

Policy Submission

**Submission to the NESF
on Improving the Delivery of
Quality Public Services**

March 2006



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SUMMARY OF KEY MESSAGES

1. Combat Poverty proposes that a **social rights approach** is employed in delivering quality public services in order to promote social cohesion and that tailored universalism is used as a model of provision.
2. Combat Poverty recommends that the State invests more on **subsidised services for children** so that our child support package is brought into line with those found in most EU states in which income support is just one element of the child support package.
3. Additional resources may be required to fund a more 'universalist' approach to public service provision. Irish **social expenditure** levels in this regard require addressing if they are to be on a par with those found in many European countries.
4. It is recommended that there be improved provision of **early childhood care and education**, especially for children from disadvantaged backgrounds. There is also a need to increase investment in preventative measures aimed at educational disadvantage at primary and secondary level.
5. Combat Poverty recommends that the need for homeless people to remain in **emergency accommodation** for longer than six months should be eliminated by 2007.
6. Combat Poverty recommends that specific targets are set in relation to suitable **transitional accommodation** and long-term supported housing for those currently staying in emergency accommodation.
7. Combat Poverty believes that Ireland should work towards the development of a **universal healthcare system** based on equity of access to quality services.
8. Support is also required to build capacity within the reformed health services in relation to **community involvement**, providing training and information to both NAPS and inter-agency working, particularly for staff at the front line of health services.
9. Combat Poverty recognises the importance of **community participation** and engagement in the delivery of public services and the important role which the community and voluntary sector plays in delivering critical services to various vulnerable groups.
10. **Local delivery** of public services is also seen as a principle of good practice, and allows for a high degree of tailoring of services to suit individual needs.

I. Introduction

The Combat Poverty Agency is a state advisory agency developing and promoting evidence-based proposals and measures to combat poverty in Ireland. Combat Poverty works for a poverty-free Ireland by striving for change which will promote a fairer and more just, equitable and inclusive society. In particular, Combat Poverty works towards a reduction in poverty levels by promoting a fair distribution of resources via the taxation and social welfare systems, by working to ensure that everyone has at least a minimally adequate income, and through improving access to quality public services for people living in poverty.

Combat Poverty welcomes the call for submissions by the National Economic and Social Forum on improving the delivery of quality public services. Several Combat Poverty research studies have indicated that Ireland spends less than many of its European neighbours on public service provision. This is a cause for concern as subsidised public services are an important part of the welfare package which helps to keep people out of poverty. This submission summarises Combat Poverty's position on ways to improve the delivery of quality public services. The submission begins with an overview of some key principles which Combat Poverty believes should be adopted in delivering public services. Fundamentally, Combat Poverty argues that public services should be seen in a social rights framework and that equity of access to public services should be paramount in the delivery of same. Services for families with children are discussed in the proceeding section. As the call has specifically singled out services for the homeless, the submission details some key recommendations on this matter taken from a recent Combat Poverty submission on the review of the Government's homeless strategy. Finally, access to health services is crucially important for low-income families. The submission discusses some of the key issues here in this regard and makes some recommendations on improving equity within healthcare provision.

II. Key Principles in Public Service Delivery

1. Social Rights Framework

Combat Poverty believes that quality public services are a social right. Social rights, like other human rights, are universal in nature and application. They are about supporting change in favour of those experiencing inequality, marginalisation and poverty. Social rights promote social cohesion. A key way to improve access to social rights is through strengthening entitlement to such rights and improving overall provision. Social rights have three important features. They are embedded in society and are broader than economic rights. They are indivisible and can be recognised as a chain of rights encompassing housing, health, education, social welfare and employment. Finally, they make particular demands on the state and public authorities and call for an active state. According to Daly, while civil and political rights are usually framed in terms of freedom from state interference, social and economic rights are more likely to involve a claim on the state for protection

and assistance¹. Daly refers to the development of a “quality standard” for developing quality standards in terms of public service provision should bear in mind the need for:

- Adequacy: the minimum standard offered should be sufficiently high and a high proportion of the people in need should be covered;
- Acceptability: there should be less complexity around regulations governing access to social rights, clear eligibility procedures and full implementation of provision; and
- Affordability: the ability of individuals on differing incomes to afford the purchase of services that meets their needs; and
- Accessibility: ease of access to public services is important, and this may require a local-based strategy.

