



**Submission to the Oireachtas Special Committee on Covid-19 Response:  
recent reports published by HIQA and the Nursing Homes Expert Panel in the context of the impact of Covid-19 on nursing homes**

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**Rialtas na hÉireann**  
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## 1. Introduction

COVID-19 has highlighted the longstanding inequalities we face as a society and the vital role which Government supports and planning plays for the most vulnerable. It has shown us that there are significant shortcomings in the provision of services and supports for our ageing population and that they are not prioritised in decision making. Policy decisions in response to COVID-19 highlighted the lack of priority for our older people in vulnerable situations and the impact of these in relation to nursing homes has not been addressed.

The reports “The impact of COVID-19 on nursing homes in Ireland”, published by the Health Information and Quality Authority (HIQA) on 21<sup>st</sup> July 2020; and “Examination of Measures to 2021: Report to the Minister for Health”, published by the COVID-19 Nursing Homes Expert Panel on 19<sup>th</sup> August 2020 are very welcome, in particular the number of recommendations to reform the structure and practice of how care is provided in nursing homes. The concerns highlighted by the Expert Panel and HIQA in their recent reports echo known issues raised by the voluntary sector over several years which require immediate and meaningful action. Urgent delivery is needed on the recommendations contained in both reports in line with their assigned timeframes.

In general, Age Action is concerned that both of the reports above are very much imbedded with Ireland’s over-reliance on institutionalised models of care, which offer little choice and control to older people. They do not answer the question of why – in Ireland – despite the disproportionate risks to older people in long term residential care known from international evidence, older people living in residential care were not considered on an equal basis to other demographics in relation to Government COVID-19 planning.

It appears that nobody had responsibility for residents in the nursing home sector at the COVID-19 response decision-making table and that no national agency has the responsibility for taking the lead to manage either nursing home care or wider care provision.

We know that public health and Government messaging clearly identified older people as medically vulnerable from the outset of the pandemic and their protection formed a key motivating message to us all to adhere to public health advice. It is thus difficult to understand how the protection of those older people living in nursing homes was not prioritised at an operational level.

The remit of the two reports and the process through which they were conducted did not offer an adequate opportunity for family members who lost loved ones during the pandemic to have their voices heard and to achieve accountability and transparency about the care received.

Without fully understanding what has happened in nursing homes in recent months – including the disproportionate number of deaths and hearing the lived experience of family members and residents on a wider scale – we cannot hope to fully learn sustainable lessons for future preventative actions.

## 2. Recommendations arising from the reports of HIQA (21 July 2020) and the Nursing Home Expert Panel (19 August 2020)

2.1 An independent human rights-based inquiry of deaths in nursing homes should take place to learn lessons and provide family members of residents with the level of transparency and accountability they desire

### 2.1.1 Remaining questions for family members

Overall, 56% of all deaths during COVID-19 took place in nursing homes (as of July 2020) where 0.65% of the population live, a much higher figure than internationally (approximately 25%) and placing Ireland at the 'upper end of the spectrum'.<sup>1</sup> Some 56% of nursing homes remained COVID-19 free during the pandemic.<sup>2</sup> Despite knowing the particular vulnerability of those living in residential care to COVID-19 from international evidence, we still do not know why planning for this cohort was not considered on an equal basis to other demographics in relation to early Government COVID-19 planning.

An independent inquiry should feed into the development of a whole-of-system emergency plan for future crises affecting formal and informal care. Without an independent inquiry, any forward based planning to respond to COVID-19 measures in nursing homes will not be based on solid evidence. Age Action is pleased to see similar calls from a number of other Deputies including Deputies Cronin, O'Murchú, Berry, McGuinness and O'Dowd.<sup>3</sup>

The equality and human rights impacts of COVID-19 have been significant and felt acutely and disproportionately by specific groups of the population, including older people. This is not a problem singular to Ireland, for example, Scotland has launched an inquiry into COVID-19 response measures in nursing homes.<sup>4</sup>

