Mother and Baby Institutions Payment Scheme

Policy Guidelines

Contents

Glossary 7

Chapter 1 – Introduction and Overview 10

1.1 Purpose of the Payment Scheme 10

1.2 Guiding Principles for Payment Scheme Delivery 10

1.3 Purpose of these Guidelines 10

1.4 Operating Model for the Payment Scheme 11

1.5 Key benefits under the Payment Scheme 11

1.6 Payment Scheme Timeframe 12

1.7 Data Protection and GDPR 13

Chapter 2 - Eligibility for the Payment Scheme 14

2.1 Eligibility Criteria 14

2.2 Payment Scheme Benefits 14

2.3 Magdalen Restorative Justice Medical Card 15

2.4 Double Recovery 15

2.5 Temporary Absences 15

2.6 Institutional Records 16

Chapter 3 – Supports 17

3.1 General supports 17

3.2 Literacy supports and supports for those with additional needs - Ireland 17

3.3 Counselling supports - Ireland 18

3.4 Financial advice and information – Ireland 18

3.5 Specific supports for those living outside of Ireland 18

3.5.1 General supports – Britain 18

3.5.2 Counselling supports - Britain 19

3.5.3 Financial advice and information - Britain 19

3.5.4 General supports - United States 19

3.5.5 General supports - Rest of World 20

3.5.6 Counselling supports – Rest of World 20

3.6 Special Advocate for Survivors 20

3.7 Support towards legal costs 21

3.8 Support for those wishing to access Birth Information and Tracing Services 21

Chapter 4 - Making an Application 23
4.1 Overview 23
4.2 Types of application 23
4.2.1 Applicant applies on their own behalf 23
4.2.2 Applications made by a support person 24
4.2.3 Applications made by a personal representative 25
4.2.4 If an applicant dies after making an application 25
4.3. Checklist of supporting documents for applications 26
4.4 Benefits sought must be applied for 28
4.5 One application per relevant person 28
4.6 Active or Deemed Withdrawal of an application 28
4.6.1 Active Withdrawal of an application 28
4.6.2 Deemed Withdrawal of an application 29
Chapter 5 - Management of Applications 30
5.1 Receipt of Application and Case creation 30
5.2 Duplicate applications 30
5.3 Prioritisation criteria 30
5.3.1 Age 31
5.3.2 Priority Health Status 31
5.3.3 Summary of prioritisation criteria 31
5.4 Application check 31
5.4.1 Check I – Are all mandatory fields completed 31
5.4.2 Checks II - Identity Checks 32
5.4.3 Check III - Other supporting documentation 32
5.5 Acknowledgement or Follow-up 32
5.5.1. Acknowledgement 32
5.6 Institutional records held by a relevant person 33
5.7 Handover to institutional records check 33
Chapter 6 - Records Search 34
6.1 Assignment within Executive Office Search Team 34
6.2 Search and Verification of Records 34
6.2.1 Commission of Investigation and Database Search 34
6.2.2 Information Source Search 35

6.3 Search Outcomes 38
6.3.1 Follow up with the applicant 38
6.4 Examination of Affidavit and supporting information 40
6.5 Treatment of Temporary Absences 41
6.6 Handover to Examination and Determination 41
Chapter 7 - Examination and Determination 42
7.1 Examination and Determination 42
7.2 Assessment/Examination 42
7.2.1 Calculating the period of residence and level of payment 42
7.3 Procedure where an applicant is found to be eligible for benefits not applied for 46
7.4 Additional Applications 46
7.5 Next step in the process 47
Chapter 8 - Notice of Determination 49
8.1 Assurance and Approval Process 49
8.1.2 Stage 1 - Assurance and Approval Process 49
8.2 Notice of Determination 50
8.3 Accepting an Offer 51
8.3.1 Legal Waiver 51
8.3.2 Next Steps 51
8.4 Partially or not accepting a determination and offer 51
8.4.1 Next steps 52
Chapter 9 – Payments 53
9.1 Payment Processing 53
9.1.1 Stage 2 – Assurance and Approval Process 53
9.1.2 Methods of Payment 54
9.2 Case Completion and Closure 54
9.3 Treatment of Financial Payments in means tests 54
Chapter 10 - Provision of Enhanced Medical Card 55
10.1 Initial Notice to the Health Service Executive (HSE) 55
10.2 Payment Scheme Office Monthly Report to the HSE 55
10.3 HSE – Applicant Interaction 55
10.4 HSE Monthly Report to the Payment Scheme Office 55
Chapter 11 – Reviews 56

11.1 Making a request for a Review 56
11.2 Grounds for Review 56
11.3 How Reviews are handled 56
11.3.1 Withdrawing a request for review 57
11.4 Decision on the Review 57
11.5 Next Steps 58
Chapter 12 - Appeals 58
12.1 Lodging an Appeal 58
12.2 Grounds for appeal 58
12.3 How Appeals are handled 59
12.4 Decision of the Appeals Officer 59
12.5 Notice of Appeal Decision 60
12.6 Making an Appeal to the High Court on a point of law 60
12.7 Office of the Ombudsman 60
Chapter 13 - Financial Support for Legal Services 61
13.1 Legal services for which financial support is available 61
13.2 How financial support for legal services is paid 61
13.2.1 Affidavits 61
13.2.2 Legal advice prior to signing a waiver 61
Chapter 14 – Governance 62
14.1 Introduction 62
14.2 Legislative Framework and Structures 62
14.3 Operating Model 65
14.4 Financial Governance 66
14.5 Decision-making – Guiding Principles 67
14.6 Monitoring, Reporting and Evaluation 68
Chapter 15 – Data Protection 70
15.1 Introduction 70
15.2 General Principles and Powers 70
15.3 Guiding Principles 71
15.4 Nature of Data Processing 71
15.5 Accountability 72
Appendix A – Relevant Institutions 75

Appendix B – Payment Rates for relevant persons who were resident as mothers.....77
Appendix C – Payment Rates for relevant persons who were resident as children 79
Appendix D – Certification of Identity Documents.....81

Glossary

Act	Mother and Baby Institutions Payment Scheme Act 2023.
Affidavit	A written sworn testimony used as evidence.
Appeal	A request made under section 29 of the Mother and Baby Institutions Payment Scheme Act, where an applicant is not satisfied with the outcome of a review.
Appeals Officer	A person appointed by the Minister under section 28 of the Mother and Baby Institutions Payment Scheme Act to undertake appeals requested by applicants.
Applicant	A person who makes an application to the Payment Scheme or a person living or deceased, on whose behalf an application to the Payment Scheme is made.
Case Management Team	Third party support engaged by contract to administer the Payment Scheme, operating under the direction of the Chief Deciding Officer.
Chief Deciding Officer	A person appointed under section 8(1) of the Mother and Baby Institutions Payment Scheme Act, 2023 to act as head of the Office of the Chief Deciding Officer for the Mother and Baby Institutions Payment Scheme (referred to in this document as the Payment Scheme Office).
Commission of Investigation Archive and Database	Institutional records and databases including records and databases collected or established for the Commission of Investigation into Mother and Baby Homes and Certain Related Matters, for which the Department of Children, Equality, Disability, Integration and Youth subsequently became the data controller.
Concluding Year	The year set out in column 4 of Schedule 1, Part 1 or column 3 of Schedule 1, Part 2 of the Act.
Data Controller	The natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data. For the purposes of the Payment Scheme, the Data Controller is the Department of Children, Equality, Disability, Integration and Youth.
Deceased Applicant	An applicant who has died since the 13th January 2021, the date of the State Apology, on whose behalf an application is being made under section 37 of the Mother and Baby Institutions Payment Scheme Act.
Department	Department of Children, Equality, Disability, Integration and Youth also referred to as DCEDIY.

Deputy Chief Deciding Officer	A person designated under section 10 of the Mother and Baby Institutions Payment Scheme Act to act as the Chief Deciding Officer in certain circumstances.
EFT	Electronic Funds Transfer.
Enhanced Medical Card	Mechanism for the provision without charge of health services set out in section 34(3) of the Mother and Baby Institutions Payment Scheme Act.
Executive Office	The office referred to in section 7 of the Act as the "Office of Chief Deciding Officer", situated in DCEDIY, operating under the direction of the Chief Deciding Officer.
GDPR	General Data Protection Regulation.
General Payment	A General Payment is a financial payment made to a person eligible for the Payment Scheme to recognise time spent in harsh conditions, emotional abuse and all other forms of harm, mistreatment, stigma and trauma experienced while resident in a Mother and Baby or County Home Institution.
Health supports	An Enhanced Medical Card or a Health Support Payment available to successful applicants.
Health Support Payment	A once-off payment of €3,000 payable to successful applicants who reside outside Ireland in lieu of the Enhanced Medical Card. Also referred to as an HSP.
HSE	Health Service Executive.
Information source	Refers to one of the entities defined in section 2 of the Mother and Baby Institutions Payment Scheme Act that may hold records or information relating to an applicant. It refers to a local authority, the Health Service Executive, Tusla (the Child and Family Agency), the Adoption Authority of Ireland, the National Archives, or another person prescribed by the Minister.
Legal Waiver	An agreement to discontinue with or not pursue legal proceedings against a public body in relation to the circumstances to which an application under the Mother and Baby Institutions Payment Scheme relates.
MBIPS	Mother and Baby Institutions Payment Scheme.
Minister	Minister for Children, Equality, Disability, Integration and Youth.

Notice of Determination	Written correspondence to an applicant outlining the decision in relation to their application.
Payment Scheme Office	This is the term used to encompass the Executive Office and the Case Management Team who, working together under the direction of the Chief Deciding Officer, will accept applications and administer the Payment Scheme.
Personal Representative	A person, duly authorised to act on behalf of the estate of a deceased applicant.
Relevant Person	A person who was resident in an institution in Schedule 1 of the Mother and Baby Institutions Payment Scheme Act, 2023 up to and including 31 December of the concluding year provided in the Schedule.
Payment Scheme	Mother and Baby Institutions Payment Scheme.
Scheduled institution	An institution listed in Schedule 1 of the Act, namely the Mother and Baby or County Homes institutions.
Support Person	A person acting on behalf of an applicant under section 36 of the Mother and Baby Institutions Payment Scheme Act, 2023.
Work-related Payment	A financial payment in recognition of commercial work undertaken without pay, for women who spent at least three months in a County Home Institution, the Tuam Mother and Baby Institution or the Sean Ross Mother and Baby Institution, as set out in Schedule 1, Part 1 of the Bill.

Chapter 1 – Introduction and Overview

1.1 Purpose of the Payment Scheme

The Mother and Baby Institutions Payment Scheme has been established to make financial payments and health supports available to eligible people who spent time in scheduled Mother and Baby or County Home Institutions. A list of the institutions covered under the Payment Scheme is provided at Appendix A.

The Payment Scheme is just one aspect of the overall package of supports and measures set out in the Government's *Action Plan for Survivors and Former Residents of Mother and Baby and County Homes Institutions*, which seeks to provide an inclusive and enduring response to the priority needs of all survivors and former residents.

The Payment Scheme recognises time spent in harsh conditions, emotional abuse and all other forms of harm, mistreatment, stigma and trauma experienced while resident in a Mother and Baby or County Home Institution. The proposed structure of the Payment Scheme, with increasing financial payments depending on length of stay, recognises that higher payments should be made to those who were subjected to harsh institutional conditions for lengthier periods.

1.2 Guiding Principles for Payment Scheme Delivery

The Payment Scheme will be delivered with a focus on kindness and service excellence. We will support applicants as much as possible throughout the process. To make the process respectful, kind and straightforward, applicants are not required to bring forward evidence of any abuse or trauma in order to qualify for the Payment Scheme. While it is not possible to administer the Payment Scheme without engaging with applicants in some way in relation to their time in an institution, this engagement will focus as much as is possible on the information needed to establish a date of entry to and date of exit from a relevant institution. The intention is to provide for a non-adversarial process and the approach being taken to the Payment Scheme will mean the majority of applicants won't need to recount their individual experience.

In a minority of cases, it will be necessary for applicants to provide information by affidavit at the request of the Chief Deciding Officer or an Appeals Officer where the records available are not sufficient to establish residence and the period of residence in an institution. This process will be managed with sensitivity. For the majority of applicants, it is intended that the State can shoulder much of the administrative burden in relation to establishing an applicant's eligibility for the Payment Scheme, by reference to institutional records.

In summary, in order to apply to the Payment Scheme, all an applicant is required to do is complete an application form and provide some standard supporting documentation, not related to their institutional experience, for example proof of identity. More detailed information on what is needed to apply is set out in Chapter 4.

1.3 Purpose of these Guidelines

This is a statutory Payment Scheme provided for in legislation by the Mother and Baby Institutions Payment Scheme Act 2023 (from now on referred to as "the Act"), and associated regulations. These Guidelines have been issued by the Minister for Children, Equality, Disability, Integration and Youth

under section 45 of the Act, to provide practical information and guidance on the operation of the Mother and Baby Institutions Payment Scheme. The Guidelines set out the rules governing the Payment Scheme and reflect both the primary and secondary legislation underpinning it. It is intended that these Guidelines will provide a user-friendly explanation of the legislation, although they do not purport to be a legal interpretation.

The Guidelines also aim to aid the implementation of standard operating procedures by those involved in operating the Payment Scheme.

1.4 Operating Model for the Payment Scheme

The Act provides for an Office called the *Office of the Chief Deciding Officer of the Mother and Baby Institutions Payment Scheme* (from now on referred to as "the Payment Scheme Office"), to be established and this Office is responsible for operating the Payment Scheme.

The Payment Scheme Office is led by a Chief Deciding Officer, appointed under section 8 of the Act. The Payment Scheme Office comprises a team situated in the Department, referred to in these Guidelines as the "Executive Office" and third party support, referred to as the "Case Management Team", both operating under the direction and supervision of the Chief Deciding Officer. The Chief Deciding Officer is independent from the Minister in performing the functions assigned to him or her as set out in section 9 of the Act.

The Act also provides for the appointment of a Deputy Chief Deciding Officer to be designated from within the Executive Office, to perform the functions of the Chief Deciding Officer when he or she is absent or for any other reason is unable to perform his or her functions, or if the position of Chief Deciding Officer becomes vacant.

Certain functions are vested in the Chief Deciding Officer. In some instances these Guidelines specifically refer to the Chief Deciding Officer, but for the most part, they refer to the Payment Scheme Office, the Executive Office and the Case Management Team as those involved in the administration of the Payment Scheme. All references to these terms should be interpreted as meaning that they are acting on behalf of and under the instruction of the Chief Deciding Officer.

Further information on the operating model and governance structure for the Payment Scheme is set out in Chapter 14.

1.5 Key benefits under the Payment Scheme

An applicant may receive the following benefits under the Payment Scheme -

- a ***General Payment***
- a ***Work-related Payment***
- *health supports* in the form of either:
  - for Irish residents: An ***Enhanced Medical Card*** under which the person shall be entitled to a suite of medical services, and to certain services without charge
  - for residents living in Northern Ireland or outside Ireland: a once-off ***Health Support Payment (HSP)*** of €3,000 **or** the Enhanced Medical Card as above.

Chapter 2 sets out who is eligible to apply for the Payment Scheme and the differences in eligibility criteria for each of the benefits available.

a) General Payment

A General Payment may be offered to a person who was resident, up to and including 31 December of the "concluding year", in one, or more, of the institutions listed in Schedule 1 of the Act. An applicant may have been resident in an institution as a mother or as a child or both. The scheduled institutions are also set out at Appendix A of these Guidelines. Eligibility for a General Payment and the amount of payment which a person may be offered is based on the total time an applicant spent in one or more of the scheduled institutions.

b) Work-related Payment

A Work-related Payment may be offered to mothers who were resident in the Tuam Children's Home, Sean Ross Mother and Baby Home or any of the relevant County Home Institutions. The eligible institutions for the Work-related Payment are listed at Schedule 1, Part 1 of the Act and also included at Appendix A.

c) Enhanced Medical Card

An Enhanced Medical Card under the Payment Scheme allows for the provision without charge of the health services listed below which are provided by, or on behalf of, the Health Service Executive (HSE).

- general practitioner, medical and surgical services
- drugs, medicines and surgical appliances
- nursing services
- home help services
- dental, ophthalmic and aural services
- counselling services
- chiropody services
- physiotherapy services

The Enhanced Medical Card does not confer priority status to these services; it only provides that they will be given without charge under the public health system. More detailed information on the terms of these services are set out in the Act.

d) Health Support Payment

Applicants who live outside of Ireland may be eligible to apply for a Health Support Payment instead of the Enhanced Medical Card. This is a once-off payment of €3,000 intended to serve as a contribution towards a person's individual health needs.

1.6 Payment Scheme Timeframe

The Payment Scheme will be in place for a maximum of five years from the establishment day, set by the Minister in a Ministerial Order. Section 6 of the Act provides that a closing date for the Payment Scheme will be set down by the Minister. This will be widely publicised in good time and applications to the Payment Scheme will be accepted up to and including the closing date for the Payment Scheme. The Payment Scheme Office will exist for the duration of the Payment Scheme and will be dissolved at an appropriate time, after the Payment Scheme is closed. When this happens, the functions of the Chief Deciding Officer and any remaining work of the Payment Scheme Office will transfer back to the

Minister for Children, Equality, Disability, Integration and Youth. In addition, all records in the possession of the Payment Scheme Office will be given to the Minister.

