

The Future of Public Service Delivery by the Community & Voluntary Sector

Working on the Cheap - Assessing the Need for Pay Restoration to Ensure Sustainable Services

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Summary

This report is based on original data generated by individual organisations regarding services and staffing, and analysis of existing research published by organisations like The Wheel, The Community Foundation Ireland, The Charities Institute, and the organisations involved in the research. The research shows divergent trends in demand and staffing numbers across not-for-profit organisations working in distinctive areas of frontline services and support, for example, disabilities, homelessness, and home care. Turnover and vacancies are increasingly forcing organisations to reduce hours and cancel services because they lack the staff to deliver them. They also must maintain quality, especially considering the vulnerability of their service users, and limit the risk of burnout amongst existing staff. Beyond staffing, organisations are facing greater pressure on their resources from government requirements to implement increasingly stringent standards regarding service quality¹ and governance. However, the contracts to deliver public services do not account for the staff time, training, and potentially, consultation fees, to comply with standards. Finally, organisations must respond to rising costs in their own overheads and the delivery of services, for instance, fuel costs for home care staff travelling to service users.

The most significant finding from this research is that while demand for not-for-profit services is growing and becoming more complex, regardless of the area, organisations lack both the staff numbers and the experienced staff necessary to meet this demand. In fact, some organisations are being forced, because of understaffing, to offer less. The most important factor in recruiting and retaining staff is capacity to offer competitive salaries and benefits. Whereas public sector employees have benefited from pay restoration agreements, which rolled back the cuts implemented after the financial crisis, the agreements have not included employees in the community and voluntary sector, despite the fact they are delivering services contracted by the State. Even if the State has provided additional funding, it has not restored pay parity. Employees working in the sector thus face declining relative income during an inflationary period, making remaining in their current positions financially difficult, if not untenable. In addition, for

¹Health Information and Quality Authority. Standards and Quality. <https://www.hiqa.ie/areas-we-work/standards-and-quality>. Health Information and Quality Authority. National Standards for Residential Care Settings for Older People in Ireland. 1 July 2016, <https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People.pdf>.

current staff, high turnover rates can mean a more stressful workload and risk of burnout, which in turn can affect the quality and quantity of services delivered.

This report is not the first to evoke the urgency of restoring pay parity. The June 2019 Just Economics report *Breaking Point: Why Investment is needed now to ensure the sustainability of quality services for children and families*,² which was commissioned by Barnardo's, stated explicitly that "The constrained funding environment is rapidly becoming unsustainable for the organisations that deliver services and for communities that are experiencing rising levels of need (p. 5)". Two years later, the May 2021 Forsa report³, authored by Brian Harvey and entitled *A New Systemic Funding Model: The voluntary and community sector in the 2020s* found in a survey of Section 39 organisations represented by Forsa that "the financial situation of many of the voluntary organisations affected remains dire, compounded by the weight of disproportionate and inappropriate compliance which they are expected to fund themselves," (p. 41). The report also described a 'disaffected workforce', higher recruitment, retention, and compliance costs, and declining quality of services. Some organisations surveyed in the research reported up to 33% turnover rates, and mentioned a 'talent flight' and lowered morale. Respondents in this research wanted respect and status for their work, not elevated state control through regulations while using the competitive tender process to push expenditure down in awarded contracts. (Ibid)

Two years later, in 2023, the research for this report found similar trends to those assessed in 2019 and 2021, or a perpetuation of a two-tier pay and resource allocation approach by the State. The staffing and resource crisis is elevated now, though, and becoming more significant to the future of the sector, and its capacity to deliver services for the State. Without government approval of necessary funding to enable not-for-profit organisations to pay current staff equivalent salaries to the public sector and fill vacancies, some services will continue to shrink or close while the development of new services required to meet changing needs will not happen.

² 2019. *Breaking point: Why investment is needed now to ensure the sustainability of quality services for children and families* Just Economics, June 2019.

³ 2021. Harvey, Brian *A New Systemic Funding Model: The voluntary and community sector in the 2020s*, Forsa, May 2021.

Introduction

This report examines trends in staffing levels, demand for services, and funding amongst Section 39, 10, and 56 organisations, all of which receive contracts from the State to deliver public services but are not legally entitled to the same pay as public sector employees. This distinguishes them from Section 38 organisations, which are funded by the HSE and treated as the equivalent of public sector bodies with the same entitlements for employees.

Similar to public sector employees, Sections 39, 56, and 10 organisations suffered a decline in public funding after the financial crisis in 2008, which affected pay and staffing levels⁴. However, whereas pay restoration has been given to public sector employees through the 2017 Public Service Pay and Pensions Act and the Public Service Agreement “Building Momentum – A New Public Service Agreement 2021-2022”, there has been no equivalent for the community and voluntary sector. The different types of organisations covered in this report all have a status recognized in legislation of receiving public funds to deliver services but salaries are the responsibility of the organisations, and not the public sector. As the 2004 Health Act explains in comparing Section 38 and Section 39 organisations working with the HSE, employees in the former are regarded as public servants while employees in the latter are not.

Representatives of the sector and policymakers have noted recently that contracts to deliver public services have not allowed for comparable increases in pay and benefits in the community and voluntary sector, creating growing problems in recruitment and retention and ultimately, capacity to deliver services and meet demand⁵. The absence of pay parity has persisted despite the fact that public and not-for-profit roles are often the same, making employment in the HSE and other public bodies much more attractive. The National Federation of Voluntary Service Providers (NFVSP) noted in a June 2022 brief setting out the challenges caused by lack of pay parity in disability services (p. 4) that, “Staff in Section 38 organisations and the public sector work with the same profile of individuals, support needs and within the context of identical service quality and

⁴ The public sector cuts were based on the 2010 Financial Emergency Measures in the Public Interest (FEMPI).

⁵ House of the Oireachtas. Community and Voluntary Sector Workers: Motion. 12 October 2022, <https://www.oireachtas.ie/en/debates/debate/dail/2022-10-12/8/>.

compliance expectations" as Section 39 organisations. Yet, the latter are paid significantly less than Section 38 and public sector employees and, as the brief notes, "Section 39 employees have considerably lesser pay terms in the context of sick leave, maternity leave, and pension entitlements." (Ibid) Turnover rates have unsurprisingly increased for NFVSP Section 39 member organisations, as their staff seek better working conditions in the public sector, which is facing its own recruitment challenges. A member organisation reported a turnover rate of 15.13% in December 2022, after the Public Sector Wage Agreement was implemented, a jump of about 9% from September 2022, when the turnover rate was 6.46%. Two other organisations reported turnover rates reaching approximately 18-20% in 2022⁶.

The community and voluntary sector is of course distinctive from the public sector; it differs in funding, legal status, and mission and in its capacity to innovate and adapt to changing needs. Yet, its purpose is defined as public benefit. The 2009 Charities Act refers to the purpose of charities as 'the prevention or relief of poverty or economic hardship; the advancement of education; the advancement of religion; any other purpose that is of benefit to the community.' (p. 12) As the Act states, "A purpose shall not be a charitable purpose unless it is of public benefit." (Ibid) and that this benefit includes, among others, (p. 13) 'the advancement of community welfare including the relief of those in need by reason of youth, age, ill-health, or disability,' 'the advancement of community development, including rural or urban regeneration,' 'the promotion of civic responsibility or voluntary work,' 'the promotion of health, including the prevention or relief of sickness, disease or human suffering,' 'the advancement of conflict resolution or reconciliation,' 'the protection of the natural environment,' 'the advancement of the arts, culture, heritage or sciences,' and 'the integration of those who are disadvantaged, and the promotion of their full participation, in society.'

The 2022 Wheel/Community Foundation of Ireland Report National Guide to Pay and Benefits in Community, Voluntary and Charitable Organisations cites the 2000 Government White Paper, which argued that 'multi-annual funding allows for a more rational approach to planning service delivery and to processing of funding applications' and claimed that the 'Government has decided that multi-annual funding commitments should, in appropriate cases, be made available by all funding agencies to organisations

⁶ NFVSP, January 2023, Recruitment & Retention Crisis in Voluntary Intellectual Disability Service Providers Current Impact on Organisations and Recommended Actions, p. 7.

providing services or undertaking development activities that are agreed to be priorities' (p43; paragraphs 5.12 and 5.13)⁷.

Yet, funding remains unpredictable, undercutting staffing, while at the same time, compliance requirements for governance and quality have expanded. Interviewees in the 2022 The Wheel/CFI report commented that "We spent ... 2 years on the governance code. Again you won't get funding for somebody to do that or to have the requisite staff to put into that. (Drug/Homelessness Services)" and "We are told 'you run those services and you do them to the absolute highest standard that we expect of you but sorry we're not going to give you any money to help you to do that.'" (Social Services 1)." (p. 8) An organisation involved in the research for this report identified their current governance costs, including HR and finance, as approximately €600,000.

The first section of the report, drawing upon salary surveys conducted regularly by The Wheel and Community Foundation Ireland since 2008 and a survey published by The Charities Institute in 2022⁸, shows how problematic staff turnover has become in general, particularly since Covid. Salaries have not kept pace with inflation and organisations have not had resources to expand benefits like pensions. The second section analyses the data on demand and staffing numbers generated by the organisations involved in the research, showing how the former has generally increased over time without parallel increases in staffing. The organisations are all national member organisations or organisations with a network of offices and services around the country. A follow-on report, to be published most likely later on this year, will contain more complete data, respond to any government agreements on pay rises, and discuss in more depth the implications for public services delivered by not-for-profit organisations and the status of the sector. The exercise in data collection itself is critical for the sector, as it allows organisations and government agencies to examine trends in staffing, service delivery, and funding and assess their impact.

⁷ Taken from p. 7 of the CFI report.

⁸ Charities Institute Ireland, Salary and Benefits Survey, March 2022.

History of Section 39, 56 and 10 organisations

The three types of organisations targeted in this study (Section 39, 56 and 10) are voluntary organisations which have been contracted to provide services on behalf of the State. The complex relationship between the State and voluntary sector in social service provision has a long history. The role of the State in health service provision in Ireland can be traced back to the Poor Relief (Ireland) Act 1851, whereby the State, through Poor Law bodies, took over control of dispensaries from philanthropic bodies and religious orders in order to provide free services for those who were unable to pay for them⁹. Nevertheless, despite this early minimalistic state intervention, up until the 1950s, social services were mainly provided on a voluntary basis, often through religious/ faith based organisations¹⁰.

The 1953 Health Act led to the State becoming more meaningfully involved in the provision of social services. Section 65 of the Act 'allowed for the health authorities to provide grant-in-aid to voluntary organisations for the provision of health and social services which were 'similar and ancillary' to those provided by the State¹¹'. This was thus the genesis of the current partnerships between the State and Section 39 organisations in the provision of health and social care services. The then health boards - later amalgamated into the HSE - were 'required by statute to manage and deliver, or arrange to be delivered on its behalf, health and personal social services' and the Health Acts 1947- 2013 provide for the HSE to engage with a provider to provide these services¹².

State funding for voluntary organisations increased substantially from the 1960s¹³ and from this point onwards the role of the voluntary sector thus became increasingly

⁹Independent Review Group. Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services. October 2018, <https://assets.gov.ie/9386/6d02f4a9fb554e30adb3ebbb3eec5091d9.pdf>.

¹⁰Unique Perspectives Group. Working Conditions in the Community & Voluntary Sector and its Relationship with the State. <https://exchangehouse.ie/userfiles/file/reports/research/equalatwork2.pdf>.

¹¹ Unique Perspectives Group. Working Conditions in the Community & Voluntary Sector and its Relationship with the State. <https://exchangehouse.ie/userfiles/file/reports/research/equalatwork2.pdf>.

¹² Health Services Executive. Service Arrangement Section 39 Health Act 2004. The Provider, October 2022, <https://s3-eu-west-1.amazonaws.com/govieassets/19129/d06a85e158f74403a19d6c2f4f70dadcd.pdf?referrer=http://www.per.gov.ie/wp-content/uploads/24.-Distinction-between-Section-38-39-agencies.pdf>.

¹³ Unique Perspectives Group. Working Conditions in the Community & Voluntary Sector and its Relationship with the State. <https://exchangehouse.ie/userfiles/file/reports/research/equalatwork2.pdf>.

intertwined with statutory provision of health and social care services. However, it was not until the establishment of the HSE through the 2004 Health Act that a legal framework was put in place for funding voluntary sector organisations in the delivery of health and social care services:

The 2004 Health Act ...states that the HSE shall manage and deliver, or arrange to be delivered on its behalf, health and personal social services. The HSE funds public hospitals and certain social care services directly under its authority, and is also the channel for state funding to voluntary organisations and other organisations that provide health and personal social care services¹⁴.

