# The Voluntary – Statutory Relationship in the Health Services

## Tim O'Sullivan

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## HEALTH SERVICES

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## Introduction

Relationships between the statutory and voluntary sector are currently high on the policy agenda. In the first place, the forthcoming National Health Strategy is likely to have significant implications for links between the State and a variety of non-governmental organisations, including some of the larger providers in the general hospital or mental handicap services. Second, following on the Programme for Economic and Social Progress, a White Paper and Charter on the voluntary sector are currently being prepared. Though the lead for this is being taken by the Department of Social Welfare, the White Paper and Charter will also have implications for the health services.

At this time of reflection on the voluntary sector, this paper seeks to examine some of the specific characteristics and objectives of voluntary bodies and the overall role of the voluntary sector. Its focus is on voluntary bodies in the health services and more specifically on community care rather than on some of the larger institutional providers. It reviews recent debate in Ireland on the role of the voluntary sector and on its links with the statutory sector. It looks at specific experiences in a number of health boards, particularly in the Midland region, where a number of interviews were carried out.

# VOLUNTARY ORGANISATIONS

Generalisations about voluntary organisations are difficult to make because they vary enormously in size and nature. They range, for example, from small residents' associations to patient support groups to lobbyists for legislative change to large-scale service providers.

A useful classification of voluntary organisations was provided in 1990 by Faughnan, who divided them into:

1. Mutual support and self-help organisations.
2. Local development associations.
3. Resource and service providing organisations.
4. Representative and coordinating organisations.
5. Campaigning bodies.
6. Funding organisations.

This classification points clearly to the great diversity of voluntary bodies. Such diversity notwithstanding, it is possible to make some general observations about the voluntary sector.

## Characteristics and Objectives

Voluntary organisations have an indispensable role in the life of any society. They highlight and respond to a great variety of human needs. In a democratic society, they have a very specific role in facilitating participation in social and political life. Such participation is facilitated by the **educational** role of voluntary organisations i.e. educating the public about particular issues and educating their members about how the State system works. An example of the former activity would include increasing public awareness of a particular disease. An example of the latter is the development of expertise among members about how to apply for a particular State grant.

Other key characteristics of voluntary organisations include their pioneering and innovative roles and their flexibility in responding to need. Voluntary organisations have access to a large "volunteer" resource (either unpaid or very modestly paid), which is not available in the same way to the statutory sector. In principle at least, people in voluntary organisations also enjoy a somewhat greater freedom to comment on current issues than that available to people working in the statutory sector. This possibility of free comment contributes to public debate about current issues. These remarks are clearly subject to some qualification. Some voluntary organisations have much greater access to volunteers than others and some encourage the input of volunteers (as distinct from the professional staff of voluntary organisations) much more than others.

## Pioneering Role

Since the foundation of the State, many statutory bodies in Ireland have a strong record of innovation and of involvement in pioneering developments. Many very innovative individuals and approaches can be found in the statutory sector. Many voluntary organisations are rigid and unimaginative, slow to change and lacking in innovation. Clearly, neither sector has a monopoly on new thinking and ideas. It can nevertheless be argued that voluntary organisations, partly because they lack statutory responsibilities, have a particular opportunity to be innovative or pioneering.

It is worth reflecting on this specific pioneering role or vocation of voluntary organisations. Avan (1986) has summarised a few basic characteristics of innovative individuals (St Vincent de Paul, Martin Luther King) or organisations:

1.    A reflection with both head and heart on the total day-to-day reality of particular individuals and communities.

2.    A questioning of established ways of doing things.

3.    A concrete, realistic action in society.

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4.     An acceptance of the risk of commitment and sometimes of being alone or being ignored.

5.     An acceptance of very demanding challenges.

Many of these characteristics clearly would also be true of innovators in the statutory sector. The first point above implies that innovators go beyond statistics or policy jargon to the lived reality of individual persons or communities. The second point indicates that current solutions or frameworks are radically called into question. The third point indicates that while reflection may be global and radical, action must be precise and clearly worked out. Points four and five refer to the risks and challenges faced by all great innovators.

Avan also argued that while innovators may create organisations which become powerful, the great innovators were not looking for power ("Social innovation is not at the beginning... a matter of government") but rather reflected and acted in the context of deep human needs of particular groups (children living rough, the mentally handicapped, psychiatric hospital patients, black Americans etc.).