1.7 Data Protection and GDPR

The administration of the Mother and Baby Institutions Payment Scheme will result in the processing of personal data and in some cases, special categories of personal data of data subjects. A data subject for the Payment Scheme may be the applicant, or a person who is making an application on behalf of an applicant as a legal practitioner, as a support person or as a personal representative, where an applicant is deceased. All data subject rights are protected by the General Data Protection Regulation (GDPR) and the Data Protection Acts.

The legal basis for the processing of personal data and special categories of person data, is provided for in the Mother and Baby Institutions Payment Scheme Act, 2023.

The Payment Scheme's Data Controller, being responsible for all information, activity and records, is the Department of Children, Equality, Disability, Integration and Youth.

Further information on data protection arrangements for the Payment Scheme are outlined in Chapter 14.

Chapter 2 - Eligibility for the Payment Scheme

2.1 Eligibility Criteria

The Act sets out that a person who considers themselves to be "relevant person" can apply for benefits under the Payment Scheme. A "relevant person" is:

a) A person who was resident in a scheduled institution as a child;

b) A person who was resident in a scheduled institution as an adult, or while under 18 years of age:

   i. for reasons relating to their pregnancy, or the birth or care of their child (hereafter referred to as "resident as a mother") and

   ii. where the primary purpose of their admission to the scheduled institution was the provision of shelter and maintenance.

A "scheduled institution" means any of the institutions listed in Schedule 1 (Parts 1 and 2) of the Act set out at Appendix A.

A person is regarded as being resident in a scheduled institution if he or she was born in or admitted to the institution, and spent at least one night there at any time between 1922 and the 31 December in the "concluding year" for the institution.

2.2 Payment Scheme Benefits

While a person may be a "relevant person" if they have spent time in one of the scheduled institutions prior to 31 December in the concluding year for that institution, they may not qualify for benefits. Different qualifying criteria apply to the benefits available, as follows:

A person may receive up to 3 benefits under the Payment Scheme as follows:

- a **General Payment**
- a **Work-related Payment**
- either:
  - for Irish residents: An **Enhanced Medical Card** under which the person shall be entitled to a suite of medical services, and to certain services without charge
  - for residents of a country outside Ireland: a once-off **Health Support Payment** of €3000 (HSP) **or** the Enhanced Medical Card as above.

a) General Payment

A person who was resident as a mother, or for reasons relating to pregnancy or childbirth, in a scheduled institution for at least one night will be entitled to a **General Payment.** The amount of the payment will depend on the length of time spent in the institution as reflected in the table in Appendix B.

A person who was resident as a child in a scheduled institution for at least 180 days will be entitled to a **General Payment**. The amount of the payment will depend on the length of time spent in the institution as reflected in the table in Appendix C.

b) Work-related Payment

A person who was resident as a mother, or for reasons relating to pregnancy or childbirth, in an institution listed in Part 1 of Schedule 1 and as set out in Appendix A for at least 90 days will be entitled to a **Work-related Payment.** The amount of the payment will depend on the length of time spent in the institution as reflected in the table in Appendix B.

c) Enhanced Medical Card

A person who was resident as a mother or for reasons relating to pregnancy or childbirth, or as a child, or as both, in a scheduled institution for at least 180 days may be eligible for an **Enhanced Medical Card**.

The Enhanced Medical Card will not be made available to family members or dependents of a living person, nor to the personal representative or estate of a deceased person.

d) *Health Support Payment*

A person who is eligible for an **Enhanced Medical Card** and who is not resident in Ireland may choose to take an Enhanced Medical Card or instead opt for the Health Support Payment in lieu of the card. In order to be issued with an Enhanced Medical Card, a person will need a Personal Public Services Number (PPSN). In addition, to avail of the services offered through the Enhanced Medical Card, an eligible person must be registered with a General Practitioner in Ireland.

2.3 Magdalen Restorative Justice Medical Card

If an applicant is the holder of a medical card from the Magdalen Restorative Justice Ex-Gratia Payment Scheme, they will not be eligible for the Enhanced Medical Card or Health Support Payment under this Payment Scheme. This is because such applicants are already in receipt of the health supports to which the Payment Scheme would entitle them.

2.4 Double Recovery

If a person has received an award from a court or a settlement in respect of an action arising out of any circumstances which could give rise to an application to this Payment Scheme, they will not be entitled to a financial payment i.e. the General Payment or Work-related Payment from this Payment Scheme. However, they may still make an application for an Enhanced Medical Card or the Health Support Payment.

2.5 Temporary Absences

A temporary absence from the institution will be included in the calculation of time spent where the absence was for a period of less than 180 days.

The temporary absence(s) must relate to temporary exits from and re-entry to the same institution i.e. the institution that the person's period of residency started in and relate to the same circumstances as the first entry. Applicants will not be asked to declare any episodes of temporary absence from the

relevant institution they spent time in. Further information in relation to the treatment of Temporary Absences is set out in Chapter 6.

2.6 Institutional Records

The primary means for determining eligibility for Payment Scheme benefits will be by reference to institutional records. Benefits will be provided to eligible applicants based on proof of residency for a defined period of time.

To support the assessment of applications, the Act provides for the Chief Deciding Officer to have the power to search the copy of the Commission of Investigation's Archive and Database, held by the Department, to establish an applicant's residence and period of residence in a scheduled institution. The records for the majority of applicants are held in this Archive and Database.

Records not held in the Commission of Investigation Archive and Database are held by 'information sources' including the Adoption Authority of Ireland, the HSE, Local Authorities and Tusla. A full list of 'information sources' is set out in section 2 of the Act. The Act provides that the Chief Deciding Officer can access and process records held by an 'information source' in order to establish eligibility for the Payment Scheme. In the limited circumstances where records are sparse or inconclusive or do not exist, the Act allows for the Chief Deciding Officer to request an affidavit from an applicant.

Where the record search functions of the Chief Deciding Officer which are provided for in the Act are being carried out on behalf of the Chief Deciding Officer, this will be done by a member of the Executive Office.

Where assessing an application, the Payment Scheme Office shall consider the records and information available, including any information submitted by an applicant and any affidavit provided on request, and determine on the balance of probabilities[1], the payments to which the applicant is entitled, and the provision of services for which the applicant is eligible.

Where complete records exist, the approach will be that eligibility will be verified by reference to these records.

[1] This is a legal term. Saying something is proven on a balance of probabilities means that it is more likely than not to have occurred. It means that it is probable, i.e., the probability that some event happens is more than 50%.

Chapter 3 – Supports

3.1 General supports

All applicants with general queries on the Payment Scheme or on how to make an application, can:

- Visit the website at www.gov.ie/paymentscheme, which contains all relevant information.
- Call the information helpline at +353 1 522 9992 (Monday to Friday 09:00-18:00 GMT).
- Email info@paymentscheme.ie.

Applicants can expect to receive correspondence in relation to their application at key points in the application process outlined below: -

- Acknowledgment of application;
- If further information is required;
- Where an affidavit is required;
- When a person is entitled to payments or benefits that they did not specifically apply for;
- When a Notice of Determination issues;
- When financial payments and other benefits have been made.

Correspondence will issue to the applicant in keeping with how they apply to the Payment Scheme i.e. through the online portal if the application is made this way or by registered post for applications received by post. Further information on how to apply is set out in Chapter 4.

3.2 Literacy supports and supports for those with additional needs - Ireland

Applicants who have difficulty in completing the application form, understanding the application process, or any element of the Payment Scheme, can also contact the above information helpline for assistance.

Alternatively, applicants can contact one of the following:

- **Citizens Information**. Citizens Information Centres will have application forms on hand for the Payment Scheme and can provide assistance completing the application with you, if required. An appointment may be needed. Details on Citizens Information Centres, including opening hours and contact details, are available here: https://centres.citizensinformation.ie
- The **National Advocacy Service (NAS)** provides a free, independent and confidential representative advocacy service to adults with disabilities across Ireland. If you think that an advocate might be able to assist you with an issue you are having, you can call the National Phone Line on 0818 07 3000 from 10:00 to 16:00 Monday to Friday, or email info@advocacy.ie Further information is available at https://advocacy.ie

For anyone with sight loss, the online application form – available at www.gov.ie/paymentscheme is compatible with screen readers. Anyone having difficulties with the form can call the Payment Scheme Office on +353 1 522 9992 (Monday to Friday 09:00-18:00 GMT).

Alternatively, **Vision Ireland** can also provide support. The Vision Ireland Infoline can be reached via phone on 1800 911 250 from 09:00 to 17:00, Monday to Friday. Vision Ireland Head Office and regional

centres around the country are also open from 09:00 to 17:00, Monday to Friday. A full list of these is available at https://vi.ie/about-us/locations

Anyone with hearing loss can contact the Payment Scheme Office by email at info@paymentscheme.ie if they wish to use Irish Sign Language (ISL) to talk through their application or have queries on the Payment Scheme. An ISL interpreter can be arranged, in person or by video link, where required. Alternatively, the **Sign Language Interpreting Service (SLIS)** may be able to help. SLIS can be reached by email at reception@slis.ie or by text at 087 980 6996. SLIS also has a remote service which can be used for short meetings, and slots can be booked through their website at https://slis.ie/iris .

3.3 Counselling supports - Ireland

For applicants who feel they may need professional counselling support, the Health Service Executive's **National Counselling Service** is available free of charge from Monday to Friday between 09:30 and 17:00. Details of the National Counselling Service and contact details for each area is available here: https://www.gov.ie/en/publication/12da8-counselling-supports-for-former-residents-of-mother-and-baby-homes/#national-counselling-service

Outside of these hours, anyone affected can also directly contact the **CONNECT** free telephone counselling and support service where they can talk in confidence with a trained counsellor. This service is generally available between 6pm and 10pm Monday through to Sunday on 1800 477 477.

Support is also available from Samaritans on free call 116 123 or by texting YMH to 50808 (Messaging Support Service). Additional mental health supports provided/funded by the HSE are also available. Details of these supports are available on www.yourmentalhealth.ie.

3.4 Financial advice and information – Ireland

An applicant who requires financial advice in advance of, or on receipt of a financial payment from the Payment Scheme, can contact the **Money Advice and Budgeting Service (MABS).** This is a free, impartial service which supports people with money advice. MABS have 60 offices nationwide and information and further information can be found at https://mabs.ie/about/find-a-mabs-office/

3.5 Specific supports for those living outside of Ireland

3.5.1 General supports – Britain

For those living in Britain who would like to avail of supports locally, there are a number of organisations – financially supported by the Department of Foreign Affairs through the Emigrant Support Programme - that offer support:

- The **National Response Line**, which is run by the London Irish Centre, is a Freephone service which can provide support to those applying to the Payment Scheme. This can be reached on Freephone 0800 519 5519, from within the UK, from 10:00 to 16:00 every Tuesday, Wednesday and Thursday. Further information is available at: https://londonirishcentre.org/our-services/community-development/survivorservice/

- London Irish Centre's survivors' integrated service provides support and advocacy to survivors and former residents of Irish institutions living in London and the South East. They can be contacted on 0207 916 2222, and community@londonirishcentre.org . Further information is

available at: https://londonirishcentre.org/our-services/community-development/survivorservice/.

- **Frea** – Renewing Roots is a partnership between Irish Community Care, Leeds Irish Health and Homes, and Irish Community Care Manchester, that supports survivors and former residents of Mother and Baby and County Home Institutions in accessing the Irish Government's Action Plan, as well as offering emotional and practical support. Phone: 07458 138 682, email: renewingroots@frea.org.uk . Further information is available at https://www.frea.org.uk/motherandbabyhomes .
- **Coventry Irish Society** works with survivors and former residents of Irish institutions. Phone: 0247 625 6629, email: simon.mccarthy@irishsoc.org.uk. Further information is available at https://www.coventryirishsociety.com/help-support/irish-survivors

3.5.2 Counselling supports - Britain

The **Immigrant Counselling and Psychotherapy service (ICAP)** – funded through the Emigrant Support Programme - run a free counselling and psychotherapy service for survivors of institutional abuse. They can be reached by phone on 0207 272 7906 or by email at clinicaladmin@icap.org.uk.

There is also a National Response Freephone Line which can advise on suitable emotional support and/or specialist counselling. This line can be reached from within the UK on 0800 519 5519, between 10:00 and 16:00, Tuesday to Thursday.

Anyone affected can also directly contact the CONNECT free telephone counselling and support service where they can talk in confidence with a trained counsellor. This service is generally available between 18:00 and 22:00 Monday through to Sunday on 00 800 477 477.

3.5.3 Financial advice and information - Britain

The **Money and Pensions Service** offers free, impartial money and pensions guidance. The service can be reached:

- by phone on 0800 138 7777
- by email on contact@maps.org.uk

3.5.4 General supports - United States

The **Coalition of Irish Immigration Centres** receive funding from the Department of Foreign Affairs Emigrant Support Programme and provide support to the Irish/Irish American communities they serve. Further information is available here: https://ciic-usa.org/

Details of the centres are as follows:

- Aisling Irish Community Center, New York. Phone: 914-237-5121, email: info@aislingcenter.org, website: www.aislingcenter.org
- Emerald Isle Immigration Center, New York. Website: www.eiic.org
    - Woodside - phone: 718-478-5502, email: jstahl@eiic.org
    - Bronx – phone: 718-324-3039, email: carmel@eiic.org

- New York Irish Center, New York. Phone: 718-482-0909, email: info@newyorkirishcenter.org, website: www.newyorkirishcenter.org
- Irish Community Services – MW, Chicago. Phone: 773-282-8445, email: info@irishchicago.org, website: www.irishchicago.org
- Irish Diaspora Center, Philadelphia. Phone: 610-789-6355, email: info@idcphila.org, website: www.icphila.org
- Irish Immigration Pastoral Center, San Francisco. Phone: 415-752-6006, email: info@sfiipc.org, website: www.sfiipc.org
- Irish Outreach Center, San Diego. Phone: 619-291-1630, email: help@irishoutreachcenter.org, website: www.irishoutreachcenter.org
- Irish Pastoral Center, Boston. Phone: 617-265-5300, email: info@ipcboston.org, website: www.ipcboston.org
- Rian Immigrant Center, Boston. Phone: 617-542-7654, email: info@riancenter.org, website: www.riancenter.org
- Seattle Irish Immigrant Support, Seattle. Phone: 360-474-7488, email: SIISG@irishclub.org, website: www.IrishSeattle.com

3.5.5 General supports - Rest of World

For people living outside Ireland, Northern Ireland, Britain and the United States, their local Irish Embassy or Consulate can provide details of organisations who may be able to assist. A list of embassies and consulates is available here: https://www.ireland.ie/en/dfa/embassies/

3.5.6 Counselling supports – Rest of World

Anyone affected can directly contact the CONNECT telephone counselling and support service where they can talk in confidence with a trained counsellor. This service is generally available between 18:00 and 22:00 GMT every day, including weekends, at +353 1 865 7495. International call rates apply.

3.6 Special Advocate for Survivors

Ms Patricia Carey has been appointed by the Minister as Special Advocate for Survivors with effect from 25 March 2024. The role of the Special Advocate is to promote the collective interests of survivors, as expressed by them, and to amplify their voices as a central, essential input to Government deliberations on matters which affect them. The Special Advocate's remit encompasses Mother and Baby Institutions, County Home Institutions, Magdalen Laundries, Industrial and Reformatory Schools, and related institutions, and those adopted, boarded out or the subject of an illegal birth registration.

The primary role of the Special Advocate is to represent the collective interests of survivors so that their views inform the delivery of measures as set out in the *Government's Action Plan for Survivors and Former Residents of Mother and Baby and County Home Institutions*. The Special Advocate does not deal with individual complaints or queries on the Payment Scheme. However, should applicants or groups have general areas of concern related to the Payment Scheme, it may be appropriate to direct these to the Advocate.

3.7 Support towards legal costs

Every effort has been made to ensure that the application form and application process is straightforward such that an applicant is empowered to make the application themselves without the need to take legal advice. Applications will only be accepted from legal practitioners on behalf of an applicant where an applicant has authorised them in writing to handle their application on their behalf or where such practitioners are acting in accordance with section 36[2] of the Act. An authorisation to act on behalf of an applicant by a solicitor must be accompanied by an authorisation signed by the Applicant. The Payment Scheme is non-adversarial and there is no requirement to provide any evidence of abuse or harm suffered in order to be entitled to an award from the Payment Scheme. The application process is based on the assessment of an application form which will request an applicant's name, date of birth, the name of the institution or institutions they were resident in, whether they were there as a mother or as a child and, if known, the approximate dates of arrival or departure.

If an applicant holds institutional records which show their date of arrival and departure in an institution or institutions, they can provide these along with their application form. However, it is not necessary to provide records as the Payment Scheme Office will undertake searches on behalf of applicants in order to establish that they were resident in an institution or institutions and the length of time they were there.

There are two points at which an applicant may require legal support and where financial support towards the cost of this will be provided by the Payment Scheme Office:

1. **To provide an Affidavit** – where, in limited circumstances, during the examination of an application or processing of a review or an appeal, an applicant is requested to provide an affidavit by the Chief Deciding Officer or an Appeals Officer.
2. **Prior to signing the Legal Waiver -** in order to accept an offer under the Payment Scheme an applicant will be required to sign a legal waiver. Applicants may wish to avail of independent legal advice prior to signing the waiver.

Further information on the amount of financial support available and the process for the payment of this support is set out at Chapter 13.

