National Economic
Social Forum NESF

Improving the Delivery
of Quality Public Services

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Social Forum NESF

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of Quality Public Services

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Abbreviations

BASIS
Business Access to
State Information and
Services

CAF
Common Assessment
Framework

CAP
Customer Action Plan

CMT
Canadian Common
Measurement Tool

C&V
Community and Voluntary

DSFA
Department of
Social and Family Affairs

EAPN
European Anti-
Poverty Network

EIPA
European Institute
of Public Administration

FOI
Freedom of Information

GNP
Gross National Product

GMS
General Medical Service

HSE
Health Service Executive

ICT
Information
Communication
Technology

IPA
Institute of
Public Administration

LESN
Local Employment
Service Network

MABS
Money Advice &
Budgeting Service

NAPS
National Anti-Poverty
Strategy

NCPP
National Centre for
Partnership and
Performance

NESC
National Economic and
Social Council

LEED
OECD Local Economic and
Employment Development
Programme

NESF
National Economic and
Social Forum

NPM
New Public Management

PPP
Public Private Partnerships

OMC
Office of the Minister
for Children

QCS
Quality Customer Service

RTI
Rural Transport Initiative

SDZ
Strategic Development
Zone

SMI
Strategic Management
Initiative

SWA
Supplementary
Welfare Allowance

TQM
Total Quality Management

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SECTION I	**Introduction and Overview**

Aim of the Report

1.1 ● The aim of this report is to make practical proposals to improve the delivery of quality public services. Over time we will all make use of a wide range of public services. Most of us have direct experience of services which help us to participate in economic, cultural and social life, such as education, transport, health and social protection. Other services are more specific to particular stages of the *'life-cycle'* (i.e. early childhood care and education, housing, care services for older people etc) or to socio-economic and/or personal difficulties such as unemployment, homelessness, mental ill health etc. In total, we spend around €39 billion per annum on a wide range of public services. Sustainable improvements in quality, responsive and cost-effective services are therefore vital for us all.

1.2 ● There have been many positive improvements both in the quality and in the delivery of public services over the last decade which can be built upon. Nevertheless, there are still significant shortcomings which need to be addressed as well as new and emerging challenges to be met. As a result of continuing high economic growth, major demographic changes, inward migration and changing values in our society there are greater demands on current services. There are also rising expectations on the part of the public for better and more responsive services to meet these new and changing needs. If Government, officials, managers and staff in the public services are to meet these expectations, they will need to be more adaptive and open to change and experimentation.

1.3 ● Good quality and accessible public services delivered in a cost-effective way, not only underpin social and economic development but also enhance democracy by promoting fairness, civic responsibility and social cohesion. They add *'public value'* to a country in terms of its attractiveness as a place to live, work and invest.

1.4 ● At European level, access to well-functioning, accessible, affordable and high-quality public services is seen as an important part of citizenship and as a fundamental right (European Parliament 2006). The availability of these services is also viewed by European businesses as an essential pre-requisite to global competitiveness and to achieving the Lisbon Objectives for growth, job creation and social cohesion.

Terms of Reference

1.5 ● The agreed terms of reference put an onus on the Project Team to make practical proposals to improve the delivery of quality public services. In compliance with the NESF's general remit given to it by the Government, the Team placed particular emphasis in its work on the links between better public services delivery and equality, social inclusion and the rural/urban dimensions. As part of its terms of reference, the Project Team focused on the following specific themes:

(i)   a medium-term five year *'public value'* approach to the planning, funding and provision of public services (which establishes more clearly what the public wants; provides increased user choice; utilises better techniques to appraise policy options; explores the benefits of new modes of public service delivery; improves accountability; and encourages innovation);

(ii) a more personalised approach to the design and delivery of public services giving people more choice over the supports that best meet their needs and the implications of this for statutory and non-statutory bodies;

(iii) effective approaches (in the light of national and international best practice) involving the user/customer (particularly vulnerable groups) in the design and delivery of quality public services; and

(iv) the impact of the present Quality Customer Service Initiative in setting standards for improving the delivery of public services for different socio-economic groups and in providing appropriate redress where there are failures in such delivery and the scope for improvement.

1.6 ● There have been many reports, discussions and reviews on the concept of quality and on the relationship between the providers and users of public services (see Boyle 1996). For the purposes of this report, we have adopted the following working definition of quality: *'The extent to which service delivery and/or service outcomes meet with the informed expectations and defined needs of the customer'*. This is the one that was used in an earlier report[1] and is helpful as it places quality within the context of public service delivery and the relationship between public service organisations and the customer. Quality public services also have to meet the expectations of society in general in relation to fairness, equality/diversity, social inclusion and the rural/urban perspective.

1.7 ● The Project Team had particular regard, when preparing this report, for those who are marginalised and disadvantaged in our society and who are less vocal and organised about their rights and entitlements. To the extent that public services can be made more responsive and inclusive of individual needs, better value can be obtained from the use of public money through more effective targeting of resources. As experience elsewhere has shown[2], driving up quality standards while improving efficiency can be mutually-reinforcing goals. But more rigorous measure-ment of customer satisfaction and specified criteria through which quality improvements can be measured, are required for this purpose.

1.8 ● The Project Team's deliberations and recommendations are set in the context of present institutional structures and the constitutional and legal principles which are there to ensure equality/fairness, transparency, cost-effectiveness, evaluation and accountability. Increasingly, there is a broader understanding and awareness in society of human rights and the balance they provide between the interests of each individual and the common good of society. To the extent that these rights become embedded in public sector practice, it should help the relationship between the citizen and government.

1 CPMR Report No.4. (2001), *A QCS Mark for the Irish Public Service,* Dublin.

2 Canadian Cabinet Office (2006), *The Customer Voice in Transforming Public Services,* Canada.

Project Team Members

1.9 ● The membership of the Project Team, which was representative of a broad range of interests and organisations on the NESF, was as follows:

CHAIRPERSON Kevin Murphy

STRAND ONE

Deputy John Curran T.D. Fianna Fáil

Deputy Willie Penrose T.D. Labour

Deputy Paul Kehoe T.D. Fine Gael

STRAND TWO

Fergal O'Brien Irish Business and Employers' Confederation

Bernard Harbor Irish Congress of Trade Unions

Michael Doody Irish Creamery Milk Suppliers' Association

STRAND THREE

Audry Deane Society of St Vincent de Paul

Dr Fergus O'Ferrall The Wheel

PJ Cleere Disability Federation of Ireland

STRAND FOUR

Constance Hanniffy Association of County and City Councils

Joe Horan South Dublin County Council

Áine Stapleton Department of Finance

Ger Crowley Health Service Executive

Professor Miriam Wiley Economic and Social Research Institute

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John Shaw Department of the Taoiseach

NESF Secretariat **Gerard Walker**

Consultation and Research

1.10 ● The following is a list of the main consultations and research undertaken in preparing the report:

(i) There were a number of presentations to the Project Team by organisations and individuals (Annex 1 lists these).

(ii) Research was commissioned by the Project Team on Services for Homeless People in Dublin and Care Services for Older People in Co. Westmeath (see Annex 2 for the terms of reference). This comprised focus group meetings with service providers and users (Annex 3 lists these) and was complemented by follow- up interviews with selected individuals. The main findings of the research are given in Part B of the report.

(iii) Following a public call for submissions, the Project Team received 125 submissions from a wide range of organisations and individuals (these are summarised in Part C of the report).

(iv) A Plenary Session of the NESF was held on the 27th September 2006 in the Royal Hospital Kilmainham. This provided an opportunity for a wide range of people to comment and input on the report before its finalisation (Annex 4 provides a list of attendants).

(v) The Team also benefited from the considerable amount of policy review work that has been undertaken by the NESF Secretariat on the main policy themes covered in the report (Annex 6 provides a list of references).

(vi) A Workshop on *'Access to and Provision of Quality Public Service'* was held at the NAPS Social Inclusion Conference in February 2006[3].

1.11 ● The Project Team has also:

— reviewed and expanded on the recommendations that were contained in the NESF's earlier report on the delivery of public services[4];

— considered developments in thinking on improving public service performance;

— taken into account the more streamlined, outcomes-focused and joined-up approaches to the delivery of public services outlined in the new social partnership agreement *'Towards 2016';* and

— explored and developed the new strategic approaches and thinking in the NESC's report[5] on the future direction for social policies.

Outline of the Report

1.12 ● The Report is structured in three main parts.

Part A comprises the following nine sections:

Section I   provides an overview and the reasons for undertaking this work.

Section II   outlines developments in relation to public services here and abroad.

Section III highlights the key issues and policy priorities arising in the development of an overall strategy for the delivery of public services.

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3 National Economic and Social Forum,(2006), *Third Meeting of NAPs Social Inclusion Forum – Conference Report,* Dublin: NESF.

4 NESF (1995), Report No. 6, *Quality Delivery of Social Services,* Dublin: NESF.

5 NESC (2005) Report No. 113, *The Developmental Welfare State,* Dublin: NESC.

Section IV   considers the concept of the *'public value'* approach to public service provision which can help establish priorities for the delivery of services and resource allocation and achieve better value for money.

Section V   examines the benefits of a customer/user-centred approach to the design and delivery of more timely, holistic and responsive services.

Section VI   explores the benefits of a more adaptive system of government, better able to meet the demands being made upon our public services.

Section VII   considers how the quality of public services can be improved and outcomes enhanced by reference to user satisfaction. The provision of redress, where justified, is also considered.

Section VIII   considers the implications of change for staff who provide the services and the users who avail of them.

Section IX   sets out the main conclusions and recommendations of the Project Team.

Part B   The Project Team commissioned research on Services for Homeless People in Dublin and Care Services for Older People in Co. Westmeath as an input into its work. This research was undertaken by WRC Social and Economic Consultants and a summary of their findings and recommendations is given in this part of the report.

Part C   The Project Team placed a call for written submissions in the national press. This part of the report contains a summary of the 125 responses received from a wide range of individuals and organisations with an interest in this area.

Acknowledgements

1.13 ● The Project Team would like to thank everyone who contributed to the report. It is very grateful to those who made written submissions and to those who took time to meet the Project Team. Many thanks are also due to everyone who participated in the Focus Group meetings held in Dublin and Mullingar; those who contributed to the commissioned research work and all those who attended the Plenary Session held in the Royal Hospital Kilmainham, Dublin.

1.14 ● Finally, the Team would like to single out and record its fullest appreciation to Mr Kevin Murphy, the former Ombudsman and Information Commissioner, who chaired the meetings and ensured that all voices were heard, as well as to the NESF Secretariat. The Project Team is also grateful for the assistance it received from a number of Government Departments and State Agencies.

Section II	**Policy Context**

Introduction

2.1 ● This section provides an outline of the policy context for the analysis and recommendations that follow on later in the report. It considers recent developments in the delivery of public services here and abroad and identifies challenges that arise from the strengths and weaknesses of our present position.

Domestic Developments

2.2 ● NESF Report No. 6 *Quality Delivery of Social Services* (1995) focused on quality improvements in the delivery of a number of social services and recommended improvements in relation to:

— Greater consultation and participation;

— Better information and advice;

— More choice and simplicity;

— Improved access;

— Redress;

— Integrated planning at national level; and

— Integrated delivery at local level.

2.3 ● The 1995 NESF report[6] was groundbreaking in examining a key issue of direct relevance to both citizens and service providers, at a time when few such studies were available. Since then there has been a growth of valuable research material from which this present report draws[7]. While some work has been undertaken in each of these areas, there has often not been as explicit a focus upon equality/diversity and social inclusion issues as the NESF would have wished for.

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6 *Op .cit.*

7 See Annex 6 for a list of national and international studies.

2.4 ● There have also been substantial developments in the general area of public sector modernisation since the publication of the report:

(i)   In 1996, *'Delivering Better Government'* expanded on the framework of the *Strategic Management Initiative* (SMI) that was launched in 1994. A similar strategic approach for the delivery of local authority services was initiated in 1996, with the publication that year of *'Better Local Government — A Programme for Change'.*

(ii)   The Quality Customer Service (QCS) Initiative evolved from *Delivering Better Government* in 1997. This Initiative originally set out a series of nine Principles for dealing with the public and asked Departments and Offices to draw up two-year Customer Action Plans for the period 1997-99, based on these Principles. In late 1999 a new Working Group was set up to develop the next stage of the QCS.

(iii) A revised set of 12 QCS Principles[8] was approved by the Government in July 2000, and Departments were asked to produce new Customer Action Plans for the period 2001-2004. These revised Principles were based on those of 1997 and three new areas where added: Equality/ Diversity, Official Languages Equality and the Internal Customer. These Principles were also to be rolled out progressively to the wider public service.

(iv)   Following Government decision, the 12 Guiding Principles provide a template against which to assess the progress that has been made to date by public bodies in their varying efforts to achieve a QCS focus in their organisations. While a great deal of progress has been made, the picture is still variable from within sectors (department/ department, agency/agency) as well as between sectors (e.g. Civil Service, local government, etc).

(v)   The research report on *'Equality/Diversity and Quality Customer Service'* by Dr Jane Pillinger (2001) was commissioned under the aegis of the Quality Customer Service Working Group. Its purpose was to explore how equality/diversity was being implemented throughout the Civil Service in relation to service delivery to the following groups: those covered under the Equal Status legislation; users of Irish; and those socially excluded due to socio-economic and geographic factors.

(vi)   The report found a gap between the perceptions of service users and of service providers. User and interest group organisations gave a different and more negative perspective on the overall quality and provision of services, than did Government Departments. Inadequate resources and strategic support to implement equality/diversity concepts were identified as main barriers to progress. The report suggested putting in place *'institutional supports to progress and develop the equality/diversity focus'.*

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8 These 12 Guiding Principles are given at Annex 5.

(vii) A Quality Customer Service Working Group and three Quality Customer Service Sub-Groups: (1) the QCVS Officer's Network, (2) Research and (3) Equality/Diversity, were set up.

(viii) The Freedom of Information Act 1997 and the Public Service Management Act 1997 both facilitated change towards more *'open'* and *'accountable'* governance. Each Department/Office is required under the Public Service Management Act, 1997 to publish a Statement of Strategy, the guidelines for which include attention to, and objectives for, improving service delivery.

(ix) The Implementation Group of Secretaries General was established by the Government in July 1997 with a mandate to drive forward the reform process within the Civil Service. The Group comprises the Secretaries General of all Government Departments and the Heads of major Offices. The Group is assisted by a number of subgroups that report to it, including the Change Management Network.

(x) Performance Management Development, the Management Information Network, Governance and Risk Management and Regulatory Impact Analysis were also introduced.