**Comparisons with Statutory Organisations**
Consideration of developments in the statutory-voluntary relationship needs to take account of fundamental differences between the two kinds of organisation. These include differences in **purpose** (often legally defined for the statutory organisation but rarely so for the voluntary organisation) and **structure** (more hierarchical generally on the statutory side, less formal on the voluntary side).

Statutory organisations which are large and have a well-established bureaucracy tend to thrive in a stable and simple environment. Their size, stability and structure makes it difficult for them to adapt quickly and readily to environmental change or a complex environment. On the other hand, statutory organisations have had to adapt considerably to a very rapidly changing social environment in recent years.

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Voluntary organisations since they are usually smaller and less bureaucratic can cope more easily and readily with a complex and changing environment. Stability is not a feature of most voluntary organisations. They often experience a high turnover of staff and members and this, coupled with uncertainties about funding, tends to de-stabilise them and force them to constantly review and refine their mission.

As the scale and complexity of social change in Ireland increases and particularly with the increasing level of unemployment and continuing restraints on public expenditure, statutory organisations in the future will have to respond more quickly and more inventively. They face a major challenge in gearing themselves up to deal more effectively with their environment.

Statutory and voluntary organisations have complementary capacities. The fairness and impartiality of the statutory organisation can be balanced against the insight into consumer needs and the missionary zeal of the voluntary organisation. The difficulties which statutory organisations have in listening to and understanding the needs of deprived groups can be counteracted by the way in which voluntary organisations are grounded in, and provide a means of expression for, local communities. On the other hand, while voluntary organisations can be selective about their service provision patterns, statutory organisations cannot 'pick and choose' in the same way. They must fulfil the mandate given to them under legislation.

# CURRENT DEBATE

It is difficult to talk of a 'voluntary sector' at all in the sense of a fairly unified set of organisations. There is such a range of voluntary organisations in Ireland working in many different service areas that it is difficult to generalise about their common characteristics or interests. Duffy (1993) outlines the great range of voluntary organisations in one health board (the Mid-West) and argues that the challenge facing a health board is 'to identify how best to develop a coherent policy with the voluntary sector while at the same time allowing for the differing stages of development, structure and philosophy of groups within this sector'. (p.338) While voluntary organisations differ greatly, there are nevertheless a number of issues - for example, funding, service coordination, accountability, involvement in planning - which repeatedly recur when statutory-voluntary relationships are being discussed.

The role of the voluntary sector and its link with statutory organisations are very much on the agenda currently with the forthcoming publication of a White Paper on Voluntary Activity. Publication is likely to be in the coming months after the presentation of reports by an Inter-Departmental Task Force and an Expert Group from the voluntary sector to the Minister for Social Welfare.

Some key issues relating to voluntary activity were identified as follows by Faughnan in 1990:

■ Conflicting perceptions on the role of voluntary organisations.

■ Lack of a coherent policy at national level on voluntary activity; and the lack of voluntary input to planning and decision-making on service funding and policy.

■ Issues relating to effectiveness and accountability.

While Faughnan's work related to voluntary organisations in the social services, these issues are relevant for the voluntary sector in general.

These issues are not new. The Council for Social Welfare (CSW), in a 1991 submission, highlighted a number of similar issues which (the Council argued) had been current for two decades. They had, for example, been articulated in a CSW conference in 1972 on 'Meeting Social Need'. These issues included the absence of any coherent social policy framework for the voluntary sector, 'the many aspects of the relationship between it and the statutory sector which display a lack of real partnership between the two, and, of course, the labyrinthine funding system. Most fundamental of all is the absence of a clear concept of what is, might be or should be the role of the voluntary sector'.

### Voluntary-Statutory Links

Any discussion of voluntary-statutory links should acknowledge the longstanding good relations between many statutory and voluntary organisations. While problems in voluntary-statutory links were outlined in the documents mentioned above, there is also an impression of a change of attitude in recent years on the part of both statutory and voluntary organisations. On the statutory side, where there may have been a tendency to see voluntary bodies as a negative or competitive influence, there is much more emphasis today on the indispensable resource which voluntary organisations represent and on the need to use that resource adequately. This more positive attitude towards voluntary organisations can be explained by a more positive appreciation of voluntary organisations, by ongoing constraints on public spending and perhaps also by the decline of philosophies which saw the voluntary sector as, at best, a marginal contributor to the common good. On the voluntary side, more realistic attitudes towards accountability may be developing. There would appear to be general acceptance of the need for what Mulvihill (1992) called "sound contractual arrangements" between voluntary and statutory organisations. In his study of partnership in community care of the elderly, Mulvihill argued: 'There is no evidence arising from this study that voluntary organisations have difficulties with the forms of

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accountability currently in practice apart from the occasional inconvenience that may arise'.