The two key clauses relating to the voluntary sector are Section 38 and 39. Section 38 allows the HSE to:

“enter...into an arrangement with a person for the provision of health or personal social services by that person on behalf of the Executive”.¹⁵

Section 39(1) states that:

“The Executive may, subject to any directions given by the Minister under section 10 and on such terms and conditions as it sees fit to impose, give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide¹⁶.”

The key difference between section 38 and 39 organisations therefore is that while section 38 organisations are engaged to directly provide services on behalf of the HSE, Section 39 organisations are seen as independent organisations contracted by the HSE to provide services. An independent review of the role of voluntary organisations in providing publicly funded health and personal social services, however, concluded that ‘At an individual organisation level, the distinction between Section 38 and 39

¹⁴Independent Review Group. Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services. October 2018, <https://assets.gov.ie/9386/6d02f4a9fb554e30adb3ebbb3eec5091d9.pdf>.

¹⁵ Independent Review Group. Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services. October 2018, <https://assets.gov.ie/9386/6d02f4a9fb554e30adb3ebbb3eec5091d9.pdf>.

¹⁶ Central Statistics Office. Statistical Classification Review of Section 39 Bodies. Government Accounts Classification Division, December 2020, https://www.cso.ie/en/media/csoie/methods/nationalaccounts/Section_39_agencies_statistical_classification_review_web.pdf.

organisations is not meaningful in terms of either the type of service provider, the services provided, or the level of funding received'¹⁷ .

Services to address homelessness (now Section 10) provide an illustrative example of how reliant the State has been historically dependent on voluntary organisations to provide public services. TUSLA, the Child and Family Agency, was established through the Child and Family Agency Act 2013. Under Section 56 of the Act, TUSLA can enter into contracts with other bodies to deliver family support services (FSS). Section 56 of the Act states:

(1) The Agency may, subject to its available resources and having regard to the required level of service identified in the corporate plan or annual business plan and any directions issued by the Minister under section 47 , enter, on such terms and conditions as it considers appropriate, into an arrangement with a person for the provision of child and family services or services provided pursuant to section 8 (3)(b).¹⁸

At present, over 700 bodies, mostly from the community and voluntary sector, are funded by TUSLA to deliver services on its behalf under sections 56-59 of the Child and Family Agency Act 2013.¹⁹ Up until the establishment of Tusla through the Child and Family Agency Act 2013, some of the organisations funded under Section 56 would have received funding under Section 39 of the 2004 Health Act²⁰. At present, Family Support Services (FSS) are provided predominantly through the community and voluntary sector. On average, between 2017 and 2021, approximately 85% of FSS were externally commissioned by Tusla with the remainder delivered internally. Over this period, the role of externally commissioned organisations in delivering services increased gradually²¹.

¹⁷Independent Review Group. Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services. October 2018, <https://assets.gov.ie/9386/6d02f4a9fb554e30adb3eb3e3ec5091d9.pdf>.

¹⁸ The Office of the Attorney General. Child and Family Agency Act 2013. Irish Statute Book, 2013, <https://www.irishstatutebook.ie/eli/2013/act/40/section/56/enacted/en/html>.

¹⁹O’Gorman, Roderic. Health Services Staff- Questions. Tithe an Oireachtais Houses of the Oireachtas, 19 May 2021,

<https://www.oireachtas.ie/en/debates/question/2021-05-19/164/#:~:text=Section%2056%20organisations%20provide%20services,and%20Family%20Agency%20Act%202013.>

²⁰ O’Dowd, Fergus. Care Services- Ceisteanna. Tithe an Oireachtais Houses of the Oireachtas, 4 October 2022, <https://www.oireachtas.ie/ga/debates/question/2022-10-04/492/>.

²¹Madden, Ciarán., Quinn-Hemmings, Dearbhla., & Tully, Luke. Tulsa Funded Community and Voluntary Sector Family Support Services Spending Review 2022. Government of Ireland’ Research and Evaluation Unit, December 2022, <https://assets.gov.ie/242773/a5b5ab06-dea9-4572-912f-74afebe2988c.pdf>.

Provisions for the partnership between local authorities and community and voluntary organisations in tackling homelessness are made under Section 10 of the Housing Act, 1988, which states:

1 10.—(1) A housing authority may, subject to such regulations as may be made by the Minister under this section— (a) make arrangements, including financial arrangements, with a body approved of by the Minister for the purposes of section 5 for the provision by that body of accommodation for a homeless person, and:

The Minister may, with the consent of the Minister for Finance and subject to such regulations as may be made by the Minister under this section, recoup, out of moneys provided by the Oireachtas, all or part of any payment made by a housing authority by virtue of subsection (1)²².

Up until the late 1980s, voluntary organisations and religious orders were the primary source of support for homeless people, with St Vincent de Paul operating 11 night shelters in urban areas by 1980²³. In 1983, there were 1,646 beds for homeless people throughout the country, with 116 of these ‘provided by health boards and the balance, 93 per cent, by voluntary organisations’ with ‘funding in most cases ...close to 93 per cent by voluntary organisations as well.’²⁴ It was only following ‘intensive lobbying’ by various voluntary organisations²⁵ – perhaps most notably the Simon Community²⁶ - that the Housing Act of 1988 was introduced. This led to homelessness being legally defined for the first time in Ireland²⁷. As set out by Section 10, the Department of Housing, Planning and Local Government reimburses local authorities up to 90% of what is spent on households experiencing homelessness²⁸. Despite the introduction of the Housing

²²The Office of the Attorney General. Housing Act, 1988. Irish Statute Book, 1988, <https://www.irishstatutebook.ie/eli/1988/act/28/section/10/enacted/en/html>.

²³Homeless Agency. Perspectives on Irish Homelessness: Past, Present and Future. Downey, Dáithí, 2008, https://www.drugsandalcohol.ie/11723/1/homeless_agency_Perspectives.pdf.

²⁴ Ryan, Brendan. Seanad Éireann Debate- Housing (Homeless Persons) Bill, 1983: Second Stage. 19 November 1983, <https://www.oireachtas.ie/en/debates/debate/seanad/1983-11-09/7/>.

²⁵Policy and Legislation. Dublin Region Homeless Executive, <https://www.homelessdublin.ie/info/policy>.

²⁶Homeless Agency. Perspectives on Irish Homelessness: Past, Present and Future. Downey, Dáithí, 2008, https://www.drugsandalcohol.ie/11723/1/homeless_agency_Perspectives.pdf.

²⁷ Policy and Legislation. Dublin Region Homeless Executive, <https://www.homelessdublin.ie/info/policy>.

²⁸ Musafiri, Thadee., & O’Sullivan, Eoin. Public Expenditure on Services for Households Experiencing Homelessness. Focus on Ireland, Vol. 2, June 2020, https://www.focusireland.ie/wp-content/uploads/2021/10/Focus_On_Homelessness-Public-Expenditure-0620.pdf.

Act, problems with implementation meant that until the late 1990s few people were directly housed as a result of the Act²⁹. Significant increases in funding for the community and voluntary sector in the late 1990s finally resulted in meaningful improvements in support for people who are homeless, with increases in Government funding for the community and voluntary sector rising from €271.8m in the early 1990s to over €1.2bn over the next decade. However, though services for people who are homeless benefitted from the increased investment³⁰, the funding itself just reflects the scale of the problem, and not added resources for organisations.

The Growing Scale of Provision by the Voluntary Sector

The scope of provision of services from Section 38 and 39 organisations has expanded over time. In 2017, approximately 23% of the HSE health and social care budget was allocated to these organisations³¹. At present, Section 38 and 39 organisations account for more than 25% of the total health budget³². Section 38 and 39 organisations play a central role in the delivery of disability services. In 2019, it was reported that almost 70% of services were provided by voluntary organisations funded under Section 38 or Section 39³³. Similarly, figures reported in 2020 show that close to 70% of the disability budget went to section 38 and 39 organisations, with a further 8% allocated to private providers. Section 38 organisations were allocated €890m in 2020 compared to €606m for Section 39s³⁴. Just under 80% of residential places are provided by Section 38 and 39 organisations³⁵.

²⁹Homeless Agency. Perspectives on Irish Homelessness: Past, Present and Future. Downey, Dáithí, 2008, https://www.drugsandalcohol.ie/11723/1/homeless_agency_Perspectives.pdf.

³⁰Homeless Agency. Perspectives on Irish Homelessness: Past, Present and Future. Downey, Dáithí, 2008, https://www.drugsandalcohol.ie/11723/1/homeless_agency_Perspectives.pdf.

³¹Independent Review Group. Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services. October 2018, <https://assets.gov.ie/9386/6d02f4a9fb554e30adb3eb3e3ec5091d9.pdf>.

³² Prospectus. Dialogue Forum Case Study Process Final Report. March 2023, <https://www.gov.ie/pdf/?file=https://assets.gov.ie/251952/504a0277-4aa9-45f0-8dca-b617dbbb0ab1.pdf#page=null>.

³³ Disability Capacity Review to 2033: A Review of Disability Social Care Demand and Capacity Requirements up to 2032 at <https://assets.gov.ie/154163/8fe32ca7-2154-4fb0-8a41-6931c5f15471.pdf>.

³⁴Collins, Deirdre., Featherstone, Tara., & Moran, Patrick. Spending Review 2021 Social Care for People with Disabilities: Trends in Expenditure and Delivery of Services. November 2021, <https://assets.gov.ie/204304/8705b33b-6972-4df3-b558-9cbdefa0b037.pdf>.

³⁵ Spending Review 2021 Social Care for People with Disabilities: Trends in Expenditure and Delivery of Services at <https://assets.gov.ie/204304/8705b33b-6972-4df3-b558-9cbdefa0b037.pdf>.

The community and voluntary sector also plays a key role in the provision of services for people who are homeless. Private emergency accommodation is the main form of homeless accommodation, providing accommodation for 53% of those experiencing homelessness in 2020. This is mainly in the form of private hotels or B&Bs. A further 45% access supported temporary accommodation and 2% are housed in temporary or other emergency accommodation³⁶.

At the same time, individuals and households that are homeless are typically also receiving support from not-for-profit organisations beyond emergency accommodation. These can include food supplies, street outreach, Housing First and Housing Led services, specialist services for vulnerable cohorts like women, families, and young people, long-term supported accommodation, physical and mental health support as well as services addressing addiction, and Social Integration supports. Organisations also offer extensive preventative services, such as managing tenancies, resettlement into a new home, budgeting skills, debt management, and training, employment and education.

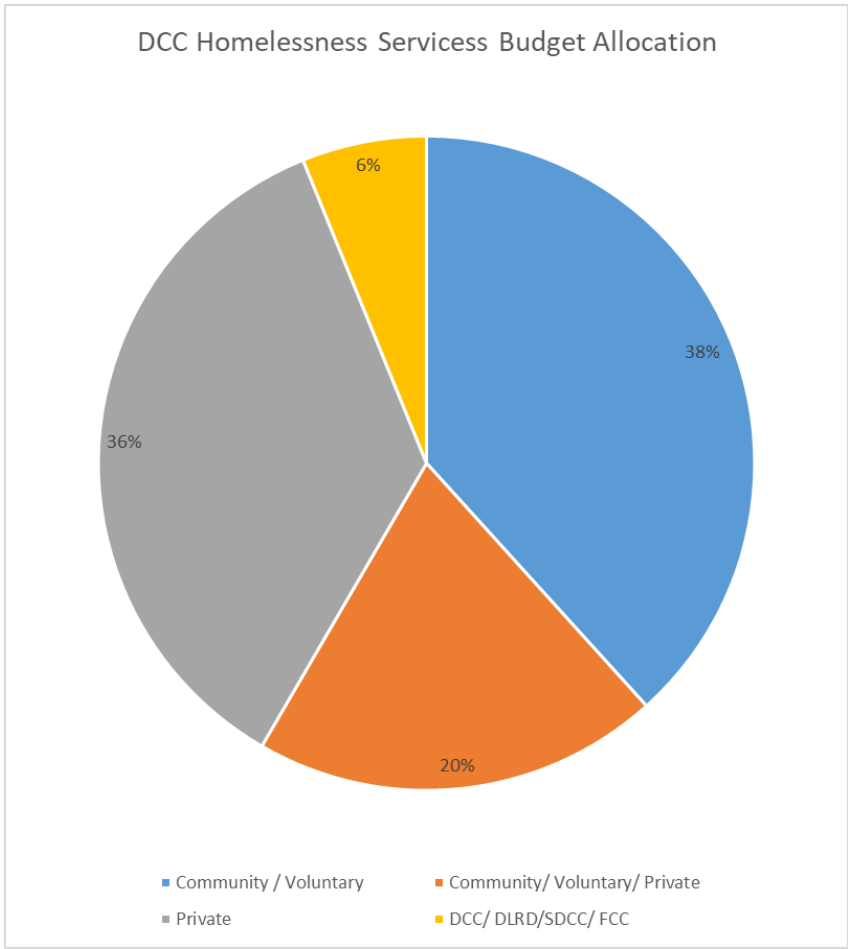
An examination of Dublin City Council (DCC) financial report 2021 highlights the scope of provision of homeless services by the community and voluntary sector in Dublin³⁷. Homelessness is a problem faced by many people across the country. The Dublin-based statistics analysed here are solely for illustrative purposes, to highlight the wide range of supports offered by the community and voluntary sector to those experiencing or at risk of homelessness. Eight distinct categories of homeless support are identified by DCC. Analysis of the 2021 Budget under each category illustrates the scope of provision of services by organisations within the community and voluntary sector, which are exclusively responsible for the delivery of services under Categories 1, 2A, 3 and 4 and share responsibility for delivery of services under Category 2A with the private sector.