(xi) PA Consulting completed an independent evaluation of the *Strategic Management Initiative* in 2002. Their overall finding was that the Civil Service in 2002 was a more effective organisation than it was a decade ago and that much of this change could be attributed to the public service modernisation programme, or *Strategic Management Initiative* and *Delivering Better Government*. However the implementation of the modernisation programme was uneven. It was considered less successful with internal reforms such as human resources, financial resources and information systems management.

(xii) In 2003, the Government asked all Departments and Offices to publish Customer Charters. These are based around a four-step cycle of consultation with customers/stakeholders, commitment to service standards, evaluation and reporting of results. Customer Charters and Customer Action Plans (CAP) while both part of the same initiative, have separate but complementary roles. The CAP is a more detailed plan on how the Customer Charter commitments will be delivered and evaluated. In June 2003 the Government decided to extend the Customer Charters across public service organisations. Currently, Departments and Offices are in the process of promoting the Charter across non-commercial State bodies. An evaluation of Customer Charters is expected to be completed by end – 2006[9].

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9 Presentation on Quality Customer Service Initiative by Department of the Taoiseach to the Project Team, March 2006.

(xiii)   The Local Government Act 2001 made provision for local authority corporate plans to be prepared on the basis of an organisational wide strategic approach. This includes taking into account relevant service indicators and of the need to work towards best practice in service delivery.

(xiv)   Building on the references to social rights in the *National Anti-Poverty Strategy* (NAPS) and by the NESC in its 2003 strategy report, the 2003-2006 social partnership agreement, *Sustaining Progress,* contained important commitments (which are now carried forward in *Towards 2016*) to the identification, monitoring and achievement of quality public services, the importance of quality public services in building a fair and inclusive society and independent verification mechanisms linking pay increases to agreed modernisation changes.

(xv)   In this regard, it is intended as part of the NAPS process to develop indicators to monitor access and compliance with services standards in the areas of education, employment, health, housing and social services[10].

(xvi)   The introduction of the Disability Act 2005 is a positive step forward in helping to improve the quality of public services for people with disabilities. The fact that all Government Departments have to comply with it is a significant component as well as the requirement to produce *'Service Statements'* for the provision of disability services. The Act places emphasis on the provision of services to people with disabilities and also on the manner that public bodies must engage with this group. As these requirements are translated into actions, the legislative framework is likely to emerge as a major contribution to improving the delivery of these services.

(xvii)   New modes and methods of service delivery have been introduced since 1995 including:

   — a transfer of certain executive functions from central government to local agencies;

   — the use of public/private partnerships and outsourcing of specific services (a consensus on their merit remains, however, to be established);

   — better use of Information Communication Technology (ICT) and longer opening hours for some public services;

   — setting up of coordination bodies at the local level.

10 Department of Social and Family Affairs (2002), *Building an Inclusive Society: Review of the National Anti Poverty Strategy,* Dublin: DSFA.

(xviii) In a recent Economic Survey, the OECD highlighted the scope that exists to further exploit the benefits of market mechanisms in the delivery of publicly-funded services in this country through mechanisms such as benchmarking, contracting out and competitive tendering and introducing user choice in the selection of alternative suppliers, while at the same time maintaining public funding of services.

2.5 ● In an influential report[11] the NESC advocates a core structure to the development of Ireland's welfare state, comprising three overlapping areas of provision, namely services, income supports and activist innovative measures (see Box 1 below).

Box 1

Developmental Welfare State

Services

- Education
- Health
- Childcare
- Eldercare
- Housing
- Transport
- Employment services

Income supports

- Progressive child income supports
- Working age transfers *for* participation
- Minimum pension guarantee
- Capped tax expenditures

Activist measures

- Novel/contestatory approaches
- Particular community/ group projects
- Emerging new needs
- Outcome focussed
- Evaluation and mainstreaming

Source: NESC (2005).

2.6 ● For this purpose, the NESC puts forward a *'Lifecycle'* approach to the future development of public services organised around the main stages, namely children; people of working age and older people. It argues that for each group there is a need to ensure an effective combination of income supports, services and social innovation. This should be on the basis of *'tailored universalism'* (with equality of access by everybody and services adapted to suit individual needs, as distinct from the present contingency target-group approach). This Lifecycle approach has been adopted in *Towards 2016*.

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11 NESC (2005), *The Developmental Welfare State,* NESC: Dublin.

2.7 ● The shift in paradigm governing service delivery that would accompany the emergence of the Developmental Welfare State is set out in Box 2 below.

Box 2

Overview of the Shift in Paradigm Governing Public Services Delivery

Former Welfare State	Developmental Welfare State
■ Service defined by agency	■ Service jointly defined by centre, agency and user
■ Crisis-oriented	■ Seeks balance between prevention and intervention
■ Centre sets detailed directives	■ Centre sets strategic directives
■ Service deliverer accountable for inputs and compliance	■ Service deliverer accountable for outputs and quality
■ Compliance with rules	■ Attainment of standards
■ Annual budget	■ Multi-annual budgeting
■ Provides categorical services	■ Provides integrated services
■ Services delivered through credentialed professionals	■ Services delivered through teams of professionals, non-professionals and users' representatives
■ Funds isolated projects	■ Levers local innovations into improvements in mainstream services
■ Public bodies with customer service ethos	■ Autonomous bodies with public service ethos
■ One size-fits-all	■ Assumption of need for diversity
■ Insulation from competition	■ Exposure to competition

Source: *Op. cit.*

International Developments

2.8 ● As in Ireland, there has been growing discontent in EU countries with the overall quality of public services. As noted by Hemerijck[12], this trend derives from three factors: too little is invested in public services; administrative procedures are old-fashioned and provision does not measure up to the diversity of needs. Hence, the need for policy change, innovation and experimentation with new forms of service provision in key areas such as child care, education and training and professional care for the elderly.

12 Hemerijck. A. (2003), *The Reform Potential of the Welfare State in the 21st Century,* Dublin.

2.9 ● In the UK, research[13] with both clients and service providers shows that particular types of delivery mechanisms seem to work well and may increase participation among the most vulnerable groups. These include:

— individually-tailored approaches;

— multi-agency working;

— joining up and customising services;

— making services more accessible through one-stop shops and flexible opening hours;

— common objectives for all target groups; and

— providing alternative environments for delivery.

2.10 ● Following on from the 2002 Barcelona European Council Conclusions, the European Commission published a *White Paper on Services of General Interest* – these include energy, postal, transport, telecommunications, health, education and social services – with the aim of clarifying the particularities of the different sectors involved and setting the scene for a framework directive in the future. One of the important points in this is the development of EU rules – relating, for example, to competition and State aids.

2.11 ● In response to concerns about undermining the ability of social service providers to maintain the level and quality of many services throughout Europe, the European Commission revised its proposals (April 2006) and removed much of the social services sector from the scope of the *draft Directive on Social Services of General Interest*. The Commission has now issued a *Communication on Social Services of General Interest*. Much of this Communication concentrates on re-stating and clarifying existing Community policy around Social Services of General Interest. The role of social services as a key constituent of the European model is emphasised, and key organisational characteristics which differentiate them from other service industries are noted.

2.12 ● A main lesson from the research across OECD countries[14] is that public sector reform is continuous. Governments are under constant pressure to adapt as the demand for higher quality public services grows while, at the same time, the public is increasingly unwilling to pay higher taxes for them. This calls for hard political choices. There are no single generic solutions and public service reform must be tailored to each country's national political and administrative context.

13 Office of the Deputy Prime Minister (2004), *Tackling Social Exclusion*, UK.

14 OECD (2005), Modernising Government: *The Way Forward*, Paris: OECD.

2.13 ● Responding to these demands, there have been considerable improve-ments in public service delivery in OECD countries with more openness, greater transparency and customer awareness and a focus on perform-ance[15]. For example, some 90% of OECD countries now have an Ombuds-man Office as well as Freedom of Information Laws. More than 50% have Citizens Charters. Governments are seen by the public as having become more user-friendly. Almost 80% of governments have programmes to reduce administrative burdens and with advances in the use of technology, more services are now available on-line.

2.14 ● However, in many cases the reform process across countries has not lived up to the rhetoric. The result is that the desired changes in behaviour and culture needed to sustain this process in the long run have not been achieved and in some cases have produced unintended consequences and damage to underlying public sector and governance values[16].

2.15 ● In consequence, the central challenge of the demands from citizens and business for more streamlined and responsive services remains to be addressed across OECD countries. The public also expect nowadays more choice and higher quality standards of public services. In addition to this, new and more complex challenges are emerging in areas such as welfare, healthcare, education, pensions etc. This has meant that the upward pressure on public service expenditure remains. Accompanying this is the increasing public and media scrutiny of government which has been likened to *'Governing in a fish bowl'.*

2.16 ● The OECD view is that public sector reform needs to be high on the political agenda. A *'whole-of-government'* approach is needed that interlinks policy, people, money and organisations. This requires the support of all those involved in public services, from design to delivery, to implement reforms and make them work. The OECD note that there is a tendency to launch new public reforms without giving sufficient attention to their implementation — neither providing adequate resources (financial and staff) nor taking account of commitments already made. Also, behavioural and value changes are needed to sustain reforms over the longer term and require focused attention by managers and leaders. As stated *"Rather than developing elaborate new systems and practices that reflect text — book theories, we need to come up with simple, understandable reforms that meet public demands"*[17].

2.17 ● Over the last decade, there have been significant changes in the mix and modes of public service delivery. This issue is considered in more detail in Section VI of the report.

15 Address by Ms.Teresa Curristine, OECD, at NESF Project Team meeting in April 2006.

16 OECD Observer (2005), *Public Sector Modernisation: The Way Forward,* Paris: OECD.

17 Peter Mc Loone, President Irish Congress of Trade Unions at Impact Conference, Killarney, 2006.

2.18 ● Most Governments in OECD countries have introduced performance management and budgeting systems. Performance indicators are now used to influence decision-making and highlight problem areas[18] and work best where they are linked to government priorities. There is a general movement towards combining both input and output measures of performance. This is seen as giving a *'more coherent picture'* of the value of services. Evaluations are helpful in better understanding why organisations do not achieve expected outcomes. Most OECD countries report having a system of performance management that makes use of both evaluations as well as performance indicators. 75 % of countries report performance results to the public and parliament. The performance measurement of public services is taken up in more detail in Section VI of the report.

2.19 ● Another issue is the need for central government to delegate more authority to local services while achieving a balance between accountability for resources and standards of services on the one hand and flexibility, innovation and experimentation on the other. Experiences across countries show that there are risks with both too little and too much central control. There is need for an appropriate balance between control and flexibility according to each country's political, institutional and cultural context. The aim should be to improve the responsiveness of services while providing adequate information on service outcomes for strategic decision-making and ensuring that there is no misuse of public funding. This issue is considered in Section VI of the report.

2.20 ● At the European level, the need to improve the delivery of public services and to strengthen their impact on targeted groups is accepted. For example, the EU Commission has drawn up a set of ten broad principles for good practice[19] which the NESF supports.

2.21 ● Successful public sector reform requires that staff understand the purpose of reforms and have the skills and competencies to deliver on them. This requires leadership from senior public servants. Officials need to build up the capacity, knowledge and relationships necessary for addressing complex public policy problems. These issues are considered in more detail in Section VIII of the report.

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18 However, research shows that only 1 in 5 politicians in the governments of OECD countries use performance measures in decision-making.

19 Directorate–General Employment & Social Affairs (2002), *Joint Report on Social Inclusion,* Brussels: European Commission.

Future Challenges

2.22 ● There have been considerable improvements in public service delivery both here and across OECD countries in recent years, with greater transparency and customer awareness and more focus on performance. At the same time, account has to be taken of the continuing dissatisfaction with the overall quality of public services. There is a public perception, as confirmed in the submissions to the Project Team and in the commissioned focus group discussions, that too little has been invested in such services and that they have not keep pace with the increasing diversity of needs. As one submission stated:

"Across each of the key services there are glaring examples of inadequate provision, and of regional disparities in provision. Unless there is a commitment to invest the level of resources required to bring services up to the standard pertaining in the best-provided European countries, there can only be limited progress in regard to improving the delivery of quality services."

2.23 ● As the OECD has pointed out recently, our pace of modernisation needs to be speeded up to catch up with best international practice[20]. It is clear from the evidence that reforms in public service delivery must be tailored to a country's national political and administrative context.

2.24 ● Despite a much improved economic situation leading to greater wealth and employment, we still have an unequal society. Those who can afford to pay have moved to purchase and supplement public services from private providers such as private health provision and private schooling. For example, a recent report on health inequalities in general practice in deprived areas[21] concluded that general medical practice services (GMS) tend to be concentrated in wealthier areas with poorer areas less well served — even though there is a higher level of demand for services in these areas. Difficulties cited in the report included: *'the lack of access to hospital and community services, the social and psychological needs of patients and the lack of time to deliver quality public services'.* At present, those *'better-off'* have speedier access to certain types of services in public hospitals.

2.25 ● Public expectation of what should be achieved from the resources devoted to public services has also increased. There are new and more complex problems in areas such as welfare, healthcare, education, pensions etc. The upward pressure on expenditure remains. There is a demand for a greater consistency and quality of services which better meets individual needs — rather than a *'one-size-fits-all'* approach. The important thing from the public viewpoint is the outcome from public services — rather than the process or uniquely the level of resources that is committed to the provision of services.

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20 OECD (2006), *Economic Survey of Ireland,* Paris: OECD.

21 Irish College of General Practitioners, Crowley, P. (2005), *Health Inequalities and Irish General Practice in areas of deprivation,* Dublin: Irish College of General Practitioners.

2.26 ● While acknowledging that the degree of progress has been mixed, there have been significant improvements here in the level of consultation and engagement with external stakeholders in the delivery of public services since 1995. This has moved beyond the stage of the provision of information to more effective consultation. The establishment of consumer panels, market research surveys, consultative groups, ICT–based consultation (e.g. touch–screens) can all be cited as meaningful progress in this area. But consultation needs to develop into effective customer/user engagement from design to delivery and subsequent evaluation and review. This issue is considered in Section V of the report.

2.27 ● The submissions made to the Project Team highlight several main challenges to improved public service delivery. These are outlined in Box 3 below.