Following publication of the two reports which did not focus on the circumstances and level of care provided to those who died in nursing home care, there are legitimate questions remaining from family members who lost loved ones that lived there. Questions still stand on whether nursing home residents were afforded equal access to healthcare including end of life care, was their dignity and right to exercise choice and control over their own lives upheld and were response measures adequate, proportionate and non-discriminatory.<sup>5</sup>

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<sup>1</sup> Dr David Nabarro WHO evidence at Special Oireachtas Committee on COVID-19 Response. Oireachtas Special Committee on COVID-19 Response (2020) *Interim Report on Covid-19 in Nursing Homes Special Committee on Covid-19 Response July 2020*.

<sup>2</sup> Ibid.

<sup>3</sup> E.g. <https://www.leinsterleader.ie/news/home/568983/co-kildare-td-calls-for-inquiry-into-nursing-home-deaths.html> <https://www.independent.ie/regional/argus/news/local-td-repeats-call-for-dealgan-house-inquiry-39474051.html>, <https://www.irishmirror.ie/news/irish-news/coronavirus-ireland-news-update-nursinghomes-22088600>,

<sup>4</sup> The Scotsman (31 July 2020) 'Covid-19 care home inquiry to investigate human rights breach' See <https://www.scotsman.com/health/coronavirus/covid-19-care-home-inquiry-investigate-human-rights-breach-2929161>

<sup>5</sup> E.g. were residents of care homes afforded equal access to hospital treatment, the reason for the delay in access to personal protective equipment for the protection of both staff and residents in non-HSE homes, and the availability of COVID-19 testing of care home residents and staff. Similar issues were raised in the submission of the Scottish Human Rights Commission (22 July 2020) *Submission to the Equalities and Human Rights Committee, Inquiry COVID-19*. Available at <https://www.scottishhumanrights.com/media/2063/covid-19-ehric-submission.pdf>.

Age Action has spoken to several families of nursing home residents who died during the pandemic. Many family members do not have answers to their questions on what happened to their family members and therefore there is an ongoing lack of transparency and accountability. Their concerns include:

- The **absence of an independent review or inquiry** – or commitment to such - into a number of deaths which remain unexplained
- The apparent **absence of a body in a position to provide independent oversight, enquiry or review mechanisms**, regarding nursing home practices during COVID-19, as distinct from HIQA's role in the management of COVID-19 in nursing homes and as a member of the NPHET
- The **standards of clinical care provided to those who died** and the basis of certain clinical decisions taken as part of their care
- The **standards of overall care provided in nursing homes** - including infection control measures, staffing resources in place, procedures and protocols followed - in the context of a regulatory regime that is tasked with ensuring adequate and enforceable standards. Family members tell us of their need to hear that the dignity and rights of their loved ones were upheld before their death, that they received the correct and adequate level of care with appropriate medical interventions, clinical oversight and palliative care. Many are frustrated about what they feel was a lack of adequate communication from nursing homes as their loved ones were dying and about the circumstances of their death, adding to the families grief.
- The **apparent variance in the care experience among families with relatives in the same home**
- The **links and communication channels in place between private nursing homes and HSE infrastructure on a local and national basis.**
- The **communication channels and levels in place** between nursing homes, residents and family members. From early on in the COVID-19 pandemic, our organisation heard from the family members of those in nursing homes simply unaware of why they could not visit their loved ones, confused about changes to the visiting regime and preventative practices, and concerned and in the dark about the measures individual nursing homes were taking to protect them. The lack of visitors in nursing homes as a result of HSE guidance on visiting in residential care eroded the opportunity for family oversight and raised the risk of abuse or neglect going unnoticed, as has been highlighted by the case of Ultan Meehan in Kilbrew Nursing Home in Ashbourne. Mr Meehan had, prior to COVID-19, returned home every weekend but had not since March, and passed away in May after a facial wound was left until it was 'infested with maggots'.<sup>6</sup> Due to restrictions on visitors, family members were left communicating with loved ones through the ground floor windows if they were lucky enough to be able to, with their calls going unanswered by low levels of overstretched staff. We know that digital communication was not possible in many cases due to low levels of digital literacy in an older population and their need to rely on the already overstretched staff. Many others simply did not have devices and were unable to communicate with family members.