Combat Poverty agrees with Daly in her formulation of key steps to improve access to social rights which include:

- (i) Strengthening entitlement and improving provision;
- (ii) Strengthening monitoring and enforcement;
- (iii) Increasing the resources available for social rights;
- (iv) Modifying and improving management and procedures;
- (v) Improving information and communication;
- (vi) Overcoming psychological and socio-cultural obstacles; and
- (vii) Targeting vulnerable groups and areas.

The revised National Anti-Poverty Strategy (NAPS) is explicit in its commitment to a rights-based approach with regard to access to public services². NAPS commits to:

- A move towards a more formal expression of entitlements across a range of public services and to setting standards and guidelines regarding the standard of service delivery; and
- Monitor access to services and to improve performance in this regard over time.

Finally, a word on the links between rights and standards is warranted. If economic and social rights are to be delivered in practice, then it is necessary to formalise and understand their interconnectedness. The National Economic and Social Council endorses the link between rights and standards and recommends that, in delivery services in a rights and standards paradigm, it is crucial to:

- Develop specific, detailed norms in relation to these rights;
- Establish how these norms or standards are to be monitored;
- Clarify obligations of the state in relation to each of these norms;
- Establish accessible, transparent and effective mechanisms of accountability in relation to each of the norms and standards; and

¹ Daly, M. (2002). ‘Access to Social Rights in Europe’ in Lavan, A. *Social Rights and Social Cohesion* EISS Seminar 2002, Department of Social and Family Affairs, Dublin.

² Department of Social, Community and Family Affairs (2002). *Building an Inclusive Society: Review of the National Anti-Poverty Strategy under the Programme for Prosperity and Fairness*, Department of Social, Community and Family Affairs: Dublin.

- Establish that all members of society are fully aware of the rights and standards to which they are entitled³.

2. Developmental Welfare State

Combat Poverty argues that 'tailored universalism' can be an effective paradigm to pursue. This model is founded on a needs-based approach (rather than income), and requires that service-providers tailor their services to accommodate a more diverse public. Improving delivery of, as well as access to, public services is important.

Under this approach, services such as education, health and childcare would be available to all at high standards in ways that would be equitable and would be tailored to people's circumstances, including ability to pay ('tailored universalism'). While the state would act as regulator and guarantor of quality service provision, a range of organisations would deliver them (through a 'network management' approach).

NESC's approach to 'tailored universalism' is relevant in the context of addressing child poverty. Ireland's model of child income support already takes such an approach; universal Child Benefit is paid to all children, and the targeted Child Dependant Allowances and Family Income Supplement are paid just to welfare-dependent and low-income families respectively.

A similar approach of 'tailored universalism' should be applied to the provision of early education and childcare. This has now become a critical issue in Ireland for a number of reasons, most importantly because of its close relationship with child poverty, children's development and women's participation in the labour market. The development of early education and childcare in Ireland should be through universal provision at accepted international standards, but where the means of access are tailored to individuals' specific circumstances.

3. Resources

Relative to its EU counterparts, Ireland has among the lowest levels of social expenditure as a proportion of national income. Ireland needs to increase spending in several areas to correct the deficit which has occurred in Ireland's social protection infrastructure. Recent research by Combat Poverty identified public services as a key area that requires increased spending, along with mechanisms for linking benefit incomes to incomes from paid employment and increasing the incomes of low-income working families⁴. Greater efforts are also required to integrate groups excluded from the labour force. Generous investment in both income and services for children (such as education and health) are key to meeting the targets set in the National Anti-Poverty Strategy and eliminating child poverty.

Recommendations

11. Combat Poverty proposes that a social rights approach is employed in delivering quality public services in order to promote social cohesion.