Box 3

Challenges to Improved Delivery of Quality Public Services

- Putting the service user at the centre of the design and planning of services

- Improving the coordination of services

- Integrating social inclusion and equality objectives into policy-making

- Ensuring a greater focus on the implementation of reforms

- Focusing on early intervention/prevention

- Multi-annual funding to ensure sustained support for quality public services

- Improved access to services in disadvantaged urban and isolated rural areas

- More autonomy to service providers at local level to adapt services

- Encouraging and rewarding inter-agency work

- Recognising the role of the C&V sector in delivering public services

- Service providers to set customer service standards

- Monitoring and evaluating service outcomes — need to develop an *'evaluation culture'*

- Providing comprehensive information on people's rights and entitlements

- Need for an intercultural approach to the design and delivery of public policy

- Providing appropriate levels of redress

2.28 ● Our commissioned research also endorses these challenges and highlights the lack of strategic planning at national level and the limited support (including resources) for coordination at local level. It expresses particular concern about information deficits among the most vulnerable. The research stresses that there were many examples of good practice in the delivery of public services but a lack of receptivity to innovation and learning in the policy and service delivery systems has militated against the mainstreaming of good practice.

2.29 ● Recent years have seen the growth of interest in the adoption of quality standards and other forms of accreditation to help drive forward quality services. A central question is to what degree such standards have actually been agreed with users' involvement and whether there are lessons that can be learnt from here and abroad as to the potential effectiveness of introducing quality management techniques.

2.30 ●   Public management and governance are in a state of flux and a central issue faced by administrations everywhere nowadays is how the capacity of the public sector can be enhanced to:

(i) design and deliver effective services at a tax level that the electorate is prepared to accept; and

(ii) move forward to focusing on *'outcomes'* and measuring quality improvements in services, as distinct from solely measuring inputs and *'process activities'*.

2.31 ● In this respect, the new *'public value'* approach to public services provision (see Section IV), compared to the public management techniques of the 1990s, offers distinct advantages as it covers the quality of services and choice, service outcomes and targets — as distinct from inputs and activity measures only — and the value of trust, legitimacy and confidence between the citizen and the government.

2.32 ● A recent report pinpoints a number of strategic issues and action points to push forward the reform agenda in the Civil Service here[22]. A survey[23] that was carried out for the Department of the Taoiseach found that satisfaction among the general public and business with the services provided by the Civil Service were high overall, (78% of the general public and 81% of businesses were satisfied with the outcome of their contact), compared to 15% of the general public and 14% of business customers who were not satisfied. Important progress has been made in recent years although more remains to be done.

22 National Centre for Partnership and Performance 2003, *Towards a New Generation of Partnership: Change and Modernisation in the Civil Service*, Dublin: NCPP.

23 Ipsos MORI, 2006, *Irish Civil Service Satisfaction Survey*, Dublin: Department of the Taoiseach.

2.33 ● The need for public sector reform was highlighted by a recent Irish Times/TNS mrbi poll[24] which found that by far the biggest issue for voters is the improvement of public services such as health, transport and education. 56% of the public opted for this, more than all the other options (such as the economy, taxation, crime, etc put together).

2.34 ● This will require a concerted response by all the social partners and other interests in actively engaging in the process of change and with the State redefining its role and enhancing its capacity to undertake this role. We explore this process of adaptation in Section VI. One of our strengths is, of course, our well-developed social partnership process which enables a wide range of interest groups to make their inputs into policy formulation and delivery. This has demonstrated its continuing ability to reach a consensus on the way forward, even in situations where strong and divergent interests have to be reconciled.

2.35 ● The challenge to public service providers as stated in the NESC Strategy 2006: *'People , Productivity and Purpose',* and one which the NESF supports, *"is to replace a vicious circle — characterised by slow change, unsatisfactory service standards, declining public support and inadequate new investment — with a virtuous circle, in which high standards, continuous improvement and openness to scrutiny underpin strong public support and high investment".*

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24 Irish Times, TNS mrbi opinion poll, October 2006.

Section III	Issues Arising and Policy Priorities

Introduction

3.1 ● In this section we highlight a number of key issues arising in the development of an overall strategy for the delivery of quality public services. We discuss these issues here briefly in general terms. We then conclude with an outline of what we consider to be the key elements in an overall strategy, based upon the submissions received, research work commissioned by the Project Team and the discussions by the Project Team itself. These elements are then considered in more detail in the following sections of the report.

3.2 ● We consider that Ireland is well placed, given its developed partnership process and the many innovative developments already undertaken, to improve public services in ways which create *'public value'* and progress the new social policy perspective initiated in *Towards 2016*. Our research work focused on two different areas of service provision — services for homeless people and care services for older people. A main conclusion of this work was: *"It is not too much of an exaggeration to suggest that while the care of older people sector corresponds very closely to the current welfare state paradigm identified by the NESC, the homeless sector is closer to the new paradigm associated with the proposed Developmental Welfare State"*. However, given the diversity of the range of public services it would be too simplistic to conclude — and our research confirms this — that there is one dominant model of service provision which could be used across the board.

Issues Arising

Customer/User-Centred Services

3.3 ● A customer/user-centred approach will not only ensure that services are delivered equitably and fairly but also more cost-effectively. This means meeting the needs of people in a more holistic way and intervening early to ensure that problems do not become more chronic and costly to address. Very often there is a gap between what service providers provide and what service users need. Increasingly, however, this gap is being filled by new approaches to promoting coordination, client-centredness and consultation.

Involving the Customer/Users of Services

3.4 ● Ways must be found to enable vulnerable groups to effectively articulate their needs and to help service users generally to participate actively in shaping the design and the delivery of public services. Information, consultation, advocacy, use of brokers and case management are mechanisms which we will explore more fully later on. There is much scope for active user (or potential user) participation in helping to identify real needs, establish priorities and shape up services.

3.5 ● Feedback from service users is an important component of evaluation. Although complaints tend to be seen negatively, they can be viewed positively, as a form of quality control enabling providers to *'fine tune'* their services to deal with cases which were not foreseen when the service was first introduced.

Prioritising People's Needs

3.6 ● The development of any strategy for improving the delivery of public services has to face the difficult question of establishing priorities among the multiplicity of competing demands. To meet all the demands for quality public services at any one point in time would require more resources than it would be possible or desirable to make available.

3.7 ● It is possible to argue that setting priorities is a task best handled by the normal interaction in a democracy between the numerous and diverse groups in society (which legitimately push the needs of their members) and the political process through which resources are made available. However, there are a number of deficiencies in this well-established process:

(i)   The needs of some groups e.g. the elderly and children were clearly overlooked in the past and there is every chance that vulnerable groups — with less electoral clout — will continue to be overlooked in the future. This would particularly apply to many people living in isolated rural regions.

(ii) It is more difficult to introduce coordinated holistic services which require the whole needs of a person to be assessed. The design and method of delivery of many services would be very different if they were based on such holistic assessments, rather than as a reaction to competing demands.

(iii) There are also dangers of duplication and inefficiencies in the present approach as there may be a tendency to spread resources thinly rather than focus them on areas of greatest need.

3.8 ● Action to deal with priority problem areas is often taken only when a crisis occurs or a situation emerges which the public will not tolerate any longer. It is essential, however, that some means be found to identify and deal with problem areas where early intervention would obviate significant future problems and costs.

Resourcing Quality Public Services

3.9 ● The provision of a quality service requires adequate resources in terms of money, staffing etc. It is of course possible to point to some particular service area that seems to be under-resourced. However, whether or not public services generally are adequately resourced e.g. by reference to the proportion of GNP spent on them, is a question best left to be resolved through the political process since it involves striking a balance between expenditure, taxation and borrowing. People's needs change over time and so do economic and social circumstances, so the balance cannot be set in stone. For example, our growing population is a driver of the need for modernisation.

3.10 ● A particularly difficult area is assessing the level of staffing and the mix of skills required by providers of public services. It has been argued that a cap on staffing levels within sectors can be a useful policy instrument in ensuring more efficient allocations of staffing resources as its implementation requires public bodies to actively prioritise services and to match the allocation of resources to service priorities. Equally, some senior public service executives have criticised the policy as rigid and costly. Staffing policies should be applied carefully to ensure that they do not lead to unintended consequences such as inefficiency or lower morale or increased staff costs, for example by recourse to the use of agency workers. Other possibilities such as benchmarking staff numbers against comparable organisations at home and abroad also need to be considered.

3.11 ● Given competing demands for the use of public resources, there is increasing pressure to look at policy outcomes especially in relation to cross-cutting policy issues, against the significant investments made in recent years in seeking to improve public services. What is important is knowing what works – what services need to be introduced, modified, or terminated. Whatever the level of funding allocated to public services, it must be spent in the most effective way possible to achieve better outcomes for people, communities and society.

3.12 ● Moving towards a more results and outcomes oriented system will take time. But shorter term improvements could be made in the way resources are allocated at present. For example, large public service organisations such as the bigger hospitals in Dublin face an annual allocation process which is often not completed until well into the current year. Also, many service providers receive their resources through the intermediary of Departments or bodies such as the HSE, the Arts Council, etc which adds further delay to the process. While the reality is that public bodies can generally expect to receive at least a similar level of resources each year, they need more timely systems for finalisation of allocations in order to support more innovative, forward-looking and results-focused activities.

3.13 ● Accountability for the proper use of resources is a *sine quo non* in a democracy but despite a greater number of *'value-for-money audits'* in recent years, it is intrinsically linked at present with the traditional system of allocation based on inputs and acts as a disincentive to flexibility, quick decision-making and innovation. Some reforms of the current budget and estimates process were announced in Budget 2006. These will require Ministers to submit annual output statements to the relevant Oireachtas Committees in tandem with their Spending Estimates for consideration by the Oireachtas. This should enhance public accountability in the delivery of public services.

Enhancing the Performance of Service Providers

3.14 ● A move towards more customer/user-centred services means that the work of the service provider must be organised to meet the needs of the user. This is particularly relevant for those services which must be provided on a 24 hour basis. Changes in the way funding is allocated is an essential pre-requisite to getting service providers to operate in terms of results and outcomes. In addition, many providers have no direct control over the pay, conditions and work practices of their staff as these are the subject of national or sectoral agreements. Organisational and service reform and changes in work practices are matters which fall within the Social Partnership Agreements and the remit of the Public Service Benchmarking Body, as do matters like outsourcing, shared services, private and public partnership, staff recruitment etc. It would, therefore, not be appropriate to pursue these matters in detail in this report.

3.15 ● A necessary element to meeting people's needs in a holistic way is for a cultural change which recognises that the user should be the focus of the services. Inter-agency co-operation and coordination at the local level are essential to ensure that more coherent services/supports are made available. Early intervention is often the most cost effective course, otherwise problems can become more chronic. Failure to intervene at the first point of contact often leads to a spiral of subsequent failures and are often more costly to remedy.

Skills and Competencies of Staff

3.16 ● The skills and competency levels of all staff involved in delivering public services (statutory and non-statutory) are the key ingredient in successfully implementing and sustaining reforms in the long run. This is an issue we discuss in Section VIII of the report.

Use of Standards to Assess the Quality of Services

3.17 ● The users of public services are concerned with the availability of services, their quality and the outcomes they produce. Service providers need to establish standards of service against which these outcomes can be assessed. Although the idea of quality standards first emerged in the private sector, over time it has been introduced in the public sector with an increasing emphasis being placed on user satisfaction. Across countries, the idea of quality standards manifested itself in the emergence of users' charters, but by the late 1990s many standardised quality approaches had found their way into the public sector. Many countries now use quality initiatives in the provision of public services. When it comes to evaluating the quality of the service, the user is best placed to make the judgement.

Policy Priorities

3.18 ● In Chart 1 we set out in summary form what we consider to be the key ingredients in an overall strategy. We then consider these in more detail in the following sections of the report. Implementing an overall strategy will require a medium-term action plan and this is considered in the recommendations we make later.

Chart 1
Key Elements in an Overall Strategy

IF WE WANT ▶ **Quality Public Services Delivered Cost-Effectively and Fairly** ▶ **WE MUST DEVELOP** ▶ **Customer/ User-Centred Services** ▶ **By**
- Prioritising needs on a 'life cycle' basis.
- Developing preventative and early intervention strategies.
- Involving users in the shaping of services.
- Providing greater choice.
- Improving accessibility.
- Providing outreach, advocacy and case management services.
- Developing avenues for redress.

AND WE MUST ▶ **Enhance the capability of service providers to meet customer/ user needs** ▶ **By a more adaptive and innovative approach involving:**
- Resourcing services providers in more effective ways.
- Ensuring better coordination, and inter- agency co-operation.
- Developing new models of service delivery.
- Finding a better balance between autonomy/accounta-bility and flexibility/control.
- Maximising use of technology.
- Staff input, training and development.
- Operating effective complaints and appeals procedures.

▶ **AND ALSO** ▶ **Measure and evaluate outcomes by reference to user satis-faction and quality standards.**

WHICH REQUIRES ▶
- Monitoring and Evaluating.
- Progressing the Quality Customer Service Initiative.
- Mainstreaming of learning and innovation.
- Right of appeal and redress.

SECTION IV	Creating Public Value

Introduction

4.1 ● In this section we look at the *'Public Value'* model of public manage-ment as an overarching conceptual framework for guiding policy decisions and helping to set goals for public service reform. The model attempts to improve the quality of the services to be delivered by:

— establishing more clearly what the public wants in terms of setting targets and outcomes, as well as inputs and activity measures;

— providing better techniques to appraise policy options;

— aligning services to the needs of the user and providing greater choice;

— offering a wider set of criteria in selecting public services providers;

— considering new ways in which services might be delivered; and

— developing better accountability, more innovation and improving trust, legitimacy and confidence between the citizen and the government.

The Public-Value Approach

4.2 ● Access to public services is of key importance to building a fairer society and represents a form of *'public wealth'*. But public confidence here on the benefits to be got from public services has been eroded in recent years. In some cases this has occurred even though significant additional funding has been allocated to certain services. The health sector is an example where the allocation of significant additional funding in advance of struc-tural reform did not lead to commensurate improvements in services of key public interest, although there are different views about the reasons behind this.

4.3 ● The term *'public value'*[25] refers to the value that can be created by Government through the delivery of public services (whether these are provided by statutory, private sector or non-profit organisations). The idea of opportunity cost is central to public value — i.e. where the public want government to provide a service and are willing to give something up in return (either by paying taxes/charges or disclosing private information in return for more personalised services).

4.4 ● Public services often contain elements of what can be termed *'public goods'*. These are goods and services that are available to everyone, and where consumers do not directly contribute to the cost of provision (although they may indirectly as tax-payers). Examples of such services are national defence, policing, roads (non-toll), primary and secondary education, public health care etc. The difficulty is in working out the costs and benefits to society of providing a public good, given that there is no pricing mechanism to judge its value. Ultimately, the value of better public services is decided by the public who often place a strong value on *'public'* issues such as distributional equity and fair process.

