National Report Ireland

Disability Federation of Ireland

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[PROJECT PESSIS: PROMOTING EMPLOYERS' SOCIAL SERVICES ORGANISATIONS IN SOCIAL DIALOGUE]

Promoting Employers Social Services Organisations in Social Dialogue

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Acknowledgements

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Promoting Employers Social Services in Social Dialogue

Project Pessis

Promoting Employers Social Services in Social Dialogue
An eleven country study hosted in Ireland

By

Disability Federation of Ireland

1. Summary of Findings PESSIS 2012 – Ireland

1.1.   Background

The project, a preliminary mapping study of the extent of social dialogue in three social service areas, is funded by the Industrial Relations and Social Dialogue Programme of the European Commission and co-ordinated by the University of Greenwich, UK. It is supported by a broad partnership of European and National organisations representing health and social service providers in close cooperation with the European Trade Union Confederation. It is expected that the project will contribute towards enhanced cooperation within the sector and the promotion of a culture of inclusive social dialogue at national and European level.[1]

The study focus in the eleven countries was on three sub-sectors of social services: services for children aged five or less, services for the long-term

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[1] PESSIS Project Description Brussels, 2012.

care of the elderly and services for and with people with disabilities. In each country, researchers conducted interviews and examined literature, data and reports including those of the not-for-profit, for profit and public sectors. In Ireland, 25 interviews were conducted between February and April 2012. The idea of a social services sector promoting social dialogue was received with interest and curiosity in Ireland among employers, employer bodies, trade unions and civil society representatives. Some of the principal findings of the study are presented below.

1.2. What are Social Services?

- The concept of 'social services' as a single and comprehensive sector is not in wide usage in Ireland. Most interviewees listed several types or categories of health or social services. Some saw value in using a more 'sectoral' approach to social services.

- There are considerable data gaps when it comes to measuring social services. The gaps are significant in the myriad of small, micro, medium-sized and community-based organisations which slip through the counting net and whose representatives, as a consequence, are less visible.

- The estimated value of the three sub-sectors of social services is €5.2 billion, making social services a significant component of the Irish economy.

1.3. Are social service employers significant?

- Social services in the study sub-sectors employ or engage an estimated 165,000 people. This is more than the employment in all Industrial Development Authority supported overseas companies in Ireland (2010), and considerably more than the construction industry at December 2011.

- Several studies in the not-for-profit sector reveal large numbers of small-scale employers. Some of these are in the community, social and family economies. In addition to employment, many thousands of volunteers accompany or supplement paid employment.

- The family or household is a growing and understudied location of service provision via independent living, assisted living, home care services, childminding, nurseries, infant palliative care and foster care. The move to person-centred and individualised services will change the configuration of many social services.

1.4.   What about social dialogue?

- A considerable number of public sector employees and employees of larger not-for-profit bodies delivering services under statute on behalf of the State are covered by single centralized collective agreements – *Towards 2016* (Department of the Taoiseach, 2006) and the *Croke Park Agreement* (Department of Public Expenditure and Reform, 2010).

- The study identified several bodies representing employer's perspectives, some of whom engage in representative collective bargaining: These were
  - IBEC –Irish Business and Employer Confederation
  - National Federation of Voluntary Bodies -62 member organisations
  - Community Sector Employers Forum
  - Not-for-Profit Business Association

- Some representative bodies, such as the Disability Federation of Ireland – 127 member/associate members, are focussed on achieving better outcomes for end users through supports to their membership. The employer/employee structures vary across DFI's member organisations.

- Civil dialogue alongside or adjacent to social dialogue is regarded as important by not-for-profit, voluntary, and community based organisations.

1.5.   Is unionisation high in social services?

- The trade union density rate is 34% in Ireland. This encompasses an estimated rate of 70%-90% in not-for-profit service providers under the

Health Act, 2004, in public Home Help, public Nursing Homes and child protection services. In private childcare, private nursing homes and medium to small voluntary bodies, the rate is very low, not known or not unionised.

- However, large swathes of organisations reported being outside the 'loop' and do not see themselves represented at the social dialogue table.

- The unions involved in the sub-sectors of social services are IMPACT, The Irish Nurses and   Midwives Organisation (INMO) and SIPTU and to some extent UNITE.

1.6.   Are there emerging issues?

- There are concerns for the future of social services according to many interviewees. These are issues such as accelerated privatization of services, pressures on professionalization or deskilling at the lower end of the occupational spectrum and maintaining service standards and quality within a social model of services.

- Being of service to people as opposed to being a provider or developing a wider view of where social services should be going, were themes which emerged in some discussions.

- Social and civil dialogue should be more sharply differentiated from social partnership according to some employers so that dialogue can proceed even where no clear partnership outcome is envisaged.

- Organisations within the three sectors whose employer/employee arrangements are not contained in the over-arching structures may nonetheless be affected by the negotiated terms and conditions. However the impact on the effectiveness and efficiency of their services is not known

2. Promoting Employers Social Services in Social Dialogue

Final Report

2.1.   Introduction

2.1.1   Launch of the project PESSIS in Ireland

Ireland is one of 11 countries which engaged with the PESSIS project to undertake a mapping of the social dialogue in the sphere of social services in January 2012. The project is primarily funded by the Social Dialogue Unit of the Employment and Social Affairs Directorate of the European Commission. The Disability Federation of Ireland (DFI) is the host partner to the project in Ireland. Following a competitive tendering process, the DFI invited Dr Pauline Conroy and colleague Maire Meagher to undertake the social dialogue mapping exercise for Ireland. The mapping is coordinated for PESSIS by Jane Lethbridge of the University of Greenwich in the UK.

2.1.2   Research method

The study was conducted over a seven week period from the 13.02.2012 to 10.04.2012.
This exploratory study has three components:

- Delineating the scope of the study in the sub-sector domains of care provision for the elderly, for children under five years and for persons with disability, embracing the public, private and not-for-profit sectors. Identifying organisations and the key person therein for contact.
- Interviews with key actors among employers, trade unions and social service providers or advisors and experts. Twenty five interviews were undertaken face-to-face and by telephone from a list compiled by the researchers in conjunction with DFI and Public Service International – an EU partner to the project. Handwritten notes were taken of the

interviews. A summary of the findings was circulated to the interviewees for feedback prior to finalising the report.

- Desk analysis of industrial relations and partnership in Ireland as it pertains to social services, estimation of the monetary value of the sector, the content of dialogue and issues arising for the future.
- The study focussed on three sub-sets of social services which were selected for the eleven countries and which would permit comparisons on a relatively transparent basis. The sub-sets represent the principal services over a person's lifetime:

- Long-term care for older persons
- Services for people with disabilities
- Services for children of five years and less outside education

In the case of Ireland the sub-sets of social services were measured using the following indicators:

Chart 1 Indicators of sub-sets of social services

Sub-set of social service	Indicators
Long-term care for older persons	Nursing Home residences
	Home-care such as Home Helps/Elder Care
	Remunerated carers
Services for people with disabilities	Day, residential and support services for/with people with disabilities
	Mental Health services
Children aged 5 years and under	Child Welfare services including foster care
	Child care services in nurseries/centres
	Child care services in form of childminding
	Remunerated care for children with disability in the home

2.1.3   The data

Data on 'social services' in Ireland is highly fragmented across a range of public bodies, private agencies, academic institutions, not-for-profit services and small-scale local community and voluntary organisations which can be funded by public or other not-for-profit bodies in Ireland or from overseas. Given the small size of the country, data is frequently aggregated at a very general and high level. Data sets do not always contain what their title depicts. Studies of services for people with disabilities frequently exclude those with mental health difficulties or expenditure on services may include supports to capital funding in housing. The fragmentation carries a risk of double counting.