³ NESC (1999). *An Investment in Quality: Services, Inclusion and Enterprise*, NESC: Dublin.

⁴ Timonen, V. (2005). *Irish Social Expenditure in a Comparative International Context: Epilogue*, Combat Poverty Agency: Dublin.

12. *The Developmental Welfare State* by the National Economic and Social Council proposes a useful model of service delivery using a form of tailored universalism in which services are provided using a needs-based approach⁵.
13. Additional resources may be required to fund a more 'universalist' approach to public service provision. Irish social expenditure levels in this regard require addressing if they are to be on a par with those found in many European countries.

III. Public Services for Children and Young People

Children are a vulnerable group in terms of poverty risk in Ireland. A focus on services for children is therefore warranted. It is clear that, in addition to income support, the provision of affordable, accessible, good-quality services for children and young people is critical if the aim of public policy is to ensure that children are not raised in poverty. A recent study of child poverty in France highlighted the importance of services, especially schooling, on the level of child poverty⁶. More generally, education, childcare, healthcare and housing are the main services that children will require in this regard. Recent research by Combat Poverty indicated that some European countries provide a net benefit (or negative cost) to parents with children, insofar as the State provides high levels of subvention for education, childcare, healthcare and housing⁷. The majority of EU countries part-subsidise public services for families but leave a residual costs which must be borne by individuals. The residual (or net) cost varies from country to country. Ireland demonstrates a higher-than-average net cost of public services for families with children.

A study by UK researchers Bradshaw and Finch (2002) found that⁸:

- The net cost of children's education for Irish families ranges from €17 to €33 per month once fees, books, uniforms, school meals and other charges have been paid.
- Net childcare costs in Ireland are the highest in Europe, with a typical monthly outlay of €570 in 2002 terms. These high costs are attributable mainly to the non-subsidisation of childcare costs by the Irish State, but also to the relatively high costs of childcare in Ireland. Having said this, Combat Poverty acknowledges the early years childcare subvention announced in Budget 2006 makes an important contribution in this respect.
- Compared to the rest of the EU, Ireland has the second-highest net healthcare costs for families with children (after the Netherlands), with mean healthcare costs of €54 per month.

⁵ National Economic and Social Council (NESC) (2005). *The Developmental Welfare State*, NESC: Dublin.

⁶ Conseil Emploi Revenu Cohésion Sociale (CERC) (2004). *Child Poverty in France (Report No. 4)*, La Documentation Française: Paris.

⁷ Combat Poverty Agency (2005). *Ending Child Poverty Policy Statement*, Combat Poverty Agency: Dublin.

⁸ Original findings reported in: Bradshaw, J. and Finch, N. (2002). *A Comparison of Child Benefit Packages in 22 Countries – Research Report No. 174*, Her Majesty's Stationery Office: London.

- Net housing costs are disproportionately burdensome for low-income families with large numbers of children in Ireland.⁹

Ireland provides relatively generous income supports for families with children and is placed between fifth and tenth in a ranking of 22 countries when tax and income benefits are examined (depending on household type). However, this rank falls to twelfth after all benefits and costs are included in the matrix. Thus, while Ireland provides a generous income support envelope for families with children, it spends comparatively less on assisting families with children to meet the costs of childcare, education, healthcare and housing. This means that Ireland's net contribution to child support actually ranks below the EU average¹⁰.

Recommendations

14. Combat Poverty recommends that the State invests more on subsidised services for families with children so that our child support package is brought into line with those found in most EU states in which income support is just one element of the child support package.
15. Specifically, it is recommended that there be improved provision of early childhood care and education, especially for children from disadvantaged backgrounds. There is also a need to increase investment in preventative measures aimed at educational disadvantage at primary and secondary level.
16. Combat Poverty welcomes the recent '0-6 years childcare allowance'. While not sufficient to meet the needs of low-income families, the payment makes an important contribution to meeting the costs of childcare for young families. This scheme requires ongoing review to evaluate its impact on the affordability of childcare, and the potential to roll out the scheme for children aged over six years should be formally considered, with provision prioritised in disadvantaged areas.
17. As the social housing stock is relatively small in Ireland relative to the total dwelling stock, supply targets for social and affordable housing schemes need to be met, at the very minimum, in order to assist families on modest incomes to acquire a property that is fit and appropriate for their means.