4.5 ● Public preferences are at the heart of the public value approach. These preferences are formed socially in the family, amongst friends and in public debate. This recognises a more *'value based'* rationale for government intervention as well as the conventional *'market failure'* rationale.

4.6 ● In a private market, value is created when a business uses resources (labour, intellectual, physical and financial capital) to meet individual customer preferences that are signalled through the price mechanism. This added economic value leads to an operational profit and maximises returns to shareholders. Compared to private sector firms, most providers of public services have multiple objectives with no single *'bottom line'*. While firms have a responsibility only to their current shareholders, governments have a responsibility to safeguard the interests of this and of succeeding generations of citizens — although they can at times be very *'short termist'* in their approaches .

4.7 ● Despite the multiplicity of needs which people expect government to meet, it is possible to specify in broad terms what people want from government. Above all they want to trust it. Trust derives from their having a high level of confidence that the government in its dealings with them will:

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25 This has been defined as *"what the public values — what they are willing to make sacrifices of money and freedom to achieve"* (see, Kelly. G. Muers. S, (2002), *Creating Public Value*, UK Cabinet Office Strategy Unit, London.

— be honest and fair/responsive to them;

— ensure value for money in its own activities;

— foster core values in society generally;

— protect vulnerable and disadvantaged groups; and

— respect the autonomy, dignity, security and status of each individual.

In short, people expect their government to produce outcomes which increase the welfare of the community — economically, socially, culturally and environmentally.

4.8 ● Much of the New Public Management Reform (NPM) agenda that dominated the 1980s and 1990s across OECD countries had assumed that similar management techniques could be applied across both the public and private sectors. This approach led to some important gains. However, NPM often emphasised narrow input measurements of cost-efficiency over service outcomes. As the OECD has noted, it is often possible for efficiency to improve without any accompanying improvement in the service experienced by the customer (although this will free up resources for other purposes). Other weaknesses of NPM caused by its narrow perspective included:

— the focus on improving functionally-defined services rather than meeting the overall service needs of different client groups;

— a pre-disposition towards piecemeal improvements rather than larger scale innovation;

— a tendency for micro-management and reduced discretion for front-line workers, with higher costs resulting from detailed inspection by central authorities; and

— a lack of attention given to democratic engagement with citizens and/ or groups representing them.

4.9 ● Some of the main differences between the *'Traditional Public Management'*, *'New Public Management'* and *'Public Value'* approaches to public management are outlined in Box 4 below.

Box 4

Approaches to Public Management

	Traditional public management	'New public management'	Public value
Public interest	Defined by politicians/experts	Aggregation of individual preferences, demonstrated by customer choice	Individual and public preferences (resulting from public deliberation)
Performance objective	Managing inputs	Managing inputs and outputs	Multiple objectives ■ Service outputs ■ Satisfaction ■ Outcomes ■ Maintaining trust/legitimacy
Dominant model of accountability	Upwards through departments to politicians and through them to Parliament	Upwards through performance contracts; sometimes outwards to customers through market mechanisms	Multiple ■ citizens as overseers of Government ■ customers as users ■ taxpayers as funders
Preferred system for delivery	Hierarchical department or self-regulating profession	Private sector or tightly defined arms-length public agency	Menu of alternatives selected pragmatically (public sector agencies, private companies, community interest companies, community groups as well as increasing role for user choice)
Approach to public service ethos	Public sector has monopoly on service ethos, and all public bodies have it	Sceptical of public sector ethos (leads to inefficiency and empire building) — favours customer service	No one sector has a monopoly on ethos, and no one ethos always appropriate. As a valuable resource it needs to be carefully managed
Role for public participation	Limited to voting in elections and pressure on elected representatives	Limited — apart from use of customer satisfaction surveys	Crucial — multi-faceted (customers, citizens, key stakeholders)
Goal of managers	Respond to political direction	Meet agreed performance targets	Respond to citizen/user preferences, renew mandate and trust through guaranteeing quality services

Source: Strategy Unit 2002, *Creating Public Value,* London: UK Cabinet Office.

The reforms in the public service in Ireland over the last decade would not fit neatly within any one of these approaches to public management. But elements of the differing approaches tailored to the particular needs and culture of the administrative and political systems here are in evidence.

The Components of Public Value

4.10 ● There are a number of key building blocks to the public value model:

(a) providing quality services for users (which are cost-effective);

(b) ensuring fairness in service provision;

(c) concentrating more on the outcomes (as well as the costs and inputs); and

(d) building trust/legitimacy (by convincing people that policy is geared to serving the overall public interest).

4.11 ● Each of the above building blocks creates public value in its own right. An improvement in any one can increase public value even though the others are held constant and vice versa. In practice they will often be closely linked, with results in one affecting another and in many cases will be mutually reinforcing. This underlines the need for an integrated framework and associated decision-making techniques to help policy-makers and managers to think systematically about the various benefits that their action can create.

(a) Providing quality services for users

4.12 ● People derive benefits from the personal use of public services in the same way they do from consuming services purchased from the private sector. Also, either implicitly or explicitly, the public (both users and non-users) make an assessment about the balance between the cost and the quality level of a service. They need to be convinced of its value. The objective of making improvements in public services is to build up support for them among users and non-users (both of whom may pay for such services as tax payers). User satisfaction is shaped by a range of factors such as:

— *Customer Service* i.e. how well they are treated;

— *Information* i.e. whether they are well informed about services;

— *Choice* i.e. the level of choice in services available to them;

— *Availability and advocacy* i.e. knowing that services will be available if circumstances arise where they need them, and that they will be supported in getting access to them.

(b) Ensuring fairness in service provision

4.13 ● People value public services received by others, as well as those they themselves benefit from — in effect fair distribution in itself creates public value. In some areas, for example primary and secondary education, there will be support for '*unconditional universalism*', where all have full access to a service. In others, a targeted or conditional approach towards access will be supported. There may also be a consensus for a '*progressive universal*' approach of offering services to all income groups but directing particular

resources to those most in need. The way that people's entitlement to services/benefits is determined and the fairness and objectivity of the criteria in determining eligibility will often be a crucial factor in establishing whether or not services are highly valued by the public.

(c) Concentrating on the outcomes

4.14 ● The main interest of the public is with the outcomes of public service delivery rather than that of process and policy inputs. This involves a joint effort between people and government. For example, governments alone cannot deliver lower crime and better health: social norms are critical. Similarly, better diet and exercise is as crucial to health outcomes as service delivery. Changing these norms can be one of the most powerful tools for a government seeking to create value.

4.15 ● Understanding how governments can effectively change behaviour remains underdeveloped and, in many cases, the public overestimates what government can do. However, governments may use their moral authority to reduce socially destructive forms of behaviour (avoid drink driving), to promote socially beneficial forms of behaviour (charitable donations) and to give legal recognition to private acts that generate public benefit (adoption).

4.16 ● Across OECD countries, two out of every three countries include non-finance performance data in budget documentation. Most countries have performance measures, with 50% using a combination of both output and outcome measurements. The distinction between output and outcome measurement is best illustrated by an example. If we wish to achieve a reduction of X% in the waiting list for cardiac surgery (the outcome) over a specific period, we may need an output of Y operations over that period, but we must also consider the outcome for the individual patient who depends on the quality or success of each operation.

4.17 ● Evaluation is essential in measuring the value of a service in terms of its (i) rationale (ii) relevance (iii) efficiency (iv) effectiveness (v) impact. While there are problems with accurately measuring outcomes and in understanding the policy levers which achieve them, better techniques are becoming available. Furthermore, there is a growing acceptance that good performance merits recognition or reward.

4.18 ● At the end of the day, it is the degree of satisfaction on the informed user's part which is the real measurement of the quality of services (the government must also be satisfied with their cost-effectiveness and wider socio-economic impact). The customer voice is, therefore, essential in transforming public services[26]. The Canadian Common Measurement Tool (CMT) is an example of an innovative tool to measure customer satisfaction in public services and to drive forward continuous service standards improvements.

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26 Herdan. B. (2006), *The Customer Voice in Transforming Public Services,* London, UK Cabinet Office.

(d) Building trust and legitimacy

4.19 ● Another main source of public value is trust, legitimacy and confidence. Trust is at the heart of relationships between people and government. It is essential for many services such as health, education, policing and social services. In these cases even if formal service and outcome targets are met, a failure of trust can destroy public value. Overall the evidence points to a complex causal relationship between government performance and trust. Wider social changes, outcomes, service levels and the behaviour of political leaders and institutions all have a part to play.

Managing the Sources of Public Value

(i) Customer Service Satisfaction

4.20 ● There are a number of examples where incentives and resources are being used in innovative ways to boost satisfaction. These include the use of '*Public Service Agreements*' which may include an element of payment to the provider linked to service satisfaction ratings. For example, in Copenhagen, a quality measuring system has been developed that offers bonuses (up to 7% of contract value) to the best performing bus operators. The points system used gives twice the weighting to measures of passenger satisfaction (as measured through quarterly surveys) as it does to traditional *'objective'* measures of performance. It is reported that this system has led to significant increases in satisfaction.

(ii) Culture and Ethos

4.21 ● Ethos and organisational culture are crucial to overall performance and can create a strong dynamic for future service improvements. This came out strongly through the work undertaken by the Project Team in preparing this report — both in terms of central government/statutory bodies and service providers. As the public's expectations of government increases and the complexity of policy challenges grows, the traditional public service ethos of impartiality and objectivity needs to expand to place greater emphasis on customer service and effective delivery. Public servants must continue to bring the wider perspective of the public interest into their interactions with politicians. Budget holders and controllers must also, while still ensuring compatibility with overall economic and social strategy, develop a more support oriented rather than control oriented focus.

(iii) User Engagement and Consultation

4.22 ● User engagement and consultation can ensure that public services are better shaped up to meet people's needs. Guidelines on Consultation for Public Sector Bodies produced by the Government[27] highlight how this process can help strengthen the focus of public bodies on the needs of the public. Consultation should lead on to improved decision-making and not become an end in itself, leading eventually to consultation fatigue. Feedback mechanisms are important to safeguard against this. The value of user engagement in the shaping up of public services has been highlighted in a recent publication[28]. This provides many practical case studies of private and public sector organisations that shape their services around the experiences and interactions of their users. This focus is seen as an essential part of a collaboratively developed *'public value'* framework — which does not seek out the services offered at the lowest cost, as if they were commodities — but instead focuses on building public trust and engagement through the provision of positive experiences for the service user.

(iv) People's Involvement in the Co-production of Services

4.23 ● People's involvement as co-producers of public services can lead to the creation of added public value[29]. An example of this is the recycling of household waste, with households becoming more involved in sorting out various forms of waste for separate collection. This has been encouraged by a greater level of environmental awareness accompanied by the introduction of consumer waste charges. Another example is that of the involvement of parents in their own and their children's education through use of internet, educational products and extra curricula activities etc. Public health awareness programmes can help people alter their lifestyle choices (i.e. dietary and exercise) and result in improved personal/family health outcomes.

4.24 ● Another practical example is the estate management of local authority housing, where public consultation on the improved planning, design and maintenance of public spaces can help to create attractive streets, parks and open spaces where residents feel safe. Changing culture and behaviour can do much to improve service outcomes in relation, for example, to reducing workplace and road-related accidents.

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27 Department of the Taoiseach (2005), *Reaching Out : Guidelines on Consultation for Public Sector Bodies,* Dublin: Department of the Taoiseach.

28 Parker S. Heapy J. (2006) *The Journey to the Interface : How public service design can connect users to Reform* (2006), London: Demos.

29 Leicester College (2005), *Adding Public Value,* UK: Leicester College.

(v) Ensuring Fair and Equal Treatment

4.25 ● Public services may be delivered by both statutory and non-statutory bodies (such as private firms or community and voluntary bodies). From the user's viewpoint what is important is that they receive fair and equal treatment, regardless of who delivers the service (this was an aspect raised in the submissions that the Project Team received on the issue of the outsourcing of public services). This is also true for the public at large especially where they consider they personally may be potential users of the service at some time. It is important that all agencies/bodies which provide a public service should be within the remit of an appropriate mechanism to provide redress when justified.

Achieving Public Value

4.26 ● Organisations seek to secure the resources they need to operate by *'selling'* their claim of public value creation to politicians, to the statutory bodies which provide their funding and to the public at large. However, their own view is not sufficient; others have to share it — it must gain legitimacy and support[30]. This can only be objectively done through the development of evaluation systems that measure and report on their performance and costs. It is here that analytical techniques of policy analysis, evaluation (quantitative and qualitative) and cost-effectiveness analysis make their contribution. Evaluation systems which focus in a more holistic way on the benefits to the customer as well as the wider socio-economic impact of interventions, provide a better measure of the value of services. This issue is discussed further in Section VI of the report.

Conclusions

4.27 ● The concept of *'Public Value'* offers an overarching framework for guiding policy decisions on the design and delivery of public services and measuring their performance. It provides a more holistic way of measuring the impact of public services and puts the service user at the centre in the design and delivery of public services. A public value approach can help establish priorities for public service delivery and resource allocation (funding and staff) and achieve better value for money. It is increasingly in use by policy-makers in countries that are to the fore in public service reform and the delivery of better public services. It has also been helpful as a policy tool in serving to underpin the underlying policy analysis of this report and in turn helping to shape the formulation and content of the policy recommendations that are put forward.

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30 Moore .M. (1995), *Creating Public Value,* Massachusetts: Harvard Kennedy School of Government.

V

Customer/User-Centred Services

Introduction

5.1 ● The delivery of quality public services to match people's needs more closely will over time result in improved outcomes for the individual and better value for money for the State. Figure 1 below outlines the main features of a more customer/user-centred approach to the design and delivery of such services.

