

# *National Council for the Elderly*

PROCEEDINGS OF CONFERENCE

## **VOLUNTARY-STATUTORY PARTNERSHIP IN COMMUNITY CARE OF THE ELDERLY**

**UCD CAMPUS, CARYSFORT, DUBLIN**

**26TH - 27TH FEBRUARY, 1993**



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## NATIONAL COUNCIL FOR THE ELDERLY

The National Council for the Elderly was established in January 1990 in succession to the National Council for the Aged which began in June, 1981. The terms of reference of the Council are:

*To advise the Minister for Health on all aspects of ageing and the welfare of the elderly, either on its own initiative or at the request of the Minister, and in particular on*

- *measures to promote the health of the elderly,*
- *the implementation of the recommendations of the Report, **The Years Ahead - A Policy for the Elderly**,*
- *methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for the elderly,*
- *ways of encouraging greater partnership between statutory and voluntary bodies in providing services for the elderly,*
- *meeting the needs of the most vulnerable elderly,*
- *ways of encouraging positive attitudes to life after 65 years and the process of ageing,*
- *ways of encouraging greater participation by elderly people in the life of the community,*
- *models of good practice in the care of the elderly, and*
- *action, based on research, required to plan and develop services for the elderly*

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## FOREWORD

The National Council for the Elderly is an advisory body to the Minister for Health on all aspects of ageing and the welfare of the elderly. One part of the Council's work is to advise the Minister on ways of encouraging greater partnership between statutory and voluntary bodies in providing services for the elderly.

In January 1993 the Council published the study, *Voluntary-Statutory Partnership in Community Care of the Elderly* which was carried out on its behalf by the Policy Research Centre, National College of Industrial Relations. The study, prepared by Mr. Ray Mulvihill under the direction of Professor Joyce O'Connor, is one of the most comprehensive in the field undertaken to date in Ireland. Based on returns from almost 900 local organisations, it gives much valuable data on services provided by voluntary bodies for older people in this country.

The publication of this research is particularly timely against a background of renewed interest in the partnership agenda. At our conference to launch this report, therefore, we were able to devote some time to the proposed new Charter and White Paper on the voluntary sector which is being prepared by the Department of Social Welfare in consultation with other government departments and interested parties.

The proceedings of the conference should be of interest to all those who are concerned with the development of voluntary-statutory partnership in the provision of health and social services in the community.

On behalf of the Council I would like to thank all those who contributed to our conference on 26th-27th February 1993. I would also like to thank the Council's own staff for undertaking the task of collating, editing and publishing the conference proceedings, and especially Carol Waters for her patient work in transcribing the recorded contributions.

Michael White  
Chairman



## WELCOME

**Lady Valerie Goulding**

As President of the National Council for the Elderly it is my very great pleasure Minister to **welcome you to our conference on *Voluntary-Statutory Partnership in Community Care of the Elderly***.

We are most grateful to you for kindly agreeing to open the conference despite your busy schedule and many commitments.

I would also like to welcome everyone to the conference. It is indeed most gratifying to note that every county in the country is represented here today. Indeed we are pleased to note that about two-thirds of the participants come from outside Dublin. We can only conclude that there is a country-wide interest in how the voluntary and statutory sectors work together to provide community care for older people in Ireland today.

It is one of the Council's terms of reference to advise you Minister on ways of encouraging greater partnership between voluntary and statutory bodies in providing services for the elderly. We hope that the findings and recommendations of our report will be helpful when you consider ways to improve community care for our rapidly growing elderly population.

*The Years Ahead* report established the objectives of public policy in regard to our elderly. One of these objectives is:

***to encourage and support the care of the elderly in their own community by family, neighbours and voluntary bodies in every way possible.***

As we increasingly place greater emphasis on community care of the elderly it is essential that the contribution made by the voluntary sector to this care would be fostered and developed in every way possible.

**We are now all aware that this is *European Year of Older People and Solidarity between Generations***. There is no better time to address the problems encountered by the voluntary sector in providing support services which enable elderly people to live independently in the community and to avoid unnecessary hospitalisation.

The Council believes that the statutory authorities must learn to recognise that voluntary bodies providing key community and domiciliary services for the elderly are partners in a joint enterprise. Arrangements between the two sectors should then reflect the partnership relationship. At this conference we hope to focus on aspects of the relationship, for example, consultation, training, funding and accountability.

**The commitment made by Government in the *Programme for Economic and Social Progress*** to draw up a Charter for voluntary social services in Ireland is seen as particularly welcome in this context. This is because it promises to set up a clear framework for partnership between the State and voluntary activity and to develop a cohesive strategy for supporting voluntary activity.

We therefore hope Minister that the issues identified in our report to you and in our discussions here today and tomorrow will be helpful in promoting better services for the elderly in the community and helpful in the task of establishing a framework for partnership between the State and voluntary activity generally.

In this *European Year of Older People and Solidarity between Generations* I am therefore very pleased to present to you our report ***Voluntary-Statutory Partnership in Community Care of the Elderly.***

Lady Valerie Goulding  
President

National Council for the Elderly

## **OPENING ADDRESS**

### **Mr. Brendan Howlin T.D., Minister for Health**

I am delighted to be with you this morning at the kind invitation of Lady Valerie Goulding, at the opening of this important conference. This is my first direct contact with the National Council for the Elderly since I became Minister for Health and I must say, at the outset, that I am very appreciative of the work performed by the Council. But for the Council, very few of the Research Projects, Reports and Seminars on a whole range of important topics pertaining to the elderly would have been undertaken. These reports have been very useful to my Department in determining policy and priorities for the elderly.

And so to today's business. The authors of this latest report, led by Ray Mulvihill, have produced a badly-needed piece of information, namely a detailed inventory of all voluntary organisations providing care and/or services for the elderly, an examination of how these organisations are funded and, most importantly, the relationships that exist between these voluntary organisations and the various statutory bodies. The information garnered is long and detailed and will be of tremendous value to future planning and debate.

This leads me on to even more important matters than mere publication of information, statistics, etc., namely

- (a) the final chapter of the report concerning policy issues arising from the study and suggestions made on future direction of matters such as funding, criteria for service provision and training, arrangements for partnerships and
- (b) the comments and recommendations of the National Council for the Elderly on Voluntary-Statutory Partnership in Community Care of the Elderly.

These are very complex matters which will, no doubt, be given a thorough examination at this conference.

Unfortunately, pressure of business does not allow me remain with you to hear the various arguments but I look forward to hearing the outcome of your deliberations. As I said, the issues, particularly in regard to partnership, are complex, not least of all because of the huge diversity in the make-up of the various voluntary organisations, the lack of registration procedures in many of the organisations and the discretionary nature of many of the services. As most of you are no doubt aware, my colleague the Minister for Social Welfare, has a working group sitting to advise on the preparation of a White Paper on activity in the Voluntary Sector from which it is anticipated a Charter for voluntary organisations will emerge, which will span the entire Government sector. Obviously there will be a need to co-ordinate the views which will emanate from this conference with the overall plans being discussed in the Social Welfare Group and I will ensure that this is done through my Departmental representative on the latter group.

It is often said that voluntary organisations do not get the credit and respect they deserve. Let me place on record and say that, in so far as voluntary groups providing assistance in the health sector, and particularly for the elderly, are concerned, my Department is fully appreciative of their efforts and acknowledges that there would be a considerable gap in the services without

their spirit, commitment and co-operation. Therefore it is my intention to ensure continuation of this assistance by giving, in so far as is possible, greater recognition to the voluntary sector.

These are my thoughts on the business in hand today. It only remains for me to wish you well in your deliberations and to formally declare this conference open.

**PRESENTATION OF REPORT**  
***VOLUNTARY-STATUTORY PARTNERSHIP IN COMMUNITY CARE OF***  
***THE ELDERLY***

**Mr. Ray Mulvihill**

## **Introduction**

The aim of this report, prepared by the Policy Research Centre, National College of Industrial Relations, is to provide information about the nature and activities of voluntary organisations engaged in the care of the elderly throughout the State; in particular to investigate their relationships with statutory bodies and to indicate future directions for those relationships. This arises from a concern that community based supportive services for the elderly are not developing as well they should. Because people are living longer and are more likely to be living alone, the need for such services is likely to increase. Our economic conditions are such that the alternative of institutional care, even if it were always desirable, is unlikely to be available for all those who will require support. Moreover, there is a strong commitment to the maintenance of the independence and the quality of life of the elderly. Recommendations have been made about the development of these services and the voluntary-statutory relationships underpinning them, most recently in *The Years Ahead* report, 1988. It is recognised that given the critical role of the voluntary sector, a greater sharing of power and responsibility, is seen as one way forward.

## **Methodology**

Before presenting some of the main findings of the study I will comment briefly on the methodology. The survey was preceded by the compilation of a nation-wide inventory of relevant voluntary organisations. Information for this was acquired from health boards, Government departments, voluntary organisations and clergy throughout the State. This inventory, compiled by the Policy Research Centre, and now with the National Council for the Elderly, was the basis for defining the target population. The research instrument employed was a detailed self-completion questionnaire. A panel of fieldworkers assisted in achieving a satisfactory response rate. Several procedures were employed to test the reliability of our data and they yielded positive results. The results being put before you relate to nearly 900 organisations. In addition to the main survey a number of detailed interviews of senior personnel in health boards and other statutory bodies took place.

## **Results**

The report provides a description of the voluntary organisations providing services for the elderly in the Republic of Ireland. It describes some of their organisational characteristics, resources and funding arrangements. It describes the services provided by them and presents a typology of voluntary organisations on the basis of these services. It estimates the number of clients availing of these services. Finally it examines the nature of the relations obtaining between the statutory and voluntary sectors and identifies the major issues arising.

### ***The Nature of Voluntary Organisations Providing Services for the Elderly***

In considering partnership arrangements between voluntary and statutory organisations it is essential to recognise the diversity of voluntary organisations engaged in the provision of services for the elderly. The survey shows that many of these organisations view the elderly as their principal if not their only clients. Such organisations include care of the aged committees, associations of older people and voluntary housing associations. **However, many**

organisations view their services for the elderly as a peripheral activity. Such organisations include community development associations and parish councils.

The survey shows that while a majority of voluntary organisations have recognisable structures, have their own constitutions and/or are incorporated as limited companies, a substantial proportion do not. One half of the respondent organisations are neither branches of larger organisations nor affiliated to others. Organisations that have such supportive relationships are more likely to be engaged in policy and planning activities.

### ***The Scale and Resources of Voluntary Organisations***

The survey shows that the scale and resources of organisations vary considerably. Some are small locally based groups working in an *ad hoc* way, without offices, with few resources or services and with limited, if any, contact with other organisations, whether voluntary or statutory. Some are large, with substantial resources, provide a wide range of services and have well developed relationships with other voluntary and statutory organisations.

The survey shows there are approximately 28,000 volunteers providing services for the elderly throughout the State. Though this is a substantial number they are distributed over many voluntary organisations, the average number of volunteers is 25. Three out of four voluntary organisations providing services for the elderly have less than 21 volunteers and about one in 10 has more than 50. Two-thirds of respondents report that on average volunteers gave less than five hours weekly. Moreover, only a small proportion of organisations employ staff. Those which do provide more services to more clients.

The main sources of funding used by voluntary organisations are fundraising, statutory grants, legacies/donations and charges to recipients. The percentages of organisations that reported such sources of funding are 68, 47, 33 and 31 respectively. The two most important sources of funding are fundraising and statutory grants. Church (gate) collections are reported as the principal form of fundraising by two-fifths of respondents. Two-thirds of respondents reported that less than £2,000 was raised by them in 1990. In 1990, nearly £4.8 million was granted to voluntary organisations engaged in providing services for the elderly by six of the eight health boards. In excess of £4.25 million was provided by the Department of the Environment and in excess of £200,000 was provided by the Department of Social Welfare.

### ***The Services Provided by Voluntary Organisations***

The survey shows that approximately 93,800 persons, equivalent to a quarter of the number of persons throughout the State aged 65 and over in 1991, are counted as clients by voluntary organisations. This estimate does not include all those for whom social events only are provided, as many organisations regard events which occur annually or occasionally only as marginal to their main activities.

More than three-quarters of voluntary organisations providing services for the elderly have less than 100 clients, on average each voluntary organisation serves 80 clients. Five in six organisations provide eight services or less for the elderly and one in five provides one service only.

The provision of social activities (outings/parties), visiting the elderly at home or in hospital are the activities engaged in by the highest proportions of voluntary organisations. The survey estimates that 76,900 elderly persons benefit from social events while 26,700 are visited at home or in hospital.

Such essential services as day centres, meals-on-wheels, home helps and special housing are provided by a minority of organisations. It is estimated that 13,900 persons are served by day centres and 15,900 and 8,000 avail of meals-on-wheels and home helps respectively; approximately 3,700 persons benefit from special housing. The numbers of the elderly benefiting from day centres, meals-on-wheels, home helps and special housing provided by

voluntary organisations are estimated to be equivalent to 10 per cent, 11 per cent, six per cent and three per cent respectively of the 1991 over 75 population.

Paramedical services such as occupational therapy and physiotherapy, both of which have considerable relevance for the mobility and independence of the elderly, are provided by very few voluntary organisations. We estimate that 3,300 persons receive occupational therapy while 2,100 receive physiotherapy. Carers of the elderly are relatively neglected by voluntary organisations providing services for the elderly. We estimate that 1,500 carers receive some services while carer support groups are available to about 2,500.

### ***Service Provision and Organisational Characteristics***

On the basis of the services they provide the respondent organisations were divided into three main groups. This procedure highlights the relationship between the kind of services they provide and some of their other characteristics. The three main groups are: social event service organisations, intermediate support service organisations and general support service organisations.

#### ***(a) Social event service organisations***

Approximately one-fifth of the organisations providing services for the elderly provide little more than social events. These organisations are less likely than others to be registered or incorporated and they have very limited resources in respect of personnel or funding. They are least likely to obtain funding or other assistance from statutory bodies.

#### ***(b) Intermediate support service organisations***

Approximately one-quarter of voluntary organisations provide services of an intermediate supportive nature. They primarily include visiting the elderly, advice/information, material and financial aid and housing repairs. The majority of these organisations are branches of or affiliates of larger organisations. Like social event service organisations they have limited resources in respect of personnel or funding. They are more likely to be involved in policy and planning than social event service organisations but only very small proportions are involved.

