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Community care plan causing great concern

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THE call from health watchdog, Hiqa, that social care services be regulated, rather than "buildings and centres", seems a rational proposal.

The agency, which has made a significant difference in standards in the health system since it was established, argues that such a change would offer greater protection for the many, potentially vulnerable people dependent on care, but who are not properly safeguarded by today's regulations.

Hiqa wants legislation reviewed, because of the changing nature of care settings, growing demand, and because of the conclusions of two research papers. That our population will have an ever-greater proportion of older people in the near future adds weight to the Hiqa argument. Those two reports contend that the definition of a "designated centre" does not capture all current or emerging arrangements for older people or for people with disabilities, so there are — surprise, surprise — loopholes in our regulatory system.

At this point, it should be almost unnecessary to mention the failings of the past, but those very failings mean that the Hiqa suggestion — an alarm-bell warning, really — cannot be ignored. If there are gaps, they will be exploited, and even if we believe there are no gaps, the potential for catastrophe, as the "Grace" and Leas Cross scandals showed, remains.

One area where there is growing concern is the wellbeing and security of those who use residential services for the intellectually disabled. The policy to move away from the traditional, large-scale institutional residences, most of which are excellent, to smaller units embedded in local communities, has not got the welcome its advocates might have imagined it would.

This policy seems a wonderful, empowering theory, but, in many cases, as was seen in the hard-fought campaign to keep the St Mary of the Angels complex, in Beaufort, open, it causes great distress — and anger — for families of vulnerable service-users. Though the change represents HSE and national policy, and is being implemented at significant cost, it has not won the acceptance needed to make it a success or to justify its imposition on those who are not convinced it is the best option for child or sibling incapable of independent living. There are very valid concerns that people, some in full-

time care for over 40 years and utterly unable to communicate or comprehend, will be moved from settings where they have found security and comfort to an environment that is far more exposed, an environment that is a fenced-off island in a community, rather than a happy community in itself. That local managers have been unable to plausibly explain this policy, or offer explanations about what might happen to today's facilities once they are vacant, adds to the concern. It is as if the community care project has gathered a bureaucratic momentum that will not countenance opposition — in the vernacular, the cart is before the horse.

The Hiqa suggestions should be considered, but the policy of moving people who may not be suitable for community-based care centres should be either stalled or abandoned, until very legitimate concerns are allayed.

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