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<sup>6</sup> Irish Times (6 July 2020). *Covid-19: Tragedy of 'terrible dimensions' as woman loses husband and son.* Available at <https://www.irishtimes.com/news/health/covid-19-tragedy-of-terrible-dimensions-as-woman-loses-husband-and-son-1.4296757>

- The **reason for the unexpected passing of relatively young and well relatives**, who died during the height of the pandemic.
- The **reason(s) for why certain nursing homes experienced a far higher number of deaths** than others, or the national average
- The **basis for - and reason why - the management of certain homes was taken over by hospital groups/HSE**
- The **system and robustness of the attestation of death warrants** in light of recent commentary by HIQA on variances between their analysis on excess mortality due to COVID-19 and official COVID-19 deaths<sup>7</sup> and updated guidance from the Irish Coroner which provides for acceptance of a clinical diagnosis without the requirement for post-mortem viral swabbing.<sup>8</sup>

The legitimacy of the proposals contained in both reports and the transparency of the system of review of the nursing home sector during COVID-19 that has taken place is undermined by omitting a full inquiry into what happened in the lives of residents who died in nursing home care and the surrounding factors that contributed to their care.

#### 2.1.2 A human rights approach to an inquiry

Comments made by Minister Donnelly to the Committee on 26 August 2020 noted that ‘we may well end up at a public inquiry into what happened in nursing homes’. It is clear that if such an inquiry is under consideration, quick action on establishing its terms and operation is needed.<sup>9</sup> Age Action urges the Committee to recommend that any independent inquiry is based on solid human rights principles and adopts a human rights-based framework. The Scottish Human Rights Commission<sup>10</sup> provides useful guidance to the human rights framework as it applies to the issues they understand to have arisen in the Scottish context during COVID-19<sup>11</sup> and details the requirements of human rights law to ensure effective investigations are carried out.

It provides useful advice as to the approach needed for an independent human-rights based review of the disproportionate impact of COVID-19 measures on older people. It notes that taking a human rights-based approach should ensure that human rights are ‘respected, protected and fulfilled in the process as well as the outcome of the design and implementation of any inquiry or other remedy’ and it recommends the use of the **PANEL principles to any public inquiry** which

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<sup>7</sup> On the launch of HIQA (July 2020) *Analysis of excess all-cause mortality in Ireland during the COVID-19 epidemic*. Available at [www.hiqa.ie](http://www.hiqa.ie), Chief HIQA Scientist stated that ‘Based on an analysis of the death notices reported on RIP.ie since 2010, there is clear evidence of excess deaths occurring since the first reported death due to COVID-19 in Ireland. There were about 1,100 to 1,200 more deaths than we would expect based on historical patterns; a 13% increase between 11 March to 16 June. However, the number of excess deaths is substantially less than the reported 1,709 COVID-19-related deaths over the same period.’ See <https://www.hiqa.ie/hiqa-news-updates/covid-19-causes-13-increase-deaths-ireland-between-march-and-june-2020-hiqa>.

<sup>8</sup> Coroner Service (2020) *Guidance in relation to the Coroners Service and Deaths due to Covid-19 infection*. Available at [www.coroners.ie](http://www.coroners.ie).

<sup>9</sup> [https://www.oireachtas.ie/en/debates/debate/special\\_committee\\_on\\_covid-19\\_response/2020-08-26/5/](https://www.oireachtas.ie/en/debates/debate/special_committee_on_covid-19_response/2020-08-26/5/)

<sup>10</sup> Scottish Human Rights Commission (July 2020) *COVID-19: Care homes and human rights*. Available at [https://www.scottishhumanrights.com/media/2054/coronavirus-care-homes-briefing-140720\\_vfinaldocx.pdf](https://www.scottishhumanrights.com/media/2054/coronavirus-care-homes-briefing-140720_vfinaldocx.pdf).