#### ***(c) General support service organisations***

Nearly one half of all respondent organisations, in addition to providing social events and intermediate supportive services, provide essential maintenance services; they provide at least one day centre service, domiciliary service, or housing service. These general support service organisations are more formal in nature than those providing social event services or intermediate support services only. Most of them have a committee structure and more than half of them are branches or affiliates. They have considerably more personnel resources than either of the other two categories and they are more likely to benefit from statutory funding, two-thirds of them report that they do so.

Approximately one-fifth of these organisations report receiving assistance other than funding from statutory authorities, having health board representation on their committees, or that the health board has decision-making power in their organisations. Though the proportion of these organisations reporting satisfaction with aspects of their relationship with statutory bodies is greater than that of the other categories, nevertheless it is small. Only one-fifth are satisfied with the input they have in determining the level of funding received from statutory bodies or with the input made by statutory bodies.

## ***The Relationships between Voluntary Organisations and Statutory Bodies Generally***

A majority of respondents (54 per cent) reported that those responsible for the day to day administration of their organisations receive adequate assistance from statutory agencies. In addition, a significant proportion (21 per cent) reported the receipt of assistance other than funding from statutory authorities. The high proportions of respondents in some health board areas reporting satisfaction with some of these matters suggests that even within existing structures more can be done. However, the majority of respondents did not report the receipt of assistance other than funding from statutory sources. Few voluntary organisations are engaged in policy and planning activities, an essential part of any mature partnership arrangement. Eleven per cent report involvement with some Government body in this respect, 30 per cent report some kind of input into interest groups providing services for the elderly, and 14 per cent report having some say in planning services for the elderly.

## **The Major Issues**

We identify six major interrelated issues arising from the study; these are - the level of service provision, criteria for service provision, funding, education and training, equity, and finally, the definition of the roles of health boards and the voluntary sector in service provision.

### ***The Level of Service Provision***

The limited resources of voluntary organisations engaged in the provision of maintenance services and the relatively small proportions of elderly people estimated to be in receipt of them indicates a need to provide more support for these services. The central role of voluntary organisations in the provision of such services underlines this. When account is taken of the expected increase in the number of elderly persons living alone over the next decades and the possible reduction in the numbers of volunteers available, the need to support and develop the contribution of the voluntary sector is clear.

### ***Criteria for Service Provision***

In *The Years Ahead* awareness of the need for national standards resulted in the establishment of some norms of maintenance services for the elderly. It has been noted that the lack of comprehensive national criteria for such services results in a policy vacuum which is inhibiting the development of voluntary organisations and the provision of services for the elderly.

Essential maintenance services or "core" services require definition by an appropriate body. An appropriate body would consist of the Department of Health together with the health boards who administer Section 65. The objective of developing these criteria is to provide a firmer legal basis for the provision of core services.

### ***Funding***

The development of criteria for core service provision will require adequate earmarked funding for the implementation of the new policy. Up to now services funded by health boards have been funded on a discretionary basis. The nature of this funding has been identified as an obstacle to the development of the contribution made by the voluntary sector. The unsatisfactory nature of this funding mechanism was recognised in *The Years Ahead* by the recommendation for multi-annual contracts between voluntary organisations and health boards and local authorities. Moreover, since the introduction of the 1953 Health Act, the Act providing the basis for most health board funding of the voluntary sector, the role of community based personal services and the contribution made by voluntary organisations have changed substantially.

## ***Education and Training***

The new directions being taken by many voluntary organisations, their growing involvement in the operation and management of day centres, their increasing responsibility in the provision and management of housing, their operation of meals-on-wheels and home help services would benefit from appropriate training programmes. The development of partnership structures will also require education and training for both the statutory and voluntary sector. Wherever possible both sectors should be involved in planning educational and training programmes and should participate in them together.

## ***Equity of Service Provision***

It is essential that the consumers, the elderly, are not lost in the debate. Criteria for service provision should incorporate a principle of equity of service provision. The core services available to the elderly should as far as possible be independent of the priorities of particular health boards or voluntary organisations. They should be addressed to the needs of the elderly. Those speaking out on behalf of the elderly, whether the elderly themselves, voluntary organisations or statutory bodies would be supported by the availability of clear criteria for provision and eligibility.

## ***The Roles of the Statutory and Voluntary Sectors***

While the establishment of criteria for service provision and the provision of an adequate funding mechanism will provide a firm basis for the establishment of partnership; in themselves they will not be sufficient. Partnership requires a recognition that, without detracting from the special authority and responsibility of statutory authorities, both statutory authorities, health boards in particular, and voluntary organisations have a joint responsibility for and commitment to the elderly. This requires that voluntary organisations are meaningfully engaged in the planning and policy making for services at national/regional and local level.

In pursuit of partnership, and the development of the voluntary sector, a developmental role is required of statutory bodies, health boards in particular. They are permanent bodies with full-time professional and expert staff and considerable organisational resources. In contrast many voluntary organisations are small in scale, have limited resources and only a minority have paid staff.

The development of partnership will require adjustment by statutory and voluntary organisations. To play a full role voluntary organisations will require suitable representational structures while the relevant statutory authorities will have to be more open to the influence of the voluntary sector.

## **Conclusions**

The recommendations made in *The Years Ahead* concerning the development of relationships by the statutory sector with the voluntary sector have not been implemented - in particular the recommendations concerning funding, partnership arrangements and the proactive role of health boards. However, those recommendations have not been forgotten; and the publication of this report, the forthcoming White Paper and the Charter for voluntary organisations, and indeed your participation in this conference, shaping the future of voluntary-statutory relationships, shows that these questions are very much alive.

All of us are aware that relationships between the voluntary and statutory sector require very sensitive handling. At the end of the day the volunteer does what he or she does because of deep personal convictions. It is vital that any form of relationship between the voluntary and statutory sector should support this personal commitment and not impede it in any way. From the contact that I have had with health board personnel I feel that they are quite aware of this. They are reluctant to upset this delicate balance in any way. This is why, in considering

partnership, I have focused on underlying structural considerations: the need for clear criteria in service provision, funding, training, equity, and a developmental role for statutory bodies. If statutory bodies accept that they should become the catalysts of the volunteer movement, not just its paymasters or advisers, though clearly these are important roles, and certainly not its overseers, they can establish a basis for a real organic growth of partnership with the voluntary sector. This will require a long learning process and organisational flexibility and creativity will be required on both sides. Without this kind of commitment I do not believe that any organisational structures, however skilfully designed they might be, will work in the long term.

Finally, while this report has focused on the things that need doing, we should not close our eyes to what is being done. We have a huge body of people providing a great variety of services to a very large number of elderly people because they believe this is worthwhile, and it must be acknowledged that statutory bodies are providing considerable funding and other assistance for this effort. These voluntary organisations are young and are reaching out into new fields, raising the standards of life of those who need them. Many members of these young organisations are elderly themselves, and they, like you here today, are determined that old age will not be afflicted today or in the future with the unnecessary deprivations with which it has often been associated in the past

## **PRESENTATION OF THE NATIONAL COUNCIL FOR THE ELDERLY'S COMMENTS AND RECOMMENDATIONS ARISING FROM THE REPORT**

Mr. Michael White

### **Community Care: The Contribution of the Voluntary Sector**

There has been a general acknowledgement in recent years that comprehensive community care is a key element in the provision and development of health and welfare services. The need to shift the direction of health care provision and, consequently, the allocation of health care resources towards community care has been recognised (Department of Health 1986). The concept of care in the community has been an underlying feature of many of the policy recommendations in respect of the elderly since *The Care of the Aged* report (Department of Health 1968). *The Years Ahead* report (Department of Health 1988) stated that:

a comprehensive service for the elderly would ensure whatever help an old person needed to live at, or return to, the community by way of suitable housing, medical or welfare services was provided.

Despite the apparently general acceptance of the community care approach, developments on the ground have not lived up to aspirations. A Department of Health consultative statement on Health Policy (Department of Health 1986) identified definite weaknesses in the existing community care system with many of the services operating very much under strength. The Department noted that:

many of the social support services, such as home helps and meals-on-wheels, which are vital to maintaining the independence of particularly vulnerable groups, such as the elderly and the handicapped, are very much underfunded and must in the future be seen as priority areas for development

Despite the crucial importance of services such as home helps, meals-on-wheels and day care in maintaining the elderly at home and in preventing institutionalisation, the National Council for the Elderly considers that such services continue to be largely underfunded. *The Years Ahead* report (Department of Health 1988), commenting on the home help service, stated that "despite its importance in maintaining the elderly at home in a cost effective way, the evidence suggests that the service is contracting" and, also, that "real public expenditure on home helps and meals has declined significantly in recent years". The National Council for the Elderly takes the view that the purposeful development of community care policies for the elderly requires comprehensiveness and uniformity embracing all contributors to the caring system. Community care by definition implies the involvement of a number of parties providing a range of support services. Its effectiveness depends on a complementarity between the community (family, neighbourhood and voluntary organisations) on the one hand, and the State and its institutions, on the other. The voluntary sector is an essential resource in the community care system and must be regarded and developed as such. To date this has been an under-resourced and under-utilised sector. Throughout the country there are some excellent examples of what can be achieved by the voluntary sector in respect of service provision for the elderly when given the appropriate context and support - housing schemes, day centres and home help services.

The framework for community care must be such as to stimulate and support the family and voluntary caring networks in the community. In this context, the Council believes that the statutory sector must develop further strategies and establish additional structures for involving the voluntary sector in the provision of services.

This requires:

- (i) the identification and definition of core community care services for the elderly and the rationalisation of administrative arrangements and levels of funding available for voluntary bodies willing to provide them;
- (ii) the fostering of an ethos of statutory-voluntary partnership at both national and local levels;
- (iii) the creation of a context and a structure for the planned development of the voluntary sector.

### **Core Service Provision for the Elderly in the Community**

The development of the voluntary sector and the realisation of its potential, in the Council's view, would be enhanced by an acceptance of the concept of core services as a basic element in the care of the elderly and other dependent groups in the community. Core services can be defined as support services which are essential for elderly persons to maintain a quality of life and a level of functional autonomy which enables them to live independently in the community and, consequently, to avoid unnecessary hospitalisation or admission to long-stay institutions. Such core services would augment the general practitioner and public health nursing services and would include appropriate housing, home help, meals-on-wheels and day care facilities (including occupational therapy and physiotherapy). Such core services may be distinguished from other important support services, (e.g., social outings, holidays, home visitation) on the basis that core services are an integral and planned part of the community care system and must be provided to a certain standard in all areas to be availed of by elderly persons as appropriate. Other support services might be more variable and more dependent on local factors.

Funding of core services should be based on criteria and norms defined nationally and should allow for the provision of such services either by statutory bodies or by voluntary bodies as appropriate. Where the service is provided by a voluntary body, contracts of service should be drawn up which set out the obligations on the part of both the funding agency and the service provider. It is the essence of partnership that all obligations under such contracts be honoured.

### **Voluntary Organisations: Their Role and Potential**

The importance of voluntary organisations in the provision of social services in the Republic of Ireland has been widely and consistently acknowledged. Voluntary organisations play a major role in the provision and development of health, housing and welfare services for the elderly. Funding of the voluntary sector in respect of the provision of such services has been provided for under various Health Acts (especially Section 65 of the *1953 Health Act*); under the *Plan for Social Housing* under the auspices of the Department of the Environment; and under Department of Social Welfare grant schemes.

Despite such acknowledgements and existing funding mechanisms the voluntary sector has not to date realised its full potential and there exists a somewhat piecemeal and tentative approach to the development of the voluntary sector. The National Council for the Elderly considers that planned development of the voluntary sector and the clear articulation of a policy framework for voluntary-statutory partnership must go beyond the aspirational language and the rhetoric frequently used to describe it. The diversity of the voluntary sector is such that its effective development and integration requires a structured and planned approach permeating all levels of the organisational and administrative system. It requires an approach based on the concept of developmental pluralism, as outlined in this study, which seeks "in an active way to promote and stimulate the voluntary sector and to establish a place for it within an integrated pattern of service provision".

The need to develop the voluntary sector was identified in *The Care of the Aged* report (Department of Health 1968). The report recommended the establishment of a National Social Services Council to co-ordinate the work of voluntary bodies and, also, the establishment of social service councils to co-ordinate voluntary and statutory services at local level. The National Social Service Council was established in 1971 to stimulate and encourage the development of voluntary bodies in the area of social services provision and to promote liaison between central and local authorities and voluntary organisations providing social services. However, in 1988 the functions in respect of developing the voluntary sector and of co-ordinating the voluntary and statutory sectors were not included in the terms of reference for a newly constituted National Social Service Board. *77i\* Years Ahead* report (Department of Health 1988) referred to the uneasy relationship between voluntary organisations and statutory bodies and recommended that the Government should undertake a formal review of the relationship between the voluntary and statutory sectors with a view to establishing national guidelines for the development of a more constructive relationship between the two sectors. The Department of Social Welfare is currently engaged in the preparation of a White Paper and a Charter for the voluntary sector.

The National Council for the Elderly has, as one of its terms of reference, the function of advising the Minister for Health on ways of encouraging greater partnership between statutory and voluntary bodies in providing services for the elderly. The Council believes that the development of the voluntary sector requires (i) a clear recognition of the policy vacuum in which voluntary bodies currently operate; (ii) an appreciation of the role and contribution of the voluntary sector in the context of voluntary-statutory partnership; (iii) a commitment to promote and develop the voluntary sector throughout the welfare system; and (iv) an across the board standardisation of core services in respect of caring for elderly and other dependent groups in the community.

### Policy Vacuum

While the voluntary sector has played a significant role in the provision of health, housing and welfare services in the Republic of Ireland, particularly in relation to the elderly, its effective integration into the policy-making process has not been achieved. The problems of voluntary-statutory relationships have already been documented extensively. The National Council for the Aged (1983) referred to the policy vacuum in which voluntary bodies operate and the National Social Service Board (1982, 1986) highlighted the absence of a coherent policy regarding the voluntary sector. O'Connor (NESC 1987) referred to the absence of an agreed framework for the involvement of the voluntary sector either in consultation or planning. Browne (1992) highlighted a number of issues in respect of involving the voluntary sector in a co-ordinated approach to service provision and referred to the difficulty of representing a voluntary sector whose diversity significantly belies the unity implied in the concept. The present study shows that the extent of involvement of voluntary bodies in policy development and planning is very limited. Such involvement as there is tends to be of a rather *ad hoc* nature and does not extend to the smaller, less structured voluntary body. It bears out the conclusion of *The Years Ahead* report (Department of Health 1988) that "voluntary organisations have little opportunity to influence health board or local authorities in their plans for services".