## Government Commitment

The Programme for Economic and Social Progress contains a Government commitment to prepare a White Paper on voluntary activity. Section IV, Paragraph 24, states:

> 'Having regard to the contribution which voluntary organisations
> make in delivering services and combating poverty, the Government
> will draw up a charter for voluntary social services in Ireland which
> will set out a clear framework for partnership between the State and
> voluntary activity and develop a cohesive strategy for supporting
> voluntary activity. A White Paper outlining the Government's
> proposals in this area will be prepared.'

According to a briefing document from the Department of Social Welfare, it is intended that the White Paper will:

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

The Charter is seen as a set of guiding principles for a better working relationship between the voluntary community sector and the State sector.

In May, 1992 the Government approved the establishment of an inter-departmental Task Force (to assist in the preparation of the White Paper and the setting up of an expert group (chaired by Dr Joe Robins) in the voluntary sector to act as a

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resource to the Task Force. The Task Force, which was formed in June 1992, is chaired by the Department of Social Welfare and is made up of representatives of the following Government Departments: Finance, Health, Labour, Environment, Education, Justice and Social Welfare.

The publication of the White Paper and Charter is expected in the next few months.

## A REVIEW OF CURRENT LITERATURE AND ISSUES

A considerable literature has developed in recent years on the voluntary sector and on voluntary-statutory relations. This section attempts only to give an overview of some important reports and of some of the key issues covered. The focus is on Irish material.

One basic issue which has been highlighted for many years is that of **inadequate information** on the voluntary sector. Issues relating to the lack of adequate statistics on the voluntary sector were highlighted by Butler as long ago as 1981 and by the National Social Services Board (1986). Butler saw the lack of adequate statistics as showing that lip-service rather than genuine priority was given to voluntary activity in Ireland. However, voluntary organisations themselves must presumably accept some responsibility for these data problems.

A useful structure for consideration of the voluntary sector was provided by the National Council for the Elderly in 1993, which highlighted three major sets of issues:

(i)      the identification and definition of 'core' community
         care services and the rationalisation of administrative
         arrangements and levels of funding available for
         voluntary bodies willing to provide them.

(ii)     the fostering of an ethos of statutory-voluntary
         partnership at both national and local levels.

(iii)    the creation of a context and a structure for the
         planned development of the voluntary sector.

While the council's focus in the first point was on the elderly, the same question of 'core services' is also applicable to other dependent groups. It is important to

note that these issues are inter-related - for example, the question of which core services could be provided by voluntary bodies (point 1) is clearly linked to the question of what is, or should be, the role of the voluntary sector (point 3). Similarly, the question of statutory-voluntary partnership (point 2) is closely connected to the planned development of the voluntary sector (point 3). While these issues are examined separately below, the connections between them are also important.

## Core Services

Voluntary organisations provide a very wide range of services to the public. Many of these services are funded through Section 65 arrangements under the 1953 Health Act and are, therefore, by definition, funded on a discretionary basis. Interest has grown in recent years in defining a particular set of core services which must be provided, either by statutory or voluntary organisations or both. The corollary here is that even where such services are provided by voluntary organisations, they must receive guaranteed funding. The statutory view here is that such funding must be on the basis of negotiated contracts between the statutory and voluntary organisation.

Historically, the care of the elderly is one important area where the role of voluntary organisations has been very important and recognised as such, in reports such as **The Care of the Aged** (1968) and **The Years Ahead** (1988). The National Council for the Elderly (1993) argues that core services should be 'a basic element in the care of the elderly and other dependent groups in the community'. Mulvihill (1993) maintains that core services should be defined by the appropriate bodies as those which are essential for the maintenance of the elderly (the focus of his study) in the community. The development of 'core services' also implies the establishment of clear criteria for their provision and eligibility and the provision of ear-marked funding for them. One of the voluntary representatives interviewed in the Midland study reported in this paper argued that 'if a service provided by a voluntary organisation is agreed to be an essential, core service, it should receive one hundred per cent funding'.

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**Partnership**

The development of 'core services' would clearly be helpful to the establishment of a more structured statutory-voluntary relationship. It is within a framework of partnership that Mulvihill envisages the development of such core services.