<sup>11</sup> The Scottish Human Rights Commission guidance is focused on long term care.

gives consideration as to whether human rights standards and principles have been met. These are:

- **Participation** of everyone in decisions which affect their human rights
- **Accountability** of those responsible for the respect, protection and fulfilment of human rights
- **Non-discrimination**
- **Empowerment** of rights holders to know and claim their rights
- **Legality** –an explicit application of human rights law and standards.

Without a rights based approach to the inquiry the voices of those who died and their family members will remain absent. The system of review will not provide the families of those who have died and families of those currently in care with clarity and certainty about what happened and security about how future outbreaks will be handled.

### 2.1.3 Gaps in the oversight of the nursing home sector

Age Action welcomes the two reports that are the focus of this commentary and recognises that they were necessarily limited in scope by their terms of reference: the HIQA report looking at enforcement, and the NHEP looking at nursing home practice. **Gaps remain on understanding the issues related to overall governance, oversight and management of the nursing home sector in Ireland across public, private and non-profit providers.** The focus on addressing clinical governance of nursing homes in future measures in the report of the Nursing Homes Expert Panel is welcome, however without similar consideration given to the overall governance management, and oversight of the sector, gaps remain and the risks of past mistakes being repeated remains.

The lack of policy integration between firstly public and private nursing homes, and secondly between home care and residential care, continues to put people directly at risk. Experience gained over recent months has shown that adequate clinical oversight, monitoring with appropriate enforcement capability and clear governance structures are absent across the nursing home sector. We also saw through the COVID-19 pandemic how public and private/non-profit nursing homes saw differences in lines of communication, oversight and crucially access to staffing, PPE and clinical supports which impacted on the standards of care they provided. Access to care, adequacy, regulation and access to resources is not standardised across the care spectrum. Inconsistency in regulation, guidance and support puts people in a vulnerable situation purely as a result of the type of care they receive and the setting in which they receive it. Without a review of the governance, oversight and enforcement structure, there is a real risk of current – and new – gaps impacting on the adequacy and quality of care being provided.

## 2.2 Adopt a rights-based approach to a single integrated system of care in Ireland as the means to the highest attainable standard of physical and mental health for older people

### 2.2.1 A rights-based approach to a single system of care

Age Action and partner organisations have called over recent years for a statutory model of care to provide adequate, quality affordable care supports across the continuum of care, implemented fairly to support people's choice to age in place as they wish and adequate home care funding.

The aim of long-term care in older age is to support us in our choice to age in place either at home in the community (e.g. home care supports) or within a residential care setting (e.g. nursing homes). It involves the right to autonomy and independence by providing the support needed to carry out daily life in accordance with an individual's will and preferences. Person-centred care

requires better integration of the transitions between care options to ensure the most appropriate type of care, at a set quality standard, is available to people who need it.

The call by the Expert Panel report to review the need and process for the introduction of such a scheme is welcome, however the lack of such a scheme to support a continuum of care between nursing homes and long term residential care remains a serious gap in Irish legislation as evidenced by recent events. Age Action's previous submission to this Committee on this topic outlines the gaps and risks in the current system of long-term care we have in Ireland and it is clear that progress on such a single scheme is central to the progression of any recommendations for the nursing home sector.

Age Action welcomes the commitment in the Programme for Government to launch a Commission for Care to examine care and support.

