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***

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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

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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.

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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?

[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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Aine McGuirk

Chair

SW004099

114-116 Pearse Street, Dublin 2, Ireland
Tel: +353-(0)1-6774838
Email: office@iasw.ie
Website: www.iasw.ie

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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,

_____

Aine McGuirk

Chair

SW004099

114-116 Pearse Street, Dublin 2, Ireland
Tel: +353-(0)1-6774838
Email: office@iasw.ie
Website: www.iasw.ie

The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice

Irish Association of Social Workers

Authors:
Sinead McGarry, Acute Hospitals
Kerry Cuskelly, Mental Health
Patrice Reilly, Older Persons Integrated Care/CNU Family Liaison
Aisling Coffey, HSE Older Persons Services
Niamh Finucane, Palliative Care
Anne O'Loughlin, Rehabilitation Services
Louise Casey, Palliative Care

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Foreword

I am delighted to write the foreword and compliment the authors of this timely and practical document *'The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice'*, published by the Irish Association of Social Workers.

People living in Nursing Homes and other residential centres have borne the brunt of the Covid-19 pandemic in Ireland with over 60% of Covid related deaths occurring in such settings. As a country we must face painful facts about what contributed to the loss of life on such a scale among older people with support needs in particular. In time there needs to be a forensic and honest examination as to why this situation arose. In the here and now we must act and do all that we can to prevent deaths in Nursing Homes and Residential settings and make dying in dignity as good as it should be for the person and their loved ones.

So I welcome this timely 'model of good practice', which draws upon the research evidence and the immense expertise and experience of social work. Everyday all over Ireland, social workers are assisting vulnerable people and those living in residential settings along with their families to navigate their way through life and death. In life and in dying this profession is on the frontline of support for vulnerable people and their families. The authors make seven sensible recommendations about ensuring equity in access to social work when people are unwell, dying or bereaved. Previous failures in health and social care delivery show the importance of sensitive, timely communication. Here, an essential plan for skilled communication with people and their loved ones as well as reviews of care post bereavement are recommended. There are proposals too for engagement with social work in formulating national responses and policy. It is essential that social work has a seat at the national table in these exceptionally challenging times for older people, when devising national responses to the pandemic. Above all they highlight the importance of acknowledging and responding to the losses and bereavements so many people have experienced.

It would be wise too to listen to the calls made by the Irish Association of Social Workers for a national network of home care, the full implementation of the Assisted Decision Making (Capacity) Act, and Adult Safeguarding law. These measures, among other reforms, could ensure that older people with support needs in Nursing Homes and people in other residential settings have the life and death each of us has a right to expect. And that from the great losses and sadness that Covid-19 has brought us, a better Ireland to grow old in emerges, guaranteeing respect and dignity for all. *'The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice'* is a step along that way. It is heartening that this liaison social work role is already available in some public nursing home and residential settings. I recommend it to all public and private settings where it can be put into practice.

Colette Kelleher, former Senator. Co-Convenor of All Party Oireachtas Group on Dementia; mover of Adult Safeguarding Bill 2017; former CEO of Alzheimer Society of Ireland. Cope Foundation and Cork Simon Community; social worker by profession.
May 2020

Foreword by authors

In April 2020, social workers deeply concerned about disproportionate impact of Covid-19 on vulnerable residents in nursing homes and a wide range of residential settings, came together to share their professional expertise on how social work was adapting and responding to the needs of residents and their families. Social workers listened to the experiences of residents and families, drew upon existing and evolving messages from research and shared learning, resources and tools developed since the onset of Covid-19 across a range of Irish social work agencies and settings.

The model outlined in this document is informed by this collaborative expertise and provides a way to share learning across the profession so that social workers can provide the psychosocial supports that residents and their families urgently require. The model has been operationalised in varying forms in St Mary's Hospital in the Phoenix Park, the Navan Road Community Nursing Unit, St Clare's Community Nursing Unit, Clarehaven Community Nursing Unit, Lusk Community Nursing Unit and CHO 7 in Hollybrook Lodge Residential Care Centre. It has also been adapted for use in mental health services in CHO 9.

Social workers have particular expertise in the co-ordination and delivery of skilled communication care. Communication care is a key component of the model, ensuring that residents and families receive complex and distressing information in an empathic and sensitive way, from a consistent, supportive professional. In doing so, the model addresses lessons from previous reviews into healthcare failures which recognise distress and grief are compounded by a perceived lack of compassion from health and social care services. HIQA (2019) called for stronger safeguarding measures to be put in place to deliver care to residents. The delivery of a liaison role allows social workers advocate for individuals and families to ensure that their rights are understood, respected and reflected in the work practices of the care setting.

Through a systemic psychosocial, palliative and bereavement care approach, the model provides the practical, social and emotional support requested by residents and families and provides opportunities, to mitigate future grief. It is evidence informed and draws on the professional wisdom and experience of Irish social workers. The model delivers a holistic model of care, recognising that people living in nursing home and residential care settings have a wide range of needs. Most importantly, bereaved families have given positive feedback about the support they received through this model of care. We hope it can support all vulnerable residents and their families during the Covid-19 pandemic.

Key Recommendations

The IASW has developed key recommendations to inform a national equitable response to the unmet psychosocial needs of all unwell individuals, dying people and the bereaved.

