly if they had conditions such as dementia.

Similarly, staff felt that they did not get sufficient support around testing even though it was clear that older people in nursing homes were amongst the most vulnerable to COVID-19. There was a general feeling that nursing homes were left behind and hospitals were the priority. It was put forward that testing facilities were withdrawn from nursing homes in March 2020, and that this measure removed "any hope for containment" in nursing homes, which was worsened by the transfer of hospital patients to nursing homes often without testing (as discussed in more detail in Section 4.6).

It was maintained that HIQA inspections became a "greater source of stress" for nursing home staff, and they were disappointed by the "lack of engagement from HIQA" on the implementation of individual statutory functions. Some called for alternative measures in the future, believing that those who were at the end of their

life should have been moved to isolation rooms so they could have said goodbye to their loved ones and to avoid additional risk to the staff and residents in nursing homes.

4.3 Visiting

Many respondents reported that they were not allowed to visit their loved ones due to COVID-19 restrictions. They described how this policy only “focused on limiting the spread of infection” but in doing this “shut the door on compassion and human connection”. Respondents described their heartbreak over these “too strict” and “cruel” restrictions, where they could not visit their loved ones, many of whom they could not otherwise contact, and did not understand COVID-19 restrictions and why their family were not visiting them. Older relatives, particularly those with dementia/cognitive decline or with hearing difficulties struggled to use phones and mobile devices, and many residents did not have access to external windows. Some believed that nursing homes failed to make attempts at outdoor visits, even when other areas of society began to reopen.

Other respondents described how they stayed outside their loved one’s windows holding up signs or saying prayers. Some respondents felt relief and comfort from talking to their loved ones on the telephone or through video calls. Some respondents noted that their loved ones received electronic tablets so they could video call them or staff organised video calls where staff members would sit and chat with their loved one, to reassure them that they were “happy”. An Post’s initiative to offer free post to nursing homes during the pandemic was praised.

Respondents described their and their loved one’s emotional distress due to visiting restrictions. People described phone calls where their parents begged them to come home. Many respondents described feeling “haunted” and “traumatised” by their experiences, and the toll of not being able to comfort or hold their loved one.

The extended isolation, loneliness and lack of social interaction caused many residents’ health to deteriorate, which came to a shock to some respondents who were not regularly around their loved one to monitor their decline.

Some respondents felt that nursing homes exceeded their authority with the enforcement of restrictions. They believed that residents’ human rights were violated and the measures were unethical and that the concept of a home and rights did not hold up. They described how management held the authority and discretion to permit or deny visits despite residents’ advocacy. They maintained that more effort should have been made to allow in-person contact with residents, like ‘bubbles’ introduced for the wider population.

Restrictions were even more difficult, and regret more pronounced, for those who lost their loved one in a nursing home during the pandemic. Many respondents described how their loved one died alone as they were denied access, how they were not

informed of their loved one's deterioration or how they could only visit their loved one at the very late stage of dying.

Some respondents detailed how they had to have "heated arguments" with nursing home staff to get access to say their goodbyes, while others expressed their frustration that they were only given access when their loved one was unresponsive or when their loved one had died.

Some struggled, and others continue to struggle, to find answers or explanations as to how or why their loved one passed away.

Some staff described the restrictions as "horrendous" and felt they were a mistake, while others felt they were a necessary protection. It was noted that residents' wellbeing declined and their physical health deteriorated. Staff recalled incidents throughout the pandemic which left their mark, such as a Christmas Eve where a staff member had to ask "upset" families to leave after their 15-minute slot, a time when a staff member had to hand out burial clothes to relatives through a window, and early in the pandemic where a resident who died was sent to the crematorium without their family or friends.

4.4 Level of care

Nursing homes were often seen by respondents as a point of failure in the overall pandemic response. Many respondents criticised the Government and NPHET for their failure to protect nursing homes early on. Others felt "dignified care" was not provided. They believed that the response was not focused on residents' needs, leading to residents' mental, cognitive and physical decline.

Some respondents maintained that their loved ones received a good level of care. They believed that nursing homes were professional and staff were "compassionate" and did their best. Others described how while their relatives failed to receive adequate care in hospitals only to receive "excellent" care in their nursing homes. It was suggested that issues in nursing homes should not be attributed to the homes or staff but rather the "slow" Government response to the sector.

Other respondents described incidents where they believed their relatives failed to receive an adequate level of care. People described situations such as how their loved ones were in pain that wasn't properly managed, were extremely withered or weak, and how they were left to die alone.

Some other respondents described the level of care as neglectful or "inhumane", as homes experienced "total chaos" due to lack of staff or visiting doctors.

Some described how staff lacked compassion in their interactions, delivering heart-breaking news to families through brief phone calls. Others suggested that they were told to agree to a lack of prioritisation of care for their loved one, or that its was put to them than their loved one would not be admitted to hospital.

Respondents also described how staff failed to socially engage with residents. Others believed more could have been done to maintain social connections between residents and staff, such as prayer services from the carpark. However, other respondents recognised that staff members were under pressure, often overworked due to staff shortages and implementing measures to “keep people safe”.

4.5 Staff

Many respondents wrote about a lack of staff in nursing homes and how it impacted resident care. Respondents described how COVID-19 outbreaks caused understaffing as workers caught COVID-19 or were close contacts. Issues with residents not wanted new or unfamiliar staff were also noted.

Some relatives described how their parents died alone and were “dead for some time” before they were discovered as nursing homes were “so understaffed and stretched”. Staff called for greater HSE oversight to monitor staffing levels and questioned whether staff should have been allowed to work on several sites given associated risks with further fuelling the spread of COVID-19.

Respondents described the trauma and tough working conditions they or staff in nursing homes experienced during the pandemic. Sone staff slept in camper vans to remain on site, experienced residents die before them at alarming rates, and “felt abandoned” and “unfairly blamed”.

Some respondents praised staff in nursing homes, describing them as “so kind and supportive”, and admiring their “heroic efforts” throughout the pandemic. However, others criticised staff, maintaining that nursing home staff had “too much power” and showed “no compassion”.

4.6 Transfers between hospitals and nursing homes

Many respondents criticised the approach of transferring older people from hospitals to nursing homes at the beginning of the pandemic to increase hospital capacity. Relatives and staff described how these early transfers increased transmission in nursing homes as patients were not automatically tested for COVID-19 before they were transferred unless a risk was evident, increasing case numbers and deaths in nursing homes, and also exacerbating staffing issues. Others described their relatives’ experiences with being transferred to nursing homes, including isolation.

A medical respondent expressed frustration that older people with complex needs, such as those with dementia, were transferred from specialised facilities with experiences and skilled staff, to nursing homes. It was described how some patients died within a number of weeks of being moved, not due to COVID-19, but because of their complex needs not being met.

Relatives described the impact of transfers on their loved ones, noting that many of those who were moved from residential units had lived there for years. They put forward that these transfers were done without family consent.

4.7 Dementia

Some respondents believed that the periods of isolation and loneliness caused an increase in dementia among older residents. Many relatives described how their loved one's dementia deteriorated rapidly during the pandemic, attributing it to a lack of "extra stimulation" and "engagement" in nursing homes, as their routines were interrupted and "isolation" increased. Many residents with dementia could not understand COVID-19 and struggled to understand why their family and friends were not visiting them. As previously discussed, (Section 4.6), some dementia patients were moved from specialised care in hospitals to nursing homes which further accelerated their decline.

Some respondents noted that as they were unable to see their relatives for months, this increased their perception of a rapid decline as they could not observe it in real time.

4.8 Deaths

Respondents felt let down by the Government and their failure to adequately prepare nursing homes against COVID-19 and quickly respond when it became clear that nursing homes were struggling to cope with COVID-19 outbreaks. Respondents pointed to transfers from hospitals to nursing homes, and a failure to test residents for COVID-19, particularly when they were transferred, understaffing, visiting restrictions and a failure to prioritise nursing homes for PPE, testing and staffing as reasons as to why so many residents died during the COVID-19 pandemic.

Some other respondents believed that prescription and administration of sedatives may have also contributed to greater deaths in nursing homes.

The scale of death experienced in nursing homes was highlighted.

Some respondents believed that the level of deaths in nursing homes highlighted how "profoundly broken" the nursing home system is in Ireland and criticised HIQA's response. They called for a full enquiry into deaths in nursing homes during the pandemic. They also called for legislation for safeguarding, mandatory reporting and full accountability, transparency and rights for families.

Respondents criticised the "unforgiveable" restrictions which "forced" people in nursing homes to die alone. They questioned why residents were denied human contact and buried in body bags when they were no longer contagious. While some acknowledged that measures were necessary to protect residents, they believed that more "humane alternatives" involving the residents' family should have been considered over practices that prioritised "convenience and cost". As previously

discussed, many relatives shared their sustained heartbreak and trauma that they could not be there with their loved ones in their final days and moments.

Respondents also criticised the procedures that were in place when people died. It was suggested that people's belongings were destroyed or damaged; and that people were buried in body bags or their pyjamas. For some families, this lack of thought and care was indicative of the wider lack of "professional or compassionate standards" from staff during the pandemic.

Respondents also warned that the issues experienced in nursing homes during the COVID-19 pandemic, would only get worse in future crises, with Ireland's rapidly aging population.

5. Healthcare

5.1 Visiting

Respondents who wrote about them or their loved ones requiring general medical care during the COVID-19 pandemic largely criticised visiting restrictions. They described how people were "cut off from their loved ones" and how the requirement failed to offer "compassion in more nuanced situations" and was a "serious breach of human rights". Respondents described how their loved ones were "absolutely distraught" that their family could not visit, with some describing how their loved one's "plead[ed] with [them] for help".

Families have since had to try to reconcile their own feelings of "guilt, frustration and devastating sadness" that they could not be there for their loved ones or endured timed or restricted visits. Other respondents described how they had to fight for access, both in hospitals and through wider public campaigning, to bring the issue to people's attention.

Respondents recalled how they or their loved ones had to receive a diagnosis "all by [themselves]." People shared how they could not be accompanied, even when their diagnosis was terminal, they were not offered counselling and could not receive support from wider family and friends due to restrictions. This loneliness and isolation continued into people's treatments, as respondents described how they could not accompany their partners and their children through cancer treatments. This "distressing" experience not only impacted patients but their families.

Respondents also shared their mixed personal experiences of the impact of COVID-19 visitor restrictions while they themselves received medical care. Some people appreciated the lack of visitors as it gave them the time, space and energy to get through their treatment, particularly during a time when they "didn't want anyone to see [them] so ill." However, others shared how the measures "significantly delayed their recovery." They described the restrictions as "too harsh", "very isolating" and "terribly lonely". They found that the restrictions significantly impacted their mental health, with some believing that their family had "abandoned" them.

A critical role of a visitor is to advocate for their loved one in healthcare settings when the patient may be too ill to advocate on behalf of themselves. Families expressed their guilt and frustration that they could not provide this crucial piece of support, particularly for their older relatives, and pointed to alternative approaches. Patients called for people with significant impairments, such as brain injuries, to be appointed a next-of-kin during times of crisis, who can still visit and advocate from them.

Without physical access to their loved one, people often relied on hospitals to provide updates, particularly where the patient was older or too ill to effectively communicate with their loved ones themselves. Respondents detailed how hospitals failed to provide these updates, describing the communication to families as "appalling" as people

“phoned and phoned” hospitals, without reply or received contradicting information. Respondents believed that there should have been family liaison officers once loved ones were no longer allowed to visit.

Many respondents expressed their anger and frustration with restrictions, where their relative had received a terminal diagnosis or died in hospital. They described how the restrictions were “excessive”, “unnecessary” and “needlessly cruel” when the patient was already terminal, as they denied the patient and their family “quality time”, in their final days and weeks. Respondents described how they would have gone to any extra effort to be with their loved one – undergone more testing and worn additional PPE. It was maintained that the patient and their loved ones should have been informed of the risks and given the right to choose. They described how a “one size fits all” approach to healthcare was applied by the Government and that they were met with a “general antipathy” from healthcare staff.

Many respondents shared their harrowing personal stories of their loved ones passing away during COVID-19 and how they could not be by their side, could only enter their room at the stage by which they were unresponsive or dying, or said goodbye by phone or video call.

People could not understand the logic around these restrictions as they were denied access to visit someone who was dying and were often only allowed access once the person had died. Some regretted that they did not “knock…the doors down” to see their dying loved one. They described a lack of emotional support offered by the HSE – such as a remembrance service or counselling support.

It was highlighted that while restrictions were only guidelines they were enforced as laws. Some believed that the restrictions went on for too long and were “exploited” by hospitals to prevent people from visiting loved ones. For the future, respondents called for policy that balances the negative impacts of these restrictions against the need to contain the virus, the importance of compassion and flexibility, and the need to consider prioritisation for the most vulnerable.

5.2 Staff

Some respondents praised healthcare staff during the pandemic. They described how “brilliant” and “compassionate” they were and appreciated that their “hands were tied” by public health restrictions.

Much criticism levelled at staff during the pandemic centred on their upholding of restrictions, as respondents who were visitors to hospitals described how they felt there was a lack of empathy and were “made to feel like an inconvenience”.

Respondents who were healthcare staff wrote about the many issues they encountered during the pandemic. They described staff absences and shortages and allocation challenges, a lack of leadership and of preparation. They had contrasting experiences and views on staffing and infection control – some described how

hospitals had no issues abandoning rules when "short staffed" while others believed that asymptomatic staff should have been "allowed to work". It was noted that "huge efforts" were made to "maximise ICU capacity" but this in turn put "great pressure" on ICU staff. Respondents noted how these issues have since led to staff burnout.

Other staff described how unprepared hospitals were for COVID-19, exposing staff to risk, without adequate protective materials, which further exacerbated staffing issues.

Respondents who received care in hospitals or had loved ones in hospital also described the extent of staff shortages during the pandemic.

5.3 Non-COVID care

Some respondents described receiving "excellent" care during the pandemic. People maintained that attending hospitals was "easier" - hospitals were "very calm" without visitors, people received treatments "quickly" as elective care was deferred, they felt safer as restrictions prevented transmission of other infections and staff made an "extra effort" to engage with patients.

However, many other respondents wrote about the delays they experienced in accessing critical care. Many described how their loved ones could not access appointments to get a diagnosis and how this caused illnesses, in particular cancer, to progress and, in some cases, become terminal. People explained how annual cancer checks and screenings stopped, transplant waiting lists increased and physio, aftercare and rehabilitation appointments ceased, with significant consequences.

These delays and cancellations also impacted children. Parents described how their children missed developmental checks and criticised measures put in place, whereby parents were told to administer the checks themselves and "make a judgement call". They outlined how this failure has caused many children to miss out on referrals and early interventions, leading to long-term impacts.

