

Report of the Public Consultation on the role of voluntary organisations in publicly funded health and personal social services

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1. Introduction

The Minister for Health has established an Independent Review Group to examine the role of voluntary organisations in publicly funded health and personal social services in Ireland. A public consultation process was undertaken to help inform the work of the Independent Review Group. The public consultation was conducted on behalf of the Independent Review Group by the Department of Health between March and May 2018 and this report provides a synthesis and summary of all submissions received.

1.1. Overview of the public consultation process

The seven-week public consultation process was launched on 26 March 2018. The initial closing date for submissions was 4 May 2018, however this was extended to 11 May 2018 due to the level of interest received. A small number of consultation responses were received shortly after 11 May 2018 and these were also accepted.

The consultation was advertised in national newspapers on 29 March, on the Department of Health website and via Twitter. The secretariat to the Independent Review Group also informed a significant number of stakeholders about the consultation by email and issued a reminder mid-way through the consultation process.

The consultation took the form of an online questionnaire, created using Qualtrics™ survey software. A PDF version of the consultation questionnaire and an easy read guide to the consultation were placed on the Department of Health website. A Microsoft Word™ version and PDF paper copy of the consultation questionnaire was also made available on the website. People wishing to make a submission rather than completing the questionnaire were asked to follow the structure of the questionnaire.

1.2. Methodology

The consultation questionnaire contained a mix of multiple choice and free text questions. The consultation collected quantitative data in the form of responses to close-ended questions. The consultation also collected qualitative data in the form of responses to open-ended questions and in separate submissions received. The results of quantitative questions are primarily presented using numbers rather than percentages. This is due to the fact that many questions were optional and numbers of respondents answering a particular question can therefore sometimes be low. Even where percentages are used, numbers of respondents (count) are also included. A framework analysis approach has been used to analyse the qualitative responses to the consultation.

A total of 102 completed consultation questionnaires were received, the vast majority of which were submitted online. 11 free form submissions were also received, two of which supplemented completed questionnaires. Submissions are not counted in the statistics

relating to the quantitative aspects of the consultation but they are reflected in the qualitative analysis where appropriate.

The consultation was broken down into the following sections, and this report follows the same structure:

- Section 1 – Introduction
- Section 2 – Your details
- Section 3 – Strengths and weaknesses of voluntary organisations
- Section 4 – Relationship between the State and voluntary organisations.
(This section covers the HSE, reporting arrangements, wider health system developments, and the role of the Department of Health.)
- Section 5 – Funding arrangements
- Section 6 – Governance
- Section 7 – Legal classification of voluntary organisations
- Section 8 – Smaller Section 39 organisations
- Section 9 – Ethos
- Section 10 – Any other issues

All points made have been noted, and as many as possible are referenced in this report, even if the volume of responses received meant it has not been possible to explicitly refer to each comment received or suggestion made.

2. Breakdown of respondents

2.1. Respondent types

Respondents were asked to identify themselves in one of the following three ways:

1. I am an interested individual responding in a personal capacity
2. I am affiliated with a relevant organisation but providing my views in an individual capacity
3. I am providing the official response on behalf of my organisation

Regardless of the option chosen, the same information and questions were included in the following sections of the consultation questionnaire:

- Section 1 – Introduction
- Section 3 – Strengths and weaknesses of voluntary organisations
- Section 6 – Governance
- Section 7 – Legal classification of voluntary organisations
- Section 8 – Smaller Section 39 organisations
- Section 9 – Ethos
- Section 10 – Any other issues

For the following sections of the consultation questionnaire, all respondents were asked to answer a number of questions:

- Section 4 – Relationship between the State and voluntary organisations
- Section 5 – Funding arrangements

In addition to this subset of questions, respondents who selected Option 2 (I am affiliated with a relevant organisation but providing my views in an individual capacity) or Option 3 (I am providing the official response on behalf of my organisation) were asked to answer extra questions relevant to the working of voluntary organisations and their interaction with the State.

2.2. Breakdown of respondents by type

A total of 102 completed consultation questionnaires were received. The majority of consultation responses (62 out of 102, or 61%) were official responses submitted on behalf of organisations. 40 individuals responded to the consultation, of which 24 were affiliated with a relevant organisation but providing views in an individual capacity and 16 were responding in a personal capacity.

Answer	Count
I am an interested individual responding in a personal capacity	16
I am affiliated with a relevant organisation but providing my views in an individual capacity	24
I am providing the official response on behalf of my organisation	62
Total	102

Table 1 - Breakdown of respondent types

2.2.1. Individual respondents answering in a personal capacity

The 16 respondents who provided their views in an individual capacity were asked to pick a term that best described them or to provide their own. Of the 16, 9 identified as healthcare professionals, 3 as carers, 1 as a service user, and 3 as 'Other'.

Answer	Count
Healthcare professional / staff member	9
Carer	3
Service user	1
Other*	3
Total	16

Table 2 - Breakdown of individual respondents

*This included an academic and citizens

2.2.2. Individual respondents affiliated with a relevant organisation

The 24 respondents who were affiliated with a relevant organisation but providing views in an individual capacity were asked to pick a term that best described them or to provide their own.

The organisations with which individuals were affiliated can be broken down as follows:

Organisation	Count
HSE	10
Voluntary/not-for-profit organisation	9
<i>Section 38 (2)</i>	
<i>Section 39 (7)</i>	
Other*	5
Total	24

Table 3 - Breakdown of individual respondents affiliated with an organisation

*Those who selected 'Other' fell into the categories of community support services and advocacy groups.

Individual respondents affiliated with a relevant organisation were asked to provide an indication of the area(s) in which the organisation was active. Respondents were able to select more than one option. The choices are shown in rank order below:

Organisation areas of activity	Count
Community support	16
Advocacy	11
Intellectual disability	11
Older persons	10
Physical disability	10
Mental health	8
Sensory disability	9
Palliative care	8
Acute hospitals	5
Total	95

Table 4 - Individuals affiliated with an organisation - organisation areas of activity

The activity of a small number of organisations was not captured in the list above, primarily related to peer support, rehabilitation, homeless services and social housing.

2.2.3. Official organisation responses

Of the 62 official organisation responses, there was quite an even spread among organisations with a national, regional or local geographical reach.

Geographical reach of organisations	Count
National	26
Regional	16
Local	20
Total	62

Table 5 - Geographical reach of organisations

Respondents who submitted an official response on behalf of an organisation were asked to pick a term that best described their organisation or to provide their own.

The breakdown of the 62 official organisation responses is as follows:

Organisation type	Count
Service provider	43
Representative group	6
Trade union	2
Other*	11
Total	62

Table 6 - Breakdown of official organisation response types

*Those who selected 'Other' primarily fell into the categories of community support services and advocacy groups.

All of the 43 official organisation responses from service providers were from voluntary/not-for-profit providers, broken down as follows:

Type of voluntary organisation	Count
Section 39	36
Section 38	4
Neither	3
Total	43

Table 7 - Breakdown of type of voluntary organisation

Those who answered 'Neither' do not receive funding from the HSE. Some respondents clarified in their comments that they are only part-funded by the HSE.

The 40 Section 38 or Section 39 voluntary organisations that officially responded to the survey are primarily larger organisations in terms of funding, as illustrated in Figure 1. 27 receive greater than €250,000 annually (and are therefore subject to the Service Arrangement process), and 13 receive less than €250,000 annually (and are therefore subject to the Grant-Aid Agreement process).

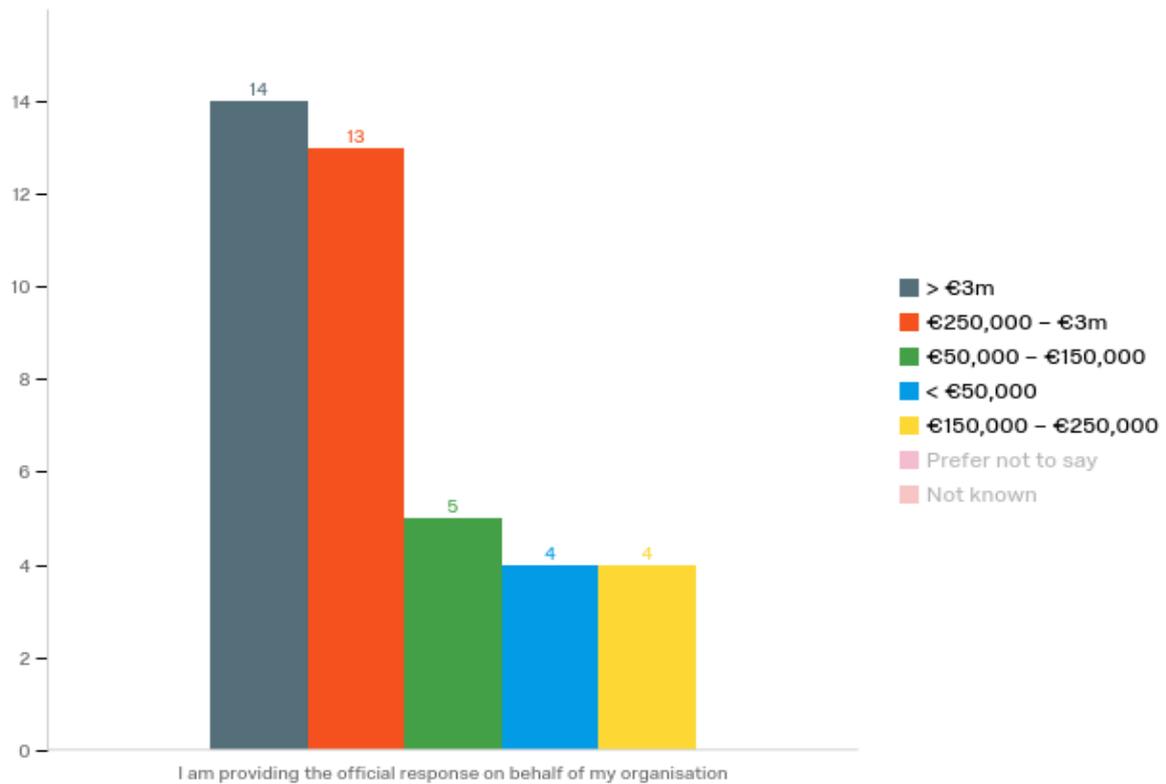


Figure 1 - Annual level of public funding, official voluntary organisation responses

Organisations providing an official response were asked to provide an indication of their areas of activity. Respondents were able to select more than one option. The choices are shown in rank order below.

Organisation areas of activity	Count
Community support	43
Advocacy	32
Mental health	27
Older persons	25
Intellectual disability	19
Physical disability	14
Sensory disability	10
Palliative care	9
Acute hospitals	5
Total	215

Table 8 – Official organisation responses – organisation areas of activity

Areas of activity not captured in the above list included rehabilitation, homelessness, youth work, philanthropy, sexual health, and a patient registry.

3. Strengths and Weaknesses

This section of the consultation questionnaire asked respondents to identify the strengths of voluntary organisations and how these could be supported and preserved into the future, as well as the weaknesses of voluntary organisations and how these could be eliminated or minimised in the future.

3.1. What are the strengths of voluntary organisations?

Respondents were asked to identify strengths in order of importance. A weighting has been applied, with the main strengths that respondents identified as follows (in descending order):

Ranking	Strength
1	Links to community and advocacy role
2	Flexibility
3	Independence and autonomy
4	Quality of staff and volunteers
5	Ability to fundraise
6	Capacity for innovation

Table 9 - Strengths of voluntary organisations

1. Links to community and advocacy role

Respondents noted that voluntary organisations are often locally-based, meaning that they have a strong understanding of local clients' specific needs and possess specialist expertise. Many respondents felt that voluntary organisations' links to the communities they serve increase their trustworthiness and allows them to leverage support for their services. They also felt it tended to ensure that clients feel a sense of ownership over the services they access.

The advocacy role that voluntary organisations play was also seen as a significant strength. Respondents felt that voluntary organisations can advocate for vulnerable and disadvantaged groups and push for policy change and improvements to services.

2. Flexibility

Respondents highlighted the adaptability and responsiveness of voluntary organisations and their ability to make decisions quickly. Some respondents felt that voluntary organisations have less bureaucracy than the public sector and are therefore able to respond more quickly to users' needs. A number of respondents also commented that voluntary organisations have more flexibility with regard to recruitment and can therefore hire staff or make changes to roles quickly.

3. Independence and autonomy

Many respondents felt that voluntary organisations' having an independent Board leads to good governance and increased accountability. Respondents felt that the autonomy of voluntary organisations allows them to be creative in solving challenges.

4. Quality of staff and volunteers

Respondents highlighted the presence of highly-skilled and qualified staff as a strength of voluntary organisations, along with a focus on personal and professional development. A small number of respondents noted that staff have poorer working terms and conditions than counterparts working in the public sector and that this demonstrates their dedication and ability to deliver more for less.

The ability to mobilise volunteers was seen as a major strength and respondents used terms such as "*motivated*", "*committed*", "*passionate*", and "*dedicated*" in describing the value of volunteers. Some respondents noted that the diverse skill sets of volunteers are an asset, and others commented on the positive benefits that volunteering brings to communities and to society.

5. Ability to fundraise

Respondents noted the ability of voluntary organisations to leverage funding from other sources and that this places additional assets at the disposal of the State. Respondents noted that the 'own funds' of voluntary organisations can be used for purposes such as providing supports and services that would not otherwise be available, or the education and research of staff.

6. Capacity for innovation

Some respondents linked the capacity for innovation of voluntary organisations' to decreased bureaucracy and greater flexibility.

7. Other issues raised

Other strengths raised included the ability of voluntary organisations to offer a different perspective in discussions on services and that having a multitude of service providers may enhance standards and competition.

3.2. How can these strengths be preserved?

The main themes that emerged from the responses for preserving the strengths of voluntary organisations fell into the following categories (in descending order):

1. Adopting a more strategic approach

Under this heading respondents raised issues such as the need for better engagement by the State with voluntary organisations, and the need for better planning and co-

ordination regarding the health system. Respondents felt that voluntary organisations should be involved in developing strategies and services and that the State should make a commitment to more meaningful engagement with voluntary organisations.

2. Increasing funding

Respondents raised the need for increased funding as a way to preserve the strengths of voluntary organisations. A number of respondents felt that funding does not cover all the costs of voluntary organisations and should be increased to cover ordinary expenditure, governance and financial management costs.

3. Recognising the value of voluntary organisations

The answers falling under this theme covered issues such as the need for the State to recognise the contribution of voluntary organisations. Respondents felt that there needs to be a greater appreciation of the role played by voluntary organisations, and particularly that played by volunteers. A number of respondents felt that a culture of voluntarism should be promoted and valued.

4. Respecting and maintaining autonomy and independence

Respondents highlighted the need to preserve the autonomy and independence of voluntary organisations. One individual respondent suggested that the strengths of voluntary organisations could be preserved “*by their retaining some level of autonomy whilst operating within a regulatory framework, e.g. HIQA standards*”. One affiliated individual respondent suggested that “*prior to the imposition of ... regulations that the impact of the regulations on the independence of the organisation is truly considered*”.

5. Move to multi-annual funding

Respondents raised the need for increased certainty with regard to funding. One affiliated individual respondent noted the need for “*Proper funding for staff and services with multi-annual budgets, not year on year which is difficult for planning and the retention of staff*”. One official organisation respondent noted that “*Multi-annual funding must be provided to allow for a more sustainable basis for the work of voluntary disability organisations, as well as for long-term planning*”.

6. Other issues raised

Some respondents provided other suggestions for preserving the strengths of voluntary organisations. One official organisation response suggested “*national support systems in resource-heavy areas such as IT, profile building, PR, research, evaluation, publication*”. One affiliated individual respondent highlighted the need for “*robust governance arrangements in relation to access, finance, quality and safety*”.

A small number of respondents felt that there is no way to preserve the strengths of voluntary organisations, that the State should move away from this model of service provision, or that there are too many voluntary organisations.

3.3. What are the weaknesses of voluntary organisations?

Respondents were asked to identify weaknesses in order of importance. A weighting has been applied, with the main weaknesses that respondents identified falling into the following categories (in descending order):

Ranking	Weakness
1	Lack of resources
2	Weak governance
3	Difficulties in recruitment and retention
4	Lack of partnership and strategic approach
5	Duplication
6	Subject to high burden of compliance

Table 10 - Weaknesses of voluntary organisations

1. Lack of resources

Under this heading, respondents raised issues including uncertainty of funding and a lack of sufficient funding for voluntary organisations. Some respondents felt that the latter had an impact on service provision, staff welfare, and recruitment and retention. Of the respondents who raised insufficient funding as an issue, a sub-set felt that there was insufficient resources for support functions.

A number of respondents felt that voluntary organisations are over-reliant on fundraising and that this can divert focus from an organisation's core purpose.

Inefficient use of resources

With regard to resources, respondents also raised issues relating to the inefficient use of resources by voluntary organisations as a weakness – with a number highlighting overhead costs as being overly high.

2. Weak governance

Under this heading, respondents raised poor governance as a weakness of voluntary organisations – with some respondents feeling that this was a particular risk in smaller organisations that may not have the capacity to put in place robust governance mechanisms. Responses cited a lack of necessary expertise among the Boards of organisations, poor financial governance, and senior managers' pay. A number of respondents also noted that organisations can be overly reliant on particular individuals, and that succession planning is poor.

3. Difficulties in recruitment and retention

Respondents raised differences in pay and conditions between Section 39 and Section 38/statutory organisations, its negative impact on staff turnover and the resulting loss of institutional knowledge. The risk of burn-out among staff and volunteers was also raised as an issue. The availability of volunteers, including those willing to sit on Boards, was noted by a number of respondents. The lack of training and other supports for staff and volunteers was noted by a number of respondents.

4. Lack of partnership and strategic approach

Under this heading, respondents noted poor communication between voluntary organisations and the State and vice versa, and among voluntary organisations. Some respondents felt that the State does not consult voluntary organisations sufficiently on the planning and delivery of services (*"No right to be consulted on policy or services"* – official organisation response), while others felt that voluntary organisations do not consult the State (*"Service planning and development appears to occur in a vacuum with minimal consultation with public services in same field."* – individual affiliated with a relevant organisation).

Respondents cited a lack of collaboration between voluntary organisations and the public sector as a weakness (*"They often refuse to engage or work with HSE."* – individual respondent), as well as a lack of collaboration among voluntary organisations (*"Resistance to collaboration or task sharing between voluntary organisations"* – official organisation response; *"Such strong identity that they will not work collaboratively with others or share backroom support services"* – individual respondent affiliated with a relevant organisation).

A number of respondents felt that the selectivity of voluntary organisations was a weakness. One official organisation response noted *"Risk of some populations not being served – organisation decides what geographical area they work in and cohort they serve"*. An individual affiliated with a relevant organisation noted that there is *"No clear obligation to provide services (can 'cherry pick' easy cases)"*.

5. Duplication

Under this heading, respondents raised issues including the duplication of services. One official organisation response noted *"Proliferation of organisations dealing with the same causes. Many would benefit from joining together to form more effective models"*.

Some respondents felt that overhead costs are higher than necessary due to duplication amongst providers and a lack of shared back office functions. One affiliated individual respondent noted *"High overheads due to each organisation needing HR/IT functions"*.

6. Subject to high burden of compliance

Respondents raised issues including the onerous administrative requirements placed on voluntary organisations, with some noting the disproportionate impact these can have on smaller organisations. Some respondents raised the need to report to various bodies as being time-consuming and expensive. One affiliated individual respondent felt that there

is “Too much importance being placed on paperwork and not enough on the ‘person’” Another noted “The constant increase in paperwork and bureaucracy is taking from the work that is required at the front line – services can suffer”.

