



AN COMHCHOISTE UM SLÁINTE

Tuarascáil Maidir le hAosaigh a Chosaint

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JOINT COMMITTEE ON HEALTH

Report on Adult Safeguarding

December 2017

32H15

Chair's Foreword

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(Rural Independent Technical
Group)

The number of adults in our society who receive care or support is significant. Such care and support may be provided by HSE services, private agencies or family members. People in care may be restricted in being able to ensure their wellbeing is protected and, consequently, it is essential that adequate measures are adopted to ensure their safety.

Adult safeguarding aims to protect adults at risk. It is important to note that the term adults at risk is not exclusive to any particular group and that any individual may require support or care at some time. As such, safeguarding may directly impact everyone at various stages in their life.

The Joint Committee on Health met a number of bodies who spoke about adult safeguarding. These discussions included some of the most prominent ongoing issues, the development of processes and structures in the HSE and other health agencies and the need for greater legislative provisions.

The Committee acknowledges the ongoing work by health service providers throughout the country in their attempts to establish services that provide a safe environment for adults at risk. However, the Committee is aware that adult safeguarding needs to be further progressed to ensure that it functions effectively.

The requirement for legislation is evident and the Committee welcomes the drafting of the Adult Safeguarding Bill 2017 (PMB). This Bill would be an important step in creating clear guidelines for carers and providing processes which would ensure potential abuse would be identified at an early stage.

The Committee also acknowledge that legislation is urgently required. The HSE reported that they received 8,000 notifications of abuse concerns in 2016 alone. A Report on the National Study of Elder Abuse and Neglect report from 2010 estimated that 10,000 older

people are mistreated or neglected every year with 6,000 cases of financial abuse. Some reports suggest that, based on international prevalence of abuse figures at 5% and taking the current figure of more than 637,000 people over the age of 65, 32,000 people over the age of 65 years have experienced mistreatment in the previous 12 months. The estimated numbers may vary but each report explains that abuse is occurring at an alarming level.

It is also noted that further public awareness is required. Ambiguity about adult safeguarding still exists and there is uncertainty as what constitutes abuse of adults at risk.

Adult safeguarding is a complex area and the Committee was happy to have had the opportunity to discuss the matter and engage with all those who attended the Committee meetings. This report examines the areas covered in these meetings and makes recommendations which aim to contribute to a modern framework for safeguarding.

Michael Harty, T.D.

Chair

Joint Committee on Health.

13 December 2017

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Executive Summary

In recent years, there has been an increased effort to establish guidelines and policies that protect adults at risk from abuse, harm and neglect. However, despite these efforts there are continuing reports which indicate that current measures are inadequate. In 2016, there were almost 8,000 notifications of safeguarding concerns reported to the HSE. A large number of stakeholders, including officials from the HSE, the Department of Health and representatives from Sage and Inclusion Ireland, are in agreement that legislation is required to provide adequate safeguards. The Adult Safeguarding Bill 2017 (PMB) sets out to provide this protection.

The purpose of this report is to examine adult safeguarding and the Adult Safeguarding Bill 2017. The report examines some of the key areas where particular consideration is required and sets out the recommendations of the Joint Committee on Health.

The Committee held two sessions on 4 October and 11 October 2017 and met with stakeholders from the Health Service Executive (HSE), Inclusion Ireland, Sage, the Department of Health and the Institute of Public Administration (IPA).

There are a number of measures in place to identify and prevent harm and potential harm to adults at risk. The Committee acknowledges the efforts made by stakeholders in their attempts to provide better conditions for adults at risk. The Committee also acknowledges that further efforts are required to prevent abuse and to report such incidents when they do occur. The Committee is of the opinion that there is an urgent need for legislation and that this legislation is crucial in providing protection to adults at risk.

This report makes a number of recommendations with regard to Adult Safeguarding. These recommendations reflect the key areas which were highlighted in the two Committee meetings. The recommendations cover areas such as the National Safeguarding Authority, types of abuse, staffing, inter-agency collaboration and advocacy.