³⁶ Irish Government Economic and Evaluation Service (November 2021) Social Impact Assessment Series: Homeless Services. <https://assets.gov.ie/205497/82c74d9c-33f1-4349-98d6-95b2147e3d72.pdf>.

³⁷ Dublin City Council. Financial Report. December 2021, <https://www.homelessdublin.ie/content/files/Dublin-Financial-Report-End-of-year-2021.pdf>.

	Total Budget	Service Provider
Category 1: Homeless Prevention, Tenancy Sustainment and Resettlement Supports	€ 6,943,857	Community / Voluntary
Category 2A: Scheduled - Supported Emergency Accommodation for Families	€ 29,726,677	Community/ Voluntary/ Private
Category 2B - Scheduled - Supported Emergency Accommodation for Singles	€ 36,633,834	Community / Voluntary
Category 2C - Unscheduled - Emergency Accommodation including Commercial Hotels and B&Bs	€ 52,571,920	Private
Category 3 - Long-Term Supported Accommodation	€ 9,536,642	Community/ Voluntary
Category 4 - Day Services	€ 3,632,358	Community/ Voluntary
Category 5A Housing Authority Prevention Services	€ 350,606	DCC/ DLRD
Category 5B Other Housing Authority Services including Administration	€ 8,746,250	DCC/ DLRD/SDCC/ FCC

Collating total budgets under each of the categories by service provider illustrates the extent of provision by the community and voluntary sector at 38%, with a further 20% of services provided by the community and voluntary sector and private providers combined.



The community and voluntary sector also plays a vital role in the delivery of home care services. In 2021, 55,043 people received home care through the HSE Home Support Service for Older People³⁸. While there is no definitive data on the breakdown between the HSE, community/ voluntary and private providers of home care, based on the available data, the ESRI estimates in 2019:

...that about 33.4 per cent of home support was provided by HSE staff (8.24 million hours); 8.4 per cent provided by voluntary organisations (2.06 million hours), and 58.3 per cent provided by for-profit organisations (14.4 million hours)³⁹.

Figures from August 2021 indicated that the HSE directly delivered 36.8% of home support with the remaining 63.2% being provided by the voluntary sector or for-profit

³⁸Home & Community Care Ireland. The Waiting List Lottery: Home Support Across Ireland. June 2022, <https://hcci.ie/the-waiting-list-lottery-home-support-across-ireland/>.

³⁹Lyon, Seán., Walsh, Brendan. Demand for the Statutory Home Support Scheme. Research Series Number 122, Economic & Social Research Institute, March 2021, <https://www.esri.ie/system/files/publications/RS122.pdf>.

providers. Trends over the last 5 years indicate a slow but consistent increase in reliance on the voluntary or for-profit sectors⁴⁰.

Similar to the areas of intervention mentioned above, voluntary organisations are crucial in the provision of addiction services in Ireland. While the sector is recognised as a ‘main provider’ of services both in their own right and on behalf of the State⁴¹, the precise extent of their involvement in service provision is unclear. A 2022 HRB report notes that ‘The HSE supports the non-statutory sector to provide a range of health and personal social services, including the drug projects supported by the local and regional Drug and Alcohol Task Forces, which receive annual funding of more than €20 million.’⁴² The proportion of treatment through outpatient drug treatment facilities provided by the community and voluntary sector is unknown, however it is reported that inpatient treatment is provided ‘mainly through non-statutory agencies’^{43 44}

⁴⁰Home & Community Care Ireland. The Waiting List Lottery: Home Support Across Ireland. June 2022, <https://hcci.ie/the-waiting-list-lottery-home-support-across-ireland/>.

⁴¹National Umbrella Organisation for Voluntary Drug and Alcohol Services. NVDAS Membership. Aiséirí, 15 October 2020, <https://aiseiri.ie/nvdas-membership/>.

⁴²Dillion, Lucy., Galvin, Brian., Guiney, Ciara., Lyons, Suzi., & Millar, Sean. Focal Point Ireland: National Report for 2022- Treatment. Focal Point Ireland Health Research Board, 2023, https://www.drugsandalcohol.ie/25261/1/Ireland_2022_Treatment.pdf.

⁴³Dillion, Lucy., Galvin, Brian., Guiney, Ciara., Lyons, Suzi., & Millar, Sean. Focal Point Ireland: National Report for 2022- Treatment. Focal Point Ireland Health Research Board, 2023, https://www.drugsandalcohol.ie/25261/1/Ireland_2022_Treatment.pdf.

⁴⁴ ‘There are two dedicated inpatient hospital HSE detoxification units, which account for 9% of all inpatient cases reported through the TDI, but other non-statutory agencies also provide inpatient detoxification services... Most of these agencies are partially or wholly funded by the HSE. The number of clients and the proportion of treatment facilities which are fully funded by the HSE are not currently available https://www.drugsandalcohol.ie/25261/1/Ireland_2022_Treatment.pdf.

The Growing Challenge of Recruitment and Retention Since Covid

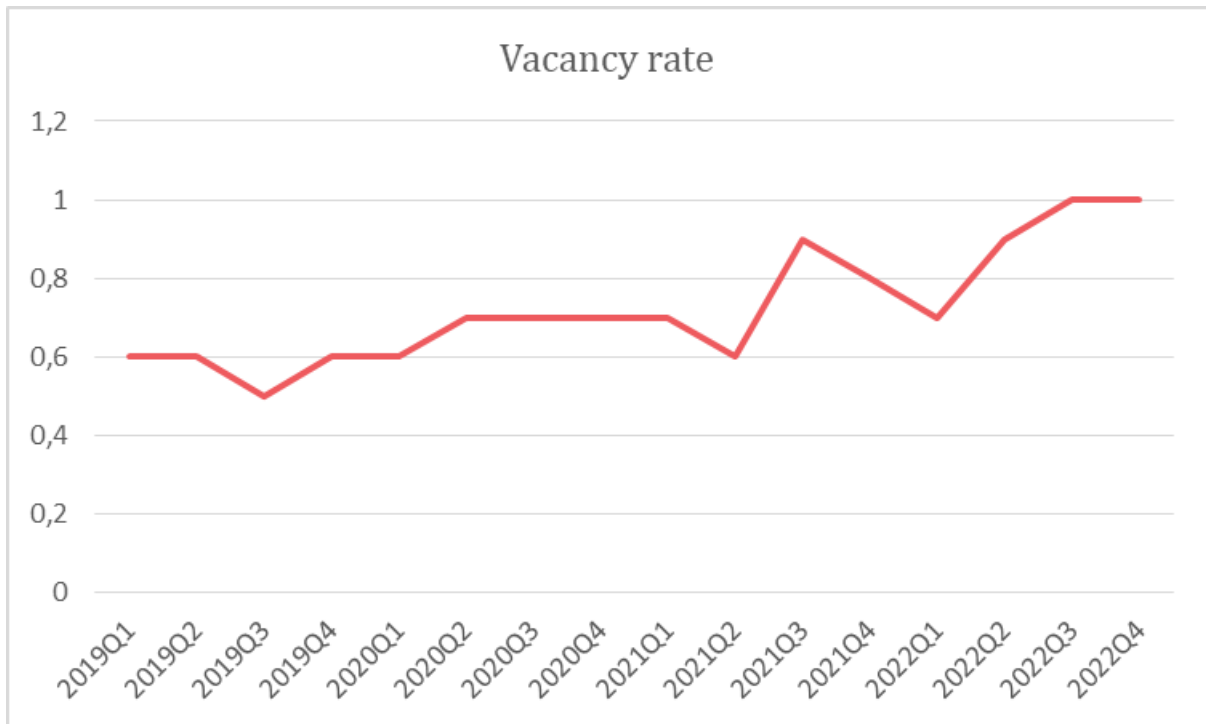
Staffing Crisis Across Sectors

There are a number of ways through which one can measure staffing and retention problems. One common measure is the vacancy rate, the number of vacant positions in an economy or sector relative to the total number of positions in the economy or sector. Unfortunately, official sources do not distinguish between the community and voluntary sector and the public or private sectors, so that identifying the difficulties facing the community and voluntary sector is challenging. The absence of data complicates any analysis of the challenges facing it, as well as the more specific relationship between staffing numbers to quality and quantity of services delivered.

Nevertheless, the figure below examines the vacancy rate in the human health and social work activities sector. Aside from the healthcare and social work sectors, this includes activities such as residential care, childcare, addiction services, and more. It therefore includes the services in which the third sector is most heavily involved, in addition to many public and also private sector activities. We present data from 2019 onwards, primarily to capture the effect of Covid.⁴⁵

The vacancy rate in human health and social work activities, whether in the public or community and voluntary sector, has been increasing, especially since Covid, as indicated in the chart below.

⁴⁵ There is also a very large drop in the vacancy rate between Q2 and Q3 2018, which appears to be a methodological change as it dwarfs any quarterly drop after the financial crisis.

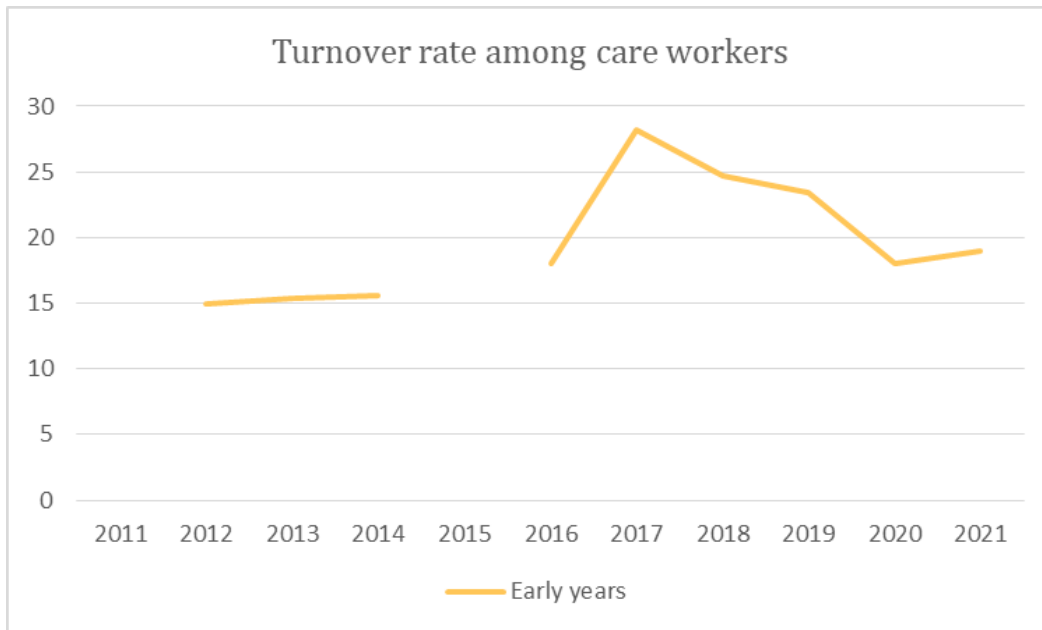


Source: CSO (EHQ16).