Recommendation 1:

For the duration of the Covid-19 pandemic, all unwell and dying individuals who are receiving care in hospitals, hospices, public and private nursing homes and residential settings across all care areas should, along with their families, have access to psychosocial, palliative and bereavement social work services. This aligns with the rights of an individual to exercise self-determination, to be fully informed and supported in their own care and to be treated with dignity and respect.

Recommendation 2:

People living with a palliative diagnosis in the community are particularly vulnerable to Covid-19 and may be experiencing lower levels of formal and informal supports, due to social restrictions. They, along with their families, should have access to a local community palliative care social work service. Many community healthcare service areas continue to have specialist palliative care teams which do not offer a social work service. This inequity in access should be addressed as a matter of urgency.

Recommendation 3:

Communication with individuals in nursing home and residential settings, and their families, must be considered a core and essential component of health and social care delivery. Sensitive, timely and accurate communication should be at the heart of all service delivery.

Recommendation 4:

Social workers are key stakeholders in the provision of psychosocial, palliative and bereavement care in our health care services and communities. Direct social work representation at national level is essential to ensure that professional social work expertise contributes to the development of a holistic approach to psychosocial care delivery, one which recognises the equal importance of addressing both psychological needs and wider social needs.

Recommendation 5:

National policy responses must respond to the inequalities experienced by people as a result of the social determinants of health. Individuals may experience inequality due to disability, age, race, mental health, socio-economic status, communication difficulties, language barriers, experiences of homelessness, safeguarding risks and addiction etc. Person centred interventions, reflecting the unique needs and rights of people who may be marginalised within care settings and communities must be developed in tandem with mainstream approaches.

Recommendation 6:

All bereaved families should be offered the opportunity to have a review of care meeting

with the clinicians and relevant care staff who cared for their loved one, in order to address any outstanding concerns about the delivery of care. Given the restrictions associated with Covid-19, and the lack of opportunity to meet with clinicians prior to the death of their relative, requests by families to hold such meetings are likely to increase and a clear pathway must be agreed to facilitate this process in every care setting where deaths have occurred.

Recommendation 7:

Individuals living in nursing home and residential settings may experience multiple losses over the course of the pandemic. It is essential that the losses and bereavements experienced by residents are acknowledged and supported through access to on site psychosocial and bereavement support. Care plans should address an individual's emotional, psychological and social needs, as well as the physical.

Introduction

From the outset of the Covid-19 pandemic, the Irish Association of Social Workers (IASW) has highlighted both the unmet needs of people who are dying in acute and residential services and the immediate bereavement needs of their grieving families. Social workers deliver psychosocial, palliative and bereavement care in hospitals, hospices and community settings across Ireland. However, this care is not accessible to all and traditionally has never been delivered to people living in nursing homes or residential care settings. At present, the location of a person's care and death dictates whether an individual and family has access to social work support around their palliative and bereavement care needs. As more than half of all deaths during the pandemic have occurred in nursing home and residential settings, the levels of unmet needs of the dying and bereaved are now painfully transparent.

Social workers have, since the pandemic began, provided a Liaison Social Work service in a number of public nursing home units and have reported positive feedback from bereaved families and care staff. The IASW subsequently developed an evidence informed model of practice for the Liaison Social Work role (see figure 1, p.8), a model which reflects the scope of palliative social work services often available to individuals and families in the acute hospital or specialist palliative care settings. The IASW advocates that this comprehensive model of Liaison Social Work, which provides psychosocial, palliative and bereavement care should be accessible for all individuals who are unwell or dying and who may be separated from their families, across all public and private nursing home and residential care settings. Access to social work support is also vital for other residents in the care setting who may be distressed and bereaved as a result of deaths within their communities. This document outlines a model of practice to support the role of Liaison Social Work and accompanying practice guidelines, *'The Liaison Social Work Role in Nursing Homes and Residential Settings: Guidance for Social Workers'*, are available to support the work of social work practitioners.

The IASW will continue to advocate for the expansion of existing social work roles across hospitals, hospices and communities to ensure that all people who need to, can access social work support in these settings. Family members of these individuals are also entitled to a social work service to support them with Covid-19 visiting restrictions, separation anxiety and pre and post bereavement care.

Scope

This document provides a model of social work practice, with accompanying separate guidance for all social workers in a liaison role who provide a service to nursing home and residential settings.

This model reflects what is currently accepted as best practice in responding to the psychosocial needs of unwell individuals separated from families, the dying and the bereaved (Selman et al, 2020; Wallace et al, 2020). The accompanying guidance *The Liaison Social Work Role in Nursing Homes and Residential Settings: Guidance for Social Workers* provides practice guidelines, developed from this evidence and practice informed model.

Rationale for the Liaison Social Work Role

While social work has responded swiftly to the Covid-19 pandemic, it has done so in a measured way. There has been an urgent national effort to develop new ways of living safely as result of the pandemic. This has on occasion, been mirrored by a professional urgency to develop new responses to Covid-19.

It is important that the process of delivering psychosocial care in a society adapting to Covid-19 is not made unnecessarily complex and that we support, develop and adapt existing expertise, governance structures and services in order to respond to need in a holistic way. Services that provide psychosocial care and mental healthcare should be capable of responding to a wide range of disasters and major incidents and responses should build on the capabilities within local services (Williams et al, 2014). This reflects key principles set out in best practice guidelines (IASC, 2007), which also recommends building upon resources and capabilities within the existing psychosocial care landscape.