Apart from the fragmentation of data, there are also large gaps in the data. The public reporting of staff numbers in the form of Whole-Time-Equivalents means that it is difficult to know how many actual staff are on a payroll since many part-timers are subsumed into equivalent full-time jobs. The public reporting of people with disabilities over the age of 65 years as in 'older' people categories frequently renders disability invisible after the age of 65 years. As a consequence, the study does not provide a comprehensive set of data.

2.1.4   Reception of the project in Ireland

The study was on the whole well and generously received in Ireland. Participants in the interviews spoke frankly and provided their time, knowledge, analysis, information, refreshments and documentation to the project and expressed interest in knowing of the PESSIS outcomes at national and European level. The discussion topics of the interviews were often observed to be interesting and different in an Irish context.
The reception was the more remarkable in that Ireland's social and public services are operating under the *Financial Emergency Measures in the Public Interest Act, 2009* and *2010*. This required substantial cuts in salaries, pensions and funding for private, public and not-for-profit services in accordance with the conditions established with the European Central Bank, International Monetary Fund and European Commission.

2.1.5   What are social services?

Social services are not a widely used term in Ireland and many interviewees were perplexed by being asked to 'define' social services. While social services certainly exist they are, for historical reasons, dispersed across a wide range of Departments of Government[2]: Health, Education, Social Protection, and Justice. As such there is little popular perception of a set of clearly defined 'social services.' Local Government does not deliver social services such as education or personal social services. Combined with dispersion in delivery, there is considerable centralisation of control, planning and development.

Since the Health Act of 1970, a large number of personal services for children, the frail elderly and people with disabilities have been supported and delivered via the Department of Health along a somewhat medical model involving social assessment, diagnosis and social response. The Health Act, 2004 reaffirmed this approach. Section 38 of the Act allows the State to fund not-for-profit bodies both secular and faith-based - to provide services on behalf of the State. This confers on these charitable bodies the status of public sector bodies in terms of industrial relations, collective bargaining and pensions. Section 39 of the Act allows the State to fund other charitable or voluntary bodies at its discretion without conferring on them the status of public sector bodies.

The delivery of social services varies quite significantly in terms of whether the delivery and employers are predominantly in the private, public or not-for-profit sector. An increasing number of long stay residential places for the elderly are in private nursing homes. Care for the elderly at home is provided by public, private and not-for-profit bodies. In the future private bodies are likely to have a larger share of this social service 'market.' Delivery of disability services is mixed with all types of provider involved.

2.1.6   The structure and size of social services

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[2] A Department is the word used in Ireland for a Ministry.

Social services in Ireland can be divided into three overlapping segments: the public sector which includes private bodies delivering services on behalf of the State, the private sector, from whom the State also buys or outsources services and the voluntary, community and not-for-profit segment. The balance or strength of each segment varies considerably between different sub-sectors of social services. Given the size of the country, regional considerations play a minimal role in some public services. This is not the case in disability services. Behind the highly localised appearance of social services at the point of consumption, decision making is in fact quite centralised.

Using employment size as a measure of scale, the majority of social services in Ireland are delivered through small or micro units. For example the Disability Federation of Ireland found that the size of 67 of its member organisations in 2009 was predominantly small. Some 36% had 6-25 staff and 33% had 0 to 5 staff (DFI, 2009, Table 3). A similar size pattern has been identified in other studies (Dublin Employment Pact, 2011). A very large proportion of bodies in a recent study of the not-for-profit sector of social services are in fact small scale with 41% having ten employees or less and 35% having no employees at all indicating that they are operating on a volunteer basis only outside of social dialogue (Irish Not-For-Profit, 2011) (see Table A2.2 Appendix 2). Those 463 non-profit bodies in social services with no employees suggest that a large number are operating with volunteers only.

The scale and approximate structure of social services in the three sub-sectors are indicated in Chart 2 below.

Chart 2 Employer scale in sub-sectors of social services

	Children aged 5 and under	Elderly –long-term care	People with disabilities
Public	With growing birth rate, ever larger school place demand but rising class size	State is largest supplier of in-home care with 5,276 employees (2007)	Most mental health services and community mental health teams
Private	Mixture of minority of corporate day care (ex:19 creches) and myriad of (3,000) micro-size play schools and tens of thousands of individual childminders. Some private children's homes for children in care and for child palliative care.	About 25% of employers in nursing homes have 60+ employees 68% of nursing home beds in private sector.	Some home care and small number of private psychiatric hospitals
Not-for-profit	Small community nurseries employing less than 10 persons Childminders with three or more children other than their own	Unknown number of voluntary and community based groups as well as voluntary faith-based organisations at parish level	20-40 Large scale employers of 1,000 employees or more under Health Act, 2004 and several hundred small and micro sized organisations at national and local level

Sources: PA Consulting Group (2009) *Analysis of Irish Home Care Market,*
Irish Private Home Care Association (IPHCA) February. NHI (2010) *Annual
Private Nursing Home Survey*, NHI. PESSIS interviews 2012.

Chart 2 above illustrates the complexity of mapping within the social services
sector and the fragmentation of delivery which varies by sub-sector and by
whether the service is public, private or not-for-profit.

2.1.7   Estimating the value of social services

There is considerable movement between public/ private/ and not-for-profit bodies, a part of which is due to current austerity measures and a part of which is due to a rearrangement of the mixed economy of welfare in Ireland, the main features of which are a system of funding and provision from private, public and not-for profit-sources.

 A number of attempts have been made in recent times to put a value on social services in the voluntary/local sector (ICTU, 2012), or in the form of surveys in the disability services sector (DFI, 2009) or the wider not-for-profit sector using company reporting (Not-For-Profit, 2011). Each approach has its own specific advantage. Table 1 below provides an estimate of the value of social services in the three sub sectors of social services using several sources: such as Service Plans, Government Audit, Parliament Votes, Private Consultancy Reports, Non-Profit bodies and interviews. A number of social services which previously were provided free or in a different format, have started charging service users since 2008. An example of a new charge is a nightly charge for Respite Care usage. Some services have shrunk the number of hours available for home care to the elderly or Personal Assistant hours for independent living. Some services have new subsidies such as the early childhood education year before school begins. These changes at the point of service consumption make the mapping of service value a complex process.

Table 1 Estimate of approximate value of three subsectors of social services -
Ireland*

Sub Sector	Service Area	Amount € mill	Totals €million	Source
Children's services – age 5 **	Child protection/Welfare	547 ***		HSE Service Plan 2012
	Childcare	232		Comptroller and Auditor General (2011) 2010 data
			779	
Long term care for older persons	Nursing Homes	1,041		C&AG 2010-11, Nursing Homes Ireland 2011,(3)3
	Home Helps/Care	340.27		PA Consulting, 2009
			1,381.27 l	
Disability Services				
	Public and Not for Profit	1,454		HSE Service Plan 2012, HSE Non-Capital Voted Expenditure (Table 6.2) 2010
	Mental Health	963		HSE Non-Capital Voted Expenditure (Table 6.2) 2010
			2,348.9	
	Carers in the home, in receipt of Carers and Domiciliary Allowance and Foster Care payments	690.5		Department of Social Protection 2011 Foster Care Ireland 2011
Total			€4,509.171	

* Read with caution, measurements and years differ by sub-heading   **
Excludes children at school
 In 2004 €877 million of public funds went to not-for-profit disability services (Comptroller and Auditor General, No.52, Fig.A1).
***Alternative estimates were €555 or €633 mill in 2010.