Figure 1 Customer/User-Centred Public Services
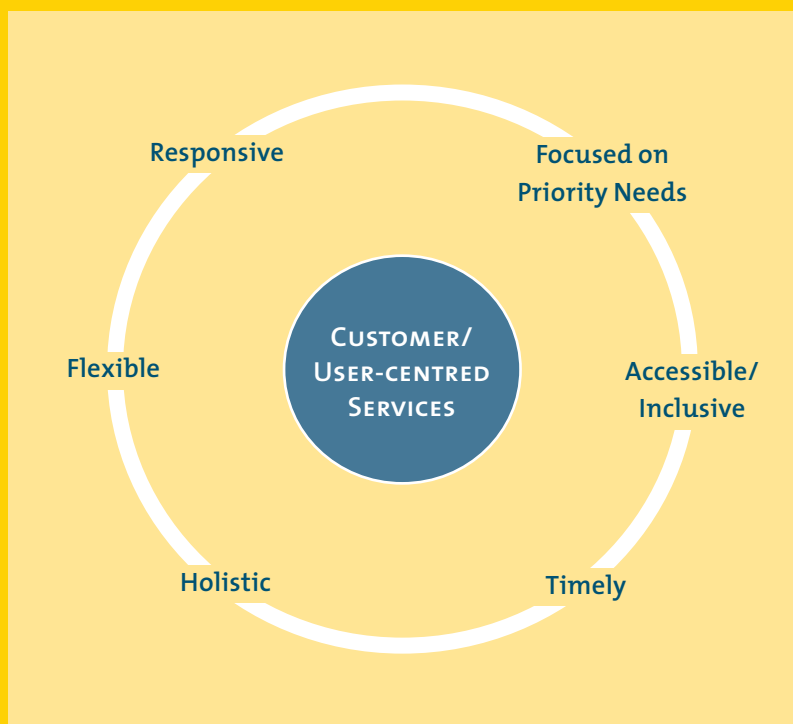
The above diagram illustrates that, for customer/user-centred services to be effective, they must be;

Focused on priority needs: the priority areas that need to be tackled should be identified in good time;

Accessible/Inclusive: services/information should be fully accessible, particularly for those whose access is impaired by disability, educational, socio-economic, geographic factors;

Timely: a service should be available at the time when people need it;

Holistic: the whole needs of people should be assessed and better met;

Flexible: services should adapt flexibly to people's needs over time i.e. the *'life cycle approach';*

Responsive: outcomes should be evaluated to ensure that services meet users' needs and the lessons learnt mainstreamed into the design and delivery of services.

Several key policy approaches can help deliver such services. These are discussed below in the following sequence:

— Setting Priorities;

— Early Intervention/Prevention;

— Giving People More Say in Shaping Services;

— Giving People More Choice;

— Making Access to Services Easier;

— Case Management and *'Broker'* Role;

— Drawing on the Experiences of Staff; and

— Avenues for Redress.

It is important to stress however, that underpinning all these approaches must be a culture on the part of service providers, which sees more focused and holistic customer/user-centred services as the way forward. As stated by one submission received by the Team:

"The Strategic Management Initiative, Delivering Better Government, Better Local Government, New Connections for the Information Society all point to the growing acceptance that public services must have a user (citizen, customer, client) centric focus, i.e. the user must be at the centre of the reform."

Setting Priorities

5.2 ● This is perhaps the most difficult task because it requires tough political choices between competing needs and related funding. The Project Team considers, however, that it should be possible for public bodies to design a set of criteria so as to identify needs in consultation with user groups and the deliverers of services. In doing so they should adopt the *'life-cycle'* approach as outlined in *Towards 2016*.

5.3 ● For example, all children at present qualify for a minimum level of services comprising child benefit, health, education and care. The question is what extra services are required in these areas for children with special needs. Clearly a hierarchy of needs could be built up within a reasonable time frame which would address in a holistic way the needs of the most disadvantaged. Similarly, it is possible to conceive a hierarchy of needs in the case of the elderly in terms of better health care, transport etc. Obviously these ideas require a great deal more consideration and development. Identifying priority areas provides a focus for the various service providers. There are examples of problems being successfully tackled because the public service was focused on tackling them.

Early Intervention/Prevention

5.4 ● Early intervention/prevention strategies are central to the success of customer/user-centred services. It means identifying and providing the support that people need early on before their problem becomes more chronic and costly to address.

5.5 ● Around € 630 million per annum is currently being spent on programmes specifically designed to tackle educational disadvantage. However, nearly 13% of our young people are still leaving school early. In many disadvantaged areas this ranges from 40% to 50% of the school leaving cohort. These young people move on to become the long-term unemployed of the future with resulting social and economic costs to both themselves and the State (see NESF Report Nos. 11 and 24 on *Early School Leavers).*

5.6 ● Another example is in the health field where under-developed primary health care services within the community results in much greater demand for medical support at accident and emergency wards of hospitals. People are more likely to develop chronic illnesses which apart from the negative effect on their quality of life, also results in greater resources needed in the long run to treat such illnesses.

5.7 ● The absence of *'positive sentencing management'* for offenders in prison to address a prisoner's needs in an integrated way means that rehabilitation is less likely to succeed. This, in turn, results in a higher likelihood of recidivism. Positive sentencing management was a main recommendation of NESF Report No 22 *Re-Integration of Prisoners* (2002). A high proportion of prisoners in Mountjoy prison come from a small number of areas mainly within inner city Dublin. This leads on to a cycle of other related social problems in these areas.

5.8 ● Another example is where there are long waiting lists for children requiring educational, psychological and other therapeutic services which result in their receiving help much later than required. Research by Professor James Heckman, University of Chicago concluded that differences in abilities and skills (cognitive and non-cognitive) are a major source of inequality in modern society. Many of these differences can be

attributed to a lack of opportunities for children because of disadvantaged family circumstances. Heckman concludes that there is a need for early intervention for disadvantaged young children and their families — otherwise, inequality will continue through the lifecycle at a social and economic cost to the individual and society. The need for a *'National Early Age Development Programme'* was a main recommendation of NESF Report No 31 Early *Childhood Care and Education* (2005).

5.9 ● Family breakdown, which often leads to greater demands in terms of housing, income support and child care services, is another example. One of the major difficulties facing family support services has been the lack of integration between the various services (several different departments have responsibility for family support services) and the need for cross-sectoral strategy for family support[31]. In 2004, Mc Keown *et al* noted that services for children here were marked by considerable organisational complexity and diversity. Earlier this year, following the announcement of the National Childcare Strategy, the Government established the Office of the Minister for Children (OMC), with its own Minister and a separate Vote, to streamline the functions relating to children and childcare. A cross-departmental team chaired by the OMC is developing an initiative to test models of best practice which promote integrated, locally-led strategic planning for children's services. In addition, the new Youth Justice Service will facilitate a cross-cutting and proactive approach in the reform of the youth justice area.

5.10 ● The Hardiker *et al* 1991 model (see Figure 2 below) provides a framework for understanding the nature of family support services by identifying levels of needs and the appropriate interventions to meet those needs. It illustrates in practice what is meant by a customer/user-centred approach to the delivery of public services.

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31 Paper by Mr Ger Crowley, Assistant Director HEA, 2005, HEA, Mid-West Region.

Figure 2 Hardiker Model: Family Support by Levels of Need and Type of Intervention

Level 4

Children at risk/
In need of Specialist
Rehabilitation.
Specialist Intervention.

Level 3

Children in need,
in the community.
Supportive
Intervention.

Level 1

All Children &
Young People.
Universally available
Services.

Level 2

Children who
are vulnerable.
Support Services.
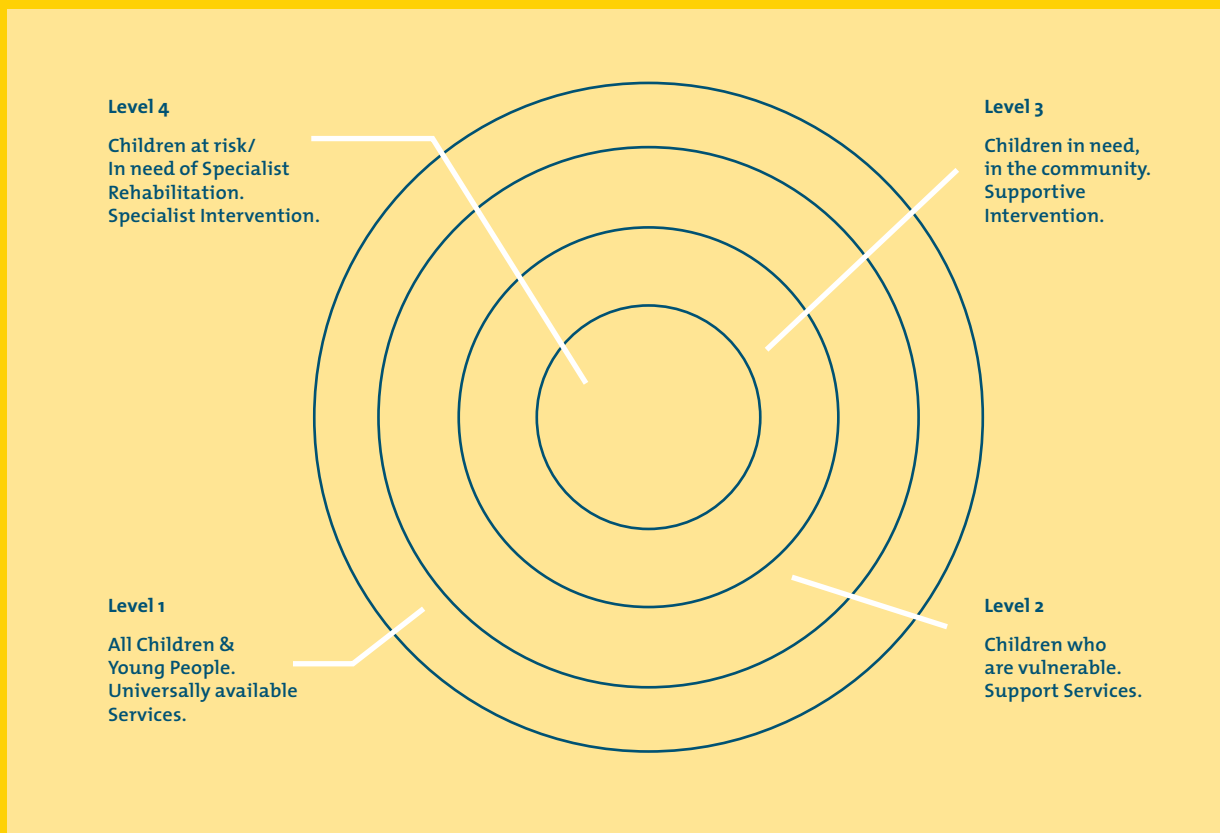
5.11 ● Level 1 represents universally available services such as primary educa-
tion, public health nursing services and immunisation services. Level 2
focuses on children and families who are vulnerable and require a range of
supports such as preschool services, parent support services, counselling
and youth work services. Level 3 focuses on children and families where
difficulties are more established or risks are more serious. Child protection
services are a good example of interventions at this level. Level 4 comes
into play when family breakdown occurs and alternative services such as
residential care services and fostering are used.

5.12 ● The Hardiker Model is not a static one and individuals can move from
Level 1 to Level 4 in a short period of time due to a sudden family crisis.
This highlights the need for flexible and responsive public services. Overall,
the aim of family support services should be to ensure that the appropri-
ate integrated services are available to families and children in a holistic
way. This principle can be applied more generally across other areas of
public service delivery.

Giving People More Say in Shaping Services

5.13 ● Engagement and consultation helps service providers shape up their services to meet customer/user needs. As An Taoiseach recently stated[32] *"It means rising to the challenges of meeting the needs of less 'sophisticated' customers — those who are not as vocal about their entitlements and rights. It is about amplifying their voice through better consultation processes. It is about trying to catch those who are falling through the net, whether it is in the education system, in healthcare or income support".*

5.14 ● Empowering customers/users to engage in the shaping up of services has a number of advantages such as that *'users are more involved but also more committed and more likely to take their share of responsibility for ensuring success. At the same time, professionals are able to apply expert knowledge or evidence in a far more flexible, or differentiated ways — by combining elements of a package according to the needs and preferences of the user'*[33].

5.15 ● A focus by service providers on how people actually experience services by *'mapping the customer/user's journey'*, can help to improve *'service design'* and foster innovation in service delivery[34]. Its biggest potential is in mapping the experiences of people who need a range of interrelated services, often provided by different agencies. The feedback can then be used to reduce complexity and unnecessary bureaucracy in service/ supports and clarify how inter-agency working at the local level can be improved. The approach highlights the interactions and relationships experienced and can be used to shape a strategy for key partnerships that need to be put in place. Service design is a key competency requirement for staff in services provision and is discussed further in Section VIII.

5.16 ● From our research into services for homeless people and care services for older people, it emerged that consultation and engagement is a growing feature of public services provision and there is an awareness of the ethical and practical benefits of having mechanisms for consultation in place. However, these approaches are used unevenly at present by central and local government. These can occur at several levels:

(1) Consultation with individual service users such as that which occurs through needs assessment and care planning;

(2) Consultation with those who are already using the services;

(3) Consultation with the broader target groups which may include current and potential service users.

At present, the first two forms of consultation are the more common.

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32 An Taoiseach, Bertie Ahern TD, 2006 Institute of Public Administration National Conference, Malahide.

33 Leadbeater, C. (2004), *Personalisation through participation, A new script for public services,* UK: Demos.

34 *Op.cit.*

5.17 ● The following general points about consultation here can be noted. The majority appear to be targeted at those people who are already using the services of specific organisations. The Consumer Panels of the Health Service Executive are an exception. These involve participation from potential service users as well as representative organisations, although there is some lack of clarity on the impact of these panels on the development and delivery of services.

5.18 ● Consultation mechanisms in place here are more likely to focus on reviewing existing rather than on developing new provision. Their capacity to provide feedback to users is also uneven. Consequently, it is not clear how consultation impacts on the design and delivery of services. The Simon Communities of Ireland's strategy provides an example of how service users can be actively supported, resourced and encouraged to provide feedback and participate in all aspects of the agency's services.

5.19 ● Given the level of immigration in recent years, there is a need to make public services culturally sensitive and accessible to minority groups. This means providing resources for capacity-building among these groups to support the consultation and engagement process. As highlighted in a recent report[35]:

"An intercultural approach to public policy should increasingly inform the provision of services. It should be part of a wider approach to equality and require service providers to move away from a 'one-size-fits-all approach' and towards the accommodation of ethnic diversity based on the principles of equality and respect."

5.20 ● Complaint mechanisms are also in place here, but their effectiveness for vulnerable and marginalised people are limited. The complaints mechanism of the Carers Association is an example of a proactive one to encourage and enable people to provide feedback, including complaints, on the services they receive. It is also linked to mechanisms to ensure that feedback is absorbed into the organisation and that complaints are addressed at the appropriate level. The issue of redress was found in our research to be particularly problematic and ultimately linked to the lack of clear standards.