As demonstrated in the chart, the vacancy rate has grown since Q2 2021, broadly the period in which the economy re-opened. This points to the difficulties that broad social-health services have experienced in finding workers to fill posts. While the above figure relates to all sectors, there is evidence the community and voluntary sector is experiencing recruitment challenges in particular.

The childcare/early years sector offers a better understanding of the scale of these challenges, as almost half of workers in this sector work for not-for-profit organisations⁴⁶. Turnover amongst early years workers had fallen consistently from 2017, but then increased abruptly in 2020. The largest turnover has been in more expensive urban areas such as Cork City (29%) and Dun Laoghaire Rathdown (23%), underlying the effect of cost of living on staff retention.

⁴⁶ P94, Pobal. Annual Early Years Sector Profile Report 2020/2021. 2022, https://www.pobal.ie/app/uploads/2022/05/Pobal_22_EY_20-21-Report_final_2.pdf.



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The increase from 2020 hints at the growing challenge for not-for-profit organisations to retain staff after Covid. The next section discusses how important pay has become to retention and recruitment.

The Gap in Pay Parity

Respondents to the 2022 Wheel/Community Foundation of Ireland Report National Guide to Pay and Benefits in Community, Voluntary and Charitable Organisations survey (n=336) listed as their top 7 priorities the combination of factors that affect staffing levels and capacity. These priorities consisted of managing costs (87%), accessing/increasing funding for organisation (87%), retaining skilled talent within the organisation (87%), implementing organisation strategy (86%), managing and maintaining employee wellbeing (85%), attracting skilled talent to the organisation (71%), and dealing with wage pressure (67%). (2022, p. 88) The report also found that 42% of organisations had turnover rates of 10% or more. (p. 84) The 2022 Charities Institute Survey found parallel results with its own member organisations, with 79% of respondents (n=52) stating that they were facing recruitment challenges and 46% that recruitment challenges were occurring across grades. (2022, p. 7)

⁴⁷Pobal. Early Years. 2022, <https://www.pobal.ie/research-analysis/early-years/>.

In contrast, the 2008 Report found that 23% of respondents (n=317) to the survey had experienced recruitment difficulties over the past 12 months and 13% had encountered difficulties retaining staff. The challenges to recruitment were finding applicants with the right set of skills, and the challenges to retention, low salary levels. (p. 90) Amongst respondents, 66% said they could not find the right people and 61% could not find people with the right skills. At the same time, 29% said that staff left because of salary levels (29%), lacked development opportunities (21%), and preferred private or public sector employment (17%). The total of employees leaving jobs was 379 but the overwhelming majority were replaced, or 336 (89%). (Ibid)

As suggested above in relation to early years workers, the difficulties retaining and recruiting staff have become more urgent since Covid. One organisation in the research has had 18% of their staff leave since Jan 2021 to take up a job in the HSE or Section 38 type organisation. In addition, the strain on current staff has grown because of, as mentioned above, new governance and service delivery standards that have not been costed for in government contracts with frontline service organisations. Current staff also face, as discussed below, growing demand for services that, in turn, must respond to increasingly complex needs.

The Pay and Benefits surveys conducted by The Wheel and the Charities Institute before Covid show relatively low median and average turnover rates across respondents.⁴⁸ The 2015 Report, based on 2014 data (n=261) discovered that, “the majority of organisations did not have any employee turnover in 2014. The average turnover rate for that year is 8.2% overall, or 17.9% among those whose turnover rate was above zero.” (p. 14) The 2017 Report (n=249) found that, “The average turnover rate for 2016 was 10.1% overall, with a median rate of 2.5%, indicating large variations in turnover rates. More than four out of ten respondents had a zero turnover rate.” (p. 2) The 2018 The Wheel/CFI report *Remuneration Challenges and Successes in Post-Recession Times: Case Studies in the Community, Voluntary and Charities Sector* noted that, “a significant number of organisations (43%) did not have any employee turnover in 2018.” (p. 14) The average turnover rate for 2018 was 9.7% and the median turnover rate, 5%.

⁴⁸ Turnover is measured as Total permanent full-time employees who left during the year divided by Total permanent full-time employees at beginning of year X 100 (The Wheel/CFI 2022 Report, p. 84)

However, though these figures appear relatively low, they do mask a growing issue with retention over the past six and particularly last two years, especially among large frontline service organisations.⁴⁹ In the 2017 Report, the upper quartile of organisations based on pay rates had a 14% turnover rate (p. 14), in the 2019 Report, about 15% (p. 14), and in the 2022 Report, 16% (p. 84). By 2022, or the latest published report, overall staff turnover rates (n=253) were between 10-20% for 22% of respondents and over 20% for 20% of organisations. (p. 84) This data was for 2021, or before the real escalation of the staffing crisis for some organisations.

Staff departures and deterrents from seeking employment in the sector (versus public sector jobs) have also been based on less substantial, and sometimes non-existent, benefits in the sector like pensions, leave policies, compensation for work-related expenses like travel, and opportunities for career progression within the organisation.

The inability to match public sector pay rises has meant that salary scales have fallen significantly behind and, inversely, the HSE and other public bodies are able to attract staff from not-for-profit organisations to reduce their own vacancy rates.

The executive from the Social Services organisations cited in The Wheel/CFI 2018 report mentioned that, “Because of no pay increases since 2009, salary scales are out of sync with the public sector and last year we lost more staff than any other year, because the HSE is recruiting on better salary scales. Our organisation is losing good and experienced staff. We also have trouble recruiting and attracting staff because of the poor salary scales – a kind of ‘double hit.’” (p. 11) Another respondent from a childcare organisation explained, “Our staff are being poached. Their new roles in their new employment have a higher profile and higher pay, a better pension and it’s guaranteed.” (p. 12) Offering a pension to become more competitive can be financially prohibitive or at least undermine financial stability. The same respondent argued, “Pension costs are

⁴⁹ An NFVSP report from June 2022, (p. 2) states, “There is a severe shortage of staff making it very challenging to recruit and retain people in many sectors, and this is being acutely experienced in Disability Services.” Since the State is heavily reliant upon member organisations of NFVSP to deliver disability services, the shortage has implications for the availability of services in general.

killing us – last year we had a deficit. If we didn't have a pension scheme we wouldn't have had a deficit." (Ibid)

Comparing recent salaries shows the extent of pay disparity that currently exists between Section 39 organisations and the public sector. For the purposes of this analysis, seven frontline positions were examined, including: Care Assistant (Point 1- new entrant), Care Assistant (top of scale), Social Care Worker (top of scale), Nurse (point 13), Social Care Leader (point 1), Occupational Therapist (top of scale), Senior Occupational Therapist (point 1). These are the occupational groups utilised by the National Federation of Voluntary Service Providers (NFVSP) in their analysis and represent a broad spectrum in terms of qualifications and experience.

HSE consolidated pay scales from September 2008 are used as a proxy for current Section 39 pay rates. Comparative pay scales for the public sector include the October 2021 pay scale, the most up to date scale, which has been in place since March 2023 and the pay scale which will be in place from October 2023, when a further 1.5% increase is due under Building Momentum 2021-2023.

The analysis illustrates the widening gap in pay between Section 39 organisations and the public sector. The table below shows a percentage difference in salary of between 2.39% for occupational therapists and 10.18% for Care Assistants (point 1), when the 2008 pay scale is compared to what public servants were paid in 2021. The gap in salaries for these two occupations widened to 9.3% and 17.29% respectively in March 2023. Similar salary gaps are evident in each of the occupations examined. Based on the 2008 salary scales, there was an average salary gap of 3.94% in 2021, widening to 10.71% in March 2023 across the seven occupational groups examined. Between 2021 and March 2023 alone, the salary gap widened by an average of 6.76%. Projections indicate that if pay increases are not implemented in Section 39 organisations, there will be an average salary gap of 11.69% in October 2023 across occupational groups examined.

Role and Grade	Section 39 on 2008 Scale (€)	HSE Scale Oct 2021 (€)	HSE scale Mar 2023 (€)	HSE scale Oct 2023 (€)	€ diff 2008 and 2021	% diff 2008 and 2021	€ diff 2008 and March 2023	% diff 2008 and March 2023	€ diff 2008 and Oct 2023	% diff 2008 and Oct 2023	% diff 2021 and March 2023
Care Assistant at point 1 (New entrant)	25,229	27,935	30,005	30,455	2,706	10.18%	4,776	17.29%	5,226	18.77%	7.11%
Care Assistant - top of scale	38,844	40,393	43,159	43,806	1,549	3.91%	4,315	10.52%	4,962	11.33%	6.61%
Social Care Worker - top of scale	47,087	48,465	51,941	52,720	1,378	2.88%	4,854	9.80%	5,633	10.68%	6.92%
Nurse at point 13	46,541	47,931	50,865	51,628	1,390	2.94%	4,324	8.88%	5,087	9.85%	5.94%
Social Care Leader point 1	46,825	48,209	51,666	52,441	1,384	2.91%	4,841	9.83%	5,616	10.71%	6.92%
Occupational Therapist at top of scale	53,279	54,569	58,483	59,360	1,290	2.39%	5,204	9.31%	6,081	10.24%	6.92%
Senior Occupational Therapist at point 1	53,388	54,677	58,599	59,478	1,289	2.39%	5,211	9.31%	6,090	10.24%	6.92%
Average % difference - ALL						3.94%		10.71%		11.69%	6.76%

One section 39/10 organisation involved in the research cited a specific example of a gap in pay parity. This example illustrates how much the gap affects the employee personally as well as how much the loss of this staff member puts at risk, because of their experience, the quality of services delivered. This employee, a Level 6 Case Worker who started in January 2009, was mid-career then so currently mid- to late-career. The role consists of working directly with service users to develop and support care plans, with the ultimate goal of the service user progressing to independent tenancy or a lower support residential service. The role, which is challenging, requires respect, empathy, and initiative as well as following agreed procedures and standards. The role is the equivalent of either a Family Support Worker or Social Care Worker (without qualification) in the HSE and falls under the CORU social care regulatory framework.

The employee was initially paid €33,621 in 2009 and is now paid €34,293. That amounts to a salary increase of 2.0% over 14 years. Had increases been index-linked, then that salary could be expected to have increased by 17.2% to €39,404, which would have maintained that individual's purchasing power from that point in time to January 2023. This projected salary increase does not take into consideration the individual's skill progression or long service contribution over 14 years. Assuming they entered at the minimum point on the lower of the two comparison HSE scales (Family Support Worker non-Pay Path or Social Worker Scale without qualification), then with scale increments and scale lifts over the years, and without any promotion, they would now be on point 14 of a 15 point scale which is worth €38,097 (at 1st March 2023). This would amount to an 12.5% pay increase over those same years within the HSE and a salary that is 11.1% higher than their current salary.

Otherwise put, the employee is worse off than when they started their position, raising questions about the economic viability of continuing to work for the organisation and the broader social status of the sector, as staff are implicitly expected to work for diminishing returns.

Even within the sector, some staff receive recognition while others do not, as evidenced in the allotment of the Covid-19 €1000 payments. The government has not guaranteed they will be awarded across all areas of services (for the homeless, disabilities, nursing homes, etc...) that were critical during the pandemic.

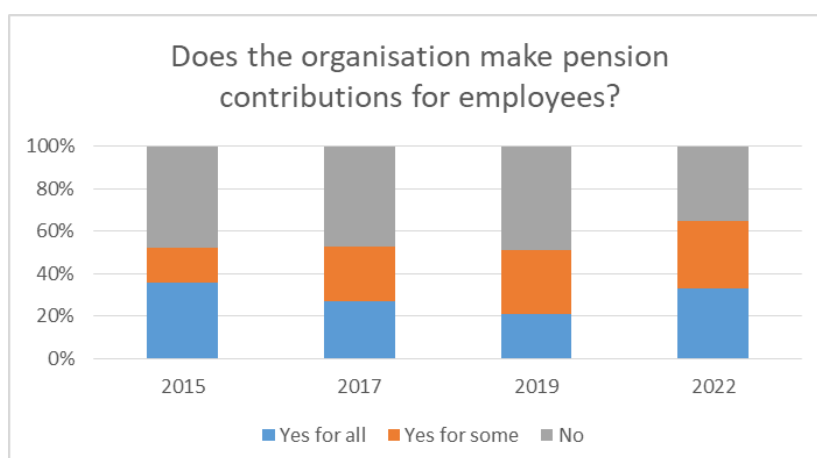
Beyond salaries: inability to offer competitive pension entitlements

Analysis of pension entitlements, based on salary surveys from The Wheel from 2008, 2015, 2017, 2019 and 2022 also indicates lower pension coverage across the sector since 2019 and that for those who do have pensions, pension contributions have been reduced in recent years.