The present study confirms O'Mahony's (1985) finding of a voluntary sector marginal to the mainstream of service provision. The picture of the voluntary sector which emerges is one in which voluntary organisations involved with the elderly concentrate in the main on the provision of services of a social nature to counter loneliness and social isolation. Only a minority of organisations are involved in the provision of what can be termed core social services - home helps, sheltered housing, day care services and meals-on-wheels. The average number of clients in receipt of these services is small and the number of services provided is also small. Voluntary organisations were found to have relatively few resources with only a minority employing staff. This is the picture which emerges despite a significant transfer of Exchequer funds to voluntary bodies engaged in the provision of social services totalling over £9 million in 1990. The present study also shows that while some

organisations expressed satisfaction with the level of support received from statutory bodies there would appear to be a strong demand for more statutory support and, specifically, a more streamlined system of funding. The authors also report that some statutory personnel interviewed felt that the statutory sector should do more than respond, however comprehensively, to the requests made by voluntary bodies and should actively promote the establishment and development of appropriate voluntary organisations.

### **Voluntary-Statutory Partnership: The Context**

The National Council for the Elderly takes the view that consideration of the voluntary-statutory partnership issue must be governed by the following principles:

- (i) There are distinct social, historical and organisational reasons for a strong voluntary sector.
  - (ii) The ethos of partnership strongly underpins current social policy thinking at EC level and provides the basis for a range of developmental structures.
  - (iii) The concept of partnership presupposes a relationship between equals and, consequently, a well organised and strong voluntary sector.
- (i) The involvement of the voluntary sector in the provision and development of services is important for a number of reasons. First, it offers the possibility for direct involvement by people in devising systems to meet their own needs and those of others. In the case of the elderly, voluntary activity offers them the opportunity to participate in shaping the services they receive. In this way it gives citizens an opportunity to shape the society in which they live.

Those involved will not only feel less alienated from the society in which they live, but they will also be engaged in altering its nature both directly through the activities they undertake and, less directly, through the signals sent by these activities to the statutory system or the nature of shifts in public interests. In the process, those participating in the voluntary system often acquire experience and skills that enhance their capacity to contribute in roles they fill in other sectors of society. (Wolfenden 1978).

It is thus likely that people's involvement in voluntary services does much to promote social cohesion and community integration and voluntary activity has a significance far beyond the actual level of helping the elderly or other client groups.

Secondly, certain services are more appropriately provided by volunteers than by statutory service personnel. For example, social contact support services can be provided more flexibly and with greater sensitivity to individual needs by locally-based volunteers. Voluntary bodies in many instances may be free from the bureaucratic procedures and strict accountability which inevitably characterise statutory agencies and thus can respond more quickly and in certain instances more efficiently to needs than can statutory bodies.

Thirdly, the opportunity to concentrate more specifically and more single-mindedly on particular issues means that voluntary bodies can frequently be innovative in a way in which statutory bodies can not and can be instrumental in pioneering new approaches to service provision and development. It is also the case that a voluntary body can carry out an important and necessary "watchdog" role in respect of the area in which it specialises. Fourthly, voluntary organisations can contribute much to the quality of service provision by increasing choice and overall resources in the social services. Statutory services are thus enhanced and extended by the presence of a dynamic voluntary sector.

- (ii) The concept of partnership between the statutory and voluntary sectors is one which is likely to feature prominently in future EC social policy and resource allocation. Already, there are a number of such partnerships in place, for example, Leader and Horizon programmes and the Poverty III Programme. Partnership is an underlying theme of Section 5 of the *Housing Act 1988* which empowers local authorities to assist non-profit housing organisations, including voluntary bodies involved in housing provision for certain categories of people. The concept of partnership is also in theory an underlying feature of many of the community schemes promoted under the aegis of FÁS even though frequently in practice the voluntary sector has little say in the conditions of the partnership. The Programme for Economic and Social Progress (PESP) promised the publication of a White Paper as the first stage in the development of a charter for voluntary social services in Ireland which will set out "a clear framework for partnership between the state and voluntary activity" (PESP: 24). The recent establishment by Government of Community Enterprise Partnership Boards at County level also aims to promote the concept of partnership in the context of general socio-economic development. The integration of the non-statutory sectors into the planning, policy-making and policy implementation processes of the State is a basic ingredient in the context of a mixed economy of welfare provision which characterises most Western countries.
- (iii) The concept of partnership implies a certain type of relationship between the parties involved. It presumes a certain level of equality between the partners and operates on the basis that each party has a degree of autonomy in its own sphere of activity. Effective partnership between the statutory and voluntary sectors is, therefore, dependent in the first instance on the presence of a strong, organised and articulate voluntary sector. It further requires a planning capability in the voluntary sector as well as in the statutory sector. A key component of voluntary-statutory partnership is real participation by voluntary bodies in the decision-making process. "There is surely a crucial difference between voluntary agencies submitting their views, and being actively involved as partners in the decision-making process", (Brenton 1985: 126). Such participation requires a clearly recognisable statutory planning and policy-making framework in which the voluntary sector has a structured and systematic involvement.

## **Promoting the Voluntary Sector**

The National Council for the Elderly takes the view that the long-term development of the concept of voluntary-statutory partnership can only occur if there is a basic policy commitment to the promotion of the voluntary sector. In this context the Council believes that the analysis contained in the report of the Wolfenden Committee in the United Kingdom (Wolfenden 1978) has much to offer in the Irish context. This report sets out the development of the voluntary sector in terms of national intermediary bodies, local intermediary bodies and local service organisations.

### **(i) *National Intermediary Bodies***

These types of bodies serve a development function for affiliated organisations, providing services to them and acting in a liaison role between their member organisations and the statutory sector. They also serve as a representative of their members in articulating their viewpoints and in pressing for policy changes. Examples of these bodies include the National Social Service Board, the Disability Federation of Ireland and the Irish Council for Social Housing.

National intermediary bodies may be established on a statutory basis or independently. They may be relatively specialized or generalise. They may have several functions such as:

- development of new services and identification of needs;
- providing services to existing organisations, e.g., training and secretarial support;
- liaison between voluntary sector bodies;
- representation of the voluntary sector to the statutory sector and more generally to the public;
- providing direct services to individuals;
- funding of voluntary agencies;
- regulation of voluntary agencies.

**(ii) Local Intermediary Bodies**

Such organisations devote their efforts to co-ordinating the local voluntary sector. In addition they may provide services directly themselves. Examples of local intermediary bodies in Ireland include the Association of Services to the Aged (AOSTA) in Cork and some of the larger social service councils.

The functions of local intermediary bodies, as defined by Wolfenden, are broadly similar to those of national bodies though usually with the exception of the funding and regulation of voluntary agencies.

**(Hi) Local Service Organisations**

These are generally small, loosely knit groups of volunteers who come together to provide services, frequently for a particular client group. They are usually not affiliated to a national organisation although they may be federated at area or regional level. The majority of the social services voluntary sector falls into this category (e.g., Care of the Aged Committees).

There is evidently some variety in the way national and local intermediary bodies may emerge in practice depending on the nature of the services provided, the scale of operations and the statutory agencies from which the voluntary organisations seek support

In the context of the services described in this study it is obvious that the provider organisations operate largely in conjunction with local authorities and health boards. In the case of the latter, services are provided at community care area level for the most part. Thus a clear need exists for appropriate intermediary structures or mechanisms which will address the issues of development of core services and other services including the stimulation of innovative services, liaison between service providers and representation of voluntary bodies *vis a vis* the community care administrations of the health boards. Such structures or mechanisms are essential to the achievement of a model of service provision based on developmental pluralism.

The establishment of suitable intermediary mechanisms at local level would provide the context for dealing with many of the problems associated with voluntary sector provision, *viz:*

- unsatisfactory statutory funding procedures;
- lack of co-ordination between voluntary and statutory bodies **and between** voluntary bodies themselves;

- absence of a structured forum whereby the voluntary sector can be involved in the decision-making process;
- significant variation from area to area in the type of voluntary provision that is funded and in the level of such funding;
- a feeling of powerlessness on the part of some voluntary bodies and of the voluntary sector in general.

However it is vital too that national level mechanisms are established in order to ensure consistency across health board regions in eligibility for and accessibility of "core services". Indeed it should be acknowledged that the operational concept of core services could be more satisfactorily arrived at and implemented if the voluntary organisations providing such services could participate in the process of defining them - a task which should be undertaken at national level.

The establishment of such mechanisms is a difficult and complex task, particularly at the national level. We are also conscious that there are a number of alternative mechanisms through which voluntary organisations might achieve a more meaningful role in the planning and provision of services at national level. The precise mechanism to be established should be given detailed consideration by the Department of Social Welfare Working Party on Partnership. It is important that such a national mechanism not be counterposed to locally based models of partnership. The two levels should operate in a complementary way.

The establishment and development of intermediary mechanisms at national and local level requires not only a commitment from Government to such a policy but, also, a concentrated and substantial effort organised by professional catalysts over a period of years. The crucial role played by such catalysts in developing a co-ordinated approach to service provision at local level has already been identified by the National Council for the Elderly on the basis of the experience of two pilot co-ordination projects, (Browne 1992).

Success in achieving partnership between voluntary and statutory agencies at local level requires that health boards in particular promote in their own organisations a greater understanding of the role and potential for development of voluntary sector activity. They must develop a willingness to co-operate with voluntary agencies in a planned and sustained way. They should also actively assist the voluntary sector in becoming a partner in local planning and service delivery through the provision of secretarial backup, education and training. They should designate a named development officer and resources in each community care area for this purpose.

Such a professional and pro-active approach to voluntary sector development on the part of statutory agencies is a necessary prerequisite to a more professional and consistent pattern of voluntary sector service delivery within and across health board regions.

## Recommendations

Based on the analysis set out above the National Council for the Elderly makes the following recommendations in respect of voluntary-statutory partnership.

### **1. *Developing the Voluntary Sector in the context of Community Care Service Provision for the Elderly***

Health boards and local authorities should actively encourage voluntary bodies to become more involved in the provision of core services for the elderly in the community (for example, housing, home help, day care and meals-on-wheels). This requires a pro-active approach in terms of:

- (i) defining core community **care** services;
- (ii) funding, development and involvement in planning structures of the voluntary sector.

### ***Defining Core Services for the Elderly***

The Department of Health, in consultation with the 8 regional health boards, should define core community care services for the elderly and should set down standard criteria for their provision and development

The Department of Health and other relevant Departments should set down agreed criteria for the provision of core support services in sheltered housing schemes for the elderly provided by voluntary bodies.

### ***Funding of Core Services***

Funding procedures for voluntary bodies providing core social services (for example, housing, home help, day care, meals-on-wheels) should be formalised and standardised across the country and should be based on the following criteria:

- ***clearly defined levels and methods of grant payment;***
- ***standardised grant application procedures;***
- ***clearly defined criteria for grant eligibility;***
- ***further clarification of the terms "similar or ancillary to" as used in Section 65 of the Health Act, 1953;***
- ***an elimination of the practice of deficit funding of voluntary bodies.***

### ***Health Boards and the Development of the Voluntary Sector***

In the short-term health boards should assign personnel, one in each community care area, to work with and facilitate the development and organisation of voluntary bodies and networks providing services for the elderly and to facilitate their more effective and representative involvement in service planning and provision.

### ***District Teams for the Elderly***

The Council recommends that the concept of the district team for the elderly for areas covering a population of 25-30,000 proposed in *The Years Ahead* report (Department of Health 1988) should provide for a stronger involvement of the voluntary sector. Specifically, the district care team should be allocated a developmental brief in respect of the voluntary sector at district level.

### ***Funding of Innovative Development in the Voluntary Sector***

In addition to the standardised funding of core social services **provided by voluntary bodies, statutory bodies should also make available funds to encourage voluntary bodies to engage in innovative methods of service provision and to pioneer new approaches.**

### *Discretionary Funding*

Discretionary funding of voluntary bodies should operate in addition to the standardised funding of core services recommended above so as to assist voluntary bodies providing a range of social and support services which may not be regarded as core services but are none the less important in maintaining elderly people in the community.

### *Education and Training of the Voluntary Sector*

Health boards and local authorities should allocate funds for educating and training volunteers in the areas of service provision and development. Such education/training might be part of the role of the development personnel recommended above.

## **2. *Organisational Structures***

The National Council for the Elderly considers that the forthcoming White Paper on voluntary-statutory partnership should make provision for developing the voluntary sector, as follows:

### *National Level*

Appropriate mechanisms with a specific brief to develop the voluntary sector and to liaise between the voluntary and statutory sectors should be established with appropriate funding from Government at national level.

### *Local Intermediary Bodies*

Local Intermediary Bodies should be established, one in each health board community care area (which are usually co-terminous with local authority functional areas). These intermediary bodies would have as their function the development and co-ordination of the voluntary sector at local level and should be staffed accordingly. They would also have a role in liaising with the national body proposed above and with local statutory bodies (health board and local authority) as appropriate.

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## **RESPONSE TO THE REPORT (Notes only)**

**Mr. Denis Doherty**

The National Council for the Elderly has produced a series of excellent reports on a wide variety of policy and service issues. This is a valuable addition to that series. It is comprehensive, reflective, full of practical and wise advice.

My task is to stimulate discussion.

### **Objective 1**

"To compile a nation-wide computer based inventory and profile of all voluntary organisations providing care and/or services for the elderly."

Responses were received from 60 per cent of organisations invited. The objective was ambitious and why not? It is too simplistic to say that the objective was 60 per cent successful.

We do not have a full inventory. We do have a profile based on the 60 per cent return. It is possible that a profile for 100 per cent would closely resemble that of the 60 per cent. It is probable that the missing 40 per cent includes many single project organisations which are perhaps no longer active. We do not know this. Should we try to find out?

We could try by taking one health board area and enlist the support of key health board and voluntary organisation personnel. This could be a useful learning exercise. We should not easily abandon hope of achieving a profile based on a full inventory.

When looking at the nature of the voluntary sector what struck me most forcibly was the very large number of organisations involved. Eight hundred and sixty eight replied, also the great diversity there is. It seems to me that this represents both a strength and a weakness.

