Irish Association of Social Workers
Cumann na hÉireann um Oibrithe Sóisialta

Mr. Ted McEnery
Clerk to the Committee
Special Committee on Covid-19 Response
Houses of the Oireachtas
Kildare House,
Dublin 2 ,
D02 XR20

24th June 2020

Re. Irish Association of Social Workers Submission to the Oireachtas Special Committee on COVID-19 Response

Dear Committee members,

We write to propose you consider the ongoing unmet needs and unfulfilled rights of residents and families in Irish nursing home and residential care settings during Covid-19, as part of your examination of the State's response to the pandemic. We have developed a model of social work practice, which is evidence informed and practice based and reflects the type of service available to unwell people and their families in hospital and hospice settings. This model has been operationalised in limited form in a small number of public nursing home units, to co-ordinate communication and provide psychosocial care, end of life and bereavement support to residents and families. An example of this is the work completed within Community Health Organisation 9, who staffed a liaison social work service in nursing homes with high rates of Covid_19 through sole use of redeployment for a number of months following the outset of the pandemic. This liaison service is no longer required as the situation in nursing homes has since stabilised. The service received positive feedback from families.

The model aligns with the National Model of Palliative Care[1] and provides the practical, social, and emotional support requested by residents and families.

It is based on four key principles:

1) The delivery of accurate, sensitive, and timely communication,

2) responding to the rights and needs of residents,

3) responding to the rights and needs of families and

4) the provision of bereavement care.

It delivers a holistic model of care, recognising that people living in nursing home and residential care communities have a wide range of needs. This model reflects our belief that regardless of location of care, all residents and families in all settings should receive an equitable and consistent level of safeguarding, psychosocial support, end of life and bereavement care from a skilled professional.

The IASW strongly advocates for a national roll out of this model during outbreaks of Covid_19 to ensure that families and residents experiencing separation, particularly those in care settings with high rates of Covid-19 infection, receive appropriate support.

We have shared this approach with the HSE and Department of Health and propose that the Committee consider why this approach has not been adopted nationwide, despite evidence that it is helpful and could be provided through flexible recruitment and strategic redeployment during outbreaks of Covid_19. It is evident that a predominantly medicalised approach has been adopted to our most vulnerable citizens and their families in nursing home and residential care communities; an approach which has failed to address basic safeguarding and psychosocial needs.

We propose that ***you consider the key role social work has played in the national Covid-19 response in Northern Ireland,*** as evidenced by the leadership role of Chief Social Worker Sean Holland in the planning process and the delivery of a social work family liaison service in care homes in Northern Ireland***; consider why this expertise has not been utilised in our***

[1] Health Service Executive and Royal College of Physicians in Ireland, (2019), Adult Palliative Care Services Model of Care for Ireland. Dublin: National Clinical Programme for Palliative Care.

own national planning processes, why social work is not represented on the national planning processes and reflect how use of this expertise, or response to valid concerns raised by social workers, may have mitigated the distress experienced by the residents and families in nursing homes such as Dealgan House and The Rock House Nursing Homes.

Finally, given concerns about the poor regulation of the nursing home sector, we propose the Committee consider the failure of the State to provide enhanced safeguarding supports and measures to vulnerable people in nursing home and residential care settings during the pandemic.

IASW Position on National Response to Psychosocial, End of Life and Bereavement Needs of Residents and Families to Date:

Social workers have been delivering professional, appropriate, and sensitive psychosocial, end of life and bereavement care in hospitals, hospices, and communities nationally for many years in a skilled manner which is valued by families. We are aware that the HSE psychosocial response to the pandemic has been primarily guided by the HSE National Emergency Plan and selected parts of the guidance the Integrated Agency Standing Committee (IASC) and World Health Organisation (WHO). **IASC (2007) explicitly advises that in a national emergency, key problems are both psychological and social in nature and social services must be included in national planning[2]. This guidance has been ignored in the Irish context.**

As part of the national response, psychologists are now delivering much needed psychological support to managers and staff of all public and private nursing homes. The HSE propose that the delivery of psychological support to managers and care staff will allow these staff to deliver care to support residents and families around their psychosocial needs. We recognise the vital importance of this support for staff but are deeply concerned that the dying and bereaved who are suffering the consequences of Covid-19 are not receiving the practical, social, and emotional psychosocial support they too require.