7. Other issues raised

Other issues raised included comments relating to the attitude of voluntary organisations, with some respondents feeling that they are resistant to change or more focused on the organisation itself rather than service users.

Some respondents noted that there is little recourse where people wish to complain about a voluntary organisation (“There are limited redress mechanisms for complaints in the voluntary sector compared with the public sector where independence and impartiality are promoted” – official organisation response; “There is a lack of a complaint mechanism to funding agents where voluntary organisations are not complying with their SLA.” – affiliated individual respondent).

One official organisation response felt that a weakness of voluntary organisations was the “Creation of niche ‘causes’ that are founded on emotion rather than real need”.

3.4. How can these weaknesses be eliminated or minimised?

The main themes that emerged from the responses for eliminating or minimising the weaknesses of voluntary organisations fell into the following categories (in descending order):

1. Increasing funding

A number of respondents felt that the State should provide increased funding to voluntary organisations. Some noted that funding should be provided to cover administrative and other requirements (“State funding for essential services should be adequate to cover back office, governance, compliance etc.” – official organisation response; “Financial and other supports should be available to organisations to cover costs associated with for example GDPR implementation, quality standards implementation, development of management information systems, resourcing of back office functions which neither donors or state bodies are keen to fund.” – official organisation response).

2. Adopting a strategic partnership approach

Under this heading respondents raised issues including the need for a more strategic approach to the development of services with the State and voluntary organisations working in partnership to deliver them. An official organisation response noted “Funding bodies need to collaboratively work together with voluntary bodies so they can achieve better outcomes through an agreed strategic plan”. Respondents also felt there needs to be better communication and engagement between voluntary organisations and the State. For example, one official organisation response noted “Voluntary hospitals and

other voluntary service providers need to be more represented in the central decision-making process in the public health service, Hospital Groups and Community Healthcare Organisations”.

Some respondents highlighted the need for a more strategic approach to funding services, based on population needs (*“Planning based on population data and best practice so that funding matches national strategic aims”* – affiliated individual response).

3. Improving governance

Under this heading respondents raised the need for strong governance in voluntary organisations and suggested different ways of achieving this. One individual respondent affiliated with a relevant organisation felt that *“All voluntaries should be subsumed under public umbrella for governance or alternative model which achieves quality standard”* and that *“all charity funding for health and social care service provision including staff supports”* should be removed.

Other respondents raised the need for incentives and penalties with regard to governance. For example, one individual respondent commented *“Support the groups that achieve the international standards and not every Tom, Dick and Harry who sets up a charity”*. An official organisation response noted that *“An increase in central funding for organisations providing essential public services who are fully compliant with legislation and the Governance Code would ensure that those organisations would be able to grow with demand, while the less essential, badly run organisations would struggle”*. Some respondents felt that Service Arrangements could be used to fulfil this purpose – (*“Better application of the content of the Service Arrangement and penalties for not doing same”* – individual respondent).

Respondents noted the need for professional and experienced managers and Board members. An individual affiliated with a relevant organisation felt that training for Board members should be mandatory. Some respondents felt that training and supports should be provided to voluntary organisations or HSE training made available, for example in relation to replacing Board members, HR practices, financial management and governance. One individual affiliated with a relevant organisation felt that HSE senior managers responsible for financial performance should receive training on corporate governance.

One individual respondent felt that voluntary organisations should have externally appointed Board members while an official organisation respondent suggested that statutory organisations be permitted to take seats on the Boards of voluntary community projects.

4. Improving resource allocation

A number of respondents felt that multi-annual funding should be introduced. An individual affiliated with a relevant organisation suggested *“Guarantee multi-annual revenue funding provision as long as specified criteria are met. As part of the multi-annual agreement the public body would be in a better position to ensure ‘gaps’ in service provision are covered in the agreement”*.

Some respondents noted the need to move to a different funding model. A number felt that a commissioning model based on needs should be introduced and that this would allow for better planning and delivery of services. For example, an individual respondent affiliated with a relevant organisation noted that *“The introduction of a commissioning model and new entrants into the sector can be a catalyst for change”*. Other respondents commented that funding should follow the patient or service user.

Respondents also raised the need for greater transparency in resource allocation.

5. Reducing administrative burden

Respondents felt that weaknesses of voluntary organisations could be minimised through streamlined administrative and reporting requirements. Some respondents raised the need for improved administration systems, with one official organisation respondent suggesting that bigger agencies could share resources and expertise in this regard.

A number of respondents felt that the reporting requirements on voluntary organisations could be revised (*“Review what information is needed from voluntary organisations and why, to reduce unnecessary burdens on both parties”, “If funders were to agree a joint reporting mechanism for certain organisational activities i.e. SLA’s, statistics, financial reporting etc. to lessen the burden on organisations trying to increase frontline work”* – official organisation respondents.) Some respondents noted the need for reporting requirements to be proportional to the size of the organisation.

Respondents also cited the need to move from a focus on reporting on outputs to service outcomes.

6. Other issues raised

Respondents raised staffing issues, including suggesting a wage agreement for the sector, increased funding to employ full-time members of staff, or that all staff in voluntary organisations become public servants.

Some respondents raised the issue of philanthropy. One official organisation respondent suggested an increased use of 50:50 matched funding arrangements between Government and high net-worth donors. An individual respondent noted that *“These organisations should be given advice on how to raise funds for themselves whilst being supported. They provide an amazing service and fulfilment for the volunteers”*.

A number of respondents commented that the State should not fund voluntary organisations to provide services. For example, individual respondents commented *“Core health services can and should be provided directly by the State, not other interested parties”, “HSE should do it all”*.

3.5. Further comments on strengths and weaknesses

Respondents were given the opportunity to raise further issues relating to strengths and weaknesses of voluntary organisations.

Some respondents commented positively on the work of voluntary organisations but noted the impact of governance failures. One official organisation respondent felt that *“There is an over-reaction to this [governance failures] which is storing future problems”*. An individual respondent felt that voluntary organisations *“Need to stop using ‘Voluntary’ and ‘Charity’ status to excuse their inadequacies”*. An individual respondent affiliated with a relevant organisation felt that while *“voluntary organisations in general represent a positive unique feature of the Irish people...when we are dealing with human beings there is the danger of greed and empire building and not as good value for money and intentions as the perception may be”*.

One individual respondent noted that voluntary organisations do not disclose information as freely as public bodies, while an official organisation respondent noted that *“advocates experience difficulties in accessing records and meeting with decision-makers that relate to the individuals working with the advocate”*.

One individual respondent that had experience as a manager in the HSE and a voluntary organisation noted that *“The professionalism and expertise of hospital management teams in the statutory sector has developed to a very high degree. I did not encounter any voluntary management team that were superior to statutory providers. Engagement with voluntaries was characterised by sub-agendas relating to their own ethos and general perception that they were better informed, resourced and more capable than their statutory counter-parts. By contrast statutory teams were more focused, had a greater appreciation of population health requirements and given the correct level of resources could provide services just as efficiently as voluntary bodies”*. An official organisation response noted differences among Section 38 voluntary organisations, noting that *“The Dublin Academic Teaching Hospitals (DATHS) and voluntary acute hospitals do have strong working relationships with the State, including good governance in the main. They must be commended for compliance with national and collective agreements and applying best practice in regard to IR/HR matters”*.

A number of respondents noted difficulties in recruiting staff and volunteers, particularly in a period of full employment.

One official organisation respondent felt that the consultation questionnaire should have explored the vulnerabilities of the voluntary sector and noted one of these as being that *“The voluntary sector usually operates without the type of statutory or administrative boundaries that characterise State services and is often left to be the provider of last resort to those who fall outside the limits of the State’s obligations, without adequate recognition in terms of policy or resources”*.

An individual respondent affiliated with a relevant organisation queried *“Why are so many of them concerned with disability, long-term illness etc. – this should be the remit of the national health service”*. An official organisation respondent commented that *“the delivery of services, through these disparate groups, has led to gaps in service provision and variations of standards which cannot be ignored”*.

An official organisation response noted that *“The movement towards commissioning of services is destroying the voluntary service. The third sector is not a cheaper option for delivery of services it should complement the services delivered by the State”*.

4. Relationship between the State and voluntary organisations

This section of the consultation questionnaire asked for respondents' views on the relationship between the State (including the HSE and Department of Health) and voluntary organisations.

4.1. What principles should guide the relationship between the State and voluntary organisations into the future?

Respondents were asked to identify the principles that should guide the relationship between the State and voluntary organisations, in order of importance. A weighting has been applied, with the main principles that respondents identified being (in descending order):

1. Partnership

Respondents commented that the principle of partnership should cover meaningful dialogue and a positive, collaborative working relationship between the State and voluntary organisations, with all parties working together to achieve a shared vision of providing the best service for clients.

2. Mutual respect (including recognition for the role of voluntary organisations)

Respondents felt that mutual respect between both state and voluntary organisations was an important principle to guide the relationship. A number of respondents felt that recognition by the State of the contribution of the voluntary sector was an important component of this.

3. Accountability

Accountability arose as a principle that should guide the relationship between the State and voluntary organisations. A number of respondents noted that the same level of accountability should apply to statutory and voluntary organisations. Others noted that accountability must apply both for the use of funds and the delivery of services.

4. Trust

A number of respondents felt that trust was an important principle to guide the relationship between the State and voluntary organisations, with some noting that this trust should be built on effective governance and proven ability to deliver. Some respondents felt that trust needed to be restored, which would require time and relationship-building.

5. Transparency

Respondents felt that transparency and openness should be guiding principles, particularly in relation to governance arrangements and funding. Open communication between both parties was also noted as important in this regard.

6. Focus on service users

Respondents felt that person-centredness and a clear focus on outcomes for service users should serve as a principle underpinning the relationship between the State and voluntary organisations. Respondents commented that an evidence- and needs-based approach should be taken to services.

7. Flexibility and responsiveness

Respondents felt that flexibility on the part of both the State and voluntary organisations should be a guiding principle, mentioning in particular the autonomy and responsiveness of voluntary organisations, and the need for effective problem-solving on behalf of both parties. This point was only raised by official organisation respondents and individual respondents affiliated with a relevant organisation.

8. Other issues raised

Other suggested principles put forward by respondents included “*Value for money*”; “*No religious interference*”; “*Adherence to government policy*”; “*that the state be required as a matter of course to deliver resources [required to meet standards] to the voluntary body concerned*”; and “*Provision of multi-annual funding*”.

4.2. Is the current balance of accountability vs. autonomy for voluntary organisations appropriate?

100 respondents answered this question. The majority of respondents of all types answered ‘No’ to this question.

Respondent type	Yes	No	Do not know	Total
Individuals	1	14	1	16
Individuals affiliated with an organisation	4	17	3	24
Official organisation responses	17	38	5	60
Total	22	69	9	100

Table 11 - Is the current balance of accountability vs. autonomy appropriate?

4.2.1. Yes

For those who answered 'Yes', the current balance of accountability vs autonomy for voluntary organisations is appropriate, the main reasons cited (in descending order) were:

- Organisations currently fulfil a number of reporting obligations.
- There are excellent relationships with the HSE (with respondents emphasising the importance of good relationships, input and support).
- To avoid problems witnessed in the past in a small number of charities

Two respondents (one official organisation response and one affiliated individual) noted that existing initiatives such as the Code of Governance ensure accountability. Two official organisation respondents also felt that accountability can sometimes be focused too much on financial issues rather than service quality.

4.2.2. No

For those who answered 'No', that the current balance of accountability vs autonomy for voluntary organisations is not appropriate, views were split between those who felt that there is not enough accountability and those who felt that there is not enough autonomy.

Broken down by respondent type:

- The majority of individual respondents did not feel that there is sufficient accountability of voluntary organisations.
- Individuals affiliated with an organisation but responding in a personal capacity were almost evenly split between those who felt there is not enough accountability and those who felt there is not enough autonomy.
- The majority of official organisation respondents felt that there is not enough autonomy for voluntary organisations.

Not enough accountability

The main points raised by respondents who felt that there is not enough accountability related to a lack of accountability and scrutiny.

One individual noted:

"Non-performing voluntary organisations retain too much autonomy. They continue to overspend with insufficient accountability and an attitude that they won't be 'allowed to fail' as the vulnerable people relying on their service won't be let suffer for their ineptitude".

Another individual respondent said

"[Voluntary organisations] have escaped proper scrutiny for the lack of client focus, poor responsiveness and fragmentation experienced. ... They have resisted many change efforts over the years and this continues".

Other issues raised included the need for oversight with regard to salaries and financial management.

Not enough autonomy

There were two major themes that emerged in the responses of those who felt that there is currently not enough autonomy for voluntary organisations:

- The burden of compliance and reporting on voluntary organisations
- The unequal relationship between voluntary organisations and the HSE

In relation to the burden of reporting and compliance, respondents noted the variety of reporting and compliance obligations; the lack of support and training to meet these obligations; the diversion of resources to administrative rather than front-line tasks; and the disproportionate burden on small organisations. Some respondents noted the lack of an overarching framework for accountability demands. Others felt that information requested is not used intelligently.

With regard to the unequal relationship between voluntary organisations and the HSE, respondents noted that decisions can be top-down from the HSE; that there is an unequal partnership; and that trust is not apparent.

One official organisation respondent from a voluntary/not-for-profit organisation commented:

“Sometimes it feels as if the HSE holds all of the power, as one of our funders, and that our future is in their hands. I don’t find this a very collaborative approach and it would be more helpful if we were respected as equals, delivering an essential service, to which the HSE can refer clients”.

Common themes

One common issue that was raised both by respondents who felt that there is insufficient autonomy or insufficient accountability was that currently, there is too much focus on financial performance rather than on value for money, outcomes and the quality of services provided to clients.

The remaining questions in Section 4 of the consultation questionnaire were only posed to respondents who identified themselves as individuals affiliated with a relevant organisation or as providing an official organisation response.

4.3. How would you describe the current relationship between voluntary organisations and the HSE?

The majority of official organisational responses classed the relationship between voluntary organisations and the HSE as either ‘Extremely good’ or ‘Somewhat good’ (54%). However, a significant minority (31%) classed the relationship as either ‘Extremely bad’ or ‘Somewhat bad’.

Among individuals affiliated with a relevant organisation, results were more evenly spread between ‘Extremely good / Somewhat good’, ‘Neither good nor bad’, and ‘Extremely bad / Somewhat bad’.

Question	Affiliated individuals	Official organisational responses
Extremely good	2	4
Somewhat good	7	28
Total	9 (39%)	32 (54%)
Neither good nor bad	7 (30%)	9 (15%)
Somewhat bad	5	16
Extremely bad	2	2
Total	7 (30%)	18 (31%)
Total responses	23	59

Table 12 - How would you describe the current relationship between voluntary organisations and the HSE?

4.3.1. Supporting comments

Respondents were asked for examples to support their answer regarding the relationship between voluntary organisations and the HSE.

1. Inconsistency of the relationship between HSE and voluntary organisations

The main positive theme that emerged from the responses was the excellent personal and working relationships between voluntary organisations and local levels of the HSE.

However, the main negative theme that emerged was that these working relationships can be varied and inconsistent, dependent on the individuals involved, and that positive local working relationships are not replicated when dealing with the national level of the HSE.

An official organisation response, which had classed the relationship as ‘Extremely bad’, commented *“It is really important to note that there is a difference between HSE central and HSE local, where relationships with the latter are generally excellent, built on trust and are supportive. However, there is disconnection between HSE central and HSE local. Dealing with HSE central is challenging; there is an overall distrust; very often you are dealing with staff who do not have the power/authority to make decisions. You are*

constantly dealing with different personnel so no opportunity to build a relationship or a rapport”.

2. Lack of partnership and communication

A number of respondents commented on a lack of partnership between voluntary organisations and the HSE, noting poor communication and a lack of recognition of the role of voluntary organisations as issues.

3. Funding and pay restoration

Respondents felt that funding cuts over previous years have had a negative impact on the relationship between the HSE and voluntary organisations. Two respondents commented that Section 39 organisations had imposed pay cuts on staff but not received funding to provide pay restoration.

4. Compliance and reporting

Respondents noted that it can be difficult for some organisations to meet compliance and reporting requirements, and that the systems in use in the HSE and voluntary organisations may not be compatible. One official organisation response noted *“Whilst understandable, I believe that the actions of a few voluntary agencies impacted on all voluntary agencies and the process of drafting and modifying Service Level Agreement contracts evidenced this over the last number of years”.*

5. Other issues raised

Other issues raised included positive comments regarding service provision by voluntary organisations. An official organisation response on behalf of a voluntary organisation felt that *“The HSE supports voluntary organisations who are able to show a good return for the time and money invested in them”.*

4.3.2. Suggestions for improvements

Respondents were asked to provide suggestions as to how the relationship between voluntary organisations and the HSE could be improved, if applicable. The main suggestions fell into the following categories (in descending order):

1. Improve the partnership between the HSE and voluntary organisations

Ensure mutual respect

Respondents noted the need for mutual respect and recognition for the roles the HSE and voluntary organisations play.

Better communications and engagement

Respondents commented on the need for better and more frequent communication between the HSE and voluntary organisations, and that this not be solely in relation to the Service Arrangement process.

Build relationships between HSE and voluntary organisation staff

Some respondents felt that a set of guidelines for how voluntary organisations and the HSE interact with each other was needed. For example, one official organisation respondent suggested “*An agreement on behaviours and principles that honour the values not only of the HSE, but of the funded agencies that work with them*”.

A number of respondents suggested that visits by HSE staff to see the work being done by voluntary organisations would contribute to building better relationships. Another suggestion was that local HSE managers should be given more autonomy and decision-making powers.

2. Take a more strategic approach to services

Under this heading respondents noted the need for clear, strategic priorities based on the needs of service users, which both the HSE and voluntary organisations would implement. Respondents felt that there needs to be a greater focus on the quality of services delivered. A number of respondents felt that introducing multi-annual funding or a commissioning approach would allow for more strategic development of services.

3. Simplify Service Arrangement and reporting processes

Respondents felt that the Service Arrangement and reporting processes need to be streamlined and standardised to ensure consistency between all regions. A number of respondents suggested that a single point of contact should be nominated for voluntary organisations within the HSE. Other suggestions included that one, overarching reporting template be developed that could be accessed by all HSE staff.

4. Training and supports for voluntary organisations

A number of respondents felt that the HSE should provide supports and training to voluntary organisations to improve governance, and that there should be ways of sharing best practice between the HSE and voluntary organisations.

5. Increased accountability

A number of respondents felt that there need to be stronger mechanisms to ensure the accountability of voluntary organisations for delivering projects and services, for example through more regular checks or the use of measurable objectives and outcomes in Service Arrangements.

6. Increased funding

Under this heading, respondents felt that increased funding for services and management costs would help to improve the relationship between the HSE and voluntary organisations.

7. Other issues

Other issues raised included that there should be an appeals process or independent third party to act as a mediator in disagreements between the HSE and voluntary organisations; that all those working within the voluntary sector should be ensured the pay and conditions of public servants; and that many voluntary organisations could be pulled into the statutory system.

4.4. Service Arrangement process

Respondents were asked about their views in relation to how a number of elements of the Service Arrangement (SA) process (which applies to organisations receiving greater than €250,000 in annual funding) between the HSE and voluntary organisations are managed. The figure below shows the responses in relation to each of these elements.