3.8 Support for those wishing to access Birth Information and Tracing Services

The Birth Information and Tracing Act 2022 allows for a right of access to birth certificates, and birth and early life information for all persons who were adopted, boarded out, the subject of an illegal birth registration or who otherwise have questions in relation to their origins. Under the Act, a relevant person can:

[2] Section 36 of the Act provides for applications to be made on behalf of a person unable to apply on their own behalf, where one of the following formal arrangements is in place are:

- Decision-Making Representative appointed by the court under the Assisted Decision-Making (Capacity) Act 2015.
- Ward of Court as the court appointed committee of the ward.
- Enduring Power of Attorney under the Powers of Attorney Act, 1996.
- Enduring Power of Attorney under the Assisted Decision-Making (Capacity) Act 2015.
- A similar legal arrangement in another State.

- apply for birth and early life information
- apply for a tracing service
- register or update their preferences on the Contact Preference Register.

These services are provided by the Adoption Authority of Ireland and Tusla. Further information is available at https://www.birthinfo.ie/.

The Adoption Authority can be reached directly by phone on +353 1 230 9300, or at records@aai.gov.ie, while Tusla can be reached at +353 818 44 55 00 or birthinfo@tusla.ie.

Chapter 4 - Making an Application

4.1 Overview

To apply for any or all of the benefits under the Payment Scheme, an application is completed either via the online portal, or by submitting a paper application form.

There is one application form for the Payment Scheme, available in both English and Irish. The application form caters for three types of application to the Scheme:

1. An applicant applying on their own behalf or via an authorised legal practitioner;
2. A person making an application on behalf of an applicant who requires support, under the terms of section 36 of the Act (referred to as a support person);
3. A person making an application under section 37 of the Act on behalf of the estate of a deceased applicant (referred to as a personal representative).

In all cases when referring to an applicant, this means the person who spent time in the scheduled institution. If a person is applying on their own behalf or via an authorised legal practitioner, they are the applicant. If a person is making an application as a support person or a personal representative then the applicant is the person on whose behalf, either living or deceased, they are making the application.

The application form has four mandatory fields - name, contact details, date of birth (as per ID document) and institution. It will also request information to support records searches e.g. indicative entry and exit dates from the institution. The bank details and PPSN of the applicant can be provided at application stage, but this is not required and this information can be provided to the Payment Scheme Office at a later stage if needed.

The fully completed application form and supporting documentation can be submitted online via the portal or returned to Payment Scheme Office, PO Box 13688, Waterford, Ireland. All mandatory sections of the form must be completed and the form must be signed.

4.2 Types of application

4.2.1 Applicant applies on their own behalf

In the majority of cases an applicant will apply to the Payment Scheme on their own behalf. An applicant may get support from a family member, friend or advocate group to complete their application form.

While applicants do not need legal support to make an application, in some cases an applicant may sign an authorisation enabling a legal practitioner to submit an application on their behalf. In such cases, applicants should be aware that financial support is not available towards the legal costs associated with the making of an application. (There is support for other legal costs as outlined in Chapter 3.7, page 21.) In addition, it is important to note that all correspondence from the Payment Scheme will be directed to the contact listed on the application form. If this is the legal practitioner, this means that only the legal practitioner will receive an applicant's determination and other correspondence. Any payment from the Payment Scheme is to be paid into the bank account of the applicant and not the bank account of the legal practitioner. In the remainder of these guidelines, a reference to an applicant will include a reference to their authorised legal practitioner where appropriate.

In other cases, an applicant may be supported by a **Decision Making Assistant** under the Assisted Decision Making Capacity Act 2015, and they can make the Payment Scheme Office aware of this by ticking the relevant box on their application form. However, in all cases, while the applicant may be getting some support, they must sign the application form themselves, and all correspondence from the Payment Scheme will be directed to them only.

Where an applicant has a **Co-Decision Maker** under the Assisted Decision Making (Capacity) Act, 2015, and the agreement in respect of this arrangement is deemed to cover decisions that would relate to making an application to the Payment Scheme, then both the applicant and their Co-Decision Maker will be required to sign the application form, and any other forms which require consent or a decision later in the process.

4.2.2 Applications made by a support person

Where an application is being made on behalf of an applicant, in the circumstances outlined below, the application form should be signed by the person acting on behalf of the applicant, from this point on referred to as the "support person". The Payment Scheme Office will require supporting documentation to be satisfied that the support person is authorised to act on behalf of the applicant and make an application to the Payment Scheme. This is important as these arrangements are not necessarily all encompassing and may only authorise a person to act in relation to certain matters. Once the arrangement is verified as providing the necessary authority, the support person will then be treated in the same way as an applicant to the Payment Scheme. All correspondence will be directed to the support person and all subsequent decisions under the Payment Scheme will be made by them on behalf of the applicant. This arrangement is provided for in section 36 of the Act in the following circumstances.

1. Where an applicant is a **Ward of Court**. [No new Ward of Court arrangements will be ordered from the date of the full commencement of the Assisted Decision-Making (Capacity) Act, 2015 Act on 26th April 2023. Existing Ward of Court arrangements are recognised by the Payment Scheme.]

2. Where an applicant has a person acting on their behalf, appointed under an **Enduring Power of Attorney** under the Assisted Decision Making (Capacity) Act 2015 or the Powers of Attorney Act 1996. From 26th April 2023, no new Enduring Power of Attorneys will be created under the Powers of Attorney Act 1996. However, an Enduring Power of Attorney created under the 1996 Act will still have effect and be recognised by the Payment Scheme.

3. Where an applicant has capacity to manage their own affairs, and appoints a person to act on their behalf under a **General Power of Attorney** as set out in the Powers of Attorney Act 1996.

4. Where an applicant has a **Decision-Making Representative.** The arrangements for a Decision-making representation order are provided for in the Assisted Decision-Making (Capacity) Act 2015.

5. Where a person is **duly authorised under an enactment and/or by a court of law in another jurisdiction** to act on behalf of a person. The Payment Scheme Office must be satisfied that the evidence provided by the person wishing to make an application demonstrates that the person is duly authorised to act on the person's behalf under the law of the country where they are living. Legal advice may be sought by the Payment Scheme Office in order to make this determination.

In the event that, in the course of an application being processed an applicant becomes the subject of a co-decision making arrangement or an arrangement at 1 - 4 above, then the application can continue subject to a verification of this arrangement. The applicant, where this relates to a co-decision making agreement or the person who is now authorised to act on behalf of the applicant, should notify the Payment Scheme Office of the change of circumstances. They should also provide the necessary proof of authority relevant to the arrangement. When the Payment Scheme Office is satisfied, the application can continue and, in the case of arrangements at 1-4 above, the support person will take all of the necessary decisions from that point forward on behalf of the applicant.

4.2.3 Applications made by a personal representative

Where a person who it is believed was a relevant person for the Payment Scheme has died on or after the 13 January 2021, their personal representative can make an application on behalf of their estate. This is known as an Estate application.

In these circumstances the application may be made for the General Payment or the Work-related Payment only. The process of offer and acceptance will be the same as that of a standard application, with the offer made to the personal representative and the matter of acceptance of the offer being the responsibility of the personal representative as provided for in section 37 of the Act.

The Chief Deciding Officer will only deal with one personal representative in relation to estate applications. Therefore, in circumstances where more than one person is authorised to act on behalf of the deceased person's estate by way of a joint grant of representation[3], a letter is requested at application stage, signed by all personal representatives, nominating one personal representative to be the person the Payment Scheme Office will deal with for the purposes of the application. In the event that such a letter cannot be provided, then the application to the Payment Scheme will proceed and the Payment Scheme Office will deal with the first personal representative to come forward with an application to the Scheme.

4.2.4 If an applicant dies after making an application

If an applicant dies after making an application, but before the process is complete, his or her personal representative may proceed with the application once the Payment Scheme Office has been notified in writing and has verified that the person is the personal representative for the estate. Such cases are provided for under section 38 of the Act. The personal representative should provide proof of identity and other supporting documentation set out in section 4.4.

[3] A Grant of Representation is either a Grant of Probate in testate cases or a Letter of Administration in intestate cases.

The application will then proceed as normal but only for the General Payment and or Work-related Payment. Consideration of health supports under the Scheme will cease. The personal representative becomes the liaison between the Payment Scheme Office and the estate, and in the same way as a support person, the personal representative will be treated as the applicant and will make all decisions related to the application on behalf of the estate of the applicant.

4.3 Checklist of supporting documents for applications

Along with the completed application form, the following supporting documentation must be provided as applicable:

I. Proof of identity which is a valid (i.e. in date) photo ID for both the applicant and their Co-Decision Maker or support person. In estate cases proof of identity is required for the personal representative only. This is provided by any one of the following:

   (a) certified copy of Passport, or

   (b) certified copy of Driving Licence, or

   (c) certified copy of Public Services Card or equivalent social security card if living in another jurisdiction, or

   (d) certified copy of a form of Government-issue photo ID from any jurisdiction, or

   (e) on an exceptional basis, a certified copy of other such photo ID as may be acceptable to the CDO.

Further information to assist with how to provide a certified copy of your photo ID is set out in Appendix D.

II. A medical letter from an applicant's GP or consultant if prioritisation on health grounds is required.

III. In relation to the arrangements under section 4.2.1 or 4.2.2, a copy of the relevant agreement as appropriate. This may be a:

   (a) Letter authorising a legal practitioner to act on the applicant's behalf

   (b) Decision Making Assistant Agreement

   (c) Co-Decision Making Agreement

   (d) Ward of Court Authorisation Letter

   (e) Enduring Power of Attorney document (EPA)

   (f) General Power of Attorney document

   (g) Decision Making Representation Order

(h) Copy of Court Order or

(i) Relevant proof of authority from a jurisdiction outside of the State.

IV. Where living outside Ireland, and seeking a Health Support Payment in lieu of an Enhanced Medical Card, proof of current place of residence, dated within the last six months, by any one of the following:

(a) a mortgage statement or

(b) a tenancy/rental agreement or

(c) a letter from the owner or manager of a nursing home or supported living arrangement or

(d) a utility bill (for example gas / electricity / telephone / broadband) or

(e) on an exceptional basis, other such correspondence as may be acceptable to the CDO as proof of residence.

V. In relation to applications on behalf of a deceased person's estate a certified copy of a death cert and one of the following:

(a) A Grant of Probate (certified copy) or

(b) A Letter of Administration (certified copy) or

(c) A certified copy of the will as there is a will but no Grant of Probate or

(d) An affidavit swearing that the person is entitled to act as personal representative as there is no will, Letter of Administration or Grant of Probate or

(e) Evidence of legal arrangement or authority from another country.

It should be noted that where (c) or (d) above are provided in order to make an application and the application is successful, a Grant of Probate or Letter of Administration will be required before payment can be made to the nominated account in a financial institution. An exception may be made to this requirement by the Chief Deciding Officer. Such an exception is solely at the discretion of the Chief Deciding Officer based on consideration of the particular circumstances of the case including but not limited to the value of the award determined.

In cases where a Grant of Probate or Letter of Administration is not being provided, the personal representative is required to complete the designated declaration form before the award from the Payment Scheme can be released. This form confirms that the personal representative has the consent

of all persons entitled under succession law to the deceased person's estate, to receive this award and will administer it to all beneficiaries.

4.4 Benefits sought must be applied for

When making the application, the applicant, support person or personal representative must specify the benefits they are applying for in order to be considered for those benefits. This is important particularly if the applicant lives outside Ireland, because in such cases there is a choice of applying for either the Enhanced Medical Card or the Health Support Payment.

The Payment Scheme Office will assess eligibility for the Payment Scheme with reference to all of the benefits available under the Payment Scheme. If it is identified that an applicant is entitled to a benefit which was not selected on the application form, the Case Management Team will contact the applicant, support person or personal representative and make them aware of this. They can then choose whether or not they wish to apply for this benefit. If they wish to avail of the additional benefit they must return the supplementary form provided to the Payment Scheme Office within the next 28 days.

4.5 One application per relevant person

Only one application can be made to the Payment Scheme in respect of a relevant person. Therefore, it is important that all institution(s) the person was in are included on the application. This application can cover a single period of residence or multiple periods of residence in scheduled institutions either as a child or as a mother or both.

The only exception to this is if the Minister adds an institution to the list of scheduled institutions for the Payment Scheme or amends the concluding year for an existing institution on the Schedule. If a person has already made an application before the Minister added or changed the institution criteria, they may make one further application in respect of the new institution or the institution with a revised concluding year. Further information on the treatment of further applications is set out in Chapter 7.

4.6 Active or Deemed Withdrawal of an application

4.6.1 Active Withdrawal of an application

At any stage before receiving their benefits, an applicant, support person or personal representative can withdraw an application. Similarly, at any stage in the process, an applicant, support person or personal representative may withdraw a review or an appeal. To withdraw an application, review, or appeal, the applicant, support person or personal representative must write to the Payment Scheme Office advising of their intention to withdraw their application, review or appeal. This is known as an "active withdrawal". The effective date of the active withdrawal will be the date on which the written request is received by the Payment Scheme Office. The applicant will be notified of the acceptance of the withdrawal from that date. The application, review or appeal will then be discontinued.

Where a request for a review or appeal is withdrawn, the applicant will then be required to respond in respect of the original determination on their application i.e. the determination which was the subject of the review or appeal and is now withdrawn. Applicants will be requested to confirm if they now

accept any offer that has been made under the Payment Scheme arising from that determination. The process for accepting a determination and offer under the Payment Scheme is set out in Chapter 8.

4.6.2 Deemed Withdrawal of an application

As distinct from an active withdrawal of an application, review or appeal under section 4.6.1 above, an applicant, support person or personal representative will be deemed to have withdrawn their application to the Payment Scheme, their review or their appeal if they fail to comply with repeated requests from the Payment Scheme Office or an Appeals Officer.

Such requests from the Payment Scheme Office are:

(a) a request for information in order for the application to be examined and a determination made. This may include information set out in section 19(5) of the Act or any other information that the Payment Scheme Office may reasonably require in order to examine the application;
(b) a request for information by affidavit in order for a determination to be made;
(c) information, documentation, or information by affidavit for the purposes of a review.

A request from an Appeals Officer could relate to documentation, information or information by affidavit requested for the purposes of an appeal.

An applicant, support person or personal representative will have 60 days to respond to this initial request from the Payment Scheme Office or an Appeals Officer.

If following this 60-day period, a response has not been provided, the applicant, support person or personal representative will receive a reminder, and will have a further 60 days to respond.

Where an applicant, support person or personal representative does not respond to either the initial request or reminder, they will receive a final reminder. The applicant, support person or personal representative will have 60 days from the date of this notice to comply with the request. If they do not then they will be deemed to have withdrawn their application, review or appeal and it will be discontinued.

Where a request for a review or appeal is deemed to have been withdrawn, the applicant will then be required to respond in respect of the original determination on their application i.e. in respect of the matter which was the subject of the review or appeal, now withdrawn. Applicants will be requested to confirm if they now accept the offer that was made under the Payment Scheme arising from that original determination. The process for accepting a determination and offer under the Payment Scheme is set out in Chapter 8. If following a period of 180 days an applicant has not responded in respect of the original notice of determination the case will be deemed closed.

Where an application has been discontinued following a deemed withdrawal, an applicant, support person or personal representative can make a request to the Chief Deciding Officer to have their application, review or appeal resumed. In such cases the applicant must provide the Chief Deciding Officer with good reason for his or her failure to respond to the requests. A request to have an application, review or appeal resumed will not be accepted on or after the cessation date for the Payment Scheme.

Where an appeal was deemed withdrawn at appeal stage and the Payment Scheme Office is satisfied following a request that there is a good reason to allow the appeal to be resumed, it will be referred to an Appeals Officer for this purpose.

Chapter 5 - Management of Applications

5.1 Receipt of Application and Case creation

An application may be made:

(i) online through the application portal;
(ii) by post to Payment Scheme Office, PO Box 13688, Waterford, Ireland.

Hybrid applications will also be accepted i.e. where an applicant completes their application online and posts relevant supporting documentation.

When received, a case is created on the Case Management System. A unique identifier, called an Application Reference Number, is assigned to each application. The Application Reference Number should be referenced in all future correspondence with the applicant. All records are managed in accordance with the Payment Scheme Office records management policy.

5.2 Duplicate applications

As set out in the previous Chapter at section 4.5, only one application may be made to the Payment Scheme. Procedures are in place, through the Case Management System and by way of other cross checks throughout the application process, in an effort to identify any duplicate applications to the Payment Scheme.

5.3 Prioritisation criteria

A person can make an application to the Payment Scheme from the opening date. However, priority will be given to applicants by age and, where applied for, priority health status.

5.3.1 Age

Once the date of birth of the applicant and the date the application was received is entered on the Case Management System, the system will automatically prioritise using this information.

5.3.2 Priority Health Status

In some circumstances, an applicant may seek to have their application prioritised due to their health status.

Priority health status may be accorded to an application where the applicant has a terminal illness.

Where an applicant or support person indicates that they wish to have the application prioritised due to terminal illness a short letter to state this, from a GP or consultant should be provided.

The Case Management System will provide for priority queuing for priority health status. This means that such applications will be in the very top category, ahead of all age-based applications.

5.3.3 Summary of prioritisation criteria

Applications will be processed in a prioritised manner with the top priority category being priority health status. Within this category, applications will be processed in order of the date on which the application was received.