Many described their or their loved one's fear of accessing healthcare, due to the risk of contracting COVID-19. They described how people did not want to "bother" healthcare workers with illnesses beyond COVID-19, while others felt that healthcare workers did not want "to know about anything else". Some blamed public messaging at the time for creating fear and highlighted the intense focus on acute diseases, and on avoiding health system overloaded.

People felt let down by the health system which they felt was not serving its purpose. They maintained that some hospitals were "empty", with doctors and nurses "doing very little" and highlighted that the surge capacity acquired from private hospitals was never used. Respondents described the cancellation of screenings and closure of hospitals as "absolutely reprehensible".

Respondents also criticised GPs during the crisis who they believed "clos[ed] their doors to the public", with limited in-person consultations. They described incidents

where phone consultations led to misdiagnoses or failures in care which had lasting consequences and the general reluctance of GPs to refer people for hospital care during the pandemic, even when they believed they needed it.

Pharmacists were particularly critical of GP's reduced services during the pandemic as they believed they often had to fill the gaps in service. They raised concerns relating to GPs additional fees/funding, such as for telephone consultations and COVID-19 testing. People similarly struggled to get access to dentists during the pandemic, resulting in serious dental infections and lost teeth.

Many respondents described how these delays in access to healthcare, diagnosis and treatment worsened their physical health, impacted their and their families' mental health, and impacted their finances, as people could not work or had to pay for private healthcare or healthcare abroad. Respondents also called on the COVID-19 Evaluation to investigate how these delays impacted Ireland's excess mortality between 2020 and 2022.

5.4 Level of care

Respondents' thoughts on the level of care they or their loved ones received varied but was largely negative. Positive views recognised that restrictions on visitations did not impact the level of care they or their loved one received. Some described how staff were "absolutely brilliant and compassionate" and "heroes to us all", noting that their "humanity brought comfort" to them and their families during these difficult times Respondents maintained that staff "worked overtime" to ensure people were cared for and how their level of care "was in no way compromised" by COVID-19.

However, this did not represent all respondents' experiences. Some described how a shift occurred immediately after "the pandemic hit", where doctors who were previously "very enthusiastic" about people's treatment suddenly treated them "like an after-thought". Patients outlined how their care suddenly became "very different" and "traumatic", lacking "dignity and attention".

Some loved ones maintained that patients were left with infected wounds, bed sores, wet sheets, were left "bedbound", delirious, without support, and how some were turned away from hospitals only to later die. More than one respondent noted that their loved one called 999 from their hospital bed. Respondents described how in their final days, their loved ones failed to be treated with the dignity and respect they deserved.

Respondents felt helpless as they could not visit their loved ones and struggled to receive updates from healthcare staff and to determine if their loved one was okay. Some recognised the "pressures" staff were under and regretted that they could not be with their loved one in the hospital to fill in the gaps in their care from "helping [them] eat" to "putting batteries in [their] hearing aids".

It was reported that healthcare workers felt they simply could not provide the "compassionate care" they would have liked in line with their values during the pandemic as they were simply "too busy and overwhelmed".

5.5 Infection control

Healthcare workers described how difficult it was to keep up with changing COVID-19 guidelines. Others suggested practices represented "robotic adherence" to restrictions, some others suggested it was "expedient" as they did not apply when hospitals were short staffed, as some staff shared how they were still required to come to work even if they were a close contact.

Staff highlighted a lack of PPE at the beginning of COVID-19, and how they had to "fight" for it. Some staff described this initial lack of PPE as "demeaning" of the "health concerns of staff" who were "putting their life on the line", as they had to move from patient to patient diagnosed with COVID-19 without appropriate safety equipment until staff eventually refused. It was also put forward that staff were treated like "they were contagious" if they worked on COVID wards.

Healthcare staff believed that masks should have been introduced to hospital settings "much earlier" and some felt they should continue to be worn to this day as people continue to catch COVID-19 and other airborne illnesses in hospitals. Other healthcare staff shared how difficult it was to wear masks for 12-hour shifts, as they were "tight and well-sealed" and "fogged up the glasses all day".

Many respondents criticised the lack of ventilation and air filtration in hospitals. Some believed that they or their loved ones caught COVID-19 in hospitals due to a lack of ventilation, while others described how this lack of ventilation prevents them from seeking treatment in hospitals now. Many regretted that the State had not subsequently invested in these systems in schools and hospitals.

5.6 Improvements

Respondents listed some of the improvements to healthcare that took place during the pandemic, such as electronic prescriptions, digital medical certificates, the use of masks and other protective measures in certain healthcare settings, and blended working. Some improvements are still on their way to being achieved, such as the public health ICT system. Others believed that not all changes made during COVID-19 were for the better, including virtual care.

Looking to the future, respondents noted other ways to improve the healthcare system. They believed that Ireland had one of the strictest lockdowns due to how hospitals have been "underfunded and mismanaged". They noted that often public health is funded during a crisis, but these funds are diverted once the crisis ends. They believed that these funds need to be maintained and strengthened and the workforce increased to prepare for any future issues or crises. Respondents also called for more hospital

beds, investment in ventilators and HEPA filters, and frameworks for digital interactions, such as video calls.

5.7 Maternity care

Some respondent praised their maternity care and midwives during the pandemic, describing them as "walking angels". Some mothers described how post-partum was easier as their partners worked from home. It was described by a public health worker that many babies thrived as mothers become confident with additional time for themselves and their newborns during the pandemic.

However, many respondents criticised the visiting restrictions in maternity hospitals and the lack of care and support given to new mothers. Mothers described how their partners could not attend their appointments, had to drop them at the door of the maternity hospital when they were in labour and how they did not see them again until they were near delivery. They explained how they were left on their own "for hours" after the birth, some after caesarean sections, without any support from staff or their partners, feeling "alone", "unchecked", and "helpless".

This lack of support was exacerbated for those who experienced complications at birth and had to stay even longer in hospital and needed additional support.

From a father's perspective, respondents described how they slept in cars in the maternity hospital carpark for days, did not see their partners or their newborn in some cases for up to five days after the birth, how "powerless" they felt to help their partners and how these restrictions impacted their connection with their new child.

Restrictions had an even greater impact where people experienced complications. Respondents described receiving emergency care surrounded by other unaccompanied and very distressed women, some who "were actively miscarrying" and partners only being allowed in for "a few hours" as they miscarried the baby or after the miscarriage. Parents described a lack of community care or support after losing their child, as parents were left alone to navigate their "huge loss".

Parents described how difficult it was to leave their child who had to spend time in the NICU during the pandemic. Respondents had different experiences, from fathers being unable to see or hold their baby for up to a month to being restricted to visits for two hours per day. While some noted having to beg staff to take a photo of their child in the NICU, others described an "amazing" and "rewarding" system that was set up to send photos of NICU babies to their parents twice a day. Restrictions had a "massive" mental impact on parents, as they experienced "separation anxiety" and new mothers struggled to produce enough milk for their baby while they were not around them.

Respondents detailed how there continued to be a lack of support when they brought their newborn home. New parents described how they got no support from public

health nurses when their baby had issues such as reflux or tongue tie and “could not be put down”, or where they had multiple babies.

Some grandparents described how upsetting the period was as they witnessed their own children experience post-partum depression and were unable to physically help them. Respondents believed that additional follow up care should have been provided, even if it was just over the phone or online. It was raised that fathers should have been given more paternity leave to compensate for family and friends who were not allowed to visit during the pandemic.

Some respondents described how poorly they were treated by staff in maternity hospitals at the time. Some explained how they felt “forced” to make certain decisions about their birth by staff due to COVID-19

Others believed that they were badly treated when they were in labour or required follow up care but were a close contact for COVID-19. Others were fearful of COVID-19 spreading.

It was highlighted that maternity care was “entirely absent” from the Government’s Resilience and Recovery 2020-2021: Plan for Living with COVID-19. For future crises, respondents called for partners to always be allowed to accompany women in labour unless they have the illness.

5.8 People with disabilities

5.8.1 Supports and services

Respondents wrote about the closure of disability services during the COVID-19 pandemic, and the impact this has had on them and their loved ones. Respondents described how people with autism and other conditions lost their “routine, structure, community and social interactions” and became “totally isolated” and in some cases with significant consequences. Some people with disabilities felt “invisible” and “forgotten about” by NPHET and the health services, as they believed that care professionals “abdicated their responsibilities” back to the people with disabilities who needed support. Others highlighted that some services, such as respite, have not been restored to pre-pandemic levels.

When mental health services and other supports abruptly shut “with no plan”, it was noted how it caused a significant regression for some children. Similarly, it was noted that school closures impacted children with special educational needs, as parents described closures as “disastrous” for their children as they experienced “meltdowns” due to their lack of “structure and routine”.

Parents explained how they had to pay for private supports and therapies, and how many services did not resume after the pandemic or they had to fight to keep what support they had. Some people with disabilities complained that services for children with disabilities were prioritised over adult services when restrictions began to ease,

as adult services "took years to return". Respondents believed that services should have moved online much sooner.

While home care services continued for some during the pandemic, assistants lacked PPE which forced families "to turn them away for fear of contracting COVID". Some families observed how some home care assistants were not adequately changing their protective gear; while home care workers noted they were entering homes where those living there were not necessarily wearing masks.

5.8.2 Healthcare

As focus shifted to COVID-19, respondents believed that the healthcare system failed to provide other basic services to people with disabilities as healthcare staff were redeployed.

Respondents described the delays and waiting lists they experienced for their children, for example to receive autism diagnoses, or get appointments from specialist such as audiologists forcing them to seek private diagnosis/treatment. Redeployment within the HSE, to COVID-specific response work, was citing as a contributing factor.

5.9 Family carers

Family carers described the impacts restrictions and closures had on them. Parents described how they felt burnt out, how the period was marked by a "lack of sleep" and was "hugely stressful". They described how they had hoped that their children would need them less as they progressed through school and got support, but COVID-19 restrictions essentially undid a lot of this hard work. Carers described how "lonely", "abandoned" and "scared" they felt during the pandemic, as they lacked support and were not adequately prioritised during reopening.

Some respondents became carers for the first time during the pandemic. Due to geographic restrictions, respondents described how they has to move to care for their family members as services stopped and people feared home care assistants would expose their loved ones to COVID-19. Many took up the responsibility to care for their older relatives as the Government advised people over the age of 70 to cocoon. Respondents shared how they moved in with their parents or travelled long distances to care for them. They outlined their loneliness and stress, as they juggled work with their new responsibilities, and felt they were left to deal with their loved one's health "on their own", without help or support.

Family carers also discussed how dividing caring responsibilities among family members caused conflict and division. Some carers described how their siblings were happy to abdicate their responsibilities to them during the pandemic, using COVID-19 as an excuse not to help, while others described how they and their siblings disagreed on the care they should give their parents. Respondents described feeling "abandoned" by family members and how this period created long-term rifts in families. Other respondents explained how older relatives moved into their family home, and

how this created conflict between the different generations in the household around risk and exposure to COVID-19.

Respondents felt that the Government failed to offer family carers sufficient tangible support, services or respite during the pandemic. Some cited feeling invisible.

6. COVID-19 – health led approach

6.1 Testing

Many respondents highlighted testing capacity issues, recalling how slow testing for COVID-19 and sharing of results was during the first few weeks and/or months. Related isolation impacts and delays in seeking treatment were highlighted, along with related data opportunities.

In some cases, families cite having to wait for the outcome of COVID-19 tests on their loved ones to bury them, while others could not visit their dying loved ones or attend their funerals due to test related delays. A lack of compassion for people in these circumstances was felt by affected respondents.

Respondents also described how difficult it was to access test centres when they were ill. They detailed how they felt compelled to drive themselves to test centres as they did not want to put their family or friends in dangers with some describing how weak and under pressure them felt.

Respondents who were redeployed to test centres or volunteered in them described how proud they were with the response – how quickly test centres were established and the great community spirit in them despite their considerable workload. However, others had more negative experiences, with some citing work culture or management issues in the context of significant productivity demands.

Some respondents criticised NPHET and the Chief Medical Officer for initially rejecting antigen testing and then being slow to change their position when evidence emerged that they were effective. They believed that their reluctance to embrace antigen testing undermined their scientific credibility and delayed the response, which caused more restrictions and related harm. However, others outlined a logic for this reluctance, noting that antigen tests can give false negatives, particularly during the asymptomatic stage of COVID-19, which raises concerns for community transmission.

It was maintained that it would have been easier if antigen testing was more widely available, or if everyone had been given a supply of personal test. Respondents complained about the cost of COVID-19 tests, particularly while travelling.

6.2 Contact tracing

Respondents' views of contact tracing were mixed, with some describing it as "professional" and "prompt", while others were crucial of the lack of effective early

contract tracing, with some highlighting that they thought it was a "complete failure" and that Ireland had less testing and tracing than other countries. Respondents criticised the contact tracing app that was developed during the pandemic, describing it as a complete "waste of money" as it experienced glitches which some believed caused many people to disable the app.

Some respondents who were redeployed or volunteered to contact tracing described how "upsetting" their work was, as they heard about the "heartbreaking" losses people experienced and the "extreme hardships" of minority groups. Other respondents outlined issues they experienced with contact tracing, such as within school system, where obligation were described as "onerous" and "hugely stressful"; or from redeployed contact tracers, where some maintained that they were given insufficient length of training before answering phones.

6.3 Self-isolation

Respondents who had to self-isolate during the pandemic described the experience as dreadful, causing anguish, loneliness, and also fear regarding the extent of the illness. Respondents also described missing out on loved-ones funerals due to self-isolation requirements. Issues regarding children isolating, needed to reach out to helplines for essential supplies, and significant mental health impacts were also highlighted.

Some respondents outlined how little oversight there was over self-isolation during the pandemic. They described how in other countries people's location was tracked through designated phones, while in Ireland, people only had to sign a form to say they would self-isolate. Others noted how family and neighbours monitored and enforced self-isolation.

6.4 COVID care

People shared their first-hand experiences of being hospitalised with COVID-19 during the pandemic. They described the experience as very difficult, "traumatic" and "demeaning" – maintaining that ambulance staff showed "no compassion", discussing how they would need to protect themselves after taking them to a hospital, and people felt like a "leper" as wider staff sought to avoid them. Some had more positive experiences, describing the "excellent treatment" they received.

Some respondents questioned the decision to instruct pharmacies to not dispense hydroxychloroquine (HCQ) to people with COVID-19. It was put forward that doctors had been prescribing patients with COVID-19 HCQ as an anti-inflammatory, antiviral treatment, and that this had impacts for people's outcomes.