1. Introduction

1.1 Definition

The Adult Safeguarding Bill defines an adult at risk as

“a person, who has attained the age of 18 years who is unable to take care of himself or herself, or is unable to protect him or herself from abuse or harm”.¹

Safeguarding adults involves protecting adults at risk from harm. Harm, in relation to adults at risk is defined in the Bill as

- assault, ill-treatment or neglect of the adult at risk in a manner that seriously affects or is likely to seriously affect the adult at risk’s health or welfare,
- sexual abuse of the adult at risk,
- financial abuse of the adult at risk,

Whether caused by a single act, omission or which can include assault, neglect, sexual abuse and financial abuse.²

Inclusion Ireland stated that the term “unable to take care of himself or herself” may cause some difficulties as the term “taking care” is not defined in the Bill.

They suggested the term “unable to protect him or herself” would be sufficient.

¹ Adult Safeguarding Bill 2017, Section 6

² Adult Safeguarding Bill 2017, Section 2

1.2 The Adult Safeguarding Bill 2017 (PMB)

The Adult Safeguarding Bill, hereinafter referred to as the Bill, aims to ensure that adults at risk are protected from abuse and harm. It sets out to;

- make further and better provision for the care and protection of adults who are at risk
- establish the National Adult Safeguarding Authority³
- require certain persons to make reports to the Authority in respect of adults at risk of abuse or harm in certain circumstances⁴ and
- provide for related matters

³ Adult Safeguarding Bill 2017, Section 7 (1)

⁴ Adult Safeguarding Bill 2017, Section 21

2. Summary of recommendations

1. The Committee recommends that current HSE policy and practices are continuously reviewed to ensure that they provide effective safeguarding for adults at risk.
2. The Committee recommends that there should be no unnecessary delay in implementing legislation on Adult Safeguarding.
3. The Committee recommends that notifications of abuse are rapidly investigated and comprehensively reported upon thereafter.
4. The Committee recommends that any legislation on adult safeguarding should not impact negatively on the rights of the people it sets out to protect.
5. The Committee recommends further analysis of the available options in establishing the National Safeguarding Authority. However, The Committee believes that the independence of the authority is crucial in ensuring high standards of governance and oversight.
6. The Committee recommends that any legislation should define who is considered an adult at risk, what is considered abuse and the various types of abuse.
7. The Committee recommends that measures are taken to improve public awareness in understanding abuse of adults at risk and how to report such abuse.
8. The Committee recommends that any legislation would take into consideration the need for inter-agency collaboration.
9. The Committee recommends that the proposed National Adult Safeguarding Authority would adopt a similar approach to the National Safeguarding Committee in its inter-agency collaborations.
10. The Committee recommends that the staffing resources are kept at a level that is adequate and able to meet the demands of any new legislative responsibilities.
11. The Committee recommends legislation that would provide safeguarding for all adults in all settings.
12. The Committee recommends that any legislation should ensure that adults at risk are provided with access to an independent advocate.

13. The Committee recommends greater public awareness of the right to independent advocacy and on the benefits of early planning.
14. The Committee recommends that consideration be given to the alternatives to congregated settings and to ensure that these alternatives provide improved and continuous care for those leaving congregated settings.
15. The Committee recommends further consideration of the benefits of mandatory reporting for adult safeguarding.

3. Requirement for Legislation

There are currently a number of measures implemented by the HSE and other health services which are designed to provide protection to adults at risk. There are also provisions in various pieces of legislation that support these measures.⁵

The HSE published its safeguarding policy and procedures in December 2014 and set up a number of structures to implement this policy. Such measures include the establishment of a national safeguarding office, a national safeguarding committee, safeguarding teams, the appointment of designated officers across disability and older persons' services and the training of staff. The Committee welcomes these additional measures and recommends that these policies are continuously reviewed. The Committee also recommend that current measures ensure that notifications of abuse are rapidly investigated and comprehensively reported upon thereafter.

⁵ Such legislation includes The National Vetting Bureau (Children and Vulnerable Persons) Act 2015, The Protected Disclosure Act 2014, The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Financial and Consumer Protection legislation, and Domestic Violence and Family Law legislation.