The salary survey conducted by The Wheel in 2008 found that 70% of organisations provided pensions to some or all employees⁵⁰. Analysis of later reports revealed that in 2015, only 52% of organisations provided pension contributions for some or all employees. This figure increased to 65% by 2022 but has still not returned to pre-financial crisis levels.

Table 1 Does the organisation make pension contributions for employees?

	2015	2017	2019	2022
Yes for all	36%	27%	21%	33%
Yes for some	16%	26%	30%	32%
No	48%	47%	49%	35%

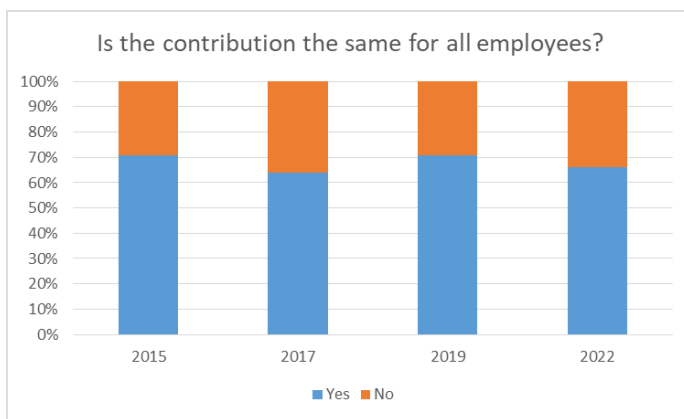


⁵⁰ The Wheel. National Survey on Pay and Benefits in Community, Voluntary and Charitable Organisations. January 2013, https://www.wheel.ie/sites/default/files/media/file-uploads/2018-09/Salary%20Survey_2013_Edition_Complete.pdf.

In relation to the level of contribution, while 2015 figures indicate that 71% of organisations made the same contribution for all employees, this had decreased to 66% in 2022.

Table 2 Is the contribution the same for all employees?

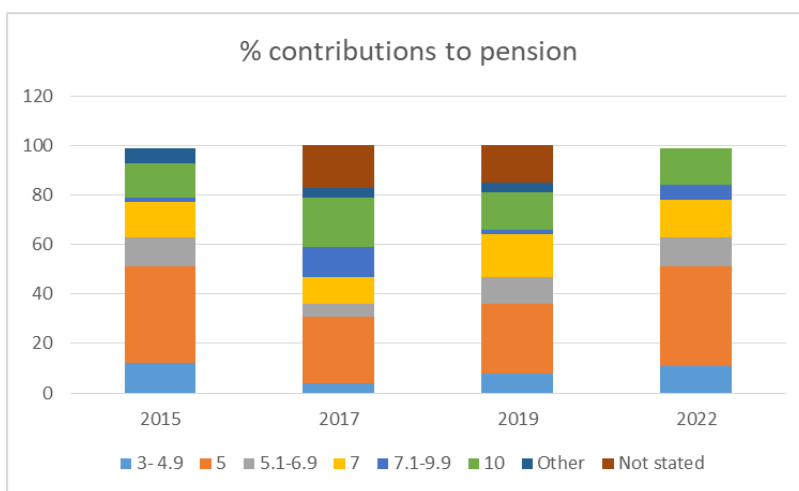
	2015	2017	2019	2022
Yes	71	64	71	66
No	29	36	29	34



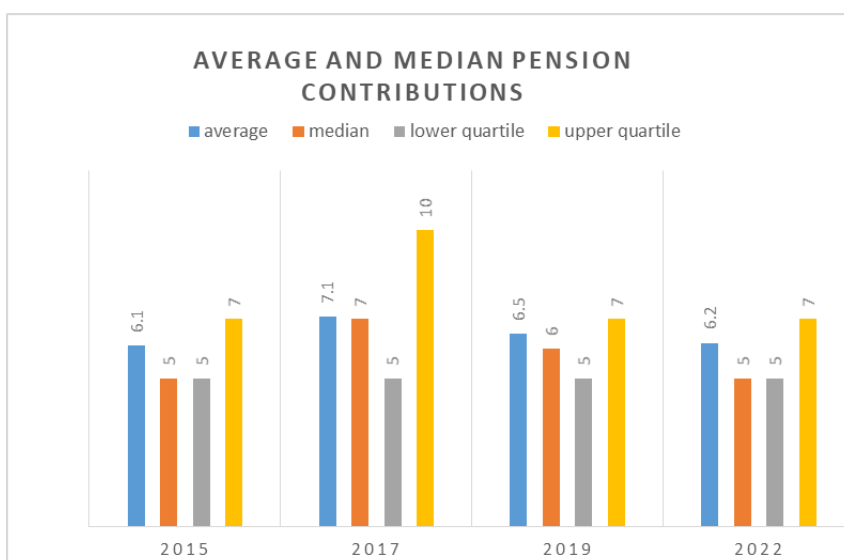
Examining levels of contribution shows a significant increase from 2015 to 2017, followed by a decrease back to 2015 levels by 2022. In 2015, 63% of organisations made contributions of under 7%, this decreased to 36% in 2017, went up to 47% in 2021 and returned to 63% in 2022. Similarly, a 10% pension contribution was made by 14% of organisations in 2015, which increased to 20% of organisations in 2017 and again decreased to 15% of organisations in 2022, suggesting pressure on organisation finances.

% contributions	2015	2017	2019	2022
3- 4.9	12	4	8	11
5	39	27	28	40
5.1-6.9	12	5	11	12

% contributions	2015	2017	2019	2022
7	14	11	17	15
7.1-9.9	2	12	2	6
10	14	20	15	15
Other	6	4	4	
Not stated		17	15	



A further examination of the average and median contributions similarly shows a trend of increasing level of contribution between 2015 and 2017 followed by a decrease in 2022.



In summary, the analysis revealed that while more organisations are providing pensions now than in 2015, the level of coverage is not as high as in 2008. Additionally, the findings suggest that while the level of contributions increased between 2015 and 2017, recent years have seen a trend towards lower level contributions by organisations in the sector.

Inability to Recruit and Replace Staff

Unlike the 2008 The Wheel/CFI salary survey findings, interviewees for this report remarked that staff leaving jobs today could not be replaced easily or at all, leading to cancellation and closure of services. NFVSP outlined in its 2022 survey that 81% of respondents were facing difficulties in filling posts, 83% of organisations had staff that left to take up posts as public sector employees, 71% were experiencing difficulties in retaining staff and 94% felt that there had been a decline in staff morale.⁵¹ Among the effects on services were decisions not to proceed with new services (37%), tender for new services (31%), and to reduce services (20%).

In its own January 2023 survey (n=34), DFI (p. 2) found that 59% of respondents are concerned about sustainability due to staff retention, 48% have reduced service levels because of staffing, 62% had not been successful in recruitment over the past year, and 71% had lost experienced staff to the public sector. Fewer organisations, or 57%, had lost experienced staff to the private sector, but 43% had lost experienced staff who had left healthcare altogether, perhaps related to the high percentage of respondents, 33%, who had lost experienced staff to burnout. The combination of lost skills, burnout, and reduced service levels raised the level of risk for organisations in general.

Organisations have little scope to raise pay to public sector pay scale levels on their own, or through fundraising beyond public sector contracts. Salary costs make up the majority of expenditure for all of the organisations, which means that the rest has to cover overhead costs, pensions, governance, and everything else. NFVSP, in their January 2023 brief on recruitment and retention, stated that in addition to staff seeking higher pay elsewhere, organisations were facing rising costs due to “Inflationary pressures and the cost-of-living crisis,” adding that “The non-pay running costs of organisations, including

⁵¹ Section 39 Pay Parity National Federation of Voluntary Service Providers.

food, fuel and utility are significantly increasing; one organisation estimates a 30% increase in costs over recent months.” (p. 6)

Salary costs for Barnardo’s are around 70%. Pension costs average 2% of the total budget. For other organisations like Daughters of Charity Child and Family Services (DOCCFS) that rely more heavily on public sector contracts, salaries cost approximately 80% of the total budget. For the National Voluntary Drug and Alcohol Sector (NVDAS), salaries represented 86.5%, 83.7%, and 83.2% of the total budget in 2020, 2021, and 2022 and for member organisation NVDAS Service 1 over the same period, 90.8%, 83.3%, 81.7%. Pension costs were 1.7%, 1.3%, and 1.2%. State funding for NVDAS Service 1 has grown significantly since 2020, or from 3.41m to 5.32m in 2021 to 6.96m in 2022, but salary costs have as well, or from 3.10m to 4.43m to 5.69m. At the same time, income from other sources has declined and remains a minor percentage of the total budget (543K/16% in 2020, 567K/11% in 2021, 717K/10% in 2022).

Salary costs have increased for an organisation like NVDAS Service 1 because of growing demand.

Staff turnover, loss of skills, and an increase in activity needed from each staff member means that the number of staff, even if more than in previous years, cannot match need, and that current staff are facing higher workloads.

DOCCFS has reduced their team for domestic abuse services from 7 to 4.5 workers since 2020 and only kept the service operational by transferring staff from the family centre services. However, the latter still had to respond to the same levels of referrals and numbers of service users, as well as longer waitlists, as this is required contractually.

As evidenced in the funding for NVDAS Service 1, the capacity of Sections 39, 56, and 10 organisations to raise pay through funding external to the public sector contracts is extremely limited. First, public sector contracts are not predictable in timing (sometimes confirmed halfway through the expenditure year), amount, or even if they will happen at all. Executives have difficulties, as a consequence, planning for long- or even medium-term expenditures on salaries, pensions, and other benefits. The significant percentage of organisations in The Wheel/CFI surveys that are not awarding annual

increments reflects the impact of unpredictability in core funding. The Wheel/CFI 2018 report quoted an executive in a housing charity relating how “Planning a remuneration policy is difficult because of funding uncertainty – we can’t really go in for salary scales or increments because we don’t know if we could afford it on an on-going basis. We have no idea of where we will be in the future.” (p. 7)⁵²

The second factor limiting the contribution non statutory funding can make to pay rises is the cost of ensuring proper governance and quality standards are met, especially since the funds for compliance, and the training required to ensure compliance, are also not included in public contracts. An executive of a social services organisation quoted in the same report stated, “We are told ‘you run those services and you do them to the absolute highest standard that we expect of you but sorry we’re not going to give you any money to help you to do that.’” Because these extra costs are not factored into public sector contracts, the funding for them has to be found elsewhere or through redistribution of resources. One organisation involved in the research for this report listed some of the new regulatory and governance requirements: the Charities Regulator Governance Code (49 Standards)⁵³; Approved Housing Body Regulatory Authority Standards; the HSE Service Level Agreements (61 Acts/Regulations/Codes/Protocols/Policies⁵⁴, the HSE

⁵² The 2017 report noted that 34% of organisations had given a pay increase during the past year but 32% were unsure they could afford a future pay rise, and 41% said they were not planning on increasing pay. (p. 3) The 2019 report found that (n=311) only 20% of organisations awarded annual pay increments, 25% had previously but not now, and 54% did not award annual increments. (p. 94) Of the 311 organisations responding to questions concerning pay, 46% had given pay increases over the past year, 36% were planning to give a pay increase over the coming year, and 64% were either unsure or not planning to implement a pay rise. (pp. 94-95) The 2022 Report found that of the 288 organisations responding, 27% were awarding automatic pay increments, 15% had in the past but not now, and 58% were not awarding automatic pay increments. (p. 87) The 2022 Report also found that amongst organisations that did award pay increases over the last 12 months, the increases ranged on average between 2.7% and almost 5%. For the coming year, or 2023, the average increases were set to rise to approximately 4% across positions. (p. 87) The positions included in the pay increase analysis were the following: CEO/General Manager, Head of Function/Snr Manager, Managers, Specialist/Professional Staff, Semi-Professional/Administration, Entry Level/Non-professional Staff.