In compiling Table 1, the cost of 4-5 year old children being at school was excluded. Strictly speaking, the provision of welfare services to children under five years at school should be included, but the data breakdown by age was not available at the National Education Welfare Board. About 3,000 children aged five or less with disabilities are presented for assessment of need each year. Supports to young children with disabilities in school should also be calculated but such a breakdown by age is not available. While a minority of about 5% of older persons are in nursing homes, long-stay care for the elderly outside their homes consumes a much larger share of expenditure than care in their own homes.

Not-for-profit and voluntary bodies typically receive income from a wide variety of sources. These may include public and private grants, corporate donations, fundraising, membership fees, tax relief, donations, legacies and bequests, income from deposits in the banks and unpaid volunteer labour. Good information on expenditure and staffing are still hard to obtain.

A minimum estimate of expenditure in social services in the three sub-sectors of social services is €4,509 billion. This €4.5 billion is an estimate since it combines expenditure planned, expenditure voted, and expenditure drawn down and expended. Using this conservative and very skeleton estimate, it can be stated that the scale of value of social services are an important component of the Irish economy.

Table 2 estimates the total numbers employed in the three social service sub sectors. It has not been possible to provide a breakdown by ethnicity, gender, part-time status or age.

Table 2 Estimate of employees and numbers engaged in sub sectors of social services*

Sub Sector	Employer	Totals	Year	Source
Childrens services	Public	3,118	2011	Health Service Executive Service Plan 2012
	Nurseries	21,226	2009	Department of Education and Skills, Study 2009, p.21
	Health/social care professionals	9,645	2010	Department of Health and Children Health Statistics 2011
Long term care	Nursing Homes	30,000	2011	Nursing Homes Ireland data
	Home Helps	9,620	2011	SIPTU
	Paid carers in home	50,577	2010	Department of Social Protection CSO
Disability Services				
	Public and Not For Profit	16,333	2009	NDA (2010) Table 6 Public Sector bodies on behalf of State.
	Mental Health	9,207	2011	HSE Service Plan 2012
Total		149,726		

* Read with caution, measurements and years differ by sub heading

The calculations yield a conservative estimate of 149,726 employees and persons engaged (non employees but paid). This total is more than the employment in all Industrial Development Authority supported overseas companies in Ireland (2010), and considerably more than the construction industry at December 2011.

2.2   The PESSIS Sub-Sector Long-term Care for older persons

Services in the field of care of the elderly or older persons can be measured by two sets of information:

- Information on long-term residential care places in nursing homes
- Information on day support services to older people in their own homes

Both of these service segments are undergoing rapid restructuring. Care in public nursing homes is declining and care in private nursing homes is increasing. A new system of funding has been developed since 2011 involving the funding of nursing home beds. This involves both a needs assessment of the older person and a means test of their capacity to pay. This assessment generates an individual subsidy/subvention to their care/or not – depending on the outcome. The subsidy may be less than the costs of the place in the nursing home. A subsidy involves the transfer of most of the person's State pension back to the State, and in some instances a charge (lien) is placed against their house (if any) which is recouped on their death. Where there is still a payment gap, relatives make a weekly or monthly contribution.

2.2.1   Home Help –Supports to Older Persons in their Homes

The majority of older persons in need of some or substantial amounts of care live in their own homes. However the greater part of the long-term care budget goes to residential nursing home care, the cost of which comes to €1,041 billion according to the Government Auditors. About one in five nursing home places are in public facilities and a number of these are in the process of being closed down (2012).

The majority of home helps are part-time and a majority - 90% are in public employment by the Health Service Executive. A majority are members of SIPU and a few of IMPACT. The estimated cost of this service is €340 million a year.

This is a rapidly changing service. The 'home care market' now contains a significant number of private firms offering 'home care' either directly and privately to individuals or under public procurement to the State. This is both a controversial and sensitive subject. It has significant cross over with services to people with disabilities who also use a range of frequently trained Personal Assistants in order to lead more independent lives or to have independent living.

Table 3   Market composition of Home Care Provision

Public - Health Service Executive	Non-Profit	Private	Informal	Grey/Casual market
Home helps , nursing, multi disciplinary			161,000 carers	
5,276 home helps Whole time equivalents 2007	41 non-profit providers in receipt of Section 38 grants	128 providers	35,000 full time/part time under Department of Social Protection	unknown
			+27,000 get respite	
			Carers Assoc €2.1 billion	

Source: Extracted from PA Consulting 2009

The home care 'market' of services has a considerable number of private providers present (Table 3). A restructuring in favour of private service providers functioning as a form of intermediary agency placing people in homes could cause displacement of staff from both the public and not-for-profit sectors. It would also displace a cohort of trade unionised employees into a less or not-unionised environment where they might be asked to work under different conditions, such as 'on call' as 'self-employed' or as part-time unemployed.

Table 4   Share of value of the market by provider of Home Care, Ireland

	HSE Public € million		Private €million	Value € million
	Home Help	Home Care packages		
HSE-Public	162.47	75.48		237.95
Non Profit	48.53	30.62		79.15
Private		13.9	9.27	23.17
Total	211.0	120.0	9.27	
Grand Total	€340.27 million			

Source: PA Consulting 2009, p.15

The opening up of the home care market through Public Procurement has
raised questions over quality and the survival of some organisations
competing with international care chains. There is a worry that some of the
costs of employment currently carried by employers, such as FETAC
accredited training, might be transferred to employees and in this fashion
competition becomes an issue.

2.3 PESSIS Sub-sector - Social Services for people with disabilities

Expenditure on services for people with disabilities from public services
amounts to an estimated 2.3 billion in 2011. This expenditure does not
(paradoxically) usually include persons with disabilities over the age of 65
years. Table 5 includes expenditure on mental health services the vast
majority of which are public or are provided by not-for-profit bodies on
behalf of the State. Expenditure does not usually include all services for
those using services for drug, alcohol and other substance abuse.

Table 5 Expenditure by Public Services on disability and mental health services

2011 by State

	2010 €	2011 Estimated €
Care for persons with disabilities under the age of 66 years	1.5 bill.	1.4 bill.
Mental Health	963mill.	920 mill.
Total	2,463 bill.	2,320 bill.

Source: Department of Health – Health Expenditure Statistics 2011, Table L1, Non-Capital Voted Public Health Expenditure, Report of Disability Policy Review – Final Report,
Department of Health and Children (2011) pp 25-27.

Between 2010 and 2011 the amount of expenditure on services for people with disabilities fell. However Table 4 only tells part of the story. A significant volume of funding has to be raised outside of the public purse from a shrinking pool of resources by non-profit, voluntary and community based organisations. With the onset of the 2008 financial crisis, some organisations have had to leave vacancies unfilled when staff depart, freeze development of existing services, delay new service programmes, delay projects and/or, reduce hours of Personal Assistants (DFI, 2009, Chart 11).