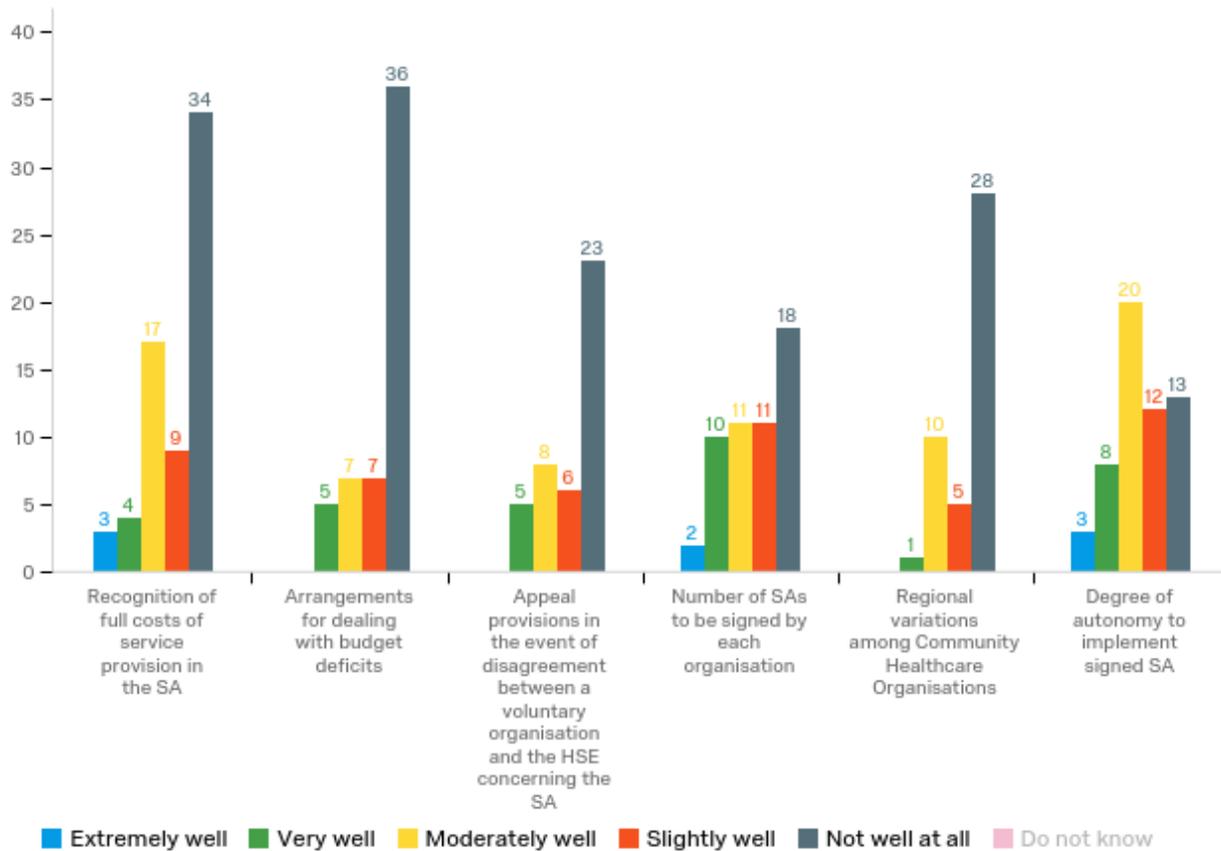


Figure 2 - How do you feel the following are currently managed in the Service Arrangement process?

It can be seen from the figure that the majority of respondents felt that the following were managed ‘Not well at all’ in the Service Arrangement process:

- Arrangements for dealing with budget deficits
- Recognition of full costs of service provision in the SA
- Regional variations among Community Healthcare Organisations
- Appeal provisions in the event of disagreement between a voluntary organisation and the HSE concerning the SA

‘Not well at all’ was also the most common response in relation to the number of SAs to be signed by each organisation though the margin was smaller – 18 respondents felt this was managed ‘Not well at all’, while 12 respondents felt it was managed ‘Extremely well’ or ‘Very well’.

The most positive response related to the degree of autonomy to implement signed SA. 11 respondents felt this was managed ‘Extremely well’ or ‘Very well’, and 20 respondents felt it was managed ‘Moderately well’. By contrast, 13 respondents felt it was managed ‘Not well at all’.

Other elements of the Service Arrangement process that respondents identified as being managed ‘Not well at all’ included input from and negotiation with voluntary organisations; dealing with organisations of various sizes and capacity to comply – including both small and national providers; and allowing for complexity of care.

4.4.1. Suggestions for improving the Service Arrangement process

Respondents were asked to provide suggestions as to how the Service Arrangement (SA) process could be improved, if applicable. The main suggestions fell into the following categories (in descending order):

1. Simplify the SA process

Respondents felt that the SA process was overly complex and that the SA documentation, including application forms and templates, should be simplified. Respondents suggested that it should be possible to complete the SA online, and that only changes from the previous year should have to be submitted.

2. Improvements in relation to allocation of funding

With regard to funding allocations, respondents felt that SAs should cover the full cost of providing services or that it should be possible to reflect funding deficits in SAs; that there should be more transparency around how funding allocations are decided; and that multi-annual funding should be introduced.

3. Increase the focus on objectives and outcomes

A number of respondents felt that the SA process should have a greater focus on service provision and meeting the objectives agreed with the HSE. Respondents felt that there needs to be more of a focus on the outcomes achieved for clients and that qualitative performance measures could be of use in this regard.

4. Increased input from voluntary organisations

Some respondents felt that SAs needed to be negotiated and agreed on a more equal basis between the HSE and voluntary organisations. They felt that there should be greater discussion between the HSE and voluntary organisations regarding the content of SAs, and noted the need for shared analysis and risk-sharing.

5. Increased oversight of voluntary organisations

Some respondents felt that there was a need for more involvement from HSE staff and for more monitoring of voluntary organisations, as well as increased capacity within the HSE to monitor services. Some respondents noted the need for a way of raising concerns or complaints with the HSE in order to hold voluntary organisations to account.

6. Provide supports for those completing the SA process

Some respondents felt that the HSE needs to provide greater guidance and support to voluntary organisations with regard to the SA process. Some suggested that HSE staff need to fully understand and be able to explain SA documents, while others suggested that information sessions would be helpful.

7. Introduction of a mechanism for resolving issues

Respondents felt that a mechanism needed to be introduced to resolve problems arising as part of the SA process. Some respondents suggested that this be a type of appeals process, while others felt that an independent mediator is needed.

8. Other issues raised

Other issues raised included the fact that a 'one size fits all' document is not appropriate for all voluntary organisations; the need to deal with national organisations on a national basis; that there should be a recognition of voluntary effort, both in terms of time and money, in SAs; and that the importance of advocacy also needed to be recognised in SAs.

4.5. Grant Aid Agreement process

Respondents were asked for their views in relation to the Grant Aid Agreement process (which applies to organisations receiving less than €250,000 in annual funding from the HSE).

What works well

Respondents felt that the process is quite simple and straightforward. They felt that it is positive that reliable annual funding is available to support small voluntary organisations. Respondents also noted that local relationships with the HSE are strong, with a good degree of trust and discussion.

What could be improved

In terms of suggested improvements, respondents felt that there needed to be greater transparency and consistency with regard to Grant Aid Agreements, noting that funding appears to be decided on a historic rather than merit basis and that voluntary organisations doing similar work often receive varying levels of funding. Some respondents felt that there needs to be greater communication with the HSE with regard to funding and negotiating agreements.

Respondents called for the introduction of multi-annual funding and agreements to allow for better strategic planning and noted that grants should be paid out at the same time each year.

Other issues raised as areas for improvement included the need for Grant Aid Agreements to be more specific to the organisation in question; the need for better reporting; and the governance and co-ordination between a multiplicity of small organisations.

4.6. Reporting and IT systems

4.6.1. A single centralised IT system

Respondents were asked whether a single centralised IT system should be developed in order to improve and standardise information flows between voluntary organisations and the HSE.

The figure below shows that the majority of respondents were in favour of this.

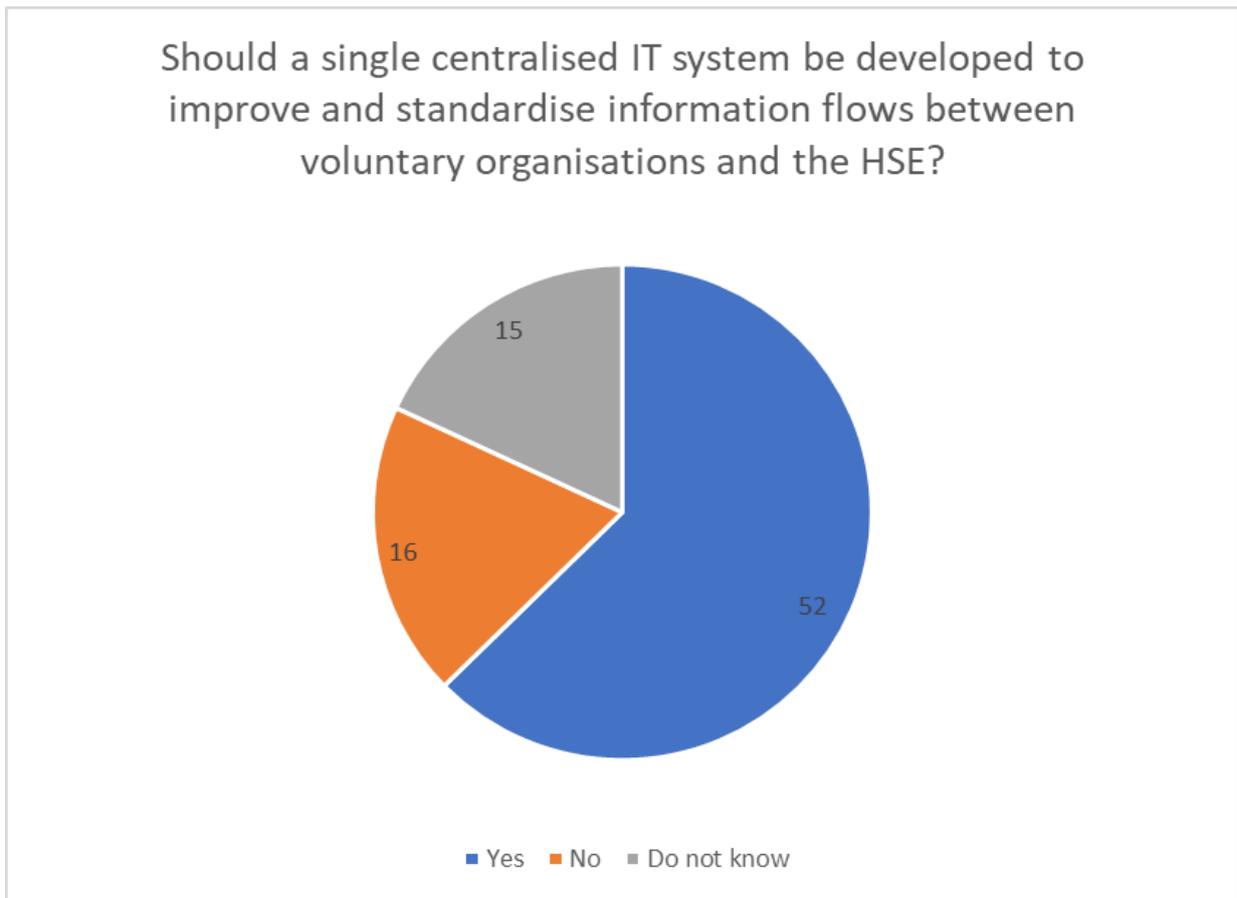


Figure 3 - Should a single centralised IT system be developed to improve and standardise information flows between voluntary organisations and the HSE?

The main points raised in favour of a single centralised IT system were that it would reduce duplication and ease the administrative burden on voluntary organisations. Respondents also felt that it would improve the information and data available, allowing for better health service planning.

Among those who felt that a single IT system would have negative implications, the main points raised were that it could lead to a loss of autonomy for voluntary organisations, leading to bureaucratic requests for information and losing sight of local good practices. Respondents who were not in favour of a single IT system pointed out that voluntary organisations could still need to retain their own IT systems, for example those voluntary

organisations receiving funding in other sectoral areas than health. Some respondents also noted the failure of similar projects in the past.

Some respondents who expressed support for a single centralised IT system included caveats with their answers. Some of the main points raised were that such a system would need to be designed in collaboration with voluntary organisations, simple and easy to use, compatible with existing systems, and in compliance with data protection and privacy regulations. Some respondents expressed concern that the funding for such a system could be taken from voluntary organisations' budgets; that the scale of investment needed may not justify the benefits; and that it could focus too much on financial information rather than service outcomes.

4.6.2. An agreed core data set

In addition to reporting to the HSE, voluntary organisations are currently required to report the same or similar data to a number of State bodies such as the Charities Regulator, Health Information and Quality Authority and Companies Registration Office.

Respondents were asked whether there should be an agreed set of core data that is readily available to each of these State bodies.

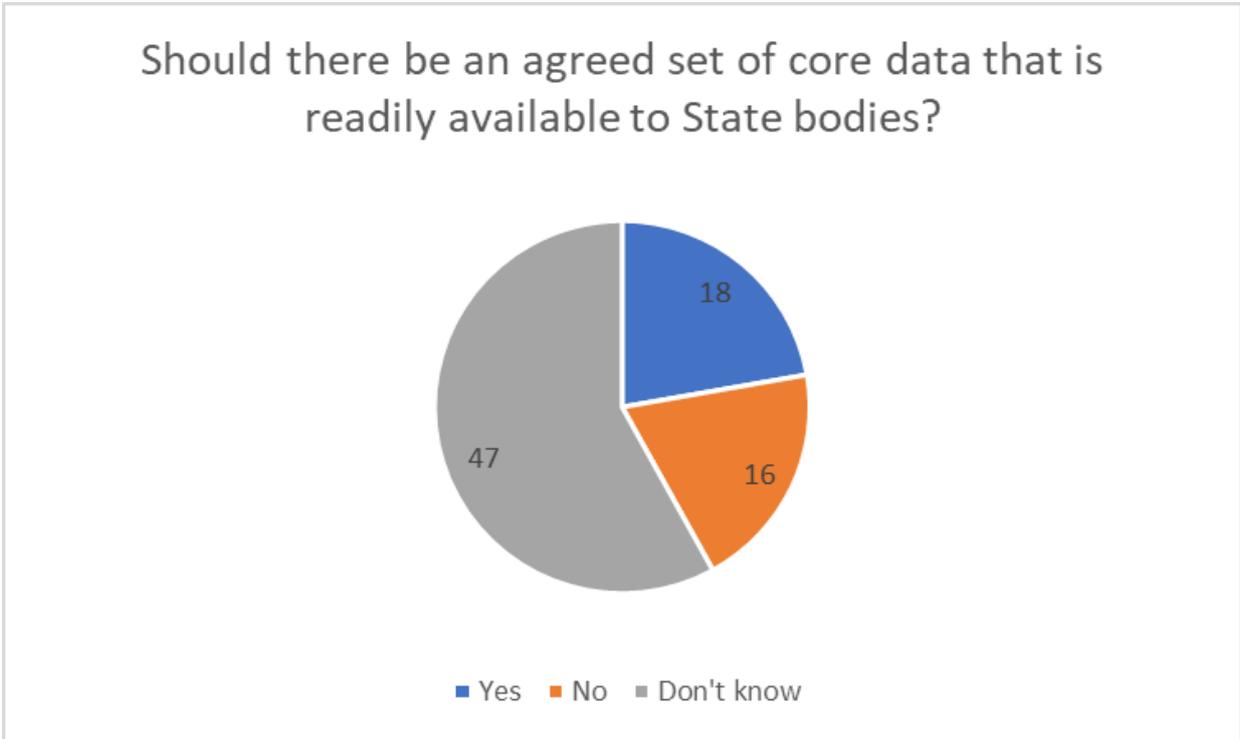


Figure 4 - Should there be an agreed set of core data that is readily available to State bodies?

The majority of respondents answered 'Do not know' to this question. Other respondents were almost evenly split between those in favour of such an approach and those against it.

For those in favour of an agreed core data set being available for different State bodies, many respondents commented that it would reduce duplication and ease the administrative burden on voluntary organisations. For example, one official organisation respondent said “*We should not have to repeat information. State agencies and Government agencies need to communicate [with] each other better*”.

A number of respondents commented that there is a role for the Charities Regulatory Authority in streamlining compliance and reporting duplication between State bodies and that it could play a role in relation to an agreed core data set.

Some respondents expressed caution, noting the risk of State bodies wishing to include too many data requirements and the need for proportionality of requirements to the size of an organisation. Respondents noted the need for all voluntary organisations and State bodies to respect data protection rules.

The majority of respondents felt that the State should invest in a single IT solution to collect and host this agreed core data set, as can be seen in the figure below.

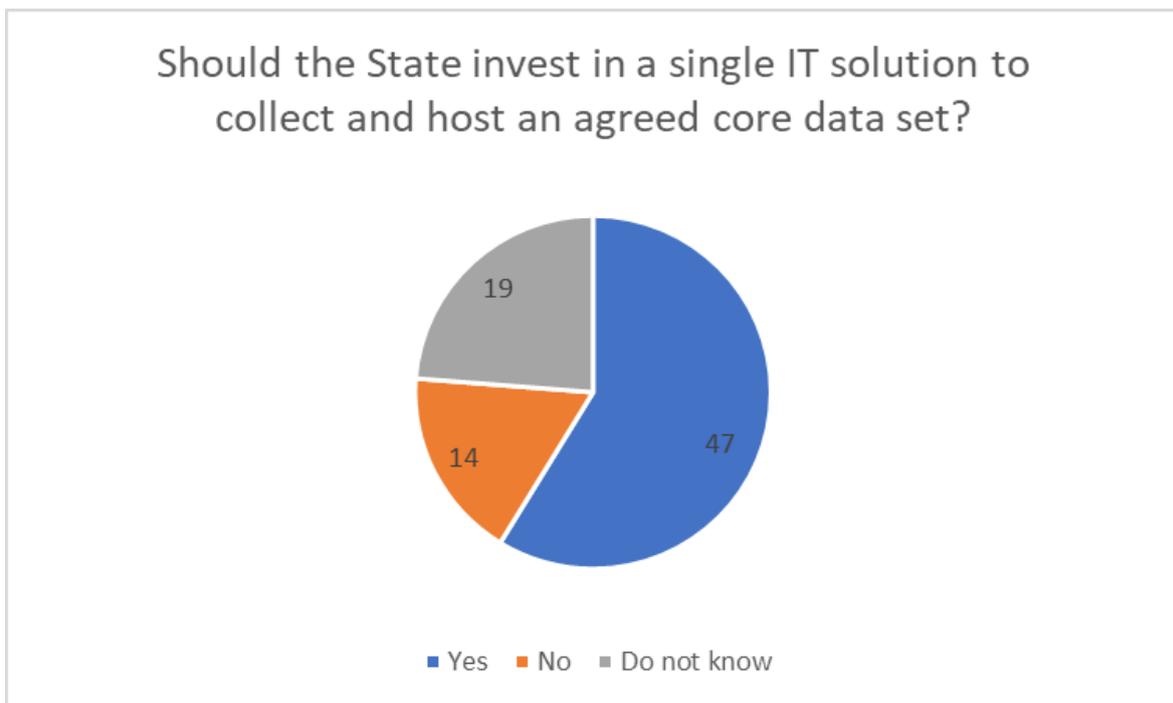


Figure 5 - Should the State invest in a single IT solution to collect and host an agreed core data set?

The main point raised in favour of the State investing in a single IT solution to collect and host an agreed data set was that it would lead to increased efficiency, particularly through time and cost savings, and that this would free up staff and volunteer time to focus on service provision. Some respondents felt that it could allow for improved collaboration among statutory agencies, and potentially identify opportunities for collaboration among voluntary organisations.

Some of the caveats mentioned by respondents in favour of a single IT solution to collect and host an agreed data set were that the design stage would need to involve a cost

benefit analysis and consultation with voluntary organisations; that it would need to be compliant with data protection regulations; and that it should not lead to resources being diverted away from frontline services.