As well as in many health services areas (for example, child care, services for the elderly or the mentally handicapped), partnership arrangements already exist in areas such as housing provision (the work of non-profit housing organisations) and socio-economic development (the work of community enterprise partnership boards). Duffy (1993) sees child care and family support services, on the one hand, and care of the elderly on the other as the two main areas of contact, in personal social services, between the health boards and the voluntary sector. He notes that integrated development and partnership between the statutory and voluntary sectors have been advocated by the EC as a means of 'overcoming the marginalisation of individuals and groups'. Such partnership is central to EC Programmes such as the Horizon and Poverty III Programmes. One of the terms of reference of the National Council for the Elderly is the encouragement of greater partnership. Duffy argues, however, that the term 'partnership has often been used to imply an equality of relationship that does not exist'. Much greater resources, including information resources, are clearly available to the statutory than to the voluntary sectors.

Mulvihill emphasises a lack of partnership in practice. Health boards, he argues, have not adopted the developmental role recommended in **The Years Ahead** and few voluntary organisations - he is writing about the area of care of the elderly - have any involvement in planning and policy-making. Of the more than 900 voluntary organisations which responded to this study, only about 10 per cent reported any such involvement and half of this group were not very involved with health boards. Far from there being partnership in any real sense, Mulvihill reported a 'lack of focus' in the relationship between health boards and voluntary organisations - a lack of focus for which the identification of core services was envisaged as a solution. It can also be argued here that voluntary organisations

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need to organise themselves into representative structures if meaningful consultation is to take place.

One possible dimension of partnership is the development of formal contracts between statutory and voluntary organisations. One of those interviewed for the Midlands study argued that formal contracts were a good deal less important than, for example, the presence of a health board representative on the board of directors of a voluntary organisation. In general, though, there is considerable interest nowadays in contracting possibilities. Faughnan and Kelleher (1993) argue that there are two definitions of contracting. A narrow definition sees contracting as having to do with a common agreement on the nature of the service, targets, resources and criteria for monitoring. A wider concept of contracting, they say, would include provision for consultation and negotiation on the scope and implementation of the service as well as on the broader policy and administrative framework. They found there to be considerable ambivalence on the part of voluntary organisations towards formal funding arrangements. Only 15 per cent of the organisations they surveyed were 'unequivocal' in their support for such arrangements while under 10 per cent were totally opposed, with the remainder in between the two extremes. According to Faughnan and Kelleher, 'the reservations expressed by many of the organisations related to uncertainty about the State's commitment to a broad concept of contracting; (to a view) that contractual arrangements would affect the capacity of the organisation to act in an autonomous and innovative manner; (and) that they would ultimately lead to a reduction in the quality of services available to consumers and to competition between organisations'.

Mulvihill's study, on the other hand, suggested that voluntary organisations were positive about the principle of accountability. He argues, however, that funding is only one aspect of the development of partnership between voluntary and statutory organisations. He points out that the development of partnership also presupposes 'consultation on policy, planning, implementation and evaluation'. According to the National Council of the Elderly, a key component of voluntary-

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statutory partnership is real participation by voluntary bodies in the decision-making process.

Partnership also needs to recognise the specific characteristics of both the statutory and the voluntary sectors. Duffy argues, for example, that the rights of consumers are more clearly defined in relationships with statutory organisations than with the non-statutory sector: 'While the voluntary sector has a positive history in highlighting the rights of minorities, it is only when these issues are taken on board by state agencies and protected by legislation that minorities can be properly protected'.

The activities of both statutory and voluntary organisations, and the inter-relationships between them, must clearly be informed and influenced by the views of service users.

**The Planned Development of the Voluntary Sector**

There is a close link between partnership, on the one hand, and the development of the voluntary sector on the other. The National Council for the Elderly (1993) has argued that the long-term development of voluntary-statutory partnership can only occur if there is a basic policy commitment to the promotion of the voluntary sector.

Mulvihill argues that better coordinated structures within the voluntary sector will be required if it is to develop and have a successful partnership with the statutory sector. 'To develop partnership statutory bodies, health boards in particular, must adopt a developmental role in respect of the voluntary sector. They have the resources and the organisational capacity. Both sides must together develop the required organisational structures at local, regional and national level'. Doherty (1993) expressed some reservations about the suggested developmental role for health boards. He argued that health boards 'would like to know more about what the expectations of the voluntary sector are and what they would expect and accept

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from the health boards' (p.23). He further noted that development officers of this type do not exist in health boards and that funding to employ them is not available.