Loved ones' negative experiences of their relatives' treatment for COVID-19 in hospitals was largely due to visitor restrictions. Some people described their trauma from interacting with healthcare staff, where updates or bad news was relayed with a

lack of compassion or with insufficient frequency and/or detail. Some maintained they had to "fight daily" to get updates on their loved one's condition.

Some maintained that medical teams made decisions about patients' treatments without taking their medical needs into consideration and without informing them or their next of kin and that complaints were not dealt with adequately. Others maintained that outcomes from the COVID-19 Evaluation should include an acknowledgement of the impact that a lack of communication had on families who lost people during COVID-19.

Many expressed their upset and frustration that their loved one went into hospital for treatment, from cancer treatment to transfusions, and ended up getting COVID-19. Respondents believed that it was "inevitable" that their loved ones got COVID-19 as "A&E was overcrowded", patients were put on COVID-19 wards or were moved several times. Others described their devastation that their loved ones were not prioritised for treatment for COVID-19.

6.5 Long COVID

Many respondents with long COVID or whose loved one has long COVID described the wide and significant impacts it has had on their lives. They described how people have been left with "life changing symptoms" that have ruined their lives. People who were once "extremely fit" described how they now struggle to do simple everyday tasks. People described cognitive issues, including "brain fog" and memory and concentration problems, and physical issues, feeling "constant pain", "dizziness" and "fatigue", which have reduced their mobility and impacted their mental health.

Respondents with long COVID described feeling "abandoned" and "forgotten". They repeatedly spoke about how little support they have received from their employers, healthcare professionals, and the State. Many highlighted that they worked extremely hard during the pandemic, including healthcare workers and teachers, and how they felt betrayed as they contracted COVID-19 in their workplace. This lack of support by the State to protect those that got sick caused healthcare workers, and other essential workers, to advise others in their profession to protect themselves and their families first during times of crisis.

Some also described the abuse they have experienced by sharing their long COVID stories online, with people suggesting there are lying.

Many respondents who developed long COVID maintained that they had to reduce their work hours, had to leave their work for an extended period, indefinitely or had to retire. They noted a lack of empathy and understanding from managers. They also highlighted financial difficulties, including treatments costs. Some reported how they felt abandoned by the State as they struggled to receive a disability payment despite being unable to work, citing issues with medical assessors' findings.

Many felt abandoned by healthcare professionals, as they believe that there is a lack of recognition of long COVID, including from GPs. They described how difficult it was to get diagnosed with long COVID, with people getting misdiagnosed, leading to delays in treatment and related extended consequences. Other highlighted how they paid privately for treatments, or had to travel long distances to access clinics, some of which they deemed were not “fit for purpose”.

Respondents called for local long COVID clinics, access to medical cards, more GP training and greater research into long COVID.

6.6 Death

Respondents wrote about losing their loved ones to COVID-19. They described how their loved ones’ last days were spent alone on a ventilator, how they had to be buried in body bags and how they could not say goodbye. Some described their sense of shock at the loss, as their once healthy relative died in mere weeks. Others described how their loved ones contracted COVID-19 and never fully recovered, dying a few months later. They outlined how the entire context and experience impacted the healing process, as many did not have the opportunity to “properly grieve”.

Some respondents who lost loved ones during the pandemic felt that afterward the world quickly moved on. They called for some sort of memorial for people who died from COVID-19, such as a plaque or Remembrance Day, to acknowledge how many people were lost during the COVID-19 pandemic. Families described how they experienced a “different kind of loss” and how there had been “limited acknowledgement” of that loss since.

Other respondents who experienced death during this time, but not from COVID-19, described the “coldness” of the “sterile process”, as they remain traumatised by not being able to say goodbye to their loved ones or give them the funeral that they felt they would have wanted or that they deserved. People described how little support they could offer their dying relative, how little support they received as they grieved their loved one, and how little support they could offer others who lost a friend or relative.

Some relatives took their loved ones out of hospitals and nursing homes so they could care for them in their final days and ensure that their loved ones did not die alone. However, many respondents described insufficient palliative care, outlining that nurses refused to attend homes or their attendance was time limited, with significant impacts for their loved one’s comfort and pain. It was also suggested that the pandemic exposed Ireland’s culture around palliative care and dignity in death.

Respondents criticised how COVID-19 deaths were recorded during the pandemic. Some believed that daily statistics were being “manipulated” as COVID deaths included those who died with COVID-19, not just from COVID-19. They described how

this caused the death rate to be “grossly exaggerated” and was a questionable metric used to validate restrictions. It was further outlined how excess mortality should not be reviewed “in isolation” but over a wider time period, with a belief that this would show that considerable public health restrictions may have only delayed deaths or had a relatively small impact.

In contrast, however, some felt that a “true picture” of COVID related deaths required the inclusion of not just those who died of COVID-19, but also the number of people who died shortly after getting COVID-19.

6.7 Vaccines

**Please note that respondents discussed aspects of vaccines that are explicitly outside the scope of the COVID-19 Evaluations Terms of Reference – vaccine efficacy and adverse outcomes. These areas are not included in the section below and are noted in the final section of this paper.*

6.7.1 Roll-out

Some respondents praised the vaccine roll-out. They amazed at “how quickly” vaccines were rolled out, described the process as “well managed” and believed it was an “amazing success”. Criticism levelled at the process itself centred on failures to enquire about people’s allergies, the levels of waste around unused vaccines and the delays in the vaccination programme for people who were housebound.

Some raised concerns around the fact that despite concerns, the public were not allowed to choose which vaccine they got, feeling that authorities approach was akin to having to "take what’s offered”.

Respondents criticised which groups were and were not prioritised for vaccines. Some healthcare workers felt that the vaccine roll-out took “too long”, while other healthcare workers, such as optometrists, expressed their disappointment that they were not initially able to easily access vaccines, and despite working with the public, were not included in the first phase of vaccines with other healthcare workers.

Some believed that family carers, teachers and other frontline workers should have been prioritised. Some respondents did not agree with the strategy to vaccinate older people before younger people, believing that COVID-19 restrictions had a far greater and longer-term impact on younger people. Some felt that it was particularly unfair for certain younger people who took considerable risks to provide critical services throughout the pandemic and yet had to keep their “lives on hold” while older and/or vulnerable people received their vaccines. While they recognised that these people were high risk, they believed that young people could have gotten their lives “back on track earlier” if they had been prioritised.

Others shared stories of people receiving vaccines before others, from radio workers to hospital management over clinical staff, and how the process devolved into people getting vaccines from “people who knew people”. Respondents called for better

protocols around unused or left over vaccines, such as a digital database of frontline and vulnerable people.

6.7.2 Evidence and research

Some sought greater transparency on the decision-making and evidence used to roll-out vaccines to different cohorts, such as pregnant people and young people. The decision to vaccinate young people to protect "older, more vulnerable" people was questioned, when the vaccine could not actually prevent the spread of COVID-19.

Others sought data and information on the decision-making processes around vaccines and vaccine passes, such as the framework used to decide to introduce vaccine passports. They described how difficult it was to access data and research on vaccines, which made it increasingly hard to "trust the science" as the Government encouraged at the time. Without access to this research, many felt discussion and debates were effectively shut down with the public being poorly informed on how the vaccines worked and the extent to which they had been tested and trialled. The importance of clear communication tailored to aid understanding for different cohorts was highlighted.

Some respondents believed that the Government lied to them, others questioned why information was kept under "cloak and dagger", feeling that failing to provide adequate information and transparency caused many to stop trusting the Government and the health system. Others outlined that getting a vaccine is a personal choice, so the Government should have allowed people to "weigh up" the advantages and disadvantages of the vaccine to make their own informed decision. Without adequate information, some believed that people got the vaccine without "informed consent".

6.7.3 Uptake

Some respondents described how they were "very glad" and "grateful" to receive the vaccine. They described it as a "godsend" as they no longer feared COVID-19 in "the way [they] once did" and praised how it brought about an end to a "horrible nightmare". Respondents described their anger and confusion that people refused to take the vaccines, recalling "harrowing tales" of children dying from illnesses in Ireland in the early to mid-20th century. Some described how they continue to get their booster vaccines but noted that it was becoming more "difficult" to get a booster "at appropriate times".

Other respondents wrote about how they refused to get a vaccine. They maintained that they were "proud" of their decision to stand their ground "despite all the pressure" to get vaccinated. Some others regretted getting vaccinated. They described how they felt "pushed" into getting a vaccine that they "did not want". These respondents maintained that they would never get vaccines again in the future as they no longer trust vaccines, the "medical profession", the Government and its agencies and the World Health Organisation.

It was suggested that a study be undertaken as to why people got vaccinated – whether it was for their own personal health or just because they wanted to return to activities such as travelling or socialising.

6.7.4 Vaccine certificates

Many respondents did not agree with the measures taken around vaccine certificates. There was a feeling by some that publicity campaigns amounted to Government attempting to "coerce and intimidate" people into getting the vaccine. Respondents felt that this "vaccination coercion" was "despicable" and "shattered" their faith in society.

Respondents described how they were refused entry from restaurants, pubs, gyms, indoor sports facilities, concerts and cinemas because they were not vaccinated. They described how the measures made it "effectively…impossible" to have a "normal social life". Parents described how their children felt pressure to get a vaccine they "did not want" so they could "meet [their] friends and socialise".

Others described the enormous pressure they felt from their family, friends, their doctors, the media and even their employers or colleagues to get vaccinated. Some noted reasons for their convers and reluctance, including being pregnant.

Some healthcare workers described how they were pressured into getting a vaccine or lost their jobs because they refused to get one. They described the "total bias" from the Department of Health and how quickly messaging changed at the time - how they were praised for their efforts one week and then chastised for refusing to get the vaccine the next.

People felt there was a lot of "emotional blackmail" and "bullying tactics" employed to pressure people to get vaccinated. Some felt these measures and pressure amounted to discrimination, describing the "hate speech" they experienced. They believed that the Government "fuelled" this hatred and discrimination against people who chose not to vaccinate through communications campaigns, which were then amplified by the media who stirred tensions. Respondents maintained that people in the media, in particular radio personalities, encouraged this behaviour, suggesting that people who did not vaccinate should have less rights.

For these respondents, this exclusion from society, immense pressure and discrimination amounted to people being "forced" or "coerced" into getting a vaccine. While there was no direct obligation to get a vaccine, by preventing people from using public amenities and, in what some believed, promoting a culture of harassment in workplaces, at home and on the streets, people felt they were left with very little choice.

Many took issue with and struggled to understand the logic around vaccine certificates, particularly when they were refused entry to places when they had tested negative for COVID-19 or had recently recovered from COVID-19. They described how unvaccinated people were ostracised from indoor settings, regardless of how careful they were in terms of other mitigation measures, such as masks or hygiene.

Other respondents believed that vaccine certificates were a breach of GDPR, where people were forced to reveal their medical information to “unqualified strangers”.

6.7.5 Misinformation

Some respondents highlighted misinformation around vaccines. They described how they were told “lies” about the vaccines, as the media “brain wash[ed]” people. Others outlined how the Government’s communications campaign around vaccines “tricked” them, stating that it was a “way of protecting others” when vaccinated people could still get and spread COVID-19. Others rejected phrases utilised by those in authority such as a “pandemic of the unvaccinated”, feeling they were deceptive.

Other respondents expressed very different concerns around misinformation on vaccines during the pandemic. They believed that “conspiracy theorists” were engaging in “revisionism” and described how “anti-vaccination propaganda” broaden into other “extreme views” which have had a lasting impact. Respondents described how during the pandemic they had to be “very cautious and discerning” about what information and data they accessed, as misinformation became more prevalent. Respondents felt that the Government should have done more to discredit “myths” from “online anti-vax campaigners”. They called for more investment into educating people on vaccines.

6.7.6 Pharmaceutical industry

Respondents who mentioned the pharmaceutical industry largely criticised its power and influence over the Irish Government. Some believed that the Government prioritised pharmaceutical companies over citizens. They felt that the vaccination programme was a “cynical money-making exercise” and that COVID-19 exposed the “nefarious relationships” between governments, pharmaceutical companies, news outlets and medical organisations.

7. Local environment

7.1 Housing

Many respondents considered themselves fortunate to live in a spacious house with a garden during the COVID-19 pandemic. As people were required to stay at home, people described how they spent more time in their homes and making home improvements and appreciated that not everyone was in that position. Some reported that working from home allowed them to move to more affordable housing outside the capital, though it was noted widespread regional balancing after the pandemic was a missed opportunity.

In contrast, other respondents described their difficult living situations, most often caused by a lack of space, in some cases exacerbated by adult children moving home during the pandemic. Those living in house-shares detailed their difficulties, as roommates failed to follow restrictions or respect the limited space they shared.

Others were required to move in with parents or in-laws as the process of buying or building a home stalled or was delayed. People who lost their job due to the pandemic and moved on to the Pandemic Unemployment Payment cited losing their mortgage approval. With rising house prices, after the pandemic, people could no longer afford the houses they previously could. Similarly, those who were in the middle of building a home faced financial strain as construction ceased, levelling them with mortgage payments and rent. Some had to abandon their plans due to the delays and rising costs.

Lack of space was even more evident for people who lived in apartments during the pandemic. Respondents described how difficult it was to live in such small spaces, particularly during the winter months, without a garden, courtyard or balcony.

7.2 Local area (urban and rural)

For people living in an urban area, green spaces significantly assisted them, but some reported a lack of green space. Many respondents remarked on how they enjoyed the peace and quiet the pandemic brought to urban areas, while other missed people being around. Some reported public disorder by their homes when pubs and restaurants were closed. Several respondents maintained that social disorder issues in Dublin City Centre stemmed from the pandemic.

Respondents' views on living in a rural area during the COVID-19 pandemic were mixed. Many disagreed with the blanket 2km and 5km restrictions arguing that these restrictions were far more impactful in rural areas, where the nearest service could be over 20km away and rural roads were dangerous for exercise. Other respondents appreciated living in the countryside during the pandemic and noted how social distancing was much easier. They also reported a strong sense of community and support in their small villages. Those who transitioned to remote working described

relief from long commutes. Others described the sense of isolation they felt in remote parts of the country.

7.3 Facilities and green spaces

For many people, whether living in urban or rural areas, their experience of COVID-19 restrictions and lockdowns was largely dictated by their access to green spaces and public facilities.

Respondents with access described lockdowns surrounded by nature and lovely weather, and engaging in outdoor activities. Others described how outdoor culture developed, with more outdoor dining and events, more pedestrian and cycling friendly routes and greater funding for green spaces.

However, for those without local access to green spaces, the 2km and 5km restrictions were key issues. By confining people to 5km, city and suburban parks were often very busy. Some respondents also highlighted the closure of playgrounds and recreational spaces during the early lockdowns and the impact these closures had on children.