Many respondents who felt that the State investing in a single IT solution to collect and host an agreed data set would have negative implications commented that it could be complex and unwieldy, and that there would be a risk that information would be collected unnecessarily. A number of respondents felt that it could decrease the flexibility and autonomy of voluntary organisations, while others cited negative examples of similar projects. Some respondents suggested that as information is already filed with the Charities Regulatory Authority and made publicly available such a system is not necessary.

4.7. Health service reform

4.7.1. Involvement in policy development and implementation

Respondents were asked for their opinion on whether voluntary organisations are sufficiently involved in the development and implementation of policy or organisational changes in the health service.

The majority of respondents answered 'No' to this question, as can be seen in the figure below.

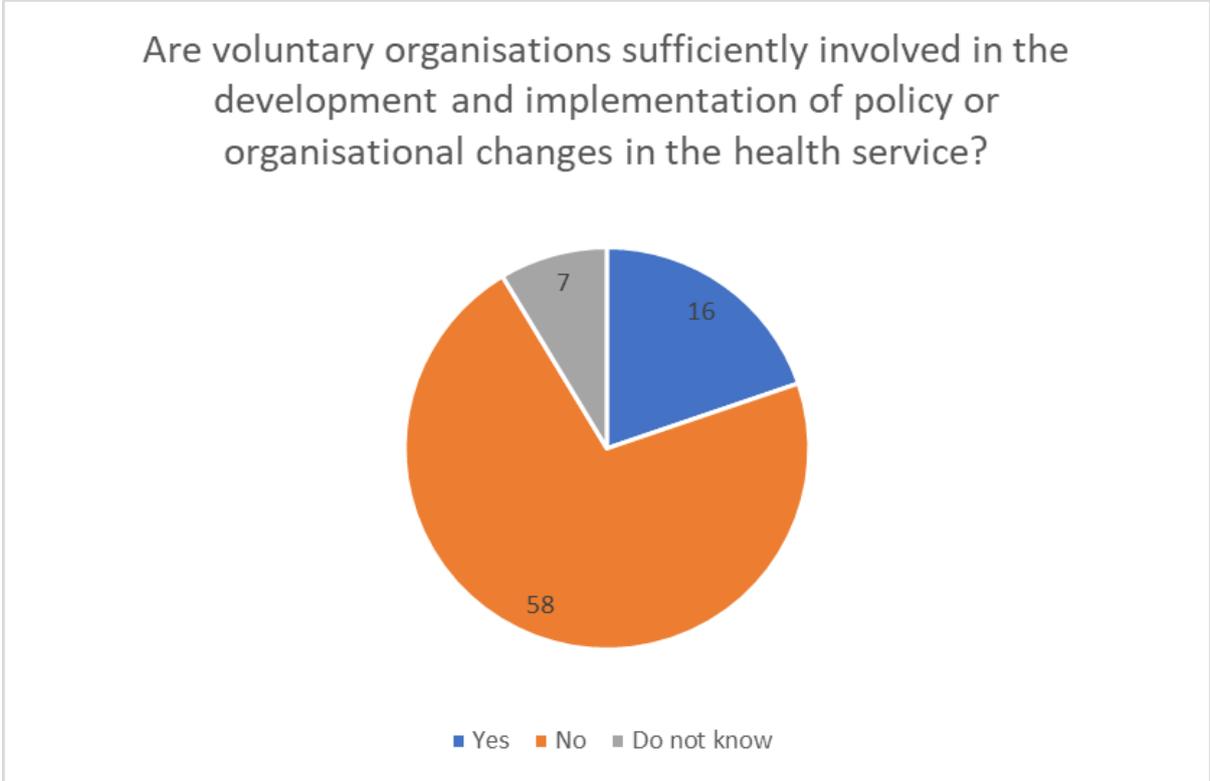


Figure 6 - Are voluntary organisations sufficiently involved in the development and implementation of policy or organisational changes in the health service?

Many respondents felt that while voluntary organisations are expected to implement policies, they have little involvement in developing them. A common theme emerging was that consultation with voluntary organisations can be tokenistic rather than meaningful and that there should be more communication between the HSE and voluntary organisations with regard to policy and organisational changes.

Other issues raised included that policy discussions can be dominated by the needs of the acute healthcare sector; that the level of consultation with voluntary organisations is variable and can be dependent on personalities involved; and that some voluntary organisations may not fully support or implement policy changes.

4.7.2. Implications of current and future reforms

Respondents were asked for their views on the implications for voluntary organisations of current and potential reforms (such as those outlined in the Sláintecare Report, Hospital Group and Community Healthcare Organisation development etc.).

A large number of respondents were unsure of the implications of reforms, with some commenting that greater involvement of voluntary organisations is required.

A number of respondents felt that the implementation of Sláintecare would have positive implications but did not agree with the Committee on the Future of Healthcare that there should be divestment of voluntary organisations.

Other issues raised included the need to minimise the administrative burden of reforms or structural changes, to preserve the autonomy of voluntary organisations and to avoid a 'one size fits all' approach to the voluntary sector. Respondents also commented on the need for evaluation of reforms focusing on outcomes rather than outputs.

4.7.3. The role of the Department of Health

Respondents were asked for their views on what the role of the Department of Health should be in relation to voluntary organisations.

The main issues raised were (in descending order):

1. To support and work in partnership with voluntary organisations

Respondents felt that the Department of Health should acknowledge the role and value of voluntary organisations and treat them as an equal partner in addressing health and social care challenges. A number of respondents felt that the Department of Health should provide greater support to voluntary organisations, for example by promoting mutual learning and sharing of best practice or by providing training on governance and compliance requirements.

2. Regulatory oversight of voluntary organisations

Respondents felt that the Department of Health should be responsible for overseeing voluntary organisations and ensuring that clear performance and accountability frameworks are in place.

Oversight of the HSE

A subset of these respondents felt that the Department's role is to closely oversee the HSE as it fulfils this role.

3. To ensure voluntary organisations receive adequate funding

A number of respondents felt that the Department of Health should play a role in ensuring that funding allocations to voluntary organisations are sufficient to meet service demands, including through advocating for increased investment in health and social care. Some respondents saw its role as being to ensure funding is allocated fairly across statutory and voluntary organisations.

A small number of respondents felt that the Department of Health should itself be the funding body for voluntary organisations.

4. To provide leadership and policy direction

Under this heading, respondents noted that the Department should be responsible for providing leadership and a strategic vision for improving health outcomes, including through a population health approach. Respondents felt that the Department must set policy at a national level and ensure that it is fully implemented, regardless of the type of service provider.

Some respondents felt that the Department should set out a clear policy on the role of the voluntary sector in health and social care.

5. To engage directly with voluntary organisations

A number of respondents felt that the Department should engage directly with voluntary organisations, particularly through effective consultation mechanisms. Two respondents felt direct reporting from voluntary organisations to the Department, as was previously the case, should be re-instated.

As an arbiter between the HSE and voluntary organisations

Four respondents felt that there could be a role for the Department of Health in resolving disagreements between the HSE and voluntary organisations.

6. Other

Other issues raised included that the Department of Health should not always be the lead department with regard to disability issues; that it should support the employment of Traveller primary health care workers; and the importance of integrated care pathways.

4.8. Further comments on the relationship between the State and voluntary organisations not previously raised

Respondents were given the opportunity to raise further issues relating to the relationship between the State and voluntary organisations.

An official organisation respondent noted that voluntary organisations often receive funding from various Government departments and public agencies and that this allows them *“to operate outside the necessarily bureaucratic boundaries of policy and programmes [and] enables them to broker a 'joined up' approach that responds to the actual needs of individuals, families and communities”*. They also noted that it *“enables overhead costs to be shared across a range of service budgets to produce a cost-effective service”*.

With regard to commissioning, an official organisation respondent was concerned that a commissioning model for services may be used to exploit the flexibility of voluntary organisations and their staff.

Respondents expressed differing views with regard to small voluntary organisations. An individual respondent affiliated with a relevant organisation felt that the State should *“establish a system for organisations to be set up and funded (or not) in order to stop large numbers of very small organisations (1 or 2 people) doing the same thing”*. By contrast, one official organisation respondent felt that *“The funding for small independent agencies should be examined. Our service has been largely ignored by funding bodies in favour of big national disability organisations”*.

Other issues raised included the mutual dependence between the State and voluntary organisations; the need for a more person-centred approach to the delivery of services; the need to take account of differences involved in providing services in urban and rural areas; the issue of pay restoration for staff working in Section 39 organisations; and the fact that ‘non-profit’ may be a more appropriate term than ‘voluntary’.

5. Funding arrangements

5.1. Are the current arrangements for protecting the State's investment of capital funding sufficient?

No individual respondents felt that the current arrangements for protecting the State's investment of capital funding are sufficient. More individuals affiliated with a relevant organisation answered 'No' than 'Yes', while more organisations answered 'Yes'. However, a large number of respondents did not answer or answered 'Do not know' to this question so the numbers in question are quite small, as can be seen from the table below.

Response	Yes	No	Do not know
Individuals	0	12	4
Affiliated individuals	4	5	14
Organisations	14	11	33
Total	18	23	58

Table 13 - Are the current arrangements for protecting the State's investment of capital funding sufficient?

Respondents were asked for their views on how current arrangements could be improved and how the State should best protect its capital investment? 12 individuals, 4 individuals affiliated with a relevant organisation and 9 organisations provided comments on this question. The responses generally fell into the following categories:

1. State should assume ownership

Two individual respondents felt that the State should take ownership of service providers. One noted that the State should “*assume ownership of key health infrastructure, starting with section 38 organisations. All organisations should have the choice of not participating in a national scheme, but if they exercise that choice they should become self-funding over a period of time, in line with their chosen ethos*”.

2. State should invest in public organisations

Three respondents (one individual, two individuals affiliated with a relevant organisation) felt that the State should invest in HSE buildings and equipment instead.

3. State should own assets

Two individual respondents felt that any State investments should be owned by the State. One noted *“The State should own all new assets and ‘franchise’ to voluntary organisations or others to operate based upon renewable contracts. Existing assets should be sought by the State prior to any major investments”*. The other noted *“If at all possible the land should be procured by the State either by long-term lease or by purchase. If not, then there should be a class for purchasing the land in the future if anything changed with the arrangements”*.

4. State should strengthen current arrangements

7 respondents (3 individuals, 2 individuals affiliated with a relevant organisation, 2 official organisation respondents) felt that the State should ensure that robust lien arrangements are in place. 2 respondents felt that this is particularly important at present – an individual affiliated with a relevant organisation noted *“Particularly as large institutions are closing, the release of assets and funding arising from same needs to be managed, so resources are not swallowed by organisations but re-invested and that HSE has control of same”* and an official organisation response noted that *“Given the extensive capital investment required across the health system (as outlined in the Health Capacity Review 2018), it is vital that contractual arrangements are in place to protect State investment in buildings, and equipment, including investment in the upgrading of existing infrastructure”*.

3 respondents noted that the State should review and clarify the situation relating to ownership of buildings, leases and tenancy arrangements. One official organisation response commented *“Our experience is that the HSE do not have a record of historical agreements/records with regard to building leases, etc and such institutional knowledge is not systematically recorded. Therefore, once there is a change in personnel, the information is not readily available”*.

5. Positive aspects of voluntary organisations’ ownership of assets

One official organisation respondent noted that the voluntary sector has provided the State with the free use of land and buildings for many decades. Another noted that it is preferable for the State to invest in voluntary organisations rather than private firms, commenting *“There is increasing evidence that services are being outsourced to private companies and it should be noted that funds spent on assets by private firms that secure contracts to deliver services are forever lost to the State. Public funds allocated to public-benefit, charitable, non-profit organisations remain within the ownership of the public, and available for public benefit into the future”*.

6. Other issues raised

An individual respondent commented that *“Liens are being sought by the HSE for the provision of fire doors while on the other side of the scale entire asset classes are being transferred to separate companies which are not funded by the HSE. Voluntary organisations want their assets funded by the HSE but are retaining ownership which could jeopardise continuing provision of services”*.

Two respondents raised the issue of funding being spent on rent, with one wondering whether this should be re-examined and another noting that in these situations there is no protection for the voluntary organisation against rent increases or budgets provided to modernise or maintain premises.

An official organisation respondent felt that the same question should have been asked about the State protecting its investment of operational funding.

5.2. Should voluntary organisations in receipt of public funding be required to clearly state how assets owned by the organisation and used to deliver publicly funded services will be disposed of in the event of the winding up of the organisation?

Most respondents felt that voluntary organisations in receipt of public funding should be required to clearly state how assets owned by the organisation and used to deliver publicly funded services will be disposed of in the event of a winding up of the organisation, as can be seen in the chart below.

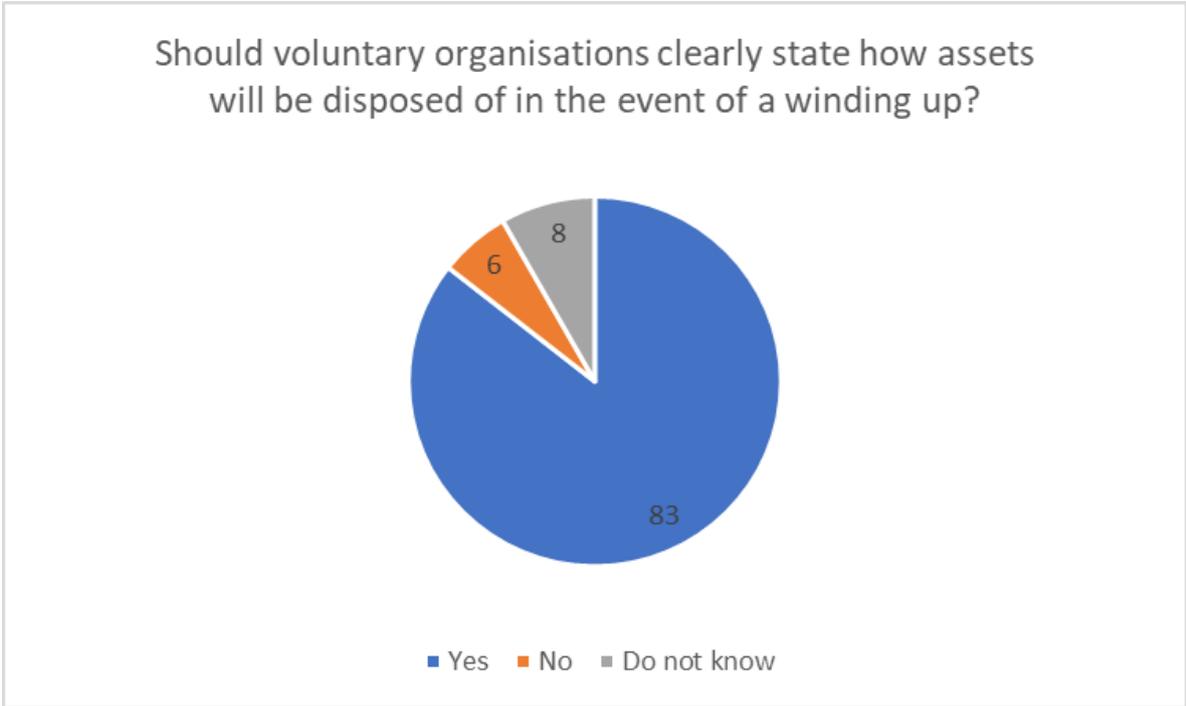


Figure 7 - Should voluntary organisations clearly state how assets will be disposed of in the event of a winding up?

This was the case for all respondent types, as shown in the chart below.

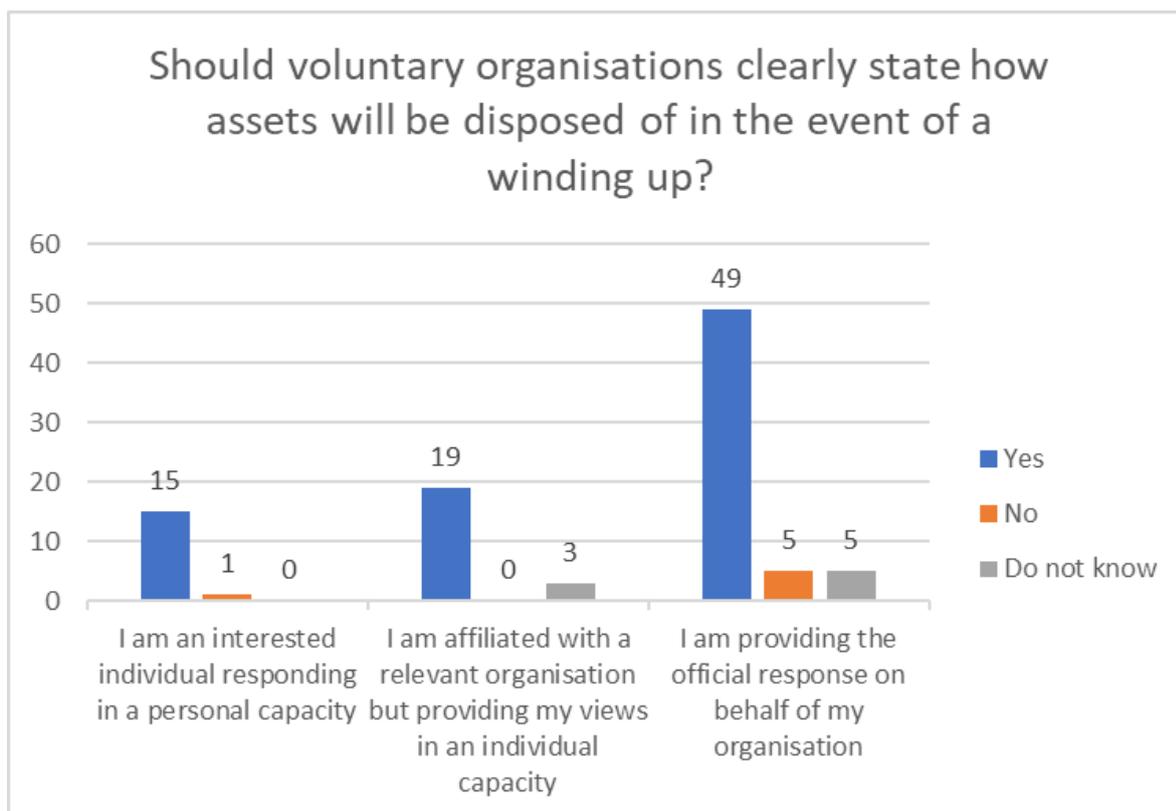


Figure 8 - Should voluntary organisations clearly state how assets will be disposed of in the event of a winding up? Broken down by respondent type

Yes

For those who answered 'Yes', many comments focused on the fact that this should be required for transparency, accountability and to protect public investment.

Many official organisation respondents noted that provisions on the disposal of assets are covered under organisations' constitutions and Charities Regulator requirements.

Some respondents noted that transparency on the disposal of assets would assist with contingency planning and ensuring continued service provision.

Some respondents felt that this should only apply to assets that have been 100% funded by the State and not those owned or funded by the voluntary organisation.

Other comments included a suggestion that the State be given first option to buy assets; that it is important to be clear on how State investment will be secured in all eventualities, not just winding up.

Some individual respondents referenced the need to ensure assets are not transferred to Church ownership in their replies.

No

For those who answered 'No', comments included that it would depend on the level of funding received, that it should only apply to those assets funded by the State, and that it could be complicated where organisations are funded through multiple and changing sources. One official organisation respondent noted "*I am uncertain as to the legitimacy of expectation regarding assets as the voluntary agency is a legal entity with legal obligations and therefore has obligations and autonomy with regard to decisions*".