**We urge the Committee to support the immediate establishment of a Commission on Care and:**

- 1. its adequate resourcing in terms of staffing and time allocated for their role**
- 2. for it to be tasked with reforming our current model of disconnected and institutionalised care**
- 3. cross-party political support to implementing its eventual recommendations**

Central to the realisation of rights in this context is the adoption of a human rights framework to an integrated care model – one that supports the participation of older people in decision making and with effective and accessible remedies for disputes. It is vital that an effective, independent and trusted oversight authority with appropriate enforcement powers is in place to provide for both investigation of complaints and to provide a voice for the most vulnerable. There has been an ongoing Government failure to respond to concerns raised regarding access to, and regulation of, nursing homes over many years. This lack of action has resulted in potentially more people in nursing homes than necessary, and poor conditions for many that are in nursing homes.

#### 2.2.2 Supporting digital inclusion of people living in nursing homes

Age Action was pleased to see the report by the Nursing Homes Expert Panel acknowledge the **impact of digital exclusion on people living in nursing homes and the vital role that technology can play in helping people communicate with their loved ones**. It recognised that many people are not digitally literate.

We highlighted in our prior submission to the Committee how we have heard of many older people in nursing homes who – in the face of restricted visiting – did not have the device and skills to maintain connection with family members and therefore lacked support of family members in making decisions as to their care.

**We urge the Committee to give further attention to this serious – and growing need – for digital inclusion supports in nursing homes, recognising that it affects not just communication but the ability of people to be informed and to participate in society.** While some training under the existing Digital Skills for Citizens grant currently extends to tuition in residential settings, Age Action calls on the Committee to seek to make this training an immediate priority.

### 2.3 Facilitate the lived experience of those most affected by the pandemic in nursing homes to be adequately heard

While the reports of the Expert Panel and HIQA are welcome in their findings, the process itself did not adopt a human rights-based approach. This resulted in a gap in the voices of those most affected in recent months and it was weighted towards the views of decision makers. Neither the HIQA report nor the Expert Panel review were designed to answer the questions many family members have, as to why their loved ones died, and this issue still remains to be addressed.

Age Action urges the Committee to commit to hold a dedicated session to allow for a dialogue with those most impacted by the events in nursing homes in recent months: the relatives of those who have lost family members, current residents, frontline staff and the voluntary sector that supports it. Such a session would allow the Committee to hear the stories of people as they experienced COVID-19 response measures in nursing homes in their own words. It would also allow the committee to understand the situation of people currently living with COVID-19 response measures and how their lives are affected by undermined autonomy, limited access to health and social care, limited access to friends and family. It is crucial that any dialogue or session to hear the voices of those most affected must pay particular attention to diversity and barriers to inclusion and look to provide solutions to overcome this.

As raised in our earlier submission to the Committee on this topic, the voices, perspectives, and expertise of older people in residential care – and their loved ones - in identifying problems and solutions are often not sufficiently incorporated in policymaking, particularly on subjects where older persons are affected by the decisions under consideration.<sup>12</sup> As outlined above, without including the lived – and diverse - experience of those most directly affected in the remit or process of reports or reviews, future policies developed on the basis of these report findings will not be representative, built on a solid grounding or can be considered to be truly evidence based.

## 2.4 Appoint a Commissioner for Ageing

The support for systemic change in access to care reflected in the recommendations of the Nursing Home Expert Panel, and the concluding remarks of the HIQA report, is welcome. Both reports note the need for expansion of home care rather than the current single model of residential care. However, it is frustrating that these calls repeat what has been established over 30 years by a Government taskforce, the voluntary sector and the Citizens Assembly.<sup>13</sup> The impacts of COVID-19 on older people have been exacerbated by long-term failure to safeguard older people's needs and interests.

For older people and their families, the question that remains about the implementation of the recommendations of these reports, is "Will it be different this time?". There have been many reports before that have said the same things. How can the public be assured that this time it will result in action? Age Action urges the Committee to strongly recommend that government appoint

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<sup>12</sup> UN Secretary General (May 2020) *Policy Brief: The Impact of COVID-19 on older persons*. Available at <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>.