It is in this spirit that the IASW promotes the Liaison Social Work role. The liaison role is an adaption of the type of social work intervention available within many of our hospital and community settings. It is deliverable and aligns with the recommendations of an integrated approach to health and social care delivery across all settings, public, private, acute, community, statutory and voluntary (Committee on the Future of Healthcare, 2017) and with the model of care outlined in the National Model for Palliative Care (HSE and RCPI, 2019). Some concerning reports have appeared in Irish media during the course of the Covid-19 pandemic (Carswell and Power, 2020), highlighting the distress experienced by bereaved relatives of people who died in nursing home settings. Relatives have shared what they perceive to be a lack of appropriate of timely communication about their loved one from care staff. It is known that failures in communication cause considerable distress to individuals who are ill or bereaved (HSE, 2017; Scally, 2018). Roll out of a Liaison Social Work service clearly demonstrates a new national understanding that communication is an essential part of health and social care delivery.

The Liaison Social Work role addresses the social, emotional and practical needs of the ill, those who are dying and the bereaved. So often, research and national discourse on psychosocial care focus primarily on the counselling and therapeutic needs of people. These are key needs which make significant, meaningful and lasting changes in the lives of individuals. However, individuals with serious health concerns and their families have a wide range of social and practical needs (Selman et al, 2020; Gray et al, 2020) which are also essential to their sense of wellbeing and functioning. Bereaved people often have practical tasks that may feel overwhelming and which they may identify as their most pressing concern. The bereaved benefit from support and guidance to navigate these needs (Gray et al, 2020).

Social workers have worked with dying and bereaved people throughout the pandemic and have provided feedback to the IASW describing the emotional, practical and social supports requested by individuals and families. Social workers have shared personal family messages with isolated patients, supported people to write wills and resolve outstanding tasks. Social workers have brought relatives to car parks to wave through windows, proactively supported communication via technology (and provided emotional support after the call ended), printed out family photographs for bedside lockers, supported conversations between patients and families in relation to saying goodbye, 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, helped return deeply sentimental possessions to the newly bereaved in a sensitive way, supported with new funeral processes, organised death certificates or contacted

undertakers when distressed relatives required support and supported families in explaining painful separation and death to children and vulnerable adult members of the family unit.

These needs are practical, emotional and social in nature. They are met in the context of systemic work, supporting not just the individual, but those closest to the person, around the issues and concerns that matter to them most. This is the care the IASW believe all isolated, dying and bereaved people in nursing home and residential settings should be able to access through a Liaison Social Work service.

Key Principles and Values

Social work is rooted in an interconnected network of values, theories and practice. Fundamental to social work practice are our core values which support the value and centrality of human relationships in life, recognise the dignity and worth of each individual, uphold principles of social justice and rights to equality of all, recognising that life is not an even playing field. Some people, as a result of their socioeconomic background, age, race, culture, gender, disability and health status, may experience oppression, exclusion or discrimination.

This professional belief system is clearly stated in the Social Workers Registration Board Codes of Professional Conduct and Ethics (CORU, 2019) which requires that social workers address inequality and promote social justice through their practice. This document reflects those belief systems as the IASW seeks to address the inequity in access to psychosocial, end of life and bereavement care across hospitals, hospices, community and all care settings.

Social Work and the Psychosocial Response to COVID-19

Covid-19 has had a profound effect on the ways we support the ill and mourn our loved ones. It has introduced new and painful social distancing at times when people require a high degree of connection and emotional support. People diagnosed with Covid-19 are living with uncertainty regarding their prognosis, given the unpredictable nature of the disease. Those with pre-existing health conditions may feel unsafe, isolated in their environment and fearful of contracting Covid-19. People who may experience marginalisation due to disability, age, mental health, communication barriers, isolation, safeguarding risks, addiction and homelessness may also be increasingly vulnerable in a society with restricted access to usual health and social care supports. Older people, people with disabilities, and their families, may fear they will not receive equal access to ICU or ventilation services, given media speculation about triage decisions in pandemic healthcare. Harrowing media reports, in Ireland and abroad, offer poignant accounts of the distress experienced by the dying and their families. Many people in Ireland have and will continue to die without the loving comfort and presence of their family, often having experienced prolonged separation in the weeks prior to death. For families who may be able to visit ill relatives, the risk of exposure to infection may raise concerns.

The role for social work within this context is clear and unequivocal. The United Nations Inter Agency Steering Committee has published a set of guidelines ‘Mental Health and Psychosocial support in Emergency Settings’ (IASC, 2007) and briefing notes (IASC, 2020) which informs the response of both the World Health Organisation and the HSE to national emergency

situations (HSE, 2014). When explaining the purpose of the guidelines, IASC (2007) report that 'the core idea behind them is that in the early phases of an emergency, social supports are essential to protect and support mental health and psychosocial well-being.' IASC (2007) further elaborates that mental health and psychosocial problems in emergency situations are predominantly social or psychological in nature and recommends that a central group should be formed to co-ordinate mental health and psychosocial support. Social services should be included in this co-ordination group (IASC, 2007).