5.3. Different funding mechanisms for services

Respondents affiliated with a relevant organisation or providing an official response on behalf of an organisation were asked whether they had come across a situation where an organisation could be paid two different rates for the same service – one through the Service Arrangement and the other as a result of tendering to provide services.

The majority of respondents (56) had not encountered such a situation, while 17 had - as can be seen in the chart below.

Have you encountered a situation where an organisation is paid two different rates for the same service?

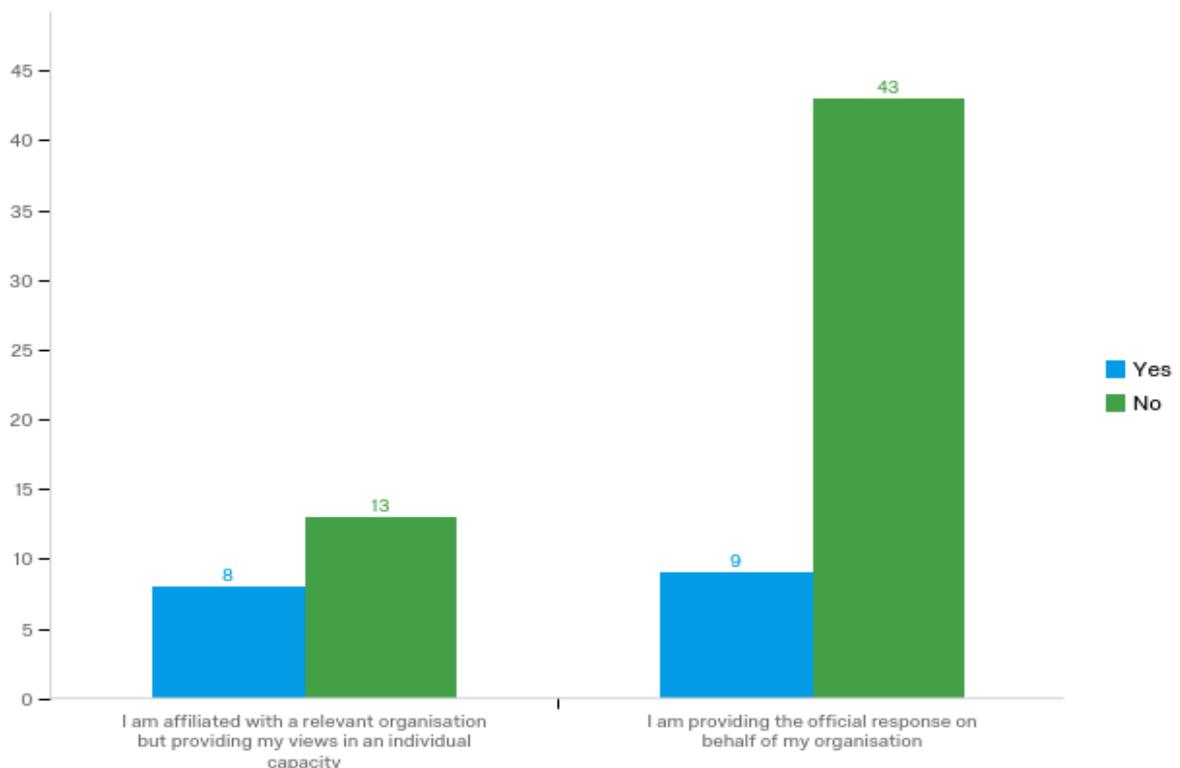


Figure 9 - Have you encountered a situation where organisations are paid different rates for the same service – one through the Service Arrangement and the other as a result of tendering?

The 17 respondents who had encountered such a situation were asked for their views on whether it has benefits or disadvantages for the provider and/or service user. The main points raised were as follows:

1. Benefits for the providers

Respondents felt that it allows the organisation to ensure the full cost of providing a service is covered, with one noting that having different rates can provide an opportunity to add a margin to make up a deficit that may exist elsewhere. It may also help to address capacity challenges if staff can be paid more where necessary.

2. Disadvantages for the provider

Some respondents commented that it increases administrative complexity, particularly in relation to reporting to the HSE.

One respondent felt that the time and cost involved in submitting a tender is high, and organisations must compete *“against ‘richer’ organisations who are prepared to take a hit in order to get established in a particular area”*.

One respondent noted that it can lead to pay inequality among staff in an organisation if some receive higher rates of pay for performing the same duties, while other organisations pay the same rate regardless of whether a different rate of funding has been received.

3. Benefits for the service user

Respondents felt that it ensures service users’ needs are fully funded, and that it may build capacity for individualised budgets in the future. One respondent felt that having different rates is a benefit where specialist clinical skills are required.

One respondent felt that services provided under a Service Arrangement have an assured continuity of provider.

4. Disadvantages for the service user

Respondents noted that it may lead to instability in service provision, with service users having a different provider every few years which may cause anxiety for service users and their families. Some respondents felt that it limited availability of choice.

5. Other

One official organisation respondent felt that any change in service needs could best be addressed through the Service Arrangement process but that tendering to provide a service would allow for costs and prices to be reviewed.

One official organisation respondent commented that the main advantage is to the HSE *“which has consistently exploited Service Arrangements to freeze grant levels with no regard to increased costs, including costs directly attributable to changes in the Service Arrangement itself”*.

5.4. Future developments regarding funding

Respondents affiliated with a relevant organisation or providing an official response on behalf of an organisation were asked how important they considered the following for voluntary organisations into the future:

- a move to multi-annual financing;
- more transparent allocation of grant funding;
- move to a commissioning model for services.

How important do you see each of the following for voluntary organisations into the future?

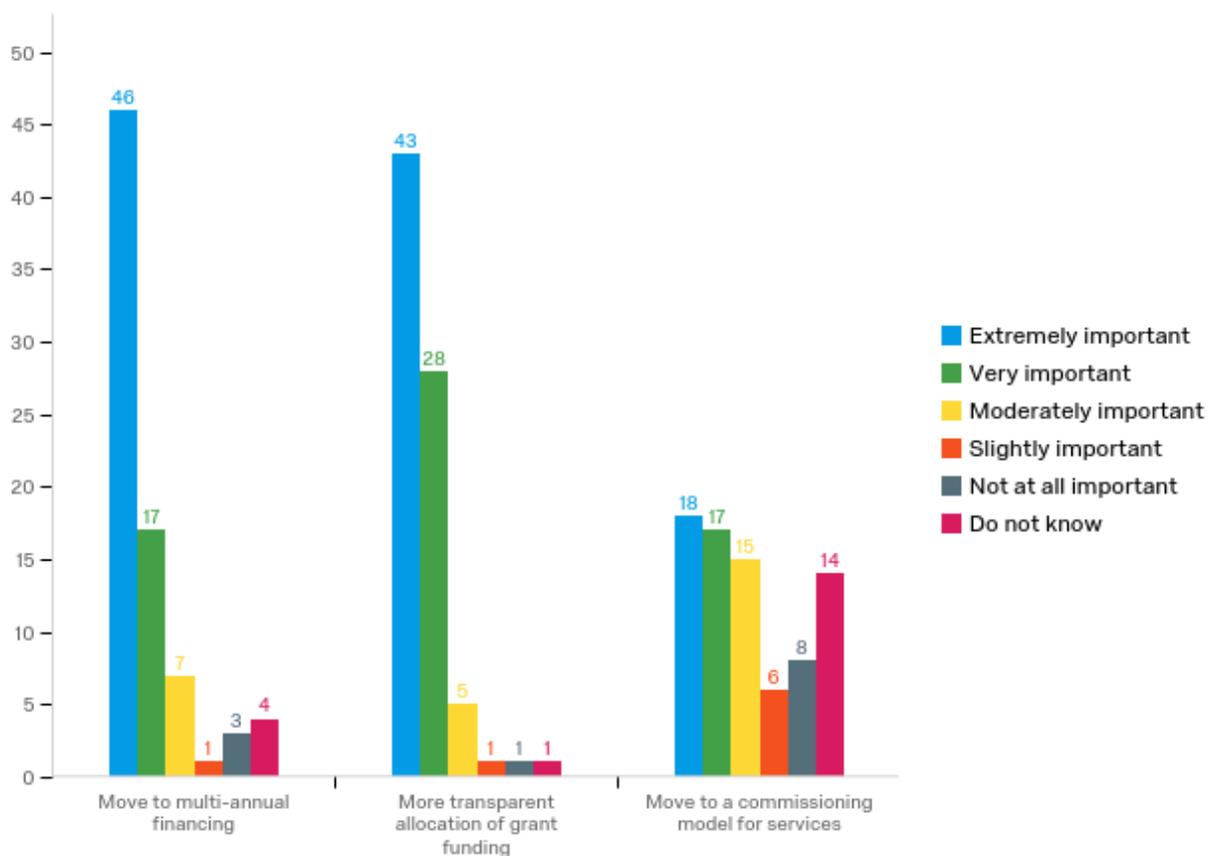


Figure 10 - Importance of developments regarding the funding of voluntary organisations

71 respondents felt that more transparent allocation of grant funding was extremely important or very important.

63 respondents felt that a move to multi-annual financing was extremely important or very important.

35 respondents felt that a move to a commissioning model for services was extremely important or very important.

Other issues that respondents identified as being ‘Extremely important’ or ‘Very important’ for voluntary organisations into the future included increased funding and full cost recovery; a greater focus on service outcomes; more use of philanthropic funding; innovation funding; flexible funding models that allow for changing need; and differentiation between Section 38 and Section 39 contractual arrangements.

5.5. Further comments on funding not previously raised

Respondents were given the opportunity to raise further issues relating to funding.

In relation to commissioning, respondents highlighted the need for research and consultation before the introduction of any commissioning model. Many respondents raised concerns that commissioning could lead to an excessive focus on achieving the lowest cost, to the detriment of service users. One official organisation response noted that *“Good commissioning should work within a societal value framework. This means that public money should be spent on services that maximise values, such as equity, accountability and quality”*.

Other issues raised included that engaging in advocacy work should not impact on funding; support for individualised budgets; the impact that cuts to funding for prevention will have in the future; that where an organisation only receives a small portion of its funding from the HSE, HSE requirements should only apply to that funding; that larger organisations should have to provide both national and regional accounts to ensure money allocated to a particular geographic area is being spent there.

6. Governance

6.1. What are the main issues facing the Boards of voluntary organisations?

Respondents were asked what they think are the main issues facing the Boards of voluntary organisations. The main themes that emerged from the responses were as follows:

1. Recruitment and retention of Board members with appropriate expertise

Respondents noted difficulties in attracting and retaining Board members with appropriate skills and expertise. Respondents felt that it can be difficult to find Board members due to the commitment and time constraints involved and requirements placed on Board members. Some respondents felt that succession planning can be a challenge and that there can be a limited pool from which to draw candidates. Others noted that a lack of training for Board members on their role can be a challenge.

2. Increased requirements facing Boards

Under this heading respondents raised the increased and varied requirements placed on Boards, including in relation to governance requirements, legislative requirements, reporting requirements, health and safety, and data protection. Respondents noted that liability rests with the Board, with one official organisation response commenting “*The board members’ professional reputation is at risk as they have all of the accountability and risk responsibilities but none of the control*”.

3. Funding

Respondents felt that lack of funding is an issue facing the Boards of voluntary organisations. Some respondents felt that the predictability of funding is an issue as is ensuring the financial sustainability of organisations. Others noted a reliance on fundraising and a need to raise income.

4. Recruitment and retention of staff and volunteers

Under this heading, respondents pointed out challenges in relation to the recruitment and retention of staff due to non-competitive pay and conditions as an issue facing the Boards of voluntary organisations. One official organisation response noted as an issue “*potential cut-backs and employment actions – staff are dissatisfied with working arrangements and either leave or [become] demotivated*”.

Respondents also noted that it can be difficult to recruit volunteers and that volunteer burn-out can be an issue.

5. Poor governance

Respondents commented that there can be weaknesses in the governance of voluntary organisations, for example due to conflicts of interest or poor practices in relation to Board composition, such as appointing friends or family members. An individual respondent commented that an issue facing Boards is that they are “*Self-perpetuating. Either co-opted by existing Board members or appointed by a very narrow base of trustees. This does not meet the requirements of entities in receipt of substantial public funding*”. An individual respondent affiliated with a relevant organisation commented that “*Boards can include parents/family members etc. which may lead to conflicts of interests. Family members on boards may prioritise specific interests*”.

6. Providing and sustaining quality services

Respondents noted sustaining viable services to a high standard to meet the needs and expectations of service users as an issue facing the Boards of voluntary organisations. Some felt that Boards may not have time to fully understand day-to-day operational challenges.

7. Other

Other issues raised included the need to ensure that Boards are diverse and “*do not represent middle class, white, settled men*”; the fact that philanthropic giving of time should be rewarded through the tax system in the same way as philanthropic giving of funding; and the risk that signing Service Arrangements with a deficit may have significant repercussions for Board members.

6.2. Further comments on governance

1. Streamlining governance requirements

Under this heading respondents commented negatively on the impact of increased governance requirements – for example, one official organisation respondent said “*Government Departments will destroy our volunteers with their increased demands and legislative requirements*”. Respondents noted the need to introduce streamlined reporting requirements, with some suggesting the introduction of one governance standard that would take into account the work of the Charities Regulatory Authority and build on existing statutory requirements under the Companies Act.

2. Suggestions to improve the governance of voluntary organisations

A number of respondents made suggestions for improving the governance of voluntary organisations. These included appointing medical consultants as executive directors on Boards; ensuring transparent communication between Boards and staff; conducting independent audits of voluntary organisations; and having a mandatory governance code for voluntary organisations. One individual respondent affiliated with a relevant organisation noted that “*the definition of Section 38 and 39 organisations needs to be*

clarified as that affects the approach to governance from the perspective of autonomy and independence”.

3. Supports needed for good governance

Respondents raised the need for the State to provide support to voluntary organisations in relation to improving governance. Some respondents felt that funding allocations do not recognise the cost of maintaining good governance, while others felt that support could be provided in the form of training or online resources.

4. Positive comments in relation to the governance of voluntary organisations

A number of respondents commented positively on the governance of voluntary organisations, for example noting that Boards are close to the delivery of patient care. Some respondents felt that the standards of governance required of voluntary organisations is now higher than that required of public sector organisations.

Benefits of voluntarism

A number of respondents commented positively on the involvement of volunteers in governing and staffing voluntary organisations and noted that their contribution should be recognised by the State.

5. Negative comments in relation to the governance of voluntary organisations

Some respondents expressed concerns at the governance of voluntary organisations, particularly with regard to non-compliance with procurement rules and the remuneration of staff.

6. Other issues raised

Respondents were given the opportunity to raise further issues relating to governance. One respondent noted that a one-size-fits-all approach to governance would not be appropriate given the differences of type and scale among voluntary organisations. Other issues raised included difficulties in recruiting financial personnel to the voluntary sector due to uncompetitive salaries; the potential for governance issues in a minority of organisations to cause reputational damage to all voluntary organisations; and the possibility of introducing a non-financial reward scheme for volunteers.

7. Legal classification of voluntary organisations

7.1. Section 38 – Advantages and disadvantages

Respondents were asked about the advantages and disadvantages of being a Section 38 organisation.

The most commonly cited advantages were as follows:

Ranking	Advantage
1	Public servant status
2	Autonomy
3	Access to funding

1. Public servant status

For many respondents the fact that Section 38 organisations offer public servant status to staff is a superior pay and pensions advantage. In consequence, for many Section 39 organisations (even large ones) it poses a staff retention challenge.

2. Autonomy

Autonomy was cited as an advantage (and lack of autonomy as a disadvantage). From a plus point of view, one individual commented that there is the perception of “*not being shackled by civil service bureaucracy*”. To enjoy, as another individual stated “*the ability to work around the regulatory environment in relation to funding and staffing*”. Another affiliated individual noted how autonomy engenders “*greater innovation and new ways of service provision*”.

3. Access to funding

Another clear advantage that Section 38 organisations have is the benefit of guaranteed access to funding from the State that not only cements security of tenure for staff but also ensures a continuance in the existing level of service provision. Additionally, “*The ability to attract philanthropic funds for healthcare is also a precious bonus*” was cited by one organisational respondent.

The most commonly cited disadvantages were as follows:

Ranking	Disadvantage
1	Lack of autonomy
2	Lack of partnership
3	Pay policy restraint

1. Lack of autonomy

The rigidities of stricter HSE oversight leading to lack of autonomy was cited as the biggest disadvantage. Various affiliated and organisational respondents described the HSE approach as being “*punitive*”, feeling treated as “*the poor relation*” and “*not respected*”.

2. Lack of partnership

Lack of partnership also ranked highly as a disadvantage of being a Section 38. “*Inability to voice disagreement with public policy/funding decisions*”, “*Boards are not valued*” and “*exclusion from strategic planning*” typified the viewpoints.

3. Pay policy restraint

The public sector pay (and numbers) policy that Section 38 organisations must always observe can act as a disadvantage at times when the labour market is competitive as Section 39 organisations have the freedom to pay more attractive rates. As one Section 38 organisational respondent noted “*central control of headcount...restricts flexible responses to changing conditions*”.

1.1. Section 39 – Advantages and disadvantages

Respondents were asked about the advantages and disadvantages of being a Section 39 organisation.

The main advantages cited were as follows:

Ranking	Advantage
1	Operational flexibility
2	Autonomy
3	Recruitment advantages
4	Community focus

1. Operational flexibility

For Section 39 organisations operational flexibility was cited as a big advantage, echoed by many respondents who said that “*community-based responses*”, “*the ability to innovate and be responsive to emerging needs*”, “*the ability to conduct business without interference*”, “*more freedom than Section 38s in decision making*” gives them a cutting edge that makes a real competitive difference.

2. Autonomy

Autonomy was highlighted as one of the benefits of being a Section 39 organisation, with one affiliated individual respondent noting affiliated “*the ability to derive and implement our own strategic plan in consultation with service users*” as a strong advantage.

3. Recruitment advantages

Recruitment was cited as an advantage for Section 39 organisations as their agility allows them to “*be flexible on job descriptions as well as terms and conditions*”. Several respondents mentioned the “*potential to use different pay scales*”, “*no head count control*”, “*less exposure to the State for pensions*” as examples.

4. Community focus

Community focus is also seen as an advantage for Section 39 organisations. This advantage is perhaps best summed up by an organisational representative who said “*the ethos and the strong guiding sense of values and mission creates a culture of service that*

mobilises voluntary effort and resources". In terms of advocacy the local base of Section 39 organisations enables them to *"advocate as the frontline voice for the people they serve"*.

The main disadvantages cited were as follows:

Ranking	Disadvantage
1	Staff terms and conditions
2	Funding uncertainty
3	Governance demands

1. Staff terms and conditions

Staff terms and conditions were the most commonly stated disadvantage of being a Section 39 organisation. A number of respondents felt that Section 39 organisations are constantly battling to retain staff, for example one respondent noted that *"Lack of parity of funding for staff costs (salaries, benefits, pensions) weakens resource competitiveness"*. The issue of pay restoration was mentioned by many as creating a huge tension.

2. Funding uncertainty

The uncertainty of annual funding was also a problem. As one official organisation respondent noted, *"The funding base is uncertain over time both in respect of HSE grants and the level of funds raised and donations received every year"*. One official organisation response from a representative group said *"the insecurity of funding presents a risk that Section 39 organisations are taken advantage of by the HSE in terms of their being expected to make a contribution to the cost of funding through earning income and fundraising"*.

3. Governance demands

The increasing governance demands in healthcare was seen by respondents as a huge issue, for smaller Section 39 organisations in particular. *"The binding compliance demands on Boards (diminishes) real control and power yet all of the responsibility (is preserved) – the worst of both worlds!"*. One official organisation respondent noted *"We are expected to compete with fully private organisations but we are part controlled by HSE constraints"*.