5.21 ● What seems to be an innovative approach to giving users more say in the range of services that meet their needs, is a model operated by Kent County Council, UK, which gives people with long-term care needs the opportunity to choose their own care package to help them remain at home[36]. This may include the flexible use of funding to attend adult education classes (where the experience may be therapeutic) or involve the use of primary care assistants to help with basic tasks and to accompany them on visits. In this scheme, a person can use a debit card or

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35 National Consultative Committee on Racism (2006), *'How Public Authorities Provide Services to Minority Ethnic Groups: Northern Ireland, Republic of Ireland, Scotland, Emerging Finding Discussion Paper',* Dublin: NCCR.

36 Kent County Council Social Services (2004), *Active Lives — The Future of Social Care in Kent — a ten year vision,* UK: Kent County Council.

a *'virtual bank account'* issued by the Council to obtain their range of care supports. The aim is that up to 9,000 people will be empowered to make the move away from dependency on Kent Council run services.

5.22 ● Another similar example is from North Lanarkshire Council in Scotland. There each person requiring care support is treated on a case-by-case basis with funding taking into account as far as possible what is important to the person. This more flexible approach is seen neither as being cheap nor the most expensive option. For example, helping a person with a learning difficulty to live independently can be cheaper than paying for more specialised care, often several miles away from the person's home. This *'self-directed services'* approach also recognises and utilises existing supports such as the caring role of family members[37].

5.23 ● However, while such tailor-made services are at the centre of the UK Government's drive to give users of public services more say in shaping services and more choice, the above examples have yet to be widely mainstreamed. For example, a UK Audit Commission survey found that three-quarters of *'best practice'* local authorities failed to link the results of consultation to their decision-making processes.

5.24 ● The factors that determine the prospects for public participation are included in what is termed a 'C.L.E.A.R' Framework (cited in Stoker 2006) as outlined in Box 5 below. Stoker suggests that all the key factors outlined in the C.L.E.A.R model that drive up participation in a locality can be encouraged by instruments which are open to the influence of policy-makers.

Box 5

C.L.E.A.R Framework of Factors Driving Participation

- People participate when they **can** — when they have the resources necessary to organise, mobilise and make their argument.

- People **like** to participate when they think they are part of something — because the arena is central to their sense of identity and their lifestyle.

- People participate when they are **enabled** — by an infrastructure of good civic oganisations that channel and facilitate participation.

- People participate when they are **asked** for their opinion.

- Finally people participate if they are listened to, not necessarily agreed with, but able to see a **response.**

Source: Lowndes *et al*, cited in Stoker 2006.

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37 Managing New Realities 2006 Conference: *Exploring choice , sharing risk and promoting citizenship through integrated delivery of health , housing and social care services,* London: the Guardian.

5.25 ● Studies by the European Foundation for the Improvement of Living and Working Conditions[38] and the OECD (LEED) Programme[39] note the positive role local partnerships can play in providing individuals and communities with an opportunity to input their views on public services. The challenge is how to put in place structured ways of ensuring this. A survey[40] across EU States, by the European Anti-Poverty Network into mechanisms to facilitate the participation of those experiencing social exclusion, showed that there was a gap between the commitment to involve people and its implementation. Encouragingly, Ireland was seen as one of the countries where it was being given a high priority.

5.26 ● A balance needs to be achieved between involving the public sufficiently to ensure that policies reflect their preferences and, on the other hand, not overburdening people with too many questions that are more rightly the business of elected representatives and officials. There is also a danger of increased cynicism when consultation exercises lead to little change in service provision. Feedback mechanisms are particularly important in this regard. What also needs to be borne in mind when setting up consultation exercises is that vulnerable people are often afraid to complain as they fear their entitlement to services may be affected.

Giving People More Choice

5.27 ● Providing choice to service users in a particular sector means that service providers should provide a *'continuum'* of supports at the local level to match the differing needs of their clients. An example of such a continuum is outlined in the NESF Report 33 – *Creating a More Inclusive labour Market* (2006) which identified the key elements of an inclusive Labour market strategy to help people make the transition from welfare dependency to stable employment (see Table 5.1 below). With such a strategy, all the elements necessary to identify and address the needs of individuals (the unemployed and job seekers) would be in place at local level. This coordinated approach can also be applied to other areas of public service delivery.

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38 European Foundation for the Improvement of Living and Working Conditions (1997), Active Citizenship and Community Involvement: getting to the roots, Dublin: European Foundation for the Improvement of living and working conditions.

39 OECD (2001), *Local Partnerships for Better Governance,* Paris: OECD.

40 EAPN (2004), *Report on Survey of Mechanisms for Participation of People who Experience Poverty or Exclusion,* Brussels: EAPN.

Table 5.1 Key Elements of an Inclusive
Local Labour Market Strategy

Outreach	Making people more aware of the options available to them.
Information	Providing information to help people make more informed choices.
Guidance/Counselling	Helping people better plan their transition from welfare to work.
Personal supports	Addressing people's needs based on flexible holistic provision.
Education/Training	Quality provision with clear outcomes and progression options.
Advocacy	Advocating on behalf of vulnerable people with prospective employers.
Mentoring	Supporting an individual in training and in employment.
Work Experience	Helping people demonstrate their ability to employers.
In-Work Supports	Minimising dis-incentives for people moving from welfare into work.
In-Work Training/ Education	Supporting the up-skilling and integration of low-skilled workers.

5.28 ● The need for better coordination of public services featured across the majority of the submissions made to the Project Team as noted in the following excerpt:

"In their quest to access support services, individuals and families often find their situation exacerbated as a result of eligibility requirements, staff specialisations, or a fragmentation of service delivery. The result is a series of encounters with service providers with limited structures to communicate with each other about the needs of their shared clients."

5.29 ● It is important that people are empowered to take up opportunities that are provided for greater choice. Without information and other support, the availability of greater choice risks exacerbating the wider social inequalities that universal public services are intended to diminish (Lent and Arend, 2004). As one submission stated: *"Although benefits are available in many instances, these can be disjointed and rely on a person knowing about availability rather than a more proactive approach on the part of the State. People suffering from various types of disabling conditions/illnesses and/or literacy difficulties may not always be in a position to make that first point of contact or seek out the relevant information ....."*

5.30 ● Follow-up support should be an essential element of any continuum of supports. It is important that all the effort is not put into moving people into an improved situation, while little is done to maintain them there. The commissioned research undertaken on services for homeless people identified *'Resettlement Services'* (which have the objective of enabling people to move out of homelessness and maintain tenancies in the longer term), as an example of how services can underpin positive and sustained outcomes (although they now face major difficulties with the lack of social housing and affordable housing). While specifically relevant to services for homelessness, the example of Resettlement Services has a wider applicability to the delivery of public services more generally.

5.31 ● Under the Disability Act 2005, people with disabilities will be entitled to have their health and education needs assessed; to have individual service statements drawn up setting out what services they will get; to access independent complaints and appeals machinery; and to avail of the services of personal advocates. It is important that an appropriate range of supports are available at the local level to meet people's needs and that follow-through support mechanisms are put in place to support the individual over time.

5.32 ● Both user choice and user empowerment are necessary to deliver the benefits of such an approach. This is where the role of a *'broker'* is important. The *'broker'* is a person who acts as the single point of contact for the service user in terms of providing information on services a person is entitled to and in mediating and advocacy on their behalf. The role of the *'broker'* within a Case Management approach is discussed later in this section.

5.33 ● A further aspect of increasing user choice is that of service providers being motivated to meet users' needs in a *'contestable'* market. One mechanism in use elsewhere are *'vouchers'* with a nominal monetary value which enable the service user to purchase services from a number of different service providers (the intention being that service providers will improve their services to compete). This range of alternative suppliers may be from the public/private/voluntary sectors. The OECD state three main governance limitations on the use of vouchers. First, they may allow consumer choice at the expense of equity; second, they can create problems in containing public expenditure; and finally, care must be taken to ensure that providers do not only focus on higher-yield customers.

Making Access to Services Easier

5.34 ● There are two main aspects to making access to services easier. Firstly, there needs to be clear, comprehensive and timely information available on all services to help people make informed choices. For example, there are different supports required by older people who wish to live in their own home, compared to those that require more intensive supports living in community/residential care institutions. As one submission stated:

"People encounter difficulties in their dealings with statutory agencies due to various factors, including a lack of clarity about rights and entitlements, the approach taken by officials, a benefit/service being discretionary and/or entitlement being dependent on the availability of funding at a particular point in time."

5.35 ● It is important that comprehensive information on rights/entitlements to services are made available in different formats, including printed material as well as through internet sites such as the website developed by Comhairle. Also, that information can be accessed either *'face to face'* or over the telephone. Public Libraries internet facilities can be used to access information on a wide range of public services. In recent years, there has been the added challenge of meeting the needs of people who have a poor knowledge of the English language.

5.36 ● The second aspect is that the services must be physically accessible to the service user. For example, most public offices are situated in communities of a certain size. In isolated rural areas, this causes a difficulty for those who have to travel several miles to avail of a service and may lack the transport to do so. Public transport is often infrequent or non-existent in such areas.

5.37 ● The Rural Transport Initiative (RTI) is helping to overcome this deficiency. However, even some urban areas also face similar transport difficulties. For example, a lack of public transport in Letterkenny and its environs was highlighted as a barrier for unemployed people trying to access education and training opportunities at a NESF focus group meeting on the labour market held in Letterkenny in 2005. There is some potential for the *'service'* coming to the user or potential user, for example in community centres or other convenient local venues.

5.38 ● An associated difficulty is where the service provision is not available, even though the public transport is in place. The report on health inequalities in areas of deprivation referred to earlier illustrates this problem starkly[41], showing that general practice medical services tend to be concentrated in wealthier areas, with poorer areas less well serviced. It was recommended that GPs should become advocates for expanding general medical service access to people on low incomes.

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41 *Op cit.*

5.39 ● The National Disability Authority has recently launched its first code of practice on accessible public services and facilities[42]. In practical terms this means that public bodies (some 570 in total) will have to ensure that the services they provide to the general public are accessible to those with a disability, where practical and appropriate.

5.40 ● The role that advocacy and brokerage can play in ensuring that vulnerable people, such as the elderly living in isolated rural areas do not *'slip through the net'* is examined beneath.

Case Management and 'Broker' Role

5.41 ● A range of factors have contributed to the development internationally of a case management approach to services delivery. Much of the initial work began in the 1980s in the heath care sector in the USA. In recent years, inter-disciplinary approaches have been promoted as a means of reducing service fragmentation and achieving the development of seamless service delivery. The stated benefits of the Case Management Approach are listed in Box 6 below[43].

Box 6

Benefits of the Case Management Approach

- better coordination of service delivery;

- improved outcomes for clients;

- improved service accessibility;

- more accurate identification of client needs;

- more appropriate use of services;

- provision of continuity of supports;

- focus on the positive strengths of the client;

- a means of maximising use of resources;

- engenders and supports a *'what works'* policy.

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42 National Disability Authority ,*Code of Practice on Accessibility of Public Services and Information provided by Public Bodies* (2006), Dublin: NDA.

43 Eustace, A. and Clarke, A. (2005), *Care & Case Management: Assessment of the Homeless Agency's Model,* Dublin.

5.42 ● A case management approach involves consultation with the user to identify their needs and assist them in accessing services. It is particularly valuable when the user has multiple needs. It consists of two elements. The first is *'needs assessment'*, used in consultation with the service user to identify the full range of needs which must be addressed to realise a significant and long-term positive impact.

5.43 ● The second element is the use of *'advocacy'* to empower and support the service user in getting the services they require. Innovative and accessible advocacy services have an important role in assisting more vulnerable people to access their rights and entitlements. In the homeless services area, for example, this would include a holistic assessment of the circumstances of each client, including their health, welfare, education and housing needs. For older people, this would involve developing individual care plans through a process of consultation between the older person, their carers and other health and social service professionals.

5.44 ● Our research work into services for homeless people and care services for older people found three forms of advocacy operating in these areas:

— highly structured, professionalised systems of advocacy evoking a rights-based approach, such as that being implemented by the Alzeimer's Society of Ireland (which also promotes self-advocacy);

— less formal but effective systems of advocacy practised by local community organisations (such as the *Community Links Workers* model in Co. Westmeath);

— the form of advocacy engaged in by public representatives, usually referred to as clientism (requiring further consideration than could be given in our research).

For some service users, advocacy was seen as having a dual function. Firstly, it was seen as overcoming difficulties in engaging with the service; and secondly it helped to overcome inadequacies in the system itself. In the longer run the former function will remain relevant and necessary for many service users. However the latter function (managing the inadequacies in the system) ought not. Instead, the service provision system should be receptive and responsive to the issues coming forward from advocates and address and eliminate inadequacies on an ongoing basis.

5.45 ● A number of advocacy models may be highlighted such as that developed under the auspices of Comhairle on behalf of disabled people which is being put on a statutory basis[44]. A number of submissions suggested that these projects represent models of good practice and could be used to inform the development of similar services for other vulnerable groups e.g *"These services have significantly benefited people*

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44 *Citizens Information Bill, 2006:* Its purpose is to confer enhanced and additional functions on Comhairle (to be renamed the Citizens Information Board) involving, *inter alia,* the introduction of a personal advocacy service specifically for people with disabilities.

with disabilities in terms of making them aware of their entitlements and how to access them and also in relation to developing the skills to advocate on their own behalf".

5.46 ● The Money Advice & Budgeting Service (MABS) comprises 52 independent companies funded by the Department of Social and Family Affairs. Its role is to provide money advice to those in debt, with a particular emphasis on more disadvantaged people. Three main approaches were identified as being in use in MABS to address client's needs, depending on their circumstances[45]. These are:

(i)   the *'hand-holding'* approach where as much as possible is done for the client;

(ii) the *'maintenance'* approach where the client is dealt with on a routine basis; and

(iii) the *'empowerment'* approach where the client is encouraged and supported to take responsibility and action as early as possible in the process.

5.47 ● The Local Employment Service Network (LESN) is another example of a case management approach. It uses an intensive one-to-one approach with clients who have most difficulty finding jobs. Often, difficulties extend beyond lack of educational/training skills and may include childcare, dis-incentives to work, transport, housing, personal problems etc. Here, the only effective way is to identify and address individual difficulties in a holistic way, by working with the person over a period of time.

5.48 ● The Homeless Agency has also identified a case management system to improve access to quality services. It involves two aspects; firstly, *'Care Management'* through sector-wide planning, monitoring, evaluating; and secondly, *'Case Management'* as a process to provide holistic services to an individual/family, through a detailed assessment and a care plan relevant to their needs.

