



IASW

Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

Minister for Health Stephen Donnelly,  
Department of Health,  
Block 1 Miesian Plaza,  
50 – 58 Lower Baggot Street,  
D02 XW14

10<sup>th</sup> December 2020

Dear Minister Donnelly,

Further to your email of the 27<sup>th</sup> November and following the publication of the Health Protection Surveillance Centre (HPSC) updated Guidance on Visitations to Long Term Residential Care Facilities on 30<sup>th</sup> November, I write again on behalf of the Irish Association of Social Workers (IASW) to highlight our serious concerns about the current Irish approach to visiting guidance, including:

- 1) The continued infringement of resident's rights to family life.
- 2) Government failure to financially invest in safe visiting spaces to promote the frequent visiting safely enjoyed by residents in some other European countries.
- 3) Government failure to recognise safeguarding risks posed by limiting family visits, a failure arising from lack of any engagement or consultation of the Department of Health, NPHE or HPSC with safeguarding social work expertise in IASW over the course of the pandemic.

The fundamental need and right to see the people we love is presented in the HPSC guidance as something to be measured, determined, and assessed under the core grounds for compassionate visiting. The IASW rejects this concept and clearly recognises the rights of all people, including nursing homes residents, under Article 12 of the UN Universal Declaration on Human Rights and Article 8 of the European Convention on Human Rights, to the right to a private and family life.

Yet, despite our low community transmission rates, clear evidence of the harmful impact of separation on both residents and families and the vital role families play in monitoring and reporting resident experiences of poor quality, care, neglect, or abuse, HPSC guidance proposes one of the lowest levels of indoor visiting in Europe.

A single one-hour visit per week with one family member in Level 3 and 4, diluted in Level 5 to a one hour visit with one family member per fortnight, as proposed in the HPSC guidance, with arbitrary interpretation of compassionate grounds by services providers fails to meet residents' rights. The government have not clarified the consequences should a service provider fail to comply with the guidance and since the 7<sup>th</sup> December, families have already highlighted multiple examples of arbitrary non-compliance with the new guidance (as indeed happened with the previous edition when some nursing homes declined to facilitate window visits).

As previously highlighted by the IASW, Ireland can look to Europe for examples of investment in safe visiting practices, measures which safely increase opportunities for frequent, lengthier visiting.

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This reflects the guidance of The European Centre for Disease Prevention & Control which outlines the importance of investing in risk based and infection control measures to support safe visits.

In Wales, the Health Minister announced 3 million euro of funding for visitor pods to facilitate regular visiting, as an interim measure, pending longer term investment in visiting support.

In Germany, investment in visiting spaces, infection control and rapid testing has facilitated up to two visits per day for some residents.

In Scotland, government guidelines have recommended four-hour indoor visits with one-person, additional window visits and garden visits with up to two households composed of six people each week. The Scottish government have also introduced the concept of protected touch between family members and residents in need of physical comfort.

In comparison, the Irish Government has selected the most restrictive level of visiting arrangements with the lowest number of people. The Temporary Assistance Scheme fails to provide any funding for capital expenditure for safer visiting spaces, nor has the government incentivised the profitable nursing home sector to undertake this work. Public health advice is based upon the current structures which support visiting. It is reasonable to conclude that increased investment in safe visiting spaces would allow public health guidance to consider supporting more generous visiting arrangements, as has occurred safely elsewhere using heated winter gardens, ventilated spaces, visitors pods etc. In the absence of this investment, the IASW notes media reports of individual nursing homes proactively investing in visiting pods, while some residents pay privately for rapid tests to facilitate physical visits. We now risk family visits occurring on-the-basis of a postcode lottery or access to private financial means.

The IASW is particularly concerned about **the absence of social work safeguarding expertise informing any aspect of the HPSC or NPHE response to date**. Despite social work being identified as an essential service in the Expert Panel Report on Nursing Homes and the IASW's repeated efforts to engage with the Department of Health, consultation has not taken place.

This has resulted in the failure of Government to recognise the vital and irreplaceable role family members play in the safety and protection of residents. We know that cases of poor-quality care, neglect, and abuse can occur in all institutions, including nursing home settings; multiple examples exist. The HSE recently acknowledged 'significant reporting of institutional abuse notifications' in CHO7 contributed to the 1000 cases which did not receive any HSE social work response in 2019.

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Safeguarding and Protection Social Workers have continued to receive notifications related to abuse and neglect in nursing home settings during the pandemic. You are also aware that the rape of a cocooned nursing home resident, perpetrated by a staff member which occurred in one nursing home over lockdown and that an investigation remains ongoing in that home.

HIQA and the IASW have been explicit about the limitations of current adult safeguarding regulation, legislation, and services in nursing homes. In 2019, HIQA received 711 concerns from members of the public about the quality of care offered in nursing homes. 159 concerns of institutional abuse were reported by the National Safeguarding Office in the same year. The restriction of family visits removes a set of protective eyes which is essential to the well-being of residents, particularly in an Irish context where our safeguarding system has been seen as unfit for purpose and repeatedly criticised for its lack of a legislative framework to investigate individual cases of abuse and neglect in the private nursing home sector.

Finally, the advocacy work of the IASW including the ‘Liaison Social Work Role for Nursing Homes and Residential Settings’ has attracted global recognition through the American Association of Retired Persons who have consulted with us, promoted it at international summits and referred our work to The Economist Group. This work will feature in the Economist Intelligence Unit’s global report on innovative practices on ageing – the only Irish project selected. It is regrettable that this expertise has yet to be recognised or valued within Ireland. Irish social work is influencing the international response to the rights and needs of residents – we are ready and available to provide this expertise to your office. We again request a meeting to further discuss the issues outlined above and the specific safeguarding issues arising due to the current restrictions on family visiting for nursing home and care home residents.

Should you require any further information regarding these matters, please do not hesitate to contact me on 086 2932164.

Yours sincerely,

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**Aine McGuirk,**  
**Chair**  
**SW004099**

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