The Committee acknowledges the stakeholders' concerns regarding the limits to their powers in ensuring adequate safeguarding measures. In 2016, there were 8,000 notifications of safeguarding concerns submitted to the safeguarding teams. Such statistics demonstrate that the new guidelines are identifying abuses of adults at risk. However, they also illustrate the scale of such abuse in society.

All stakeholders who attended the Committee meetings advised that current measures do not provide adequate safeguarding for adults and that legislation is vital.

The Committee acknowledges the necessity for legislation. It also notes the urgency for such legislation and is cognisant of the long delays in establishing safeguarding for children⁶. The Committee agrees that a similar timeframe is not acceptable and that legislation for adult safeguarding is essential.

However, the Committee also notes that legislation on adult safeguarding should not impact negatively on the rights of the people it sets out to protect. The HSE officials and representatives of Inclusion Ireland commented that any new legislation must take into account the need for protective measures and human rights principles such as autonomy.

1. The Committee recommends that current HSE policy and practices are continuously reviewed to ensure that they provide effective safeguarding for adults at risk.
2. The Committee recommends that there should be no unnecessary delay in implementing legislation on Adult Safeguarding.
3. The Committee recommends that notifications of abuse are rapidly investigated and comprehensively reported upon thereafter.
4. The Committee recommends that any legislation on adult safeguarding should not impact negatively on the rights of the people it sets out to protect.

⁶ The Kilkenny Incest report in 1991 highlighted the need for child safeguarding provisions. However, the Child Protection Act, which provides child safeguarding provisions, was not published until 2015.

4. National Adult Safeguarding Authority (Cosáint)

The Bill proposes the establishment of the National Adult Safeguarding Authority⁷ and sets out its functions in Section 9(1). Cosáint is the working title for the authority. The objectives of the authority would be;

“to promote the safeguarding of adults at risk, and to reduce the abuse and harm of adults at risk”⁸.

4.1 Establishment

The IPA prepared a report that examines the organisational and governance options for the establishment of Cosáint.

This report evaluated four options;

- Option A: Incorporation of the Authority into the HSE
- Option B: Establishing Cosáint as an executive office of the Department of Health
- Option C: Setting up Cosáint as a new agency
- Option D: Amalgamating Cosáint’s functions with those of an existing agency, such as HIQA or the Mental Health Commission.

A representative of the IPA commented on each option and these are summarised in Appendix 3. The IPA advised that further assessment is required to examine the full cost of each option.

Representatives from Sage recommended that any safeguarding service should be independent of service providers.

⁷ National Safeguarding Bill 2017, Section 7 (1)

⁸ National Safeguarding Bill 2017, Section 8

The UN Convention on the Rights of Persons with Disabilities⁹ stated that;

“In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities”.

4.2 Makeup of the Authority

Representatives from the HSE stated that responsibility for the new legislation would involve a number of government Departments, including the Department of Health, the Department of Justice and Equality, the Department of Employment and Social Protection, and the Department of Finance.

Representatives from the National Safeguarding Committee stated their belief that the new authority would replace the current National Safeguarding Committee.

4.3 Cost

Representatives from the National Safeguarding Committee predicted that implementing adult safeguarding legislation would decrease costs to the State. They referred to inefficiencies due to the fact that systems and processes are not in place, resulting in many concerns being investigated repeatedly without the proper action occurring.

The officials from the Department of Health reported that their predicted costs vary, depending on whether the authority is established as a new agency or otherwise. However, they expected that costs would likely be high. The officials reported that Tusla, the child safeguarding authority, has been assigned a budget of €700m per year.¹⁰

⁹ UN Convention on the Rights of Persons with Disabilities, Article 16.3

¹⁰ The 2018 budget has assigned a further €40m to bring the total budget to €750m for 2018.
<http://www.tusla.ie/news/tusla-child-and-family-agency-statement-on-budget-2018-allocation>

4.4 Powers

Officials from the Department of Health suggested the functions of Tusla, the child safeguarding authority, as possible reference points for the powers required for Cosáint. Some key features of Tusla were investigative functions that HIQA did not enjoy and protocols between Tusla and An Garda Síochána regarding guidelines on when and how each agency notifies the others.