If, some argue, the voluntary sector is not developed, the unequal relationship between the two sectors may lead to too great a dependence by the voluntary sector on the statutory sector. O'Mahony's study (1985) found that voluntary organisations had relatively few resources with only a minority employing staff. Mulvihill found a strong demand among voluntary organisations for more statutory support and a more streamlined system of funding.

The notion of a planned development of the voluntary sector has a long pedigree. Thus the National Social Services Council was established in 1971 to stimulate and encourage the development of voluntary bodies in the area of social services provision. Nevertheless, there seems to be a contradiction between the concept of an autonomous voluntary sector, on the one hand, and on the other the notion of a planned development of the voluntary sector in which the statutory sector would be deeply involved. It is possible, however, that this is more of an issue in theory than in practice. Mulvihill maintains that the developmental role of the statutory sector must be 'consistent with the developmental pluralism model within the context of welfare pluralism'. Both sides, in his view, need to adapt - the health boards in allowing greater participation by the voluntary sector; the voluntaries in developing 'the necessary representational structures' to allow such participation to take place. (p. 193).

The voluntary sector also clearly has a good deal of responsibility for its own development. One way of doing this is by encouraging participation in its own structures. Faughnan and Kelleher surveyed forty-two organisations for their policy in relation to participation. They found a great variety of policies and practices. Twenty per cent of the organisations had at least four participative mechanisms (for example, structured feedback, programmes to promote skills and capacities, representative democratic structures and a positive staffing policy) but almost a quarter did not demonstrate any formal mechanisms to promote

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participation. Two general findings were first that organisational strategies to promote participation were concerned with not only providing structures and opportunities, but also with the development of skills and the provision of personal support to ensure that these structures were used. A second general finding was that participation 'tended to be manifested in a limited rather than all-embracing manner, was concentrated on specific structures and confined to one service, one group or once-off or intermittent efforts'. (p.119)

A specific characteristic of the voluntary sector in Ireland has been the traditionally strong contribution of the Catholic Church to this sector. The nature of that involvement has changed over the years with the decline of religious vocations, the increased role of lay people and a greater emphasis on community services. Even in changed circumstances, the continuing importance of Catholic involvement in the voluntary sector was highlighted by Faughnan and Kelleher (1993). Many voluntary organisations, they found, depended on Church resourcing and over forty per cent of the voluntary social services organisations covered in their Eastern region study indicated that a member of a religious order or a diocesan priest was a prime initiator. In future, the voluntary sector will clearly continue to receive Church assistance but hardly on the same scale as before.

## HEALTH BOARD EXPERIENCE

A lot of reflection on statutory-voluntary relations has gone on in recent years in the health boards. One thinks, for example, of Duffy's review article, already cited, which included information on the Mid-Western experience. Another example is the Eastern Health Board report completed in 1991: **'Towards Agreement.... a way forward for voluntary agencies and the Eastern Health Board'.** This report presented a possible model contract between the Board and voluntary organisations. It recommended the piloting of this model contract and adoption of a policy contracting by the Board. A database with information on voluntary organisations was also prepared by the report group. The report recommended the updating of this database for use in planning and working with voluntary agencies. The report's recommendations are under consideration by the Board.

A major report on the voluntary sector was also carried out by the Southern Health Board in 1992. This report, **'A Framework for Caring'** found that there were 280 voluntary organisations funded by the Board, of which almost 40% provided services to the aged.

The report recommended an increased involvement by voluntary organisations in planning and what it described as a two-dimensional framework for partnership: first, consultation systems for the planning and delivery of services; and contractual arrangements for the transfer of resources, mainly finance. The report said that the implementation of its proposed framework would require the preparation by each community care area of a seven-year development plan. In relation to funding, it recommended that 'properly constituted voluntary organisations would be eligible to receive funds as a defined proportion, or the full cost, of the agreed budgeted price of an essential or community care service'. However, in general, it said that grants should not exceed 75% of the cost of a service. The report also envisaged a 'development fund' for the voluntary sector.