7.4 Digital engagement

Many people welcomed the use of digital devices and video call apps to stay in touch with their loved ones during the pandemic. Respondents described how they stayed in touch with family overseas, played quizzes with their colleagues, and made friends with people in college through video games and calls. Introverted people described feeling more comfortable socialising from the comfort of their homes. However, for some, engaging with loved ones online was not enough.

Some respondents had to upskill for work, as meetings and teaching moved online. For others, they entered the digital world for the first time. Respondents described how they or their relatives learned how to use mobile phones and other devices, how to video call their families, and play bingo with their friends online. They described the difference it made to their pandemic experience as they suddenly had photos and videos of their grandchildren and could amuse themselves online for the first time. While some older people quickly adapted to the shift online, others, particularly those who had hearing loss, grew frustrated as they struggled to connect with their loved ones. The importance of ensuring older people are familiar with online engagement was noted, should another crisis occur in the future.

Respondents noted how some children’s use of digital devices has increased since the pandemic and warned of the impact this has had on their socialisation and mental health. A few respondents noted how the pandemic highlighted the digital divide, particularly for remote learning where students lacked internet access and/or devices.

8. Education and development

8.1 Home and online-schooling

Respondents were divided over whether schools should have closed and the length of time they were closed for. While some acknowledged that schools had to close initially given level of uncertainty, others argued that schools should have remained open, maintaining that teachers' unions had a heavy hand to play in the decision to close schools and keep them shut.

Many felt that schools were closed for too long, and not enough weight was given to the impact of closures on children's education, social development and mental health. It was noted that the approach should have been adjusted as further international evidence emerged about children and COVID-19 impacts and outcomes, or that decisions should have been based on local risk levels.

People's experiences of online learning were very different. While some schools communicated "excellently", other students or their parents described schools as giving little to no support, with parents feeling that teaching was left to them, given the low level of formal lessons or interaction.

Students described feeling disengaged from online learning as some teachers did not care if students showed up or paid attention or struggled with online issues. Some respondents described a lack of necessary online tools and supports, such as adequate internet connection or devices. Others highlighted than engagement should have been better and more structured.

Many respondents who were teachers described the stress and pressure they experienced with the move to online learning. Without guidance or technical resources, teachers felt they were thrown in 'at the deep end' where parents expected them to provide 'full time online tuition' while they struggled to engage students. Some described working long hours each day to provide live lessons, record lessons, do corrections and answer emails, impacted their work life balance. Some teachers felt they worked above and beyond and were then met with negative comment from the public which impacted their mental health. Some respondents maintained that they would never do online teaching again. They felt that the core issue was the lack of preparation – there was no guidance, technology, training and infrastructure to deliver online lessons. They believed that the communication from the Department of Education was completely inadequate.

While many students struggled with online teaching and learning, for some, online lessons made learning easier, as students could learn at their own pace, and they found it more accessible. Others favoured it over returning to school due to family circumstances, such as children of families at high-risk from COVID-19.

There was a call for Government to implement guidance for online learning during exceptional school closures, including extreme weather events.

8.2 Balancing duties

Parents, in particular mothers, experienced the brunt of teaching their children and providing childcare due to school and childcare closures. They described the impossible and unrealistic expectation to work full time from home and teach their children. They described ‘unsupportive’ schools with little additional support or guidance. Some women stopped working or took unpaid leave.

One group of parents who experienced particular frustration and disappointment with online teaching was frontline workers. They described how they weathered the storm of COVID-19 and put themselves in danger of infection, and the same sacrifice was not made by teachers. They maintained that they had to continue to show up for their jobs, and due to their increased workloads, they did not have time to teach their children and/or were left with no or very limited form of childcare, with associated negative impacts.

8.3 Return to school

Respondents’ thoughts on the return to school was largely divided. While some people believed schools should not have closed or were closed for far too long, others believed they should not have returned as soon as they did, particularly with so few precautions. Some parents expressed their anger that their children had to wear masks at school and sit in ‘freezing’ classrooms with the windows open. Students described the pressure from teachers to keep their masks on.

Principals and teachers described the immense workload involved to get schools ready to reopen and to enforce restrictions at schools. Principals had to develop “response plans” with “pods” or social distancing in classrooms and staggered breaktimes. They had to regularly carry out risk assessments and source staff when others needed to self-isolate. Teachers felt that the “huge additional burden” of enforcing restrictions in their classroom fell on to them. They regularly cleaned and sanitised their classrooms, taught with masks on and managed parents as children grew more frustrated with the restrictions.

Teachers described a feeling of betrayal as they were told schools were safe to return to which was in stark contrast to the advice given to the rest of the country. Schools returned before vaccines were administered (and teachers were not prioritised in the vaccine roll-out), often without adequate PPE, and in confined spaces sometimes with poor ventilation, and some teachers and students subsequently got COVID-19 and long COVID.

A lack of testing and tracing in schools was highlighted, in particular in the latter stages of the pandemic, and how this lack of information concealed the levels of cases in schools, and what was driving community transmission.

Respondents also called for greater investment in air filtration, purification and ventilation systems in schools. Some of these respondents shared their experience of

getting COVID-19 in a school setting, with some forced to drop out of school or leave or retire from their job. They highlighted how COVID-19 continues to circulate in schools, with long COVID remaining a long-term health risk to children and staff. Other teachers stated they retired due to the level of abuse they received from parents when they returned to in-person teaching.

8.4 Social impact

Many respondents wrote about the social impact of COVID-19 on children and young people. Respondents described how their young children's emotional, verbal and social skills were impacted by the lack of socialisation during the pandemic. Some babies born during lockdown did not experience being around other children for at least a year, while parents spoke about how reserved their child was around their extended family, or how weary they were in new situations or crowds. Some described how masks also impeded young children learning social cues, as they were unable to see people's facial expressions.

For children in primary school, some parents described how their children lost confidence, were lonely or isolated, or their development was impacted. In some cases, this was exacerbated, if the child or family had immigrated to Ireland.

Making friends was particularly difficult for children transitioning from primary to secondary school during the pandemic. Respondents who were children at the time or their parents described how they or their children had initially made friends, but these friendships quickly fell away when the pandemic hit. Children experienced more social anxiety as socialising shifted online. With this came other difficulties, such as communication misunderstandings and intense habits around social media. Some of these overreliances on devices remained on returning to school, for example lunchtimes spent on phones.

Some respondents however argued that the social impact was not as bad as people thought, while others welcomed the move to online learning as bullying stopped. Others wrote about how they enjoyed hanging out with their friends online during lockdowns, whether through social media or video games.

8.5 Educational and developmental impact

Many children and young people experienced impacts on their education and development.

Parents were critical of the lack of developmental checks for their babies and young children (as outlined in Section 5.3).

Struggles with reading, writing and learning languages were highlighted, with some students 'falling through the cracks' and other students disengaging, with many never fully catching up on educational content overlooked during school closures.

Teachers described how the current increase in absenteeism in schools is traceable to the pandemic, believing it impacted students' motivation and some students found it very hard to get their focus on learning back. Other teachers noted that parents seem "less bothered" over whether their child attends school now.

Some students described how their courses in university did not align with online learning, as they missed out on critical internships or artistic projects. Other respondents described how the pandemic gave them the unique opportunity to go back to university to retrain and highlighted that universities became more accessible online.

8.6 Exams

Respondents described the stress they or their child experienced being a Leaving Certificate student during the pandemic. Some described teachers not showing up to teach online. Others how students were in the dark over whether the Leaving Certificate would go ahead due to Government indecision, causing much anxiety.

Some respondents praised the amendments to the Leaving Certificate in 2020. However, more respondents believed that predicted grades were unfair on students, with impacts on their self-confidence, resilience and mental health.

Teachers felt that predicted grades were a 'huge burden'. They described failings in the Department of Education to formally inform teachers before the public, and also a lack of clear guidance.

Issues with inflated grades were also highlighted, as were the difficulties for students who missed their junior cert and thus their first State exam being their Leaving Certificate. Similarly, for those who did not have to sit the Leaving Certificate exams, some then struggled with college exams. The value of a clear plan for education and State exams during times of crisis was highlighted.

9. Work and time use

9.1 Remote working

Many respondents welcomed the introduction of remote working. They remarked on how previously they had never had the opportunity to work from home, and COVID-19 ushered in a change to “archaic workplace practices.” Most people who mentioned remote working noted the improvements it brought to their lives. They had a better work-life balance as it offered them greater flexibility, particularly for people with children who felt they could play a more active role in their lives and also for people with disabilities.

Some respondents also remarked on how working from home improved their mental health. They could spend more time with their families, advance their careers and no longer had to engage with co-workers socially or deal with difficult bosses. Respondents found they could save time and money on their commute and leave cities to live in cheaper rural areas as they no longer had to live close to their workplace.

However, some respondents described how working from home increased their workload, as they were expected to work all hours of the day and found it difficult to switch off. It was maintained that while for some that settled as the pandemic continued, others described employers who did not trust that they were working from home, and a culture of accusations of ‘dossing’ if they went to the bathroom or took a phone call away from their computer. Some found remote-working isolating, missing their work colleagues and the social aspect of the office, while others found that working from home allowed them to remain connected to people.

A key source of stress for some remote workers was the lack of childcare or in-person schooling during the pandemic. Parents had to manage working at home while also trying to educate their children at home, with some feeling trapped. Others did not have sufficient or an appropriate space for remote working, particularly if they had children trying to do schooling from home.

Many respondents disagreed with the move back to in-office work post restrictions. They argued that these positives of COVID-19 restrictions should have been retained or made “a right” where possible. They outlined the positive impacts remote working has had on people – social, economic and environmental – and encouraged the Government to take a stronger stance on the issue, and lead with the public sector. They found that their new work-life balance had been removed. Others noted they actively avoid applying for jobs without remote working.

Some respondents complained about the lack of clarity around the work from home mandate during the COVID-19 pandemic and the easing of restrictions, which gave employers too much discretion with the burden falling unevenly across workers within organisations, depending on their roles or work commitments.

Others described how they were required to attend the office when they were in an 'at-risk' group or how their employers did not believe them when they said they were ill.

9.2 Non-healthcare essential workers

Respondents offered insight into different essential workers' experiences during the COVID-19 pandemic, from Gardaí to childcare workers. People praised postmen for keeping "community spirit alive", while childcare workers complained about the lack of guidelines believing that the sector was "hung out to dry". Retail workers recalled the enormous surge in demand, where they could not stock shelves fast enough. Some respondents found described customers to be rude. Others complained that they were exposed to such risk but in some cases, for part-time workers, earned less than people on PUP. Others experienced unreasonable requests from employers to work long "unrelenting" hours. They maintained that simple things should have been in place to prevent such working conditions, such as tracking people's working hours and breaks, and having sufficient staff in place.

While some appreciated that they could continue to attend work in-person, as it kept them "sane", others described their resentment that others got to work from home. Some workers, from third level education administrators to manufacturers, detailed how their employers deemed them essential workers, so they were forced to attend work in-person, and how this was not necessary and increased their risk of exposure to COVID-19.

They spoke about the working conditions they experienced while working in offices during the pandemic. Workers described feeling unsafe in their workplace citing that managers did not implement social distancing measures or enforce mask wearing, and co-workers refused to follow restrictions. Some described feeling "abandoned" or "let down" by their employers and felt that COVID-19 gave people "power to abuse" coworkers. Those who developed long COVID-19 described unsupportive employers and managers with "little empathy." While the Return to Work Safely Protocol was published, it was highlighted that there was no one to report a breach of COVID-19 restrictions in workplaces, and they felt powerless and at-risk of COVID-19 infection at work.

Many non-healthcare essential workers felt they did not get the recognition they deserved after COVID-19. People worked "long hours" under "unrelenting" pressure but were not eligible for the special payment and felt undervalued as a result. While some public workers were eligible for income supports if they had long COVID, other essential workers in the private sector were not. Others pointed to pilots being treated "like heroes" for flying to collect PPE, and healthcare workers being lauded, while many other people worked behind the scenes, providing essential services, often on low pay, to keep the country running and received no praise or recognition.

9.3 Healthcare workers

Respondents who were healthcare workers described how difficult their working conditions were during COVID-19. Staff shortages, largely due to exposure to COVID-19, forced staff to work more hours to maintain a skill mix, with staff ended up "physically and mentally exhausted."

Respondents described the pressure they were put under to work more hours, even when they did not have childcare.

A huge source of stress for frontline staff who were parents was the lack of childcare. Staff had to make difficult decisions, leaving their children home alone or with older siblings, to take on extra hours, some cited having to cancel surgeries due to a lack of childcare. Others maintained that they had to return before they were fully better from COVID-19 due to staff shortages or that they had to come to work even if they were a close contract.

To mitigate staff shortages, many healthcare workers were redeployed or rejoined the workforce. While some were "proud to help", others described how they were redeployed "under duress" or how their application for redeployment was never actioned, that extra hours did not count towards their pension, or that they were not kept on after the pandemic.

Some workers felt abandoned by management, as it was suggested that "management looked after themselves" and did none of the work on the wards, even during staff shortages.

Staff described how certain supplies were not available at the beginning of the pandemic, such as face masks and PPE (as previously covered in Section 6.7). Others shared examples of colleagues showing leadership, citing lunchtime lessons on PPE. Respondents called for better mitigation measures in hospitals, including negative pressure ventilation, isolation zones and local exhaust ventilation.

Some felt that that resources were put into interventions that did not work, such as the contact tracing app. Some restrictions inadvertently increased others' workloads – for example, increased pressure and risk on pharmacists arising from lack of in-person GP care.

It was highlighted how difficult it was for healthcare providers to keep up with changing guidelines, having to implement new working arrangements "within hours". It was emphasised that the increased workload across the healthcare sector led to burn out due to stress, with long term consequences in terms of resignations of valuable health and care staff.

Staff caught COVID-19 at work. Some of these staff developed long COVID and felt unsupported by their employers and the Government. Long COVID impacted all areas of their lives, as healthcare workers had to leave their jobs, were no longer well enough to travel abroad and visit family, and some had no financial support.

Others described the long-term impacts of the pandemic in terms of their mental health and the trauma they experienced. Staff described working on the frontline as "the toughest thing" they have done in their decades long careers, resulting in stress, anxiety and PTSD. Staff outlined witnessed distressing scenes that has left "mental scars", such as watched refrigerated containers be erected in the carpark, zipping up body bags, sitting with people who would have otherwise died alone due to visiting restrictions, and having to ask relatives to leave nursing homes on Christmas Eve. Despite staff worked harder and for longer hours and witnessing death daily, some reported they received no mental health support.

Staff lived in fear on the wards of giving COVID-19 to their patients or catching COVID-19 and giving it to their families. Staff described how isolating the period was as people would avoid them due to the risk of exposure to COVID-19, and how the period impacted their relationships with their families, as they saw much less of their partners or children, this was particularly challenging for mothers of young children.