5.49 ● The NESF Report No 32 *Care for Older People,* highlighted a case study of personalised services for older people in Trynwalden in the Netherlands. Here, personalised service *'brokers'* are a key aspect of the initiative. In this case, the *'brokers'* work outside the existing bureaucracies to organise the most suitable service for the individual, using vouchers to buy the most appropriate services. The initiative also has five multi-disciplinary teams who provide care support around the clock in the client's own home, consisting of home helps, home carers, and nurses, social workers, physiotherapists and GPs etc. One of the key recommendations in the NESF report on the use of community and home-based care is now incorporated in *Towards 2016* and Budget 2006.

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45 Eustace, A. and Clarke, A. (2000), *National Evaluation of the Money Advice and Budgeting Service commissioned by the MABS Section,* Department of Social and Family Affairs.

5.50 ● Box 7 below outlines key elements of a needs assessment model in the social services area using a good practice model[46]. In the homeless area work is underway, led by the Homeless Agency, to establish a common needs assessment approach across all agencies working in this area. It is anticipated that this model will be in place by the end of 2006.

Box 7

Elements of a Needs -Assessment Approach

- Assign a key worker

- Engage in relationship building

- Assessment process – look at all aspects of needs

- Try to engage services around these needs

- Advocacy on their behalf

- Build self-esteem

- Try to find most suitable solution

- Support person through the process

- Maintain contact as appropriate

5.51 ● The *'broker'* is the key worker in the process who becomes the single point of contact for the service user both in terms of providing information on services that are available and in mediating and advocating on their behalf, both within their own organisation and other relevant bodies. The person who undertakes the *'broker'* role does not need to have full knowledge of all of the supports available; rather they need to know where to get such information and how to make use of it.

5.52 ● Another example of a *'broker'* role is that of the South Dublin County Council which has created 12 *'customer facing people'* by moving them from the *'back office'* to the *'front office'*. These *'brokers'* are responsible for dealing on a one-to-one basis with the client on a wide range of issues. A computerised system can give an update on the status of any query. The role is one of interfacing with the client and helping the client to *'navigate'* their way through the bureaucracy. The role is linked to inter-agency co-operation and flexibility in budget spending. The cost of these *'broker'* posts is not high and the required flexibility has been facilitated by partnership agreements on public service modernisation.

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46 WRC Social & Economic Consultants Ltd (2006),*The Delivery of Quality Public Services : Report to the NESF Project Team,*
    Dublin: WRC.

5.53 ● The provision of services for Travellers in the South Dublin County Council area is another example. Previously there were 70 different people employed in several agencies who had some role looking after the needs of 200 Traveller families. The Council has now organised one person to act as a *'broker'* with Travellers in relation to all issues. This is set within a plan for Travellers developed by the County Development Board, whose implementation group is jointly chaired by South Dublin County Council. This ensures that those who can act on a proposal are at the centre of the process.

5.54 ● The *'broker'* role is made even more powerful if the broker is situated within an *'intermediary body'* — essentially the lead agency in the strategy, with a central role in co-ordinating service delivery with other agencies. In the labour market area, for example, FÁS would have a labour market *'intermediary body'* role in relation to the problem of young unemployed adults. In the case of early school leaving, the Department of Education and Science would have an *'intermediary body'* role. Similarly the Health Service Executive could be seen as fulfilling a similar role in relation to primary health care. In the case of the elderly living alone, the Department of Social and Family Affairs, with its country-wide network of offices and its involvement with most of the elderly through income supports, would seem to be the best candidate to take the lead role, at least initially.

5.55 ● The Project Team believe that the case management approach is an innovative and effective mechanism in delivering a quality user-centred service. It recognises, however, that applying such an approach across-the-board would have major resource implications. At the same time, the longer-term benefits of the approach would be considerable and the South Dublin County Council experience shows that, with appropriate technology and staff flexibility, ways can be found to facilitate this approach. The Team believes that there is a strong case for taking initiatives in a number of areas. To encourage this, consideration should be given to enabling individual budget holders to set up a *Case Management Fund* and to invite service providers in the particular sectors to bid for financial assistance on the basis of specific proposals.

Drawing on the Experience of Staff

5.56 ● Public service staff and managers have experienced many public service change initiatives in recent years. Many of these initiatives have tended to focus on internal organisational issues which, while important, may seem remote from the needs of service users at the point of delivery. These necessitate a substantial cost in terms of organisational time and effort, and must be seen to result in benefits to the service user, otherwise the morale of staff will be adversely affected. Change initiatives need, therefore, to be well thought out and rigorously tested to ensure that they will impact positively on the experience of users. The experience and knowledge of staff who work in public services represents a significant resource. Service quality initiatives should actively draw on their experience, including through established consultation and partnership structures, to help identify service shortcomings and possible solutions[47].

Avenues for Redress

5.57 ● The real test of whether or not there is a commitment to quality delivery of public services on the part of providers is their willingness to set up effective avenues to provide redress for those who feel that they have a legitimate complaint about the service they have received or the service they have been refused. A statutory appeals system has existed for many years under the Social Welfare Code. In more recent years, a similar system was introduced for payments to the farming community. Provision has been made in the Health Act for a statutory complaints and appeals system in the case of bodies funded by the HSE. Under the Disability Act 2005, a complaints system is also provided for. These systems have the merit of underlining the rights of users to appeal against the decisions which they consider arbitrary or unfair as well as informing them of their right of access to the Ombudsman if they are not satisfied with the outcome. At the very least, public bodies should have an internal complaints and appeals procedure. Given the number of statutory appeals systems now in place, it would be useful if there could be a mechanism to compare procedures and for joint learning and training. The Ombudsman's Office may be able to provide a lead role in this area.

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47 A study in the UK found that 50% of innovation in the public sector there is initiated by front-line staff and middle managers — Borins, S. (2001), *The Challenge of Innovating Government,* London.

Conclusions

5.58 ● A more holistic customer/user-centred approach to the design and delivery of quality public services will lead to better outcomes for people and society. In monetary terms this approach need not be either the least or most expensive option. Indeed, a *'one-size-fits all'* approach can itself lead to major waste when the service is not appropriate or is not readily accessible in a local setting.

5.59 ● A focus by service providers on how people actually experience services can help to improve *'service design'* and foster innovation in service delivery. Its biggest potential is in mapping the experiences of people who need a range of interrelated services which are often provided by different agencies. Service providers should provide a continuum of supports/services to meet the range of needs that people entitled to a service may have. It is important that one agency has a clear lead role to ensure a holistic approach to meeting people's needs.

5.60 ● An early intervention/preventative strategy can help avoid individual problems becoming more chronic and costly to address in the longer term. This approach can be effectively applied across many social policy areas. There is both a need and scope for the development of a case management and advocacy approach, within resource constraints, particularly on behalf of those with multiple needs. There can be different forms of effective advocacy (including self-advocacy).

5.61 ● Social Inclusion/equality objectives should be mainstreamed into all levels of services and of policy making[48]. An equality/inclusion supportive infrastructure needs to be built up at the local level to drive forward this agenda. County/City Development Boards are helping by including social inclusion and equality commitments in their plans.

5.62 ● Finally, consideration should be given to providing funding for capacity-building for vulnerable groups and minority ethnic groups to support their consultation and engagement with service providers. A growing issue is the diversity of the languages now spoken by clients and a strategy is needed to inform them of available public services. The community and voluntary sector can play an important role in providing a voice to different groups.

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48 Combat Poverty Agency (2005), *Better Policies, Better Outcomes: Promoting Mainstreaming Social Inclusion,* Dublin: CPA.

VI

Section VI	The Adaptive State

Introduction

6.1 ● Society is constantly changing and new and emerging demands are being made upon public services. This is resulting in pressure on government to become more adaptive and innovative in its approach to public services delivery while at the same time maintaining effective control over the resources used. This section examines how we can achieve a more integrated and coordinated approach to service delivery; making better use of available resources by improving accountability while at the same time giving service providers greater flexibility to meet local needs. It considers the role of the community and voluntary sector in the delivery of public services. It examines new modes of service delivery; the use of information technology; and looks at more effective ways of mainstreaming learning, monitoring and evaluating service outcomes and accountability.

6.2 ● These are some of the main issues underlying the concept of the *'Adaptive State'*[49] where the central policy focus is on putting people at the centre of public service reform and is actively being pursued in many OECD countries.

More Effective Resourcing of Services

6.3 ● What service providers aspire to is a mechanism which will assure them of an adequate level of resources for some years ahead and then the freedom to get on with the job and to be judged on outcomes or results. In order to do this, however, providers will need to demonstrate that they can set targets, monitor progress, measure, achieve and provide robust reports on results. Government has already introduced some budgetary mechanisms to facilitate medium-term planning, for example the 3-year administrative budgets and 5-year capital programmes. Service providers will need to show clear and demonstrated ability to manage and account for the tax payer's money to facilitate further moves in this direction.

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49 Demos, (2003), *The Adaptive State,* London: Demos.

6.4 ● Despite the diversity of services provided, they can be divided into a number of broad categories. The first category consists of direct money payments to members of the public such as social welfare payments or payments to farmers. Here, the costs or the resources needed are the total cost of the payments and the costs of administration. The second category is more complex. Here the service consists of the interaction between people and qualified professional and technical staff, for example, nursing and medical staff in hospitals and teachers in schools. The costs or the resources used are mainly those of front-line staff, although administrative costs and infrastructural costs also arise. There is also a third category where the above categories are combined such as measures to help people back to work, including training/education/employment services as well as in-work payments (Family Income Supplement) and the retention of secondary benefits designed to minimise welfare to work financial disincentives.

6.5 ● Before we explore possibilities for improving the present balance between control and flexibility, it is important to mention that recent social partnership agreements, and particularly the latest one, *Towards 2016,* contain an extensive agreed programme of measures designed to achieve improvements in the efficiency and effectiveness of public service delivery. This covers staff commitment to and co-operation with change in organisational structures and working methods, shared services and new working practices, flexible working relationships and better matching of working patterns to service needs. *Towards 2016* also contains agreement on the circumstances in which outsourcing of public services can be appropriate. The implementation of these measures will do much to raise productivity across the public service. It is important, however, that individual public bodies are encouraged to bring forward their own plans and ideas for utilising this greater flexibility and maximising the potential of these changes consistent with the partnership agreement.

6.6 ● In the case of Civil Service departments, whose services generally fall into the first category of direct money payments — three yearly administrative budgets were introduced in the early 1990s. This gave departments greater certainty about administration costs for the three years and allowed them to carry over savings from one year to the next. Greater flexibility was also allowed as between different expenditure headings e.g. pay, travel and subsistence, office equipment so that savings on one item in any one year were not simply lost and returned to the Exchequer. The derogations and guarantees are not given carte blanche. They remain subject to government policies on expenditure, public service numbers etc. There seems to be no good reason why extension of the administrative budget system should not be explored in relation to all providers of services who fall into this category. This includes a large number of non-commercial state bodies and agencies. Bodies with identifiable administrative budgets can be more easily benchmarked against similar type organisations, including those in the private sector, enabling comparisons to be made on staffing and other costs in relation to the level of activity involved.

6.7 ● Putting more flexible resourcing procedures in place for sectors like health and education, which fall into the second category, would be a more radical step. It seems to the Project Team that there is a strong case for some experimentation and a number of pilot schemes. Our research into the areas of homelessness and the care for older people have highlighted sectors where the problems are more localised, lend themselves more easily to focused and more integrated service delivery, as reflected in the establishment of the Homeless Agency.

6.8 ● It would be interesting to develop a pilot project where a public service organisation, say a hospital or community care area, would be allowed greater flexibility over issues like staffing arrangements and use of budgets, on the basis that certain performance goals would be met consistent within overall staffing and funding allocations as well as service quality levels. Such an experiment could help to identify the opportunities and problems that might arise on the ground as the Government attempted to move towards a medium-term perspective to the planning, funding and provision of public services. Such a pilot could be established in a spirit of partnership and in the context of *Towards 2016* commitments on public service modernisation, and draw on the experiences and ideas of staff through established consultation and partnership structures.

6.9 ● An associated issue here is that of *'core'* versus *'challenged'* funding. The idea here is that service providers are given *'core'* funding at the start of the year to run their essential services but that they then would generate additional *'challenged'* funding when specified outcomes for user satisfaction are met. As the OECD has pointed out, this approach is mainly in use in Scandinavian countries (an example being that used to reward best performing bus operators in Copenhagen given in Section IV). There are also challenges to the use of performance outcomes to allocate budgets. It requires both clear *'buy-in'* and a high level of trust so that targets are not *'cheated on'*. Also, depriving service providers of funding because of poor results arising from factors outside their control could further hamper their ability to improve services.

6.10 ● What we really need is a medium-term perspective which is not unduly contingent on the cyclical nature of the public finances and which the NESF has been consistently advocating[50]. This should be situated in the context of further developing the Government's capacity to tackle key policy issues in a longer-term perspective[51]. Identifying priority needs and adjusting allocations to reflect new priorities has to be done on a planned basis. Such an approach would confer many advantages in terms of achieving more effective outcomes for the economy and for society as a whole. It would also help reduce much of the uncertainty in the present system by underpinning a more rights-based approach to the provision of public services.

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50 NESF (2004), *Fourth Periodic Report on the Work of the NESF,* Dublin: NESF

51 CPMR Discussion Paper No. 22 (2002) *Promoting Longer-term Policy Thinking,* Dublin.

6.11 ● It is now an opportune time, when the medium-term outlook for the economy is healthy, to draw up a medium-term perspective to the planning, funding and provision of public services. What is envisaged here is a parallel exercise to the five-year plan for infrastructure investment which the Minister for Finance announced as part of this year's budgetary process. Such a medium-term perspective is now a distinctive feature of the Comprehensive Spending Reviews introduced in the UK. Inherent in the success of this process is the proactive role played by the Treasury there in moving social policy to centre stage in the policy deliberation process[52].

6.12 ● The National Development Plan which is currently being finalised in respect of the period 2007-2013 is being prepared in consultation with, among others, the social partners. This will provide a strategic framework for the allocation of resources for economic and social development in the medium-term. Whatever the level of funding made available for the provision of public services, the focus should, however, be on ensuring that we get better results from the resources we have. This will mean the re-prioritisation of funding from one area to another over time to reflect changed priorities and new needs.

6.13 ● The increased fund-raising capacity of Local Authorities is a factor that also needs to be taken into consideration. Local Authority revenues in 2006 amounted to some €4 billion — in real terms more than double than in 1997. This is made up of Exchequer funding, commercial rates, motor taxation and local charges (the latter amounting to 2.3 % of all taxes raised in the State — compared to an EU average of 9.8%). It has been estimated[53] that Local Authorities will need from €415 m up to €1.5 billion a year extra to pay for existing and new demands by 2010. The recent review of Local Government financing suggested that there be a shift towards more locally-based funding.