1.2. Legal distinction between statutory, Section 38 and Section 39 organisations

7.3.1. Is the current legal distinction between voluntary organisations funded under Section 38 and Section 39 appropriate?

Respondents were asked whether the current legal distinction between voluntary organisations funded under Section 38 and Section 39 of the Health Act 2004 appropriately reflects a differentiation in service provision, public funding and reporting

arrangements. The majority of respondents answered 'Do not know' to this question, with 11 answering 'Yes' and 27 answering 'No'.

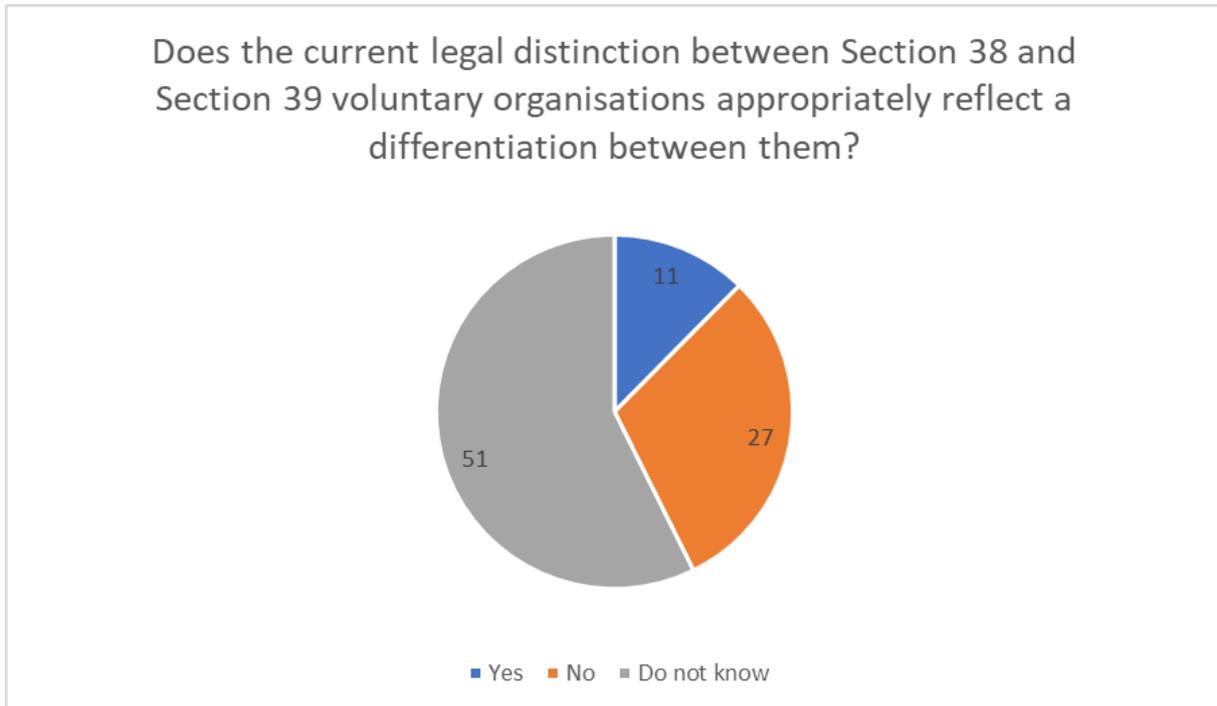


Figure 11 - Does the current legal distinction between Section 38 and Section 39 voluntary organisations appropriately reflect a differentiation in service provision, public funding and reporting arrangements?

Respondents who said no cited a number of reasons. These included the fact that Section 38 and Section 39 organisations provide similar services and that while funding under Section 39 of the Health Act 2004 is for organisations providing services “similar or ancillary” to those provided by the HSE, in many instances Section 39 organisations actually providing essential services. Respondents also noted that Section 38 and Section 39 organisations are subject to very similar requirements and reporting obligations, and that the distinction between the two therefore appears to be historical. A number of respondents felt that the disparity in terms and conditions between workers in Section 38 and Section 39 organisations should be addressed.

Among those who felt that the current distinction is appropriate, reason being that Section 39 organisations are generally more community-based. The issue of pay restoration for staff in Section 39 organisations was also raised by some respondents.

7.3.2. Should Section 38 organisations be offered the option of becoming statutory bodies?

Respondents were asked whether, given that the majority of Section 38 organisations are virtually fully funded by the State and their employees are public servants, they should be offered the option of becoming statutory bodies. Half of respondents answered 'Do not know' to this question, with 32 answering 'Yes' and 11 answering 'No'.

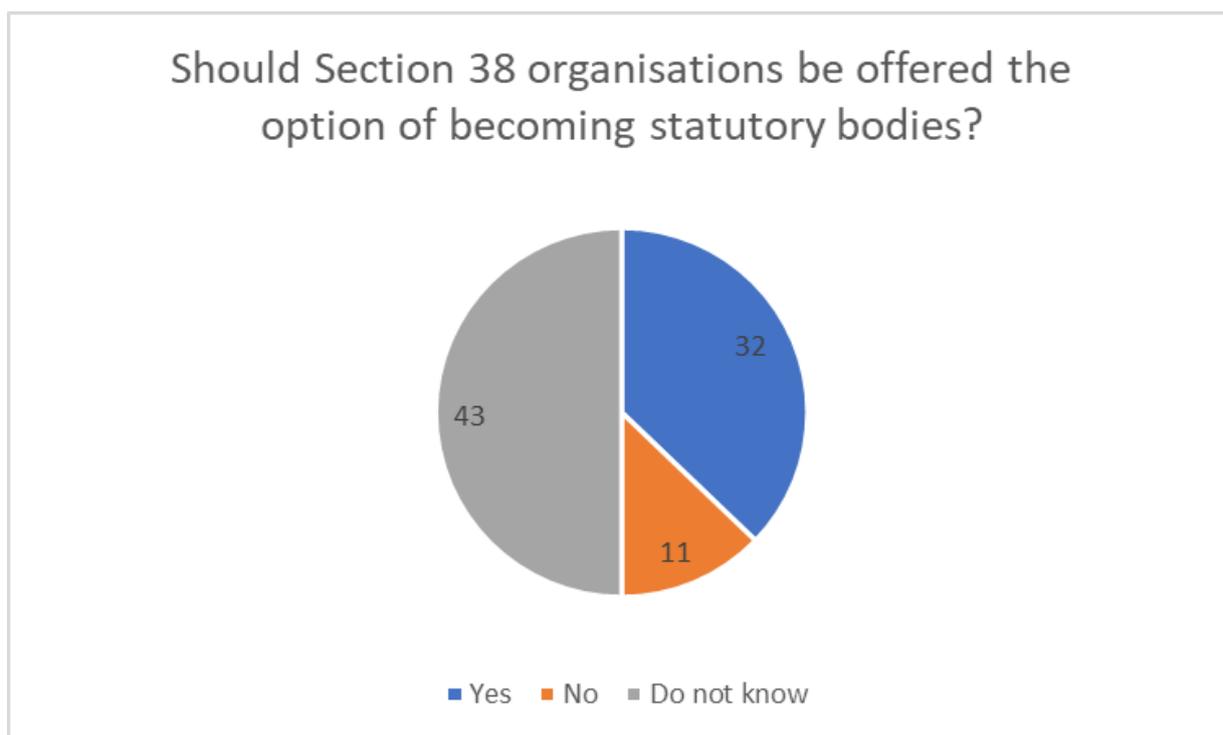


Figure 12 - Should Section 38 organisations be offered the option of becoming statutory bodies?

Among who said ‘yes’, the most common reason given was that it might improve the oversight and accountability of these organisations. Other common reasons cited were the fact that voluntary organisations share the same mission and policies as the Department of Health and HSE; and the fact that the State provides most of Section 38 organisations’ funding. 2 respondents felt that the option for Section 38 organisations to become statutory bodies could be useful in the case of organisations owned by religious orders with declining memberships. Another respondent suggested that continuing problem of Board member recruitment to voluntaries in the wake of previous scandals would be alleviated.

Most respondents who said ‘no’ felt that it would erode a lot of the voluntary organisations’ positive features such as advocacy, independence and autonomy, volunteer involvement in management and service delivery, responsiveness to their communities and flexibility.

Some respondents stressed the importance of such an offer being completely optional for Section 38 organisations, but others felt that becoming a statutory body should be mandatory.

7.3.3. Should larger Section 39 organisations be offered the option of becoming Section 38 bodies?

Respondents were asked whether larger Section 39 organisations (for example those receiving over €5 million in state funding) should be offered the option of becoming Section 38 organisations over time. 41 respondents answered ‘Do not know’, with 31 answering ‘Yes’ and 13 answering ‘No’.

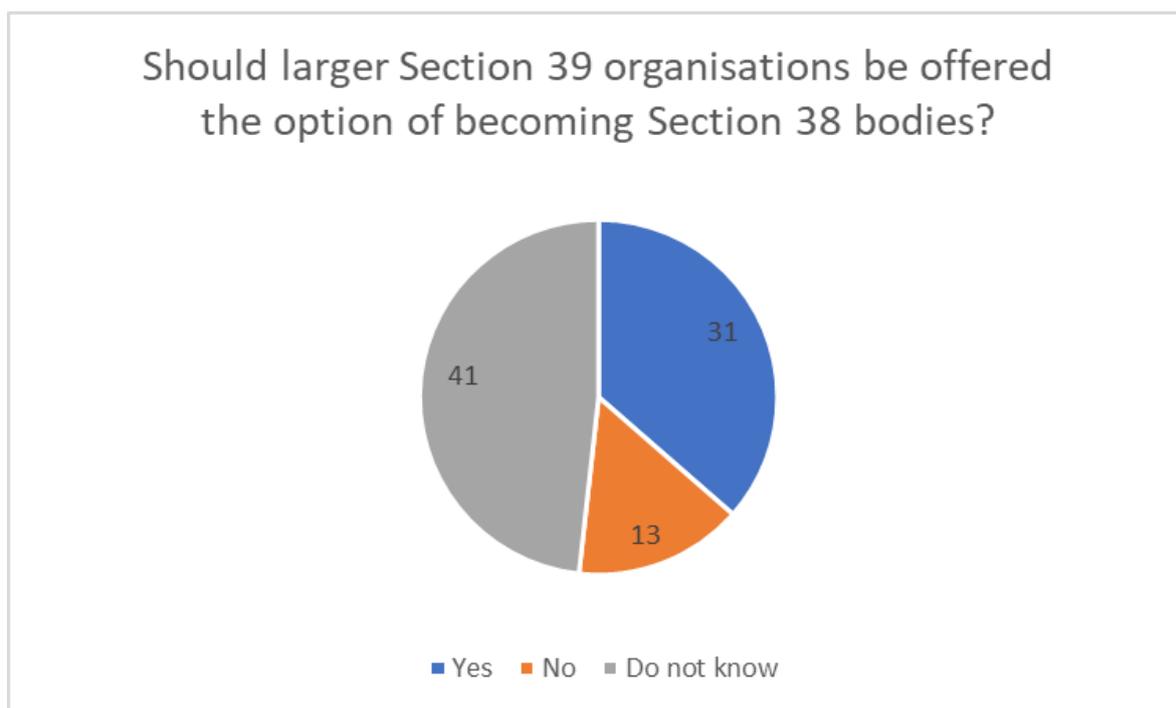


Figure 13 - Should larger Section 39 organisations be offered the option of becoming Section 38 bodies?

Among respondents who answered ‘Yes’, reasons put forward included that it would bring stability and decrease reliance on fundraising, for example where core services are being provided to significant population groups. Some respondents felt that in instances where the State is already fully funding large entities, then their dependency should warrant a status change to Section 38. Increased governance oversight, organisational sustainability and greater clarity for the public were other supporting reasons given. One respondent commented that such a development “might only suit some organisations” and should be an ‘opt in’.

Among respondents who answered ‘No’, some felt that the proposed threshold figure (€5m) was too low and should be a lot higher (for example, €20m or €40m). Others expressed negative views about the cost of putting staff on Section 38 terms and conditions. The potential for a loss of independence, autonomy and the ability to advocate was also seen by some respondents as negative outcome.

7.3.4. Is there a case for developing a new category for larger Section 39 organisations?

Respondents were asked whether there is a case for developing a new category for larger Section 39 organisations (for example for those receiving over €5 million in state funding). Half of the respondents answered ‘Do not know’ to this question, with 26 answering ‘Yes’ and 16 answering ‘No’.

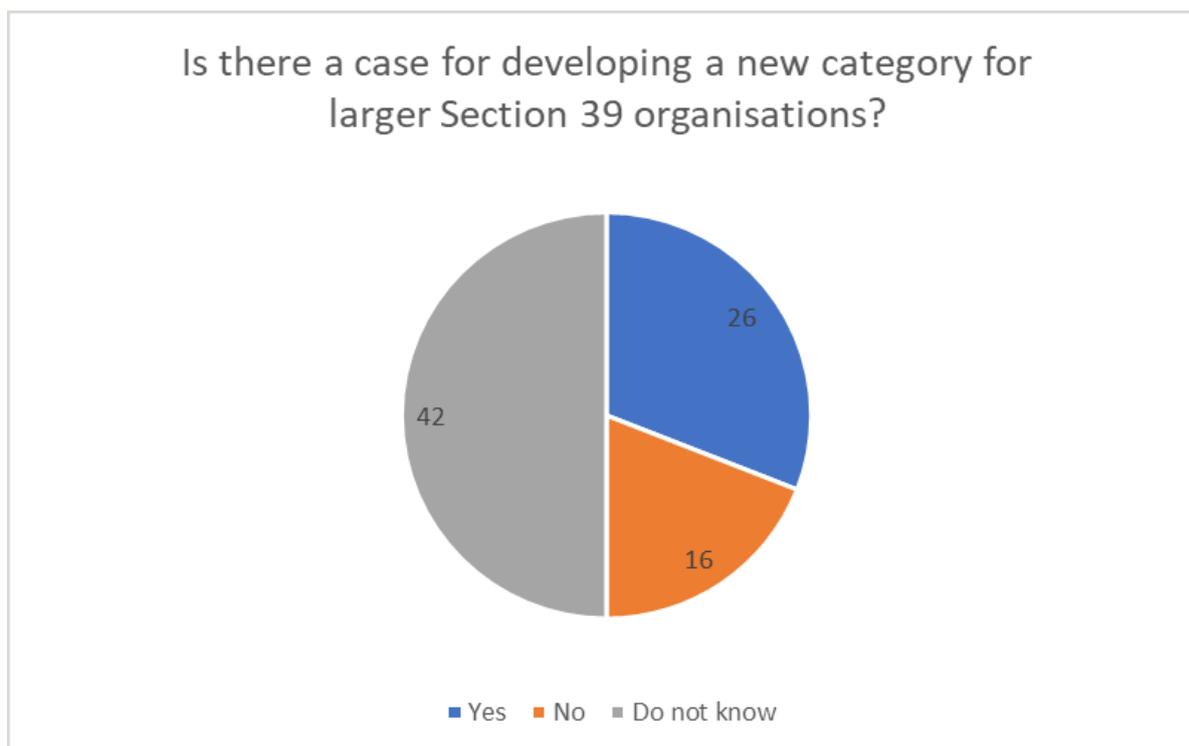


Figure 14 - Is there a case for developing a new category for larger Section 39 organisations?

Respondents expressed a high degree of uncertainty in relation to this question.

Among respondents who answered 'Yes', some felt that a new category would be a good idea given the scale of funding some Section 39 organisations receive and how their spending should be scrutinised. Some respondents felt that the proposed threshold of €5m was too low. Other respondents noted that level of funding should not be the determinant for a new category, but rather the services being provided – for example whether they are essential services or are services delivered on a national basis. A number of respondents noted the need for careful consultation on any proposed new category for voluntary organisations and an opt-in approach.

Among respondents who answered 'No', the most common reason was an urge to avoid unnecessary complexity and a lack of clarity as to what this new category would entail. Respondents noted the need *“to keep things simple”*, and that this would *“add another layer (to an) already complicated and complex health and social care service”*. One respondent felt that it would be unhelpful to use *“an arbitrary funding threshold to justify division among Section 39s”*

1.3. Further comments on the legal classification of voluntary organisations not previously raised

Respondents were given the opportunity to raise further issues relating to legal classification. Among these were suggestions that organisations should not be defined based on their funding arrangements; the need for engagement mechanisms for

organisations that provide national level services; the fact that the benefits of voluntarism outweighs any difficulties caused by having a complex system; and the need for greater clarity on where responsibility for redundancies lies.

8. Smaller Section 39 organisations

8.1 Should smaller Section 39 organisations be encouraged to use shared services?

Respondents were asked whether smaller Section 39 organisations (e.g. those receiving less than €5 million in State funding) should be encouraged to use shared services, for example for accounting, legal matters, human resources management etc.

The majority of respondents of all types answered 'Yes' to this question, as can be seen in the chart below.

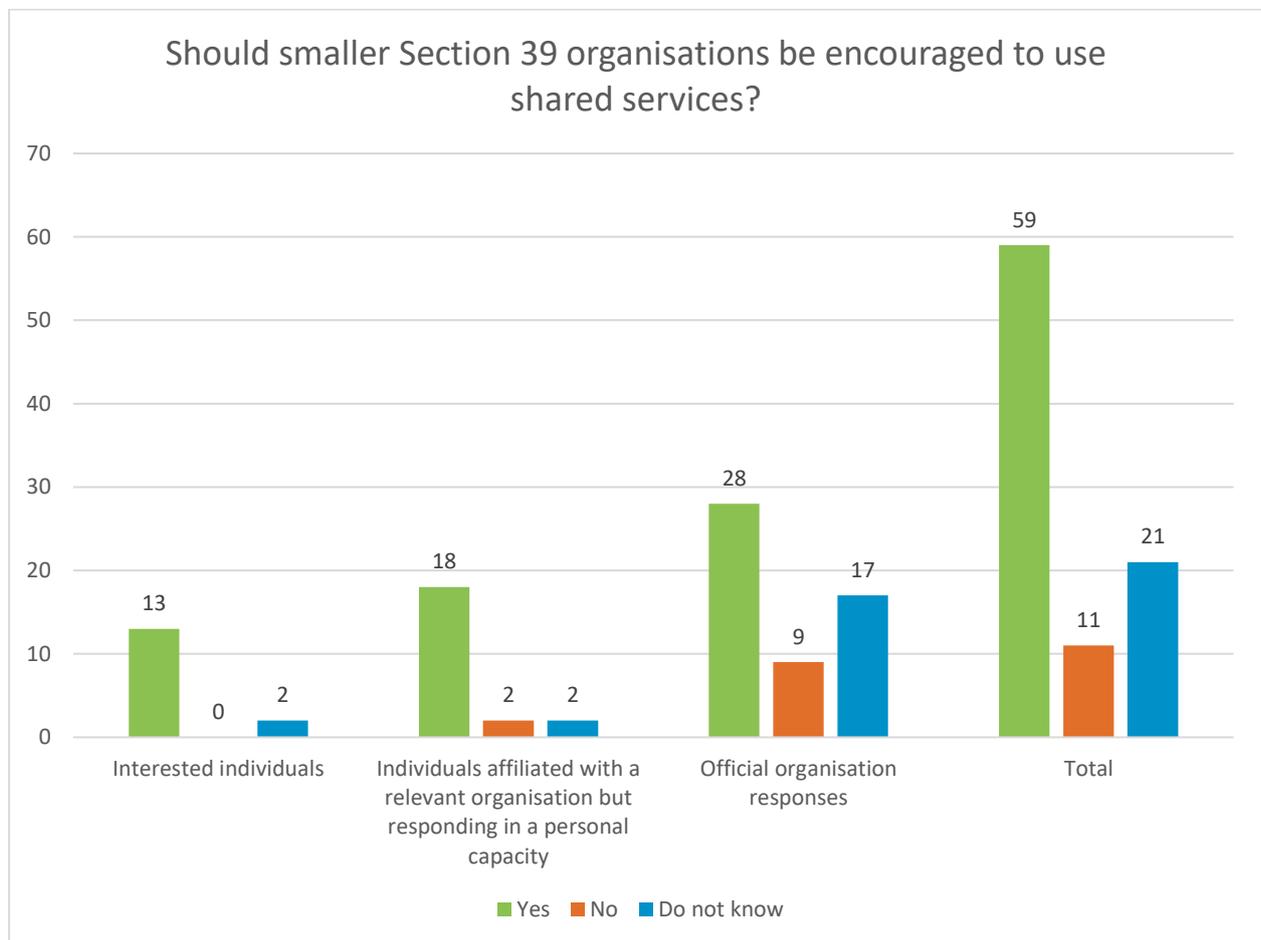


Figure 15 - Should smaller Section 39 organisations be encouraged to use shared services? Broken down by respondent type

This also held true for responses from individuals affiliated with a Section 39 organisation or providing an official response on behalf of a Section 39 organisation, as can be seen in the chart below.