<sup>13</sup>Key documents include: 1988 The Years Ahead: A Policy for the Elderly [Interdepartmental taskforce]; 2002 Implementing Equality for Older People [Equality Authority]; 2006 Report of the Interdepartmental Group on Long Term Care; 2016 Report of Forum on Long Term Care for Older People [Sage Advocacy]; 2017 Recommendations of the Citizens Assembly on Ageing Population; 2018 Improving Home Care Services in Ireland Consultation Report [Institute of Public Health in Ireland]; 2019 Report on the Provision of Homecare Services [Oireachtas Joint Committee on Health]

a Commissioner for Ageing to provide a mechanism for accountability and independent oversight, and to raise the bar for coordinated Government action.

Failure to plan for an ageing population is resulting in negative impacts on older people's rights, including dignity and health, and significant risks of further problems going forward. Ireland urgently needs an independent advocate and champion for older people in a Commissioner for Ageing.

Equivalent Commissioners in other jurisdictions provide a useful comparison for the Committee to investigate or seek further information from in relation to ensuring government action on these reports and the prevention of future crises for older people. The powers of the Older People's Commissioner for Wales, for example, include the ability to require designated bodies to respond to recommendations within a set timeframe indicating compliance or reasons for lack of compliance. If the response is considered inadequate, the Commissioner can request a response to identified inadequacies within a set timeframe, and so on, including that all records of recommendations and responses are available for public scrutiny.<sup>14</sup>

The Older People's Commissioner for Wales also undertakes a range of functions that would have improved the COVID-19 pandemic response in nursing homes, raised and highlighted issues prior to the pandemic, and improved the assessment of the COVID-19 response. These functions include casework assistance to older people and their families to help them understand and claim their rights in the context of sometimes complex processes and policies, providing a voice for older people to be represented and consulted as a 'bridge' between older people and government, and providing expert research and guidance to government. A brief summary of some of the impacts of the Older People's Commissioner for Wales is at Appendix 1. A simplified comparison table on similar roles in other jurisdictions is provided at Appendix 2 (Northern Ireland, Wales, Scotland, England, Australia).

Some of the key functions of a Commissioner for Ageing would include authority to:

- Investigate systemic issues affecting older people
- Review the adequacy of policy, legislation and services affecting older people
- Undertake best practice research and consultation
- Provide advice and recommendations to Government on matters concerning older people
- Champion the future proofing of policy, legislation and practice to support responsive policy planning
- Promote the social, economic and cultural contribution of older people and challenge discriminatory attitudes

### 3. Conclusions

As highlighted in our prior report to the Committee, COVID-19 presents an obligation and an opportunity for a more inclusive, representative and age-friendly society with no one left behind. Older persons have long been subject to inadequate protection of their human rights and overlooked in national policies and programmes and this is particularly evident in terms of the provision of long-term care.

Without an independent inquiry to investigate this, we cannot say that we have adequately investigated what happened and can adequately prevent its reoccurrence.

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<sup>14</sup> The Commissioner for Older People in Wales Regulations 2007. Part VI, Section 15. Available at: <https://www.legislation.gov.uk/wsi/2007/398/contents/made>

While recent reports by HIQA and the Expert Panel on Nursing Homes are welcome, it is clear that gaps remain. Families who have lost loved ones in nursing homes still have questions on what happened and the level of care their loved one received.

Evidence based policy making needs to be based on the full reflection of evidence available and this includes hearing the lived and direct experience of those most affected by how COVID-19 was handled by all the nursing homes across Ireland.

Older people want to age in place - meaning the choice to remain in their own homes and in communities as long and independently as possible.<sup>15</sup> The vital role of adequate care supports such as home care to enable people to age in place safely has been highlighted during COVID-19, with gaps in the system exacerbated. It is time to re-evaluate and reassess the choice of care available for older people in Ireland as well as the governance of the sector.

## About Age Action

Age Action is the leading advocacy organisation on ageing and older people in Ireland. Our mission is to achieve fundamental change in the lives of all older people by eliminating age discrimination, promoting positive ageing and securing their right to comprehensive and high-quality services.