Empathising the "huge amount of personal sacrifice" for staff, it was highlighted how many removed and boiled their clothes as they entered their houses or simply moved or lived in separate quarters to their families.

Since the pandemic, respondents noted that many staff had to resume normal activity without any respite, citing a lack of focus on self-care or coping strategies to support them to recovery from the trauma of working through a pandemic. Healthcare workers found that people did not want to talk about the pandemic and what people endured and reported that many staff had since left healthcare.

Like other essential workers, many healthcare workers did not feel they were sufficiently recognised for their contributions during a "horrendous time". While some healthcare professionals were compensated for their additional work during the pandemic, many others were not. Staff felt that applause and praise were simply not enough. Healthcare staff missed out on their children growing up, and risked their own and their families' health, and found that the €1,000 special payment was "laughable" when set again the risks that workers were exposed to. Some felt broken and remarked how they would never go to such an effort or endure such a sacrifice again.

9.4 Businesses

Some respondents spoke of their businesses shutting down during the pandemic; clients dried up, classes were banned and workshops and exhibitions closed. COVID-19 business supports helped many businesses. It was maintained that many local businesses "would have ceased to exist" without them. Others described how the supports helped them but did not cover all losses.

For others, the supports saw them through the pandemic, but they ultimately could not survive once restrictions lifted due to the knock-on effects, such as other businesses they relied on closing during the pandemic. Other respondents described the financial

difficulties they now faced, with large tax bills on COVID-19 business supports and outstanding personally guaranteed loans they took out to pay their employees in the early days of the pandemic.

There were contrasting views on whether businesses were prioritised during the pandemic. Some believed businesses and stakeholders were not considered, in particular those for whom restrictions were most acute such as publicans. Issues outlined included lost stock due to lockdowns, cost of safety measures, impacts of reduced capacity, incoherent rules such as minimum €9 "substantial meals", and stop and start reopenings, with certain sectors being last to reopen. There were calls for clearer communication, timely financial support and "practical rules" to allow for better planning and reduce stress for business owners.

Others believed that too much weight was given to business and economic priorities over health and medical experts when deciding whether to ease restrictions. They believed that society was reopened and people were put at risk of COVID-19, and ultimately long COVID, to appease "vintners and the GAA" and lobbying businesses. However, some praised some businesses who rose to the occasion, for example by shifting priorities to make hand sanitiser and PPE.

9.5 Retirement

The COVID-19 pandemic accelerated some respondents' retirements for a number of reasons, including the move to remote working, increased workload and expectations, and feeling unsafe in their workplace. This was particularly noteworthy for healthcare professionals and teachers, with impacts such as being unwell or developing long COVID-19, and/or a lack of flexibility in the workplace, such as a refusal to reduce hours for essential staff.

For some, the COVID-19 lockdown and restrictions helped them to prepare for retirement: they discovered that they could afford to retire as they had time to reassess their finances; they felt that life was too short, and they should take the next step; or they simply discovered that they enjoyed being at home. Some who did retire during the pandemic noted missing the experience a retirement celebration or long career recognition.

9.6 Faith

Some respondents found comfort in their faith during the pandemic. They appreciated RTE broadcasting daily mass when churches were closed, believed that online services helped to provide "a link with the community" and praised priests for bringing comfort during times of bereavement, when funerals were largely restricted.

Some respondents believed that the closure of churches in general was "unwarranted", and others expressed frustration that religion and churches were not

prioritised during the easing of restrictions. They described how people could buy coffee and non-essential retail shops had reopened but churches remained shut. They complained that some priests' innovative efforts to say mass, such as on a loudspeaker while people remained in their cars, were unfairly shut down by the Gardaí. The closures caused some stress, particularly during a time when people turned to religion for "solace". They also believed that the closures had broken some people's habits of attending mass. The lack of direct engagement with priests was noted, with the focus being on the implementation of funeral restrictions rather than recognising their important role in visiting people who are dying.

9.7 Sports and hobbies

Some respondents missed their sports and other forms of exercise during the pandemic. They described how their levels of fitness decreased due to gym and sports closures, impacting their physical and mental health.

Some complained about the delay in reopening certain sports, in particular golf. They argued that golf is a relatively socially distanced sport, and if hundreds of people could walk in local parks, it made no sense that groups of four could not play the sport outside. It was noted than while limitations made initial sense as the pandemic progressed it became "counterproductive" as it impacted people's physical and mental health.

In contrast, many respondents wrote about taking up new hobbies and crafts during the pandemic. By being forced to remain at home, whether due to unemployment or working from home, people had more time, space and freedom to explore new hobbies. Respondents spoke about discovering more music, reading books, making sourdough and kombucha, learning to sew, doing online yoga, learning to cook or discovering a love for genealogy. Others continued to enjoy their hobbies online, allowing them to remain connected to their friends and family. Others described how they or their children were shut out of activities, such as gyms, music classes and climbing centres, because they did not get vaccinated.

Some respondents described how they or their children had not returned to their sports or hobbies since the pandemic. Parents described how their children did not return to their prior activities, citing impacts on children's self-confidence. Some people lost the habit of going out, and now no longer believe it is safe to do so.

9.8 Pace of life

Many respondents described how the COVID-19 restrictions slowed down the pace of life. Many enjoyed "less hustle and bustle". With the move to remote working, closure of children's activities and shops, people no longer felt they were "rushing and racing". People had more time to spend with their loved ones, to reevaluate their relationships and take stock on their lives and readjust their work-life balance. Some respondents who were ill or in recovery during the pandemic described this time as a "God send".

They had the time and space to “concentrate” on themselves and their health without visitors. Some respondents mourned the return to ‘normal’ life since restrictions have lifted.

However, not all respondents enjoyed this slower pace of life. Some described the days as passing slowly, marked by boredom. While some struggled without “structure, routine or purpose”, others found their days monotonous, marked by “wake, work, sanitise, repeat”. Some respondents described how they initially enjoyed the slowdown of the first lockdown but then became “fed up” with restrictions.

9.9 Lost time

The COVID-19 pandemic caused a sense of lost time for many people for different reasons. For young people, the period of lockdowns and restrictions meant they could not make the most of their formative years. Young respondents described how they felt like they had “paused aging for a few years” and suddenly emerged from lockdown older. They believed that they were “robbed” of “some of the best years” of their lives. Some single people in their 30s similarly described how they felt “cheated” of critical years of their life, and how they emerged from the pandemic in their early 40s and would likely never meet someone or start a family as a result.

For others, the pandemic meant they could not spend time with their older, ill or dying loved ones, missing out on these “precious” final years with them. Some respondents expressed their regret regarding the extent to which they complied with restrictions at the time.

9.10 Addiction

For some respondents, the period of COVID-19 restrictions was a unique opportunity to battle their addictions. Respondents described how AA meetings moving online helped them to better engage, while another respondent outlined how it was easier to remain sober when pubs and bars closed.

However, others turned to alcohol, drugs and gambling during the pandemic, whether due to boredom, the onset of depression, or the lack of structure and routine, as people no longer had to commute to work in the morning. It was noted that drinking at home, rather than in a pub, resulted in children being more exposed to a parent being drunk, while for some it was an opportunity to reflect on a partner’s issues with alcohol.

10. Financial Situation

10.1 Finances

Some respondents experienced financial hardship during the pandemic. People who were unemployed prior to the pandemic or had reduced hours due to COVID-19 described how difficult it was to make ends meet. Others described how difficult it was to find work at the time, impacting not only their future job prospects but also their future retirement age and pension. People had to live off their savings or spent their savings supporting other family members.

While some felt "trapped" in their jobs, unable to find alternative work, many people lost their jobs, including musicians, childminders and hospitality workers. Many of these people found support from the Pandemic Unemployment Payment and other Government supports (as covered in greater detail below in Section 10.3).

Many respondents wrote about how they saved money during the pandemic as they didn't have "anything to spend it on" – people no longer went to events or had to commute to work, weddings had to be smaller, and people could move outside of cities due to remote working. This allowed people to become "more financially secure" and develop their lives.

10.2 Cost of living and inflation

Respondents wrote about how the cost of living increased during the pandemic and has since remained high. They expressed their outrage at price gouging by grocery shops and pharmacies.

People also believed that the significant amount of public money used for support payments and schemes during the pandemic resulted in the increase in inflation during this period, negatively impacting the economy.

10.3 Welfare payments

10.3.1 Pandemic Unemployment Payment (PUP)

Respondents described the uncertainty they felt at the beginning of the pandemic when it was clear that would suddenly have no job and the "relief" they then felt when PUP was speedily introduced. For many recipients, PUP was a lifeline, people could pay their bills and felt supported by the Government, particularly after they had spent years paying taxes into the system. Some people even enjoyed their period on the PUP, as it gave them time to improve their homes, took pressure off from working and even gave them space to start their own businesses or go back to college.

Some respondents who did not receive the PUP were impressed by the Government response with the payment – how the system quickly "operated in unison" to support

and protect people and prevent the spread of COVID-19, with the stark contrast between the pandemic approach and the financial crash noted.

However, some recipients complained about certain conditions for the payment, including travel restrictions which prevented people from attending funerals or visiting loved ones abroad. Changes to qualifying criteria were also noted as potentially being confusing. Others detailed the financial hardship they have subsequently faced due to tax bills on the PUP, with some believing that these back payments are “extremely unjust”.

Among those who did not receive the PUP, complaints centred on the payment rate. Some believed it should have been means tested or had income limits, while others resented that they had to continue to work and earned less than those on PUP who got to spend their time on leisure activities. Some maintained that the €350 payment was far too high for young people, and that people with “no overhead expenses” should not have been given the same amount as those with considerable obligations. Others suggested it impacted subsequent work culture.

10.3.2 Business supports

Those who received business supports during the pandemic described them as “fundamental” and “undervalued”. Respondents described how the supports provided “financial oxygen” to businesses and allowed them to maintain job security for their staff. They believed that many businesses would have “ceased to exist” without them.

However, for some, the supports were not enough to keep their businesses going, and they had to close once “very profitable” businesses. Others had to use their savings or take out loans they personally guaranteed to meet costs and wages. Like the PUP, some businesses have since been crippled by tax and repayments, which for some have been the “final straw” for their companies.

10.3.3 Other supports

Respondents maintained that people on other welfare supports were not given a reprieve during the pandemic - people on Disability Allowance and Jobseeker payments described how they were “hounded” by job coaches and advised that they could be removed from their payments. People with long COVID also described how they had to fight to be kept on their disability payment, as doctors believed it was only mild.

10.3.4 No supports

People who got sick due to COVID-19 and those who developed long COVID repeatedly spoke about the lack of support they received. Others cited the discrepancy between healthcare workers and other workers, such as teachers, in terms of sick leave for COVID-19.

However, healthcare workers expressed their disgust that this payment has since stopped, as their coworkers continued to suffer from long COVID, describing how they were viewed as “superheroes” until they got sick and could not recover.

Other respondents fell through the cracks as they were not eligible for COVID-19 supports, such as businesses who traded outside of Ireland and new immigrants who had no job when COVID-19 began. Other example were pregnant women who did not want to be exposed to COVID-19 through work interactions felt forced to take unpaid leave. It was argued that leaving people without support infringed on their “human rights”.

11. Civil Liberties, human rights and trust

To note, this section/dimension contains polarised views.

11.1 Restrictions

11.1.1 Extent

Respondents were largely divided over the extent of COVID-19 restrictions. Some respondents welcomed the restrictions, for example, those who were immunocompromised. They disagreed with people who felt there was overreach in enforcement by the State and highlighted how those that hold these views do not acknowledge how ‘high-risk’ people would have fared if the lockdowns “were not applied”.

Many recognised that while not all restrictions were “perfect” or did not always make clear sense, they were made with the “best available science” at the time – while “mistakes” were made, hindsight is “20/20." Frontline health workers appreciated the restrictions to prevent hospitals from “being overwhelmed” with COVID patients. Respondents described how it was “easy to forget” the level of threat that COVID-19 posed, recalling how other countries’ hospitals, such as in the UK and Italy, became overwhelmed.

Some respondents believed that the Government should have done more, such as close the airports and ports, with some frustrated by travel to Ireland by Italians for cancelled match in March 2020, others viewed Northern Ireland as a “loophole”.

Some respondent maintained that COVID-19 still poses a real threat to people, in particular for developing long COVID. They described how there is currently a “complete lack of public health measures” to help people avoid getting COVID-19.

Some people began to question restrictions after they lifted, for example whether they actually “curtailed death”, as intended, and/or did they merely delay “the inevitable”.

Other respondents felt that COVID-19 restrictions national and global were a “ridiculous overreaction” and “disproportionate to the actual risk.” Some of these respondents believed that COVID-19 largely only impacted older persons and vulnerable people, and while some understood that it is important to protect these groups, they believed the cost was too great for the rest of the population, and the “response was worse than the virus”. Others felt that targeted restrictions should have been introduced for the medically vulnerable instead of widespread restrictions. Rather than reassessing the situation or offering “independent thought”, respondents believed that the Government just “parroted international rules”. People felt “imprisoned”, and that their rights and civil liberties were “abused”.

Respondents called for a need for balance and nuance during such a crisis. Some felt approach was portrayed as binary – as an inverse relationship between cases and/or deaths and freedoms. They maintained that far too great an emphasis was placed on the "health and the medical sector", and that "broader needs of society" should be better considered in the future, such as the impact of restrictions on people's mental and broader physical health.

Respondents noted how Ireland had one of the "longest hardest lockdowns" in the world, which was "damaging", but felt that Ireland's "outcomes were no better" than other countries. Respondents expressed their frustration that the extent and severity of Ireland's lockdowns were due to a need to protect hospitals because they had been "underfunded and mismanaged". It was proposed if the Government had invested in hospitals "in line with population and area growth", and they were effectively managed, this approach would not have been necessary. Others questioned what would happen in terms of restrictions if another pandemic occurred with even higher transmissibility and a higher fatality rate, or one where an effective vaccine or treatment was not available.

11.1.2 Length

Many respondents believed that COVID-19 restrictions went on for "too long". These respondents largely agreed with the initial "emergency response" in 2020 and the initial lockdowns imposed to "flatten the curve". However, after repeated extensions, people's views began to shift as lockdowns remained in place beyond the initial crisis period and Ireland "stuck rigidly" to a lockdown approach.

For many, their impatience and frustrations aligned with the weather and seasons - the first lockdown in March 2020 coincided with "gorgeous weather", and so it was easier for people to spend time at home. However, the lockdown after Christmas 2020 was during the height of winter with "short days", with respondents describing the period as "truly grim" as people began to struggle with their mental health.