After priority health status, prioritisation will be by age starting with the oldest date of birth recorded on the Case Management System.

5.4 Application check

Having regard to the priorities, the following initial checks of each application are then conducted by the Case Management Team:

I. All mandatory fields are completed;
II. Identity check;
III. All other supporting documentation is provided.

5.4.1 Check I – Are all mandatory fields completed

The mandatory fields are:

a. Name
b. Contact details
c. Date of Birth (as per ID provided)
d. Institution Name

In the case of online applications, it will not be possible to submit an application without completing mandatory fields. Therefore, it will not be possible to make an application to the Payment Scheme via the portal for an institution which is not a scheduled institution, listed in Schedule 1 of the Act. If a postal application is received for an institution which is not a scheduled institution, a letter will issue to the applicant, support person or personal representative to let them know that the application is ineligible for the Payment Scheme and the case will be closed. A letter rather than a Notice of Determination issues in this situation in order to ensure that the online and postal application processes are aligned and also to ensure that a further application to the Payment Scheme for the same person for a scheduled institution can be accepted and considered. Otherwise, such a further application would

have to be refused under the one application rule as the initial application had proceeded through all stages to determination.

Where an application is received and the check of mandatory fields shows that the institution referenced on the application is not a scheduled institution, or the date of death for the applicant is prior to 13th January 2021, an Application Reference Number will be generated on the Case Management System, and a letter will issue to the applicant, support person or personal representative informing them that the application is ineligible for the Payment Scheme. The case will then be closed.

5.4.2 Check II - Identity Checks

Proof of identity is required for all applications and the list of accepted ID documents is set out in Chapter 4. For applications made by a person on their own behalf, ID documentation must be provided for the applicant and their Co-Decision Maker, where applicable. For applications made by a support person, ID documentation must be provided for both the applicant and the support person. For applications made by a personal representative, ID documentation must be provided for the personal representative.

5.4.3 Check III - Other supporting documentation

While certified proof of identity documentation is required for all applications, the other supporting documentation required will vary depending on the type of application as set out in section 4.3.

For **applications made by an applicant or by a support person,** the following may be required:

i. proof that the applicant is ordinarily resident outside of the State if they have indicated a preference for the Health Support Payment on their application form.
ii. a GP letter if prioritisation on health grounds is requested.
iii. proof of authority to act in conjunction with or on behalf of the applicant.

For **Estate Applications,** the personal representative will be required to provide supporting documentation to demonstrate that they have the authority to act for the deceased relevant person's estate.

5.5 Acknowledgement or Follow-up

5.5.1. Acknowledgement

An acknowledgment will issue to the applicant, support person or personal representative within 28 days providing an Application Reference Number, to be used in all communication regarding an application from that point onwards. Any missing information or supporting documentation will be requested where checks by the Case Management Team have identified this. Where mandatory fields have not been completed on a postal application form received, the form will be returned to the applicant, support person or personal representative for completion.

As set out at section 4.6.2, three reminders will issue to the applicant, support person or personal representative over the course of 180 days, in relation to a request for missing information or supporting documentation. If this information is not received following a final reminder the application will be deemed to have been withdrawn.

5.6 Institutional records held by a relevant person

Applicants are not invited to submit records and there is no obligation to provide any institutional records in order to apply to the Payment Scheme.

However, an applicant may hold institutional records relating to the time they spent in an institution or institutions, obtained following a Data Subject Access Request, an application under the Birth Information and Tracing Act 2022 or from other sources, and may choose to submit these along with their application. If records are received from applicants, the Case Management Team will flag this on the system. These records will then be examined by the Executive Office and managed in accordance with the Payment Scheme Executive Office Records Management Policy.

5.7 Handover to institutional records check

When all initial checks have been completed and everything is deemed in order, the case is now ready to be progressed to the next stage of the process, Records Search.

For illustrative purposes, the information in the table below will be used by searching team in order to assist with searches.

Where an applicant has provided indicative entry and exit dates from a scheduled institution on their application form, or provided copies of institutional records, these are used to support the search of records.

Table: Information used for searches		
Application Reference Number		
Applicant was resident in the institution(s) as a mother or child (if resident as both a mother and child, tick both boxes)	☐ **mother**	☐ **child**
Applicant details		
First name(s)		
Last name		
Previous name(s)/ House names (if applicable or provided)		
Date of birth		
Date of death (if applicable)		
Residence details		
Name of institution(s) referenced		
Time period referenced (indicative admission date – discharge date, periods of absence if referenced)		
Other information		

Chapter 6 - Records Search

6.1 Assignment within Executive Office Search Team

When the application is referred to the Executive Office on the Case Management System, they will undertake searches for records either in the Commission of Investigation's archive and database or in records held within an Information Source's database.

6.2 Search and Verification of Records

The Executive Office searches and examines records relevant to the application to verify residence and establish entry dates and exit dates of the relevant person in the scheduled institution(s).

In some cases, the registered details for the applicant on the Case Management System may differ from the information which will be searched or it may be that a number of slight search variations are required. For example, the name and date of birth the applicant uses routinely and provides in their application may not be the same as their name and date of birth when they spent time in an institution.

Records may not be available in every case but the Executive Office must make every reasonable effort to locate records that exist.

There are two avenues of searches open to the search team:

6.2.1 Commission of Investigation and Database Search

When a records search has been assigned to the Commission of Investigation search subgroup, a member of the Executive Office, using the data on the 'Records Search Request Form' should conduct an initial search of the Commission of Investigation Archive and Database. The search shall have regard to any information provided by the applicant which contains admission and departure dates or other relevant search criteria information.

The following search criteria may be used to identify the applicant's records:

- Child's date of birth
- Child's first name
- Child's surname

- Mother's date of birth
- Mother's first name
- Mother's surname
- Mother's "house name"

- Institution

More than one Field can be searched simultaneously to further narrow down the search results. The search may add several fields.

It is possible that the results of the search may contradict an applicant's understanding of the time that they spent in a relevant institution. When an exact date is not provided or the date(s) provided in the application do not yield satisfactory results, a follow-up search using a range of dates may be required.

The Executive Office must satisfy themselves that, on the whole, the identifying information in the Case Management System matches that of the records found. The Search does not need to yield an exact match in dates of admission and departure in cases where the applicant provided estimated or speculative dates in the absence of having their own records. Similarly, the date of birth and name provided by the applicant may vary slightly with the record held within the Commission of Investigation Database.

There must however, be a match in most of the following criteria:

- all or most of the applicant's personal information, i.e.
    - name(s) (incl. previous names)
    - "house name" (if applicable)
    - date and/or place of birth (if a person was born in an institution the date registered on their birth certificate may vary from the institutional record).
- the institution(s) they resided in, whether by their official or alternative name(s).

6.2.2 Information Source Search

When a records search has been assigned to the Information Source subgroup, the following options are available to the Executive Office:

i. Where digital records for the institution are directly available to the Executive Office, searches of these records should be undertaken. If possible the same search criteria should be used as outlined at 6.2.1 above.

ii. Where records for the institution are not directly available, the Executive Office will contact the information source, by secure email/File cloud, providing a copy of the '*Information Source Record Search Request Form*' and request a copy of the information necessary in order to establish and verify the applicant's residence and period of residence in the institution.

The information provided by the information source will be updated to the Case Management System.

Where records for the person have not been located following an Information Source Record Search, an Executive Office Staff member will attend on site of the information source to carry out a search of the relevant records and satisfy themselves as to the status of records.

iii. In some circumstances, where the Executive Office does not have direct access to digital records they will attend on site of the Information Source and carry out a search of the Physical Archives of the Information Source.

Protocols are in place with Information Sources with regard to the process for undertaken searches which may incorporate some or all of the approaches at points (i) to (iii) above.

Similar to searches conducted in the Commission of Investigation's archive and database, it is possible that the results of the search may differ from an applicant's understanding of the time that they spent in a relevant institution. When an exact date is not provided or the date(s) provided in the application do not yield satisfactory results, a follow-up search using a range of dates may be required.

Information Source – Record Search Request Form:		
Case details 1. ***Please complete this form having searched the institutional records in your jurisdiction*** 2. ***Submit the completed form to the Executive Office of the Mother and Baby Institutions Payment Scheme.***		
Section 1: To be completed by the Payment Scheme		
Applicant details		
First name(s)		
Last name		
Previous name(s)/ House names (if applicable or provided)		
Date of birth		
Residence details		
Name of institution(s) referenced		
Time period referenced (indicative admission date – discharge date, periods of absence if referenced)		
Applicant was resident in the institution(s) as a:	☐ **mother**	☐ **child**
Other information		

Section 2: To be completed by Information Source – following review of records **Please Confirm**		
Are the records deemed reliable:	☐ **yes**	☐ **no**
Is there a complete copy of records:	☐ **yes**	☐ **no**
If records are not complete, please specify gaps		
Was the applicant found in your records as a resident in a scheduled institution:	☐ **yes**	☐ **no**
If yes above, please include all instances of entry and exit for the applicant:		
Name of Scheduled Institution:	**Date of Entrance**	**Date of Exit**
Records Information		
Searcher's name:		
Archives searched:		
Date record request received		
Date notification of receipt issued:		
Date record submitted to Executive Office		
Other information (e.g. other institutions referenced, records searched):		

6.3 Search Outcomes

An institutional record search may result in one of the following scenarios:

I. Complete records identifying the entry date(s) and exit date(s) of the applicant are located. These dates (and the completed Information Source Record Search Request Form, where an information source record) should be recorded on the Case Management System. These dates will form the basis of the determination of the length of stay and the case should be referred on for assessment.

II. Incomplete records relating to an applicant's stay(s) in an institution(s) are located, for example entry date or exit date may not be available for any or all of the institution(s) or the records may confirm an applicant was resident in the institution but do not provide confirmation on the entry date or exit date for the applicant. This should be recorded on the Case Management System and the case should be referred back to the Case Management Team for follow-up with the applicant.

III. No records were found in respect of the relevant person, but the institution's records are not believed to be reliable. This should be recorded on the Case Management System and the case should be referred back to the Case Management Team for a request for follow-up with the applicant.

IV. No records were found in respect of the relevant person, and the institution's records are believed to be reliable – this should be recorded on the Case Management System and the case should be referred back to the Case Management Team for 'Notice of Determination' to issue.

V. During the search for an individual their details match with another institution not listed on their application form.

6.3.1 Follow up with the applicant

In the case of scenarios II and III above, the applicant, support person or personal representative should be contacted by the Case Management Team to inform them that records searches were inconclusive or that no records could be found and to discuss next steps. As appropriate they should be requested to provide an affidavit and/or any supporting records within their custody. The request will also advise the applicant that financial support is available towards the cost of providing an affidavit. Further information on financial supports towards legal costs are set out in Chapter 13.

The Case Management Team should assist the person with advice on information which may support their application.

Records may include:

- FOIs or SARs requests,
- Doctor's notes,
- Letters, journal entries etc.

An affidavit must include:

- The name of the person making the affidavit;
- The Payment Scheme unique reference number;
- The name of the 'applicant' if the affidavit is being made by a support person or personal representative;
- The occupation and address of the person making the affidavit;
- A statement that the person making the affidavit is over 18 years of age;
- Relevant information relating to their residence in a relevant institution or that of the person on whose behalf they are acting e.g. name of institution, believed date of entry and exit, and any other relevant information;
- The signature of the person making the affidavit and the date signed;
- A jurat, which is a section on the affidavit where the Commissioner for Oaths or practicing solicitor verifies and signs that the affidavit was properly sworn. An affidavit must be sworn before a judge, commissioner for oaths, solicitor entitled to exercise the powers of a commissioner for oaths or other officer of the court empowered to administer oaths. Where the person making an affidavit resides outside Ireland, the affidavit must be sworn before any person duly authorised to administer oaths in the country where such person ordinarily resides or is.

The evidence the person making the affidavit gives must be set out clearly in numbered paragraph format. The language can be less formal than the language used in formal pleadings.

The Payment Scheme Office has no function to assess the circumstances an applicant experienced while they were resident in an institution, therefore, it is not necessary for an applicant to provide this information on affidavit.

In the case of scenario V above the applicant, support person or personal representative will be contacted by the Executive Office to ascertain whether they may have incorrectly put the wrong institution on the application form. The Executive Office team member may ask some questions to ascertain whether the person is the person listed within the other institution. Where is it established that the wrong institution was included on the application form, the applicant, support person or personal representative will be supported to amend their application to include institution either via the portal or by post.

6.4 Examination of Affidavit and supporting information

Where an affidavit is required in support of an application, and is provided by the applicant, an examination of the application, affidavit and any other supporting information will be undertaken by the Executive Office.

A determination will be made as to whether, on the balance of probabilities, the applicant spent time in one of the relevant institutions and, if so, an assessment will be made of the length of time which they spent there.

A holistic approach should be taken to what has to be proven by an affidavit on the balance of probabilities. That is to say that it is more likely to be true even if this is on a 51% possibility. In weighing up the probabilities, it is not required to exclude every possible doubt in order to conclude that on the balance of probabilities that a person is a 'relevant person' for a stated time period.

When reviewing an Affidavit with the intention of making a balance of probability decision, the Executive Office will:

Be aware, that:

- contemporaneous documents are usually reliable evidence that the event took place;
- some documents are usually more reliable as evidence than others, for example, those with more security features, such as watermarks, which are more difficult to forge or counterfeit.

Consider:

- the applicant's supporting documents and other evidence;
- the outcome of any searches and checks carried out;
- the content of any other documents or evidence provided by the applicant;
- if there are other searches or checks you can carry out e.g. electoral registers;
- any internal contradictions within the affidavit;
- any external contradictions with what was stated or with established fact or with his or her own statements or actions;
- the probability or improbability of particular aspects of the applicant's statement;

Decide:

- if they are more satisfied than not that the claimed events are likely to have happened.

Check:

- if there are any reasons not to make a determination that they are a relevant person, for example, safeguarding or fraud concerns.

If the Executive Office is satisfied using the balance of probabilities, they should:

1. Add a case note to the Case Management System to reflect the decision made, including the reasons for this.
2. Input the details on the Case Management System for calculation of the time spent in the relevant institution(s).

3. Refer application to the Examination and Determination stage.

If the Executive Office is not satisfied using a balance of probabilities, they should:

1. Add a case note to the Case Management System to reflect the decision made, including the reasons for this.
2. Refer application back to Case Management Team so that notice of determination can issue.

6.5 Treatment of Temporary Absences

An applicant may have had temporary absences during the overall period(s) of their residency, for example hospital visits or weekend trips. A temporary absence from the institution will be included in the calculation of time spent where the absence was for a period of less than 180 days.

Applicants will not be asked to declare any episodes of temporary absence from the relevant institution they spent time in, regardless of the reason for the absence. The temporary absence(s) must all relate to temporary exits from and re-entry to the same institution i.e. the institution that the person's period of residency started in and in respect of the same circumstances.

In line with the principle of validity, the focus of work of the Executive Office is to determine the entry and exit date of the relevant person in the relevant institution. Therefore, where it is not evident that there was an extended period of temporary absence, records should not be interrogated to determine if there was any temporary period of absence exceeding 180 days.

Where a temporary absence is established the date of entry and exit from the institution recorded on the Case Management System should reflect this.

6.6 Handover to Examination and Determination

When all searches and assessments have been undertaken, the results of the search are entered into the case management system and applications will then be routed to the Examination and Determination stage.

Chapter 7- Examination and Determination

7.1 Examination and Determination

As outlined in Chapter 6 an application will be referred for examination and determination in the following situations:

a) Residence has been verified by records and entry and exit dates established for the applicant and updated on the Case Management System;
b) Residence has been verified by an affidavit and or supporting documentation and entry and exit dates have been established for the applicant and updated to the Case Management System.

In the above cases the applicant is now deemed to be a "relevant person".

The cases below should be routed directly to 'Notice of Determination' as they are not eligible:

c) Where no records could be found in relation to an institution where comprehensive records exist.
d) Where the Executive Office is not satisfied following examination of an affidavit, that on the balance of probabilities the person was resident in a relevant institution.

7.2 Assessment/Examination

7.2.1 Calculating the period of residence and level of payment

When calculating an individual's 'period of residence' the following approach will be followed:

i. The number of days of each period of residence by the applicant in a relevant institution shall be calculated;
ii. The date of entry and date of discharge shall be included in the calculation;

DATES CALCULATOR:

The Case Management System will use the information provided by the Executive Office to calculate time spent as per the table below for illustrative purposes.

Application Reference Number			**Residency Duration Calculations**
Applicant Name			
A. CHILD INFORMATION			
Institution Name	**Date Entry**	**Date Exit**	**Time Spent (days)**
A1			50
A2			100
A3			
AA TOTAL CHILD			150
B. MOTHER			
Part 1 Institution	**Date Entry**	**Date Exit**	**Time Spent (days)**
B1			100
B2			200
B3			
Part 2 Institution	**Date Entry**	**Date Exit**	
B4			50
B5			
B6			
BB TOTAL			350

The calculations in the blue boxes, which equates to time spent in days are used to determine a relevant person's eligibility for benefits as follows:

General Payment

If the relevant person only spent time as a child in an institution or institutions, then this time is added together to determine if they qualify for a payment. Where the total time spent as a child is 180 days or more (row AA = 180+ days), then the person qualifies for a General Payment as per column 3 in the table in Schedule 2 of the Act (Appendix C).