Links between the social determinants of health and Covid-19 are established (Abrams and Szefler, 2020). As current research shows the high mortality rates experienced in areas of deprivation, (Iacobucci, 2020), it is clear that people who have less will suffer more in the Covid-19 pandemic. Social work, a profession concerned with achieving social justice and equity in access for all, recognises the influences and risks associated with adverse social determinants and pro-actively seek to address them to achieve change, both at national level and in direct practice with individuals and families.

Social work has a key role to play both in the development of national policy in response to Covid-19 and in the continued delivery of holistic, high quality psychosocial care.

Messages from Research

Most people are resilient in the face of trauma and devastating losses (Bonnano 2004; Lau et al, 2008; Camilleri et al 2010; Byrant et al, 2014). While the majority of bereaved people do not require professional support, a significant minority (approx. 40%) may require extra support (Aoun et al, 2015). It is clear that Covid-19 disrupts the usual ways people are supported in end of life care and bereavement (Selman et al 2020; Wallace et al 2020) and access to the social supports which have been shown to promote resilience in the wake of epidemics (Bonnano et al, 2008) is now significantly changed, given social distancing, cocooning and other pandemic related measures.

An examination of the long term psychological impact of SARs on a high risk group of health care workers (Maunder et al, 2008) found that while psychological effects were common, symptoms primarily presented as subclinical stress responses. As a result, research and guidance, (IASC, 2007; Maunder et al, 2008) recommends that thinking about pandemic related stress interventions should shift away from solely focusing on models of clinical intervention for mental health problems towards a more holistic approach, considering models of adaption and resilience in psychologically well people. This approach aligns with the skillset of social workers in the Liaison Social Work role, who by virtue of their training, proactively seek to identify, support and enhance the existing resilience and capacity of individuals and families facing adversity.

When responding to traumatic situations or major incidents, 'All aspects of psychosocial and mental healthcare should only be provided with full consideration of people's wider social environments, the cultures within which they live and especially their families and the communities in which they live and work' (Williams et al, 2014, pg. 12). Social workers work systemically, viewing the person in their environment, recognising the importance of family and social aspects of illness, death and bereavement (Reith and Payne, 2009), approaches which complement the more individual focused approaches of colleagues in psychology, psychotherapy and counselling professions. The Liaison Social Work role therefore, provide emotional, practical and social support on and across multiple levels with individuals and

families, complementing both the public health model of bereavement (Aoun et al, 2012), the loss, grief and bereavement pathway within the National Model of Palliative Care (HSE and RCPI, 2019) and the Adult Bereavement Care Pyramid (Irish Hospice Foundation, 2020). Distress is experienced by individuals as a result of separation from family due to quarantine (Brooks et al, 2020) and diagnosed illness (Abad et al, 2010). Social workers are well placed to respond, providing counselling support which has been termed very useful by service users (Foreman, 2015). Social workers have been recognised as appropriate professionals to respond to palliative and bereavement needs in nursing home settings ('O Shea et al, 2008). When individuals are facing end of life, they and their families may require support around advance care planning, clear and sensitive communication, access to timely and appropriate information, access to emotional and spiritual support (College of Social Work 2014; ALLHPC, 2016) and follow up with bereavement needs (HSE and RCPI, 2019).

Social Workers in Liaison role act as a key point of contact between the care setting, the individual and the family during a Covid-19 outbreak. This ensures that the sensitive, timely and frequent communication valued by individuals and families (Ó Coimín et al, 2017; Walsh et al, 2008) is provided. A key part of the Liaison Social Work role focuses on the development of creative ways to promote a meaningful sense of connection between individuals and families despite separation and if required, to support the family in death preparedness, both approaches which may help to mitigate grief (Hovland, 2019; Mayland et al, 2020; Selman et al, 2020) and reduce the risk of prolonged grief disorder (Kentish Barnes et al, 2015). Social workers can assist families to reframe and focus on aspects of the narrative that will help them post bereavement (Finucane and Murphy, 2020).

Taking note of Aoun's (2018) caution to avoid professional overreach into the lives of bereaved people, social workers are ideally placed to assess, with consent, the bereavement needs of each family and to offer practical, emotional and social supports as required. Social workers have expertise to support people to meaningfully reframe and consider new ways to connect with their personal support systems in a changed society, as social workers use a partnership approach with people, responding to their own definition of needs, an approach which has been deemed valuable by individuals and their families (Lord and Pockett, 1998; Clausen et al, 2005; Beresford, Adshead and Croft, 2007).

The experience of social workers during the SARs epidemic in Singapore (Rowlands, 2007) and Toronto (Gearing et al, 2007) shows existing core skills and practices were, with planning, sufficient to respond to the presenting needs of individuals and families. Social workers identified that their support of colleagues from other disciplines as a key, often invisible part of their role (Gearing et al, 2007).

Finally, based on the findings from a survey of bereaved relatives, an Irish study recommended that all end of life patients and families should have timely access to practical and emotional support from a social worker. The same study reported that the majority of bereaved relatives perceived the social worker to be helpful (Ó Coimín et al, 2017). Given the positive feedback provided in response to a review of a Liaison Social Work role adopted in a Canadian nursing home during the SARS epidemic (McCleary et al, 2005), it can be reasonably extrapolated that this model of care would also be welcomed by residents and staff in residential settings in Ireland during and beyond the COVID-19 pandemic.