A myriad of services are provided in 2,500 locations which may be subsidiaries of national organisations, locally based services or be highly specialist services in just a few locations. The majority of services for people with intellectual disabilities are provided by not-for-profit service providers, some of whom are members of the National Federation of Voluntary Bodies, the Not-For-Profit Business Association, and/or the Disability Federation of Ireland. There are, for example, about 30 services providing respite care in 300 locations. Day services are offered in about 200 public locations and 800 not-for-profit locations (Comhairle, 2012)

Employment in this sub sector includes a wide range of rehabilitation professions, social care graduates, health care assistants, general and specialised nurses, Personal Assistants, administrative staff and co-ordinators, team leaders and management. Employment in smaller organisations can involve a single person holding several roles simultaneously.

2.4 PESSIS Sub sector -services to children aged five years and under

The compulsory age for starting school in Ireland is six years old. It has long been the practice of parents to enrol their children at four years old in what are called 'infants classes' in primary schools. Typically children spend a year in Junior infants class and a year in Senior infants before entering first class at the age of five to six years old. As a consequence the main focus of childcare provision is on children aged 0 to four years (Appendix 2 Table A2 5). However, since younger children come out of school at or after lunch time, they may then transfer to an after-school or play centre until a parent returns from work. Childcare services now include a one-year programme of pre-school supported by the Department of Education.

Table 6 Selected occupations in Children's Services Employment 2006

	Year	Numbers	Of which Female
Childcare, nurseries, playgroups	2006	17,342	97%
Education Assistants	2006	9,512	96%

Source: Census of the Population 2006, Volume 8 Occupations Table 8

Public, private and not-for-profit providers deliver a huge range and diversity of formal childcare services which number almost 5,000. They differ from each other in pedagogy (Montessori) in language (Irish speaking) and in goal

(minding, pre-school, play groups) staffing and quality of premises. Besides the diversity of provision, the State has intervened in the sector with many and complex systems of support, subvention and subsidy, funded by a variety of sources (EU investment) and under a range of programme headings. A considerable capital investment in childcare was supported by the EU to facilitate increases in the labour force participation of women up to a target figure.

 The childcare sector itself employs about 30,000 persons – a majority are women (Table 6). Census 2011 Volume on occupations will provide more detail on occupations when it is published in 2013-14. About 30% of children aged 0-2years are enrolled in childcare and early childhood education in Ireland (OECD, 2011).

Table 7 Actual expenditure on Selected State Support to Childcare programmes
 (outside education system) 2010 delivered by private, public and not-for-profit

Programme	€ million 2010-2011
Childcare Education and Training Support (CETS) Community Childcare Subvention (CCS) 'Free' Pre-School Year Scheme (ECCE)	232

Source: Extracted from Comptroller and Auditor General (2011) Appropriation Accounts, 2010,
Vote 41, p.679. Does not include capital grants, research, grants to intermediary technical support bodies,
parent's contributions/payments for services, Childcare Inspectorate.

Childminding as a form of childcare is a significant area of economic activity. In 2007 the Government introduced a tax relief on childminding. This permitted (mainly women) who were childminding three children to obtain

tax relief on her earnings if they did not exceed €15,000. It has not been possible to ascertain the aggregate value of this relief. The public authorities support the organisation *Childminding Ireland* which provides training, support, networking, seminars and advice to over 1,000 of the childminders in this sector.

Informal childcare such as grandparents and neighbours is used by the parents of 14% of children aged 0-2 and 17% of children aged 3-5 years.[3]

2.4.1   Employment and occupation in three sub-sectors of Social Services Ireland

Table 2 illustrated the significant scale of employment in the three social service sub-sectors of the PESSIS study. Estimating employment in social services is complex given the range of employers from 3,000 employees to the micro employment scale of local childcare centres or nursery with five part-time staff. The Irish Nurses and Midwives Organisation has pointed out that while employment of nurses, may for example, decline in a service sector, there may also be shortages in the same sector where staff turnover is high.[4]

In addition to those employed in a 2011 study of non-profit bodies, an estimated 9,214 persons serve as voluntary directors on the boards of the 2,260 bodies in the field of social services.

Table 7 would indicate that the Health and Social Care Professionals category used by the Health Service Executive in its 'Employment Control Framework' may well underestimate numbers engaged in social service occupations as described in the Census. The numbers arising from line 1 of the table are considerably less than the numbers in lines 2, 3 and 4 using census categorisations of occupations. This is all the more surprising since the last survey of social workers identified the Health Service Executive as their

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[3] OECD Family Database, Employment, Labour and Social Affairs, Table PF3.3.A. Informal childcare arrangements. Ireland data 2008.
[4] Interview 2012

biggest employer.[5] The HSE estimates that it employs about 1,200 social
workers in 2012.

Table 8 estimates the total numbers of professionals employed in some of
the social services. The data is six years old. Newer data will be available in
July 2012. Whether the source is the Health Services data or the last Census
of the Population, the estimates do not capture well the nature of
employment in social services as it is confined to professional occupations as
traditionally defined, and does not enable us to identify the growing numbers
of care workers, personal assistants and other support and specialist workers
in social services other than as a form of residual category (line 4).

Table 8 General Estimates of Employment in Social Services by
occupation*selected years

		Year	Numbers	Of which female	Source
1	Health and Social Care Professionals	2010	9,645	-	Dept. Health, *Health Statistics 2011* Table K1c.Excludes cancer care, population, health and corporate services
2	Social workers and probation officers	2006	4,324	83%	*Census of the population 2006, Volume 8 Occupations Table 8*
3	Social work and related professions	2006	17,284	-	*Census of the population 2006, Volume 8 Occupations Table 10*
4	Matrons, houseparents, welfare, community and youth workers	2006	9,867	71%	*Census of the population 2006, Volume 8 Occupations Table 8*

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[5] National Social Work Qualifications Board now dissolved.

* Excluding housing

Data on the nationality of persons working in social services is not available. However a review of work permits issued in early 2012 suggests that about 9% of work permits issued by the Department of Jobs to non-EU nationals went to the nursing home care sector.

2.4.2 Carers in child care, disability care and in elder care recognised by the State

The care of persons in their own homes is part of public services in the form of the work of Public Health Nurses, Social Workers, Home Helps and Personal Care Assistants. They provide assisted living or support independent living to persons in their homes or palliative care to dying adults and children. This paid professional work is to be distinguished from care provided by family members. Care inside the family unit is increasingly part of the delivery of social services in the following scenarios in Ireland:

- Care in the home which is regulated by statute as it relates to vulnerable persons or children
- Care provided in the family as a public policy
- Care provided by families in the absence of collective public service

Table 9 Labour market replacement State payments for in-home care 2009-2010

Year	Benefit claimed to care for a child (under 18) who needs full time care in the home		Benefit Claimed to care full time or part time for a person who is elderly or has a disability in their home		Persons approved to foster children in care of state in their own private homes		Total of Public Expenditure
	Domiciliary Care Allowance persons	Expenditure	Carers Allowance Persons	Expenditure	Foster Carers	Expenditure*	

		:				
20 09	24,046	-	48,223	-	-	-	
20 10	23,428	€95,710 ,000	50,577	€501.822 ,000	3,60 0	€93	€690.5 million

Source: Calculated from Statistics of the Department of Social Protection,
2011, Foster Care Association of Ireland 2011 (Within Health Budget Vote),
Health Matters, vol. 7, Issue 4, 2011.pp 38-39
*calculated at lower payment of €325 x 52 weeks x 5,500 (2011) children

Distinguishing between informal and unpaid care, it has been possible to
extract the numbers of persons who receive payments from the State to care
for person in their homes or nearby. In 2010 there were 77,605 recipients,
as shown in Table 9 above.