While a lot of reflection has been happening elsewhere, the focus in this section is in the Midlands region, where key personnel in the health board and in a number of major voluntary organisations were interviewed as part of the study. The voluntary organisations included the following bodies:

- The Sisters of Charity of Jesus and Mary at Moore Abbey. Moore Abbey is a religious institute rather than a voluntary organisation per se. Its headquarters are at Monasterevin, Co. Kildare. It provides services for the mentally handicapped on the Midland region and in two other health board regions (the EHB and the NEHB regions). Moore Abbey is directly funded by the Department of Health and also receives very substantial funds from the Midland Health Board. ·

- The Longford Social Services Council, set up in 1970, provides meals on wheels, transport and laundry services for the elderly and disabled persons and a family centre. It receives Section 65 funding.

- St. Hilda's for the Mentally Handicapped in Athlone. This provides a school and other services for the mentally handicapped. It is an association of parents and receives Section 65 funding.

- The Mental Health Association. This is the regional branch of a national organisation. It receives funding from the health board (including funding for a development officer) as well as funding from other sources, including the Department of Social Welfare.

The views of both statutory and voluntary personnel are reported below.

### The Statutory Perspective

On the statutory side, it was noted that it was difficult to define 'voluntary organisations'. It was felt that the larger 'voluntary' providers, which received considerable state funding, should be seen as 'non-statutory' rather than voluntary.

There was a particular issue in the case of umbrella groups of voluntary organisations. In general, the statutory view was that there was no simple answer to the question of what is a voluntary organisation. The view of one statutory representative was that the range and diversity of voluntary organisations, and the lack of adequate representative structures for them, made it impossible to talk of the 'voluntary sector' in any meaningful sense.

The independence of the voluntaries and their pioneering role, were seen as advantages in certain circumstances. They were seen as skilled at getting funding 'up and running'. Voluntary organisations were able to introduce or 'sell' certain policies or approaches which the health board could not. They were seen as good advocates for people in need. The board was keen to fund innovative projects by the voluntaries.

The extent of health board funding of voluntary organisations was emphasised. It was noted that funding of voluntary organisations was very high in the health area compared to all other areas of statutory/voluntary activity. A problem from the board's point of view was that of variations in standards between voluntary organisations and of the difficulty of monitoring standards. (The voluntary view here incidentally was that good standards depended largely on adequate levels of funding). From the statutory perspective, the advantage of flexible contracts was that they would enable the board, in negotiation with the voluntary organisations, to identify and fund appropriate levels of service. At the moment it was felt that voluntary organisations could have a 'pick-and-choose' approach, which permitted them not to select certain types of client. There was no national policy governing the nature of their involvement in the health services. This led to the conclusion that there was need for clarification of the roles of statutory and voluntary bodies. In a 'mixed economy' of statutory and voluntary organisations, it was important to clarify the role of each.

The monitoring of health board funding was seen as difficult in circumstances where voluntary organisations had several sources of funding. An important

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current monitoring device is the involvement of a health board representative on the monitoring committee of a voluntary organisation. Sometimes, however, voluntary organisations seemed resistant to any monitoring involvement by the health board.

Distinctions were drawn between certain types of voluntary organisations. One view was that relationships with inexperienced or disadvantaged voluntary groups tended to be quite good. In this perspective a 'disproportionate' amount of the criticism of the statutory-voluntary relationship came from paid staff of voluntary organisations. These staff were also seen as reluctant to share information with other voluntary organisations or with officials of the statutory bodies.

In some respects, health boards were seen as being in competition with the voluntaries, for example for staff. In some instances, voluntary organisations could pay their staff better. However, in services where more money was available to the voluntaries, it made sense for the health board to encourage the development of voluntary organisations.

It was felt, in fact, that the board should have a 'pro-active role'. Where, for example, the board identified a new need, it could then talk to the voluntaries, where appropriate, about meeting such a need. The establishment of the Community Services Council in Tullamore owed a lot to the initial endeavour of the board. It was felt that with its resources and expertise, the board could help to provide a focus for the activities of the voluntary organisations. It was felt that the health boards, in general, had played an important role in promoting and pump priming voluntary organisations; and that the key people in many voluntary organisations were health board and other public officials.

Joint funding was seen as a useful device at the beginning of projects though it sometimes led to dependence on the part of the voluntary organisation.