Key Emotional, Social and Practical Needs

The needs are profound for individuals in nursing home and residential settings, and for their families. We live and die in systems. Now, some people are dying alone, separated from those who love them. Families who are permitted to visit are making difficult decisions about whether they should do so. Others are grieving for their loved ones and are distressed by the manner in which they died. Nursing homes are reporting previously unseen staffing shortages, limiting their ability to communicate with family member's pre or post bereavement. Staff who were trained to provide end of life emotional support have had limited capacity to provide this care, given new workload demands.

INDIVIDUAL NEEDS MAY RELATE TO:	FAMILY NEEDS MAY RELATE TO:
Uncertainty caused by diagnosis, fears for health of others	Uncertainty caused by diagnosis, fears for health of relative and others
Distress around visiting restrictions/impact of care and contact via PPE	Distress caused by visiting restrictions, decision making around safety if visiting is permitted and a lack of ability
Fears of dying or dying alone. May have wishes and preferences around this, may need support to communicate wishes and advance care plan.	May need support around communication – with care setting to ensure timely, sensitive and accurate information is received and with their relative, around advance care planning, wishes and preferences.
May have difficulty using phone or technology, due to communication barriers, i.e. hard of hearing, unfamiliar with use.	May have difficulty using phone or technology to communicate with relative, due to communication barriers, i.e. hard of hearing, sight loss.
Personal vulnerabilities (i.e. cognitive impairment, language barriers, culture, disabilities, communication barriers, mental health, age, homelessness etc, which may cause unmet need.	Personal vulnerabilities (i.e cognitive impairment, language barriers, culture, disabilities, communication barriers, mental health, age, homelessness, etc. which may cause unmet need.
May need emotional and practical support to feel connected to those they love but cannot currently see.	May need support around death preparedness to ensure family have opportunity to prepare and have an opportunity to prepare and feel connected to their loved ones leading up to and including the time of death if family cannot be physically present (i.e. provide words of comfort/ window visits etc.)
Person centred care and comfort at end of life to ease distress caused by limited or no visiting.	If bereaved, emotional and practical needs around new grieving processes.

Table A: Needs of Individuals and Families

Table A highlights some of the emotional, practical and social needs of individuals in care settings and those of their families (Finucane and Murphy, 2020; Selman et al, 2020; Wallace et al, 2020). The Liaison Social Work service proactively addresses these needs in order to provide care, comfort and mitigate future distress.

Families are unable to meet with clinicians, have difficulty accessing service providers and regardless of location of death, are struggling to cope with new funeral processes, new death registration processes, reduced levels of formal community supports, lower levels of social support, cocooning and social distancing. All of these new measures result in individuals and families facing loss and grief in an entirely new context. Traditional ways of coping have been completely challenged and the usual supports available through personal systems are severely disrupted.

Workforce Planning

All available options regarding workforce planning should be utilised in a flexible and innovative manner in order to ensure equitable roll-out and access to this model nationally. It is suggested that the following workforce planning options be drawn upon;

- Strategic use of redeployment. During the pandemic, many social workers have been requested to assist in non-social work specific tasks or activities. Social workers have a long history of adaptability, flexibility and readily providing assistance outside the remit of their role during periods of crisis. The IASW advocates for the redeployment of social workers into the liaison role/social work teams requiring staff, before consideration is given to sanctioning the redeployment of social workers into other activities (e.g. contact tracing, helpline support).
- Drawing upon the resources available through social workers returning to the workforce, for example, through the Ireland on Call campaign.
- Fast-tracked recruitment of social workers through maximising the use of available HR systems during the pandemic. This has been facilitated for other healthcare professions and should be equally facilitated for social workers.
- Fast tracking of re-registration of social workers returning to the workforce after absence from profession or living abroad, facilitated by CORU, the registration body for social workers.

It is essential that social work interventions continue to target those who are most vulnerable and most in need and that those services are delivered in an equitable and ethical manner. Governance of social work services during COVID-19 must be planned within this context to ensure those most in need of social work intervention, receive it.

Outline of the Liaison Social Work Role

Key responsibilities for the Liaison Social Work role are outlined below. Figure 1 provides an overview of the model for practice.

- Acting as key communication point between individuals, families and residential setting to ensure that despite increased work pressures associated with Covid-19 outbreaks within the residential setting, individuals and families are provided with appropriate, sensitive, timely and accurate communication and support.
- Advocating for individuals and families to ensure their rights and needs are respected and addressed within the care setting.
- Providing psychosocial support to unwell individuals separated from families or with very limited contact with families and to well residents distressed by death or infection rates within their community.
- Facilitating supported communication between individual and others (i.e. family, treating team/other) and ensuring that emotional support is provided after communication to both individual and family member if required.
- Facilitating communication between family and others (i.e. with individual, treating team, staff members, and relevant agencies).

- Responding to emotional/practical/spiritual/physical needs identified during assessment, paying attention to the vulnerabilities, risks, resilience of person and family.
- Providing palliative social work support to all dying patients, some of whom may be separated from their families.
- Providing timely information and emotional support around changing circumstances, paying attention to the need to support individuals and families to prepare for death if required to do so.
- Providing emotional, practical and social support to bereaved families as required and referring and integrating them into relevant support services.
- Ensuring that families have access to support around requesting, arranging and attending a review of care meeting.
- Providing education to other professionals as required. Contribution to local policies, building upon existing resources and skillsets.
- Ensuring that the psychosocial, grief and loss needs of other residents are identified and supported.
- In all cases, making appropriate referrals to additional services as required.