⁵³ Charities Regulator. Charities Governance Code. November 2018, <https://www.charitiesregulator.ie/media/1609/charities-governance-code.pdf>; Callaghan, Niamh. Charities Governance Code Compliance for Healthcare Organisations. Mason Hayes & Curran, 19 March 2021, <https://www.mhc.ie/latest/insights/charities-governance-code-compliance-for-healthcare-organisations>

⁵⁴ Health Information and Quality Authority. Regulation Handbook: a Guide for Providers and Staff of designated Centers. Version 2.1, July 2022, <https://www.hiqa.ie/sites/default/files/2019-10/Regulation-Handbook.pdf>; Dublin Region Homeless Executive. National Quality Standards Framework for Homeless Services in Ireland. 25 April 2019, <https://www.homelessdublin.ie/content/files/NQSF-Standards.pdf>; Dublin Region Homeless Executive. Homeless Action Plan 2022-24 a Plan for Dublin. <https://www.homelessdublin.ie/content/files/Homeless-Action-Plan-2022-2024.pdf>, pp. 30-34.

annual compliance statement; The National Quality Standards Framework (26 Standards); GDPR for client, staff, volunteers, and donor data; Working Time Act (which can have a serious effect on understaffed services); and registration of social care staff with CORU⁵⁵.

Finally, the problem posed by pay parity goes beyond understaffing. Employees in Section 38 (public sector working conditions) and Section 39 (not-for-profit) can work side by side in the same positions but receive very different pay packages and benefits, or work different hours, as noted above. One example raised in the research was The Children's Network Disability Teams, where staff work side-by-side in the same location, within the same team, and providing identical services, but benefit from different terms and conditions depending on whether or not they were originally employed by a Section 38 or Section 39 organisation.

Assessing the Impact of Funding on Staffing and Services

Funding and Organisation Finances

Since Covid, there have been funding increases but not enough to compete for staff and likewise, keep up with inflation and the rise in minimum wage for workers paid on an hourly rate (e.g., home care workers sleeping over). Whereas inflation was -.3% the first year of Covid, 2020, the inflation rate rose to 2.4% in 2021, and 8.1% in 2022.⁵⁶ According to the European Commission, the projected rate for this year is 4.6%.⁵⁷

As of January 1, 2023, the minimum wage for employees over age 20 is €11.30/hour. This represented an increase of €80 or 7.6%, on the previous minimum wage of

⁵⁵ Coru. Protecting the Public. <https://www.coru.ie/>.

⁵⁶International Monetary Fund. Inflation, Consumer Prices (annual %)- Ireland. The World Bank, 2023, <https://data.worldbank.org/indicator/FP.CPI.TOTL.ZG?locations=IE>.; European Commission. Economic Forecast for Ireland. 15 May 2023, https://economy-finance.ec.europa.eu/economic-surveillance-eu-economies/ireland/economic-forecast-ireland_en#:~:text=HICP%20inflation%20reached%208.1%25%20in,2024%20as%20energy%20prices%20decrease.

⁵⁷ European Commission. Economic Forecast for Ireland. 15 May 2023, https://economy-finance.ec.europa.eu/economic-surveillance-eu-economies/ireland/economic-forecast-ireland_en.

€10.50/hour, and an effective increase of €31.20 per week and €1,600 per annum.⁵⁸ The Living Wage in 2023 is calculated at €13.10/hour and will be phased in by 2026. The burden for not-for-profit organisations is not the validity of the living wage itself, but rather that contracts to deliver public services have not kept pace with legislation mandating the increases in pay.

That said, relevant government agencies have allotted some additional funding for specific organisations in the research. DOCCFS received an additional 4% of funding for 2021, 2022 and 2023 from Tusla and a one-time increase of 5% in 2020 at the onset of Covid. Other organisations, like NVDAS, have run deficits because of increasing costs, both for salaries and pensions, where relevant, but also governance, project expenditure, overheads, and other costs. Service 2 of NVDAS had a deficit of €12,914 in 2020, €6,573 in 2021, and €6,163 in 2022, while Service 3 ran a deficit of €11,000 in 2022 and ended up not filling a post to address the deficit. Service 5 of NVDAS ran a deficit of €23,373 in 2020, €26,454 in 2021, and €26,011 in 2022.

Obligations established prior to 2008, for instance, the superannuation scheme that public sector employees are entitled to, has placed an extra financial burden on organisations with employees enrolled in this scheme and reduced the net pay of the employees themselves because of the deductions. This does not discount the financial pressures placed on staff who are not members of the superannuation scheme, who have also not benefited from pay restoration agreements with public sector employees.

Staffing Trends Since Covid

The impact on staffing numbers because of funding constraints, and inability to offer competitive pay and benefits, has been profound. A Homeless Service Organisation based outside of Dublin lost 9% of their service staff in 2021⁵⁹ and 14% in 2022. Service 4 of NVDAS has lost two key staff members since 2021 due to better paid job offers and burnout. Attempts at replacing the staff were initially not successful, largely due to questions concerning competency (the posts are now filled). A Section 39 member of

⁵⁸ Tánaiste announces increase in the National Minimum Wage and sets the 2023 Living Wage. 2023, https://merrionstreet.ie/tnaiste_announces_increase_in_the_national_minimum_wage_and_sets_the_2023_living_wage.html.

⁵⁹ Based on the average number of employees for the year.

NFVSP also ran recruitment drives but were unable to hire because none of the applicants met the standard criteria for a senior post. In another example, a member organisation of NCCN lost almost half its staff between 2022 and 2023, in part due to retirements but also moving to the HSE. Demonstrating the impact of lack of pay parity, one staff member who had worked for a member organisation for 17 years accepted a job at an HSE rehabilitation hospital. This person is now paid €17.95 an hour plus a pension and leave, versus €15.50 an hour for the NCCN member.

The table below offers a snapshot of turnover rates amongst national organisations or member organisations.

Organisation	2020	2021	2022
NVDAS Service 1	6%	28%	34%
NCCN			18%
Homeless Service Organisation outside Dublin		11%	17%
NVDAS		31%	31%
Depaul			26-30%

Burnout, Low Morale, and Lack of Career Progression

The research indicated that though pay has had a significant impact on retention and recruitment, it has not been the only factor driving staff departures. Retirements, burnout, and decisions regarding career progression have also influenced staff leaving. The influence of these factors differs per area of work. For instance, many homecare workers in the public and not for profit sectors are ageing. They may have taken on home care as a part-time occupation when their children were growing up and are now reaching retirement age.

Other organisations in the research stressed the prevalence of burnout and the perception of a lack of social and political appreciation, even after Covid. The representative from the Homeless Services organisation included in the research explained, “Our biggest challenge is minding the staff that have stayed. There is absolutely a vocational element in what they do, they are really committed, they go way

above and beyond their contracted hours to help people. Trying to mind people in the current environment is difficult because of the staffing numbers. We are really concerned about that.” The Simon Community Annual Report 2021 warned of this issue several years ago in conjunction with low, if any, pay rises, stating:

In parallel to the pressure of funding and ever-increasing numbers, there is also the real issue of morale in the sector. As frontline service providers, our personnel have demonstrated a Trojan vocational work ethic throughout Covid-19. At the same time, the State has not seen fit to pay them the Covid-19 bonus and now the gap emerging in salary levels sees State agencies pay staff up to 10% more for similar roles in our sector. This just cannibalises the Sector. Apart from the obvious injustice of this approach, it is very demoralizing for staff who continue to go the extra mile for the most ostracized in our society. If the voluntary sector were not at the coal face, the homelessness numbers our politicians face daily would multiply beyond belief. (p. 6)

A Disability Federation of Ireland survey of member organisations conducted in January 2023 (p. 7) revealed similar concerns with staff burnout, based on having to take on additional hours to compensate for staff shortages and the legacy of Covid. Respondents expressed anxieties that staff shortages and burnout, which are interlinked, could engender increased risks of mistakes and lead to a greater number of staff taking sick leave, exacerbating in turn staff shortages.

To compensate for understaffing, some organisations have relied on private agencies and overtime, increasing costs but also posing risks to the quality of the service. Executives interviewed for this report repeatedly emphasised the risks posed by the inconstancy and unfamiliarity inherent in the use of agency staff, as well as the costs. Agency workers may also possess fewer skills and less experience than regular employees, who should have gained skills and knowledge through regular exposure to the service and should, in principle, require less intensive management than agency staff.

These scenarios, with agency staff or relatively inexperienced staff, can exacerbate the risk of burnout, as well as breaching the Working Time Act and health and safety legislation, and affect the service itself. DOCCFS reported the loss of a long-time staff member because they could not raise their salary. The organisation replaced the staff

member, but only with reduced hours in order to increase the hourly rate. Reducing hours in turn meant having to close the telephone helpline, which had been popular, and replace it with an email only service.

In areas like services for the homeless, some employees are still working longer hours than their public sector/Section 38 counterparts because funding will not allow them to go down to 35 hour weeks. Instead, they continue to work 39 hours/week, which over the course of a year, extends their working time to almost a month more than the public sector.

Finally, there are few opportunities for professional mobility, which is related to qualification recognition across occupations, for instance, home care and nursing, as well as perhaps limited opportunities within organisations. Two respondents in the The Wheel/CFI 2018 report remarked that staff had to leave to advance their careers:

Our biggest challenge is career progression – staff don't see a natural path. Our biggest difficulty is in keeping fundraisers. We have even lost clerical grades because the HSE is opening up steady, stable and pensionable positions” and “Lack of opportunity is another problem/lack of career progression. We're trying to provide opportunities. We have a review of our strategic plan done and we're hoping that that's going to give us some opportunities internally for people. But sometimes there is nowhere else to go and they have to leave if they want to progress their career. (p. 12)

The representative from NCCN explained that a home carer does not have a clear viable career pathway, as there is no way to progress after training⁶⁰ (8 modules, though workers can start with 2 if they complete the other six within 18 months). Experience working in homecare may be acknowledged in a new job search but the qualification frameworks QQI and CIPD are not easily transferable or interchangeable.

⁶⁰ Unless the home carer wishes to stay in the profession. Charities receive their funding for training from the HSE and cannot fund Physio, OT courses etc, as they are not relevant to the service and public funding is restricted.

Impact on Services

1. Services without adequate staff cannot respond to growing, more complex needs

All of the organisations spoke of more complex needs, especially since the pandemic, and the pressures the recruitment and retention crisis have placed on service delivery. For example, concerning disability services, the Department of Health has recognised (see 'Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032'), the level of unmet need will only increase without intervention, in part caused by a continued reliance on elderly family carers supporting their adult sons and daughters'. Prior to the establishment of NASS in 2019, data on intellectual disability (ID) was collated through the National Intellectual Disability Database (NIDD). In December 2017, there were 28,388 people registered on the National Intellectual Disability Database (NIDD), representing a prevalence rate of 5.96 per 1000 population⁶¹.

Figures collected by NASS and NIDD are not directly comparable. However, data from NASS in 2020 indicated that 23,673 people registered on NASS had an ID. Of these, 22,746 service users reported ID as their primary disability.⁶² In 2020, there was a reported unmet need for 891 residential places for those with intellectual disabilities, which represented an increase of 13% on the existing level of provision⁶³. In 2019, NFVSP research indicated that there were over 1250 people with intellectual disabilities whose primary carer was a family member over the age of 70 and of these, more than 400 were over the age of 80.⁶⁴ Updates figures from August 2022 indicated that there are

⁶¹Health Service Executive. Presenting Problems/Conditions that Result in People With an Intellectual Disability Being Admitted to Hospitals in the Republic of Ireland. September 2021, <https://healthservice.hse.ie/filelibrary/onmsd/an-analysis-of-nqais-clinical-data-from-2016-2020.pdf>.

⁶² Casey, Claire., Natalie, Flanagan., Fanagan, Sarah., & O'Sullivan, Michael. NASS Intellectual Disability Supplementary Report 2020. HBR Statlink Series 2, The Health Research Board, 2021, https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2021_publications/NASS/Supplementary_Reports/NASS_2020_Intellectual_disability_supplementary_report.pdf.

⁶³ Casey, Claire., Natalie, Flanagan., Fanagan, Sarah., & O'Sullivan, Michael. NASS Intellectual Disability Supplementary Report 2020. HBR Statlink Series 2, The Health Research Board, 2021, https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2021_publications/NASS/Supplementary_Reports/NASS_2020_Intellectual_disability_supplementary_report.pdf.