[2] Inter-Agency Standing Committee, (2007), IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC: Geneva

The approach adopted by the HSE and the Dept. of Health does not reflect messages about what constitutes best practice in the delivery of frontline bereavement care during Covid_19[3], nor does it consider the social context of nursing homes during Covid_19 where familiar staff are often ill, quarantined, absent, or working intensively to meet for the physical needs of residents. This approach was developed without any consultation with frontline bereavement workers across Ireland (predominantly social workers or specialist nurses) It does not align with our National Model of Palliative Care [4] which recognises the need for skilled pre and post death, systemic family perspective and support. It is in direct contradiction to the approach used in frontline bereavement care services in hospitals, hospices and community settings, where proactive practical, emotional and social support is offered to dying people and bereaved families and is known to be valued by them[5]. **This poses a question, why are dying residents and families in nursing homes treated differently?**

We challenge the suggestion that a proactive approach is intrusive as outlined in the HSE approach '*Allowing for normal grief processes - it is critical to allow families and colleagues their normal grieving time. While supports can be offered, this should be initially relayed through a person known to them e.g. a trusted member of staff. It is not appropriate for outside support services to rush in immediately to grieving families and workplaces, any offers of support need to be managed very sensitively and appropriately.' [6]*

We respectfully suggest that this shows a lack of understanding of key principles of end of life and bereavement care, as are clearly outlined in our national adult model for palliative

[3] Selman L., Chao D., Sowden R., Marshall S., Chamberlain C. and Koffman J., (2020), Bereavement support on the frontline of COVID-19: Recommendations for hospital clinicians. Journal of Pain and Symptom Management.

[4] Health Service Executive and Royal College of Physicians in Ireland, (2019), Adult Palliative Care Services Model of Care for Ireland. Dublin: National Clinical Programme for Palliative Care.

[5] Ó Coimín D., Korn B., Prizeman G., Donnelly S., Hynes G., Curran M. and Codd M., (2017), Survey of Bereaved Relatives: VOICES MaJam. Dublin: Mater Misericordiae University Hospital and St. James's Hospital

[6] Health Service Executive (2020) *COVID-19 Health Sector National PsychoSocial Response Project Guidance for Acute Crisis Management Teams: Bereavement Response for Residential and Acute Settings, Impacted by High Mortality Rates due to Covid-19*

care [7]. At present, the location of a person's care and death dictates whether an individual and family have access to social work support. As almost half of all deaths during the pandemic have occurred in nursing home and residential care settings, the levels of unmet needs of the dying and bereaved are now painfully transparent.

The IASW welcomes the recent launch of a National Bereavement Helpline by the Irish Hospice Foundation. This will be a valuable resource for some of those who have been bereaved in recent months. However, this alone is not sufficient to meet the multiple and complex needs of bereaved people. It does not meet the needs of people with communication or hearing difficulties and does not provide practical or social support. The national focus to date has been on the provision of individual, therapeutic support, however, dying, and bereaved people and their families have a wider range of needs, as of yet unmet in the national response to Covid_19.

These wider needs are evident in the work of social workers with the dying and bereaved in hospitals, hospices, communities, and a small number of public nursing home units during Covid_19. Social workers have supported dying people to understand their prognosis, communicate with their loved ones, address 'unfinished business' and ensure their end of life wishes were explored and respected. Social workers have brought relatives to car parks to wave through windows, enabled communication via technology (and provided emotional support after the call ended), printed out family photographs for bedside lockers, supported open conversations between patients and families in relation to impending death, asked families how they would like staff to care for and comfort their much loved relative at the point of death when a heartbroken family cannot be physically present, supported discussions with children and vulnerable adults within families, helped return deeply sentimental possessions to the newly bereaved in a sensitive way, provided practical support around new funeral processes, organised funding, death certificates or contacted undertakers when distressed relatives required support.

[7] Health Service Executive and Royal College of Physicians in Ireland, (2019), Adult Palliative Care Services Model of Care for Ireland. Dublin: National Clinical Programme for Palliative Care.

These needs are practical, emotional, and social in nature. This is the care the IASW believe all isolated, dying, and bereaved people in nursing home settings should be able to access through a Liaison Social Work service. That this support is unavailable to a large proportion of those who are bereaved in nursing homes is simply unacceptable.

Since late March, we have written to a number of stakeholders to articulate our views and to offer support from social work in the national response to the pandemic. We have written to Anne O' Connor, HSE COO and Lead for the National Psychosocial Response Workstream; Kathleen McClelland, Chair of the NPHET Vulnerable Adults Subgroup, Dr Philip Crowley and Mr Sean Moynihan, members of the NPHET Vulnerable Adults Subgroup, the Minister of Health and the Chief Medical Officer. To date, we have had a response from Ms O' Connor inviting social work to join the public workstream and advisory group of the HSE COVID19 Psychosocial Response Group. We submitted the Liaison Social Work Model of Practice to Ms. Clare Gormley, Psychologist and Health and Social Care Representative on the Steering Group of the HSE Psychosocial Steering Group and have not received an acknowledgement or response.

Questions to Consider:

Why was social work, the key profession traditionally associated with supporting older people and the delivery of frontline bereavement care and support excluded from the national planning process? Why was there no response to valid social work concerns from those leading the planning process?