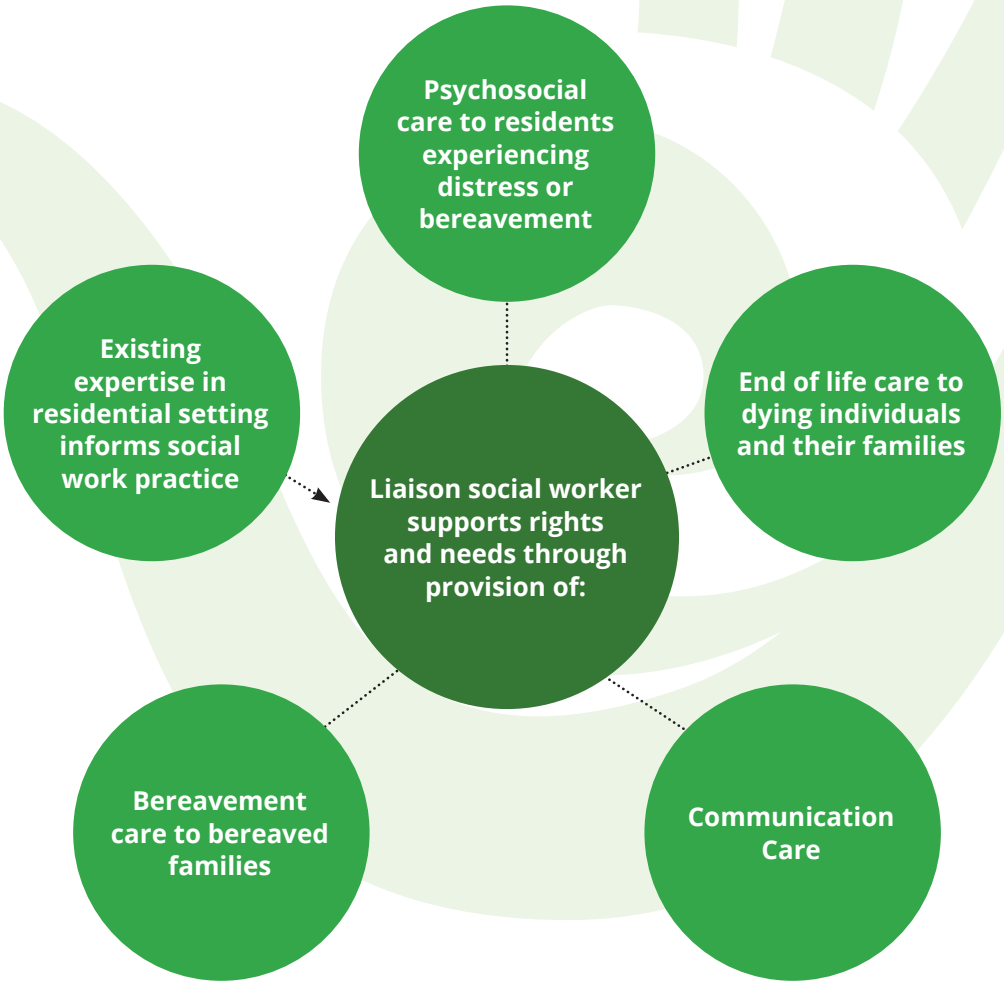

Figure 1: Model for Liaison Social Work Role in Nursing Home and Residential Settings

Summary

The model for Liaison Social Work care has been developed in response to the disproportionate impact of Covid-19 on vulnerable residents in nursing home and residential settings. This practice and evidence informed model of social work responds to the needs of individuals and families for sensitive, timely and accurate communication, understanding that communication care is an essential component of health and social care delivery.

Through a systemic psychosocial, palliative and bereavement care approach, the model provides the practical, social and emotional support requested by those who are dying and bereaved and provides opportunities to mitigate future grief. It builds on lessons from previous reviews into healthcare failures, recognising that grief is compounded by a perceived lack of compassion from health and social care services.

It can be staffed through flexible recruitment, appropriate redeployment and use of COVID-19 related campaigns such as A Call for Ireland, with careful attention to the governance structures supporting the model of practice.

The Irish Association of Social Workers advocate for equitable access to this model of care for all residents, in all nursing home and residential settings, regardless of funding model or geographical location, so that they and those who love them receive appropriate care and support.

Glossary of Terms

Psychosocial Approach: 'A way to engage with and analyse a situation, build an intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation' (Bray and Rakotomalala, 2012, pg. 7).

Residential Settings: Any setting where a person is residing for a permanent or finite length of time on the basis of their care needs.

Nursing Homes: A residential setting which is specifically designed to provide long term care for older people. In Ireland, nursing homes frequently accommodate younger adults with disabilities due to a lack of appropriate care settings for this population.

Palliative Care: As defined by the World Health Organisation (2002, p. 84) "Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

Bereavement Care: The emotional, practical and social support provided to the bereaved.

Family: Defined in the broadest sense to include anyone the person considers part of their personal support system.