### **Strengths**

- wide geographical spread
- sizeable service content
- sizeable number of volunteers involved
- huge number of contacts with the elderly must develop great understanding of the needs of the elderly
- broad range of service provision involved

In my view all services provided to the elderly are valuable. Even the Christmas party is worthwhile and can become a foundation for building other activities on.

### **Weaknesses**

- diversity itself
- mixture of local, regional, national
- some large, many small

- some single issue/service focused
- some single project focused
- some provide broad range of social services

Section 65 of the 1953 Health Act and the provisions of the 1970 Health Act are broadly enabling pieces of legislation, but they are not as liberal as they are often portrayed. Section 65 grants are subject to the approval of the Department of Health. Auditors have in the recent past insisted on Department of Health approval being obtained.

The 1970 Health Act's provisions relate to eligible patients - that is roughly only 35 per cent of the population - or pregnant women or to prevent admission to institutional care. There are substantial funds involved. The report mentions a figure of £33m in 1988. Accountability is and will continue to be a key issue.

It is necessary to comment briefly on the funding of voluntary organisations in the context of health board's own experience.

Reductions in funding in real terms occurred throughout the 80s. The climate was characterised by uncertainty. Needs in the social services area were expanding. Statutory and voluntary services have experience of this. Earmarked funding in the PESp offered for the first time prospects of multi-annual budgets and ability to plan ahead. So far little of the PESp funds have been released. There is no plan or programme that we are aware of. Budgets of voluntary organisations have, in my experience, been protected, in the main. It is not possible to give commitments beyond the current year. It is often not possible to respond positively in the way health boards would like to proposals from voluntary organisations. This is just as frustrating for those working in the statutory sector as it is for those in the voluntary area. The tendency is to protect existing services and existing budgets.

I suggest we need ask ourselves, statutory and voluntary, an important question more often, that question is, if the service did not exist would we wish to start it now? If the answer is no, should we not be prepared to use the funds involved for something more useful?

**Recommendation:** "Health boards in particular, must adopt a developmental role in respect of the voluntary sector."

## Response

Health boards value the voluntary sector, and would wish to facilitate the development of voluntary organisations. They will, I have little doubt, play their part, but would like to know more about what the expectations of the voluntary sector are and what they would expect and accept from the health boards. The report does not assist greatly in this regard.

The report gives good information on present arrangements, involvement in planning, etc., but no information on whether or not organisations wish to change their role either to expand or to retract

- What do voluntary organisations consider their needs to be?
- Would they welcome a development role by health boards?
- How many would wish to be involved in planning, etc?

## Comments and Recommendations of the Council

There are many references to the voluntary sector. What the report shows is that there is a multitude of voluntary organisations of many types providing a wide range services. There is little co-ordination between them. There is little evidence that they would accept co-ordination. Even social service councils proved to be better at providing services than co-ordinating them.

## Contractual Arrangements

I accept that core services can be provided as well or better by non-statutory organisations.

*Qualities looked for by someone placing a contract:*

1. Competence/track record
2. Appropriate organisation
3. Strength in depth

These are the sorts of criteria someone exercising prudent judgement in any field of activity, and especially where public funds are involved would be expected to exercise. That is where core services are concerned. Value judgements have to be made where pilot projects or one-off projects are concerned. The policy vacuum identified in the report is a major consideration.

## Voluntary-Statutory Partnership - The Context

This is very sound. I would not argue with any of it. The statement *"It further requires a planning capability in the voluntary sector as well as in the statutory sector"* is very important. The report is weak on advice on structures, exhorting statutory bodies to undertake a developmental role is not sufficient. Development officers do not exist and funding to employ them is not available.

It was not possible in this study to include the consumer view, i.e., the elderly. The report recognises and mentions the need to be responsive to the needs of the elderly. The Mid-Western Health Board published the report of an interesting study last year *Speaking Out - A Study of Unmet Needs*. This dealt with the unmet needs of different groups, e.g., people with literacy problems, travellers, lone parents, carers of the physically handicapped. The elderly was one of the groups. In-depth interviews of one and a half to two and a half hours took place with elderly persons in urban and rural areas.

*Speaking Out - A Study of Unmet Needs* was carried out by Professor Joyce O'Connor. It is interesting how diverse the needs identified are: they include:

1. Social contact
2. Adequate transport system
3. Adequate financial support
4. Help to remain in own house
5. Suitable housing to facilitate independence
6. Choice of housing options
7. Affordable nursing homes
8. Safety

9. Adequate hospital services
10. Domiciliary support services
11. Day care centres
12. Information on keeping fit and healthy
13. Advice on planning for the future
14. Advice on active retirement
15. Information on entitlements

This suggests to me:

- a need for a local focus in planning
- a need to survey requirements locally
- a need to consider making better use of, e.g., parish units
- a need to involve statutory organisations other than health boards much more in planning and service delivery

Voluntary sector is a misnomer! Do we need to create a voluntary sector? I presume the sector would encompass voluntary service activity generally - not just for the elderly. That would not be incompatible with having planning/consultative mechanisms at regional and sub regional levels, in relation to the elderly. They already exist in relation to services for the mentally handicapped.

The requirements of the Companies Act could be helpful in drawing up a voluntary code:

- Register
- Names of Voluntary Officers
- Statements of Accounts (audited)
- Annual Reports

Clearly not all organisations could be accommodated or would want to be accommodated at the planning table. Those on the register would play a key role. Representation and consultation could take effect at different levels:

1. Parish
2. Sector, e.g., 25,000 population to correspond with mental health sectors
3. Health board area or regional level

Representation at the sector or regional levels would have to be agreed and accepted by the voluntary organisations.

## Summary

This is a valuable addition to an important series of reports on the elderly. I suggest we do not abandon the objective of having an inventory of all voluntary organisations. The report suggests to me that the number of voluntary organisations involved and the spread of interests involved is both a strength and a weakness.

Legislative provision on funding of voluntary organisations is not as liberal as often portrayed. Public money is scarce, therefore, accountability for funds will continue to be important. The developmental role sought for health boards may be overstated. The need to develop a planning capacity in the voluntary sector is perhaps understated.

I like and agree with the context in which the voluntary/statutory partnership is stated. The advice of the Council is weak on planning/consultative structures. I included something on the views of consumers and suggested some approaches to planning and establishment of a voluntary sector.

## **CORE SERVICES AND THE PARTNERSHIP RELATIONSHIP**

### **WORKSHOP REPORT (Notes from tapes)**

**Dr. Ruth Harrington**

First of all I would like to thank Michael Browne who made a very stimulating presentation and who formulated the questions which we as a group went on to discuss. I would also like to thank Margaret Burns who has prepared the rapporteur's report which I am now going to present to you.

The first question we set ourselves was, what are the core services? At the outset, in Michael's presentation, core community care services were defined as those which are essential to maintaining a satisfactory quality of life and independence for people living in the community. In other words, services essential to enabling people to stay out of institutions. One of the characteristics of these services is that they must not be discretionary, they must be there when people need them. Some services are immediately accepted as falling into the category of core services: income support, housing and medical and nursing care. Others sometimes are not so obvious or not as readily accepted as core services, and these we teased out in the group.

We agreed that services such as home help, meals-on-wheels, occupational therapy, physiotherapy, transport and social work services, in this day and age, were core services which were required by elderly people to live independent lives at home in their communities. In addition it was suggested that respite care and health promotion among elderly people should also be regarded as core services. However, the point was made that many of the generally defined core services imply things being done for or provided for elderly people, disregarding their need for autonomy and independence and control over their lives and overlooking perhaps their emotional and their spiritual needs. In thinking about what constitutes core services, these dimensions of the issue should not be lost sight of. Consideration should also be given to the question of how core services can be provided in an integrated as distinct from a disparate manner.

The second question we addressed was, should there be an obligation on the statutory authorities to provide these core services? There was agreement in our group that they should be. There should be what Michael McGinley described as a clear policy statement, first of all that these are core services, and secondly that they should have some form of legal backing.

The third question we asked ourselves was, who should be eligible for these services, what should be the criteria for entitlement to these services? There was agreement in the group that this question of eligibility constituted a problem at present. We did not have agreement as to how that problem should be overcome, but there were some suggestions put forward. Some contributors were of the view that eligibility for core services should be as of right in the same way as hospital services are now available to the whole population or general practitioner and drug services are available as of right to people with medical cards.

Other contributors emphasised that eligibility and criteria should be based not just on an assessment of income but on a comprehensive professional assessment of individual need with a provision for considerable flexibility in interpreting the precise services to which people were entitled.

The fourth question we asked ourselves was, are some core services better provided by voluntary bodies than by the statutory sector? I think it is reasonably obvious that some services are provided better by voluntary bodies for all the reasons we have heard at this conference. It was suggested by the group that some services are more appropriately and cost effectively provided by voluntary bodies, such as meals-on-wheels, day care services, but there are others, most obviously income support, which would not be appropriate for voluntary bodies. Those services should come within the remit of the statutory sector. It was also pointed out that there are signs emerging of a "role too far" for the voluntary sector. In other words, that it was being expected to become involved in activities such as economic development, which may be beyond its capacity.

There is a need for a clearer definition of what can be reasonably expected of voluntary groups, be they local community groups or large voluntary organisations. There is a need to take account of the evidence in some areas at least of a fall off in voluntary activity among the younger age groups. This raised the question of the need to promote the concept of giving to others that underlies voluntary activity, and of who should be responsible for promoting the voluntary ethic. On the question of which services should be provided by the voluntary groups there is a need to take into account the fact that in some areas of the country there is simply not the potential for a strong voluntary sector, perhaps because the area is too sparsely populated or for other economic or social reasons. Because of these factors, any blanket allocation of responsibility for services to the voluntary sector would inevitably give rise to serious inequities in the level of provision.

Finally, we addressed the question of how voluntary bodies can be better organised. The inevitable limitation on their size and finances would mean the voluntary organisations are going to lack certain skills and resources. This highlights the need for back up resources to be available to them. In particular the availability of the professional services of a development worker was seen by many participants as being important. Such back up provision should evolve out of dialogue between the voluntary and statutory sectors.

# THE PARTNERSHIP RELATIONSHIP AND ACCESS TO POLICY MAKING

## WORKSHOP REPORT (Notes from tapes)

**Professor Joyce O'Connor**

John Curry provided a very useful and stimulating paper to start off the workshop and in many ways set the framework and the tone of the contributions in that his style of delivery was very motivating and he asked very open and frank questions.

Initially he looked at the kind of assumptions we were making about the idea of *partnership* and more fundamentally the assumptions we were making about community care. Quoting the recent report and a 1965 Department of Health Circular, he posed the questions: Does community care exist as a policy? Is it a reality? The answers suggest that not a lot has changed since the 60s. In relation to partnership he asked: What does it mean? Does it exist in reality? He suggested that in many cases partnership referred to situations where two groups were unequal in terms of their financial resources.

He went on to look at definitions of the voluntary sector, emphasising the diversity of the voluntary sector; ranging from very small groups to what the Americans call the fourth sector which employs a large number of people. The issue of the diverse nature of the voluntary sector was raised repeatedly throughout the conference.

He also raised the question - *what is policy?* He elicited our views on policy and suggested that policy making, far from being an exciting activity resulting from long and stimulating discussions, is in practice quite mundane and carried out on an *ad hoc* basis.

He raised the issue of the innovative nature of voluntary organisations emphasising the importance of *networking* and maintaining *standards*.

He discussed the *ad hoc* nature of *funding* for voluntary groups and the resultant difficulty encountered by them in terms of planning and consultation in that area. As you can see he did raise a lot of questions and we had a very lively participation from the group of people at the session. What really struck everybody there was the diverse nature of the needs of the voluntary groups and indeed of the people who spoke.

One of the key issues that came up was the lack of *recognition* felt by the people working within the voluntary sector, and how important it is to recognise their work in financial terms but also to get recognition for the work they do from the statutory agencies. This view was very powerfully put across to us by the people who spoke and they indicated that what recognition meant for them was that the statutory agencies would *talk to them* - a point worth reflecting on. They want the statutory agencies to talk to them about the needs of the clients that they are serving; to talk about their plans for the future and, within that context, to look at funding. They would also like to be involved in decision making at local level. A very significant issue that arose was that decisions were often made without their knowledge and yet they were providing the service.

We talked about the central importance of good *communication* between voluntary and statutory service providers and between the voluntary service providers themselves. Contact at present tends to occur only when a budget is being discussed and this is often found to lead to

further communication barriers. It was felt that if communication was more regular and related to more than funding, planning and co-ordination of services could happen more effectively. The point made by other people in the course of the morning about the lack of consistency throughout the country in the types of funding relations which exist between the statutory and voluntary bodies was also made at this workshop.

In terms of having an *input into policy making*, key questions raised were - are voluntary agencies actually interested? Is there any point? There were suggestions that there were structures in place where this kind of input could be put across very effectively and pragmatically. There was a plea for co-operation within the voluntary sector itself and between the statutory bodies. There was a common view that the statutory bodies had the same problem at community care level about having an input into policy making. They have the same problem about the real priority given to community care because it was seen, even from the statutory people's viewpoint, that the money and the emphasis within the system was still on *residential care*. There was a coming together of both the statutory and the voluntary bodies, in the sense that the focus should be on community care and that they could help one another in terms of getting funding. The statutory bodies very clearly made the point that they had difficulty at times in making the case for community activity.

A number of points came up about the role of *home helps* and a number of suggestions were made on how they could be much more involved. For example, people were writing reports and doing things about home helps but they never asked home helps themselves. Related to this is the issue of a more client-centred approach to services and to partnership between the voluntary and statutory agencies and policies generally. There were several proposals in relation to community development workers and the role of the public health nurse, and the issue of job creation within this sector was emphasised as well.

We ended on quite a buoyant note in that a number of people made interventions, saying to the voluntary groups themselves that they too had a lot of power, that they need to recognise that at local level and that perhaps the voluntary sector should lead more in relation to policy, within the framework of partnership, and be a more positive contributor in that way.

There were suggestions that the Expert Group, the Task Force and the White Paper should get a copy of the proceedings of this conference and of the particular points made by the voluntary bodies. There was a plea to identify the strengths within the voluntary sector and to form a lobby group. Some practical suggestions were made for the local level: small groups of people could come together to influence or make policy at local level as a contribution from the people within that area, and so that local activity could be recognised.

It was agreed that, in the long run, what is needed is an association of voluntary groups to show what they are doing and to speak for themselves in a very direct and positive manner.