2.4.3   What is a social service according to PESSIS study participants?

A social service is not a well established concept in wide usage. Interviewees'
responses were quite different and diverse from each other.
- Some defined social services in a general or universal fashion,
  incorporating many public services
- Some defined social services in a particularistic way –naming specific
  service areas
- Some thought the question was not particularly helpful

Here is what some respondents said about defining social services:

'(they) *start at maternity hospital and end at the grave'*

'the protection and inclusion of everyone and not just people with disabilities'

*'rights of everyone to social inclusion regardless of their competence –right
to decent income, medical care and the right to live in one's commun*ity'

'*broad canvas of social and public services –state ensuring provision of these
services, but not necessarily being the deliverer'*

'health, housing and education and welfare of children in need'
'mental health, education, addiction, disability, homeless, primary care'

'all alternative forms of care for children (outside family) – *foster care,
justice and education welfare'*

*'not a term we use…as we don't group our voluntary organisations within a
social services sector – not a term we use in dialogue'*

*'there are no boundaries – they're school, health, social services, a full care
model'*

2.5   Social Dialogue and collective bargaining agreements

With its tradition of centralised collective bargaining, there is just one
national level collective agreement in Ireland of significance in the social
services sector since 2010 - *The Public Service Agreement 2010-2014.*This
collective agreement is known as '*The Croke Park Agreement*.' The
Agreement applies to the public service and bodies designated to provide
services on behalf of the State such as under the Health Act 2004. The
Agreement arose following escalating industrial action arising from pay cuts
consequent to the banking and economic crisis of 2008 (Implementation
Body, 2011, 40). A very extensive and deep process of social dialogue
between public employers, trade unions, and state authorities and facilitated
by the State's Labour Relations Commission preceded the Agreement Labour
Relations Commission, (2011). The Agreement covers the largest social
service employer: the State. In the Health Sector, which includes a large
proportion of social services, the Agreement applies to 105,000 persons
(Implementation Body, 2011, 37). With very high levels of trade union
membership in the public services, the Agreement is extremely important for
the day to day functioning of public social services.

The Agreement was negotiated between the Public Services Committee (see
Appendix for membership) of the Irish Congress of Trade Unions (ICTU) –
the single trade union Congress for all of the island of Ireland and public

service employers.[6] Representative associations for An Garda Síochána (police) and the Defence Forces – not affiliated to Congress, following negotiation, also endorsed the Agreement, as did the Psychiatric Nurses Association and the Irish Hospital Consultants Association - neither being affiliated to the ICTU.

The Agreement has seven chapters or 'sectoral' agreements. These chapters cover Health, Education, Civil Service and State Sponsored Bodies, Irish Prison Service, Local Government, An Garda Síochána and Defence Sector Agreement. In the words of one stakeholder ' *the Croke Park Agreement is the only show in town.'* The Agreement applies only to the Public Sector but that includes those large Non-Profit bodies who are delivering services on behalf of the State under the Health Act. Organisations which deliver services with the support of some public funding are not directly covered by the Croke Park Agreement. Given its scale, the Agreement may also function as a type of benchmark for employers outside its remit, such as private and not-for-profit employers. This latter remains to be demonstrated by evidence.

The Agreement, in relation to the Health Sector provides for, amongst others:[7]

- An Employment Control Framework which restricts the recruitment/replacement of staff
- Redeployment/ reassignment of staff across the public service, outside town or place of work
- Changes to organisational structures including out-of-office locations
- Multi-disciplinary working and reporting arrangements in teams
- Measures to combat waste, inefficiencies and to provide value-for-money
- Reductions in 'on-call' working
- Adherence to risk, safety and quality standards
- Extended working day - services 8am to 8pm and/or 5/7 day week + 24 hour emergency service
- Changes to rostering and skill mixes

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[6] The Agreement applies only to Ireland, not Northern Ireland (UK).
[7] The Public Service Agreement 2010-2014, pp 17-18.

- Increased accountability of senior management
- Competitive and merit-based promotions
- Incentivised early retirement schemes, career break schemes

In return for the above measures, the Agreement guarantees:

- No further pay cuts in the public sector until 2014
- No compulsory redundancies
- Review of the implications of pay cuts for pension entitlements
- Outsourcing of services will only take place following consultation with trade unions

The Agreement is dynamic in its implementation. There are structures for employers and unions to refer a disputed matter for clarification or interpretation by the Implementation Body for the Agreement. The Agreement is monitored sector by sector with a synthesis Progress Report published at least once a year.

A Minister for Public Expenditure and Reform was appointed to a newly created Department in 2011 – this Department has an overview of the Agreement. Questions on the Agreement are answered by the Minister in the Dáil (House of Parliamentary Representatives).

Despite several difficulties, the Croke Park Agreement 2010-2014 has lasted for almost two of its five years duration. It has brought industrial peace to a workforce subdued and fearful in the midst of the uncertainty of an indebted economy in bankruptcy. For public sector employers it has provided some order in the short-term to the industrial relations environment.

Organisations which are Members of the Public Services Committee of the Irish Congress of Trade Unions and who have endorsed the Croke Park Agreement:

IMPACT*
INTO Irish National Teachers Organisation*
SIPTU Services, Industrial and Professional and Technical Union*
PSEU Public Service Executive Union
VOA Veterinary Officers Association
MSLA Medical Laboratory Scientists Association

POA Prison Officers Association
INMO Irish Nurses and Midwives Organisation*
CPSU Civil Service Executive Union
IFUT Irish Federation of University Teachers
TUI Teachers Union of Ireland
UNITE (formerly T&GWU and - AMICUS UK and Ireland)
IMO Irish Medical Organisation
AHSPS Association of Higher Civil and Public Servants
ASTI Association of Secondary Teachers of Ireland

* indicate those unions with membership within the social services and in education for children aged 5 years old or less.

In addition to the Croke Park Agreement, The Irish Business and Employer Confederation and the Irish Congress of Trade Unions signed a *National Protocol for the Orderly Conduct of Industrial Relations and Local Bargaining in the Private Sector* in 2010. This short document provides for a method of approaching and handling of disputes at local and national level in the private sector. The Protocol does not address pay and working conditions.

Employment Regulation Orders (EROs) for specific lower paid sectors of industry are the outcomes of the negotiations between sectoral employers and unions for the sector meeting in Joint Labour Committees (JLCs). The negotiations strike a wage or other basic working conditions and this agreement becomes a Registered Agreement at the Labour Court. The entirety of this form of long standing collective bargaining is now under review following a legal challenge to the process. The consequences are relevant to those social services which buy-in outside services such as contract cleaners or security staff for their premises.

2.5.1 Previous Dialogue and Agreements

In 2006 and following a protracted period of dialogue between representatives of public and private employers, trade unions, farmers and non-profit (voluntary and community) bodies, an extensive and complex agreement was reached between the parties. The Agreement was to establish a comprehensive ten year framework for social partnership. The Agreement is entitled

Towards 2016 Ten-Year Framework Social Partnership Agreement 2006-2015.

