

**Opening statement of Joanna O’Riordan, Institute of Public  
Administration to the Oireachtas Joint Committee on Health  
on the subject of ‘Adult Safeguarding’**

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**Introduction**

In June of this year Senator Colette Kelleher commissioned the Institute of Public Administration (IPA) to prepare a research paper looking at the organisational and governance options in respect of the establishment of the National Adult Safeguarding Authority.

I wish to confine my comments here to the substantive issue of how Cosáint, which is a working title for the National Adult Safeguarding Authority, could be established.

The paper I wrote for Senator Kelleher provides a short background to the approach in Ireland to the need for new public functions or services and then reviews the most likely options in respect of Cosáint.

**International context**

There has been criticism of the proliferation of agencies across OECD countries in the past and many countries have engaged in agency rationalisation. However, in their review of the Irish public service, the OECD (2008) comment that agencies are not good or bad per se, what matters is why they are created and how they are governed.

In recent years the number of Irish agencies has declined and where new agencies are created, it is in the context of a more regulated agency environment including the use of performance frameworks between agencies and their parent department.

International experience indicates that there is no one best way of delivering new public service functions, rather there is a need to review the proposed services in the light of a range of objective criteria.

## **Options for establishing the National Adult Safeguarding Authority**

My report assesses the advantages and disadvantages of four possible arrangements for establishing the new adult safeguarding authority.

Of the four options I believe the incorporation of the Authority into the HSE would be problematic. From a governance perspective, difficulties arise where an organisation is both a provider and regulator of services. It would be important that Cosáint would be, and would be perceived by users of the service to be, impartial and independent.

The second option, establishing Cosáint as an executive office of the Department of Health has some points of merit. Executive offices allow for independent branding of a service, facilitate inter-departmental working and have a degree of independence, for example in respect of staffing. It is probable that an executive office could admirably fulfil the education, training and public awareness briefs of the proposed authority.

But the issue of independence again arises. The proposed authority will be required to investigate reports of abuse or harm and direct the HSE and others to act. Questions remain as to how an executive office can be independent if they are not legally separate from the civil service, and if the chief executive of the office reports to the secretary general of the department.

The two remaining options are establishing Cosáint as a completely new agency or amalgamating its functions with those of an existing agency, the most realistic options being the Health Information and Quality Authority, HIQA, or the Mental Health Commission, which both operate in the same regulatory space.

Notwithstanding the government's general policy to rationalise agency numbers, research by the IPA (Boyle, 2016) shows that 11 completely new agencies have been established since 2010. This reflects the fact, as my colleague Dr Richard Boyle has put it, 'agencies are often established for good reasons' and 'focusing the debate simply on the number of agencies is unhelpful'. More pertinent is to have objective criteria in respect of agency creation and systematic policy around performance management.

In 2011 the government agreed a series of guiding principles (DPER, 2014) in respect of agency rationalisation and reform. The full list of principles, which reflect good practice internationally, are in my report. However, it is important to highlight that the guidelines acknowledge that:

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.

Amalgamation with another agency is also a possibility. In the case of the Mental Health Commission it has already been determined that it will have responsibility for the Assisted Decision Making Support Service so that may preclude further expansion.

It is possible that Cosáint could be incorporated into HIQA. There are parallels between the proposed authority and HIQA in that both have statutory responsibilities for the protection of vulnerable citizens and both also have a role in promoting standards and providing information.

The government's guidelines on agency rationalisation (DPER, 2014) indicate that merging and restructuring bodies should have a clear and demonstrable benefit in terms of delivering greater democratic control, improved service delivery and or financial savings. In other words there should be a strategic imperative for a merger, rather than simply a desire to reduce agency numbers.

## **Conclusion**

In conclusion, my paper sets out the advantages and disadvantages of the most likely institutional and governance options in respect of Cosáint. All options will require more detailed consideration and assessment before coming to a final decision. Regardless of the option chosen there will be a cost and a period of very intensive work for those involved. Acceptance of the cost is a political decision that has to be set against the benefits of the proposed authority and its work.

**References:**

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