Extensions to lockdowns were deemed increasingly difficult and hopeless, with "no light at the end of the tunnel".

Others grew impatient when they believed it became "apparent" that COVID-19 largely impacted older persons and vulnerable people, and the rest of the population should have been able to move on with their lives. Some respondents were particularly critical about the length of restrictions for schools, believing that the Government was "influenced by teachers unions" rather than thinking about the "long-term impact" of closures on students.

However, other respondents pointed out how it was easy to say that the lockdowns or restrictions went on for two long years later. They maintained that if were not for the Government's lockdown approach, the country would be "looking at very different outcomes" and were grateful that the Government kept restrictions in place despite public pressures.

11.1.3 Evidence

Respondents were similarly divided over whether the Government followed the available evidence in their response to COVID-19. Some believed that the Government did "their absolute best in a terrible situation", and decisions were made in "good faith", based on "the best available information". They described how there was a "moral imperative" at the time to stop the spread of a virus "nobody knew anything about". The Government had to make quick decisions with the "limited knowledge" they had. These respondents believed the Government's response was "scientific" and "reasonable". They maintained that it was easy for people to criticise the approach now when the virus posed a much smaller threat, and that it would have been "irresponsible and unethical" for the Government to have ignored it. Reasonably good, but timely decisions, were deemed better than delay and potentially worse outcomes.

However, other respondents believed that Government decision-making lacked evidence. They instead believed that restrictions were not evidenced based and "performative", driven by "group think" where Ireland wanted to appear as the best in class by imposing "better" or "stricter" restrictions. They maintained that restrictions continued with "no scientific reason", straying from previous pandemic response plans. These respondents wanted restrictions to be based on rigorous testing with control groups, to assess the effectiveness of measures and their impacts, such as whether masking or open windows in schools were effective at preventing the spread of COVID-19, and to incorporate wider public health impacts, such as sports closures on people's physical health.

Others expressed frustration as they believed that the Government failed to follow the science, and that their response became "divorced from reality", for example, daily cases beginning to "slow down" not leading to the easing of restrictions. Conversely, many respondents did not agree with the lifting of restrictions before Christmas 2020 and felt that the subsequent deaths and long lockdowns "could have been avoided".

Other respondents detailed how they were put at risk due to the failure of the Government and NPHET to adapt to emerging information on COVID-19. Researchers and healthcare workers described their frustrations as research emerged that COVID-19 was airborne, that masks and social distancing were a "must", and that COVID-19 posed a greater risk to pregnant people, but the Irish Government, NPHET or the HSE were slow to adopt this advice or simply ignored it.

Many called for the science and rationale behind restrictions to be clearly explained. They described how they were asked to "trust the science" but the studies and data were never shared with them. They wrote how obeying "endless" restrictions was "really really hard" when people did not know why they were doing it. It was suggested that differing levels of detailed information, to cater for all levels of education across the population, would have been preferable.

This distrust was amplified by restrictions that people considered illogical, particularly when restrictions eased as respondents believed that the Government began to listen to “lobbying by the hospitality sector”. Many respondents were critical of the €9 meal requirement when pubs and restaurants opened, describing how the policy implied that “the virus wouldn’t get you if you ate a meal”, while others were critical of masks in restaurants (when moving around).

Some respondents simply did not believe the Government or NPHET. They thought the Government lied to them and that “statistics and figures were manipulated”. They believed masks and social distancing did not work, that deaths were incorrectly attributed to COVID-19 and that the Government lied to the public about the efficacy of COVID-19 vaccines.

11.1.4 Changes and clarity

Some respondents found the Government slow to change restrictions and guidelines in light of new or emerging evidence. However, this meant different things for different respondents. For some, they questioned the Government’s competency when they failed to quickly adopt mask mandates or social distancing, while in contrast, others expressed frustration that blanket restrictions continued even when it became “obvious” that COVID-19 was a “risk to only specific parts of society”.

Respondents maintained that it was difficult to understand guidelines at times, particularly when it was “constantly changing”. People felt there should have been clearer messaging on masks, on levels for restrictions (which it was believed the Government “abandoned”), on bubbles (particularly for separated, high-conflict families), and the Stay at Home or Work from Home mandate for employees. Essential retail workers described their confusion with the initial push for people to stay at home when they were expected to work, and office employees described how employers were given too much discretion around whether their work was essential.

People’s trust in the Government and NPHET eroded when guidelines changed without clear explanations. An example cited included certain grade masks only being available to frontline staff, with most people using cloth masks or face shields which were not effective, which then led to the common belief that masks in general were ineffective. Respondents called for clearer communication in the future and for the Government to actively counter misinformation to prevent an undermining of “public trust”.

11.1.5 Compliance

Some respondents described how they “fully backed” the Government’s restrictions and were “relieved” to know that staying at home was the “best way to stay safe”. They believed that enforced restrictions were “necessary” as people would not have complied otherwise.

Many respondents described how upset, frustrated or angry they were by other people failing to comply with restrictions. People expressed their disbelief over how people

dismissed COVID-19, even when their own loved ones died from or with the virus. Respondents described how some people did not comply with restrictions in their neighbourhood, on public transport or in their workplaces, and the hurt and upset they felt when people did not comply while their loved ones risked their lives on the frontline or they could not visit their loved ones in hospital or attend their funeral. They strongly felt that some did not play their part to help protect vulnerable people while others carefully followed all rules and restrictions. Some felt that this represented selfishness and individualism and went against the greater good.

Other respondents described how they or others initially complied with restrictions but as time moved on, they became “less compliant and more impatient”. Others maintained that they never complied with restrictions. They described how they went on holidays, did not wear masks and continued to visit friends and family during the COVID-19 pandemic, as some believed the restrictions were “unnecessary”, while others believed there was “no pandemic.”

Some respondents expressed their surprise at how willing the public was to comply with restrictions, as they “blindly” accepted “draconian” measures, and how quick they were to then move on once they were lifted. Others described how they lost relationships due to disagreements over restrictions, from family to friends and even romantic partners.

Many respondents described how they would refuse or struggle to comply with restrictions again if another pandemic or crisis were to occur. They maintained that the level of restrictions, the wide impact they had on society and the level of enforcement from Gardaí was not something they would “tolerate” again. Others expressed regret that they complied with restrictions so “wholeheartedly”, particularly when loved ones passed away or they “cut…ties” with family.

11.1.6 Enforcement and the Gardaí

Some respondents believed restrictions needed to be enforced or people would have not complied and felt that Garda checkpoints were “important”. Some praised the Gardaí for their work and their compassion, when it was needed. The flexibility shown by the guards was noted, for example, if you travelled beyond the 2km or 5km to visit a vulnerable relative.

Others believed that the enforcement of restrictions was too much. Respondents described feeling like “criminals” and living in a “police state”. They believed that the extent of enforcement implied that people were “mindless incompetents” who could not comply with restrictions by themselves. Others suggested it represented wasted resources, as a means of improving public health.

People described how lost “respect” for the Gardaí following the pandemic. Checkpoints were described by some as “interrogations” and “excessively intimating”, where people felt “constant stress” when they were met by hostile “overly zealous”

officers. People described how they were forced to shop at small, expensive local shops, how Gardaí would patrol “popular outdoor beauty spots”, and how they were questioned by Gardaí when being out and about. Other specific examples put forward related to pubs being searched and people being stopped on the way to funerals, with people feeling that apologies, understanding and empathy were severely lacking.

Other respondents described their issues with how other people in society began policing people’s movements. They disagreed with how restaurant staff or security men were empowered to refuse people entry, and how neighbours became “bullies”, calling the guards on people playing sports or going to a playground. Respondents held the Government responsible for perpetuating a culture of people “tell[ing] on your neighbour”.

Other respondents expressed their frustration and concern over the lack of enforcement or the inconsistency with the enforcement of restrictions. People described how they self-policed their self-isolation as people only had to “sign a document” upon arrival, how others partied or had barbecues in the park, how religious groups could meet in large numbers and the authorities turned “a blind eye” to it. People described their frustration with where checkpoints were located, as some could not go about their regular tasks without being stopped whilst others broke rules and never met any push back.

11.1.7 Lifting of restrictions

Some respondents maintained that restrictions were eased too slowly, particularly for outdoor sports, and when large numbers of the population were vaccinated. However, others believed that restrictions were lifted too soon during some parts of the pandemic, such as before Christmas 2020 which some believed caused “an even worse lockdown” in 2021.

Respondents described how abrupt the total lifting of measures in 2022 was – how COVID-19 was “very dangerous one day and not the following day”. Some questioned the timing of restrictions being lifted, just days before Russia declared war on Ukraine and Ireland welcomed Ukrainian refugees into the country.

Many described a lack of support from the Government when restrictions eased. Those who were immunocompromised described how “terrifying” this period was – while the Government did an “admirable job” during the height of COVID-19, they gave “little consideration” to those at-risk when restrictions lifted to “protect” and “support” them. People described how society immediately shifted once restrictions lifted to “get out” and spend with little or no information on how people could protect themselves against COVID-19.

Many people described how they struggled to return to ‘normal’ life when restrictions lifted. People described feeling anxious around people or leaving their house or

struggling in crowds or with resuming travel. Some described how it took a long time for habits to return, while others still struggled with these issues to this day.

11.1.8 Impacts

The impacts of COVID-19 restrictions have been discussed in greater detail in Section 2 on relationships, Section 3 on mental health and wellbeing, Section 4 on physical health, Section 5 on nursing homes and Section 6 and 7 on healthcare. This section looks at the wider and more long-term impacts on society.

Many respondents generally believed that the COVID-19 restrictions protected people, kept people safe, and saved lives. Compared to other countries, they believed that Ireland experienced fewer deaths. People expressed their frustration with the revisionism that they believed has since happened where people minimise COVID-19 and its impact on people. There was a feeling, in particular by those who lost loved ones to COVID-19, that had there been greater loss of life, people would now have a much better understanding of why lockdowns were necessary.

However, many respondents believed that “minimal thought” was given to the wider impacts COVID-19 restrictions would have on society, in particular children and older persons. People believed that the Government and NPHET’s “only plan was lockdown”, and this overly ridged approach overlooking the “serious side effects” and broader damage of restrictions on people. Respondents strongly encouraged decision makers to consider these wider impacts as “protecting a nation’s health” must include wider considerations including “humanity”, “mental health, family connection, purpose, dignity and quality of life”. It was highlighted than public health is much wider than just infection numbers.

Respondents felt that “any good done” could not simply outweigh “the enormous damage done”, but that the impact of restrictions should be assessed, such as the impact of school closures on school attendance, the impact of cocooning on older persons’ mobility, and the trajectory rates of people’s mental well-being. These respondents refused to accept messaging that the Irish response was in line with experts, the WHO or other countries, feeling it dismissed “real concerns”. Many questioned the “small perceived gain” from lockdowns against the large societal cost as all people were impacted by restrictions. Some respondents were sceptical over whether restrictions had any positive impact, as despite having one of the longest and strictest lockdowns, Ireland’s outcomes were not very different from other countries who imposed less measures.

Respondents believed that restrictions should have been better targeted to minimise the wider impacts on society, particularly as knowledge and understanding of COVID-19 and who it impacted evolved. They described how the threat to young people from COVID-19 was “virtually non-existent” but they still “sacrificed” their education and social development for “older generations”. Respondents believed that young people were not properly represented in policy discussions and that the response should have

focused on the “majority” who were less likely to be impacted by COVID-19 than the minority who were “most likely to be affected”.

Many respondents, while accepting the many lives saved by measures, wrote about the long-term impacts of COVID-19 on society – people are more anxious and depressed, and society has become more divided and individualistic. Older persons’ mobility and social lives were “wrecked”, harm which will “never be undone”.

11.2 Specific restrictions

11.2.1 Travel

Many respondents described how difficult travel restrictions were and how they impacted their relationships with their family. Parents worried about their adult children subject to restrictions in other countries, relationships broke down due to long-distances, and grandparents did not meet their grandchildren for years.

This sense of loss and lost time was exacerbated for people who could not be with their loved ones who were seriously ill, dying or attend their funerals. People described how this had a major mental impact on them, describing the restrictions as a “crime against humanity” and how it resulted in “unresolved grief”. Many could not travel to funerals due to long isolation periods in other countries and urged Governments to offer greater compassion and care for people in such circumstances.

Among people who did travel during the COVID-19 pandemic, some complained about the extensive testing required and the “extortionate costs” of this testing. Others described being left “stranded” when restrictions suddenly changed or inconsistent rules were applied, such as additional requirements for people travelling from South America compared to North America. Others described their “amazing cheap holidays” during this period, where they enjoyed cities with “hardly any other tourists”, and how these trips helped “clear the mind”.

Respondents at different points of their lives described how they missed the opportunity to travel during COVID-19 – from young and old they outlined how they would not have the opportunity to travel for some time or ever again.

Some respondents expressed their frustration that Irish airports and ports did not close during the COVID-19 pandemic, as they didin countries like New Zealand, or that more was not done in March 2020 to stop people entering Ireland from “high risk” countries, such as Italy. Many took issue with citing that people in Ireland were not allowed to travel beyond 2km or 5km from their homes while international travellers could still arrive in Ireland. Respondents pointed to specific incidents during the pandemic, such as Italian tourists still being allowed to travel to Ireland despite the Ireland v Italy rugby match being cancelled in March 2020 in response to surging cases in Italy, companies bringing in seasonal workers, and restrictions suddenly dropping (prior to Ukrainian refugees arriving in Ireland).

11.2.2 2km and 5km restrictions

Many believed that these restrictions were too restrictive, describing them as "totally ridiculous" and "illogical", particularly when Ireland's borders remained open.

The restrictions separated families. Parents who are separated from their spouses or respondents who worked with children in care described how there was no clear guidance for visitations.

Respondents described being "cut off" from their older parents or relatives, and the loneliness and isolation they experienced as a result. Some described the emotional difficultly of being unable to look after their parents during "their most desperate time", while others broke the restrictions to "check…in on" their parents, though is some cases their parents were not comfortable with rule breaking.

Others described the heartbreak of being unable to visit terminally ill or dying loved ones or their graves, some citing being turned back by guards on occasion.

People who lived alone found it particularly difficult as they didn't see family or friends for months at a time and believed that the "bubble" system should have been introduced "from the very initial restrictions". Others described feeling that restrictions were often broken by people, leading to "increased anxiety" among those who complied with restrictions.

Respondents who lived in rural and urban areas encountered different challenges due to these restrictions. People in rural areas believed that these measures disproportionately impacted them - they described how people in cities could still meet friends or "buy coffee at a hatch" under the restrictions, while those in rural areas were completely isolated, with nearest towns and/or supermarkets often being many kilometres away. Some respondents believed that these restrictions were made by people who had not considered life outside of a city. They were particularly oppressive in areas where the Gardaí staunchly enforced them. Others described how the restriction became an "unreal limit" as they had to exceed it to access doctors, dentists or other essential services.