IV. Services to Tackle Homelessness

The Call for Submissions specifically asks for views on service provision for homeless people. This section sets out Combat Poverty's perspective in this regard¹¹. Homeless people are another vulnerable group which warrant a dedicated section.

⁹ Recent analysis by Fahey *et al.* (2004) indicate that these are most severe in the private rental market. For more on this, see: Fahey, T., Nolan, B. and Maitre, B. (2004). *Housing, Poverty and Wealth in Ireland*, Combat Poverty Agency/IPA: Dublin.

¹⁰ For more on this, readers should consult Combat Poverty Agency (2005). *Ending Child Poverty Policy Statement*, Combat Poverty Agency: Dublin.

¹¹ For more on this, readers should consult: Combat Poverty Agency (2005). *Submission to the Department of the Environment, Heritage and Local Government Review of Government's Homeless Strategy*, Combat Poverty Agency: Dublin.

Because the needs of the homeless population are multi-dimensional, it follows that any policy response needs to be holistic and multi-faceted. The homeless population presents with a range of needs including poor physical health, mental illness, problematic alcohol and drug use, dual diagnosis (combined mental health and alcohol/drug problems), previous experience of institutional care, family breakdown and low levels educational attainment and life skills. The presence of multiple needs means that individuals are often vulnerable and require a multi-disciplinary approach to address their needs. Even though there has been a substantial move towards integrated services in Ireland, research shows that there is still a lack of appropriate resources, training, co-ordination and overall integrated structures within homeless services, and there are issues regarding joint working relationships not only between statutory and non-statutory services but also within statutory sector and the community and voluntary sector¹². It is important that co-ordination between community and voluntary organisations working within the homeless sector is strengthened as service provision for homeless people in Ireland relies strongly on this sector¹³. Furthermore, integration and co-ordination between the statutory services and community and voluntary sector should also be developed as this is very much in accordance with the principles of the National Anti-Poverty Strategy and the recommendations set out in the *White Paper on a Framework for Supporting Voluntary Activity* in 2000.

Combat Poverty recommends increased integration and co-ordination in the decision-making process regarding the development, implementation and monitoring of responses to homelessness among a wide range of statutory and voluntary organisations including housing providers, healthcare professionals, social services, welfare and probation services, education and training, day centres and drug and alcohol service providers. It is important that organisations involved in integrated service provision have the relevant expertise and also include many of the smaller agencies dealing with homeless people.

In May, 2000 the Irish Government launched *Homelessness – An Integrated Strategy* (HAIS) which aimed at dealing with homelessness by bringing together the various statutory departments and voluntary agencies to provide a more coherent and integrated delivery of services to homeless people¹⁴. The overall aim of the HAIS is to move homeless people through a continuum of care from emergency, temporary accommodation to permanent, stable and secure accommodation of appropriate standard. Targets in relation to rough sleeping are meaningless unless targets are also set for move-on accommodation for those currently accessing emergency accommodation. Homeless action plans, for the most part, fail to deal adequately with the need for a continuum of housing options, such as sheltered, assisted and permanent accommodation.

¹² Corr, C. (2003). 'A Step in the Right Direction: An Evaluation of the Faltiu Information and Advice Service' in *Pieces of the Jigsaw: Six Reports Addressing Homelessness and Drug Use in Ireland*. Dublin: Merchants Quay Ireland.

¹³ O'Sullivan, E. (1998). *The State, Voluntary Agencies, Housing and Homeless Services in the Republic of Ireland*. Trinity College: Dublin.

¹⁴ Department of the Environment and Local Government (2000). *Homelessness: An Integrated Strategy*, Department of Environment and Local Government: Dublin.