If the person only spent time as a mother in an institution or institutions, then the total time at row BB determines the level of payment as per column 3 in the table in Schedule 3 of the Act (Appendix B).

If the person spent time as both a child and a mother in an institution, then the time spent at row AA and the time spent at row BB is used to determine the two respective payments (if any) for which the

person qualifies using the corresponding rates in the tables at Schedules 2 and 3. The two totals should not be added together to achieve one aggregate figure for time spent as different eligibility criteria pertain to mothers and children under the Payment Scheme.

Work Related Payment

If the time spent as a mother in a Part 1 institution is 90 days or more (B1 + B2 + B3 = 90+ days), then the relevant person qualifies for a work related payment. The total time spent (B1 + B2 + B3) determines the level of payment as per column 4 in the table in Schedule 3 of the Act.

Enhanced Medical Card or Health Support Payment

If the total time spent as a child or as a mother or both combined is 180 days or more (AA + BB = 180 days+), then the relevant person qualifies for an Enhanced Medical Card. If the person lives outside of the Republic of Ireland, they have the option to choose a Health Support Payment in lieu of an Enhanced Medical Card.

The examples below show how benefits are calculated.

Example 1
Joan spent time in Bessborough Mother and Baby Home as a mother. She applies for the General Payment and health supports.

The Payment Scheme Office searches the records, which show that Joan was in Bessborough from 13 May 1972 to 24 May 1973. This amounts to 377 calendar days.

Therefore, Joan is entitled to the General Payment for someone who spent 361-450 days in an eligible institution. This amounts to €15,000.

As Joan spent more than 180 days in an institution, she is also eligible for health supports. Joan lives in Ireland, so she is entitled to an Enhanced Medical Card.

Example 2
Éilis now lives in England, but she spent time in Tuam Mother and Baby Home as a mother. Tuam Mother and Baby Home is one of the institutions that the Work-related Payment applies to. Therefore Éilis applies for the General Payment, Work-related Payment, and health supports.

A records search confirms that Éilis was in Tuam from 29 Jan 1958 to 16 Jan 1960. This amounts to 718 calendar days. Therefore, Éilis is entitled to the General Payment and the Work-related Payment for someone who spent 631-720 days in an eligible institution. This amounts to €29,250.

As Éilis spent more than 180 days in an institution, she is also eligible for health supports. As she lives in England, she opts for the Health Support Payment.

Example 3
Tom spent time in Roscommon County Home (also known as the Sacred Heart Home) as a child. He applies for the General Payment, Work-related Payment and health supports.

A records search confirms that Tom was born in Roscommon County Home on 12 April 1952 and left on 10 January 1953. This amounts to 274 calendar days.

Therefore, Tom is entitled to the General Payment for someone who spent 180-360 days. This amounts to €12,500. While the Roscommon County Home is one of the institutions that the Work-related Payment applies to, this payment is available only to those who spent time in the institution for reasons related to pregnancy, childbirth, or care of their child. Therefore, Tom, having spent time in the institution as a child, is not eligible for a Work-related Payment.

As Tom spent more than 180 days in the institution, he is eligible for health supports. Tom lives in Ireland, so he is entitled to an Enhanced Medical Card.

Example 4
Mary spent time in St. Patrick's, Navan Road, Dublin as a mother. She applies for a General Payment, Work-related Payment, and health supports.

The Payment Scheme Office searches the records, which show that Mary was in St. Patrick's as a mother from 3 May 1978 until 3 September 1978 inclusive. This is a total period of 124 days.

Therefore, Mary is entitled to the General Payment for someone who spent 90-179 days in an institution. This amounts to €10,000.

As St. Patrick's is not an institution listed in table 1, which carries entitlement to a Work-related Payment, Mary is not eligible for this payment.

As she was in the institution for less than 180 days, Mary is not eligible for health supports. Therefore, Mary's total entitlement is for a General Payment of €10,000.

Example 5
Margaret spent time in Árd Mhuire, Dunboyne as a child, and in Sean Ross Abbey as a mother. She applies for a General Payment, a Work-related Payment, and health supports. Margaret now lives in Belfast, so she also applies for the Health Support Payment.

A records search shows that Margaret was in Árd Mhuire as a child from 1 May 1952 until 1 October 1952 and in Sean Ross Abbey from 1 May 1970 until 30 May 1970.

Therefore, she spent 154 days as a child in Árd Mhuire, and 30 days as a mother in Sean Ross Abbey. This is a total of 184 days.

As there are different eligibility criteria for the financial payments under the Payment Scheme, the periods of time spent as a child and as a mother are treated separately when calculating the General Payment. Margaret spent less than 180 days in Árd Mhuire, as a child, so this time is not reckonable for the General Payment. However, the time she spent in Sean Ross Abbey as a mother is and she is entitled to a General Payment of €5,000 for this time. While Sean Ross Abbey is an institution that carries entitlement to the Work-related Payment, Margaret spent less than 90 days in this institution so she is not entitled to this payment.

The periods of time spent in institutions as a child and as a mother can be added together to calculate entitlement to health supports. Margaret is eligible for the Health Support Payment because the time she spent as a mother and a child in the different institutions added together amounts to 184 days.

Example 6
Patricia spent time in Árd Mhuire, Dunboyne as a child and St. Patrick's/Pelletstown, Navan Road as a mother. She applies for a General Payment and an Enhanced Medical Card.

A record search shows that Patricia was in Árd Mhuire as a child from 25 June 1964 until 30 January 1965 and in St Patrick's/Pelletstown as a mother from 5 July 1989 until 25 July 1989.

Therefore she spent 220 days in Árd Mhuire as a child and 21 days in St Patrick's/Pelletstown as a mother.

As there are different eligibility criteria for the financial payments under the Payment Scheme, the periods of time spent as a child and as a mother are treated separately when calculating the General Payment. Therefore, Patricia is entitled to €12,500 for the time she spent in Árd Mhuire as a child and €5,000 for the time she spent in St Patrick's/Pelletstown as a mother.

The periods of time spent in institutions as a child and as a mother can be added together to calculate entitlement to health supports. In this case Patricia has a total of 241 days and is eligible for an Enhanced Medical Card.

7.3 Procedure where an applicant is found to be eligible for benefits not applied for

In accordance with section 5(b) of the Act, an applicant must specify as part of their application the benefits they are applying for under the Payment Scheme.

However, when calculating entitlement all benefits will be examined and in some cases it may transpire that an applicant is entitled to benefits that they have not specified on their application form.

Where an applicant is eligible for benefits not applied for, the Case Management Team should contact the applicant to make them aware of this. The applicant should be invited to apply to complete the supplementary benefits form if they wish to apply for these benefits. Once received within 28 days, the Case Management System should be updated as appropriate and the completed form should be logged and scanned to the Case Management System using the agreed naming conventions.

If an applicant indicates that they wish to apply for these benefits the Notification of Determination should include an offer in this regard.

7.4 Additional Applications

As set out in Chapter 4, only one application to the Payment Scheme may be made per applicant with the only exception to this rule being in circumstances where the Minister adds another institution to the list of scheduled institutions for the Payment Scheme or amends the concluding year for any of the institutions listed at Schedule 1 of the Act.

Where a further application is made in either of the circumstances outlined above, the intention is to afford the most generous calculation possible in terms of assessing an applicant's eligibility for benefits under the Payment Scheme.

The total number of days established from the first application and the additional number of days from the second application will be combined. Where it benefits an applicant, as they had previously not satisfied the eligibility criteria, they may now qualify for benefits for the first time or they may qualify for additional benefits, based on the combined total number of days spent in relevant institutions.

However, where it is more favourable for an applicant to have their new application assessed independently of their first, so that they can acquire the most generous second General or Work-related Payment possible under the Payment Scheme, the Payment Scheme Office will take this approach.

Example 1:

Mary spent 80 days in an institution as a mother and made an application to the Payment Scheme and qualified for a General Payment of €5,000.

After Mary's award an additional institution was added to the Payment Scheme where Mary had resided for 170 days. Mary made a further application in respect of these 170 days in the new institution.

The combined total of these applications is 250 days.

On the basis of the combined total Mary would now be entitled to an Enhanced Medical Card.

If the combined total was used to recalculate for the General Payment award Mary would be entitled to €12,500 (€5,000 of which would be the initial payment and an additional €7,500 as the top up).

When an individual calculation is made for Mary, she is entitled to the initial payment of €5,000 and a subsequent payment of €10,000 (payment rate 90-179 days).

In this scenario Mary should be assessed separately for the General Payment and jointly for the Medical Card as this will lead to a more favourable outcome for Mary.

7.5 Next step in the process

When the period of residence has been calculated and the corresponding entitlement to financial payments and other benefits under the Payment Scheme has been determined the application will proceed to Notice of Determination.

Chapter 8 - Notice of Determination

8.1 Assurance and Approval Process

Once a case has been examined and a determination made, an application will move through the first stage of the Assurance and Approval Process - *Stage 1: Assurance and Approval Process (Determination Quality Check).* This quality check takes place prior to a Notice of Determination issuing in respect of an application. A further quality check will be undertaken prior to the issuing of payments from the Payment Scheme and involves the periodic quality checking of a list of accepted offers for formal, written sign-off by the Chief Deciding Officer or his or her nominated official.

8.1.1 Stage 1 - Assurance and Approval Process

Cases which have reached determination stage are batched in groups of [50]. Each batch is subject to a 'Batch Quality Check', which is a quality control and quality assurance check in respect of a **sample** of the batch to ensure the correct determination has been made in accordance with standard operating procedures. This is undertaken by the Case Management Team.

Where the Batch Quality Check of the sample highlights errors, appropriate steps are taken to review the entire batch. A batch report should be provided to the Executive Office in respect of each Batch Quality Check. Remedial actions should also be reported.

Where the sample displays no errors, a list of the full batch of applications is submitted to the Chief Deciding Officer or a nominated official for approval to proceed to Notice of Determination. The list of applications in order to proceed should contain the following information in respect of individual applications:

(i) Application Reference Number;
(ii) benefits to be awarded and value of each benefit, by type of benefit (i.e. General Payment and amount, Work-related Payment and amount, Health Support Payment and set amount, Enhanced Medical Card (Y/N).

The list should also provide the following information in relation to the batch overall:

(iii) the full monetary amount of all the benefits for which approval is sought so that the Chief Deciding Officer is aware of the liability which is being generated when moving to the next stage of Notice of Determination.
(iv) the number of applications where it is determined that the applicant does not qualify for benefits.

The list should also be accompanied by a short report showing the outcome of the Batch Quality Check on the sample for that batch.

The Chief Deciding Officer or their nominated official will:

(i) as a further quality control measure, examine in detail a prescribed percentage of applications from a prescribed percentage of submitted lists. Such examination procedures include the full re-performance of the benefits calculation. If issues are found to present, then the level of review would be increased until the issue is resolved. Increased reviews would be performed as part of the Case Management Team's review and approval process for proceeding to Notice of Determination.
(ii) review the list and report and provide written approval to the Case Management Team to proceed to Notice of Determination.

8.2 Notice of Determination

Following *Stage 1 – Assurance and Approval Process (Determination Quality Check),* the Case Management Team issues a Notice of Determination to the applicant setting out the determination of their application and, if applicable, the benefits that they are entitled to under the Payment Scheme. This Notice will also set out the next steps for the applicant in respect of this determination and the offer being made to them.

A Notice of Determination can inform an applicant that:

1. They are not eligible for benefits under the Payment Scheme as it could not be established that they are a 'relevant person'. This may occur in circumstances where:
    a) The person was not resident in a scheduled institution.
    b) It could not be established following a search of records that the applicant was resident in a scheduled institution in accordance with the concluding year for the institution and the records in respect of the institution concerned are deemed comprehensive and reliable;
    c) It could not be established following receipt of an affidavit, on the balance of probabilities, that the applicant was resident in a scheduled institution in accordance with the concluding year for the institution.

2. While it has been established that they are a 'relevant person', they are not eligible for any benefits under the Payment Scheme, as they have not spent the required period of time in a scheduled institution.

3. They are a 'relevant person' and entitled to all of the benefits they have applied for under the Payment Scheme (this could include a General Payment, a Work-related Payment and an Enhanced Medical Card or Health Support Payment). This Notice of Determination will also make an offer in respect of each of these benefits.

4. They are a 'relevant person' and entitled to some of the benefits they have applied for under the Payment Scheme. This is a partial award and the Notice of Determination will make an offer in respect of the benefits it has been determined the applicant is entitled to.

Each benefit applied for under the Payment Scheme is dealt with individually in the Notice of Determination. In relation to determinations, information will be provided to the applicant on:

i. the outcome of record searches;
ii. the length of time it has been determined that an applicant spent in a relevant institution;
iii. the benefits being offered and the amount of the award in the case of the General Payment and Work-related Payment;
iv. information on the applicant's right to seek a review of the determination.

8.3 Accepting an Offer

If an applicant is satisfied with the determination in respect of their application to the Payment Scheme and the offer of benefits, they will have 6 months to consider and accept or reject this offer. Applicants may use this time to seek independent legal advice, if they wish, prior to accepting an offer of a general or a Work-related Payment. This is because, in order to accept these benefits, applicants must sign a legal waiver.

8.3.1 Legal Waiver

In order to accept an offer of a General Payment and a Work-related Payment from the Payment Scheme, an applicant must sign a legal waiver. If an applicant wishes to obtain independent legal advice prior to signing the waiver, financial support is available towards this with further information on this set out in Chapter 13.

The legal waiver is a statement which is signed by the applicant and indicates that they agree not to commence any legal proceedings and if applicable, to discontinue any proceedings already commenced against a public body, that relate to the circumstances to which their application to the Payment Scheme concerns.

An award will not be made to an applicant unless they have complied with the requirement of signing the legal waiver. When an applicant submits their signed waiver, along with the form of acceptance, the Case Management Team will arrange for payment to the applicant as soon as practicable.

An applicant does not need to wait six months to submit their acceptance of an offer.

8.3.2 Next Steps

Applicants must complete and return an acceptance form for the benefits being offered under the Payment Scheme.

In the case of the General and Work-related Payment the acceptance form must be accompanied by a signed legal waiver within the 6-month timeframe.

8.4 Partially or not accepting a determination and offer

A person may not be satisfied with their determination or be satisfied with some but not all aspects of the determination on their application. For example, an applicant could be entitled to a General Payment and an Enhanced Medical Card and may be satisfied with the determination in respect of the Enhanced Medical Card but not the amount of the General Payment determined and offered.

8.4.1 Next steps

If an applicant is not happy with the determination on their application, they may request a review. If an applicant is partially happy with the determination on their application, they should complete and return the acceptance form in respect of each of the benefits that they wish to accept under the Payment Scheme and they may request a review in respect of the aspect of the determination they are not happy with.

A request for a review should be made in writing to the Payment Scheme Office within 60 days of receiving the Notice of Determination.

Further information on the Review Process is set out in Chapter 11.

Where an applicant returns an acceptance form for any of the benefits under the Payment Scheme these will be handled as follows:

- General and Work-related Payments - on foot of completed acceptance form and signed legal waiver – information uploaded to Case Management System by Case Management Team and move to payment processing.
- Health Support Payment – on foot of completed acceptance form – information uploaded to Case Management System and move to processing payment (assuming residence abroad has been verified at application stage).
- Enhanced Medical Card – on foot of a completed acceptance form – notify HSE.

Chapter 9 – Payments

9.1 Payment Processing

Following determination of award, and return by applicant of acceptance form and signed legal waiver, where required, the financial payments will be made to the applicant. Where the applicant has not yet submitted their banking information, they will also be required to submit a bank form.

The Enhanced Medical Card or Health Support Payment may be actioned prior to the General Payment or Work-related Payment, or all transactions may occur at the same time.

A letter will issue to applicants to inform them that the payment will be made to them and provide details of when they can expect to receive payment to their bank account. Where possible all financial benefits under the Payment Scheme will be paid in one lump sum amount i.e. the General Payment, Work-related Payment, Health Support Payment if applicable. However, the letter will set out the breakdown of the transfer amount in keeping with the letter of determination.

The Case Management Team will deal with all payments associated with the Payment Scheme including:

- Financial awards – General Payment and Work-related Payment
- Health Support Payments (HSP)
- Legal support payments

The process in respect of providing the Enhanced Medical Card to applicants is set out in Chapter 10.

9.1.1 Stage 2 – Assurance and Approval Process

Stage 2: Assurance and Approval Process (Payment Approval Check) will require the periodic submission of a batch list of accepted offers for formal, written sign-off by the Chief Deciding Officer or their nominated official.

The list should provide the following information:

(i) Application Reference Number;
(ii) benefits to be awarded and value of each benefit, by type of benefit in euro (i.e. General Payment and amount, Work-related Payment and amount, Health Support Payment and set amount;
(iii) confirmation of signed waiver in respect of General and Work-related Payments;
(iv) confirmation of signed acceptance form;
(v) bank details for recipients in order to quality check;
(vi) if the payment is SEPA/Non-SEPA (all payments will be made in euro, where the bank account is in a different currency than euro, beneficiaries may be charged conversion fees, depending on their bank);

(vii) the full monetary amount of all the benefits for payment so that the Chief Deciding Officer is aware of the liability which is being generated when moving to the next stage of Payment processing.

The Chief Deciding Officer or their nominated official will review the list and report and provide written approval to proceed to the Payment Processing stage for each of the beneficiaries listed.