Review of Care Meetings: Meetings arranged, co-ordinated and chaired by social workers, which facilitate a review of care provided to an individual, attended by family members and relevant clinicians.

References

Abad, C., Fearday, A., and Safdar, N., (2010), Adverse effects of isolation in hospitalised patients, a systematic review, *Journal of Hospital Infection.* 76(2), 97 -102.

Abrams, E. and Szefler, S., (2020), Covid-19 and the impact of social determinants of health, *The Lancet Respiratory Medicine*, online: https://doi.org/10.1016/S2213-2600(20)30234-4.

All Ireland Institute of Hospice and Palliative Care, (2016), *Let's Talk About Palliative Care Survey Report Each story is valuable. Hundreds of stories are powerful!* Dublin: AIIHPC.

Aoun S., Breen L., Howting D., Rumbold B., McNamara B. and Hegney D., (2015), Who Needs Bereavement Support? A Population Based Survey of Bereavement Risk and Support Need. PLoS ONE. Vol 10 (3), online: https://doi.org/10.1371/journal.pone.0121101.

Aoun S., Breen L., O'Connor M., Rumbold B., and Nordstrom C., (2012), A public health approach to bereavement support services in palliative care, *Australian and New Zealand Journal of Public Health*. 36 (1), 14-16.

Aoun, S. M., Breen, L. J., White, I., Rumbold, B., and Kellehear, A., (2018), What sources of bereavement support are perceived helpful by bereaved people and why? Empirical evidence for the compassionate communities approach, *Palliative Medicin*e. 32(8), 1378–1388.

Beresford, P., Adshead, L. and Croft, S., (2007), *Social Work, Palliative care and Service Users, Making Life Possible*, Philadelphia: Jessica Kingsley.

Bonanno, G., (2004), 'Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events?' *American Psychologist*. Vol 59(1), 20–28.
Bonanno, G., Ho, S., Chan, J., Kwong, R., Cheung, C., Wong, C. and Taam Wong, V., (2008), Psychological Resilience and Dysfunction Among Hospitalized Survivors of the SARS Epidemic in Hong Kong: A Latent Class Approach, *Health Psychology*. 27 (5), 659-667.

Bray, M., and Rakotomalala, S., (2012), Working with Children and their Environment. Terres des Hommes, online: https://www.tdh.ch/en/media-library/documents/reference-document-working-children-and-their-environment, [accessed: April 26th 2020].

Brooks S., Webster, R., Smith, L., Woodland, S., Wessely, N. and Greenberg, Rubin G., (2020), The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912 -920, online: https://doi.org/10.1016/S0140-6736(20)30460-8.

Bryant, R. A., Waters, E., Gibbs, L., Gallagher, H. C., Pattison, P., Lusher, D. and Forbes, D., (2014), Psychological outcomes following the Victorian Black Saturday bushfires. *Australian and New Zealand Journal of Psychiatry*, 48 (7), 634-643.

Camilleri, P., Healy, C., Macdonald, E. M., Nicholls, S., Sykes, J., Winkworth, G. and Woodward, M., (2010), Recovery from bushfires: The experience of the 2003 Canberra bushfires three years after. *Journal of Emergency Primary Health Care*, 8 (1), 990383-1-990383-15.

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/dundalk-nursing-

home-lost-60-of-staff-to-coronavirus-at-peak-of-outbreak-1.4257627, [accessed: May 21st 2020].

Clausen, H., Kendall, M., Murray, S., Worth, A., Boyd, K. and Benton, F., (2005), Would Palliative Care Patients benefit from social workers retaining the traditional casework role rather than working as care managers? A prospective serial interview study, *British Journal of Social Work*. 35(2), 277 -285.

College of Social Work, (2012), *End of Life Care A Route to Success*. UK: NHS National End of Life Care Programme.

Committee on the Future of Healthcare, (2017), *Slaintecare Report*. Dublin: Houses of the Oireachtas.

CORU Regulating Health and Social Care Professionals, (2019), *Social Workers Registration Board Code of Professional Conduct and Ethics*, Dublin: CORU.

Cuskelly, K., Campbell, J., McKenna, S. and Guckian, P., (2020), Social Work with Families in Mental Health Settings: A Position Paper. Dublin: Irish Association of Social Workers, online: https://www.iasw.ie/download/718/64898-NSWOI-A4%20booklet%20Social%20Work%20with%20Families-WEB.pdf, [accessed: May 19th 2020].

Finucane, N. and Murphy, I., (2020), *Guidance for Bereavement Support provided by Specialist Palliative Care Social Workers in Ireland Addendum – The Impact of Covid-19*. Dublin: IASW.

Finucane, N., Murphy, I., D'Arcy, A., McGinley, E., Mulvihill, A., O'Reilly, M. and Roulston, A., (2019), *Guidelines for Bereavement Support provided by Specialist Palliative Care Social Workers in Ireland*. Dublin: Hospice and Palliative Care Social Workers Group.

Foreman, M., (2015), Medical Social Work in Ireland: An Exploration of Service Users' Perspectives, *Irish Social Worker, Research and Analysis*. (Spring) 24 - 30.

Gearing, R., Saini, M. and McNeill, T., (2007), Experiences and Implications of Social Workers Practicing in a Paediatric Hospital Environment Affected by SARS. *Health and Social Work*, Vol. 32 (1), 17-27.