Another barrier to moving homeless people through a continuum of care is the lack of long-term housing solutions. One of the key targets of the *National Anti-Poverty Strategy*, reflecting the social housing investment in the National Development Plan, is 'to deliver 41,500 local authority housing unit starts (including acquisitions) between 2000 and 2006'. This target implies an average of 5,929 units annually, so by June 2004, 26,676 social housing units should have started. However, official housing statistics figures show that the Government was 3,687 units behind on its target, as 22,989 units had been started by June 2004¹⁵. It is not surprising, therefore, that numbers on social housing waiting lists are increasing. The last assessment of social housing need found that the waiting list grew by 24% between March 1999 and March 2002 when 48,413 households were assessed in need of social housing. Furthermore, recent research shows that homeless people are spending a substantial amount of time on local authority waiting lists, and lack of access to local authority accommodation is one of the main reasons given for people remaining homeless¹⁶.

Recommendations

18. Combat Poverty recommends that the need for homeless people to remain in emergency accommodation for longer than six months should be eliminated by 2007.
19. Combat Poverty recommends that specific targets are set in relation to suitable transitional accommodation and long-term supported housing for those currently staying in emergency accommodation.
20. Combat Poverty proposes that, at the very minimum, the Government implements the recommendation made by NESF that every Local Authority should set an immediate target, that 70% of households assessed as being in need of accommodation are provided with suitable and adequate accommodation within two years of their acceptance on the waiting list; that this target be raised to 80 per cent of households in the medium-term; and a longer-term target should be fixed for the elimination of all waiting lists, within a reasonable timeframe¹⁷.

V. Delivery of Quality Health Services

The link between poverty and health status has been well established. All-cause mortality in the lowest occupational groups has been shown to be 100-200% higher than in the highest occupation groups¹⁸. The links between income inequality and health are also clear. Research suggests that the most unhealthy societies are those where the gap between rich and poor is greatest. In addition, certain minority groups like Travellers, refugees and asylum-seekers, the homeless and prisoners experience particular health

¹⁵ www.environ.ie

¹⁶ National Advisory Committee on Drugs (2005). *Drug Use among the Homeless Population in Ireland*, Stationery Office: Dublin.

¹⁷ NESF (2000). *Social and Affordable Housing and Accommodation: Building the Future*. (Report No. 18), National Economic and Social Forum: Dublin.

¹⁸ Institute of Public Health in Ireland 2000 *Report on All-Ireland Mortality Data, 1989-1998*, IPH: Dublin.

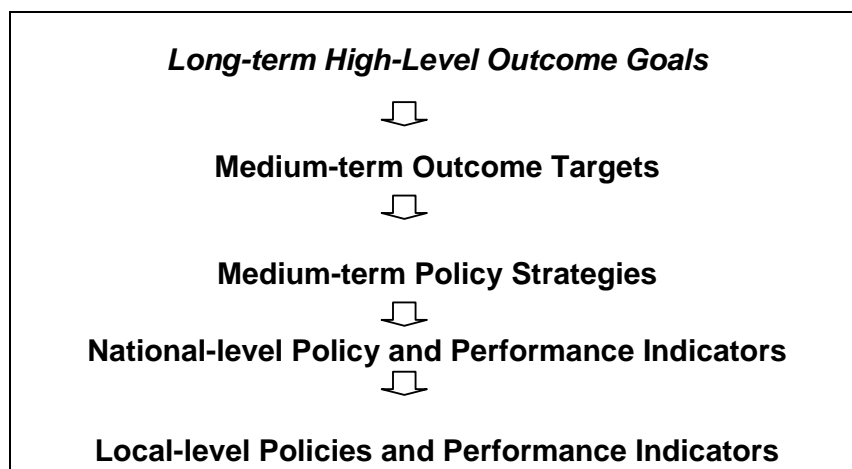
problems. Socio-economic factors, including poverty, are key in determining health status. Measures of health inequalities, including mortality rates, low birth rates and poor nutritional status, are linked to deprivation measures such as income poverty, unemployment, and inadequate housing and accommodation. Thus, reducing health inequalities requires action to reduce poverty, deprivation and income inequality, in addition to specific health related measures.