The National Safeguarding Committee was established to bring together a number of agencies to provide safeguarding to adults at risk. The representative from the National Safeguarding Committee foresaw the new authority replacing the National Safeguarding Committee and taking over its responsibility for ensuring interagency collaboration. The representative also suggested that Gardaí should intervene in cases where a crime is identified and that the authority should ensure support for that victim.

The Committee acknowledges the work done by the IPA in this area. The Committee believes that the independence of the authority is crucial in ensuring high standards of governance and oversight.

5. The Committee recommends further analysis of the available options in establishing the National Safeguarding Authority. However, The Committee believes that the independence of the authority is crucial in ensuring high standards of governance and oversight.

5. Types of Abuse

Adults at risk are susceptible to a number of possible abuses. A Red C Survey¹¹, commissioned by the National Safeguarding Committee, illustrated various types of abuse that adults had experienced themselves or were experienced by someone close to them.

- Emotional (32%)
- Abuse by a service provider whether public, private or voluntary (20%)
- Abuse based on ageist attitudes (18%)
- Abuse based on a disability (16%)
- Financial (16%)
- Physical (16%)
- Sexual (10%)

The Red C Survey also stated that 84% of adults are unclear what is considered psychological abuse and 81% are unclear what is considered financial abuse.

The Committee believes that it is necessary to eliminate ambiguity in relation to the definition of types of abuse and what is considered an adult at risk.

Representatives from the National Safeguarding Committee highlighted financial abuse as an ongoing concern and referred to barriers in investigating such abuse.

Firstly, safeguarding teams have no right of access to a home when a high or reasonable suspicion of financial abuse exists. Secondly, financial institutes often work independently in investigating financial abuse. The National Safeguarding Committee stated it is currently discussing these issues with various financial institutions but legislation was required to set up guidelines for notifications and reporting. The monetary cost of financial abuse of adults at risk is unknown, but given that the Department of Employment Affairs and Social Protection pay €7.2 billion in State pensions and €3 billion in occupational pensions, the potential monetary cost is very high.

¹¹ Vulnerable Adults In Irish Society, December 2016, Red C
http://www.mhcirl.ie/File/RedC_SVAdults110417.pdf

6. The Committee recommends that any legislation should define who is considered an adult at risk, what is considered abuse and the various types of abuse.
7. The Committee recommends that measures are taken to improve public awareness in understanding abuse of adults at risk and how to report such abuse.

6. Inter-agency Collaboration

Officials from the HSE highlighted the importance of establishing clear processes and structures between different agencies when managing adult safeguarding.

The HSE also stated that effective adult safeguarding would require interagency collaboration between a number of departments and agencies including the Department of Health, other health agencies, An Garda Síochána, and financial institutions.

Such collaboration would include an agreed set of protocols that would establish clear guidelines on the responsibilities of each agency and how each agency would collaborate together.

For example, child safeguarding has established protocols for collaboration between Tusla and a number of other agencies including the HSE and An Garda Síochána.

The National Safeguarding Committee was established in December 2015, as a multi-agency forum aimed at promoting awareness of abuse, harm and exploitation of adults who may be vulnerable. The members of the authority's committee include representation from a number of health service agencies, An Garda Síochána, financial and legal institutes and officials from the Department of Health, and the Department of Social Protection. The Committee acknowledges the work done by the National Safeguarding Committee and recommends that a similar approach is adopted by Cosáint.

8. The Committee recommends that any legislation would take into consideration the need for inter-agency collaboration.
9. The Committee recommends that the proposed National Adult Safeguarding Authority would adopt a similar approach to the National Safeguarding Committee in its inter-agency collaborations.

7. Staffing

Officials from the HSE stated that 30,000 HSE and funded agency staff had been trained on the adult safeguarding policy. There are currently nine safeguarding and protection teams, one in each community health organisation (CHO). There are almost 60 staff members involved in safeguarding teams throughout the country.