The Agreement was negotiated between parties representing:
- The State
- Irish Congress of Trade Unions
- 6 Employer or Business Representative Bodies
- 4 Agricultural Representative bodies
- 15 Not-for-Profit social service, social development and social justice bodies in the field of children social housing, the aged, carers, poverty and unemployed and including the Disability Federation of Ireland (Community and Voluntary Pillar)

The parties to the Agreement are described as *social partners*. They committed themselves to an ambitious 100 page partnership agreement for the economic and social development of Irish society over a ten year period. Unions and Employers negotiated, within the process, a collective bargaining agreement of specific pay increases in return for industrial peace in both the public and private sectors. The agreement however remained a two part document, with the social policy commitments never integrated with the pay and conditions commitments, and the Community and Voluntary Pillar having no role in negotiating the latter. Croke Park was a retreat in terms of coverage because it only covered public sector employers and because the social policy element was dropped. The new Government elected in 2011 has not altered these fundamentals.

When it came time to review the Agreement in Summer-Autumn 2008, many of the suppositions on which it was based were faltering and uncertain. Full employment, a growing economy, fiscal policy with room to manoeuvre were under question. In 2008 the parties agreed:

Towards 2016 Review and Transitional Agreement 2008-2009.

This agreement reprioritised economic issues and pay for a period of less than two years. In September 2008, the Government announced it would guarantee banks which claimed to have a short-term liquidity crisis, but who subsequently turned out to be insolvent. With the banking crisis of autumn

2008, the Transitional Agreement began to unravel in terms of expected pay increases and pensions (Sheehan, 2009, Parliamentary Affairs, 2011). The Croke Park Agreement in 2010 attempted to restructure and remould a Collective Agreement for the public sector at least.

The collapse of long-standing partnership structures left a void for some. In a national survey of workplaces in the public and private sector (Watson, et al., 2010, 46) in 2009, the authors found that 96 per cent of public sector employers had formal partnership arrangements in place at that time and 69% had informal partnership style arrangements.

Those civil society parties who had participated in concluding the *Towards 2016* parties are known as the Community and Voluntary Pillar. An Agreement was concluded between the Community and Voluntary Pillar and the State in 2011. The Framework provides for an outline of mutually agreed exchanges of information, reviews and to fostering co-operation as outlined in *Towards 2016*. The Community and Voluntary Pillar were and are not involved in negotiations concerning pay and conditions at work.

In 1999 Employers and Trade Unions in the Health Services established a Health Services National Partnership Forum to develop a shared vision of how modernisation of the services could be achieved. It contained equal numbers of employers and trade unions Executive with joint chairperson from each side. The Forum, amongst other activities, acted to verify progress under the various National Collective Bargaining Agreements. The Forum was dissolved in June 2011.

2.6 Trade Union representativity in social services

There is no consensus between commentators on Ireland's trade union density. The Irish Congress of Trade Unions disputes the interpretation of membership data provided by the Central Statistics Office; data which is widely used by commentators in Ireland and Europe. Commentators argue that in 2009 Ireland had a trade union density of 34% - a rise of several points from 2007 when it was then recorded as only 31%. In 2009 there were approximately 535,000 trade union members according to commentators and 579,578 according to ICTU (Walsh and Strobl, 2009, 117-

138). [8] The density rate of 34% is greatly exceeded, if not double or triples, in some areas of public social services. Examples are provided in Table 17

Table Estimates of levels of unionisation in sub sectors of social services

Sub sector	segment	Rate of unionisation estimate	Unions mentioned
Disability	Not for Profit Residential Service providers intellectual disabilities	90-95%	IMPACT SIPTU
	Social Care Workers	70%	IMPACT SIPTU
	Public Service Professionals	70-80%	IMPACT
Children	Children's Services -public	75%	IMPACT
	Childcare services	Not known	IMPACT
Older Persons	Public Nursing Homes	85-90%	SIPTU INMO
	Private Nursing Homes	Not known	
	Private home care	Very low	INMO
	Public Home Care	70%	SIPTU
General	Local community/voluntary Group employees	10,000 members Unionisation rates unknown	SIPTU Joint actions with IMPACT on funding

Source: Interviews PESSIS

SIPTU and IMPACT have about 80,000 members in health and social services. IMPACT estimates trade unionisation levels at 70-80% in public services.

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[8] See pp 117-138.

2.6.1   Employer representative bodies

There is a diversity of employer bodies that perform different functions, some having no role in social dialogue.

- IBEC - Irish Business and Employer Confederation national body - represents larger not-for-profit bodies in industrial relations, Irish member of Businesseurope
- National Federation of Voluntary Bodies –advises, represents and lobbies the public authorities on behalf of 62 member organisations: not-for-profit bodies including larger bodies employing 1,000-3,000 employees - an Irish member of EASPD Europe
- Disability Federation of Ireland (DFI) - 127 members and associate members which, amongst others, represents disability issues within the social partnership arena as a civil society representative body – an Irish member of EASPD
- Community Sector Employers Forum (CSEF) represents, lobbies and advises its membership on working conditions and standards in local non-profit groups and associations and in social economy and engages with SIPTU, IMPACT, UNITE and the Irish Congress of Trade Unions
- Not-For-Profit Business Association represents the business interests of seven large service employers in the field of physical and sensory disability

2.7   Understanding of Social Dialogue in Ireland

The understanding of social dialogue in Ireland is shaped by experiences of the decades of voluntary social partnership agreements. This heritage impacts on the language, concepts and perhaps current expectations of engagement in use among representatives of employers, employees and social service and social care providers (Hastings et al., 2007, 191-211). The perspectives of interviewees on the topic can be viewed in three ranges of opinions:

- Those who see social dialogue as a form of valuable collective process between workplace parties which may or may not have an outcome in

the form of a collective bargaining agreement or 'partnership'
agreement

- Those who understood social dialogue as a wider form of consultation
involving parties representing social services or service users in a form
of consultation process with the public authorities, some of whom also
favoured the first engagement approach as well
- Those who were disenchanted with social dialogue and/or partnership
outcomes

2.7.1   Social Dialogue as a valued collective process

'Social dialogue is all the relevant partners engaged with one another –
unions employers and user groups –social dialogue and social partnership are
two different creatures – partnership of its time widened its ambit to deal
with social dialogue.'[9]

We strive to engage – use Croke Park (Agreement) as a framework for
engagement –apart from Croke Park local members and managers have
relationships…'[10]

In the words of one stakeholder: 'there is social and civil dialogue and
engagement with the wider civil dialogue. Social dialogue is where employers
and employees are engaging with government. There is no fourth side.'[11]

One employer put it like this: 'we are under Croke Park (Agreement) and
have also initiated in-house dialogue – a positive industrial culture (but) no
formal partnerships…we have a local forum so local social dialogue is both
formal and informal[12]

Another employer stated: 'Unions are an integral part of change. (We have)
a sharing and partnered approach – work with them to reach strategic
agreement – we recognise power balance but work it out. We took Croke
Park Agreement - extracted it all out, made a template and populated it out.
[13]

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[9] Interview 14
[10] Interview 15
[11] Interview 20
[12] Interview 4
[13] Interview 5

*Centralised collective bargaining – the Croke Park Agreement is very
significant- it is the first comprehensive one for the delivery of social
services it amounts to a text as a against a blank sheet in a free-for-all ..'*

'*We are a representative body licensed to negotiate – we do a lot of dialogue
around Croke Park* (Agreement) *these include negotiations within companies
–work practices, rostering, flexibility, industrial relations machinery* (like)
Labour Relations Commission, Employment Appeals Tribunals..[14]

2.7.2 Social Dialogue as a wider form of engagement with civil society and/or social partners

A number of bodies would like to have been able to engage more fully and
deeply as representatives of employer or employer type bodies in the field of
social services, especially in relation to very small, small and medium size
social or economic enterprises.