People in urban areas described a lack of green or recreational spaces, and how busy local areas became during these restrictions. Respondents maintained that these restrictions made "no sense" when most places were closed. People were forced into "packed" spaces and away from quieter beaches and forests, undermining the logic of the 5km restriction.

11.2.3 County lockdowns

Respondents were largely critical of county lockdowns, describing the restrictions as an "experiment" and "unfair", feeling other parts of the country had more cases but less restrictions, and impacted people's mental health.

11.2.4 Cocooning

Many respondents who ‘cocooned’ during the pandemic took issue with the term and concept, describing it as “paternalistic”, “demeaning” and “patronising”.

Older people felt that they were treated like “mindless incompetents” who could not make decisions for themselves, particularly those that were healthy and fit at the beginning of the pandemic. They described how they felt “infantilised” by the “ageist” policy, and that for some it created fear. Many also noted how the guidance was advisory / “purely voluntary”, and how many older people were not aware of this as the messaging at the time implied it was mandatory / “legally binding”. Respondents urged the Government to consult with older people around such policies in the future and found comfort from “high profile” older people coming out against the policy, such as particular senators and journalists. It was highlighted that the approach raises issues around consent during times of crisis, and the need to reflect on a “one size fits all” approach for a diverse cohort of people (i.e. those aged over 70 years).

Many described the significant impact cocooning had on them or their loved ones. Respondents described how lonely this period was – some lived alone where the period made them “fully” realise “what a sad life” they were leading, while others had recently experienced a bereavement and found the experience “frightening and very lonely”.

Relatives described how their older relatives deteriorated due to the isolation and lack of movement during this time, exacerbated by news reports on COVID-19 cases and deaths that only further “chipped away” at their confidence. Older people lost their routines and habits and emerged from the pandemic as less independent and without the “motivation to carry on”. Respondents described how their relatives’ health deteriorated following the pandemic – some could “barely walk” when restrictions lifted, while others avoided hospitals out of fear of contracting COVID-19 or their dementia worsened without social or mental engagement.

To “cocoon”, many older people relied on support from neighbours, the Gardaí, and charities such as ALONE. Many respondents described the additional caring duties they took on to support their older relatives. For some, this caused greater stress as they had to “juggle” caring for their own children, work, often with additional pressure due to COVID-19, and navigate relationships with their siblings over their parents’ care.

Others described the pain of losing their loved one during the COVID-19 pandemic when they had been unable to see them, be with them or say goodbye to them, due to cocooning. Respondents described how “deeply upsetting” these experiences were, making grieving and accepting a one’s death very difficult.

11.2.5 Masks, PPE and social distancing

Respondents expressed their confusion and frustration around masks, PPE and social distancing. Many complained about the lack of clarity around masks at the beginning of the pandemic. They recalled how the Government and NPHET initially did not recommend masks, only to later change their views on them. Many felt this change happened too late and undermined the messaging and science around masks – Ireland continued to promote handwashing and lockdowns when it was known that COVID-19 was airborne, while other countries promoted mask wearing which allowed them to lift some restrictions.

In addition, people highlighted how N95 and FFP2 (masks) were most effective at preventing the spread of COVID-19, when most of the population did not have access to them due to shortages and healthcare was being prioritised. Instead of communicating this to the public, respondents argued that the Government and NPHET pushed cloth masks and face shields which were not as effective and which then led to "a false narrative" that masks were "useless". Many sought clearer messaging around preventative measures with its scientific basis clearly explained.

Indeed, some respondents believed that masks and social distancing were of "no use" and that there was "no science" behind them. They described how they refused to wear them and were banned "from restaurants, pubs and all public buildings". Others noted their confusion around masks that has continued to this day and asked the Evaluation to outline what impact they had on the transmission of COVID-19 and whether they contributed to flattening the curve.

Other respondents described their stress and upset at other people's failure to comply with these restrictions. Office workers described how "stressful" it was when their coworkers refused to comply with social distancing or mask mandates, others felt workplaces should have had protective screens or better ventilation. People noted that they were exposed to greater risks during the first few months due to the lack of PPE in their workplaces, some suggested they were "intimidated into silence" when they questioned the lack of PPE offered in their workplace. Public facing workers, such as retailers, described frustration when members of the public did not wear masks in shops; other workers noted the challenge of wearing masks for lengthy shifts.

Pharmacists described how they felt "forgotten" as they had to provide their own PPE and screens, some Gardaí detailed how they were "begging and pleading" for masks, and Home Care Assistants outlined how they were expected to attend people's homes without PPE or masks. Other areas experienced greater support, such as test centres, where it was noted that they were "never short of PPE and equipment".

Respondents repeatedly wrote about the lack of protection available in hospitals and nursing homes at the beginning of the pandemic. The lack of safety equipment led to some healthcare workers getting COVID-19 "very quickly" as a result, which led to greater staff shortages and some developing long COVID. They described long shifts

where masks left their mark and plastic PPE was “difficult to wear”, with issues such as sweating.

Many believed that the mask mandate was introduced too late and lifted too quickly and too soon in healthcare settings, with vulnerable respondents describing how they are “terrified of having an enforced visit” to a hospital due to the lack of protection.

Responses around schools and related restrictions widely varied. Some respondents expressed anger that young people were expected to wear masks in schools. They believed that it impacted their education and social development, particularly for students transitioning from primary to secondary school who “didn’t’ even know what each other looked like.” Others believed that schools could have returned much earlier with measures such as masking, social distancing, staggered breaks and small social “bubbles”.

However, other respondents expressed their concern and upset that they or their children had to return to the classroom with so few precautions. Teachers described how they were not given “proper PPE” and how they had to teach in overcrowded classrooms “with poor ventilation”, being told to just open windows and put their coats on. It was only noted that younger children in primary school did not have to wear a mask. They maintained that there was very little awareness about how badly children could be affected by COVID-19, and how parents had to just trust that other parents would follow the restrictions and not put their child at risk.

Some respondents outlined how they continue to use masks. They maintained that the COVID-19 pandemic is not over and remains a real threat to people and believed that the Government should still encourage people to wear masks or not visit public places when ill.

11.2.6 Christmas 2020

Most respondents who mentioned the easing of restrictions before Christmas 2020 did not agree with the decision. Some respondents described it as a “populist” and “bad” decision which went directly against the evidence and NPHET advice at the time. This led to some people ignoring it, opting to have their own “low-key Christmas” instead.

Respondents noted how the lifting of restrictions was directly or partly responsible for the surge in cases, how it “set us all back many weeks”, leading to many knock-on effects, including longer lockdowns which prevented schools and society from reopening, and people developing long COVID or dying. Some respondents gave their personal accounts of how they lost their loved ones due to the “Government’s gamble”. Some felt than the scale of death at the time made families feel that their loved one was just a “statistic” rather that a profound loss for their family.

In contrast, the measure was described as “a saving grace” and “brief window” of seeing family, greatly helping with mental health issues for those struggling.

11.2.7 Super-spreader events

As noted previously, some respondents expressed their frustration that people were allowed to travel in and out of Ireland in March 2020 when the threat of COVID-19 was well known. These events included the Ireland v Italy Six Nations rugby match where, even though the match was cancelled, Italian fans were still allowed to travel to Ireland, and Cheltenham, which Irish tourists were still permitted to travel to in England. Respondents blamed these events for early outbreaks of COVID-19 and forcing a stricter lockdown on the country.

11.2.8 Guidelines

Some respondents believed that Government and Department of Health guidelines were clear, thorough and easy to understand. They maintained that while it was easy in retrospect to point out things that could have been done better, and that it was important to learn lessons for the future, that was not a reason for retrospective criticism of decisions taken in real time.

However, other respondents described guidelines as unclear and difficult to source. They explained how stressful this period was as guidelines continued to change. This was evident among groups who were tasked with enforcing guidelines, including school principals, managers in workplaces and healthcare and nursing home staff, who described how too much responsibility was placed on them to ensure guidelines were followed.

Some outlined how there should have been better information campaigns for guidelines and supports and cited a lack of clarity regarding the 5 levels of restrictions, noting that levels 3 and 5 appeared to dominate. Others believed that the Government should have focused more on shared information on the severity and impact of COVID-19, particularly when restrictions began to ease.

11.2.9 Communications

Some respondents believed that the Government did a good job at providing the public with regular updates and information on COVID-19 and restrictions. They described how they found daily updates "reassuring" and "informative" and praised key Government figures who they felt they could trust with their "calm" and "clear" messaging. How the Government "show[ed] leadership" was noted with their radio updates explaining restrictions at a time when "no-one knew what to do for the best".

Others had a more mixed view, recognising that while the Government were "probably" doing their best, their communications came across as "quite performative" and did not consider people's mental health. Fear mongering was a key criticism of the Government's communications throughout the pandemic. Respondents found the "over the top" coverage was more concerned with "terroris[ing]" people rather than "informing them of the real risks". Some respondents blamed the Government and the media for creating acute fear and anxiety amongst the public. People described how

they couldn't turn on the radio or TV without hearing about the daily case or death numbers. They outlined how this particularly impacted older and vulnerable people who were advised not to leave their homes and had little else to do other than watch the "daily barrage of death statistics".

Respondents also criticised the Government's communications around children during the pandemic. They described how Government campaigns caused many children to be terrified that they would "kill their granny or grandad", and how it should never be children's responsibility to "protect anyone".

Others criticised the Government for the lack of clarity and transparency around the response. People sought clearer explanations on COVID-19 itself, the efficacy of masks, and the science behind vaccines and restricting movements. They explained how "catch-all rules" made "no sense" to people when they did not know or understand the "reasons behind" them. They argued that this in turn contributed to people becoming more "anti-establishment" and to lose trust in the Government and health system as they failed to "connect" with people. Rather than seeking to control they wanted an approach rooted in transparency and trust.

Some respondents maintained that more information should continue to be shared on COVID-19 – on how people can still become very ill from it and preventative measures, including air filtration and ventilation.

11.2.10 Media and the news

Feedback on the media was predominantly polarised. Many respondents disapproved of media reporting during the pandemic, believing that they were a 'mouthpiece' for Government and failed to hold them accountable for their decision making. However, many other respondents complained about the rise of misinformation from the public and risk of people revising their experiences of the COVID-19 pandemic.

Some people thought the media provided an invaluable service during the COVID-19 pandemic, offering reliable and measured information, including through daily news briefings. However, more respondents who wrote about the media strongly disapproved of their reporting on COVID-19.

Respondents wrote about how they no longer trust the media. They believed they spread false information during the pandemic and refused to voice or share dissenting opinions. People thought that the Irish media became a 'propaganda arm' for the Irish government. Respondents believed that the media did not engage in debate and derided or ignored experts who did not agree with the Government's approach. It was noted that at the least the media should have investigated and reported more on the different approaches other countries were taking at the time.

Some people felt the media were perpetuating fear, through the daily death counts. While some others described stirring up of public hatred towards people who did not want to get vaccinated.

11.2.11 Misinformation and radicalisation

Many respondents worried about the rise of misinformation during the pandemic. People described how friends and family fell down this “rabbit hole”. Other respondents believed that the pandemic was a catalyst for the rise of ‘far-right views’ in Ireland. Or that the rise in misinformation led to the increase in violence in cities.

Some of these respondents blamed the Government and the messaging around COVID-19 for the rise in misinformation. They maintained that people were persuaded that COVID-19 was not real because of lack of transparency around the full facts, data, and studies available. Others blamed the media for giving ‘too much airtime’ to people spreading misinformation. They believed the science should have been simply and clearly explained, and that the absence of clear information, led to confusion and misinformation. Respondents believed that the Government underestimated the impact of misinformation and more actions should have been taken to manage it, with numerous suggestions put forward.

Some respondents believed that feedback to the COVID-19 Evaluation public consultation would be impacted by this misinformation, with risks that certain actors will unduly influence the outcomes. Other respondents worried about how misinformation, in particular with the use of AI, could harm any future response to a crisis, and called for a proactive strategy to combat misinformation.

11.2.12 Other approaches

Respondents questioned why other alternative approaches were not considered by the Government in their COVID-19 response. This included herd immunity, particularly among young people, the promotion of Vitamin D and other nutrients such as Zinc and ginger, the importance of air filtration and ventilation, particularly in hospitals and schools, and certain drugs which they believed helped fight COVID-19.

11.3 Civil liberties and human rights

Some respondents recognised that their rights and civil liberties were infringed during the COVID-19 pandemic but that it was necessary and had caused them since to appreciate their rights and freedoms in Ireland. They did not agree with people who complained about this infringement as they believed that the pandemic was “a time for social responsibility”. Those who lost a loved one to COVID-19 expressed anger that some people only cared about getting out and about, believing that these people were “ignorant to the suffering” of those who lost loved ones.

Others' thoughts have changed over time and while they had been "happy to comply" at the time, they now feel there had been too many restrictions on "personal freedoms".

Other respondents fundamentally disagreed with their rights being "taken away". Respondents described the period as a "trampl[ing]" of their civil liberties, a "power grab" by the Government and through enforcement by the Gardaí freedoms were taken away. Some expressed shock at how quickly and easily the Government "was able to remove" fundamental rights, noting it raises issues for democracy.

People disagreed with how the Government essentially made decisions for them: people could not travel abroad for funerals, visit their loved ones in hospital or simply decide for themselves over what was safe or not. These respondents did not agree with vaccine passports, believing that denying people aspects of society was an "outrageous abuse" of their human rights, and the subsequent refusal to acknowledge that by default it forced people to take vaccines "add[ed] insult to injury".

Respondents felt that certain restrictions infringed their right to free movement. The Stay-at-Home order, which restricted people to their home and immediate area, and vaccine passports, which prevented people from travelling or entering certain establishments if they were not vaccinated, were described as "flagrant violation[s]" of the right to free movement by some respondents.

Some respondents also felt that the Government rejected different opinions and "shutdown" public discourse or debate around COVID-19, infringing on their right to free speech. They believed that this led to the "demonisation" of those who had questions or did not agree with the Government's approach.

Some respondents strongly believed that vaccine passports infringed on their bodily autonomy and right to choose their own medical care. By requiring people to be vaccinated to enter certain establishments or travel, many felt that they had lost their right to choose and instead were being forced to get vaccinated. A few respondents also described losing their jobs because they refused to get vaccinated. Others described getting the vaccine for fear of being shut out from society and regretted this decision.

Some respondents believed that the Government showed "disregard" for the Constitution, infringing on key constitutional rights, such as the right to personal liberty and the right to property, due to the retrospective taxation of the Pandemic Unemployment Payment. This had led some respondents to lose faith in the Constitution and their belief that it would "protect citizens" from policies of Government decisions.