⁶⁴ The National Federation of Voluntary Service Providers. The National Federation of Voluntary Service Providers- Opening Statement. 15 February 2022, https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_children_equality_disab

now over 1500 people with an intellectual disability living with a carer who is aged 70 or older, with approximately 485 of these primary carers over 80 years of age⁶⁵. The reliance on family carers who themselves are elderly leads to situations where those individuals need emergency residential care when their family carer no longer has capacity to look after them or has passed away.

In its 2023 pre-budget submission, Depaul stresses that, “The homelessness crisis has continued to worsen over the last decade and is most acutely experienced in Dublin,” adding that, “As figures in emergency accommodation near their 2019 peak, we are now facing unique challenges of 2022; the aftermath of a pandemic, a chronic housing shortage, an excessive cost of living and a spiralling inflation rate.” The number of homeless individuals “accessing emergency accommodation increased year on year from 6,419 in 2016 to 10,255 in 2019, a growth of 60%, before falling by 11.6% in 2020 to 9,062”⁶⁶. The latest official homelessness figures show a total of 12, 259 people accessing emergency accommodation in April 2023⁶⁷, which is up 21% from April 2022. In addition to increasing demands for emergency accommodation, evidence shows the increase in costs on a per household basis. A 2020 report from Focus Ireland highlighted the increasing cost of emergency accommodation: “...the average cost of maintaining households in emergency accommodation (the average number of households in each year divided by the expenditure on emergency accommodation only) doubled from just over €14,300 in 2014 to nearly €31,000 in 2019”⁶⁸.

Data on DOCCFS services reveal that in assessment services carried out for Tusla’s social work department, the threshold of risk of cases has increased to 100% medium risk in Dublin North City, versus 96% in 2020, and to 70% in Dublin North, versus 71% in 2021. In addition, cases involving domestic violence have become more numerous across services since 2020. Statistics on domestic violence support these claims, with An Garda

[ility_integration_and_youth/submissions/2022/2022-02-15_opening-statement-alison-harnett-et-al-chief-executive-national-federation-of-voluntary-service-providers_en.pdf](#)

⁶⁵ The National Federation of Voluntary Service Providers. Pre-Budget Submission 2023- Summary. 2023, http://www.fedvol.ie/_fileupload/Budget/NFVSP%20Pre%20Budget%20Submission%202023_docx.pdf.

⁶⁶ Irish Government Economic and Evaluation Service (November 2021) Social Impact Assessment Series: Homeless Services. <https://assets.gov.ie/205497/82c74d9c-33f1-4349-98d6-95b2147e3d72.pdf>.

⁶⁷ <https://homelessnessinireland.ie/>

⁶⁸ Musafiri, Thadee., & O’Sullivan, Eoin. Public Expenditure on Services for Households Experiencing Homelessness. Focus on Ireland, Vol. 2, June 2020, https://www.focusireland.ie/wp-content/uploads/2021/10/Focus_On_Homelessness-Public-Expenditure-0620.pdf.

Siochana reporting 43,000 calls regarding domestic abuse incidents in 2020, representing a 16% increase on 2019 figures⁶⁹. There was an increase of 12% in the number of applications to the District Court under domestic violence legislation between 2019 and 2021. A total of 8,887 applications for safety orders were made in 2020, which was up 10% on 2019 and a total of 5,948 of incidents of child abuse were disclosed to Women's Aid in 2020 (up 24% on 2019)⁷⁰.

The incidence of mental health issues is increasing, particularly anxiety and mental health issues induced from homelessness. Evidence regarding the prevalence of mental health issues since the onset of the Covid-19 pandemic overwhelmingly suggests a worsening situation. A survey conducted by the Mental Health Reform in 2021 found that 47% of their member organisations had reported an increase in demand for services in the previous month⁷¹. By August 2022, there had been an unprecedented increase in the volume of calls to helplines which has persisted post- lockdown⁷². In 2022, 42% of Irish adults met diagnostic requirements for at least one mental health disorder, and more than one in ten adults had attempted suicide⁷³.

DOCCFS has also documented a significant increase in children presenting with additional needs, which is having an impact on staff capacity to meet the needs of all the children in the service. Mental health issues amongst children and adolescents are on the rise. A report on the mental health of younger people found that almost half of 15-17 year olds and 18-24 year olds reported a worsening in their mental health since the onset of Covid-19⁷⁴. Statistics on referrals to specialist services indicate that the number

⁶⁹Foley, Laura. Gender-Based Violence in Ireland. Institute for Public Policy, 24 February 2022, <https://publicpolicy.ie/covid/gender-based-violence-in-ireland/>.

⁷⁰ Ashe, Sinéad., Doyle, Jessica., & Lawler, Lauren. Addressing Domestic, Sexual, and Gender-Based Violence Part One: Overview. Library & Research Service, 10 November 2021, https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2021/2021-11-15_1-rs-note-addressing-domestic-sexual-and-gender-based-violence-part-one-overview_en.pdf.

⁷¹ Mental Health Reform. The Impact of Covid-19 on Mental Health Reform's Coalition Members. <https://www.mentalhealthreform.ie/wp-content/uploads/2020/07/FINAL-The-Impact-of-COVID-19-on-Mental-Health-Reform-Coalition-Members.pdf>.

⁷² Mental Health Reform. Pre-Budget Submission 2023- The Cost of Waiting. August 2022, <https://www.mentalhealthreform.ie/wp-content/uploads/2022/09/Final-Full-PBS.pdf>.

⁷³ Bojarcz, Sara., Cohen, Shana., Mitchell, Gerry., & Murphy, Emily. Is an EU-Wide Approach to the Mental Health Crisis Necessary. FEPS and TASC, March 2023, <https://fepeurope.eu/wp-content/uploads/2023/03/PS-Is-an-EU-wide-approach-to-the-mental-health-crisis-necessary.pdf>.

⁷⁴ Department of Children, Equality, Disability, Integration and Youth. Minister O'Gorman publishes a Spotlight report on the Mental Health of Children and Young People in Ireland. 27 April 2023, <https://www.gov.ie/en/press-release/59eb9-minister-ogorman-publishes-spotlight-report-on-the-mental-health-of-children-and-young-people-in-ireland/>.

of children availing of clinical psychology services increased by over 150% between 2019 and 2020. The number of children needing services increased by 50% during the same period⁷⁵. Similarly, the percentage of young people aged 15 – 24 who attended a psychiatrist, psychologist or psychotherapist consultation increased between 2015 and 2019. There was almost a 30% increase in the number of children admitted to Child and Adolescent Mental Health Services (CAMHS) between 2017 and 2021, with a steady increase in the CAMHS bed days over the period and an increase of 20% in referrals seen by mental health services during this time⁷⁶.

Not-for-profit providers of addiction services report increasing demands on their services in recent years, although patterns of addiction and need have changed. Coolmine drug treatment and rehabilitation charity reported a 52% increase in demand for its services nationally in 2021⁷⁷. Similarly, the umbrella organisation NVDAS reported in June 2020 that service providers had reported significant loneliness and isolation and increased rates of relapse amongst service users⁷⁸. The number of cases in treatment for problem drug and alcohol use has increased by 6.3% between 2012 and 2021 per 100,000 population, with a percentage increase of 13% between 2020 and 2021. Examination of trends in treatment for drugs excluding alcohol show a 34.9% increase per 100,000 population between 2012 and 2021, with an 11.3% increase between 2020 and 2021 alone⁷⁹. The Health Research Board reports that between 2015 and 2021, a total of 50,304 cases were treated for alcohol as a main problem, with the number of cases decreasing from 7,618 in 2015 to 6,859 in 2021. There was also a slight decrease in the proportion of new cases from 46.6% in 2015 to 44.1% in 2021⁸⁰. Similarly, Alcohol

⁷⁵ Government of Ireland. The Mental Health of Children and Young People in Ireland. Statistical Spotlight no. 10, April 2023, <https://assets.gov.ie/255533/1a16e7f3-f24a-4f77-a98a-755d262ecab4.pdf>.

⁷⁶ Department of Children, Equality, Disability, Integration and Youth. Minister O’Gorman publishes a Spotlight report on the Mental Health of Children and Young People in Ireland. 27 April 2023, <https://www.gov.ie/en/press-release/59eb9-minister-ogorman-publishes-spotlight-report-on-the-mental-health-of-children-and-young-people-in-ireland/>.

⁷⁷ Wilson, Jade. Addiction Charity Reports 52% Increase in Demand for Services. The Irish Times, 15 November 2022, <https://www.irishtimes.com/health/2022/11/15/addiction-charity-reports-52-increase-in-demand-for-services/>.

⁷⁸ NVDAS Report to SCC: Covid-19 responses at: National Voluntary Drug and Alcohol Sector. Report to SSC: COVID-19 Responses. 9 June 2020, https://static1.squarespace.com/static/5e6a50f4ba7667377aef782e/t/5ef1faefd1e8a147e7f8254f/1592916722429/NVDAS_C19Responses_0609.pdf.

⁷⁹ Government of Ireland- Department of Health. Health In Ireland: Key Trends 2022. 2022, <https://www.drugsandalcohol.ie/37620/1/Health%20in%20Ireland%20Key%20Trends%202022.pdf>.

⁸⁰ Lynch, Tiina., Lyons, Suzi., & O’Neill, Derek. 2015- 2021 Alcohol Treatment Data. HBR Statlink Series 9, 2022,

Addiction Ireland reports a trend of increasing numbers entering treatment for drug addiction matched with a decrease in numbers accessing treatment for alcohol addiction⁸¹. Trends in adolescent addiction indicate an increase of 25% in referrals between 2020 and 2021. A total of 50 young people ranging in age from 13 to 18 were treated in 2021, the majority of whom were male in 2021 (70%)⁸².

For one NVDAS service, needs have become more complex in part because of changes in patterns of drug use e.g. a move from heroin to crack cocaine. This shift in opiate dependency has been evidenced in needle exchange services, as service users are asking for crack pipes or steroid needles, which are rarely used for heroin. Another factor influencing needs has been the ageing of opiate dependent service users, especially females using methadone who are experiencing severe menopausal symptoms in their mid-forties. In general, since 2020, there has been more demand from methadone clients for residential treatment, but the waiting times to access treatment can be difficult, especially if the barriers to entry are high, for instance, maintaining abstinence⁸³. More clients in recovery have also been accessing the counselling service since 2021, perhaps especially after the establishment of two weekly recovery cafes. Finally, more young people are presenting with drug-induced psychosis and other mental health issues that require taking medication, which itself can prove difficult because of the need for medication adherence.

For another NVDAS service, since 2020, more service users are presenting with alcohol-related issues. Structural problems are exacerbating the challenges service users are already facing, most prominently, inflation, which influences food and more general poverty, and accessing a GP appointment.

https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2022_Publication_files/NDTRS_2022/Alcohol_bulletin/Alcohol_Treatment_2021_Bulletin_REVISED.pdf

⁸¹ Alcohol Treatment Services: A snapshot survey 2021 at: Alcohol Action Ireland. Alcohol Treatment Services: A Snapshot Survey 2021. 2021,

https://alcoholireland.ie/download/reports/AAI_AlcoholTreatmentServices_A-Snapshot-Survey-2021.pdf

⁸² Murray, Denis. Adolescent Addictive Service Report 2022. 2022,

<https://www.drugsandalcohol.ie/35606/1/Adolescent%20Addiction%20Service%20Report%202022.pdf>

⁸³ Eversman, Michael. "High and low threshold service provision in drug-free settings: Practitioner views." International Journal of Drug Policy, Volume 21, Issue 6, 2010, Pages 501-506, ISSN 0955-3959, 2010,

<https://doi.org/10.1016/j.drugpo.2010.03.005>

(<https://www.sciencedirect.com/science/article/pii/S0955395910000599>)

2. Services are being cancelled and reduced, or not initiated in the first place, at the same time demand is growing

The inability to maintain pay parity, and thus attract and retain staff, has led organisations to cut and/or reduce services. At the same time, service use, measured in the number of service users, contact hours, and caseloads, has generally increased across the organisations. If the number of services offered has not increased, then this has been due to reduced staff numbers, not necessarily lower demand.

In the research, organisations offered a number of examples of the impact of understaffing and high turnover on capacity to provide services.