**The Voluntary Perspective**

On the voluntary side, attitudes to the board were generally positive. The board was generally seen as supportive of voluntary organisations, as innovative and open to innovation. In areas such as funding, where problems were identified, the funding pressures which the board itself experienced were recognised. Funding issues loomed large in discussions with representatives of voluntary organisations. The Section 65 funding system was seen as unsatisfactory by a couple of persons interviewed for this study. In this perspective, a key problem with Section 65 funding is that the pay side is not treated as pay. So if there are pay increases (for example, as part of the Programme for Economic and Social Progress), health boards do not automatically get these from the Department of Health to cover increases in the pay of staff in voluntary organisations. Yet pay scales in voluntary organisations are linked to those in the health services generally. The Department of Health is thought to fear that if the pay side of Section 65 funding were treated as such, employers in voluntary organisations would look for superannuation - to which they are not entitled at the moment. However, a voluntary view was that the pay side of Section 65 grants should be treated as such.

The perspective of one senior manager in a voluntary organisation was that while direct funded agencies fared better than Section 65 agencies, mental handicap agencies in the Midlands had been protected under the Section 65 system and had not, for example, been obliged to shed staff in the recent past.

Delays in health board payments were seen as a problem on the voluntary side. Rolling budgets - for example, three to five year budgets - are sometimes recommended in order to ensure continuity of funding for voluntary organisations. However, one voluntary view of such budgets was that they were not a reality in political terms. This was because it would cause too many problems for politicians - for example, an outgoing government could commit very large sums on behalf of its successor.

The advantages of the direct funding system (in other words, direct funding of voluntary organisations by the Department of Health) in the view of one voluntary representative are that such funding tends to be processed quickly, that it gives to the voluntary organisations in question a strong input to national policy, good access to people in the Department and a strong advocacy role. This view sees the direct funded agencies as having 'pushed out the frontiers', in other words, as having played a key pioneering role in services for the mentally handicapped in recent decades.

Views about structures on the voluntary side varied somewhat. Sectoral teams in the psychiatric services area were seen as working well because they had a good knowledge of the local area and of local services. Regional committees for the mentally handicapped were seen more as 'talking shops'. In one view, at least, they had not been given effective terms of reference by the Minister for Health. In this view, coordinating committees could only work properly if they were given clear guidelines and terms of reference. An unresolved issue in regard to regional committees is whether they have an information - sharing or decision-making role. One suggestion was for a wider group to meet a couple of times of year and to decide on recommendations submitted by a smaller group which would meet more often. One voluntary recommendation was that the regional committees should carry out policy development, prioritisation and planning on a partnership basis. Partnership was important - it could not just be a question of a health board manager saying 'do this'.

Clarification of roles was seen as crucially important on the voluntary side. It was felt that there was need for movement towards a clearer definition of 'who does what?' One voluntary view was that the larger voluntary services, at any rate, can provide any service provided that they are funded to do so. A corollary here was that if a service provided by a voluntary organisation is seen by the health board as an essential 'core' service, then that service should be totally funded by the board.

In the area of mental handicap, the role of the Department of Health was seen as very important. In the first place, it directly funded several large voluntary organisations. Second, it had a strong role in allocating 'new money' to health boards for mental handicap services. In one voluntary view, the Department was seen to lack flexibility and to be too specific as to how this money should be allocated.

Comments from the voluntary sector about its role also emphasised the need to put its own house in order as well as to deal with problems in the statutory-voluntary relationships. Among the suggestions here were for more active lobbying and monitoring by national umbrella organisations in the voluntary sector and for a greater emphasis on voluntarism - on drawing in the local community and local volunteers. In one view, a failure on the voluntary side has been an emphasis on fund-raising and a neglect of voluntarism.

# CONCLUSION

Statutory and voluntary organisations already share general objectives of improving the quality of life for citizens. They may find it difficult to agree on more detailed objectives or to specify the means. Nevertheless, they typically share a commitment to service and to addressing social problems. There is also a growing appreciation in each sector of its need for the other sector and of the reality that cooperation is not an optional extra. This appreciation is enhanced both by current policy debate and developments and by the formidable social and health service challenges to be faced in the years ahead.

Many of the developments listed in this paper, and in particular the current work of reflection at both national and regional level, have been helpful to partnership. EC funding has also enabled voluntary and statutory agencies to work together to provide an integrated approach to working with the disadvantaged. It has been found in the integrated programmes that have been set up, that the more statutory and voluntary representatives work together on a common task the more they develop a mutual respect and a common understanding.