## **TRAINING FOR CONSULTATION AND PARTNERSHIP**

### **WORKSHOP REPORT (Notes from tapes)**

**Ms. Mary O'Mahony**

A very interesting paper was delivered by Mr. Patrick Madden, Programme Manager, Southern Health Board. He told us that his Health Board is in contact with approximately 300 voluntary organisations and that of those, 145 are identified as providing services to the elderly. The Health Board had carried out a research study on voluntary and statutory partnership and he said that 85 per cent of voluntary organisations providing services for the elderly receive special funding from the Health Board. His presentation was based on "A Framework for Caring" published by the Southern Health Board in 1992.

He identified a number of areas requiring attention:

- clarification of roles
- awareness of expectations between statutory and voluntary agencies
- evaluation of activities to be undertaken by statutory and voluntary sectors
- involvement of consumers in the planning of services
- the provision of training to meet the needs of volunteers

He suggested that this would be a long-term development with two possible dimensions - consultative and contractual. Finally, he commented on the work being undertaken by eight community workers, serving four community care areas in the Southern Health Board.

#### **Points raised from the floor**

During the discussion which followed Mr. Madden responded to a number of questions raised by delegates. One which created some unease centred around the role of the eight community workers. Those not familiar with the system were worried that the statutory community workers presented yet another level of supervision and felt that this illustrated a lack of understanding by statutory service personnel of volunteers.

Representatives of some voluntary organisations stated that there were already certain types of training being undertaken - particularly with the home help programme, but they felt that the statutory services did not always recognise this training. It was agreed that training is essential and should be done on a partnership basis. It was obvious that the voluntary sector feels aggrieved when the statutory sector makes harsh demands on it. In order to be successful each sector must respect the other, and much will be achieved if done in a calm and understanding atmosphere.

All too often competitiveness raises its ugly head and if this could be replaced with co-operation and a little more time for listening, much more could be achieved. Most delegates acknowledged the value of this special two-day conference, as it helped communication between the statutory and voluntary agencies. Valuable information had been exchanged and

all agreed that there should be other fora such as this. There was genuine support for joint training programmes and these could be developed by recognising and utilising the resources of both sectors.

Fresh and interesting ideas came from delegates regarding training in partnership through a new course with the Open University. Some certificate and diploma courses in Social Care are being carried out at European level and we learnt how University College Galway is currently developing a new course aimed to help voluntary agencies. Within the extra mural certificate courses in some VECs there are exciting self development courses being run on mental health issues.

Bearing in mind that the theme of this conference is *Voluntary-Statutory Partnership in Community Care of the Elderly* I will now sum up. We are all working together, trying to improve the quality of life for our elderly relatives, neighbours and friends. Some of our services are extremely good, let us aim to improve *all* services by coming together as partners, working, respecting and caring for one another.

## FUNDING AND ACCOUNTABILITY IN A PARTNERSHIP RELATIONSHIP

### WORKSHOP REPORT (Notes from tapes)

Mr. John Doyle

Mr. Bernard Thompson's paper was a most interesting and stimulating one and gave us opportunity for a most lively discussion. Indeed I could in my report just read that paper again because it sums up all of the issues involved in the subject.

Funding is always a thorny subject. Those of us who are responsible for the funding are usually as frustrated as those who would like to receive more funding. It has always been difficult to get enough to spend and to know that you are spending it properly. Which gets us down to accountability, which is a less popular subject than funding. It can be particularly frustrating when you face a long series of queries from people like auditors, both the internal (or infernal) type and the local government type! Partnership of course we all favour. While health boards are only one of the agencies involved in funding services for the elderly and indeed other services, I suppose, since health boards have always taken a lead role in promoting a diversity of projects inevitably we tend either to get in equal measure blamed or praised for all that goes on. But we welcome both - particularly the praise.

Partnership implies an agreement on the objectives and means of doing what we want to do. We do need to keep in mind in relation to that, that those of us who fund and those of us who provide services are doing it for a group who very often do not get much of a hearing from any of us. But this is something which is changing, as it has to change.

The point was made also that *ad hoc* deficit grants - which is one of the means health boards have had of funding services - are not a realistic or suitable or fair basis for the operation of core services, and nobody could disagree with that. The days when we were beavering around frantically trying to stimulate services that we need must now be gone, and we must get more system into doing what we need to do. We do need to define what we need to do and we need to define it fairly exactly and use it thereafter as the basis for funding our services.

Bernard suggested five characteristics for the funding arrangements of approved organisations:

- There should be clear financial entitlements with the criteria for payment fully described in defined schemes.
- There should be legislation, regulations and indeed reliable budget lines to fund them.
- There should be equality of payments for similar services or projects provided in different parts of the country. That is a nice aspiration but rather difficult to achieve sometimes. One of the problems is that each health board does its own thing. In our Health Board we have devolved all of our services out to people in the community. Devolution is a good thing but it does lead to problems. The problem is getting uniformity and if you try to get uniformity do you then stifle initiative. It is a difficult subject but one which we have to manage.
- He makes the point also that we should have a clear indication of the nature of the funding available, just what it is for, is it for capital, is it for current running costs,

what limitations are there on the spending of it by the people who get it? Also that we should have guidelines as regards the suitability, legal constitution, organisational structure and accountability of voluntary organisations approved for public funds (That is the stage where we are likely to import perhaps a little more "bureaucracy", is the word that is used, more for intervention from people behind desks and out of buildings than from people who are on the ground providing services). Nevertheless this is what we must do if we are to be accountable to our ultimate pay master - the taxpayer.

- \* Finally, and this is the most important thing, there should always be continuity of funding, particularly towards current running costs, so that organisations do not have to resort to the bank manager too often.

As we mentioned, the first task is to define what are core services and once these are identified and agreed, the funding for them should follow automatically, nobody would disagree with that. There must be a mechanism provided by the Department of Health and the health boards to define what services should be regarded as core, what should have direct budget lines and what should be discretionary.

What we seem to be lacking is some, even loose, federation of bodies at a local level who can make some sort of common cause with the branches of the organisations they are dealing with on the ground. This would help health boards who ultimately have to decide which of a number of groups should provide a particular core service. It would obviously be much easier if the organisations themselves could come together and make some decision about that, before an approach is made to the health board.

On the question of accountability there is a need for the voluntary sector to look at the issue of proper constitutions and audited accounts. Audited accounts can be dealt with fairly readily. Constitution is an important thing, both from the point of view of the funding agency and of the organisation providing the services. I think we will see a situation where organisations turn themselves into companies, largely for the protection of the people involved in the organisation, so that individuals may not be held liable for any mistakes that might be made in relation to services.

However, in the midst of this talk about getting systems and constitutions and having accounts, we still have to keep in mind the need to promote flexibility and innovation in the voluntary sector. We need to protect those who take small initiatives and avoid the imposition of too much bureaucracy and accounting controls for small amounts of money. These small initiatives very often will do much for individuals within the community and it is important that we should be able to stimulate and foster small initiatives, even by individuals. Whether we fund that sort of personal service through giving the money to a voluntary agency or whether it should be funded directly by the health board is something to be examined.

To sum up briefly, we need to strike a balance between accountability and flexibility and we do need now to have something which is a little better defined and a little more extensive than Section 65 of the Health Act of 1953 which has been mentioned many times, a very useful instrument, but one which does lead perhaps at times to imprecise thinking, planning and execution of services.

## **INTRODUCTION TO THE PROPOSED WHITE PAPER**

**Ms. Julie O'Neill**

I am very pleased to be here today and to have the opportunity of talking to you about the White Paper and Charter for voluntary activity. In my paper this morning I will talk about why the Department of Social Welfare is involved in this initiative, what has been achieved so far and the issues that are emerging which need to be addressed in the White Paper and Charter.

### **The Department of Social Welfare's role in the preparation of the White Paper and Charter**

It is true that the Department of Social Welfare can be considered a small player in terms of the funding it provides to the voluntary sector, for example, a sum of £4.7m will be provided this year out of an estimated £200m of Government expenditure on the sector. However, the role of the Department in recent years has been to stimulate and support voluntary activity through a number of schemes, including a scheme of Grants to Voluntary Organisations, a scheme of Grants to Locally Based Women's Groups and a Community Development Programme. The thinking behind the establishment of these schemes was that the Department had a broader welfare role than the provision of income maintenance and through these schemes the quality of life of social welfare clients, among others, can be improved.

Through our preparatory work on the Charter we gained an insight into the diversity and complexity of the voluntary sector. We are well aware of the range of groups that exist, from the small scale groups who may have only a small number of volunteers and/or clients, to the larger organisations who may have a mix of volunteers and paid professional staff. We are also aware that the role of voluntary organisations is changing. There is an increasing emphasis on self-help type organisations as opposed to the traditionally altruistic ones and an evolving relationship between voluntary organisations and State agencies. The environment in which voluntary groups are operating is getting more complex all the time. The emphasis on the notion of "Partnership" is evident in many of the EC funded schemes, the PESP area-based initiatives to combat long-term unemployment and the new County Enterprise Partnership Boards. Unemployment is the biggest problem the Government has to deal with and there is a constant emphasis on measures to tackle this problem. While a number of voluntary organisations are involved in initiatives to combat unemployment, more of them are concerned with the social problems that are attendant on being long-term unemployed and with care of other dependent groups in society, such as care of the elderly. In this context, the increasing role of community care has had a significant impact on the voluntary sector.

Those groups involved in social service provision and community care form the backbone of our society in that they provide the care in the community that it would be impossible for statutory agencies to provide. But there is a need to pull all this activity together and officially recognise the wealth of experienced talent that exists in the voluntary sector and the fact that voluntary activity matters. It matters to those who benefit from the services they provide, to those who give money and time to them, and to the staff and volunteers who work for them. Even though many voluntary groups are small and serve a small number of clients, the quality, scale and diversity of the activities of voluntary organisations mean that, taken together, voluntary activity matters a great deal to the country.

The features of voluntary activity that need to be fostered and supported are its flexibility, its ability to be innovative, its involvement of people, its closeness to individuals and to the community. Voluntary action provides the potential for the development and growth of society, by:

- perceiving social needs and identifying emerging needs
- providing a means for community action
- harnessing the energies and goodwill of people for positive and practical action
- facilitating participation in society
- providing a voice to disadvantaged and minority groups
- providing a vigorous caring society
- providing a wider dimension to Partnership

Voluntary activity should not, and will never, become redundant because of the direct personal day to day experience of the people involved in the activity and in receiving services. Voluntary activity is not a stop gap but an essential part of a healthy democracy. It is because of this that the Government is committed to maintaining, supporting and developing the sector.

### Charter for Voluntary Activity

The idea for a Charter arose from a major conference co-hosted by the Minister for Social Welfare and the European Commission in June 1990 in the context of Ireland's Presidency of the European Community. The themes of this conference were Partnership, Participation and Policy - all themes that are even more relevant today. It became clear to the Minister and those of us involved in the conference that although there was a lot of good work going on in the voluntary sector, there was also a lot of frustration being felt by those working in the sector at what was perceived as the policy vacuum in which they operated. As no one Government Department has responsibility for the voluntary sector, it has tended to develop in a rather haphazard way and its role has never been articulated at Government level.

At the conference the Minister announced his intention to prepare a Charter which would set out a clear policy framework for partnership between the Government and voluntary organisations and identify how, in future, the State can encourage voluntary activity and foster and support voluntary organisations. A Government commitment to the preparation of a White Paper and Charter was subsequently included in the Programme for Economic and Social Progress.

It is intended that the White Paper will:

- describe the extent of voluntary activity in Ireland
- outline the supports available for the voluntary sector
- analyse the current relationships between the statutory and voluntary sectors
- identify the issues facing the voluntary sector
- set out a clear policy framework for partnership
- identify how the State can encourage and support voluntary activity

### Progress to date on developing the White Paper and Charter

All of the preliminary work involved in preparing a White Paper has been completed within the Department of Social Welfare. Initially we issued questionnaires to interested groups and individuals to establish basic facts about the types of voluntary organisations in existence and

the issues that they would wish to see addressed in the Charter. It was decided, however, that the best way of finding out about the voluntary sector would be to learn at first hand, i.e., by actually meeting with groups and talking to them about the issues that affect them. In doing so, the model of partnership, participation and involvement in policy making, which had been the theme of the Galway conference, was adopted. We met with a broad range of voluntary and community organisations, both on a sectoral and a regional level and also with relevant statutory agencies both in Ireland and Great Britain. Because we placed great importance on having as participative a process as possible the gathering of this preliminary information took some time.

By May 1992 we were in a position to put proposals to Government which set out a framework for the active participation of other key Government Departments in the development and implementation of the White Paper and Charter. The Government approved the establishment of an interdepartmental Task Force and the setting up of an Expert Group on the voluntary sector to act as a resource to the Task Force. In addition, a sub-group of the Task Force was set up which is representative of health boards, VECs and local authorities. The Expert Group is made up of people who have experience of voluntary activity and a working knowledge of the issues facing the voluntary sector in this country. All three groups are currently in the process of considering the issues to be addressed in the White Paper and Charter.

### **Issues emerging from consultations**

I do not intend to go through all the issues which have emerged from consultations with the voluntary sector as Fr. Pat Sexton will be speaking after me and giving a *Voluntary Perspective on the Proposed White Paper*. However, from our preliminary consultations with voluntary and community organisations and from completed questionnaires and submissions received in the Department a number of fundamental issues have emerged that need to be addressed in the White Paper and Charter.

The most fundamental issue is that of funding - the criteria for funding, the duration of funding, the multiplicity of funding sources, the effect of the National Lottery on fundraising and so on.

The next most important issue for the voluntary sector is access to policy making - the mechanisms for this, consultation procedures, the need to provide resources to allow groups partake in policy making.

Accountability is another very important issue - both from the statutory and the voluntary sector's point of view. It is felt that there is a need for transparency both in the voluntary and statutory sectors, that voluntary organisations need to be accountable both to their funders and to their consumers, and there is a need for a registration system of voluntary and community organisations.

As I said earlier, we are at the stage of considering each of these issues, and others, in the context of making recommendations in the White Paper. It is intended that the Charter will be published with the White Paper and will be a set of guiding principles for a better working relationship between the voluntary/community sector and the statutory sector. We aim to submit the White Paper to Government by the end of June 1993.