Age Action supports and advocates for equality and human rights for all older people.

Everything we do is based on a recognition of the diversity of identity and situation among older people and a concern for equality for all older people. In addressing ageing, our work includes a concern to influence perspectives on and responses to ageing. This pursuit of equality and human rights is underpinned by our work to promote ageing in place, life-long learning, and health and wellbeing for older people, empowering them to live as active citizens.

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<sup>15</sup> For example, see Browne, Michael (2016) *Responding to the Support & Care Needs of our Older Population Shaping an Agenda for Future Action Report of Forum on Long-term Care for Older People*. Available at [www.sageadvocacy.ie](http://www.sageadvocacy.ie).

## Appendix 1: Recent impact of the Older People's Commissioner for Wales

The Older People's Commissioner for Wales has reported extensively on the impact of the office through her annual Impact and Reach Report and in annual reports.<sup>16</sup> This includes:

- Follow up on government and local authority failure to act on a Care Home review report, setting out expectations of discussions at Cabinet level and of a response to be provided stating further actions and commitments. (Processes in relation to this are set out in legislation, for example that the Commissioner's powers include the ability to require these persons to respond within 3 months to recommendations, indicating, compliance or reasons for lack of compliance. If the response is considered inadequate, the Commissioner can request a response to identified inadequacies within 1 month, and so on, including that all records of these recommendations and responses are open for public scrutiny).
- Issuing of formal guidance to local authorities on wellbeing plans and to police on understanding how to identify cases of neglect,
- Review and report to government on how effectively health boards are responding to new safeguarding legislation.
- Research, consultation and recommendations on topics including dementia respite care and access to advocacy services.
- Casework assistance to hundreds of older people and their families to help them understand and claim their rights. This includes helping people to challenge the decision-making and practice of public bodies and services, and to navigate what are often complex systems, policies and processes, often in difficult and distressing circumstances.
- Numerous meetings and briefings to Ministers and parliament on debates affecting older people, expert responses to relevant government consultations, influencing legislation, and membership of boards and panels

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<sup>16</sup> Older People's Commissioner for Wales. Impact and Reach reports and Annual reports for various years. Available at: <https://www.olderpeoplewales.com/en/publications/annual-reports.aspx>

## Appendix 2: Simplified Commissioner scope comparison: Northern Ireland, Wales, Scotland, England, Australia (NSW)

Location	Northern Ireland	Wales	Scotland	England	Australia (NSW)
<b>Date est.</b>	2011	2006	Draft bill 2006	NA	2019
<b>Name</b>	Commissioner for Older People	Commissioner for Older People	2006 Failed Commissioner for Older People Bill 2018/19 Campaign for Commissioner for Ageing	2013 Proposed Older People's Commissioner; 2019 Campaign for Commissioner for Ageing	Ageing and Disability Commissioner
<b>Scope</b>					
Safeguard interests	✓	✓	✓	✓	✓
Advise government on matters concerning older people	✓	✓	✓	✓	✓
Promote awareness	✓	✓	✓		✓
Encourage best practice	✓	✓	✓	✓	
Review adequacy of laws	✓	✓	✓		✓
Review adequacy of services	✓		✓		✓
Elimination of discrimination	✓	✓		✓	
Promote participation and positive attitudes	✓		✓	✓	
Complement existing regulatory & safeguarding bodies		✓		✓	✓
Actively engage with older people	✓	✓	✓		
Promote opportunities	✓	✓			
Champion future proofing				✓	
<b>Functions</b>					
Investigations	✓	✓	✓	✓	✓
Research	✓	✓	✓		
Enter premises other than private homes	✓	✓			✓
Legal proceedings	✓	✓			

<b>Request response to recommendations</b>	✓	✓			
<b>Review advocacy, whistleblowing &amp; complaints arrangements</b>	✓	✓			