Minister for Health Stephen Donnelly, Department of Health, Block 1 Miesian Plaza, 50-58 Lower Baggot St., Dublin 2 D02 XW14



27th January 2021

Re. IASW Response to your letter Ref: HEA-MD-00080-2020, dated 19th January 2021.

Dear Minister Donnelly,

Thank you for your reply to our correspondence of 25th August 2020.

We understood from your recent meeting with the Health and Social Care Professional Alliance and from the welcome appointments of social work and occupational therapy to the Sharing the Vision Implementation and Monitoring Committee, that your office recognises the distinct expertise of Health and Social Care professionals. It is difficult to understand therefore, why social work, named an essential service within the Expert Panel on Nursing Homes Report, has been neither appointed to the arising Implementation Oversight Group or the Reference Group. The absence of any registered Health and Social Care professional from either group is particularly concerning, as the government has stated that a key objective of the work of the implementation groups is to integrate health and social care into the nursing home sector.

Given our current exclusion from strategic planning in the nursing home sector, we wish to formally advise you of the following:

1) Despite the positive work of the Expert panel, there has been a continued failure to strategically plan the delivery of professional crisis support and communication care to distressed families & residents during outbreaks of Covid-19 in nursing homes. Equally the HSE has not provided a response in their outbreak response teams. Almost a year into the pandemic, frontline Social Workers continue to hear from bereaved families that have had similar experiences in their grief to those of the families of Dealgan House. These are of significant concern and reported regularly in the media.

Based on the work of innovative social workers and HSE managers which delivered a liaison social work service in some public nursing homes in wave one, the IASW developed a liaison social work model, sent to your office, and to the HSE in May 2020. This model has been picked for inclusion in a global report on aging for publication by The Economist's Intelligence Unit, as the only international project focusing on needs and rights of residents and families during an outbreak, it has received positive feedback from families and care staff and provides a short-term measure to avoid the unnecessary distress and grief experienced by families.

We ask that you urgently liaise with the HSE to support our call for the use of social work staffing resources through redeployment and if needed, Ireland on Call to provide this temporary crisis support and communication care to all nursing homes and avoid any further unnecessary distress and anguish for families and residents.

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- 2) We have expressed concerns about the dense, complex, and lengthy HPSC visiting guidance and query why Plain English guidance was not issued for those who are most impacted by it residents and families. While the guidance advises that residents may decline visits, no advice is provided for either families or residents, should a nursing home refuse to work within the spirit or recommendations contained in the guidance. In a voluntary capacity, social workers have provided written resources to a large family run group, to ensure they understand their visiting rights. Within the first week of using this resource, dozens of families reported that nursing homes reversed visiting refusal and were able to facilitate safe visits and this trend continues. We have written to the HPSC and ask that **you support our request that social work is identified as a stakeholder in future reviews of the HPSC visiting guidance to better ensure a rights-based perspective informs the visiting guidance and that accessible, clear, useful information is provided to families and residents, as well as to service providers.** 
  - 3) We are concerned about the reported low uptake of funding for visiting spaces by private nursing homes and the failure of profit-making nursing homes to resource these spaces. We are also concerned that vaccination has been presented as the route to visiting when it is clear that restrictions will likely continue for much of 2021. We understand the complexities caused by the lack of clinical oversight over the private nursing home sector however, we ask in your role as Minister for Health, that every effort is made to proactively demand or incentivise the private nursing home sector to deliver visiting spaces. As regulated service providers, they are required to support residents' connection with families and communities, in accordance with HIQA regulations. It is unacceptable that private nursing homes simply refuse to apply for visiting space funding or fund them from their own business resources.
  - 4) We note your reference to the inclusion of public representatives and advocacy groups. It is clear from repeat correspondence with your office and the HSE, that the inclusion of advocacy groups in departmental structures is often used to explain the absence of registered health and social care professionals, in this case, social workers. The role, remit, accountability, responsibilities, and expertise of registered social workers in our public services and nursing home sector is completely distinct and separate from the valuable work of advocacy services and the inclusion of one does not negate the need for the other. We ask that you address this by ensuring that social work is appointed in areas appropriate to its professional expertise.
  - 5) There is a poor record of engagement with the social work profession at any strategic level within the Department of Health. By way of example, safeguarding social workers continue to receive concerns of institutional abuse within the nursing home sector over the course of the pandemic. The HSE has acknowledged that over 1000 concerns related to institutional abuse in care settings across Kildare/West Wicklow and Dublin are awaiting social work assessment in CHO7 and that residents were cocooned into these care settings without any social work review of these concerns.

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This gives a sense of both the significant role and responsibility of Social Workers and the prevalence of concerns related to institutional abuse in care settings.

We are concerned that the Department of Health is treating the development of a safeguarding policy and the implementation of the recommendations of the Expert Panel as two separate processes, while the strategic provision of quality of care is inextricably linked to best safeguarding practice at all times. Strategic use of safeguarding social work expertise will strengthen and inform the work of the Expert Panel. We ask that you appoint a social work representative to the Expert Panel on Nursing Home reference group. We have members with significant national experience in this area ready to take on work at a strategic level.

Finally, we write to **request a meeting to discuss these issues with you.** While we understand that you have many areas of concern across your portfolio, we remain concerned about the Departments continued failure to respond to the multiple, valid professional concerns raised by IASW particularly since the start of the pandemic.

Should you require any further information please do not hesitate to contact me.

Sincerely,

Aine McGuirk Chair

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