11.4 Democracy

Respondents believed that the Government's response was "undemocratic" – people felt like they had "absolutely no say" in what restrictions were imposed and for how long, instead feeling coerced into compliance through restrictions and Gardaí

enforcement. People also disagreed with the Government delegating powers to "unelected" members of NPHET "no one had even heard of".

Some of these respondents felt that Ireland slipped into authoritarianism and totalitarianism and effectively became a dictatorship. While some felt it was never justified, others believed that the initial justification was lost when it became clear that COVID-19 was not as great a threat to society as once believed and that restrictions lasting a further two years was "inexcusable". They felt that the "slow opening up" had impacted their "trust in democracy".

Respondents believed that a lasting impact of COVID-19 was the "weaken[ing]" or "destabilis[ing]" of democracy in Ireland. Many spoke about losing their trust in democracy and how democracies work, while others described how conspiracy theories and the "proliferation" of misinformation online has created this mistrust.

11.5 Trust

Some respondents fully trusted the Government during the COVID-19 pandemic. They believed that while the Government "might make mistakes", they were acting in the country's "best interests". They trusted "our democratic government" that restrictions would be lifted, when necessary, based on public health advice. They felt "comforted" by the response and had "nothing but respect" for those leading the country, who they believed were transparent and "guided by science." Others noted the significant compliance in Ireland around restrictions and how this was "not invariably the case in other countries". It was noted that one of the contributing factors was people's trust in public and state bodies.

However, many respondents who mentioned trust wrote about their significant distrust of the Government. Some respondents did not believe that COVID-19 was real or did not impact people to the extent that the Government and media reported, particularly when officials themselves were not complying with restrictions, and felt that they were being lied to and manipulated by the State, and their rights were being unfairly restricted. They believed that large corporations, in particular pharmaceuticals, and the Government profited from restrictions. Some felt the entire pandemic response was "coordinated" not just in Ireland, but around the world.

Respondents did not trust COVID-19 statistics and data released at the time and subsequently. They maintained that people who died from other causes but were positive for COVID-19 at their time of death were listed as COVID-19 deaths. As a result, many did not trust the daily COVID-19 numbers and believed that they were released to scare people and keep people compliant.

Respondents believed that the Government lied about the restrictions they introduced and their effectiveness: they did not believe that masks were effective or that social distancing was necessary. Vaccines were a large source of distrust. Respondents believed that people were indirectly forced to take a vaccine which had not been

properly tested and that the Government mislead them by telling people that if they took the vaccine, they would not get COVID-19 or spread it.

Other respondents described how their trust in the Government was “eroded” during the pandemic. Respondents felt that the Government and media only served “propaganda”, as they refused to listen or report on alternative or dissenting voices. They described how their trust was lost as the government removed their human rights citing risks.

Some outlined how their trust in the Government was lost due to the “reactive rather than proactive” nature of the Government’s response. Guidance often changed without clear explanations and Government lacked a “coherent strategy”, which led people to believe that the Government did not “fully understand how to manage a crisis of this scale effectively.” Similarly, others maintained that “catch-all” restrictions without explaining the reasons behind them led to “anti-establishment and cynical” attitudes.

Some respondents discussed the shift in trust during the pandemic, and how this has allowed “extreme political opinions” to flourish. People expressed concern around this drop in public trust, especially around public health advice.

11.6 The Government

Respondents’ views on the Government and how they responded to COVID-19 were largely split. Praise for the Government focussed on leadership and decision-making, while key criticisms levelled at the Government typically fell under trust and lack of compliance with restrictions.

11.6.1 Leadership

Many respondents felt that the Government handled the pandemic well and provided strong leadership, stepping up to make difficult decisions. Respondents expressed their gratitude for senior figures, as they offered “reassurance” and protection during uncertainty. People admired how the Government took a “caring” approach and acted quickly to “generously” financially support people. They felt proud of the Irish response compared to other countries. Respondents repeatedly noted that it was easy to “make harsh judgments” from the sidelines or in hindsight, but that the Government was working with the best information available to them at the time.

However, many other respondents were critical of the Government’s leadership at the time. Some believed that there was a lack of leadership, and that the Government “abdicated” their powers to the unelected “risk averse” NPHET, and decisions “came down to one person”, the Chief Medical Officer. It was noted that NPHET advice was not balanced with wider independent deliberations.

Others felt there was a lack of leadership in how the Government sought to “shift blame” and “pass…the buck” to other departments and agencies. They believed that the Government’s inability to acknowledge and admit to their mistakes during the pandemic would impede future learning.

Some respondents felt the Government had far too much control, and that they used COVID-19 to lead and maintain power "without accountability or scrutiny" for two years. These respondents believed that the response was too "dictatorial" and "authoritarian", and many expressed reluctance or refusal to comply with restrictions in the future if there were another crisis. This lack of trust was rooted in a failure to effectively communicate changing measures and the evolving science and data behind them, and the perceived "scaremongering" carried out by the Government, while some in authority failed to comply with restrictions themselves.

11.6.2 Decision-making

Respondents' thoughts on decision-making were similarly polarised. Some believed that decisions were made for the "greater good" with the "best interests" of the public in mind to save lives. They outlined how decisions were made based on the best "information the [Government] had" and were "clearly justified".

However, like the Government's leadership, many were critical of the Government delegating their key decision-making functions to "a non-statutory group", NPHET. They sought more information on NPHET's decision-making processes and the evidence available to them when they made key decisions. It was noted that information leaking from NPHET meetings likely caused the Government to feel "steamrolled" into accepting the advice, without being able to reflect on wider implications.

Others were critical of how slow the Government was to change guidance and restrictions, relying on "rigid adherence to scientific validation" over wider informed judgment and insights during a rapidly changing situation, such as the slow adoption of masks.

Some questioned the extent to which the Government relied on science and data in their decision making. They believed that businesses, economic interests and "paternalistic decisions" played a greater role. They described how these different interests caused the Government to "dance to different tunes" which led to illogical or "very confusing" policies, such as the €9 meal in restaurants. Others felt that the Government merely did what other countries were doing but wanted to appear "better" or "stricter" than them.

11.6.4 Compliance with restrictions

Respondents pointed to key events during the pandemic as eroding their trust and creating "double standards", such as the Irish parliamentary golf society event in Clifden, Galway, otherwise known as "GolfGate", and the Taoiseach at the time attending the open-air music festival outside Ireland. People felt that there were a set of rules for the public and another for those in power – "rules for thee but not for me". Breaches of restrictions by officials were particularly jarring for those who could not attend funerals of loved ones or say goodbye to them in hospitals or nursing homes.

11.6.5 Cost

Some respondents complained about the cost of the pandemic response and its impact on the "national debt". These respondents believed that the Government "wasted" money on "nonfunctional ventilators", tracking and testing, signage, Garda checkpoints, and "to cover people's wages". They believed that the money could have been spent in better places, such as keeping hospitals, schools and public spaces safe.

11.6.6 Preparation

Some respondents felt that the Government was not prepared to respond to a pandemic. In particular, they believed that Ireland's hospitals could not cope due to a lack of preparation and "prior investment", which was why Ireland had to enter strict lockdowns. Others felt that previous pandemic plans were abandoned, such as those devised by the Department of Health or the WHO.

Many respondents wrote about the need to be better prepared for a future pandemic or crisis. People sought more "logical" structures, with testing and evaluating results. Many raised concerns that little had been learned from this pandemic, and that current crises would only hamper future responses, such as the rise of "far-right ideologies" and "co-living arrangements" due to the housing crisis. Respondents called for a "more resourced" public health system and schools, with appropriate crisis planning and equipment.

11.7 Government Departments and Agencies and the Public Service

11.7.1 NPHET

Respondents' views on NPHET were largely split. Some respondents thought that they were a "great asset" and that Chief Medical Officer (CMO) was the embodiment of "trustworthiness, straightforwardness and honesty". They believed that NPHET "worked tirelessly" to keep the country safe and felt reassured by their daily briefings which provided "calm, clear and trustworthy" messaging.

However, many other respondents criticised or expressed their distrust in NPHET. Many felt that NPHET, and the CMO, were given too much power. They felt that this group of "unelected medical administrators" were leading the country, as the Government were "powerless" or simply used NPHET to "insulate themselves from decision making". This was reaffirmed for respondents by members of NPHET regularly appearing on the news and in media, and the Government's seeming reluctance to challenge NPHET's "default full lockdown position". Other noted that communications of decisions should be by Government, not by officials who were providing the advice.

People took particular issue with this level of control, given its narrow focus. They outlined that NPHET's expertise rested in public health and medical knowledge, and these respondents argued that a "wider group of experts" should have advised the

Government, who would have considered “broader implications of restrictions” on wider society.

Like the Government, trust in NPHET was low among respondents who did not believe that COVID-19 was real or that its impact was overstated, and those who did not believe that COVID-19 vaccines were safe. These respondents believed that NPHET lied to the public in order to generate fear and keep people compliant.

Respondents also criticised NPHET’s reluctance to change or adapt their position when new evidence emerged, such as COVID-19 being airborne and rapid testing, and how this resulted in conflicting messages, including which settings were safe, which undermined the country’s response.

Respondents felt that NPHET had no long-term plan or strategy beyond lockdowns, as restrictions continued for “too long”, and that NPHET relied entirely on vaccine development which was “completely outside” of their control. People also criticised the conflicting messages between NPHET and the Government.

11.7.2 The Health Service Executive

Some respondents praised the HSE’s response to the COVID-19 pandemic and felt proud to work for them and “protect…our nation”. They felt “upset” by the “shameful” attempts by people to “rubbish” the HSE’s response which “saved lives” and “kept [people] safe”. People trusted the HSE’s briefings and found the head of the HSE to be a voice of “common sense and decency”.

However, many other respondents described their lack of trust and disappointment with the HSE. Many of these respondents no longer trusted the HSE due to their widespread distrust of all government institutions following the pandemic. This included a belief that anyone who died “with COVID” rather than “from COVID” was included in statistics to “exaggerate deaths and promote fear”. Respondents also believed that the HSE were not transparent about vaccines. Some people felt “coerced” into getting a vaccine they did not believe was safe, appropriately tested or as effective as promoted.

Carers described how they received “zero contact” from the HSE and this had not returned following the pandemic. Others suggested a strong reluctance from hospitals to admit patients from nursing homes.

Staff who worked for the HSE described a lack of support, from PPE to childcare and mental health support. Some maintained that staff were treated “appallingly” - they were exposed to COVID-19 and given insufficient support when they got COVID-19 or developed long COVID. Some of the respondents believed that the management of staff was “atrocious”, maintaining that people were “redeployed under duress” and management only “looked after themselves”. Respondents described a “lack of information” or a “lack of help” from the HSE as they dealt with changing guidelines

and staff shortages. Others, whose hospitals were taken over by the HSE, felt that their medical skills were wasted.

Other respondents were critical of how slow the HSE were to adapt to changing information and evidence on COVID-19. They were slow to adopt rapid tests, to recognise that COVID-19 as an airborne disease and the need for proper ventilation in hospitals. Other external experts cited “red tape and regulatory bodies” when they offered their assistance to improve understanding of COVID-19. Others felt there had been “little evaluation” of the pandemic response internally in the HSE to learn lessons.

11.7.3 Department of Health

While respondents wrote less about the Department of Health, criticisms fell along similar lines to NPHET and the HSE. Some felt that the Minister for Health’s powers were “disproportionate and overreaching”. However, others praised the Department’s communications throughout the pandemic, finding it “easy to understand” and offering “reassurance at a very stressful time”.

11..7.4 Public and civil service

Some respondents who worked in the public and civil service expressed their gratitude that they could continue to work during the COVID-19 pandemic and remain financially secure. Some noted their pride in the work done, others noted their emotional exhaustion and burnout at the end of the pandemic.

Many described how their workloads dramatically increased during the pandemic, some changing overnight with a “lack of communication or warning”, as they had to introduce or adapt schemes, such as Community Call or the Pandemic Unemployment Payment, while also completing their regular work. Some people described a lack of support – redeployed with insufficient training, people on the frontline with little or no PPE, and that HR did little to address people’s concerns around their workload, failing to monitor overtime or provide mental health support. Many felt they received no recognition for their efforts when the pandemic ended.

Some respondents warned of the “revisionism” which had taken place since COVID-19 and disagreed with the reporting around the COVID-19 Evaluation which described how public servants were trying to “avoid” a “public grilling”. They maintained that public servants did the “very best they could” with the “very limited toolkit available”.

12. International approaches

People’s views on how Ireland responded to the pandemic in comparison to other countries widely varied. Some people felt that there was no need for any restrictions and that the Irish response was “overblown” and “ridiculous”. Others noted that Ireland’s approach was among the strictest in the world, while some believed Ireland just copied what other countries were doing. However, many other respondents praised the Irish approach, believing that Ireland “did a better job than a lot of other countries.”

While a few respondents believed that the UK had less restrictions and dropped their restrictions earlier and it “made no difference”, many others praised Ireland’s response in comparison to the UK, highlighting issues such as such as trust, communication and misinformation, leadership and differing prioritisation. The US was also noted by way of comparison in terms public trust in institutions.

Respondents who provided comparisons generally recognised Sweden as a country who applied alternative COVID-19 restrictions in a measured way, with an effective approach in terms of overall final outcomes, and with minimal social and economic impacts. Respondents were divided in terms of comparing to New Zealand’s approach, including whether closing airports would have impacted Ireland’s ultimate outcomes. Respondents briefly touched on other countries in terms of extent of restrictions. While in comparison to countries, such as Canada, respondents believed that Ireland took a much stricter approach, others noted the level of enforcement in countries such as Spain and Taiwan.

Respondents who discussed the European Union largely disagreed with their power during the pandemic, believing that Ireland “abdicated power” to the EU. A few respondents were critical of the EU’s handling of vaccinations, both vaccine certificates and the lack of transparency around acquisition.

Similarly, some respondents who mentioned the World Health Organisation were critical of its role during the pandemic, for example an inflexibility, and its impact on Ireland’s pandemic response, including impacting Ireland’s autonomy. Respondents sought greater transparency on the influence international organisations had on Irish policy.

13. Out of scope

While out of scope of the COVID-19 Evaluation’s Terms of References, it is noted that many respondents discussed vaccine efficacy and adverse outcomes. They believed COVID-19 vaccines were not safe and sufficiently tested and have resulted in adverse outcomes. They felt the public were not sufficiently informed about risks, were misled about efficacy and that those who questioned vaccine efficacy and outcomes were silenced. Some respondents also questioned COVID-19’s epidemiology (believing that there was no pandemic, that COVID-19 was a “scam” or just a “bad flu”).