## A VOLUNTARY PERSPECTIVE ON THE PROPOSED WHITE PAPER

Fr. Pat Sexton

### Introduction

I would like to thank the National Council for the Elderly for inviting me to this conference, and to compliment the Council for the appropriateness of holding such a conference in this *European Year of Older People and Solidarity between Generations*

When one refers to the voluntary sector one is referring to a sector of Irish society which is large, varied and difficult to quantify. It is made up of a huge number of groups of different sizes, structures, philosophies, and degrees of involvement. Some groups employ full-time professional staff, while others have no staff at all. Groups vary, too, in the geographical areas they cover, and in the target populations they serve. In trying to clarify this diversity and variety, Pauline Faughnan in her paper on Voluntary Organisations in the Social Services Field mentions six broad categories which I find helpful. They are:

1. Mutual Support and Self-Help Organisations.
2. Local Development Organisations.
3. Resource and Service Providing Organisations.
4. Representative and Co-ordinating Organisations.
5. Campaigning Organisations.
6. Funding Organisations.

Within these categories there may of course be differences, while some organisations span a number of these categories. Leat and others in the publication *Rhetoric or Reality* points to the difficulty of trying to represent the voluntary sector whose diversity belies the unity implied in an abstract concept

### Profile of Clarecare

In addressing the subject here today, I am not claiming to represent nor am I speaking on behalf of all the voluntary organisations which make up this sector. I am speaking as a member of one voluntary organisation, Clarecare, which as the name suggests, is a *countywide* social service organisation, of 25 years standing, serving a population of over 91,000 people.

Initially, the main focus of the organisation was on the needs of the elderly, in line with the 1968 Inter-Departmental report on *Care of the Aged*.

Over the years this emphasis on elderly people has continued and developed. Today our services include parish-based social activities, fostering support for the elderly in their own communities, practical responses to individual specific needs, holidays for approximately 30 parish groups at Clarecare holiday houses in Kilkee and Lahinch, a meals centre for elderly people in Ennis, an Active Retirement group, a small housing scheme at Ennistymon, and active participation in the Carer's Project initiated by the Soroptomists. In County Clare, the home help service is provided by Clarecare on an agency basis for the Mid-Western Health Board.

This involvement with the elderly meant that from the beginning the organisation was parish based and county-wide. Groups of volunteers active in all 44 parishes soon began to identify other needs in these communities. In response to this, a range of services have been developed over the years. These include: social work, community work, citizens information services,

developmental work with travellers, a number of family support services. These include: 20 pre-school playgroups, yearly holiday scheme for approximately 500 children, support groups for parents, saving schemes, and a number of thrift shops located in different areas of the county. In addition to these, other specialised services such as adoption, and more recently an alcoholism and addiction service which is both residential and non-residential, have been developed.

As I have already mentioned, Clarecare saw itself as a parish-based organisation from the beginning. In line with this approach, professional staff were deployed at area-based offices throughout the county. Today, Clarecare employs 26 full-time professional staff, and has the support of approximately 2,000 volunteers. About 1,200 of these make a very substantial yearly contribution in terms of their time, talents and skills while the other 800 are involved in once-off projects. The involvement of people is central to the approach of Clarecare. However, facilitating the participation of so many creates its own challenges.

A further significant aspect of Clarecare is its relationship with statutory agencies - this is something I will come back to later.

## **Features of Voluntary organisations**

In outlining the features of one voluntary organisation, I am conscious that there are other types which have their own distinctive qualities which also make up what we call the voluntary sector. It is a sector that is continually changing and adapting to changes in society, as can be seen from the growth in the number of community based self-help type groups, and in the changing role of the longer established organisations like the St. Vincent de Paul Society. Voluntary organisations, like individuals, have their strengths and limitations.

### ***Strengths***

1. One of the more obvious strengths is the ability to identify new and emerging needs, and the capacity to respond in an innovative and pioneering way. This is something which I would be very aware of from Clarecare experience where many of our services were developed in response to needs identified by people at local level and staff working on the ground. For example, our experience of the problems in families caused by alcoholism, led initially to the setting up of a non-residential service, and later to the opening of a residential unit. Other examples outside of Clarecare are the emergence of family resource centres, and resource centres for people who are unemployed, seen throughout the country.
2. Another of the strengths of the voluntary sector is the opportunity it gives people to become involved in the life and development of their community. It fosters a sense of participation, the right to have a say, as well as giving a sense of place and identity. It helps people too, to acquire new skills and experience which can lead to a broader vision and understanding. In his study on *Voluntary-Statutory Partnership*, Ray Mulvihill sees people's involvement in voluntary service as doing much to promote social cohesion and community integration, and as having a significance far beyond the levels of helping the client group.
3. A third potential strength of the voluntary sector is its flexibility to respond quickly to a situation without the restrictions of complicated administrative procedures. Many of my friends in the statutory sector often point with envy to this freedom of the voluntary sector.
4. The advocacy role of voluntary organisations on behalf of the marginalised groups, and the educating of public opinion about the needs and rights of such groups, is another great strength of the voluntary sector.

There are other strengths too which are important not just to recognise, but to encourage, promote and facilitate. These I hope will be addressed in the proposed White Paper.

### ***Limitations***

While one recognises the strengths of the voluntary sector, one must also acknowledge its limitations.

1. One of the limitations most frequently mentioned, certainly among the voluntary people, is the lack of resources, yes lack of funding of course, but also lack of suitable premises, back-up skills, training and adequate information.
2. Another limitation often referred to in regard to the voluntary sector is that it is lacking in continuity. This may be because of inadequate structures, or because it is too dependent on personalities. While this may be true of some, there are many others which have stood the test of time - e.g., The Society of St. Vincent de Paul, and my own organisation which this year is 25 years old.
3. A third limitation which exists in this sector is the danger of duplication and overlapping, and linked to it is the lack of co-operation that can exist between and within voluntary organisations. Examples given are: where national voluntary organisations can compete and overlap with what a local group may be doing in its own area. This can happen even when both national and voluntary groups are engaged in the same work.
4. The turnover of staff and volunteers can also be a limitation. Ways need to be found to improve the employment status of those employed in the voluntary sector. The dependence of many voluntary organisations on Social Employment Schemes (SES), and insecure funding, does not help.
5. Lack of evaluation is another limitation associated with the voluntary sector. Evaluation of course is very important, and people in the voluntary sector recognise this, but often limited funding hampers their ability to engage in it

### **Why a White Paper?**

Whatever its strengths and weaknesses, the voluntary sector and volunteering continues to have a significant place in Irish society. Joyce O'Connor and Helen Ruddie in their recently published study entitled *Reaching Out*, point to the fact that upwards on one million people are engaged in some form of voluntary activity in Ireland. It is noteworthy that there is also an increasing interest in the European Community in the growth and development of the non-statutory sector as can be seen in projects like Leader and Poverty III Programme.

This level of interest and willingness by so many to be part of what happens, is an indication of a vast human resource within our society and as the National Council for the Elderly states, there are distinct social, historical and organisational reasons for a strong voluntary sector.

It is a reason to welcome the current moves towards a White Paper which hopefully will not just give recognition to the voluntary sector, but will encourage, promote and facilitate its development. The White Paper is not only welcome but *timely* when the word *community* is having an added significance and relevance for people as they identify and come to terms with it in its various forms, for example; World Community; European Community; Local Community; Community Care; Community Enterprise; Community Education; Community Radio; or Community Alert. This involvement and participation of people in the various forms

of community makes a White Paper not only welcome and timely, but also necessary and urgent.

## **The Concept of Partnership**

Over the years while there has been much rhetoric about the role of voluntary organisations, they have continued to operate in a vacuum in the absence of a policy framework setting out their relationship with the statutory sector. How can this relationship between the two be developed to best effect? Most writers point to *partnership* as the best way forward, and I would confirm this from the experiences of Clarecare which grew out of the coming together of the voluntary and statutory and which 25 years later is involved in a certain model of partnership.

The literature gives many definitions of partnership. Ray Mulvihill in his study says the concept of partnership implies a *certain type of relationship* between the parties involved. It presumes a certain *level of equality* between the partners, and operates on the basis that each party has a *degree of autonomy* in its own sphere of activity. Effective partnership between the statutory and voluntary sectors is, therefore, dependent in the first instance on the presence of a strong organised and articulate voluntary sector. It further requires a planning capability within the voluntary sector, as well as the statutory sector.

But perhaps initially it requires a certain *type of attitude* on the part of the people involved - and this is something which cannot be legislated for. Unless there is mutual respect, openness, willingness to understand other points of view, mutual trust and an attitude that is pro-active rather than reactive, partnership will be difficult to achieve. Assuming this, there will be a need to clarify roles, taking into account the strengths of the respective groups. For the voluntary sector this means a recognition of the legal constraints and obligation which affect the statutory sector, and a recognition by the statutory sector of the right of the voluntary sector to participate. It is only when the respective roles are clarified that both sectors can come together as equals. In saying this, I am not suggesting that statutory bodies and voluntary organisations have to be equal in every way, but I am suggesting that they have to be equal in those areas in which they want to develop partnership. This, however, need not diminish the legitimate autonomy of either.

Having clarified the respective roles and the areas of equality one may look to a real partnership at all levels.

### **A. Policy Making**

Firstly at the level of *policy making*, and here I think it is important to say that there is a world of difference between submitting or making one's views known to the decision makers and being part of the decision-making process itself. Partnership at this level is likely to lead to even greater commitment by both sides, to more effective planning and a better implementation of agreed plans. It also sets the scene for maximising the strengths of both parties, and contributes towards openness and the building of trust

### **B. Resources**

Another level where partnership is vitally important is the one of resources and how they are allocated. Resources do include financial resources, but they also include areas like; premises, back-up support and training. The area of funding is one of concern to both the statutory and the voluntary sectors, but for the voluntary sector it is one which causes many headaches and frustrations, as efforts to secure funding can take so much time and energy. Funding which comes from the statutory to the voluntary sector has its own difficulties. The sources can be

quite varied, the criteria and conditions attached differing from one source to another and the method of operation and accountability quite difficult and complicated.

One would hope that the White Paper will address the question in such a way that:

1. contractual agreements subject to known and agreed criteria will guarantee the necessary funding.
2. that these contracts will cover a three or five, rather than one year period.
3. that payment will be made on agreed dates.
4. that where voluntary organisations employ full-time staff their rates of pay and pension be commensurate with those in the statutory sector.
5. that funding of voluntary organisations include the cost of training.
6. that more use be made of up-front method of payment.
7. that funding be sufficient to cover professional indemnity insurance for those voluntary organisations employing professionally qualified staff.

### **C. Accountability**

Accountability is another level where partnership needs to be developed. Agreed systems need to be devised which reflect the qualitative and flexible aspects of voluntary sector work as well as its quantitative aspects. This is linked with evaluation procedures which are essential for future planning development and effective partnership.

Partnership covers a great deal. It is concerned with organisational structures, planning and communication. In his report Ray Mulvihill states that partnership goes beyond this to include the sharing of power and responsibility, and places the emphasis on the quality of the interactional process itself.

Some of the shortcomings in voluntary-statutory relationships were identified in *The Years Ahead - a Policy for the Elderly* published in 1988. It is important that these be addressed in the White Paper. They include among others:

1. that the contribution of the voluntary sector has been taken for granted, and has not been sufficiently recognised or supported by state agencies.
2. that there is inadequate co-ordination of services at the point of delivery, and lack of integration of the voluntary sector.
3. that in dealing with the statutory sector, the voluntary sector lacks influence relative to other interest groups such as unionised workers.

Yet despite the difficulties and shortcomings, partnership is possible and achievable. As Browne points out in his study *Swimming Against the Tide*, it is of course dependent on Government being committed to the development of full partnership with non-statutory bodies. If this were so, I am convinced there is enough imagination, skill and commitment on the part of those working in both voluntary and statutory sectors to make this happen. In my experience the basis for this partnership already exists. One is encouraged by the flexible manner with which some of our public officials operate even within the constraints of our existing systems.

#### **D.     *Elements of Partnership in Practice***

My own organisation has its origins in the coming together of the voluntary and statutory in the persons of the then County Manager, Mr. J. Boland, and the Bishop of the Diocese, Bishop Harty. Today varying degrees of co-operation and partnership are in operation between our organisation and other State and semi-state bodies. These include: Departments of Social Welfare, Education, Environment and Health, ESB, SFADCo. and local authority, Clare County Council. The nature of our services is such that the Department of Health - through the Health Board - is the agency with which we have greatest contact.

The Mid-Western Health Board, like all health boards implements Department of Health policy in our area. Clarecare participates with the Mid-Western Health Board in forming this policy in the area of Community Care through the participation and assessment of needs, and in the planning and implementation of responses. Participation at this level is due in no small way to the attitude of the health board officials.

Examples of this participation lie in areas such as: studies of unmet needs, youth homelessness, the provision of home help, social work, and alcoholism and addiction treatment services.

Significantly, we have also been involved in the organisation of a recent conference "Partnership in Practice" hosted by the Mid-Western Health Board.

In the beginning, informal arrangements governed this relationship, but over time the work done in teasing out respective roles and areas of work have led to more formal agreements being entered into. This is not to say that either side would claim to have a perfect model of partnership, but what has been achieved gives me reason to believe that partnership is a realistic, achievable goal, and the only way forward.

In conclusion, from my voluntary perspective the move towards a White Paper is a welcome and necessary move. Developing a White Paper to facilitate partnership between voluntary and statutory sectors requires serious consideration of the need for training for working in partnership. It also requires that the voluntary sector receive the resources necessary to enable it to engage meaningfully in the partnership dialogue.

## REFERENCES

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## **A HEALTH BOARD PERSPECTIVE ON THE PROPOSED WHITE PAPER**

**(Notes from tapes)**

Mr. Michael McGinley

The first point I would make is that from a health board point of view the forthcoming White Paper will be very welcome because it will direct discussion towards the important issues and hopefully result in conclusions and decisions which will enable satisfactory partnership between voluntary and statutory organisations to develop.

We argue for flexibility and discretion, etc., and there are a lot of benefits to that. I think discretion and flexibility will certainly have to exist and provision will have to be made for it to exist in start-up arrangements and in situations where what was purely voluntary work is moving towards a situation of needing some public funding. In that kind of transition arrangement, flexibility will be needed and should be there.