**Issues to be Addressed**

As this paper has suggested, certain issues are important as a partnership process develops. First, as statutory and voluntary organisations work together, a lot of effort needs to go into clarifying objectives, tasks and roles. One key approach which has been advocated a good deal in recent years is the definition of 'core services' which will receive adequate funding. The move towards a more contractual relationship with voluntary organisations is to be welcomed. Both sides need to make clear what outcomes are expected in return for the funding provided and how and when the outcomes will be measured. Delicate balances clearly need to be worked out here. On the one hand, the substantial expertise and legitimate autonomy of voluntary organisations need to be respected. On the other hand, statutory organisations have a responsibility to monitor standards of service provided by bodies which enjoy public funding. (In Britain recently, for example,

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there is some evidence of excessive statutory detachment from standards of service delivery in community care). As this paper has suggested, funding issues are of concern to both sectors. Satisfactory funding arrangements (for both sides) must be accompanied by adequate consultation with the voluntary sector and by a significant involvement of voluntary organisations in planning and policy-making. For this to happen, however, representative structures need to develop both between and within voluntary organisations. From a health board perspective, clarity about its own strategy for service development in its region will clearly facilitate funding agreements with voluntary organisations about the specific services to be provided by those voluntary organisations.

Second, appropriate structures and ways of working need to be developed to enable both sectors to work fruitfully together. Typically statutory structures (e.g. large representative groups, steering committees, public meetings, etc.) may not suit and may not get the best outcome from inexperienced or disadvantaged voluntary groups. Less formal and more flexible structures may be needed and are a feature of statutory-voluntary interaction in some places. Structures for collaboration must not become ends in themselves but must be continuously tested against the needs of those who are served by both statutory and voluntary organisations.

Third, the imbalance of resources between the statutory and voluntary sides places an obligation on the statutory organisation to support the development of its weaker partner. This applies particularly to the smaller individual voluntary organisation but also, at a broader level, to what has been called the 'planned development' of voluntary services in general.

Finally, the pluralist world of both statutory and voluntary organisations existing side by side should be seen as a strength rather than as a problem. The existence of both sectors means that an alternative is available to the hierarchies and models in existence in each sector. The existence of one type of organisation contributes (or ought to) to fresh thinking in the other.

## REFERENCES

L Avan, Preface to A de la Salle and A Maurice, <u>Deracinement et Enracinement des Personnes Handicapees</u>, C.T.N.E.R.H.I., Paris 1986.

P Faughnan, <u>Voluntary Organisations in the Social Services Field</u>, Paper presented to conference on <u>'Partners in Progress: The Role of NGOs'</u>, Galway, 1990.

Council for Social Welfare, <u>Submission to the Department of Social Welfare on Propsed Charter for Voluntary Social Services</u>, CSW, Dublin, 1991.

R Mulvihill, <u>Voluntary-Statutory Partnership in Community Care of the Elderly</u>, Report No.23, National Council for the Elderly, Dublin, 1993.

D Doherty, <u>Response</u> to Mulvihill report in National Council for the Elderly, Proceedings of Conference on <u>Voluntary-Statutory Partnership in Community Care of the Elderly</u>, Dublin, February, 1993.

F Butler, 'Voluntary Inaction', <u>Community Care</u>, 19 February, 1981.

National Social Services Board, <u>Developing Social Services to Meet Community Need: Some Key Issues</u>, NSSB, Dublin 1986.

National Council for the Elderly, <u>Comments and Recommendations on Voluntary-Statutory Partnership in Community Care of the Elderly</u>, Report No. 25, National Council for the Elderly, Dublin , 1993.

<u>The Care of the Aged</u> - Report of an Inter-Departmental Committee, Stationery Office, Dublin 1968.

<u>The Years Ahead - A Policy for the Elderly</u>, Report of the Working Party on Services for the Elderly, Stationery Office, Dublin, 1988.

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M Duffy, 'The Voluntary Sector and the Personal Social Services', <u>Administration</u>, Volume 41, No.3, Autumn 1993.

P Faughnan and P Kelleher, <u>The Voluntary Sector and the State</u>, Conference of Major Religious Superiors, Dublin, 1993.

A O'Mahony, <u>Social Need and the Provision of Social Services in Rural Areas: A Case Study for the Community Care Services</u>, An Foras Taluntais, Dublin, 1985.

Eastern Health Board, <u>Towards Agreement: A Way Forward for Voluntary Organisations and the Eastern Health Board</u>, EHB, unpublished report, Dublin, 1991.

Southern Health Board, <u>A Framework for Caring: A Review of Voluntary Organisations in the Southern Health Board Region</u>, Southern Health Board, Cork, 1992.