Combat Poverty supports the health targets set out in the National Action Plan against Poverty and Social Exclusion and in the National Health Strategy. Implementation of these would make a significant contribution to reducing health inequalities in Ireland. It is recognised that the achievement of these targets requires integrated cross-departmental and cross-sectoral working, given the broader social determinants of health and the reality that health services on their own cannot address health inequalities. Progress on meeting the targets should be a key priority and should be accompanied by an implementation framework, designated responsibilities and budgetary provision to support implementation. Support is also required to build capacity within reformed health services to deliver on NAPS commitments.

Combat Poverty believes that people have a right to adequate, accessible and appropriate healthcare services when and where needed, regardless of ability to pay. This should be underpinned by improved access to a comprehensive and adequately resourced primary healthcare service and access to acute care, medical and paramedical treatments when required, on the basis of need.

Recommendations

21. The overall framework for incorporating the different components involved in target setting is set out in a recent Combat Poverty-funded paper¹⁹. The levels envisaged are illustrated in the box below.



22. Combat Poverty believes that Ireland should work towards the development of a universal healthcare system based on equity of access to quality services. In the first instance, clear eligibility criteria

¹⁹ Nolan, B. (2006). *Setting Targets to Reduce Health Inequalities*, Economic and Social Research Institute: Dublin.

should be established for GMS, based on an official adequacy standard, with an annual up-rating mechanism which reflects changes in living standards. In the short term, thresholds for medical card eligibility should be increased in line with the commitment in the National Health Strategy to provide an additional 200,000 medical cards over a five-year period (from 2001).

23. Support is also required to build capacity within the reformed health services in relation to community involvement, providing training and information to both NAPS and inter-agency working, particularly for staff at the front line of health services. This requires designated budgets assigned to support implementation, designated responsibilities for delivering on targets, supports for building capacity within reformed health services to deliver social inclusion outcomes and mechanisms for cross-departmental and cross-sectoral working, including health impact assessments. Combat Poverty would like to see the establishment and resourcing of a learning network or other similar model that would provide a common forum for developing structures, training, exchange of learning and sharing models of practice²⁰.
24. Sustained funding and support for community development approaches to health should be provided through dedicated resources for communities to formulate agendas, develop capacities in meaningful participation and feedback. This could take the shape of programmes such as those similar to Combat Poverty's Building Healthy Communities programme which aims to support disadvantaged communities, both geographical and sectoral, to tackle poverty and health inequalities.
25. Combat Poverty would like to see the establishment and resourcing of a community development and health network as a mechanism for consultation, monitoring and supporting NAP/Inclusion.
26. Finally, the Combat Poverty Agency supports the development of a food and nutrition policy. The provision of dedicated resources and support for community-based initiatives to address food poverty and enhance networking of groups working on this issue would yield significant benefits²¹.

VI. Conclusion

This submission has set out the Combat Poverty position on public service delivery for specific vulnerable groups with an emphasis on equity of access and social rights. There is a need to greatly expand social provision in order to

²⁰ NAPS Health Services Project Planning Team (2005). *Integrated Report on Supporting the Strategic Implementation of NAPS in the Health Sector* Department of Health and Children: Dublin.

²¹ Friel, S. and Conlon, C. (2004). *Food Poverty and Policy*, Combat Poverty Agency, Crosscare and Society of St Vincent de Paul: Dublin.

tackle poverty. This encompasses income support and social services. Combat Poverty believes that a rights-based approach should be incorporated into public service provision. This would include principles such as adequacy, entitlement, redress and equality. Combat Poverty also recognises the importance of community participation and engagement in the delivery of public services and the important role which the community and voluntary sector plays in delivering critical services to various vulnerable groups. Local delivery of public services is also seen as a principle of good practice, and allows for a high degree of tailoring of services to suit individual needs.