Why does the end of life and bereavement care offered to nursing home residents and families differ from that offered in hospitals, hospice, and communities? Why does it fail to align with our National Model of Palliative Care? Where is the practical and social care people require?

Need for Communication Care

Communication care is a key component of the model proposed by the IASW, recognising that residents and families need to receive complex and distressing information in an

empathic and sensitive way, from a consistent, supportive, and skilled communication professional. In doing so, the model addresses lessons from previous reviews [8] [9]which highlight multiple examples of the distressing impact of poor communication in healthcare delivery. Media reports [10] [11] indicate that in some nursing homes affected by Covid_19, families received poor or no communication, and in one setting, the family member of a resident manned the telephone lines, fielding 2500 calls in one week. **It is entirely unacceptable, that while the IASW were providing solutions in response to the need for communication, end of life and bereavement care to the HSE and Department of Health, distressed families were relying on volunteers to provide information about their loved ones and in some cases, received no information.**

Questions to Consider:

Despite repeated past lessons about the importance of communication in healthcare, where is the evidence the HSE/Dept of Health have planned for communication care for families and residents in the initial or any future wave of Covid19 in nursing home/residential care settings?

Why was the social work profession, skilled in the delivery of communication and bereavement care not consulted or represented in this planning process? Why have the written concerns of the social work profession around communication care been unacknowledged and ignored to date?

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[8] Health Service Executive, (2017), HSE Maternity Clinical Complaints Review, Final Report

[9] Scally, G., (2018), Scoping Inquiry into the Cervical Check Screening Programme. Dublin: Department of Health.

[10] Carswell S. and Power J., (2020), Dundalk Nursing Home lost 60% of staff to coronavirus at peak of outbreak, 20th May. Online: https://www.irishtimes.com/news/health/granddaughter-of-resident-fielded-2-500-calls-when-helping-at-covid-19-hit-nursing-home-1.4257627 [accessed: May 21st 2020]

[11] Fegan C (2020) We are drip fed information, but Dad mattered, and we will keep being his voice in all of this 30th May. Online: https://www.herald.ie/news/we-are-drip-fed-information-but-dad-mattered-and-we-will-keep-being-his-voice-in-all-this-39245747.html (accessed: 1st June 2020)

Would the experience and long-term bereavement of both the surviving residents and bereaved families of nursing homes such as Dealgan House been different had the State adopted social work advice and provided communication, care?

Unmet Safeguarding Needs and Rights of Residents

Healthcare is delivered in a social context. HIQA (2019) reported that lack of effective safeguarding measures put residents of nursing homes at risk [12]. People with an intellectual disability living in residential care settings in Ireland have been found to have little or no control over their own lives [13]. Social workers recognise the impact of the environment on an individual, are keenly aware that care settings are not fixed, benign entities and recognise that the care setting, can at times, hold risks for those who live there, particularly in times of crisis or change. During Covid_19, residents, who in the past may have had regular contact with family and friends who provided not only social connection but also could speak out to ensure people's needs and human rights were addressed and upheld, no longer have this comfort and protection due to public health measures.

Throughout the pandemic, safeguarding social workers have continued to investigate allegations of sexual, emotional, financial, and physical abuse in nursing home and disability and residential care settings. It should be noted that while safeguarding social workers can investigate safeguarding concerns in communities and public nursing home settings, they do not have any legal right of entry to private nursing homes and may only enter to conduct an investigation on invitation from the owner. In HSE run units, safeguarding social workers generally only provide oversight on safeguarding plans with staff in the nursing home and do not provide a direct social work service to residents and families. The IASW has had long standing concerns about the lack of equitable access to safeguarding social work service to

[12] HIQA, (2019), Overview Report on the Regulation of Designated Centres for Older Persons 2018, online: https://www.hiqa.ie/reports-and-publications/key-reports-and- investigations/overviewreport-regulation-designated, [accessed: May 24th, 2020].

[13] Murphy, K. & Banty White, E. (2020) Behind Closed Doors, Human Rights in Residential Care for People with an Intellectual Disability in Ireland, *Disability and Society.* DOI: 10.1080/09687599.2020.1768052 (Accessed: June 2nd 2020)

residents in different settings, concerns which are exacerbated as residents are now essentially cocooned, with reduced protective factors.

We are concerned that unlike the national domestic violence 'Still Here' campaign or the Tusla's clear position that social work was essential to meet the needs of children who may be a greater risk of harm without access to their social supports, no such consideration was given to the needs of older people or younger adults with disabilities in nursing and residential care settings. Instead, we have received reports that some safeguarding social workers were redeployed from their traditional roles, without replacements being either sought or agreed. It appears this also occurred in disability social work services.