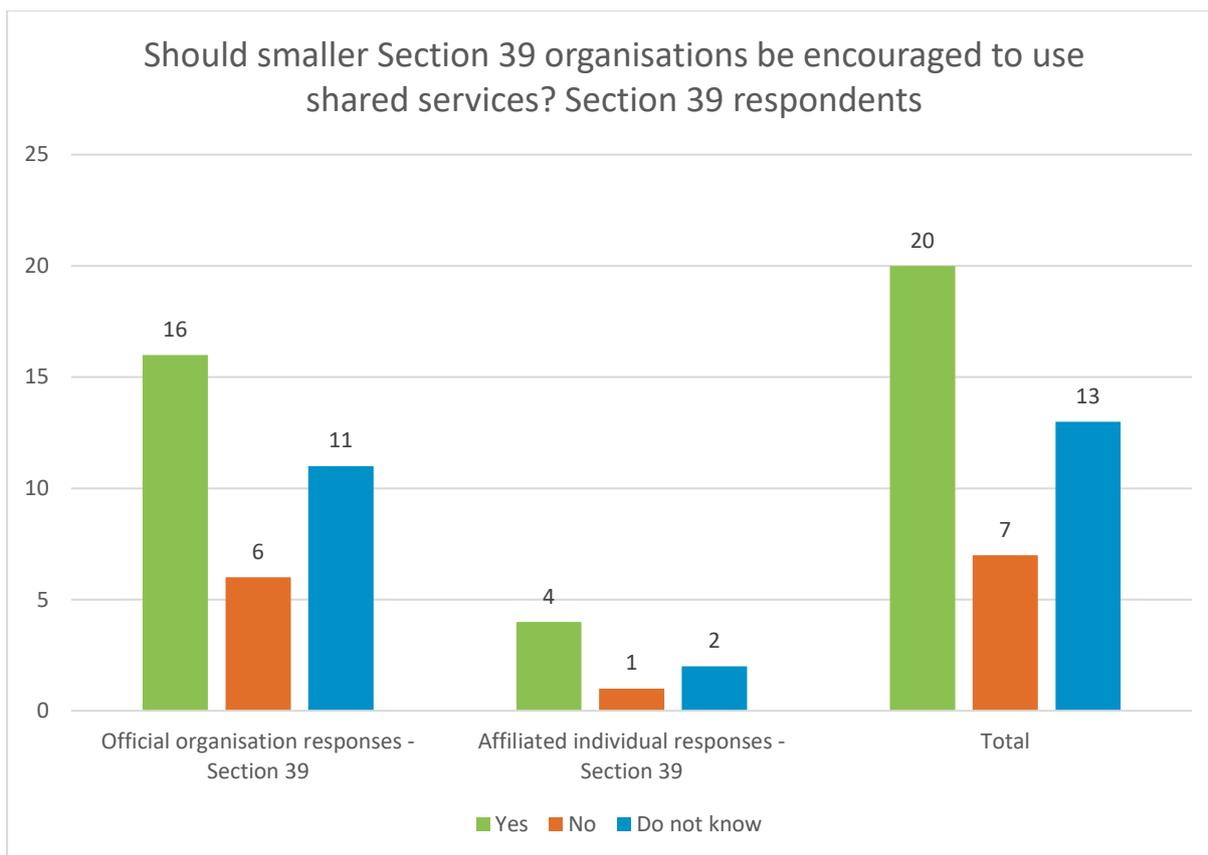


Figure 16 - Should smaller Section 39 organisations be encouraged to use shared services? Section 39 respondents

8.1.1 Who should initiate and lead this process?

Respondents who felt that smaller Section 39 organisations should be encouraged to use shared services were asked who should initiate and lead this process? As can be seen from the table below, the most frequent response was the HSE, followed by voluntary organisations.

Ranking	Who should initiate and lead this process?
1	HSE
2	Voluntary organisations
3	Minister for Health/Department of Health
3	Jointly between the State and voluntary organisations
4	Specific named organisation* / Other**

Table 14 - Who should initiate and lead process of encouraging shared services among smaller Section 39 organisations?

*Some of the specific organisations suggested included the Charities Institute, the Department of Public Expenditure and Reform, Mental Health Ireland, The Wheel and Disability Federation of Ireland.

**Other suggestions included that using shared services should be mandated in law; that an independent mediator should be used; that using shared services should be considered at local level; and that it should only happen where it would result in a better service for the client group.

8.1.2 What are the barriers to greater use of shared services among Section 39 organisations?

Respondents were asked what they considered the barriers to greater use of shared services among Section 39 organisations. The main themes emerging from the responses were:

1. Practical barriers

Respondents cited a number of practical barriers to greater use of shared services, including geography; privacy and data protection implications; lack of common software systems; the time and funding required; diverse staff pay rates, terms and conditions; the potential for job losses; the varying nature of voluntary organisations; and variations in the processes used by voluntary organisations.

2. Unwillingness of voluntary organisations

Under this heading, respondents noted that voluntary organisations may not be willing to use shared services. Some respondents attributed this to voluntary organisations' being resistant to change and not wanting to cede control over their functioning. Other respondents felt that this was related to a fear of loss of autonomy or loss of identity on the part of voluntary organisations.

3. Words of caution against use of shared services

A number of respondents cautioned that the use of shared services would not necessarily lead to cost savings, for example where organisations do not currently receive funding for administrative support functions or where these are provided by volunteers, or in situations where shared services would be provided by private providers and priced to generate a profit.

Some respondents felt that the use of shared services could lead to voluntary organisations' taking less responsibility where failings are identified in those areas falling under shared services.

4. Lack of trust

Some respondents felt that a lack of trust between voluntary organisations was a barrier to the use of shared services.

Others felt that a lack of trust between voluntary organisations and the HSE posed a barrier, noting that voluntary organisations could see the use of shared services as a means to cut funding or as potentially leading to forced mergers in the future.

5. Loss of competitive advantage

A number of respondents noted that voluntary organisations may not be willing to share information, particularly where they compete for funding, and that there may not be appropriate controls to protect sensitive and proprietary information.

6. Other issues

Other issues raised included that the use of shared services may remove local and voluntary links to the community in which they operate; that anybody can set up a charity even if there is a similar one in the community; and that while some smaller organisations may receive grant funding under Section 39 of the Health Act 2004, they may not consider themselves as ‘Section 39 organisations’ and may not wish to use shared services. An individual respondent commented that the HSE’s shared recruitment service “*is a failure*”.

Two official organisation respondents noted that the varying requirements of different statutory funders where organisations are receiving public funding from more than one source may be a barrier to the use shared services.

8.2 Is there a case for amalgamating many of the smaller Section 39 organisations?

Respondents were asked whether there is a case for amalgamating many of the smaller Section 39 organisations (e.g. those receiving less than €5 million in state funding).

The majority of respondents answered ‘Yes’ to this question, as can be seen in the chart below.

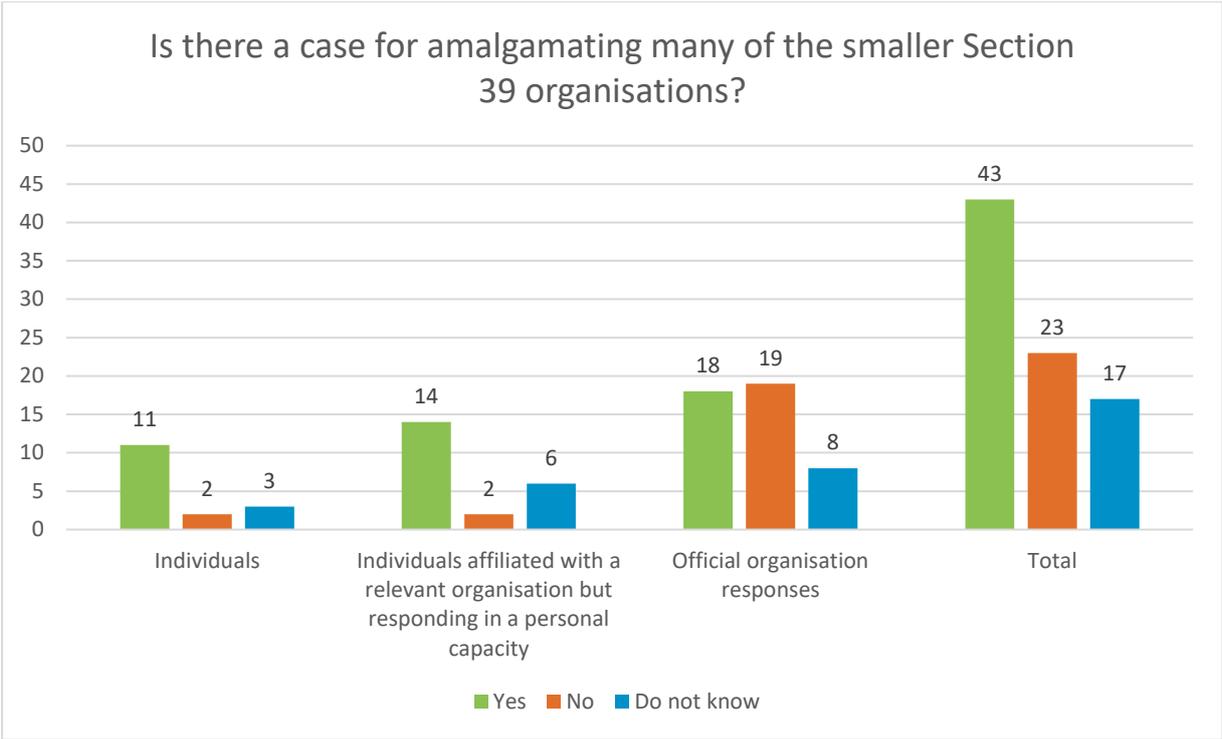


Figure 17 - Is there a case for amalgamating many of the smaller Section 39 organisations? Broken down by respondent type

The responses of individuals affiliated with a Section 39 organisation or providing an official response on behalf of a Section 39 organisation can be seen in the chart below.

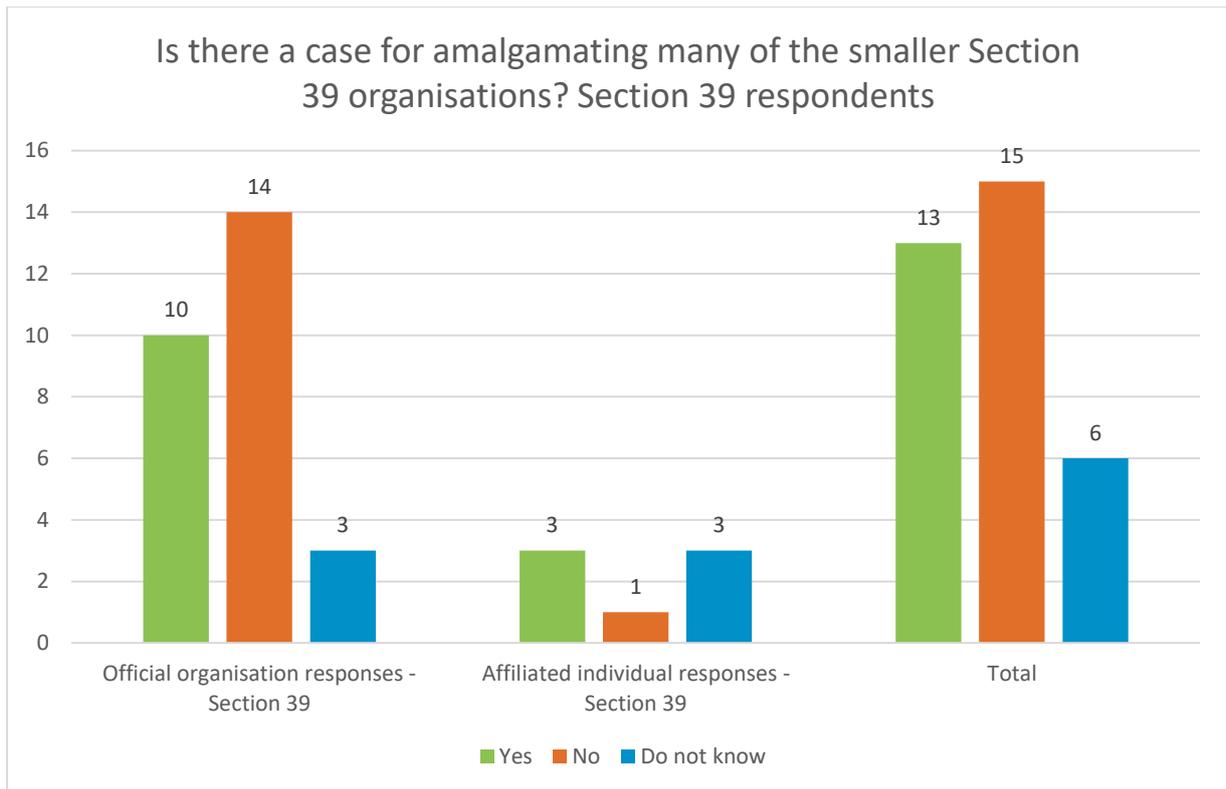


Figure 18 - Figure 6 - Is there a case for amalgamating many of the smaller Section 39 organisations? Section 39 respondents

Comments in favour

The main reasons put forward by respondents who were in favour of amalgamations of smaller Section 39 organisations were as follows (in descending order):

1. Increased efficiency, effectiveness and value for money

Respondents felt that amalgamating smaller Section 39 organisations would lead to economies of scale and better value for money, allowing more resources to be spent on service provision.

Some respondents felt that it could lead to better governance and better service outcomes.

2. Reduce duplication in services

Many respondents felt that amalgamating smaller Section 39 organisations would lead to a reduction in duplication of services, though some cautioned that amalgamations should only be considered in instances where there is clear overlap and duplication.

3. Words of caution

Some respondents, while in favour of amalgamations of smaller Section 39 organisations, cautioned that the process can be complex, challenging and subject to resistance and

that there must therefore be a clear rationale and process to be followed. One respondent noted that “*small is beautiful*” and that there needs to be space in the voluntary sector for small, innovative organisations too.

4. Other issues

One individual respondent commented that “*Any Section 39 covering a geographic area within two or less local authority areas should be subject to funding from local authorities under LCDC Local Community Development Committees rather than national health service funding to rationalise the proliferation of local groups*”.

Another individual respondent felt that amalgamations could potentially lead to a better application of standards.

Comments not in favour

The main reasons put forward by respondents who were not in favour of amalgamations of smaller Section 39 organisations were as follows (in descending order):

1. Loss of local dimension

Respondents pointed out that in many instances voluntary organisations respond to local need and that this dimension would be lost were organisations to amalgamate. A number of respondents felt that “*bigger is not always better*” and that the focus must remain on service users, which may be lost as organisations grow in size.

2. Need to maintain diversity and choice

Respondents felt that having greater numbers of small voluntary organisations provides for increased choice and diversity. One official organisation response noted that with amalgamations, diverse and marginalised groups may become further marginalised and excluded. Other respondents felt that the availability of different providers and competition between them could drive up standards.

3. Lack of evidence

Some respondents noted that there may not be clear data or evidence available to support amalgamations. Some felt that a review or cost-benefit analysis would need to be conducted to determine where services are being duplicated.

4. Other issues raised

Some respondents felt that amalgamations would not lead to major cost savings or could lead to waste and misdirected resources. One individual respondent affiliated with a relevant organisation felt there was a risk of greater administrative requirements due to increased staffing numbers in the larger organisation. One individual respondent felt that smaller Section 39 organisations “*should be disbanded and the funds used to provide services directly*”.

8.2.1 Who should initiate and lead this process?

Respondents who felt that there is a case for amalgamating smaller Section 39 organisations were asked who should initiate and lead this process. As can be seen from the table below, the most frequent response was voluntary organisations.

Ranking	Who should initiate and lead this process?
1	Voluntary organisations
2	Minister for Health / Department of Health
3	HSE
4	Jointly between State and voluntary organisations
5	Specific named organisation* / Other**

Figure 19 - Who should initiate and lead the process of amalgamating smaller Section 39 organisations?

*Some of the specific organisations suggested included the Charities Regulator, the Centre for Effective Services, and an independent mediator.

**Other suggestions included that a 5-year sunset clause should be set in law for mergers. Some respondents felt that incentivising mergers through funding criteria, expressions of interest, and a national model for change management implementation could be helpful in this regard.

8.2.2 What are the barriers to amalgamation of smaller Section 39 organisations?

Respondents were asked what they considered the barriers to amalgamation of smaller Section 39 organisations? The main themes emerging from the responses were:

1. Unwillingness of voluntary organisations

Respondents felt that fear of change or resistance to change among voluntary organisations was a major barrier to amalgamations.

Some of the reasons respondents put forward for this included “*self-interest*”; “*politics within the community*”; “*less autonomy*”; “*the ‘ego’ of the organisation*”; “*vested interests of different organisations*”; “*The role of ‘founders’ and their unwillingness to give up the organisations they founded*”; “*CEOs of voluntary organisations not wanting to lose power*”.

2. Detrimental impact on service users

Respondents identified potential negative impacts on service users as a barrier to amalgamations.

Issues raised included “*continuity of service for vulnerable people*”; “*disruption to clients*”; loss of specialist knowledge; “*loss of niche / small services*”; the fact that amalgamations “*distance services from communities they support and make them less responsive*”; and

a less person-centred approach due to larger organisations potentially being more bureaucratic or amalgamations taking attention away from the core work of organisations.

3. Differences between organisations

Respondents felt that the differences among voluntary organisations would pose a barrier as many organisations provide different services and have different identities and ethos – which could make it difficult to find suitable partners for amalgamation. Respondents noted that amalgamations would have to take account of the purpose and values of organisations. Some also noted that geography could be a complicating factor in finding appropriate matches in some instances.

4. Words of caution with regard to amalgamations

Some respondents cautioned on the complexities of mergers, particularly regarding company and charity law. Respondents felt that the advantages, disadvantages and practicalities of amalgamations needed to be examined as there are limited successful examples and good reasons may exist not to pursue amalgamations. Others cautioned that amalgamations could lead to the loss of good organisations and are not guaranteed to lead to savings.

5. Funding

Respondents noted that the funding required for amalgamations was a barrier and that the process may not be adequately resourced.

Others felt that amalgamations could be used as a means to reduce funding.

6. Staffing

The potential for job losses, changes in staff roles, and difficulties involved in reconciling different pay rates and conditions were also seen as a barrier to amalgamations.