9.1.2 Methods of Payment

All payments will be made by electronic funds transfer (EFT) to the bank account nominated on the application form. In cases where an applicant has authorised a legal practitioner to handle their application, the bank account cannot be that of the legal practitioner, it must be that of the applicant.

Applicants resident in Ireland

For those applicants resident in Ireland, payments can be made into any account of a financial institution that can receive an EFT e.g. all banks, building societies, credit unions or An Post accounts.

Applicants living abroad

For applicants living abroad, where the country of residence uses an International Bank Account Number (IBAN), this will be used.

For countries that don't use IBAN, payments will be made using SWIFT code or other as appropriate to the country.

9.2 Case Completion and Closure

Following the payment of benefits awarded to the applicant and on receipt of confirmation from the HSE that an Enhanced Medical Card had been provided to an applicant where relevant, the case can be marked complete and closed.

9.3 Treatment of Financial Payments in means tests

One of the elements of the Scheme design is that payments received by applicants will be disregarded (exempted for tax purposes) and a variety of means testing assessments across Government.

The Mother and Baby Institutions Payment Scheme Act 2023 makes provision in sections 41 and 42 for financial payments made through the Payment Scheme to be exempt for the purposes of income tax.

Section 46 provides for a similar disregard in relation to the Fair Deal Scheme (for those in long term nursing home care).

A number of regulations made by various Government Departments will underpin the disregard elsewhere. Financial payments under the Payment Scheme are excluded from Social Welfare means tests and related measures.

The financial payments are also disregarded in the means test for the general medical card and are excluded in the means calculations relating to residential care services for people with disabilities.

Scheme payments are also confirmed as an income disregard when calculating reckonable income in the Student Grant Scheme (SUSI).

Chapter 10 - Provision of Enhanced Medical Card

10.1 Initial Notice to the Health Service Executive (HSE)

When an applicant accepts the offer of an Enhanced Medical Card from the Payment Scheme the Case Management Team will contact the HSE and request them to make this card available to the applicant. For efficiency, this will be done in weekly or monthly batches (depending on level of activity). Applicants will be informed that the HSE have been informed of their eligibility and will contact them directly regarding this benefit from that point forward.

10.2 Payment Scheme Office Monthly Report to the HSE

At agreed periodic intervals, the Case Management Team issues a report via an encrypted file to the HSE. The report will contain the following information for each applicant who has been deemed eligible for the Enhanced Medical Card and who has accepted this offer:

- Application Reference Number
- Full name
- Date of birth
- Address
- Contact details or contact details of support person (telephone/email)
- PPSN where applicable

10.3 HSE – Applicant Interaction

Once notified of an applicant's eligibility for an Enhanced Medical Card, the HSE will issue a request to the relevant person to provide the following information:

- A nominated GP that they are/will be registered to
- Any other information required

On receipt of this information from the applicant, the HSE will issue the Enhanced Medical Card to the applicant.

10.4 HSE Monthly Report to the Payment Scheme Office

The HSE returns the weekly/monthly report to the Payment Scheme Office which details the number of Enhanced Medical Cards processed that month against the cases that were deemed eligible for an Enhanced Medical Card by the Scheme. The CMS will be updated to reflect that the application subject has received their card.

Chapter 11 – Reviews

11.1 Making a request for a Review

If an applicant is not satisfied with the determination on their application in full or in respect of an individual benefit applied for under the Payment Scheme, they can request a review. This must be done within 60 days of the date on the Notice of Determination.

The request for a review must be made on the designated Review Request Form.

When submitting a review request to the Payment Scheme Office, an applicant must provide the following:

- The prescribed form which should specify the grounds for their request for a review (see 11.2 below) and provide a narrative in respect of each individual ground.
- Any information or evidence to support the request.

The applicant should ensure that requests for review are submitted within 60 days of the date of the notice of the determination.

11.2 Grounds for Review

An applicant is entitled to request a review relating to one, or more, of the following grounds:

- a determination that they are not a relevant person; (i.e. a determination that they were not resident in a Mother and Baby or County Home Institution).
- a determination that they are not entitled to a general or Work-related Payment.
- the level of the award for the general or Work-related Payment that it has been determined they are entitled to i.e. an award that is lower than an applicant expected.
- a determination that they are not eligible for an Enhanced Medical Card or entitled to a Health Support Payment as they did not spend 180 days or more in a relevant institution.
- a determination that they are not entitled to a Health Support Payment because they have not demonstrated that they are resident outside of the State.

11.3 How Reviews are handled

On receipt of a request for review the Case Management Team will firstly undertake a check on the application to ensure that there were no administrative errors in relation to the determination.

In the event that an administrative error is discovered, a decision will be taken as to whether a full review should be undertaken or if the administrative error addresses the applicant's grounds for requesting a review. The Executive Office should be notified of cases where an administrative error is discovered. If it is deemed that a rectification of the administrative error addresses the applicant's

grounds for requesting a review a revised Notice of Determination should issue. Otherwise the case should proceed to a full review.

Within 28 days of receipt of the request for review, the applicant should receive an acknowledgement of their request.

The grounds for the request as set out by the applicant will be central to the considerations of the Executive Office. However, the process undertaken may involve a full reconsideration of the original determination as if the matter were being decided for the first time. The reviewing officer will examine the information provided in the Review Request Form and any other information or evidence provided by the applicant in support of their request.

The reviewing officer may undertake a fresh search of records. This may or may not be based on additional information provided by the applicant.

On foot of these searches the reviewing officer may decide that an affidavit from the applicant is required and they will notify the Case Management Team to request this from the applicant. When an affidavit is received this will be referred to the reviewing officer for consideration in accordance with the guidance set out in Chapter 6.

Where additional information is requested and this is not provided in accordance with the repeated notifications and the agreed timelines set out in section 4.6.2 the reviewing officer may deem the review to have been withdrawn. Where a review is deemed to have been withdrawn, the Case Management Team will be instructed to write to the applicant to inform them of this and they will have a period of 180 days to accept the original determination on their application.

The review may also consider information provided by the person who made the original determination on the application and may speak to this person or the applicant to clarify any points at issue. This will be at the discretion of the reviewing officer on a case by case basis.

11.3.1 Withdrawing a request for review

An applicant wishing to withdraw a request for review may do so by sending a notice in writing to the Payment Scheme Office who will process the withdrawal without delay. Where an applicant withdraws a review, he or she is entitled to accept any previous offer made to him or her under the Payment Scheme.

11.4 Decision on the Review

The decision on the review will either:

- Confirm the decision which was the subject of the review or
- Vary the decision which was the subject of the review.

Where the outcome of a review varies with the original determination, the Case Management Team shall proceed to generate a revised Notice of Determination.

Information on the outcome of the review and revised Notice of Determination where applicable should be sent to the applicant within 20 days of making the decision. The applicant should be advised in the Notice of Determination of the process for accepting any revised offer made on foot of the review and their entitlement to seek an independent appeal of this decision within 60 days of the notice.

11.5 Next Steps

The outcome of a review may be appealed by an applicant to an independent Appeals Officer within 60 days. Please see Chapter 12 for further information.

Chapter 12 - Appeals

12.1 Lodging an Appeal

If an applicant is not satisfied with the outcome of a review of the original determination on their application, they may request an appeal. The appeals process is an independent one and appeals are undertaken by one of a panel of Appeals Officers appointed by the Minister.

A review of the original determination in relation to an application must have taken place before an appeal can be lodged.

A request for an appeal must be lodged within 60 days of receipt of the review decision.

The request for a review must be made on the designated Review Request Form and can be submitted online via the portal or returned to the Chief Deciding Officer at the Payment Scheme Office, PO Box 13688, Waterford, Ireland.

When lodging an appeal request to the Chief Deciding Officer, an applicant must provide the following:

- The prescribed form, where the applicant should state the grounds for their request (see 12.2 below) and provide a narrative in respect of each individual ground.
- Any information or evidence to support the request.

The applicant should ensure that requests for appeal are lodged within 60 days of the date of the date they received their review decision, even if, at that stage, they consider that they are awaiting some supporting evidence. They may indicate that they intend to submit some further supporting evidence as soon as it is available and provide general details regarding the nature of such evidence to be submitted.

12.2 Grounds for appeal

An applicant is entitled to request an appeal relating to one, or more, of the following matters:

- a determination, following a review, that they are not a relevant person; (i.e. a determination that they were not resident in a Mother and Baby or County Home Institution during the relevant years).
- a determination, following a review, that they are not entitled to a general or Work-related Payment.
- the level of the award for the general or Work-related Payment that it has been determined they are entitled to, following a review.
- a determination, following a review, that they are not eligible for an Enhanced Medical Card or entitled to a Health Support Payment as they did not spend 180 days or more in a relevant institution.
- a determination, following a review, that they are not entitled to a Health Support Payment because they have not demonstrated that they are resident outside of the State.

12.3 How Appeals are handled

Within 21 days of receipt of the appeal, the Chief Deciding Officer will assign it to an Independent Appeals Officer and acknowledge receipt of the appeal to the appellant.

The Independent Appeals Officer will receive a file containing the following:

- All original correspondence relating to the application – application form, and other supporting documentation;
- Information arising from searches and calculation of an award if applicable;
- Affidavit or evidence provided by an applicant during review process;
- The review decision.

An Appeals Officer may request further information including an affidavit from the appellant or information from the Chief Deciding Officer and, if deemed necessary, the Appeals Officer will consult with all relevant parties regarding the matter.

The Appeals Officer may set out timelines for the return of information by the Payment Scheme Office and/or the Appellant. Where additional information is requested and this is not provided in accordance with the repeated notifications and the agreed timelines set out in section 4.6.2, the Appeals Officer may deem the appeal to have been withdrawn. Where an Appeal is deemed to have been withdrawn, the Appeals Officer should notify the Chief Deciding Officer who will instruct the Case Management Team to write to the applicant to inform them of this and they will have a period of 180 days to accept the original determination on their application.

The Appeals Officer may determine the appeal on the basis of written submissions only or the appellant and or the Chief Deciding Officer may be requested to make an oral submission to clarify points at issue. The approach taken is at the discretion of the Appeals Officer.

The appellant and Chief Deciding Officer will have an equal voice in the appeals process.

12.4 Decision of the Appeals Officer

The decision of the Appeals Officer will either:

- Affirm the decision which was the subject of the appeal,
- Revoke that decision and replace it with such other decision as the Appeals Officer thinks appropriate, or
- Refer the matter concerned back to the Chief Deciding Officer for reconsideration in accordance with directions from the Appeals Officer.

It is not open to the Appeals Officer to depart from the rules of the Mother and Baby Institutions Payment Scheme as set out in the Act in an individual case, regardless of individual or personal circumstances.

The Appeals Officer will send a copy of the relevant decision in writing to the Chief Deciding Officer. The decision will detail the Appeals Officer's reasons for the relevant decision, in the form of a report,

together with any relevant accompanying evidence the Appeals Officer considers appropriate in the circumstances.

12.5 Notice of Appeal Decision

The Chief Deciding Officer must send the appellant the Appeal Notice of Determination reflecting the outcome of the appeal process and the Appeals Officer's report within 20 days of receipt of the report from the Appeals Officer. If the applicant receives an offer, they will have 180 days to accept this.

12.6 Making an Appeal to the High Court on a point of law

The decision of the Appeals Officer is final and conclusive but may be appealed to the High Court, by either the Chief Deciding Officer or the appellant, on a point of law. An appeal to the High Court must be made within 28 days of the date on which the Appeals Officer's report has been sent to the Chief Deciding Officer, or the Notice of Appeal Decision to the appellant, respectively.

In the event that an Appeals Officer determines that a revised offer should be made to the appellant but the Chief Deciding Officer decides to appeal to the High Court on a point of law, the offer cannot be made to the applicant until outcome of the appeal to the High Court is known.

12.7 Office of the Ombudsman

The Office of the Ombudsman is available to examine complaints from members of the public who believe they have been unfairly treated by certain public service providers. The Payment Scheme Office is within the remit of the Ombudsman. The Office of the Ombudsman can be contacted at:

Address: 6 Earlsfort Terrace, St. Kevin's, Dublin 2, D02 W773.
Phone: +353 1 639 5600
Lo-call: 1890 22 30 30 (charges may vary)
Twitter: @OfficeOmbudsman

The Office of the Ombudsman is open Monday to Friday between 9.15am and 5.00pm.

For complaints, an online complaints form may be completed or contact the complaints section at complaints@ombudsman.ie

Chapter 13 - Financial Support for Legal Services

13.1 Legal services for which financial support is available

Section 43 of the Act, supported by S.I. No 88 of 2024, provides for capped financial support for applicants towards legal costs in two circumstances. Applicants are advised that they do not need to obtain legal advice to make an application to the Payment Scheme given the design of the Payment Scheme and the non-adversarial approach which it adopts. Applicants should be mindful that support towards legal costs is only available in the circumstances set out below and that the amount of the support available is limited.

The situations in which financial support is available for legal costs are:

a) Where an applicant is requested to provide an affidavit to support the making of a determination on their application to the Payment Scheme or to process their review or appeal.

   For legal services to obtain an affidavit, financial support of €200 will be made available to the applicant, support person or personal representative.

   Financial support is not provided towards the cost of an affidavit required to make an application to the Payment Scheme where proof is required that a person is entitled to act as a personal representative.

b) Where an applicant wishes to obtain independent legal advice prior to signing a legal waiver as part of their acceptance of the offer.

   For legal services to obtain independent legal advice prior to signing a waiver, financial support will be available up to a maximum of €500 excluding VAT. Any costs relating to obtaining legal advice prior to signing a waiver incurred by an applicant, support person or personal representative in excess of €500 excluding VAT, will not be reimbursed by the Payment Scheme.

13.2 How financial support for legal services is paid

13.2.1 Affidavits

The submission of an affidavit to the Payment Scheme Office will be deemed sufficient proof that the costs were incurred and a payment will issue at the rate outlined at (a) above. This payment is separate to any financial benefits to which the applicant is entitled under the Payment Scheme.

13.2.2 Legal advice prior to signing a waiver

Payment will be made on foot of receiving a copy of an invoice or proof of payment to a solicitor. The Payment Scheme Office does not make payments directly to a solicitor.

The invoice or proof of payment must reference the applicant's name, Application Reference Number as quoted in all correspondence relating to the application and a full breakdown of costs.

Chapter 14 – Governance

14.1 Introduction

This chapter outlines the overall governance and compliance arrangements for the Mother and Baby Institutions Payment Scheme, set out under 5 themes:

1. Legislative Framework and Structures;
2. Operating Model;
3. Financial Governance;
4. Decision-making – Guiding Principles;
5. Monitoring, Reporting and Evaluation.

14.2 Legislative Framework and Structures

The Mother and Baby Institutions Payment Scheme Act 2023 and associated regulations – Numbers 66, 67, 87, 88, 89 and 467 of 2024 - provide the legislative basis for the Scheme. Other instruments governing the Scheme include:

(a) the formal designation of the Chief Deciding Officer and staff.
(b) the agreement between the Case Management Team and the Minister ("the Contract").

A number of sections in the Act relate to the infrastructure to administer the Payment Scheme. These sections cover –

- the Payment Scheme's establishment and duration;
- the establishment of the Office of the Chief Deciding Officer;
- the appointment of the Chief Deciding Officer and designation of a Deputy Chief Deciding Officer;
- the appointment of a panel of appeals officers; the arrangements for making health services available without charge (the Enhanced Medical Card);
- the legal basis for accessing and processing of the database and records of the Commission of Investigation into Mother and Baby Homes and also any other archive which the Minister considers may contain records relevant to the performance of the Chief Deciding Officer;
- the cessation of the Scheme and the arrangements following dissolution of the Office of the Chief Deciding Officer.

The Act also makes provision for the Minister to enter into an agreement relating to the performance of certain functions of the Chief Deciding Officer. Information on each of these aspects is set out below:

Establishment of the Scheme:

Section 5 of the Act provides that the Minister will, by Order, appoint a day that will be the establishment day for the Payment Scheme. This date has been set, by Order, as 20 March 2024.

Duration of the Scheme:

Section 6 of the Act provides for the duration of the Payment Scheme which is 5 years from the establishment date. This date may be brought forward by Order made by the Minister and such an Order must give at least one year's notice of the intention to close the Scheme.

Office of the Chief Deciding Officer:

Section 7 of the Act provides for the establishment of an office to be known as the Office of the Chief Deciding Officer of the Mother and Baby Institutions Payment Scheme within the Department of Children, Equality, Disability, Integration and Youth. Section 8 of the Act sets out that the Minister may appoint as many officers as he or she deems appropriate to be members of staff of the Office.

As it is situated within the Department of Children, Equality, Disability, Integration and Youth, the Office is subject to the governance and accountability standards for the Department.

Chief Deciding Officer:

Section 8 of the Act provides for the appointment by the Minister of a Chief Deciding Officer (CDO) to perform the functions under the Act in relation to the administration and oversight of the Payment Scheme. The functions of the Chief Deciding Officer are set out in section 9 of the Act and are summarised below:

1. examining applications to the Payment Scheme;
2. determining the entitlement of applicants to the benefits under the Scheme;
3. carry out reviews;
4. assigning appeals to appeals officers;
5. notifying the HSE of applicants' entitlements to the Enhanced Medical Card;
6. holding a public information campaign in Ireland and abroad to promote awareness of the Payment Scheme;
7. any additional functions conferred on him or her by regulations.