For instance, DFI member organisations have reduced hours because of understaffing in services that require skilled, intensive work to maintain standards and safety. In their January 2023 survey, respondents remarked that “In the last year the organisation has struggled to fill key roles. This has included front-line support worker roles who are critical to our ability to deliver safe, effective support. In one service area in 2022, the organisation had to step back from delivering support. This was due to a range of issues, one of which was our ability to recruit and retain staff at the appropriate level in the area.” Members experiencing high turnover have noted, like organisations in other service areas, that it means that a significant percentage of staff have limited experience working for the organisation and with their service users. One organisation said that half their team had been employed in the past six months. (p. 5-6) Again, because of the cost and short-term nature of their work, the use of agency staff did not offer a sustainable, longer-term solution.

NVDAS Service 1 (see the table below) has experienced a 249% increase in its service users since 2008 and a 47% increase since 2020. The total number of interventions (e.g., signposting, case management, group therapy) grew 480% between 2008 and 2022 and about 142% between 2020 and 2022. Following The Wheel/CFI Survey findings, turnover rates were very low between 2008 and 2020 but then started to creep up in 2020, reaching 6%. From 2021, the rates exploded, reaching 28% in 2021 and 34% in 2022. Predictably, staff/intervention ratios have increased. In 2008, NVDAS Service 1 had 37 staff and 5000+ interventions, or 135 interventions per staff member, whereas in

2021, the first year of high turnover rates, the organisation had 127 staff and 18,678 interventions, or 147 interventions per staff member, and in 2022, 160 staff and 28,990 interventions, or 181 per staff member.

Otherwise put, for this NVDAS service, whereas staffing numbers increased 58% between 2020 and 2022, the number of interventions increased by 142%. Overall funding went from 3.95m to 7.68m in the same period, or an increase of about 94%, and state funding increased by about 104%, or from 3.41m to 6.96m. While these measurements are crude, and cannot pinpoint the impact of specific staffing issues, they indicate that service use has expanded significantly faster than staffing numbers. According to this service's data, as of May 2023, 31 roles remained unfilled, or the equivalent of 19% of the current total workforce. The average number of vacancies between 2021-22 was 22. Though the majority of vacancies led to interviews, a fifth, or 6, had to be re-advertised. The unfilled positions have been primarily frontline, including childcare, project, support, and relief workers.

The table below offers a snapshot of how activity has changed since 2020 amongst the organisations, primarily because of understaffing. In most cases, demand has risen, as indicated by the number of service users and waiting lists. NVDAS experienced 100% increase in demand between 2019-2021 and 25% 2022-23.

However, some organisations are also reducing caseloads and contact hours because they do not have the staff. NCCN has experienced a decline in the number of Home Support (HS)/Home Care Package (HCP) clients from 7000 before Covid to 5750 in 2022. The number of hours has likewise declined from 2.5m pre-Covid to 1,986,236 in 2022. Demands for home care are not currently matched by provision, with recent media reports that services were currently being provided by private providers to around 40,000 individuals and that a further 7,000 clients were unable to access home care due to lack of available providers⁸⁴. Not-for-profit organisations have reported significant

⁸⁴ Sherlock, Cillian. HSE Chief 'Concerned' About Thousands Waiting for Homecare Service. Breaking News Ireland, 5 November 2023, <https://www.breakingnews.ie/ireland/hse-concerned-about-thousands-waiting-for-home-care-service-1474477.html>.

difficulties from clients, including problems trying to access services, long waiting lists and the failure to incentivise family carers⁸⁵.

Organisation	Difference in Contact Hours 2020 -2022	Difference in Number of Service Users	Difference in Waiting List Lengths Since 2020	Increase in Service Activities since 2020	Cancellations
NCCN	<ul style="list-style-type: none"> • pre-Covid: 2,500,000 • 2022: 1,986,236.50 	<ul style="list-style-type: none"> • HS/HCP pre-Covid: 7000 • 2023: 5750 			<ul style="list-style-type: none"> • 11% of calls cancelled in 2022.
DOCCFS	<ul style="list-style-type: none"> • 2020: 23,470 • 2022: 36,900 in 2022 (increase of 57%) 	<ul style="list-style-type: none"> • 10% increase from 2021 in coercive control cases reported to Dublin Safer Families Domestic Violence Service; • 85% of referrals to Child protection welfare referrals to Tusla were in the emotional abuse category with domestic violence present; • Active threats of death on cases increased by 12% from 2021 to 2022; • 30% increase of referrals from 2021 to the therapeutic child and family centres (726 families); • 33% increase from 2021 in sessions carried out (22,287 sessions); the highest category of referrals to these services were for anxiety and 	<ul style="list-style-type: none"> • 16% increase in cases on the waiting list for over 6 months; • 20% of cases remained open to social work when the assessment was completed, an increase of 10% from 2021. The number of open cases has increased year on year since 2017. 	<ul style="list-style-type: none"> • 45% in group sessions. 	<ul style="list-style-type: none"> • closure of a fostering service for young people at high risk.

⁸⁵ Joint Committee on Health. Report on the Provision of Homecare Services. House of the Oireachtas, November 2019, https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/reports/2019/2019-11-21_report-on-the-provision-of-homecare-services_en.pdf.

Organisation	Difference in Contact Hours 2020 -2022	Difference in Number of Service Users	Difference in Waiting List Lengths Since 2020	Increase in Service Activities since 2020	Cancellations
		emotional support for children, with parenting also a high category.			
NFVSP			<ul style="list-style-type: none"> • There are approximately 1300 additional applicants for day service places annually. At the same time, demand for residential places has also been increasing.⁸⁶ 		<ul style="list-style-type: none"> • Two funded residential spaces on hold; • part-time residential service unable to go full-time; • a new service delayed by 6-9 months; • one service can no longer accept new referrals for residential services; • a large-scale service provider was unable to act as the lead in a programme because they could not guarantee recruitment and retention of the required staff; • plans in one service to develop independent living support

⁸⁶ A March 2022 letter addressed to TD David Cullinane explained that, “The demand for full-time residential placements within designated centres is extremely high, and is reflective of the absence of multi-year development funding that has not been in place since 2007/2008” and “A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.” O’Regan, Bernard. National Disability Services. Health Service Executive, 10 March 2022, [pq-10681-22-david-cullinane.pdf](#)

Organisation	Difference in Contact Hours 2020 -2022	Difference in Number of Service Users	Difference in Waiting List Lengths Since 2020	Increase in Service Activities since 2020	Cancellations
					projects are on hold.
NVDAS Service 1		<ul style="list-style-type: none"> • 2020: 1600 • 2021: 1885 • 2022: 2362 <p>(increase of 48% overall)</p>	<ul style="list-style-type: none"> • 92 individuals waiting residential placement 	<ul style="list-style-type: none"> • 2020: 12,000 + • 2021: 18,678 • 2022: 28,990 (increase of 142% overall) 	
NVDAS	<p>Service 5: (direct client related)</p> <ul style="list-style-type: none"> • 2020: 5596 hours • 2021: 7335 • 2022: 7801 <p>(39% increase 2020-22)</p>	<p>Service 3:</p> <ul style="list-style-type: none"> • 2020: Substantial increase in demand for residential treatment from methadone clients. • 2021: Significant increase in service users in recovery accessing counselling service (most likely due to the establishment of two weekly recovery cafes). In addition, significant increase in family support service users who are trying to help young people with drug induced psychosis and other mental health issues comply with medications. <p>Service 5: (direct client related)</p> <ul style="list-style-type: none"> • 2020: 559 • 2021: 688 	<p>Service 3:</p> <ul style="list-style-type: none"> • 2-3 week waiting list for family support. • Up to 2 weeks for counselling. • 12 weeks for holistic therapies. <p>Service 4:</p> <ul style="list-style-type: none"> • Waiting times 12 weeks on average. 	<p>Service 3:</p> <ul style="list-style-type: none"> • Increase in opening hours for Dublin service since 2021 of 4 hours/week. 	<ul style="list-style-type: none"> • Limited travel costs of the Community Prison Links Worker in 2022 and in 2023 to provide a phone service only to service users in the open prisons. • Limited contacts with young people in the Mid- West to reduce the travel costs of staff travelling to the areas of North Tipp, County Limerick and Clare in 2022.

Organisation	Difference in Contact Hours 2020 -2022	Difference in Number of Service Users	Difference in Waiting List Lengths Since 2020	Increase in Service Activities since 2020	Cancellations
		<ul style="list-style-type: none"> • 2022: 625 			
Depaul		<ul style="list-style-type: none"> • 2020: 3542 • 2021: 3670 • 2022: 7455 (doubled between 2021-22)			

3. Existing services cannot maintain their quality, and avoid risks, without adequate staffing

In addition to reduction or cancellation of services, executives interviewed for the research expressed anxiety over increased risk, particularly because services address the needs of vulnerable individuals and families reliant upon care. As mentioned above, for organisations like NFVSP, effective services for people who are highly vulnerable - in this case with intellectual disabilities, require building relationships and trust. Turnover and understaffing undermine both, which in turn negatively affects the service. NFVSP’s survey conducted in December 2022 (n=20), found that 33.33% of respondents raised concerns about maintaining the quality of existing services and 61% believed they would face difficulties meeting safety and quality standards. (p. 4) DFI cited respondents who believed they lacked the ability “to provide full-service delivery” and that a shortage of senior managers had led to inadequate supervision, which increases the “risk of mistakes.” (p. 7) Others in not-for-profit disability services said the risks posed by understaffing had led to reductions in services as well as regional disparities dependent both on staff departures and loss of individual skills and experience. (p. 8) Staff shortages were also affecting ability to ensure compliance activities, such as mandatory training, and the necessary time for onboarding for new staff. A consequence has been to reduce direct support and ask the HSE to provide it. Echoing the comments of other executives, staff burnout, caused by working overtime and handling multiple tasks (e.g., managers having to work in frontline service delivery and continue to act as a manager),

is a principal concern and a primary factor in reducing services to avoid mistakes and meet quality standards.

The January 2023 NFVSP report (n=20) noted concern about the “the safety, viability and sustainability of services’ because of staff shortages, especially in response to a crisis or unexpected situation. (p. 3) Individuals with complex medical needs require more concentrated attention, so this population is more at risk from staff shortages, as well as fatigue and burnout. (pp. 6-7) The report also offers an example of fewer staff managing the same workload, as well as cancelled leave days to ensure service delivery, and use of agency staff become a less reliable option. (p. 3)

Conclusion: Policy Recommendations

- Include representatives from Sections 39, 56, and 10 organisations in public sector pay talks to improve the effectiveness of addressing allocation of resources for public service delivery by these bodies
- Enable representatives from these organisations to provide a coordinated voice in order to diminish the negative effects of current siloisation between government departments and between areas of work, e.g., addiction, homecare, disabilities, homelessness
- Align pay increases with public pay rises implemented from the first pay restoration agreement in 2017 (reversing the FEMPI Acts); this means that some not-for-profit services will receive funding to allow for up to 15% pay rises (for example, one member organisation reported a 15% pay difference while another report 13% and another 11% with public sector employees)
- Continue to align pay in the community and voluntary sector with pay in the public sector going forward
- While variations exist in pay disparities, the negative disparity in pay for the majority of charities averages very close to or above 10%; the extent of the pay and retention crisis is so severe that this disparity must be substantially removed during 2023 to avoid collapse of essential public service delivery
- Therefore, provide for an immediate increase to relieve staffing pressures and avoid further closures of services or reduced hours
- Then follow on with increases after addressing variations in pay and conditions across the sector; this exercise needs to be done efficiently and quickly to avoid delays in pay alignment with the public sector
- Include funding for pensions, training, travel, and other costs to make not-for-profit work in the delivery of public services more attractive, especially in comparison with equivalent public sector positions
- Ensure that Sections 39, 56, and 10 organisation staff are working the same hours as their counterparts in Section 38 organisations and the public sector
- Provide certainty to public service delivery and reassurance to service users by moving to a model of multi-annual funding

- Recognise that funding and other support to the sector must correspond with the complexity and expansion of needs around housing and homelessness, addiction, disabilities, the increasing number of older people in our society and the more general challenges facing young people and low-income families.
- Address the burden of necessary but greatly increased governance and regulatory compliance for the sector by including additional resources in all public service contracts involving state agencies
- Support financially and with other resources better generation of data on the sector so as to monitor the effects of staffing, resources needed to comply with governance and regulatory standards, and overhead and other costs like rent and travel on organisation sustainability and service quality and quantity.
- Raise the status of the sector by recognizing within policy that without it, the State would be unable to deliver necessary services to the most vulnerable populations.

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