IMPACT and SIPTU are exploring with the Department of Finance the
possibility of a new Forum to discuss the future of the Community and
Voluntary Sector. This is supported by the Community Sector Employers
Forum. [15] The Community and Voluntary Pillar also have on-going
discussions with the government.

'*We are a non-negotiating body in terms of pay but are part of a European
dialogue* (EAHSA) *focussing on workforce planning, ageing population and
projecting future demand*[16]

'*The Tanaiste* (Deputy Prime Minister) *has said "social partnership is dead
but social dialogue is in" the Community and Voluntary Sector is
campaigning around social dialogue and the role of the state within a
Tripartite structure of unions, employers and the Department of Finance*[17]

A trade union remarked that they would like to see smaller employers in
IBEC – it being '*preferable to be in an established structured network of*

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[14] Interview 2
[15] See IMPACT Health and Welfare Report 2009-2011.
[16] Interview 1
[17] Interview 10

relations, especially in social services – some need professional assistance in Human Resource Management in industrial relations '[18]

A non-profit association reported very good relations with trade unions like IMPACT and SIPTU and with employers in IBEC. They would like to have had dialogue with the Health Authorities but were ignored. They would like to have residents' councils in centres of long-term care for the elderly.

'Social Partnership in Ireland is dominated by the Trade Unions and dialogue by a more political wing –so broader than the Trade Unions - Social dialogue is more effective with all partners including civil society[19]

Early Childhood Ireland with 3,200 members in the field of early childhood education and care in nurseries, crèches and playgroups would like more opportunities for formal dialogue, which would benefit their members as employers, some of whom have unionised employees. This view was shared by Childminding Ireland with a membership of 1,000 self-employed childminders whose members are regulated and inspected by public authorities and recognised by the State and Revenue Commissioners as making a contribution to social welfare.

A number of interviewees of all backgrounds were at pains to stress that change and modernisation in social services is needed and that ideally employees should be consulted and invited to participate in the construction and management of change. However, they were equally concerned to convey that efficiencies and different composition of social service delivery teams, for example should not be based on practices that undermine the quality of services to users/residents/clients and relationships between employees and service users. In this regard there was an indirectly articulated view that 'increased productivity' in the social services' sector must be cautioned or constrained by service user's right to a decent service.

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[18] Interview 11
[19] Interview 22

2.7.3   Social dialogue – the appearance of 'uncertainty'

A number of interviewees were disenchanted with how Croke Park as a collective Agreement and the Health Service Executive as the largest employer were implementing the Agreement. They spoke for example of employees being '*hugely disenfranchised and disempowered – fear and insecurity* (in the workplace) *and advocacy losing its voice*…or '*loss of faith*' in Trade Unions with declining memberships.

They described '*consultation process*' as '*tokenistic at best particularly with the HSE* (Health Service Executive) *but the same for Community and Voluntary Sector*'[20]

Some employers were reported to be disengaging from Croke Park, with non-signatories emerging in the course of localised disputes.[21] A trade union recounted being obliged to renegotiate an agreement which had redeployed staff to neighbourhood care; staff who were now being recalled back into hospitals where there was an urgent shortage of staff. '*There is a disconnect between management and staff and some workers are worried – a ground level disconnect*,'said an expert.[22]

A large employer noted that the industrial relations model was changing – that as the climate '*hardens- good will diminishes*'

In the following section, some themes which arose in discussions are briefly summarised.

2.8   Thinking of the future of social services

2.8.1   Emerging issues

The participants in the PESSIS study in Ireland had many insightful and reflective perspectives on the future, only a fraction of which can be addressed in this text. A number of bodies have already published their views on the future – in the case of the Irish Association of Social Workers (2011) and the Irish Nurses and Midwives Organisation (2010).

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[20] Interviews 16 and 17
[21] Interview 15
[22] Interview 21

2.8.2   On the future structures of welfare and social services…

A large not-for-profit body suggested: '*we need a different direction in the future – the sector is under threat – the market is going to change dramatically – in the US (the market has) a significant role for example in elderly services – it is dominant. (we need) to revisit our unique contribution to the fabric of Irish society our "added value" in terms of the future and how we uphold it into the future.*'

A trade unionist spoke in a similar vein '…*the outsourcing model – this is where the battlefield is being shaped – the home help sector - community home help services will lose due to the contract model.*' was equally concerned '*The issues surrounding public or private and also the community are uncertain.*' The Irish Association of Social Workers view was sharply to the point: '(the HSE) *is introducing a semi-English system – commission officers who procure/buy-in services – privatisation really –not only privatisation but philanthropists –with a lack of policy esoteric groups jump in* (to the void).' Others wondered whether in the future their line managers would be social professionals or accountants –at present '*accountants are running the show*.'[23]

2.8.3   On individualised services…

The restructuring of services away from segregated residential settings to individual independent or assisted living in mainstream society and citizen environments was a subject for speculation as well as concern. A not-for-profit body insisted on a person-centred approach within the community but added: '*I see a push from Europe to go back to large congregated settings, for example nursing homes.*' 'While individualised budgets or money-follows-the-person systems of delivery of social services were seen as desirable, they would have massive implications for employment and current employees. An interviewee put it like this: '*The big issue for the future in disability (is) going beyond the service – being of service to people as against a service provider.*' An interviewee reported that[24] some staff are

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[23] Interview17
[24] Interview 19

terrified by changes in terms of their impact on social care workers. Many smaller scale service providers 'outside the loop' of mainstream services report a close identification with service users and are already working in a local and individualised context.

2.8.4   Professionalisation and deskilling

 The themes of registration and regulation of professionals and simultaneously the up-skilling of some groups and the deskilling of others generated a number of remarks. Under the Health and Social Care Professionals Act, 2005 Social Workers and Social Care workers are among the professionals who will in the future have to be both registered as professionals and will become part of a regulated profession. There is concern that the free movement of professionals across Europe is exercising downward pressure on qualifications with more emphasis on competency than qualification. This is a complex issue with long-term implications.

 An employer remarked that some qualified social care workers are being replaced by the equivalent of health care assistants/care assistants/less qualified carers in the private sector. The Irish Nurses and Midwives Organisation have analysed the ageing of the nursing workforce with an average age of a nurse or midwife now reaching 42 years and more than quarter of active nurses over 50 years old. Childminding Ireland observed on the inconsistency of policies. Those who are seeking state support to obtain formal qualifications in childcare will only get childcare subsidies if they use nurseries and not if they use childminders. A number of employers referred to the issue of 'skill mix' in the social service workforce. This could mean staff with a nursing background being replaced by staff with a 'care' background, in line, for example, with a social model of disability.

2.8.5   Impact of austerity measures on social services…

The term *'race to the bottom'* cropped up in several discussions with representatives of employers and employees as well as other interviewees. This is a fear for the future- that standards of service and working conditions will crash as the State inexorably reduces public sector employment and

minimum standards. For Early Childhood Ireland, it is a question of whether services are sustainable into the future – a view shared by some others. With an embargo on recruitment in the public sector and pay cuts/freezes some services are closing or emptying. The collective memory and collective intelligence of experienced staff is being abandoned by incentivised early retirements or squandered by exclusion from contribution and a failure to mobilise the available service leadership. Newly qualified social care and social work staff seek work anywhere they can find it.