Gray C., Yefimova M., McCaa M., Goebel J., Shreve S., Lorenz K. and Giannitrapani K., (2020), Developing Unique Insights from Narrative Responses to Bereaved Family Surveys, *Journal of Pain and Symptom Management*, online: https://doi.org/10.1016/j.jpainsymman.2020.05.007.

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.

Health Service Executive, (2014), Psychosocial and Mental Health Needs Following Major Emergencies.

Health Service Executive, (2016*), Palliative Care Needs Assessment Guidance, National Clinical Programme for Palliative Care*. Dublin: Clinical Strategy and Programmes Division.

Health Service Executive, (2017), *HSE Maternity Clinical Complaints Review, Final Report*. Dublin: HSE.

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/overview-report-regulation-designated, [accessed: May 24th 2020].

Hovland, C. and Kramer, B., (2019), Barriers and Facilitators to Preparedness for Death: Experiences of Family Caregivers of Elders with Dementia. *Journal of Social Work in End-of-Life and Palliative Care*, Vol. 15 (1), 55-74, online: https://doi.org/10.1016/j.jpainsymman.2020.05.012.

Iacobucci, G., (2020), Covid 19: Deprived areas have the highest death rates in England and Wales. *British Medical Journal*, online: https://doi.org/10.1136/bmj.m1810.

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

Inter-Agency Standing Committee, (2020), *Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak*. IASC: Geneva.

Kentish-Barnes, N., Chaize, M., Seegers, V., Legriel, S., Carious, A. and Janer, S., (2015), Complicated grief after death of a relative in the intensive care unit. *European Respiratory Journal*, 45(5), 1342 -1352.

Lau A.L., Chi I., Cummins R.A., Lee T.M., Chou K.L. and Chung L.W., (2008), The SARS (Severe Acute Respiratory Syndrome) pandemic in Hong Kong: effects on the subjective wellbeing of elderly and younger people. *Aging Mental Health*, 12(6), 746-760.

Lord B. and Pockett R., (1998), Perceptions of Social Work Intervention with Bereaved Clients. *Social Work in Health Care*, 27 (1), 51-66.

Maunder, R. G., Leszcz, M., Savage, D., Adam, M. A., Peladeau, N., Romano, D., Rose, M. and Schulman, B., (2008), Applying the lessons of SARS to pandemic influenza: an evidence-based approach to mitigating the stress experienced by healthcare workers. *Canadian Journal of Public Health*, 99(6), 486–488.

Mayland C., Harding A., Preston C. and Payne S., (2020), Supporting adults bereaved through COVID-19: a rapid review of the impact of previous pandemics on grief and bereavement.

McCleary, L., Munro, M., Jackson, L. and Mendelsohn, L., (2005), Impact of SARS Visiting Restrictions on Relatives of Long-Term Care Residents. *Journal of Social Work in Long-Term Care*, Vol. 3 , 3-20, online: 10.1300/J181v03n03_02.

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.

'O Shea E., Murphy K., Larkin P., Payne S., Froggatt K., Casey D., Ni Leime, A. and Keys M., (2008), *End of Life Care for Older People in Acute and Long Stay Care Settings in Ireland*. Galway: National University of Ireland.

Reith M. and Payne M., (2009), *Social Work in End of Life and Palliative Care*. Bristol: The Policy Press.

Roberts, A. R. (Ed.), (2005), *Crisis intervention handbook: Assessment, treatment, and research* (3rd ed). UK: Oxford University Press.

Rogers S., (2004), Why can't I visit? The ethics of visitation restrictions - lessons learned from SARS. Critical Care, 8(5):300□302.

Rowlands, A., (2007), Medical Social Work Practice and SARS in Singapore. *Social Work in Health Care*, 45 (3), 57-83.

Ryan K., Connolly M., Charnley K., Ainscough A., Crinion J., Hayden C., Keegan O., Larkin P., Lynch M., McEvoy D., McQuillan R., O'Donoghue L., O'Hanlon M., Reaper Reynolds S., Regan J., Rowe D., and Wynne M., (2014), *Palliative Care Competence Framework*. Dublin: Health Service Executive.

Saleebey, D., (2006), The Strengths Perspective in Social Work (4th ed). Boston: Allyn and Bacon.

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

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*, online: doi:https://doi.org/10.1016/j.jpainsymman.2020.04.024.

The Irish Hospice Foundation, (2020), *Adult Bereavement Care Pyramid, A National Framework*. Dublin: The Irish Hospice Foundation.

Wallace, C. L., Wladkowski, S. P., Gibson, A. and White, P., (2020), Grief during the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of pain and symptom management*, online: https://doi.org/10.1016/j.jpainsymman.2020.04.012, [accessed: April 26th 2020].

Walsh T., Foreman, M., Curry, P., O'Driscoll, S. and McCormack M., (2008), Bereavement Support in an Acute Hospital: An Irish Model. *Death Studies*, 32(8) 768-786.

Williams, R., Bisson, J., and Kemp, V., (2014), *Principles for responding to people's psychosocial and mental health needs after disasters*. London: The Royal College of Psychiatrists.

World Health Organisation, (2002), *National cancer control programmes: policies and managerial guidelines* (2nd ed). Geneva: World Health Organization.

Notes

IASW
Irish Association of Social Workers
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