Organisational/ institutional abuse can be a common concern raised in relation to nursing homes. Yet, safeguarding training from the National Safeguarding Office was for the most part, paused at the outset of the pandemic. It is regrettable that consideration was not given to adapting and developing existing training to ensure that nursing homes and residential settings continued to receive quality Covid_19 specific online training in safeguarding to promote the safety and welfare of cocooned residents.

Since the pandemic, safeguarding social work noted an increase in people entering nursing homes prematurely in order to clear hospital beds for anticipated high number of Covid_19 patients. There is no clear plan in place to ensure these people are supported to return to live in their communities. The lack of visitors to the unit gives new residents less opportunity to raise any concerns they may have. **Safeguarding social workers have expressed concern about the possibility of financial abuse for those people who were moved quickly under rapid Fair Deal assessments**. Concerns have been raised about information indicating that solicitors have been completing wills, power of attorney arrangements and future care plans over the phone with clients they have never met. **Safeguarding social workers have advised that some nursing homes have reported being too busy with Covid-19 care related work to provide safeguarding plans and some have cited the same workload as a reason for delaying the reporting of safeguarding concerns.**

The IASW has long held concerns about the premature entry of people into long term care, recognising people who could live successfully in communities with appropriate resources

and supports often move to nursing home settings [14]. However, as we move toward Autumn/Winter 2020 we are faced with a number of new challenges for which we need to develop innovative solutions. Older persons recovering from Covid_19 face significant challenges and may not return to their pre-Covid_19 level of functioning and independence. The impact of months of "cocooning" and social isolation on those over 70 or with chronic conditions have not yet been fully realised. The fall in numbers attending hospitals for non Covid_19 related care risks worsening chronic conditions and late presentations for new diagnoses which will put the health system under greater pressure. The economic impact of the pandemic within the health sector will be felt for many years and will inevitably result in budget cuts to already overstretched services. There is concern that funding for basic supports will be unavailable to meet anticipated demand from unscheduled care. **These recent events have created a potential 'perfect storm' in the coming months - as a sad consequence of higher mortality rates from Covid_19 in residential settings there will be higher than normal capacity within the sector in the coming months. Given that this is the only care pathway with both a statutory basis and a secured funding stream, there is a risk that nursing homes will continue to be the "default option" for many seeking to address capacity issues in the acute hospitals.**

Questions to Consider:

Why has adult safeguarding social work expertise been absent from any nationally planning process despite recognition that the nursing home sector, prior to Covid_19 required increased safeguards?

What has been the role and response of the National Safeguarding Office in the response to Covid_19? Why were adult safeguarding social workers deployed to non- safeguarding work?

[14] Donnelly, S., O'Brien, M., Begley, E. and Brennan, J. (2016). *"I'd prefer to stay at home, but I don't have a choice" Meeting Older People's Preference for Care: Policy, but what about practice?* Dublin: University College Dublin

How can residents, essentially cocooned in nursing homes during this and possible future waves of Covid_19 outbreaks, receive equitable access to direct social work safeguarding service?

How, given the 'perfect storm' conditions outlined above, can the State prevent the premature and inappropriate entry of people into long term care?

Key Concerns

- The unmet needs of the dying and bereaved in nursing home communities have not received any coherent national planning response, in terms of communication care, end of life care, psychosocial care and bereavement support.
- Essential public health measures were not accompanied by increased safeguarding measures to ensure that residents, essentially cocooned in nursing home environments were adequately protected.
- The national planning process response to nursing homes shows a lack of understanding of the rights and needs of the people residing in these communities.
- The national planning process is weakened by a lack of meaningful focus on the social aspects of the "psychosocial" planning response.
- The voices of relevant stakeholders in particular, the residents themselves are absent from any planning process.
- Reasonable suggestions and offers of expertise from experienced and highly skilled professionals, in this instance social workers have not been utilised in the national response.

Key Recommendations

1. Adoption of IASW Liaison Social Work Model for nursing home and residential care settings for the duration of the pandemic.
2. That the Committee consider the impact of lack of social work representation in the national planning process and the subsequent failure of the HSE and Dept of Health to provide equitable access for residents and families to communication care,

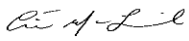
psychosocial support, end of life and bereavement care and recommend that as per the experience of Northern Ireland, the expertise of social work is utilised to deliver psychosocial support.

3. That the Committee consider the lack of social work safeguarding expertise in the national planning process and subsequent impact on the delivery of safeguarding services.
4. As experts in the field of human rights and safeguarding, social workers remain limited in their ability to complete unhindered safeguarding assessments. We therefore call for the progression and full enactment of the *Adult Safeguarding Bill, 2017.*

We ask that the Special Oireachtas Committee consider our submission and key concerns and recommendations as outlined above.

Should you require any further information, please do not hesitate to contact me on 086 7392420 or via email chair@iasw.ie

Kind Regards,



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