What concerns most of us is the partnership arrangements that should exist for voluntary sector involvement in providing services where public funding is being provided and in relation to what most of us would now think of as core social services. Therefore it would be of considerable benefit if the forthcoming White Paper were to address the issue of what are to be regarded as the core social services. There is a whole range of services being provided, but they are being provided to a greater or lesser extent depending on local initiatives and local discretion. The amount of home help that is provided in various areas of the country is not standardised, it is not uniform. Likewise, support for carers, meals-on-wheels, whether day care centres are provided or not can vary. Even within health board areas some districts have day care centres, while others seem to prefer some different arrangement, and therefore the whole range of existing services depends upon local initiatives that have been taken. The time might now be right to address the issue of whether there ought to be clear policy statements in relation to these core services, because they are so important to the elderly persons who depend upon them.

Clearly there is a need for planned and co-ordinated approaches to service provision. Therefore it would be of considerable benefit - certainly to the health boards and I would suspect to the voluntary organisations - if the White Paper were to address the issue of how a partnership arrangement is to be established and maintained, which would allow for a planned and co-ordinated approach to service provision, and I agree with the previous speakers that the partnership has to make arrangements for the voluntary organisations and the statutory agencies to be involved in policy formulation and in policy implementation. The issue has to be addressed as to which services could best be provided by the voluntary sector, which services perhaps could and maybe should best be provided directly by the statutory agencies such as health boards and which services might lend themselves to joint provision.

At the moment, on the ground, we have these mixtures. Many people would go so far as to say it appears to be chaotic. It is not that bad actually, but there is this mixture whereby in one district there is a voluntary organisation providing the home help, in the next district a health board providing it, in the next district some other organisation providing it. From a health board point of view we would think that there are some services which maybe should be provided entirely by the voluntary sector, naturally with proper arrangements for funding; services like the home help service, perhaps day centre services. These issues should be raised, and hopefully policy decisions could be arrived at on them, and I think we would all benefit from this.

Clearly also, of course, the partnership arrangements would have to provide not only for policy formulation and the delivery of the services based on policy but also how the services are going to continually be reviewed and how they are going to be evaluated. Meaningful partnership

arrangements must be in place for all these important areas of policy formulation, service delivery, evaluation and review.

Proper comprehensive agreements need to be entered into to get rid of, as far as is possible, confusion and uncertainty. If a voluntary organisation is going to provide a service there should be a clear agreement between the health board or other statutory agency and the voluntary organisation as to exactly what each expects and what each is going to get, what service is going to be provided, how much is going to be paid for it, when it is going to be paid, etc. Good agreements, I think, would overcome a lot of the uncertainties and difficulties.

Another aspect that is vitally important, and an issue that must be addressed in the White Paper, is how we are going to get the necessary inter-agency working on the ground. It is clear that in providing services for the elderly the problem may be a housing problem, it may be a problem of inadequate income, and there is not much point in us talking about social workers visiting or somebody else visiting if the basic problems of housing or income cannot be addressed. Therefore we have got to get not only mechanisms for health boards and voluntary groups working well together, but we have got to get the health board staff working closely with the Department of Social Welfare staff, the local authority staff and the voluntary organisations. We have got to get effective mechanisms that can get us all working in a co-ordinated way and closely together for the good of the elderly persons.

The issue has been raised by the previous two speakers about personnel and I certainly agree from a health board point of view that where voluntary organisations are going to employ staff - and they do, to a greater or lesser extent - that the White Paper should address the issue of the conditions which should apply to staff employed by voluntary organisations which are publicly funded. I think it is reasonable to argue and I would support the view that conditions of service ought to be comparable. If the health board is funding the running of a day centre by a voluntary organisation, the staff in that day centre compare themselves with health board staff, and they expect the same terms and conditions. Incidentally, it is not all one way in this, health board staff can have a serious sense of grievance if some staff employed by voluntary organisations appear to have preferential conditions. There is a lot to be gained by having standardised conditions of employment. I think a national policy or guideline would be useful which could be applied by health boards, this would benefit everyone.

From a health board point of view we fully agree that the conditions relating to funding of voluntary sector activity must be addressed in the White Paper and there will have to be national policy on it, and policy at regional and local level. There are two issues which are apparently of major difficulty from the voluntary side and one can understand these. First, there is the use that is often made by statutory agencies of discretionary payments - though that is a term which, perhaps, is misunderstood. Certainly I think that if we have long-term agreements about funding we must have multi-annual budgetary plans to get rid of the uncertainty about what you are going to have next year or the year after. We cannot assume that contracts with staff, with families and with elderly persons can be brought to an end, say, come December. They cannot be; they are long-term, and we have to recognise that in the funding. Therefore, there is not much discretion about grants from health board to voluntary organisations. Theoretically they are discretionary but in practice they are not discretionary. What we do have to have, incidentally, is the discretion to vary those a little, just the same as we have to vary the allocation to our own hospitals or other services. In other words, if there is some reduction in the allocation we need, e.g., five per cent or three per cent, then we have to have some discretion about some slight variation in the budget, but there is no discretion, I would suggest, in the actual fact that the budget has to go on, so we need multi-annual budgeting.

The other particular irritant is the so called deficit budgeting, where voluntary organisations are told: "You fund as much as you can yourself and we will meet whatever deficit you have". That is not a satisfactory arrangement because there is absolutely no incentive at all for voluntary organisations to attempt to raise some funds, and also there is too much uncertainty. Perhaps the time is right to have national guidelines and perhaps it should be raised in a White

Paper as to whether there ought to be national guidelines, national policy statements about **the** amount of funding that would support certain types of core activity.

In other words, if there is going to be a home help service provided, that X pounds of statutory money will come to a voluntary organisation providing each hour of home help or Y pounds for each meal provided, or whatever. I gather from my discussions with the voluntary side that this kind of development would be very welcome. The question of accountability has to be addressed; the voluntary sector is just as anxious as the health board or other statutory agencies are to ensure that there is proper accountability. Therefore, there have got to be proper arrangements for auditing, etc.

We all agree that there is a need for partnership, there is the goodwill on all sides, but the mechanisms have to be devised to enable this partnership to take place at the various levels, and that is where the difficulty is going to arise. The issue has to be raised as to how the mechanisms are going to be put in place to enable us all to get a closer working relationship and to get this meaningful partnership. It is not much consolation to us to know that the social partners are going to enter into discussions over the next few years about forward planning unless we can get some benefit on the ground. We all now recognise the importance of being able to put a personalised support package around some elderly person or couple who need it, when maybe the need for it arises suddenly. Therefore we need good arrangements at district level. In a district of say 25 - 30,000 people we need to have arrangements at that local level; voluntary people working closely with health board people, with Department of Social Welfare people and housing people. The mechanism has to be put in place for this district team to bring the service delivery to the person who needs it when they need it. However, you cannot have a clear district arrangement unless there is a wider area arrangement, for example, at community care level, because the district arrangement can only apply whatever is more generally agreed for the community care area as a whole, with resources, etc.

What I am suggesting is that the kind of mechanisms that are going to have to apply at the different levels are very different. Give us national guidelines, or national policy statements, or national priority statements, but we then at health board level or at some regional level have to decide what that means for us. If there is going to be more money for the elderly, for example, or if there is going to be more money for the handicapped, what does it mean for us at a health board level for the next four or five years?

If we are going to have multi-annual budgets and if we are going to plan with the voluntary sector, we need to know that the mechanisms at national level are such that they will let us know what we are likely to have or can expect over the next number of years. Alternatively we need to know whether it is going to be determined at a national level on a year to year basis, because if that is to be the situation then, clearly, there is not much point in us sitting around a table locally, deciding what we are going to do for the next few years.

I would strongly suggest that the White Paper addresses the issue of the nature of the mechanisms that will apply nationally, setting out guidelines or policies on funds and resources, the nature of the mechanisms that can operate at a health board level and, getting right down, the nature of the mechanism that could most profitably work at a local district level to support the elderly persons.

Information systems are needed in order to plan and work together in the way that we are discussing.

In summary, I would say that we in the health boards are very much aware of the very valuable contribution of the voluntary sector and we see this continuing. We are, however, aware of the need to address the important issues of the type being discussed here this morning, so that a co-ordinated approach to service delivery can be provided on the ground.

At times you on the voluntary side think that we are not aware of the kind of difficulties you have and that we are insensitive to them. I hope that impression is not too prevalent because it

genuinely is not the case. We would like very much to solve the difficulties, but unfortunately we do not have the kind of extra resources that are needed, and the mechanisms, I will frankly admit, are not always in place to enable us to overcome the difficulties. We have as much interest as you have in trying to put good working practical mechanisms in place that will help us locally, whatever they might be nationally.

## **SUMMING UP**

### **THE VOLUNTARY SECTOR AS SOCIAL PARTNER (Notes from tapes)**

**Ms. Ita Mangan**

It is very difficult after a conference that has lasted a day and a half to even try to sum up all of the issues that have arisen, so I am not going to sum up all of them.

What I am going to try to do is draw attention to what I think are the issues that are going to have to be addressed by all of you in the short-term. I am also going to draw attention to some of the issues which, to my surprise, were not addressed at this conference. I think I am doing what somebody mentioned earlier when he referred to the diversity of the voluntary sector by recognising its perversity as well and I think I am going to be slightly perverse in the manner in which I sum up this conference.

It seems to me that there was a broad consensus on what the issues are and they are pretty well set out in the report that we have been discussing in the last two days. What there is not, is a broad consensus on what the reality is and strangely enough the very last comment in the open forum summed up that lack of consensus as to what the reality actually is.

Everybody is agreed that the nature of the relationship between the voluntary and the statutory sector should be something approaching equality. I am not sure that everyone agrees about this but it seems to me that it is not approaching equality. There are complaints about the lack of recognition of the voluntary sector, which are probably well placed. There is also the question of information coming from the health boards. One of the faults that I would find with the health boards is that we do not even know which voluntary groups got Section 65 grants from the health boards because not all health boards publish this information. We know who gets grants from the Department of Social Welfare because the information is given out in the budget every year. The health boards do not always publish this information, and I think that it is important that they do so. Even though there are no co-ordinated guidelines for Section 65 grants, as there are, for example, for medical cards, nevertheless that sort of information should be readily available.

A slightly facetious point I noted throughout all the proceedings was that if you are a health board person you are much more likely to refer to a group of individuals as persons. If you come from the voluntary sector you are much more likely to refer to them as people. It may seem a small point, but it does I think underpin some of the differences that there are, and Mary O'Mahony drew attention to the use of the word "dictate" by someone from the health board. Could I ask health board people to please call people people not persons - it's awfully legalistic.

The other area in the relationship where there is not equality was referred to by Denis Doherty yesterday when he mentioned the whole question of how the health boards should assess to whom they should be giving grants and should they be looking more critically at the people to whom they give grants. That I suppose stems from the attitude that it is the health board's prerogative to give grants, rather than the health board in co-operation with the voluntary sector deciding who should get grants.

The second big issue is on the mechanisms for actually working out the relationship. I was talking briefly during one of the breaks with Dr. Ruth Barrington about this and one of the things she mentioned, and this was not mentioned in any of the sessions, but I think it is

important, that if there was legislative provision that services would be provided by the voluntary sector, where the voluntary sector was prepared to provide them, then that would give a much greater say to the voluntary sector. At present if you look through the Health Acts you will find that the provisions are that the health board *may* use the voluntary sector, if they wish, in order to provide services. If they were obliged to use the voluntary sector, where the voluntary sector was able to provide those services, it could provide for a more equal relationship.

The other issue that was not raised - and I think ought to be raised - is funding for lobbying. We have all talked about funding for service provision, there was no question ever on funding for lobbying and I am not aware of any organisation in Ireland that gets funding for lobbying activities. On the European level there is EC funding available at present, for example, for the European Anti Poverty Network and for the network of groups dealing with the homeless. The provision is there purely for their lobbying function. They do not get any money from the EC for providing services but it does allow those organisations to lobby on a better footing because they are, after all, in competition with farmers, trade unions, employers, etc. Without funding for lobbying they would have no opportunity to get themselves on the agenda. That is an issue that I think needs to be addressed at an Irish level as well.

There is an immediate problem in terms of the organisation of the voluntary sector in that in the next couple of months a new National Economic and Social Forum will be established. The most important question facing voluntary organisations about that Forum at the present time is not so much who will represent the voluntary sector in that Forum as who will decide who will represent the voluntary sector in that Forum. It is up to the organisations in the voluntary sector to get together now to make sure that the decision is made in the right place.

I was slightly worried by a reference by one of the health board people who said he was worried about contracts and I can only presume that he was worried about contracts because it gives legally defined rights to a voluntary organisation. He was happy enough to have agreements but not contracts. If I was in a voluntary organisation I would be looking for a contract, not just a type of gentleman's agreement, because I think that would deal with some of the questions of funding.

The other big issue which I think was referred to in practically every session was financing, budgeting, deficit financing and all of these lovely phrases that are around, and the need for security of funding over a number of years. I think we do this all wrong at national level, not just at the level of health boards and voluntary organisations, because in the past week we have just seen the national high drama of having a budget which deals with one year. In fact it is a crazy way to run a country to have a budget every year. There should perhaps be budgets every five years, in the same way that there should be budgets every five years between health boards and voluntary organisations, and perhaps everybody everywhere would be better able to organise their services if they did that.

Another slightly perverse point that I want to raise is that there was huge emphasis on the co-ordination of the voluntary sector. I am not suggesting that there should not be, there should, but there was no great emphasis on the co-ordination of the statutory sector, and it seems to me that it is an area that badly needs co-ordinating. I would like to see, for example, a more clearcut definition of the role of the health boards *vis a vis* the Department of Health, the role of the Department of Social Welfare *vis a vis* the Department of Health, the role of FAS, and the role of the new County Enterprise Partnership Boards which are going to have a role in community development. Now, precisely what that role will be is not yet known but there will be some role and I would like to see some co-ordination there. Somebody in the last session mentioned the role of the gardaí, and obviously they have a role, particularly in community care of the elderly. So you have a whole group of statutory organisations just as much in need of co-ordination as you have on the voluntary side.

On the whole issue of co-ordination of the voluntary sector, I have to admit that I was a bit disappointed when I heard this discussion yesterday morning because I first heard it when I

became involved in social services issues about 15 years ago. Apart from the use of the buzz word "partnership", the discussion was exactly the same i.e. what the health boards should do, who should do it, when they should do it, etc. I was disappointed about that but that's life I suppose.