In addition to these functions the Chief Deciding Officer is responsible for the preparation of an annual report on the performance of these functions.

Section (9)(3) provides that the Chief Deciding Officer is independent in the performance of these functions.

In addition, the functions of the Chief Deciding Officer, may be performed by any member of the staff of Payment Scheme Office, subject to the general superintendence and control of the CDO and subject to some functions being reserved for the CDO only. This is essential so that administrative and decision-making activities associated with the Payment Scheme can be performed by persons other than the CDO. Section 9(4) of the Act clearly permits the Chief Deciding Officer to assign his or her duties and

functions to members of his or her staff as appropriate and no further scheme or mechanism of delegation is necessary.

While the Chief Deciding Officer is independent in the performance of the functions set out in the Act, they are an officer of the Minister. The exchequer funding for the Payment Scheme is managed through the Departmental vote and therefore the CDO is accountable to the Secretary General in this regard as the Accounting Officer for the Department. Further information on the operating model for the Payment Scheme is provided in section 14.3.

Deputy Chief Deciding Officer:

Section 10 of the Act provides for the Chief Deciding Officer to designate a member of staff of the Office of the Chief Deciding Officer to be the Deputy Chief Deciding Officer. The role of the Deputy Chief Deciding is to perform the functions of the Chief Deciding Officer when he or she is absent for any reason or when the position of the CDO is vacant. The same conditions in respect of the appointment, that apply to the CDO, set out in sections 8(2), 8(3) and 8(4), also apply to the Deputy CDO.

Agreements relating to the performance of the functions of the CDO - Third Party Support:

Section 11 of the Act provides that the Minister may enter into an agreement with any person in order to provide specified functions under the Act which have been assigned to the Chief Deciding Officer, including the making of payments to applicants. Under such an agreement, the functions will be performed in accordance with the terms and conditions specified in the agreement and subject to the general superintendence and control of the Chief Deciding Officer.

Appeals Officers:

Under section 28 of the Act the Minister appoints a panel of appeals officers to consider appeals received from applicants to the Payment Scheme. Appeals officers are also independent in the performance of their functions under the Act. The responsibility for assigning appeals to appeals officers rests with, and cannot be delegated by, the Chief Deciding Officer to any person operating by way of an agreement under section 11 of the Act mentioned in the previous paragraph.

Providing the Enhanced Medical Card:

Section 34 of the Act provides that the Chief Deciding Officer should notify the Health Service Executive (HSE) as soon as practicable of the eligibility of applicants for the provision without charge of health services, known under the Payment Scheme as the Enhanced Medical Card. Following notification from the Payment Scheme Office, the HSE shall make arrangements to provide the applicant with their Enhanced Medical Card and must notify the Payment Scheme Office when this is done.

Access to the Archive and Database of the Commission of Investigation into Mother and Baby Homes and to other archives:

Section 54 of the Act provides the Chief Deciding Officer with a legal basis to access personal data and special categories of personal data contained in the archive and database of the Commission of Investigation. This legal basis is provided to the extent needed and proportionate for the performance of his or her functions under the Act. This section also allows the Chief Deciding Officer to share personal data accessed from the archive with appeals officers so that they can they can perform their functions

under the Act. Section 55 provides that the Chief Deciding Officer may, again to the extent needed, access and process personal data and special categories of personal data held in archives in the possession of "information sources". "Information sources" are defined in the Act and currently includes – a local authority, the Health Services Executive, the Child and Family Agency, the Adoption Authority of Ireland or the National Archives. The term "archive" is also defined in the Act as meaning *"a collection of records, in the possession of, compiled by or maintained by an information source".*

14.3 Operating Model

As set out in chapter 1, the proposed operating model for delivery of the Payment Scheme, is a blended approach. The Payment Scheme Office (Office of the Chief Deciding Officer) is led by the Chief Deciding Officer. The Payment Scheme Office comprises

1. a team situated in the Department, referred to in these Guidelines as the "Executive Office" and
2. third party support, referred to in these Guidelines as the "Case Management Team".

The Executive Office and the Case Management Team operate at all times under the direction and supervision of the Chief Deciding Officer. The third party support has been engaged under contract, in order to assist with the processing of applications and the making of payments to applicants from the Payment Scheme.

There are three functions assigned to the Chief Deciding Officer in the Act that cannot be delegated to a third party. These are the preparation of the annual report, the assignment of appeals to an appeal's officer and the conducting of searches of the Archive and Database of the Commission of Investigation. All of these functions are carried out by the Chief Deciding Officer or by the Executive Office acting on the instruction of the CDO.

The Payment Scheme Office will determine entitlement to all of the benefits under the Scheme. When the Office determines that an applicant is entitled to an Enhanced Medical Card under the Scheme, they will notify the HSE who will arrange this for the applicant. When the card has been provided to the applicant, the HSE will notify the Payment Scheme Office.

The Chief Deciding Officer while independent in the performance of the functions set out in the Act, is an established civil servant, bound by the governance and accountability arrangements for the Department and is accountable to the Secretary General as the Accounting Officer for the Department with regard to the funding provided for the Payment Scheme on an annual basis. Further information on financial governance in particular, is set out in this chapter at section 14.4.

The Department of Children, Equality, Disability, Integration and Youth is the Data Controller for the Payment Scheme, being responsible for all information, activity and records, and further information on data protection is set out in chapter 15.

Appeals officers, responsible for appeals made under the Scheme have been appointed by the Minister. The assignment of appeals to an appeals officer is a function of the Chief Deciding Officer, however, once an appeal has been assigned to an appeals officer, they act independently in respect of making their assessment and determination on that appeal. When this process is concluded the appeal's officer returns their report to the Chief Deciding Officer for appropriate action.

Finally, the power to make any changes to the Payment Scheme under the Act for example, the adding of an institution to the list of relevant institutions at Schedule 1, rests with the Minister, in consultation with the Minister for Public Expenditure, National Development Plan Delivery and Reform.

14.4 Financial Governance

The funding available for the Payment Scheme is managed through the vote of the Department of Children, Equality, Disability, Integration and Youth. The Chief Deciding Officer is accountable to the Secretary General as the Accounting Officer for the Department for all spending under the Payment Scheme. As is standard practice, the Secretary General is accountable to the Public Accounts Committee and answerable to the Comptroller and Auditor General.

The expenditure under the Payment Scheme falls into three main categories:

1. Awards – General Payment, Work-related Payment, Enhanced Medical Card and the Health Support Payment;
2. Administration – all costs associated with administering the Scheme;
3. Legal – providing capped support to applicants towards the legal costs.

The Executive Office complies with written financial procedures in respect of the Scheme which reflect the requirements of the Department, the Public Spending code and other relevant financial regulations and guidelines. These procedures are kept under review, having regard to the findings of any internal review of the effectiveness of financial internal controls and audits. The Executive Office adheres to the Department's overall financial procedures in terms of management of funds, and levels of authorisation which are currently set at –

- Principal Officer – up to €1m
- Assistant Secretary – up to €10m
- Secretary General – unlimited.

Assurance and Approval Processes for Payments

As outlined in previous chapters the financial payments made under the Scheme are subject to two important control checks before being made to an applicant. The first of these checks, outlined in section 8.1.2 of these Guidelines is the Determination Quality Check. This takes place prior to a Notice of Determination issuing to an applicant, to ensure that offers being made to applicants are correct before the Payment Scheme Office incurs in principle, this financial cost.

The second check, outlined in section 9.1.1 of these Guidelines is the Payment Approval Check. This takes place prior to payments being made to an applicant's nominated bank account. For the purpose of efficiency, both Stage 1 and Stage 2 checks are undertaken on batch lists rather than on an individual application basis.

When the Payment Approval Check is complete, and it is determined that all of the payments on the batch list are in order, the Executive Office gives an instruction to the Department's Finance Unit, supported by the required written confirmation that all relevant control checks have been conducted, to release funds to the Case Management Team in respect of the payments on the batch list. The approval of batch payments and subsequent instruction to Finance Unit is made in accordance with the financial procedures and approval thresholds for the Department and so is made by the Chief Deciding Officer for

all amounts up to and including €1 million and by the relevant Assistant Secretary in the Department for amounts exceeding €1 million. When the relevant funds are released to the Case Management Team they proceed to make the payment to the applicant. All of these processes, undertaken in accordance with written procedures, are designed to ensure that the Payment Scheme meets the highest standards in terms of financial governance and accountability.

The diagram below illustrates the payment journey from the point where an offer is accepted by an applicant to the payment being made to the applicant.

Application Process

14.5 Decision-making – Guiding Principles

The Chief Deciding Officer and therefore the Payment Scheme Office, acting on the instruction of the CDO are responsible for making decisions on the following matters in relation to the Payment Scheme;

- An applicant's entitlement to the benefits under the Payment Scheme;
- An applicant's entitlement to the benefits under the Payment Scheme, following a review of a determination;
- An applicant's entitlement following the re-examination of an application on the request of an appeals officer;
- An applicant's entitlement to have their application, review or appeal resumed following a deemed withdrawal of their application, request for a review or request for an appeal.
- The validity of information provided by an applicant in an affidavit.

The following principles will be adopted when making decisions under the Act:

- In carrying out their function, the Chief Deciding Officer or an officer under the superintendence of the Chief Deciding Officer, is obliged to ensure that decisions made are fair and must be carried out as expeditiously as possible;
- All decisions will be made in good faith and for a proper, intended and authorised purpose;
- The Chief Deciding Officer will ensure that the Scheme will be managed in a way that will meet the reasonable expectations of applicants to the Scheme. [a flexible approach being adopted in respect of procedural matters];
- In making decisions under the Payment Scheme, only relevant information will be examined;
- There will be fair, consistent and impartial decision making, informed by evidence to the greatest extent possible;

- A balance of probabilities approach will be adopted to the information provided by affidavit.
- Key duties and responsibilities will be separated in respect of processing, recording, examination of records, authorising and reviewing decisions. No one individual will control all key aspects of a decision of an application. The Chief Deciding Officer will ensure such separation is in place;
- There will be a right to review for applicants where they are unsatisfied with a Determination made by the Chief Deciding Officer;
- There will be a right to appeal for applicants where applicants are unsatisfied with the outcome of a review of a Determination under the Payment Scheme.

14.6 Monitoring, Reporting and Evaluation

It is important that there are robust monitoring and quality assurance processes in place for the Payment Scheme. Crucially, the requirements of the Case Management Team working under the instruction of the Chief Deciding Officer is set out in the contract for services, and along with the legislative framework, is one of the primary instruments governing how the Payment Scheme is delivered.

Detailed metrics are collected on a weekly and monthly basis to allow the Chief Deciding Officer to ensure that the Payment Scheme is being administered effectively and that the benefits under the Scheme are being provided to applicants in a timely manner and in accordance with the ethos and guiding principles set out in Chapter 1.

These metrics are also required for the preparation of two significant reports on the Payment Scheme provided for under the Act as follows:

Annual report

Section 12 of the Act requires the Chief Deciding Officer to prepare an annual report and furnish this to the Minister, not later than the 30 June of each year. This report relates to the performance of the functions of the CDO in the previous calendar year.

The Act specifically stipulates that the annual report should include information in relation to applications to the Payment Scheme and the determinations on these applications, information on the resources available to the Chief Deciding Officer in order to perform the functions under the Act, and the training and support provided to the Chief Deciding Officer and staff administering the Payment Scheme.

Review of operation of the Scheme

Section 48 of the Act provides for two reviews of the operation of the Scheme – one to be commenced as soon as possible after the second anniversary of the establishment day for the Scheme and the second within 6 months of the Payment Scheme closing.

The Act specifies that these reviews should in particular consider the following matters:

- the extent to which persons who are entitled to a financial payment or eligible for an Enhanced Medical Card made applications to the Scheme i.e. the number of applications to the Scheme versus the number of people estimated to be eligible;

- where a determination was made on applications the proportion of those deemed to be eligible or not eligible for the benefits under the Scheme;
- the extent to which financial payments have been made to relevant persons under the Scheme;
- the application, assessment and review processes under the Scheme and the experience of applicants and those making applications on behalf of applicants in relation to these processes;
- details of payments under the Scheme;
- the extent to which Enhanced Medical Cards have been provided to those who are eligible under the Scheme;
- the extent to which Health Support Payments have been made to those who are eligible under the Scheme;
- the training provided to the Chief Deciding Officer and the staff of the Office of the Chief Deciding Officer;
- whether the Scheme is achieving or has achieved its stated purpose in section 5(2) of the Act;
- other matters as may be specified by the Minister.

The annual report and the reviews of the operation of the Scheme must be submitted to the Minister and, as soon as possible after this, laid before each House of the Oireachtas.

Chapter 15 – Data Protection

15.1 Introduction

The operation of the Mother and Baby Institutions Payment Scheme will result in the processing of the personal data, including special categories of personal data, of scheme applicants. The Mother and Baby Institutions Payment Scheme Act 2023 facilitates the processing of personal data, including special categories of personal data, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

As per section 52 of the Act, the Minister may outline suitable and specific measures, including measures specified in section 36(1) of the Data Protection Act 2018, to be taken to safeguard the fundamental rights and freedoms of data subjects in the processing of personal data, including special categories of personal data, under the Act.

This chapter outlines the data protection principles, policies, and procedures which must be adhered to in order to ensure the effective and secure processing of all data in the administration of the Scheme.

15.2 General Principles and Powers

Section 52 of the Act provides that where it is necessary and proportionate for the performance of his, her or its functions under the Act, persons listed below may process personal data, including special categories of personal data, in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

This applies to the following persons:

(a) the Chief Deciding Officer;

(b) an appeals officer;

(c) an information source.

Therefore, the Act provides the legal basis for the processing of personal data and there is no requirement to rely on consent or any other grounds for this processing.

For the purposes of the Mother and Baby Institutions Payment Scheme, the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) is the data controller in relation to personal data processed under the scheme's remit. This is because the Office of the Mother and Baby Institutions Payment Scheme stands established within the DCEDIY, so the Chief Deciding Officer and the Executive Office have no role in their own right under the GDPR and therefore are not a controller nor a processor. Persons working in the Executive Office including the Chief Deciding Officer are employees of the Department, they will undertake GDPR processing operations under the remit of the Department who remains the data controller.

The Case Management Team are data processors and on behalf of the Department process personal data for the purposes of dealing with applications to the Payment Scheme.

Section 22 of the Act provides that the Payment Scheme Office may request information in respect of an applicant from an Information Source in order to calculate an applicant's period of residence in a relevant institution. Section 54 of the Act provides for access to and the processing of personal data and special categories of personal data held in an archive of an information source, in order that the Office can carry out the functions under the Act.

Section 53 of the Act provides that the Executive Office may access and process personal data and special categories of personal data contained in the copy of the database and copy of the related records of the Commission of Investigation into Mother and Baby Homes. This function is reserved for the Executive Office and cannot be performed by the Case Management Team.

15.3 Guiding Principles

As with all data processing arrangements, there are seven key principles related to the processing of personal data, established under Article 5 of the GDPR, which the Payment Scheme Office will comply with when collecting and otherwise processing personal data. They are as follows:

1. Lawfulness, fairness, and transparency;

2. Purpose limitation;

3. Data minimisation;

4. Accuracy;

5. Storage limitation;

6. Integrity and confidentiality;

7. Accountability.

15.4 Nature of Data Processing

Personal Data

An applicant's personal data may be processed by the Payment Scheme Office for any of the following reasons:

- In order to effectively administer the Mother and Baby Institutions Payment Scheme;
- In order to determine whether an applicant is a relevant person under the Scheme;
- In order to determine whether a relevant person is eligible for an award under the Scheme;
- To verify the identity of an applicant, and where an application is received from a personal representative or support person to verify the identity of their personal representative or support person.
- To assist in processing for the purposes of making an award under the Scheme;
- To assist in reviewing a determination;
- To provide data to assist with an appeal;
- To support the operation of the Scheme. The Scheme will share personal data with the HSE including an applicant's PPSN, so that they can provide the Enhanced Medical Card.

Any additional data processing that may be considered in the future implementation and operation of the Scheme will be examined in light of these relevant purposes and compliance with GDPR, in

particular with the principle of data minimisation.

15.5 Accountability

15.5.1 Data Sharing Arrangements

The Act provides for the sharing of data with Appeals Officers, Information Sources and the HSE. Where the Payment Scheme Office is sharing data with any other person or body, a Data Sharing Agreement or a Memorandum of Understanding will be in place to govern the sharing of data with them.

15.5.2 Record of processing activities

The Payment Scheme Office, on behalf of the Department, will maintain a Record of Processing Activities for the Mother and Baby Institutions Payment Scheme activities. The Department maintains a centralised Record of Processing Activities for the wider Department, which will encompass the ROPA for the Scheme.

15.5.3 Privacy Statement and Data Transparency

Under the GDPR principle of transparency, data subjects must be informed about the nature of the processing of their personal data at the point their data is collected.

A Privacy Statement (also known as a Fair Processing Notice) will be presented to applicants when they first log onto the Mother and Baby Institutions Payment Scheme online application system. The Privacy Statement informs the applicant what data is being processed, for what purpose it is being processed, with whom it is shared, and for how long it will be retained. A copy of the privacy statement can be accessed from the Payment Scheme Office.

The privacy statement is a living document, and it will be updated if the nature of the data processing changes or is updated.