7. Other

Other suggested barriers to amalgamation included a lack of leadership and trust, legacy issues and questions around ownership.

8.3 Further comments on smaller Section 39 organisations not previously raised

Respondents were given the opportunity to raise further issues relating to smaller Section 39 organisations. One official organisation respondent noted that health service reform should be about encouraging service provision at the most local level and that the community and voluntary sector is well-placed to achieve this.

In relation to collaboration and amalgamations between organisations, respondents commented on the need to provide incentives or a 'merger fund' and to take a 'bottom-up' approach with the involvement of voluntary organisations. Some respondents commented on the lack of evidence to support a 'bigger is better' approach and noted that assumptions must be tested and costed in advance of any amalgamations. One individual respondent felt that "*There should be a central hub that evaluates all new s39 agencies for funding provision to ensure the 2,240 does not grow and a plan to merge / cease funding the multitude of organisations*".

One individual affiliated with a relevant organisation commented on the variation in and secrecy surrounding salaries in the sector.

One individual respondent felt that the consultation questionnaire should have also examined shared services and mergers among Section 38 voluntary organisations.

9. Ethos

This section of the consultation questionnaire asked for respondents' views on the ethos of voluntary organisations, including faith-based voluntary organisations.

9.1 Was the religious ethos of an organisation where you have experienced care apparent in the range of services available / not available and/or the way they were delivered?

Respondents were asked if, in their experience of care in a faith-based health or personal social care organisation, the religious ethos of the organisation was apparent in the range of services available / not available and/or the way they were delivered.

Answer	Count
Yes	32
No	24
Do not know	19
Total	75

Table 15 - Was religious ethos apparent in experience of care in a faith-based health or personal social care organisation?

Of the 75 respondents who answered the question, 32 felt it was apparent, 24 felt it was not and 19 did not know.

9.1.1 Yes

The 32 respondents that felt the religious ethos was apparent were asked to explain the reason for their answer, with the most common reasons being the following (in descending order):

1. In the care provided (negative impact)

12 respondents felt that religious ethos was apparent in the care provided and that this had a negative impact, though not all of these provided specific examples.

One individual respondent who had experienced care in a faith-based organisation with a family member and as a staff member noted that "*Psychological needs were delivered*

by a religious celebrant, and were spiritually based, which was totally inappropriate.” Another individual respondent who had experienced care with a family member noted that *“public hospitals founded under religious affiliation has been where we've encountered the most discomfort - from priests entering each room for communion and having to say no - to doctors making comments and assumptions”*.

One respondent who had experience as a staff member responded that *“In a previous role I worked with a faith-based charity and the religious connection was very apparent. All those who accessed the service would have been assessed in a way that was compatible with the ethos of the charity and care plans reflective of same”*.

Two organisations working with people with disabilities felt that ethos was apparent with regard to sexual relationships. One noted that *“From our advocacy work with people with intellectual disabilities, it is apparent that the religious ethos of the service provider has had an effect on aspects of service provision, particularly in relation to sexual education and promotion of rights to sexual relationships”*.

2. Visually, in the décor

12 respondents felt that the religious ethos was apparent through the presence of religious symbols. They noted the presence of chapels, religious icons, logos and posters.

3. In the care provided (positive impact)

9 respondents felt that religious ethos was apparent in the care provided and that this had a positive impact, though not all of these provided specific examples.

Respondents noted the presence of a caring, considerate, compassionate environment and ethos. One respondent who had experienced care as a service user noted that *“There was a chapel and people visited those who had no visitors. I thought that was nice and added a human touch to an otherwise clinical experience”*.

A number of official organisation responses noted that their ethos does not constrain the organisation. One organisation felt that its *“background and character is apparent but it does not constrain but rather inspires the organisation with values of service, compassion, solidarity, dignity and justice. It does not affect the range of services provided”*. Another organisation noted that while the religious ethos meant the organisation was more inclusive *“there was no attempt to promote religion in the organisation, to proselytise with people on religious matters or to make access to services contingent on religion or devotion”*.

4. Other issues raised

A small number of respondents felt that ethos was apparent in other ways.

One individual respondent noted it was apparent in the presence of ‘Directors of Mission’ or similar roles and in literature for new staff on the organisation.

One individual affiliated with a relevant organisation noted *“A religious organisation was not prepared to involve Gardai when a service user behaved in a criminal manner as it*

was 'against their ethos' - this left staff in a vulnerable position. In the same organisation gay members of staff were afraid to be open with colleagues re their sexuality e.g. when socialising with colleagues in case the employer found out".

Another individual respondent affiliated with a relevant organisation noted the importance of voluntary organisations adopting a rights-based approach to service provision.

9.1.2 No

Some of the 24 respondents that did not feel the religious ethos was apparent provided further comments to support their answer. One respondent noted "*The service received was delivered professionally and based on my relative's need*".

5 respondents felt that the question of religious ethos was more of a "historic issue". One official organisation response noted "*No, not now in more recent years, however for a long time this would have been apparent. I am aware that there are some adult hospitals that still offer Holy Communion and some Boards say a prayer at the start of each Board meeting*".

One official organisation respondent noted that "*Whilst the Hospital was established by a religious order and from that a set of values and a mission were developed I see the ethos as being one of 'humanity' rather than based on religious belief*".

9.2 If an organisation receives funding from the State should it be required to state explicitly that its services are open to those of all faiths and none?

Respondents were asked "If an organisation receives any amount of funding from the State, should it be required to state explicitly (e.g. in its ethos or mission statement) that its services are open to those of all faiths and none irrespective of the ownership of the organisation?"

The choices of answer were 'Yes', 'No – should depend on amount or proportion of funding received', 'No – other', and 'Do not know'. Responses can be seen in the figure below.

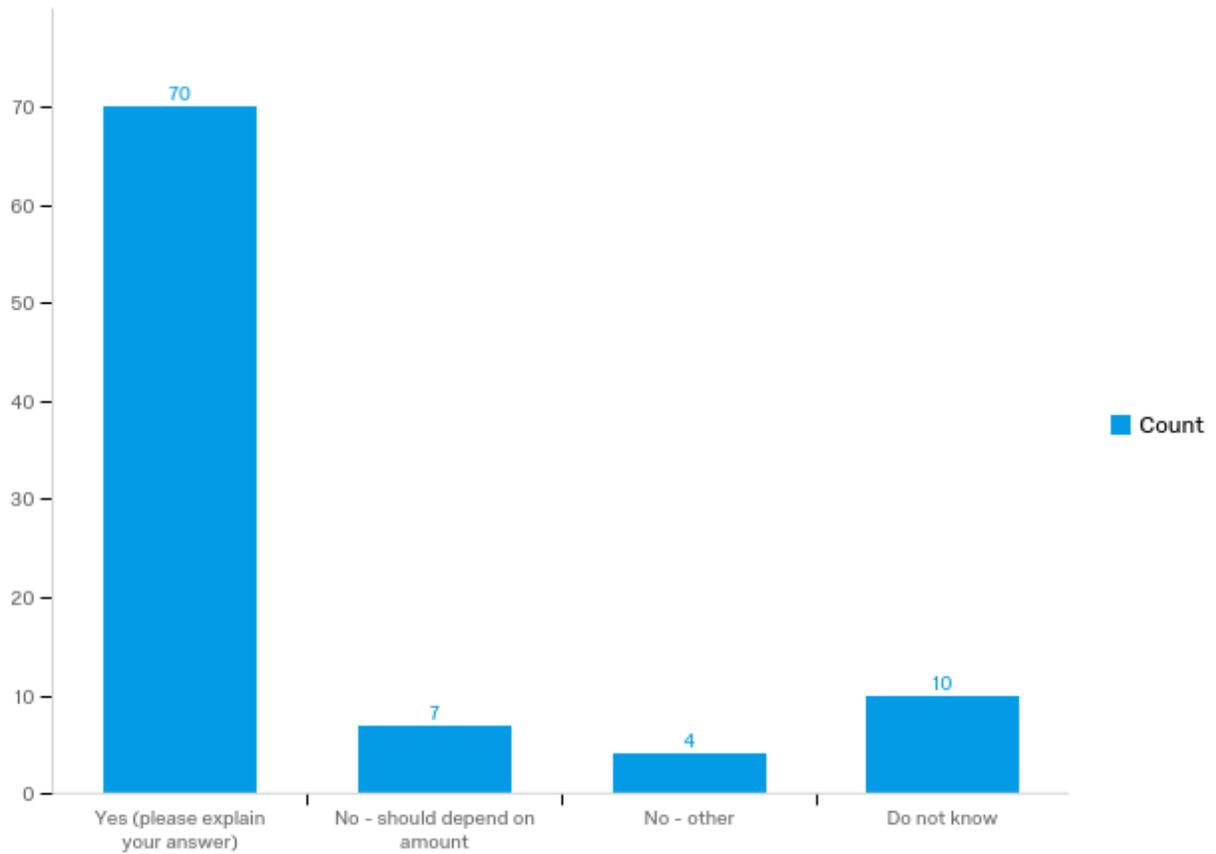


Figure 20 - If an organisation receives funding from the State should it be required to state explicitly that its services are open to those of all faiths and none?

The majority of respondents of all type answered 'Yes' to this question, as can be seen in the figure below.

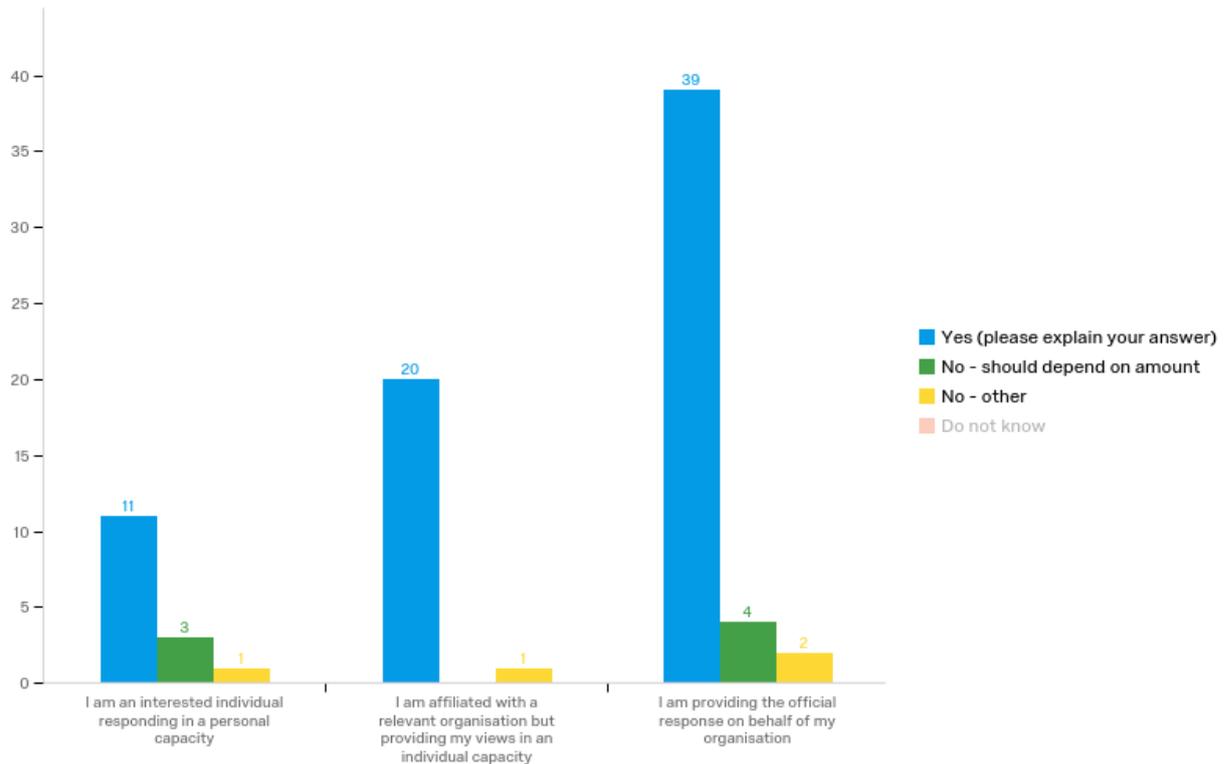


Figure 21 - If an organisation receives funding from the State should it be required to state explicitly that its services are open to those of all faiths and none? (Broken down by respondent type)

Respondents were asked to provide further detail on their answer.

9.2.1 Yes

58 respondents felt that publicly funded services should be available to all, for reasons such as to reflect a pluralist society and to prevent discrimination. One official organisation respondent noted that *“It is funded as a public service not for those of a particular ethos or faith tradition”*. One official organisation response noted that the issue goes beyond faith – *“The words ‘for all’ would help in this regard. I do not think you need to say ‘for all, regardless of wealth’ or ‘for all, regardless of race or religion’ because then you would be at risk of not including issues such as gender, sexuality etc. in your mission statement”*.

6 respondents noted in particular the need for transparency, with one official organisation respondent commenting *“Good governance and transparency would determine that where public funding is provided there should be clarity around such issues”*. An individual respondent affiliated with a relevant organisation noted that it is necessary to *“define ethos and how the service may be affected and lead to gaps of service provision”*.

6 respondents felt that the need for organisations to explicitly state that their services are open to those of all faiths and none would not imply that the organisation could not maintain its own ethos. One official organisation response noted *“This is not to say that organisations need be a-religious, they can adhere to a religious ethos, but they cannot discriminate in who they treat based on any type of social circumstance”*. Another official organisation response noted that while service users should not expect the ethos of an

organisation to change for them “*there should not be exclusive rights held in an area – so that I have a choice to access services across a range of ethos and can pick which I will attend*”.

4 respondents felt that the State should not provide funding to faith-based organisations, with one individual respondent commenting that “*All organisations funded by the State should be 100% independent from any affiliation with ANY religious organisation or ANY faith*”.

4 respondents cited organisation’s obligations to, for example, publish diversity statements and comply with equality legislation, such as Section 42 of the Irish Human Rights and Equality Commission Act 2014, which states that “*A public body shall, in the performance of its functions, have regard to the need to (a) eliminate discrimination (b) promote equality of opportunity and treatment of its staff and the persons to whom it provides services, and (c) protect the human rights of its members, staff and the persons to whom it provides services*”.

9.2.2 No – should depend on funding received

Of the 7 respondents who answered ‘No – should depend on funding received’, 1 official organisation response felt it could be assumed that all are welcome to use a service. 1 individual respondent and 1 official organisation respondent felt that organisations should get to choose their ethos, with the individual respondent commenting “*I think organisations should get to choose their ethos and let service users vote with their feet for their preference. Faith-based isn't worse than those with no faith; sometimes it can be better*”.

2 respondents felt that while there should be a requirement to state explicitly that mainstream services are open to those of all faiths and none, there must be room for culturally specific services or organisations serving minority groups.

2 individual respondents said it depended on the amount or source of funding. One noted “*The portions of funding issued by the State should be used in a multi denominational way. However, funding provided by a religious organisation I believe can be protected and used to provide services for that faith*”. And the other that “*If an organisation is fully dependent on the State to the extent that it could not meet a single payroll without State support, it is effectively a State organisation and needs to be treated as such*”.

9.2.3 No – other

All 4 respondents that answered ‘No – other’ felt that services should be available to all. One noted that it should not be necessary to state this explicitly in an ethos or mission statement as compliance with equality legislation and UN conventions on human rights should be part of the Service Arrangement process, while another respondent noted that “*It should be a given that all services are open to people of all faiths and none*”.

9.3 Further comments on ethos not previously raised

Respondents were given the opportunity to raise further issues relating to ethos.

1. Positive comments in relation to ethos of voluntary organisations

10 respondents commented positively on organisations having an ethos (religious or non-religious). One official organisation response noted that *“The value, mission & culture of a voluntary organisation is a core asset of the organisation – it drives the work, the effort and productivity. I think that this needs to be recognised as it does add quality to people’s lives those who avail of services, those who volunteer and those who work there. You can’t buy that but it is being eroded with new funding model”*.

2 respondents (1 individual and 1 organisation) commented positively in relation to organisations having a religious ethos specifically.

5 official organisation respondents commented that they do not discriminate in the provision of services and facilitate care to all.

2. Caveats regarding the religious ethos of voluntary organisations

4 respondents felt that it is acceptable for organisations to have a religious ethos subject to certain conditions. For example, one individual noted *“As long as religious aspect is not pushed on volunteers or those receiving care it’s fine.”* An individual affiliated with a relevant organisation commented that *“If funding followed the service user and they had a choice of which organisation to attend then the religious ethos could be allowed to continue as this would be one of the considerations for choosing a service”*. One official organisation response commented that *“The regulation of faith-based organisations must be the same as any other voluntary organisation”*.

3. Negative comments in relation to religious ethos of voluntary organisations

4 respondents felt that services funded by the State should not have a religious ethos. One individual respondent said *“It is outdated for such services to be directly funded by the State and used to deliver core health services”*.

4. Ethos of voluntary organisations broader than religious ethos

4 respondents noted that the ethos of voluntary organisations is broader than religious ethos and can relate to community voice, meeting unmet needs, advocacy, voluntarism, person-centredness and a rights-based approach. One official organisation response commented that *“The growth in an ethical approach to service provision is more apparent in the community and voluntary sector, as is the rights-based approach which has emerged into policy from the voluntary sector by and large”*.

5. Other issues

Respondents raised a number of other issues, including the need to review the question of ethos periodically given changing attitudes among the population and the fact that the

State should encourage voluntary organisations to include openness to independent advocacy as part of their ethos.

One individual respondent commented that *“The question is not so much who should be allowed to access the service but what ethos they should encounter in doing so. This is particularly so in respect of specialist services where alternatives within a geographic area or nationally may be limited”*.

Another individual respondent commented on the need for transparency – *“They need to be explicit about any practices they will not allow staff to do. There needs to be absolute transparency of governance i.e. is a Board of a voluntary hospital reporting to an overarching holding group with a separate Board. The State should know exactly who they are dealing with”*.

The official organisation response on behalf of a representative group noted that *“Clinical autonomy must be guaranteed. Doctors must be free to diagnose and treat patients without interference on religious or political grounds”*.

10. Any other issues

Respondents were asked to provide any further comments relevant to the role of voluntary organisations in publicly funded health and personal social services now and into the future.

A number of respondents re-iterated their support for voluntary organisations, or for a system in which all health and social care services (both statutory and voluntary) are valued and working in partnership towards a common purpose.

Some respondents noted that the relationship between the State and voluntary organisations needs to be more clearly defined, with one respondent suggesting that this be done through legislation.

By contrast, some respondents re-iterated their view that there should be no role for voluntary organisations in publicly funded health and personal social services in the future and that the State should provide such services directly. An individual respondent commented "*There will always be room for volunteerism, but it should be self-funding. Organisations that have become dependent on state funding are effectively statutory agencies and they need to be treated as such*".

With regard to disability service provision, one official organisation response noted that the involvement of a relatively small number of large voluntary organisations can limit the choice of services available to people with a disability.

Some respondents provided further comments in relation to a commissioning model for services, noting in particular the importance of a strong evidence base and of involving local communities. An official organisation respondent expressed concern that commissioning may not maximise the value added by the voluntary sector, particularly in a situation where it has to compete with an increasing number of private providers. Another official organisation respondent noted the importance of the decommissioning stage of the commissioning cycle, where services that fail to meet standards or to deliver positive outcomes for the people using them are closed.

3 respondents provided criticisms of the public consultation process. 2 respondents felt that the questionnaire was overly long and one respondent commented that the questionnaire was leading in nature.

Other issues raised included the need for Government departments to work together; the fact that the Health Act 2004 does not recognise the "*essential nature*" of the services provided by Section 39 voluntary organisations; and the social benefits of active citizenship and community engagement.