Denis Doherty mentioned in his paper that there was no evidence that the voluntary sector would accept co-ordination and Mr. McGinley would seem to back up that particular point. But why should the co-ordination of the voluntary sector come from the health board anyway? Why should it come from anybody other than the voluntary sector? And if we are going to have community development officers, etc., which apparently we do have in some areas, shouldn't they be employed by the voluntary sector, funded perhaps by the health boards, but employed by the voluntary sector to co-ordinate the voluntary sector.

Another health board person did also mention that the health board needed more information on what the voluntary sector wants, so obviously the voluntary sector has to co-ordinate itself to some extent to get its needs across and to exercise the power that it undoubtedly has but is not exercising at the moment.

There was also a lot of talk about the importance and the diversity of the voluntary sector in this country. Numerous other adjectives were also used to describe the voluntary sector in this country. This is not the only country in the world that has a strong voluntary sector. If you look, for example, to Germany where the voluntary sector runs almost the entire mental handicap services, the physical handicap services, etc., and look at the power that the voluntary sector has there you would see that Ireland is not in fact in the ball game at all in terms of the role of the voluntary sector.

Even more interestingly, the voluntary sector in Germany is largely based on the Lutheran Church, and it was the voluntary sector, through the Lutheran Church in East Germany, who were largely responsible for the fact that East Germany is no longer a communist country. This is not a factor that is taken into consideration very much, but it is nevertheless the case, and it would be important that we would not confine ourselves to looking at the voluntary sector in Ireland as if it was the greatest form of voluntary sector that existed. I do not mean to suggest that it is not a very good voluntary sector but it is not the only one and we should widen our horizons a bit

## NOTES ON CONTRIBUTORS

### **MAIN SESSIONS - SPEAKERS**

#### **MR. DENIS DOHERTY**

Mr. Denis Doherty is the Chief Executive Officer of the Midland and Mid Western Health Boards. He is a board member of Comhairle na n-Ospideal, The National Rehabilitation Board and The Health Research Board.

#### **LADY VALERIE GOULDING**

Lady Valerie Goulding was appointed President of the National Council for the Elderly in 1993, having chaired it since 1990. She is founder of the Central Remedial Clinic.

#### **MR. MICHAEL MCGINLEY**

Mr. Michael McGinley is Programme Manager, Community Care, North Western Health Board. He was a member of the Council's Consultative Committee on Partnership.

#### **MS. ITA MANGAN**

Ms Ita Mangan is a Special Adviser to the Minister of State at the Department of Social Welfare. She is a Barrister who has long been involved in providing information to the public in general and the elderly in particular. She has been the editor of the National Social Service Board's information journal *Relate* and the author of several National Social Service Board publications and was appointed consultant to the European Commission's Dublin office, on Citizens Rights.

#### **MR. RAY MULVIHILL**

Mr. Ray Mulvihill was the Research Officer and author of the report *Voluntary-Statutory Partnership in Community Care of the Elderly*. He lectures in research methodology in the National College of Industrial Relations and is a research consultant

#### **MS. JULIE O'NEILL**

Ms Julie O'Neill was recently appointed as Principal Officer at the Department of the Tánaiste. She was formerly Principal Officer in the Department of Social Welfare where she had responsibility for the development of a Charter and White Paper on the Voluntary Sector.

#### **FR. PAT SEXTON**

Fr. Pat Sexton is the Director of Clarecare, an umbrella organisation which co-ordinates several branches of caring including family services, home help services, services for the elderly and services for travellers. He worked in Northern Ireland and before becoming Director of Clarecare he had already spent 17 years developing voluntary organisations in Co. Clare. He is also a member of the Expert Group on the Voluntary Sector appointed by the Minister for Social Welfare.

MR. MICHAEL WHITE

Mr. Michael White was appointed Chairman of the National Council for the Elderly in 1993 having been appointed to the first Council in 1981. He chaired the Consultative Committee responsible for overseeing the study on partnership. He has recently been appointed by an T&naiste to the National Economic and Social Forum.

### ***MAIN SESSIONS - CHAIRPERSONS***

MR. JOHN HYNES

Mr. John Hynes is Assistant Secretary in the Department of Social Welfare which is taking a lead role in drafting a White Paper and Charter for the voluntary sector.

MR. TOM MOONEY

Mr. Tom Mooney is Principal-in-Charge of the Continuing Care and Personal Social Services Division in the Department of Health.

DR. JOSEPH ROBINS

Dr. Joseph Robins was Chairman of the Working Party which produced the report. *The Years Ahead - A Policy for the Elderly*. Currently he is the Chairman of the Expert Group on the voluntary sector appointed by the Minister for Social Welfare.

### ***PARALLEL SESSIONS - SPEAKERS***

MR. MICHAEL BROWNE

Mr. Michael Browne is the author of the Council's report *Co-ordinating Services for the Elderly at Local Level: Swimming Against the Tide* (1992) and formerly Research Officer with the National Council for the Elderly.

MR. JOHN CURRY

Mr. John Curry is the Director of *People in Need* Trust which raises and distributes funds to a wide range of voluntary social service organisations throughout the country. He is a former Director of the National Social Service Board and former Secretary of the National Council for the Elderly. He was Chairman of the Commission on Social Welfare which published its report in 1986.

MR. PATRICK MADDEN

Mr. Patrick Madden is Programme Manager, Community Care, Southern Health Board. He is the co-ordinator of the Community Care Project in Cork City and Co-ordinator of the psychiatric patients training and rehabilitation programme. Mr. Madden was a member of the Council's Consultative Committee on Partnership. He is also a member of the Council's Consultative Committee on Measures to Promote the Health and Autonomy of the Elderly in Ireland.

**MR. BERNARD THOMPSON**

Mr. Bernard Thompson is the Chairman of the Irish Council for Social Housing, the promotional, advisory and representative body for non-profit and voluntary social housing organisations. He is a member of the Expert Group on the Voluntary Sector appointed by the Minister for Social Welfare, and a member of the National Council for the Elderly.

***PARALLEL SESSIONS - CHAIRPERSONS***

**DR. RUTH HARRINGTON**

Dr. Ruth Harrington is currently Principal Officer in the Department of Health with responsibility for services for the elderly as part of her brief. She was also Secretary to the Working Party on Services for the Elderly which produced *The Years Ahead - A Policy for the Elderly* in 1988, and author of *Health, Medicine and Politics in Ireland 1900-1970* (1987).

**MR. JOHN DOYLE**

Mr. John Doyle is the Programme Manager, Community Care, Eastern Health Board.

**PROFESSOR JOYCE O'CONNOR**

Professor Joyce O'Connor is Director of the National College of Industrial Relations. She was Director of the Research Team in the NCIR Policy Research Centre which prepared the report *Voluntary-Statutory Partnership in Community Care of the Elderly* for the National Council for the Elderly. Currently she is on the Board of the NESC and a member of the Labour Relations Commission, and of the Expert Group on the Voluntary Sector appointed by the Minister for Social Welfare.

**Ms. MARY O'MAHONY**

Ms Mary O'Mahony is Chairperson of the National Social Service Board having previously served as a board member. She is Chief Executive Officer of the Mental Health Association of Ireland and is a founder member of the European Regional Council on Mental Health and is currently Honorary Treasurer. She is also a board member of the World Federation for Mental Health.

**Programme**  
*Friday, 26th February, 1993*

**10.00 REGISTRATION**

*Coffee*

**OPENING OF THE CONFERENCE**

**11.00 WELCOME**

**Lady Valerie Goulding**, *President, National Council for the Elderly*

**OPENING ADDRESS**

**Minister for Health**

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**CONSIDERATION OF PARTNERSHIP REPORT**

Chair: Mr. Tom Mooney

*Principal in Charge, Department of Health*

**11.30 PRESENTATION OF REPORT, VOLUNTARY-STATUTORY PARTNERSHIP  
IN COMMUNITY CARE OF THE ELDERLY**

Mr. Ray Mulvihill, *Author of the Report*

**12.00 PRESENTATION OF NATIONAL COUNCIL FOR THE ELDERLY COMMENTS AND  
RECOMMENDATIONS ARISING FROM THE REPORT**

Mr. Michael White, *Vice Chairman, National Council for the Elderly*

**12.15 RESPONSE TO THE REPORT**

**Mr. Dennis Doherty**, *Chief Executive Officer, Midland and Mid-Western Health Boards*

**12.45 DISCUSSION**

**7.75 Lunch**

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**Parallel Sessions**

Room A

Chair: Dr. Ruth Harrington,  
*Principal, Department of Health*

**2.30 CORE SERVICES AND THE PARTNERSHIP RELATIONSHIP**

Mr. Michael Browne, *Researcher and Author of Council report on the  
Co-ordination of Services for the Elderly*

Room B

Chair: Professor Joyce O'Connor,  
*Director, National College of Industrial Relations*

**2.30 THE PARTNERSHIP RELATIONSHIP AND ACCESS TO POLICY MAKING**

Mr. John Curry, *Director, People In Need Trust*

**4.00 Coffee**

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**Room A**  
**Chair: Ms. Mary O'Mahony,**  
*Chairperson, National Social Service Board*

4.30      *TRAINING FOR CONSULTATION AND PARTNERSHIP*  
**Mr. Pat Madden, Programme Manager, Southern Health Board**

**Room B**  
**Chair: Mr. John Doyle,**  
*Programme Manager, Eastern Health Board*

4.30      *FUNDING AND ACCOUNTABILITY IN A PARTNERSHIP RELATIONSHIP*  
**Mr. Bernard Thompson, Director, The Housing Centre and Member,**  
*National Council for the Elderly*

**6.00 END**

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**SATURDAY 27TH FEBRUARY, 1993**

***THE WHITE PAPER***

**Chair: Mr. John Hynes,**  
*Assistant Secretary, Department of Social Welfare*

**9.30      INTRODUCTION TO THE PROPOSED WHITE PAPER**  
**Ms. Julie O'Neill, Principal, Department of Social Welfare**

**10.00    A VOLUNTARY SECTOR PERSPECTIVE ON THE PROPOSED WHITE PAPER**  
**Fr. Pat Sexton, Director, ClareCare**

**10.20    A HEALTH BOARD PERSPECTIVE ON THE PROPOSED WHITE PAPER**  
**Mr. Michael McGinley, Programme Manager, North Western Health Board**

**10.40    DISCUSSION**

**11.00    *Coffee***

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***WORKSHOP REPORTS: ISSUES FOR THE WHITE PAPER?***

**Chair: Dr. Joseph Robins**  
*Chairman, Expert Group on the Voluntary Sector appointed by the Minister for Social Welfare*

**11.30    CORE SERVICES AND THE PARTNERSHIP RELATIONSHIP**  
**Dr. Ruth Barrington**

**11.45    FUNDING AND ACCOUNTABILITY IN A PARTNERSHIP RELATIONSHIP**  
**Mr. John Doyle**

**12.00    TRAINING FOR CONSULTATION AND PARTNERSHIP**  
**Ms. Mary O'Mahony**

**12.15    THE PARTNERSHIP RELATIONSHIP AND ACCESS TO POLICY MAKING**  
**Professor Joyce O'Connor**

**12.30    OPEN FORUM**

**1.00    SUMMING UP: THE VOLUNTARY SECTOR AS SOCIAL PARTNER**  
**Ms. Ita Mangan, Legal Consultant, Commission of the European Communities Office**

**1.30    *Lunch*      *END***



## NATIONAL COUNCIL FOR THE ELDERLY PUBLICATIONS

1. *Day Hospital Care*, April 1982
2. *Retirement: A General Review*, December 1982
3. *First Annual Report*, December 1982
4. *Community Services for the Elderly*, September 1983
5. *Retirement Age: Fixed or Flexible* (Seminar Proceedings), October 1983
6. *The World of the Elderly: The Rural Experience*, May 1984
7. *Incomes of the Elderly in Ireland: And an Analysis of the State's Contribution*, May 1984
8. *Report on its Three Year Term of Office*, June 1984
9. *Home from Home ? Report on Boarding Out Schemes for Older People in Ireland*, November 1985
10. *Housing of the Elderly in Ireland*, December 1985
11. *Institutional Care of the Elderly in Ireland*, December 1985
12. *This is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin*, September 1986
13. *Nursing Homes in the Republic of Ireland: A Study of the Private and Voluntary Sector*, September 1986
14. *"Its Our Home": The Quality of Life in Private and Voluntary Nursing Homes in Ireland*, September 1986
15. *The Elderly in the Community: Transport and Access to Services in Rural Areas*, September 1986
16. *Attitudes of Young People to Ageing and the Elderly*, Second Edition 1992.
17. *Choices in Community Care: Day Centres for the Elderly in the Eastern Health Board*, September 1987
18. *Caring for the Elderly. Part I A Study of Carers at Home and in the Community*, June 1988
19. *Caring for the Elderly, Part II. The Caring Process: A Study of Carers in the Home*, November 1988
20. *Sheltered Housing in Ireland: Its Role and Contribution in the Care of the Elderly*, May 1989
21. *Report on its Second Term of Office*, May 1989
22. *The Role and Future Development of Nursing Homes in Ireland*, September 1991.
- 23 (a) *Co-ordinating Services for the Elderly at the Local Level: Swimming Against the Tide, A Report on Two Pilot Projects*, September 1992.
- 23(b) *Co-ordinating Services for the Elderly at the Local Level: Swimming Against the Tide, Summary of an Evaluation Report on Two Pilot Projects*, September 1992.
24. *The Impact of Social and Economic Policies on Older People in Ireland*, January 1993.
25. *Voluntary-Statutory Partnership in Community Care of the Elderly*, January 1993.
26. *Measures to Promote Health and Autonomy for Older People: A Position Paper*, August 1993.
27. *Co-ordination of Services for the Elderly at the Local Level*, (Proceedings of Seminar, November 1992) September 1993.
28. *Voluntary-Statutory Partnership in Community Care of the Elderly*, (Proceedings of Seminar, February 1993) September 1993.
29. *Dementia Services Information and Development*, (Proceedings of Seminar, June 1993) September 1993.
30. *Bearing Fruit*, A Manual for Primary Schools, September 1993.
31. *In Due Season*, A Manual for Post Primary Schools, September 1993.

## National Council for the Elderly Fact Sheets

Fact Sheet 1	Caring for the Elderly at Home
Fact Sheet 2	Carers You Matter Too!
Fact Sheet 3	Ageing in Ireland: Some Basic Facts
Fact Sheet 4	Voluntary Sector Services in the Community