The Committee noted the investment in staff resources but advises that additional staff may be needed given the estimated numbers of abuse.

Representatives from Sage reported positively on some of the CHO's work but added that there were huge inconsistencies in the response of different CHOs. Representatives from Sage also reported that some CHO staff believed that they were not sufficiently resourced to respond appropriately.

Officials from the HSE stated that if the proposed legislation is implemented, it would require additional staff in order to be able to implement the new legal powers.

10. The Committee recommends that the staffing resources are kept at a level that is adequate and able to meet the demands of any new legislative responsibilities.

8. Home v Residential Care

Representatives from the National Safeguarding Committee spoke of the high levels of abuse of adults at risk in the home and noted financial abuse as a particular problem.

Representatives also noted that 46% of the complex cases it had investigated involved nursing homes, many of which were private homes.

Currently, there is no legal provision that allow HSE protection teams the right of access into a person's home or private nursing homes.

Representatives also identified two different scenarios which require consideration.

Firstly, there are situations where nursing homes have reported to Sage a lack of support to assist in concerns of abuse. Secondly, there are cases where nursing homes are not co-operating with Sage.

Residential care is subject to independent regulation by HIQA. However there is no regulation in community services and home care. The Law Reform Commission recommended oversight of home care and the home care setting¹² but this advice has yet to be implemented.

The Committee recommends that the Bill provides regulation and oversight for both public and private care, as well as home and residential care.

11. The Committee recommends legislation that would provide safeguarding for all adults in all settings.

¹²Law Reform Commission, Legal Aspects of Professional Homecare, 2011
<http://www.lawreform.ie/fileupload/Reports/r105Carers.pdf>

9. Advocacy

An advocate can be described as someone who, on behalf of another individual, represents their views, can request information and can make complaints. This is a significant feature in adult safeguarding.

In 2016, the then Oireachtas Joint Committee on Health and Children published a report on the role of advocacy in health and social care services in Ireland¹³.

This report made a number of comments and recommendations which

- acknowledged the important role that advocates can play
- recommended that there should be a single pathway for complaints
- acknowledged that the lack of statutory powers for advocacy are considered a barrier which can prevent advocacy services from accessing or acting on behalf of people with disabilities.

The Committee recognises that advocacy has an important role to play in adult safeguarding. The Adult Safeguarding Bill 2017 makes provisions for adults at risk accessing an independent advocate¹⁴.

The Committee also recognises a number of issues which currently prevent individuals from accessing an independent advocate when required.

¹³ Joint Committee on Health and Children; report on the Role of Advocacy in Health and Social Care Services in Ireland, January 2016.

<http://www.oireachtas.ie/parliament/media/committees/healthandchildren/health2015/JCHC-Report-on-Advocacy.pdf>

¹⁴ Adult Safeguarding Bill 2017, Section 12

9.1 Education

The Committee recognises the need for greater public awareness about advocates and for long term planning and arranging an advocate prior to actually requiring one.

The Committee also acknowledges that education is required in understanding the role and benefits of independent advocacy. The representatives from Sage reported that they often experience resistance from families who may prefer “the ‘safety’ of the current living situation of a relative with a disability as more important than a move to a more ‘self-directed’ way of life”.

9.2 Congregated Settings

A congregated setting is where 10 or more people with a disability are housed in a single living unit or placed in accommodation that is campus or institution based¹⁵. Sage reported that there can be issues in ensuring the independent views and preferences of adults in care and in ensuring access to independent advocates.

A number of reports, such as the Aras Attracta Report¹⁶ highlighted abuses in such settings. Consequently the number of people cared for in congregated settings is decreasing. Officials from the HSE reported that in 2012, there were 4,000 people cared for in congregated settings and estimated that at the end of next year, there will be just over 2,000. Homecare is a possible alternative to care in congregated settings. However, as discussed earlier, regulation of homecare is still to be implemented.

The Committee recommends that consideration be given to the alternatives to congregation settings and to ensure that these alternatives provide improved and continuous support for those leaving congregated settings.