2.8.6   A sense of uncertainty…

Health and social services are in the process of being reconfigured. A new Child and Family Services agency will be established in 2013. Health services will be reorganised into seven 'Directorates' - a concept with a ring of Napoleonic France about it. The shape of these new 'Directorates' is unknown and adds to feelings of insecurity at both management and ground level. For some, this will be their third experience of restructuring.

2.8.7   The information base in Ireland

Throughout the paper many problems with data have been noted. Importantly, it was not possible in this study to gather much information about employer/employee relations in the case of employers who are not represented in Croke Park or other national social dialogue fora. Given the importance of non public (or quasi-public) employers in the three sectors, the mapping project cannot be presented as comprehensive. Any analysis of social dialogue in Ireland has to caution accordingly.

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Appendix 1

Examples of Social Service Employers Ireland

St Michaels House: A Not-for-Profit Body grant-aided by the State

St Michaels House is a social service providing for people with disabilities, primarily for those with intellectual disabilities or other cognitive difficulties. The services include education, training, residential and respite services, clinical services as well as Alzheimer and social and recreational supports. The organisation has a specialised library and a training college used by organisations across Ireland. Under the Health Act, 2004 St Michaels House provides services on behalf of the State and is grant-aided to do so. About 1,602 adults and children use their services at over 170 centres in the Eastern Counties of Ireland. St Michael's House employs 1,300 staff. The Board and management of the services are committed to the Collective Partnership Agreement *Towards 2016* and to the current *Public Service Agreement 2010-2014*.The organisation has good working relationships with unions such as IMPACT.

Society of St Vincent de Paul: a faith-based international organisation

The Society of St Vincent de Paul was founded in Paris in 1833 after the Revolution and established in Ireland in 1844. It is now the largest voluntary organisation in Ireland with 9,500 volunteers. In 2010, the Society spent €74.3 million on its services, most of it coming from collections, legacies and corporate donations. The Society operates hostels for homeless people, holiday centres and nurseries for disadvantaged children as well as visiting prisoners and supporting the elderly in their homes. Of its 587 employees, 126 work in children's nurseries and family resources services, 90 work in hostels and 70 in holiday homes. Staff at a number of its locations belong to the SIPTU trade union and in cases of industrial dispute, the Society has used the services of IBEC to represent it.

Nursing Homes Ireland: representing private care services

Nursing Homes Ireland is the public face of 354 nursing homes in Ireland employing 21,000+ employees. Their preference is to describe themselves as in the care sector rather than a care business. NHI advises and represents its members by making submissions to government on subjects such as elder care, the need for workforce planning and investment and the changing need complexity and demography of care home residents. Nursing Homes Ireland is not permitted to engage in collective bargaining with trade unions on behalf of its members. Each care home has to negotiate separately with the State on the one hand in relation to subsidies and the unions on the other. The organisation is a member of the European Association of Health Services for the Ageing   (EAHSA) as well as an Ireland/UK association called the 'Five Nations' which combines nursing home associations in Ireland, Northern Ireland, England Scotland and Wales. Nursing Homes Ireland values its cordial relationship with the trade union Irish Nurses and Midwives Organisation.

Appendix 2

Additional Tables

Chart A21 Public, Private and Not-for-Profit schematic indicative distribution of services

	Children aged 5 and under	Elderly	People with disabilities
Public	Majority of 4-5 year olds in public primary schools	Reducing volume of services	Large role of public funded bodies
Private	Children aged 0-4 years in private child care and some private schools + foster care	Growing residential and home care services by private agencies	Minority of services
Not-for-profit	Child care services and specialised services	Reducing services	Large role in delivery, especially services for people with intellectual disabilities

Source: PESSIS study Ireland, 2012 and reports of interviewees.

Table A21 Sources of funding of 2,269 nonprofit social service bodies 2009-2010

Resource Source	Share of income from source %
Legacies	0.3
Donations + donations in kind	1.1
Tax Relief	NES
Grants –State Philanthropic	36.5
Corporate	0.1
Memberships/sponsorships	NES
Church collections	NES
Fundraising events/activities	4.3
Charity shops	0.8
Investment income including deposit interest	0.5
Fees/income from trading activities	21.5
Other, uncategorised, unspecified	34.7
Total	100

NES = numbers especially small
Source: Calculated from *Nonprofits – What do we know?* (2011) page 29.

In terms of sources of income, more than one third of income is not attributable to any category, is too vague to categorise or is from a miscellaneous source. In the bigger picture, some of the sources where the general public interact with non profit bodies in street collections, church collections, charity shops or door-to-door sponsorship are actually very small sources of income. They are small compared with grants from the State or Philanthropic/Humanitarian Foundations.

Table A2 2 Estimated numbers of nonprofits in social services by size of employment 2010

Employment range	No employees	1-5	6-10	11-50	51-100	100+
Numbers of organisations	463	343	203	251	28	32

n= 1,320 nonprofit service bodies which provided information on this subject.
Source: Irish Nonprofit Knowledge Exchange (2011)

About one third of nonprofits in the 2011 study provide childcare such as playgroups, crèches, play
schools. About one third provide community services devoted often to particular groups such as young people, older people, family resource centres. The remainder support services such as adoption, child welfare, personal social services, bereavement, drug addiction, domestic violence, meals for the elderly, respite care for families with persons with disabilities, marriage counseling and asylum seekers. Disaggregated data by detailed sub-category is not available. This estimate does not include services to people with intellectual and physical disabilities, autism and mental health difficulties, which were categorized in the study under the heading of health services

Table A2 3 Nursing Home Places –Long Term Residential Care supported by State public + private facilities*

Sector	Numbers of beds	%
Private Beds	11,458	51.8
Public Beds	6,446	29.1
Subvented beds	1,940	8.8
Contract beds	2,285	10.3
total	22,129	100
(beds in voluntary facilities)	(400)	-
(Grand total)	(22,529)	-

Source: Extracted from Comptroller and Auditor General, 2011, Figure 190
and notes, p.649, Data for March 2011.

* Excludes 400 beds in the voluntary not-for-profit facilities added in to the
table by authors

Table A24 Numbers of Nursing Home

Nursing homes	
Public	120
Private	487
Total	607

Nursing Homes Ireland 2011

Table A2 5 Children aged 4-5 years in national schools, private schools,
special schools
 and as percentage of estimated child population

Age by single year	Exclusions	period	Numbers in Junior Infants classes 2011	Proportion of age group 2010
Age 4 or less	Excludes centres for young children	2010-11	26,408*	39%
Age 5	Excludes centres for young children	2010-11	64,126	99%
Totals		2010-1	90,534	

Source Department of Education, *Annual Statistical Reports, 2010-2011*
Table 2.1

Table A2 6 Numbers of Home Helps - Ireland

Year	2007	2011	Decrease
Home Help Numbers	12,356	9,620	2,736

Source SIPTU in 2011 *Irish Times* November 1st.

Table A2 7 Long Term Residential Care Costs – Actual State Expenditure Ireland 2010*

Heading of expenditure	€million	€million
Nursing Homes Support Scheme	238	
Subvention and contract beds	228	
Public facilities	493	
Total	€959	
5 voluntary nursing facilities under a separate vote		82.4
Grand Total		€1,041,4

Source: Extracted from Comptroller and Auditor General, 2011, Figure 189 and notes, p.649, Data for up to December 2010.See also Comptroller and Auditor General, 2011 *Appropriation Accounts*, Vote 40, sub head B12, p.561
*Excludes 5 voluntary facilities added into the table by authors