



IASW

Irish Association of Social Workers

Cumann na hÉireann um Oibríthe Sóisialta

30th January 2015.

Minister Kathleen Lynch, TD,
Dail Eireann,
Kildare Street
Dublin 2.

Re. Summary of Meeting between Minister Kathleen Lynch, T.D and Members of the Irish Association of Social Workers (IASW) Tuesday 16/12/14

Dear Minister Lynch,

On behalf of the Irish Association of Social Workers (IASW) we write to thank you for hosting us on 16/12/14 and provide a brief summary of the issues raised.

1) HSE Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures (2014).

While the IASW welcomes this publication and acknowledges that a national policy to safeguard vulnerable adults is long overdue, the Association is concerned about the lack of consultation with social workers in the development of this policy and its launch without the infrastructure (safeguarding and protection teams) to support its implementation.

Social workers are the professional group with the acknowledged experience and expertise in assessing and managing allegations of child and elder abuse and as such the IASW would welcome the opportunity to contribute to the roll out of the new policy. Members of the IASW work within the national elder abuse service, established in 2007. The service has robust structures and supports to provide a co-ordinated and holistic approach to addressing elder abuse and the IASW believes that similar infrastructure is needed to provide appropriate protection to vulnerable adults.

2) Abuse of Older People in Residential Care Settings

Linked to the above issue, the IASW wishes to advise the Minister that current practice, based on the HSE Elder Abuse Policy (2012) means that allegations of abuse pertaining to an older person residing in a designated centre, such as a nursing home, are assessed by the manager of that designated centre (Section 8.3). The HSE Elder Abuse Service holds no role in the assessment of such allegations. The IASW believes that such arrangements represent a conflict of interest for the person in charge of the designated centre and leave older adult residents in a highly vulnerable position. Similarly arrangements where residential settings essentially investigate themselves do not instil public confidence.

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The IASW believes that allegations of abuse of older adults in such settings should be referred to adequately resourced elder abuse services or vulnerable adult safeguarding and protecting teams, where social workers can professionally assess and manage such allegations in a client-centred, professional, independent and transparent manner.

3) Social Work Staffing Levels and Structures

The Report of the Commission on Patient Safety and Quality Assurance, "Building a Culture of Patient Safety" (2008) identified a lack of senior clinical leadership and governance as major contributory factors in adverse events in healthcare, both in Ireland and internationally. The IASW holds concerns that some of our colleagues are working within settings where there are poor clinical governance structures and often no clinical supervision. This issue has arisen in part due to the non-replacement of Principal Social Work posts which is compromising professional social work structures and representing a risk to the service user and worker. The IASW strongly advocates that vacant Principal Social Work posts need to be filled immediately and not left vacant or downgraded.

4) Reductions in Community Support Services for Older Persons, Individuals with a Disability and Other Vulnerable Adults.

The HSE National Service Plan 2015, similar to previous plans, highlights the importance of facilitating older adults and those with a disability to remain living at home for as long as possible. However this commitment is given against a back drop of reduced funding for Home Care Packages and Home Help services. Additionally it is increasingly challenging to secure grants to purchase specialised equipment and adapt housing to the needs of older people and those with a disability.

The IASW and the Minister spoke of the impact of such funding cuts on delayed discharges within acute hospital settings. The IASW is also aware that in addition to delaying discharges, such funding cuts, precipitate acute hospital admissions and the premature entry into nursing home care, which with adequately resourced preventative front line community services, could have been avoided.

The IASW believes that adequately resourced community support services hold the key to reducing hospital admissions and the current over-reliance on residential care.

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5) Assisted Decision Making (Capacity) Bill 2013

The IASW welcomes Minister Lynch's commitment to this legislation and would welcome its enactment as a matter of urgency. At present the IASW is aware of older people, those with an intellectual disability and acquired brain injury, enduring the costly, cumbersome, lengthy and entirely antiquated Ward of Court process.

6) Progressing Disability Services (PDS) for Children and Young People

The IASW welcomed the opportunity to discuss our experiences of this programme. As social workers we support the aim of PDS in providing a unified and clear approach to the delivery of health services to all children with a disability, however we are concerned that this is not occurring in practice. The IASW is aware that PDS is due to be rolled out in Dublin and believe that key learning from experience in other parts of the country should be taken into account in its continued implementation.

Challenges and needs identified by members of the IASW involved in PDS include increasing caseloads leading to unsafe practice, the need for clear and robust notification procedures in relation to the safeguarding role in child protection and welfare matters and a lack of equity in access to respite, home and preschool support services.

The IASW would welcome an opportunity to discuss these matters with the HSE Social Care Division and also have the opportunity to explain the role and value of social work intervention in disability services and PDS implementation.

7) Social Workers in Primary Care Services

The IASW was delighted to have had the opportunity to discuss the value of social work intervention in this setting. Social workers are identified as core members of the primary care team in the Primary Care Strategy (2001). However the roll out of social work services within this setting has been inconsistent and under-resourced, resulting in a social work allocation spread across up to five teams, representing populations of approximately 50,000 people. Social workers in primary care find themselves being referred to as a network service in some HSE areas and being resourced as such, in contravention of the Primary Care Strategy (2001). The under-resourcing of social work in this manner has depleted the role and value of the profession in this setting as well as limiting access to social work services.

The IASW believe that there is a pressing need to secure a commitment ensuring social workers are core members of primary care teams.

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Thanking you once again for the opportunity to meet with you and discuss issues of mutual concern. We found the discussion most positive and productive. If there are any further queries in relation to the content of this letter, or indeed any issues you believe the IASW could be of assistance in relation to, please do not hesitate to contact Donal O Malley, Chair of the Board of IASW, at 01 677 4838 or office@iasw.ie.

Yours sincerely

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