¹⁵ Inclusion Ireland. <http://www.inclusionireland.ie/sites/default/files/attach/basic-page/1293/cfn-policy-watch-congregated-settings-290715.pdf>

¹⁶ <https://www.hse.ie/eng/services/news/media/pressrel/ArasAttractaIndependentreview.html>

9.3 Legal Recognition

The Assisted Decision-Making (Capacity) Act 2015 refers to advocacy and proposes to set up codes of practice for advocacy services. However, these provisions of the Act have yet to be fully implemented.

The Adult Safeguarding Bill proposes that in cases where an adult needs support and assistance, it may appoint an independent advocate.¹⁷ The Bill also refers to the provision of independent advocates.

The representatives from Sage reported that despite the HIQA Quality Standards for Nursing Homes regarding access to independent advocates, some nursing homes were still not complying.

Representatives stated that the legal recognition of advocates and the right of access to advocates would assist in many of the current issues regarding advocates. However, the representatives also noted that there is a threat of over-regulation. They stated;

“A HIQA inspector reviewing the minutes of a meeting of residents in what is people’s own private home seems to be a fundamental undermining of people’s right to privacy and independence.”

12. The Committee recommends that legislation should ensure that adults at risk are provided with access to an independent advocate.
13. The Committee recommends greater public awareness of the right to independent advocacy and on the benefits of early planning.
14. The Committee recommends that consideration be given to the alternatives to congregated settings and to ensure that these alternatives provide improved and continuous care for those leaving congregated settings.

¹⁷ Adult Safeguarding Bill 2017, Section 11, part 3 (d)

10 Reporting

Schedule 1 of the Bill lists the professions for what is considered a mandated person. The Bill also states that a mandated person, who knows, believes, or has reasonable grounds to suspect that an adult at risk is suffering or is at risk of suffering harm or abuse, must

“as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Authority”.¹⁸

The Committee addressed the issue of mandatory reporting. Officials from the Department of Health noted the current arrangements for mandatory reporting in child safeguarding and reported some concerns.

- Establishing the threshold for mandatory reporting may be difficult to define.
- Establishing mandatory reporting may delay the new Bill. The official’s referred to child safeguarding and the amount of time and work required introducing mandatory reporting.
- The administration of mandatory reporting may delay the initiation of the investigation.

Officials from the Department of Health recommended further research into the benefits of mandatory reporting in adult safeguarding. They also stated that the decision on whether Cosáint would be an independent agency or part of an already established agency would impact this decision. For example, if the authority is external and an internal agency had sufficient policies in place to analyse each referral, the internal agency may be in a position to decide which referrals should be sent to the authority. The Committee acknowledges these views and notes that this is an area that requires more research and debate.

15. The Committee recommends further consideration of the benefits of mandatory reporting for adult safeguarding.

¹⁸ Adult Safeguarding Bill, Section 21 (1)

11 Summary

The UN Convention of the Rights of Persons with Disabilities requires State Parties to protect persons with disabilities from “all forms of exploitation, violence and abuse”.

Many health service agencies and outside agencies are working together to protect adults at risk from abuse, harm or neglect.

HIQA, an independent regulator, provides oversight to institutes that provide care for adults. However, despite these measures there are still areas in which abuse is not adequately prevented or reported. Officials and representatives from the Department of Health, the HSE, Sage and Inclusion Ireland all re-iterated the need for Adult Safeguarding legislation. Such legislation would require that all home care providers, whether they are public or private, comply with best practice standards.

However, further consideration is required in a number of areas. Responsibility for the implementation of the new authority and any new legislation would need to be shared with a number of departments.

The establishment of a new authority would require further analysis, particularly as to whether it would be independent or part of an existing agency. The functions of the new authority would also need to be considered to ensure there is a clear understanding of its responsibilities. There are a number of agencies referred to in this report and clear guidelines would need to be created on how each agency would interact with the others.