Apart from a first time log in, or updates to the privacy statement, the applicant will not be presented with the privacy statement every time they visit the portal, but this will be available for reference with a link on the system should the applicant wish to view it.

The Information Booklet which has been created to inform potential applicants about the scheme, has a copy of the Privacy Statement included in it – this booklet will be sent to applicants who request a paper application form from the Payment Scheme Office. Applicants applying using a paper-based application will be provided with a paper copy of the Privacy Statement, which will also include the disclaimer that by submitting an application, the applicant acknowledges, understands and accept the terms.

In all cases, privacy statements will direct data subjects to the Data Protection policies of the Payment Scheme Office. The privacy statement can be accessed from the Payment Scheme Office.

15.5.4 Subject Access Request

Under GDPR, a data subject has the right to obtain, from the data controller, a copy of their personal data without being charged a fee. The request may be in writing (by any media, e.g. email, letter etc.) or made verbally. The data controller must respond to the request in full within one month of receipt of same. Reasons for failure to do so must be recorded.

The Case Management Team as data processors under the scheme will promptly notify the Executive Office in the event they receive a Subject Access Request.

The Case Management Team will respond, without undue delay, to any request in relation to a Subject Access Request from the Executive Office or the Department.

The Subject Access Request Policy, outlining the steps that will be taken in response to a Subject Access Request to the Payment Scheme Office can be accessed from the Payment Scheme Office.

15.5.5 Data Retention

GDPR requires that data should be held in a form which allows identification of the individual for the shortest time possible, and should then be anonymised or erased. However, when deciding upon retention periods, consideration must be given to all elements of the legal framework, which includes the National Archives Act 1986.

National Archives legislation governs the management of records of Departments of State including their disposal or retention as archives.

Destruction of Departmental records is prohibited under National Archives legislation unless permission is first granted by the Director of the National Archives, and a certificate for the disposal of Departmental records is issued.

Departmental records are defined in National Archives legislation as any record in any form made or received, and held in the course of its business, by a Department of State. National Archives requirements apply to both electronic and paper records. The Records of the Mother and Baby Institutions Payment scheme are classed as Departmental Records.

The National Archives legislation also applies to Departmental records that are processed by a data processor – in this case the Case Management Team - appointed by the data controller.

The Department manages all records in accordance with its legal obligations including its legal obligations in respect of records containing personal data. The retention periods relating to records containing personal data are set out in the Record of Processing Activities.

15.5.6 Data Breaches

A data breach is a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

Data breaches can include, but are not limited to, the following:

- Loss of personal data, for example by misplacing paper files, laptops, unencrypted USB keys etc;
- Transmission of personal data to an unintended data subject, for example by posting or emailing personal data to an incorrect recipient;
- A server failure, resulting in the irreparable loss of data;
- Access to personal data by an unauthorised person;
- Malicious external access, e.g. hacking;

All breaches will be managed in accordance with the Data Breach Policy Personal Data Breach Management Policy which can be accessed from the Payment Scheme Office. The Department as a data controller is required to notify a breach to the Data Protection Commission within 72 hours of becoming aware of the breach (where the breach is categorised as having a certain risk rating). The Case Management Team are required to notify the Executive Office of a breach "without undue delay" and in all instances.

Data subjects will be notified in the event of a breach if there is a high risk to their rights and freedoms.

"Near misses" in relation to data breaches will be logged by the Department, the Executive Office and the Case Management Team to demonstrate a culture of compliance with GDPR.

The Payment Scheme Office have the following policies in place to help mitigate the potential of a data breach:

- Data Management Policy (which includes policies around Passwords, and Roles and Access) (Link)
- Premises Security and Confidentiality Policy (including Clean Desk Policy) (Link)
- Staff Internet Conduct & Access Policy

15.5.7 International Transfer of Data

The personal data of data subjects using the Scheme will not be processed outside of the EEA.

15.5.8 Data Protection Officer

The Department and Case Management Team have appointed a Data Protection Officer.

The contact details for the Department's DPO [Data Protection Officer, Department of Children, Equality, Disability, Integration and Youth].

Address: Block 1, Miesian Plaza, 50-58 Baggot Street Lower, Dublin, D02 XWI4.

Email:dpocontact@equality.gov.ie

Phone number:+353 1 237 6037.

Further information and guidance in relation to data protection can be sought by consulting with the Department's Data Protection Officer, and the Office of the Data Protection Commissioner.

Appendix A – Relevant Institutions

Schedule 1 – Part 1

(1) Reference Number	(2) Name of Institution	(3) Alternative name by which or to which Institution specified in Column 2 known or referred	(4) Concluding year
1	Carlow County Home	Sacred Heart Home, Co. Carlow	1963
2	Cavan County Home	St. Felim's County Home, Co. Cavan	1962
3	Clare (Ennis) County Home	St. Joseph's Hospital, Co. Clare	1958
4	Cork County Home	County Home section of St. Finbarr's Hospital, Co. Cork	1960
5	Cork (Midleton) County Home	Our Lady of Lourdes Home, Co. Cork	1960
6	Cork (Clonakilty) County Home	Mount Carmel Home, Co. Cork	1965
7	Cork (Fermoy) County Home	St. Patrick's Hospital Fermoy, Co. Cork	1969
8	Donegal (Stranorlar) County Home	St. Joseph's Stranorlar, Co. Donegal	1964
9	Galway (Loughrea) County Home	St. Brendan's Home, Loughrea	1964
10	Kerry (Killarney) County Home	St. Columbanus House, Killarney	1963
11	Kildare (Athy) County Home	St. Vincent's Hospital, Athy	1969
12	Kilkenny (Thomastown) County Home	St. Columba's County Home	1966
13	Laois (Mountmellick) County Home	St. Vincent's Hospital	1969
14	Leitrim (Carrick on Shannon) County Home	St. Patrick's Home	1951
15	Limerick (Newcastlewest) County Home	St. Ita's Home	1965
16	Limerick (City) County Home	St. Camillus Hospital	1970
17	Longford County Home	St. Joseph's Hospital	1952
18	Mayo (Castlebar) County Home	Sacred Heart Home	1960

19	Meath (Trim) County Home	St. Joseph's Home, Trim	1964
20	Monaghan (Castleblaney) County Home	St. Mary's Hospital	1966
21	Offaly (Tullamore) County Home	St.Vincent's Hospital	1956
22	Roscommon County Home	Sacred Heart Home	1957
23	Sligo County Home	St. John's Hospital	1973
24	North Tipperary (Thurles) County Home	Hospital of the Assumption/ Our Lady's Community Hospital of the Assumption	1955
25	South Tipperary (Cashel) County Home	St. Patrick's Hospital	1960
26	Waterford (Dungarvan) County Home	St. Joseph's Hospital	1970
27	Westmeath (Mullingar) County Home	St. Mary's Hospital	1955
28	Wexford (Enniscorthy) County Home	St. John's Hospital	1962
29	Wicklow (Rathdrum) County Home	St. Colman's, Rathdrum	1971
30	The Tuam Children's Home		1961
31	Sean Ross Abbey, Co. Tipperary		1969

Schedule 1 - Part 2

(1) Reference Number	(2) Name of Institution	(3) Concluding year
1	St. Patrick's/Pelletstown, Navan Road, Dublin 7	1998
2	Bessborough Mother and Baby Home, Cork, County Cork	1998
3	Manor House, Castlepollard, County Westmeath	1971
4	Árd Mhuire, Dunboyne, Co. Meath	1991
5	Bethany Home, Dublin	1971
6	Denny House, Dublin	1994
7	Miss Carr's Flatlets, Dublin	1998
8	The Regina Coeli Hostel, Dublin	1998
9	The Castle, Newtowncunningham, County Donegal	1998
10	The County Clare Nursery, Kilrush, County Clare	1932
11	Belmont Flatlets, Dublin	1998
12	St. Gerard's, Dublin	1939
13	St. Kevin's Institution (initially the Dublin Union), Dublin	1935

Appendix B – Payment Rates for relevant persons who were resident as mothers

(1) Reference Number	(2) Number of days resident in relevant institution	(3) General Payment (in euro)	(4) Work-related Payment (in euro)	(5) Total amount (in euro) of payment where person eligible for General Payment and Work-related Payment
1	Up to and including 89 days	5,000	0	5,000
2	Between 90 – 179 days	10,000	1,500	11,500
3	Between 180 – 360 days	12,500	3,000	15,500
	Over 1 Year			
4	361 – 450 days inclusive	15,000	6,000	21,000
5	451 – 540 days inclusive	16,250	7,500	23,750
6	541 – 630 days inclusive	17,500	9,000	26,500
7	631 – 720 days inclusive	18,750	10,500	29,250
	Over 2 Years			
8	721 – 810 days	20,000	12,000	32,000
9	811 – 900 days	21,250	13,500	34,750
10	901 – 990 days	22,500	15,000	37,500
11	991 – 1080 days	23,750	16,500	40,250
	Over 3 Years			
12	1081 – 1170 days	25,000	18,000	43,000
13	1171 – 1260 days	26,250	19,500	45,750
14	1261 – 1350 days	27,500	21,000	48,500
15	1351 – 1440 days	28,750	22,500	51,250
	Over 4 Years			
16	1441 – 1530 days	30,000	24,000	54,000
17	1531 – 1620 days	32,500	25,500	58,000
18	1621 – 1710 days	35,000	27,000	62,000
19	1711 – 1800 days	37,500	28,500	66,000
	Over 5 Years			
20	1801 – 1890 days	40,000	30,000	70,000
21	1891 – 1980 days	41,250	31,500	72,750
22	1981 – 2070 days	42,500	33,000	75,500
23	2071 – 2160 days	43,750	34,500	78,250
	Over 6 Years			
24	2161 – 2250 days	45,000	36,000	81,000
25	2251 – 2340 days	46,250	37,500	83,750
26	2341 – 2430 days	47,500	39,000	86,500
27	2431 – 2520 days	48,750	40,500	89,250
	Over 7 Years			
28	2521 – 2610 days	50,000	42,000	92,000

29	2611 – 2700 days	51,250	43,500	94,750
30	2701 – 2790 days	52,500	45,000	97,500

Appendix C – Payment Rates for relevant persons who were resident as children

Schedule 2

(1) Reference Number	(2) Number of days resident in relevant institution	(3) General Payment (in euro)
1	Between 180 – 360 days	12,500
	Over 1 Year	
2	361 – 450 days inclusive	15,000
3	451 – 540 days inclusive	16,250
4	541 – 630 days inclusive	17,500
5	631 – 720 days inclusive	18,750
	Over 2 Years	
6	721 – 810 days	20,000
7	811 – 900 days	21,250
8	901 – 990 days	22,500
9	991 – 1080 days	23,750
	Over 3 Years	
10	1081 – 1170 days	25,000
11	1171 – 1260 days	26,250
12	1261 – 1350 days	27,500
13	1351 – 1440 days	28,750
	Over 4 Years	
14	1441 – 1530 days	30,000
15	1531 – 1620 days	32,500
16	1621 – 1710 days	35,000
17	1711 – 1800 days	37,500
	Over 5 Years	
18	1801 – 1890 days	40,000
19	1891 – 1980 days	41,250
20	1981 – 2070 days	42,500
21	2071 – 2160 days	43,750
	Over 6 Years	
22	2161 – 2250 days	45,000
23	2251 – 2340 days	46,250
24	2341 – 2430 days	47,500
25	2431 – 2520 days	48,750
	Over 7 Years	
26	2521 – 2610 days	50,000
27	2611 – 2700 days	51,250
28	2701 – 2790 days	52,500
29	2791 – 2880 days	53,750
	Over 8 Years	
30	2881 – 2970 days	55,000
31	2971 – 3060 days	56,250
32	3061 – 3150 days	57,500
33	3151 – 3240 days	58,750
	Over 9 Years	
34	3241 – 3330 days	60,000
35	3331 – 3420 days	61,250
36	3421 – 3510 days	62,500

37	3511 – 3600 days	63,750
	Over 10 Years	
38	3601 days and upwards	65,000

Appendix D – Certification of Identity Documents

In order to make an application to the Payment Scheme it will be necessary for applicants and their support person or, in the case of estate applications, the personal representative to provide a certified copy of photo ID, and other relevant documents, in some cases. A certified copy of an original document is a photocopy that has been certified by an authorised person in the following way. On the photocopy the person must:

- sign their name,
- provide their name and occupation in block capitals,
- provide a date alongside their signature,
- stamp the photocopy if they have a stamp and/or provide their professional registered number if they have one,
- provide a contact phone number as verification may be necessary.

The Payment Scheme Office recognises the sensitive nature of this Payment Scheme. There is no requirement to provide an explanation to any person certifying a photo ID as to the reason for this request. Given the range of reasons a person may need to provide a certified copy of ID; it is sufficient to say that it is required for an application.

For applicants living in Ireland your witness can be:

- Accountant
- Financial Institution Manager or Assistant Manager
- Elected public representative
- Head of Prison Service/Head Prison Warden
- Lecturer
- Member of the Clergy
- Notary public/commissioner for oaths
- Nursing or Care Home Manager
- Peace commissioner
- Pharmacist
- Registered Counsellor
- Registered and Practicing
    - Dentist
    - Medical Doctor
    - Nurse
    - Occupational Therapist
    - Physiotherapist
    - Social Worker
    - Speech Therapist
- Serving member of the Garda Siochana
- Solicitor
- Teacher

For applicants living in the United Kingdom your witness can be:

- Accountant
- Financial Institution Manager or Assistant Manager
- Elected public representative
- Minister of Religion
- Notary public/commissioner for oaths
- Registered and Practicing
    - Dentist
    - Medical Doctor
    - Nurse
    - Occupational Therapist
    - Physiotherapist
    - Social Worker
    - Speech Therapist
- Serving member of a Police Force
- Solicitor
- Teacher

Alternatively, for British residents, you may contact one of the Irish Centres below and ask for assistance in having your documents certified for the purpose of the Payment Scheme.

Organisation name	Address	Telephone	Email
Ashford Place	60 Ashford Rd, London NW2 6TU	0208 208 8590	info@ashfordplace.org.uk
Birmingham Irish Association	St Anne's Parish Centre, Alcester Street, Birmingham, B12 0PH	0121 604 6111	info@birminghamirish.org.uk
Brent Irish Advisory Service	379-381 High Road Willesdsen NW10 2JR	0208 459 6655	mike@biasbrent
Coventry Irish Society	Floor 1, 41 Smithford Way, Coventry, CV1 1FY	0247 625 6629	CIS@covirishsoc.org.uk
Emerald Centre	450 Gipsy Lane, Leicester, LE5 0TB	0116 276 9186	emeraldcentre@yahoo.co.uk
Fréa – Renewing Roots	Patrick Rodgers, 895 Stockport Road, Levenshulme, Manchester, M19 3PG	0161 205 9105 07458 138682	renewingroots@frea.org.uk
Huddersfield Irish Centre	86 Fitzwilliam Street, Huddersfield, HD1 5BB	0148 442 0140	secretary1999@outlook.com
Irish Community Care Manchester	895 Stockport Road, Levenshulme, Manchester, M19 3PG	0161 205 9105	headoffice@irishcommunitycare.com
Irish Community Care	151 Dale Street, Liverpool, L2 2AH	0151 237 3987	admin@irishcc.net

Irish Community Services in Greenwich, Bexley & Lewisham	The Irish Centre, 2B Devonshire Road Bexleyheath, DA6 8 DS	0208 854 4466	office@irishcommunityservices.org.uk
Irish Cultural Centre Hammersmith	5 Black's Rd, London W6 9DT, United Kingdom	020 8563 8232	community@irishculturalcentre.co.uk
Leeds Irish Health and Homes	Rouse House, 2 Wyther Lane, Leeds LS5 3BT, United Kingdom	0113 262 5614	info@lihh.org
Lewisham Irish Community Centre	2A Davenport Rd, Catford, London, SE6 2AZ	0208 695 6264	manager@ lewishamirish.org.uk
Liverpool Irish Centre	Boundary Lane, Liverpool L6 5JG	0151 263 1808	info@liverpoolirishcentre.org
London Irish Centre	50-52 Camden Square London NW1 9XB	0207 916 2222	info@londonirishcentre.org
Luton Irish Forum	Kathleen Connolly House, 102 Hitchin Road, Luton LU2 0ES	0158 272 0447	info@lutonirishforum.org
Milton Keynes Irish Centre	Manor Fields Fenny Stratford Milton Keynes MK2 2HX	0190 837 5978	irishcentremk@btconnect.com
Portsmouth Irish Society	77 Elm Grove, Portsmouth, PO51JF	0239 282 5152	portsmouthirishclubcommittee@yahoo.com
South London Irish Association	138/140 Hartfield Road, Wimbledon SW19 3TG	0208 543 0608	Sliasw19@gmail.com
Tyneside Irish Centre Ltd	43-49 Gallowgate, Newcastle Upon Tyne, NE1 4SG	0191 261 0384	tyneirishcentre@btconnect.com

For applicants living in any other country your witness can be:

- Serving member of a Police Force
- Registered and Practicing
    - Dentist
    - Medical Doctor
    - Nurse
    - Occupational Therapist
    - Physiotherapist
    - Social Worker
    - Speech Therapist
- Notary/Solicitor/Justice of the Peace

If you have any queries or need help in locating a witness to certify your documents, your local Government website may provide useful resources or you can contact the Irish Consulate in your location who will be able to provide some assistance to you.