Mandatory reporting is another area that requires further discussion. Although the intentions of such reporting are obvious, they may have a negative impact, such as slowing down investigations of suspected abuse. Child safeguarding has recently introduced mandatory reporting and further reports should assist in considering whether it would be beneficial for adult safeguarding.

This report lists the key areas that need detailed consideration.

Appendices

Appendix 1: Membership of the Joint Committee on Health

Deputies:

Bernard Durkan (Fine Gael)

Dr Michael Harty [Chairman] (Rural Independent Technical Group)

Billy Kelleher (Fianna Fáil)

Alan Kelly (Labour)

Kate O'Connell (Fine Gael)

Margaret Murphy O'Mahony (Fianna Fáil)

Louise O'Reilly (Sinn Féin)

Senators:

Colm Burke (Fine Gael)

John Dolan (Civil Engagement Technical Group)

Rónán Mullen (Independent)

Dr Keith Swanick (Fianna Fáil)

Appendix 2: Stakeholders and Transcripts

Stakeholders

The Joint Committee (hereinafter referred to as the “Committee”) held **2** days of hearings in **October** of **2017** to engage with relevant stakeholders to discuss **Adult Safeguarding**. The table below identifies all stakeholders who made presentations to the Committee, the date of their presentations and the session during which they made their presentation.

4 October 2017

- Health Service Executive (HSE)
- Inclusion Ireland
- National Safeguarding Committee
- Sage

11 October 2017

- Department of Health
- Institute of Public Administration (IPA)

Transcripts

The transcripts of the meetings of [4 October](#)¹⁹ and [11 October](#)²⁰ **2017** are available online

¹⁹ Meeting of the Oireachtas Joint Committee Health (**[4 October 2017]**). Available at: <http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/committeetakes/HEJ2017100400002?opendocument>

²⁰ Meeting of the Oireachtas Joint Committee on Jobs, Enterprise and Innovation (**11 October 2017**). Available at: <http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/committeetakes/HEJ2017101100001?opendocument>

Appendix 3: Summary of the Institute of Public Administration Report on the establishment of Cosáint

(i) Background

The Institute of Public Administration met with the Committee on 11 October 2017 and summarised their research paper which examined the available options in establishing Cosáint, the national adult safeguarding authority. The report highlighted four options with regard to the establishment of Cosáint.

(ii) Options

Option A: Incorporation of the Authority into the HSE

- Most problematic, as from a governance perspective, difficulties arise if the HSE is both a provider and a regulator of services

Option B: Establishing Cosáint as an executive office of the Department of Health

- Allows for some independent branding of a service
- Facilitates inter-departmental workings
- Allows some independence for areas such as staffing
- Proposed authority would be required to investigate reports of abuse or harm and direct the HSE and other to act.
- Independence issues remain as it will not be legally separate from the civil service and the CEO of Cosáint will not be legally separate to the Civil Service

Option C: Amalgamating the functions of Cosáint with those of a functioning agency

e.g. HIQA or the Mental Health Commission

- Examples of such an option are in existence e.g. Mental Health Commission has responsibility for the Assisted Decision Making Support Service

- Incorporation into HIQA is possible as both would have statutory responsibility for the protection of adults at risk and both have a role in promoting standards and providing information.

Option D: Establishing Cosáint as an independent entity

- Complete independence from the department and other agencies.

(iii) Further Comments from IPA

Representatives from the IPA stated that the number of Irish agencies has declined in recent years. A report on agent rationalisation²¹ examined a programme to decrease the amount of agencies in existence.

However it noted that despite this policy, 11 new agencies have been created since 2010. They also referred to the list of principles in the report which state

“a separate body may be required if specialist skills are needed or where independence in the performance of functions requires functional separation from government departments.”

However, the IPA reports that there is no one best way of delivering new public service functions. The IPA cited the OECD (2008) who stated that the most important factor regarding agencies is why they are created and how they are governed.

(iv) Conclusion

Representatives from the IPA recommended that further consideration and research was required to analyse the cost of each option.

²¹ Report on the Implementation of the Agency Rationalisation Programme, 2016, Department of Public Expenditure and Reform.