Integrated Service Delivery

6.14 ● A whole-of-government approach is required to ensure that coordinated and integrated public services are delivered[54]. At central government level, cross-departmental approaches, on issues prioritised by the political and administrative system, are essential to develop joined-up policies that address more complex social problems. Handling cross-cutting issues is one of the most commonly heard complaints about service delivery[55], yet not enough attention has been given to examining the role of individual Departments in this area. The focus should be on ensuring a more coherent holistic approach to the design and delivery of public services

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52 Glennerster.H. (2003), *Understanding the Finance of Welfare,* London: LSE.

53 Indecon (2006), *Analysis of Local Authority Spending,* Indecon Consultants: Dublin.

54 *Cross-Departmental Challenges : A Whole-of-Government Approach for the Twenty-First Century,* (2003) IPA: Dublin.

55 Boyle R. (1999), *The Management of Cross Cutting Issues,* Dublin: IPA. Also, Boyle,R. and Flemming, S.(2000), *The Role of Strategy Statements, CPMR Research Report No. 2 ,* Dublin: IPA

and minimising complexity which contributes to the fragmented delivery of services on the ground. For example, a recent NESF report[56] highlighted that over €1,000 m annually is being spent on measures aimed at helping people into work and tackling labour market vulnerability, much in a way that more reflects labour market conditions in the early 1990s rather than this decade. It concluded that there is much scope for improving the value and coherence of this expenditure.

6.15 ● In Ireland, as in several other countries, there is growing use of Cabinet Committees to deal with cross-cutting issues. However, each issue is different and there is no *'one-size-fits-all'* model. At the national level there has been much progress in policy design. In some ways this is the easy part. The difficult part is policy implementation at the local level. County/City Development Boards are emerging as a vehicle for the coordination and integration of services. A key determinant of their ultimate success will be the commitment, support and flexibility given to them at central government, department and agency level.

6.16 ● More effective mechanisms for the coordination of public services delivery on the ground are also needed among the many agencies involved[57] to avoid an *'implementation gap'*. Efforts to coordinate services can often descend into *'turf wars'* and there is a need for clarity about who coordinates and how they coordinate. What should be avoided is a degree of central control which adversely impacts on innovation/flexibility at the local level. In the first place it is important to both streamline services and the number of agencies involved.

6.17 ● The Donegal Integrated Services Project is an innovative example of a collaborative inter-agency approach to the delivery of public services. The aim of the project, which was launched in 2001, is *'to deliver a seamless, quality public service to customers and communities in Donegal through a choice of access channels'*. A network of five *'Public Service Centres'* in each of the electoral areas of the county has been developed. In 2005, there were some 250,000 customer contacts with these centres. The initiative involves co-operation between Donegal County Council, HSE, DSFA, FÁS, Comhairle, and the Reach Agency. An independent information unit, under the auspices of Comhairle, is also located in each centre. These provide joined-up information and advice and an advocacy service for those who need greater help. The project has carried out valuable research on how services such as the medical card scheme, social housing provision work. It found that the computerised systems of agencies for means-tested payments/services were not capable of interacting with each other and that there was a lot of duplication in the data collected for the same beneficiaries. It highlighted the need for a radical transformation of data

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56 National Economic and Social Forum(2006), *Creating a More Inclusive Labour Market,* Dublin: NESF

57 A database of 601 commercial and non-commercial agencies working in Ireland was identified in a recent report — McGauran, A-M. Verhoest, K.Humphreys, P. (2005), *The Corporate Governance of Agencies in Ireland,* CPMR Research Report 6, Dublin: IPA.

collection and analysis if more discretion were to be given to local agencies to tailor a combination of income payments and services to support personal development and participation[58]. Moving forward, the objective is 'to integrate services with the consent of the citizen' — *to reach a stage where services are fully integrated and delivered around the need of the customer'*.

6.18 ● As part of its work, the Project Team made a site visit to Adamstown Strategic Development Zone (SDZ) — a new urban district being built near Lucan, Dublin. Adamstown is the first to be designated a SDZ (there are now three) and will be built in three phases — the first phase commenced in January 2005. The aim behind being designated a SDZ is to ensure that pre-specified social infrastructure and amenities are delivered in tandem with the housing (private, social and affordable housing). This infrastructure includes schools, shops, childcare facilities, leisure facilities, integrated transport etc. This is very different to past approaches where often the developer built the housing while the schools, shops, transport etc only followed years later. The Project Team considers that Adamstown is a good example of integrated planning involving inter-agency co-operation with both the Local Authority and the developer playing the lead role. This approach could be extended to other areas of public service delivery.

6.19 ● In the submissions received by the Project Team, a number of factors were identified as contributing to low levels of service coordination. These include reluctance on the part of some Government Departments to establish relevant regional, area-based and/or local delivery structures and a lack of incentives within the system to encourage and reward organisations that pursue coordination and eliminate duplication. As one submission stated:

"The division of services between different sectors has led to the fragmentation and uneven distribution of services and poor communication between service providers. Mechanisms for co-ordinating the work carried out by different agencies have been limited. Furthermore there are no frameworks within which to carry out joint assessments of need, service planning or development at local or regional level."

Submissions emphasised the need to develop better coordination within and between services with a view to ensuring that service provision is both *'seamless and integrated.'* Recommendations for achieving this included the following:

58 McLoone, M. (2005), *A perspective from a Service Provider working on Coordination/Integration of income support, social services and activist measures at local level,* The Developmental Welfare State Conference, Dublin: Donegal County Council.

— A stronger focus should be placed on achieving more effective joined-up government through the use of *'public service agreements'* to promote effective co-operation between government departments.

— Government should set a series of national targets on service integration and ensure that progress towards achieving these is monitored over time.

— Government should take the lead on developing protocols to facilitate information exchange between organisations and clear consent and tracking mechanisms.

— Government Departments should provide a clear mandate to service providers under their remit to fully engage with service integration projects and provide guidance and support to progress this.

— Government Departments should set clear performance monitoring indicators to assess the effectiveness of service integration work.

In pursuing work in this area, submissions recommended that account should be taken of the learning from the NDP/CSF Evaluation of the Social Inclusion Coordination Mechanisms (2003), the RAPID Programme and the Local Development Social Inclusion Programme (LDSIP).

New Modes of Public Service Delivery

6.20 ● Over recent years there has been a greater use in outsourcing the delivery of public services to private and voluntary bodies. This is highest in the UK, USA and lowest in Italy and Portugal (see Table 6.1 below). International experience, however, shows that the merit of outsourcing needs to be considered on a case-by-case basis. There is a view that governments may make these outsourcing contracts over-complex but this may be due to the State having to ensure that the interest of the public is at the forefront and that it has statutory obligations that private firms are not subject to.

Table 6.1 Outsourcing of Government Services
(Purchase of Goods and Services versus in-house provision)

United Kingdom	78%
United States	62%
New Zealand	55%
Germany	42%
Denmark	40%
Austria	32%
Ireland	28%
France	25%
Italy	23%
Portugal	20%

Source: OECD 2006.

6.21 ● However, the advantages of outsourcing and the capacity of govern-
ments to do so effectively need to be established. This involves assessing
the net overall economic and social benefits to the State and management
issues such as both retaining the technical expertise of the function being
outsourced and developing the skills to manage the outsourcing process.
This expertise may be lost over time to government, leading to a
dependency on the incumbent contractor when the service is re-tendered
which may preclude the government from taking the service back in-
house. Equally important, is how the performance criteria for those
services outsourced are set and monitored. The OECD highlight that the
manner of moving to outsourcing is important. A main concern is the need
to avoid insecurity among staff in those public bodies affected by keeping
them fully informed.

6.22 ● The use of Public Private Partnerships (PPPs) other than traditional
infrastructural projects is still relatively low (among OECD countries, the
UK has the highest usage at around 10%). PPPs are most often used for
large-scale projects that involve extensive maintenance and operating
requirements over the project's lifetime. Internationally, there is more
scepticism on the use of PPPs outside traditional infrastructural projects
(where the private sector builds and sometimes operates or maintains a
capital project). This is because it is more difficult to say that over a 20-
year period it is a more cost-effective option; or that the risks to
government will actually be transferred to the private sector; or that the
continuity of services such as health or education will be ensured.

6.23 ● The use of PPPs may also reduce governments' future options in that they are contractually locked into partnerships which may no longer be in the public interest. On the other hand, PPPs may enable valuable new services to be provided in a shorter time, may relieve pressure of various kinds on government and public bodies and also introduce greater competition or greater choice to the benefit of users. It also brings in more specialised management and expertise for complex problems. A comparison of the benefits and costs of PPPs versus traditional procurement needs to be rigorously conducted. To do so, Civil Service departments and other public bodies need staff with the expertise and skills in conducting such a comparison.

6.24 ● *Towards 2016* reaffirms the commitment of the public authorities to pursue the PPP option in accordance with the *National Framework for Public Private Partnerships,* as adopted under the partnership process in 2001 and in accordance with related guidelines on the application of the public sector benchmark and on stakeholder consultations. The NESF also endorses these commitments.

6.25 ● Much has been achieved in recent years in the area of e-Government — the main challenge remaining is in joining-up and integrating the provision of information on public services[59]. A main aim of the Reach Agency established in 2000 is to build the *'Public Service Broker'* to provide a single gateway to government services online. Given this key role, its development should be expedited. A new strategic framework to advance the potential of the information society was launched by Government in 2002 – *'New Connections – A Strategy to realise the potential of the Information Society'.* A new *'Access, Skills and Content initiative'* will provide €1.5 m this year to e-inclusion projects for older people and those with disabilities. The Local Government Computer Services Board's *'Mobhaile'* project is planning to expand its local information services. Two main e-Government websites now provide relevant public service information. One is BASIS *(Business Access to State Information and Services)* developed by the Department of Enterprise, Trade and Employment at www.basis.ie . A second is a comprehensive new Citizens Information website hosted by Comhairle at www.citizensinformation.ie enables users to store information and relevant documents. It replaces the Government's OASIS website and Comhairle's online Citizens Information database.

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59 CMPR Discussion Paper No.25 (2003), *E-Government and the Decentralisation of Service Delivery,* Dublin.

6.26 ● The growth of Information and Communications Technology (ICT) has the potential to transform the relationship between the public and the government especially for transactive type services such as the payment of motor tax, revenue and passports etc. For example, around 45% of adults say they are interested in accessing services such as application for/or renewal of passports and driver licences along with paying for car tax and checking income tax[60]. It also offers new opportunities to address traditional problems of exclusion in society, for example, by offsetting the factors associated with remoteness and restricted mobility. However policy initiatives are needed to help those on the wrong side of the *'digital divide'* and the user -centred approach should be to the fore in this process. A number of recommendations to this end were contained in a report by the Information Society Commission[61].

6.27 ● Around 34% of households now have a home computer which is connected to the internet (compared to only 5% in 1998). Public access points for the internet are mostly used by young people under 35 years of age[62]. On balance, the most e-excluded groups are the retired, those on home duties and the unemployed. The most e-included groups are students, followed by those at work outside the home. A study[63] found that in Dublin there are considerable differences between social class categories, ranging from a high of 71% among higher professional to just 15% among those in the unskilled manual class.

6.28 ● South Dublin County Council *'Connect Service'* website[64] is an innovatory example at a local authority area level, where information about its own (and other agencies') services is provided on the basis of where the person lives — in effect a *'one stop shop which starts at the person's residence'*. There is also a tracking system for all enquiries and any complaints which is all part of a Quality Customer Service and Care approach. The overall aim is to provide a comprehensive information facility for citizens and communities in the county using information technology. To achieve this, Community and Voluntary Groups are offered their own site on the *'Connect Service'* website.

60 Williams,J. Blackwell, S. and Whelan, B.(2004), *Survey Assessments of the Information Society in Ireland,* Dublin: Economic and Social Research Institute.

61 Information Society Commission, (2003), *E-Government, More than an Automation of Government Services,* Dublin: Information Society Commission.

62 *Op. cit.*

63 Haase, T. Pratschke, J. (2003), *Digital Divide: Analysis of the Uptake of Information Technology in the Dublin Region,* Dublin: Dublin Employment Pact.

64 Case Study highlighted at Celebrating Excellence in Local Government Conference, (2006) Dublin: Local Government Management Services Board.

Improving Accountability while allowing for Local Flexibility

6.29 ● The move towards more responsive forms of service delivery calls for greater flexibility and autonomy of service providers at the local level. At the same time government must ensure the coherence, coordination and the strategic development of policy and ensure that public funds are well spent; that people receive value for money for their taxes and that there is fairness and equity in the provision of public services.

6.30 ● Guy Peters, Professor of Government at the University of Pittsburg has highlighted two main directions of change in governance — firstly the movement of control down from the central government towards lower levels within public organisations as well as to stakeholders and secondly the need at the top of government for control and accountability[65]. According to Peters; *"While service delivery is important for governing, so too is coherence, coordination and strategic direction and these virtues have been undermined by the continuing movement towards governance at the bottom"*.

6.31 ● Peters emphasises that these two directions of change are in fact complementary and can be integrated together to provide a more coherent system. This would represent a shift towards a form of *'New Governance'* which balances the two directions for change and provides a comprehensive and coherent system of government. Central government would move towards a collaborative system of governance setting strategic priorities , allocating the funding to implement them, while making use of more *'autonomous'* service providers working within a partnership network for delivering services.

6.32 ● This *'softness'* in the style of governance, Peter states, while helping to legitimise actions, also places greater demand on government for effective monitoring and the capacity to retain control over the frameworks created. Accountability is becoming a more complex issue as it has to be extended outwards to all members of *'networks'* who play a role in the delivery of public services.

6.33 ● The challenge is to deliver on government-wide approaches to service delivery, rather than through organisations focusing on their own narrow set of goals. Staff, therefore, need to develop skills for managing these partnership networks.

6.34 ● Perri 6, Professor of Social Policy at Nottingham Trent University in a recent paper[66] takes up further the theme of inter-agency collaboration in networks. He argues that in practice these networks are not all the same as they feature different forms of regulation and control. He concludes that multi-agency arrangements featuring a mix of network types work best. This was also a conclusion from our own research into services for homeless people and care for older people (see Part B of the report).

65 Peters, G. (2006), *Alternative Futures for Public Administration,* (2006), IPA National Conference, Malahide, Co. Dublin.

66 Perri. 6. (2006) *Inter-agency collaboration in networks: cultures, structures and tensions,* IPA National Conference, Malahide, Co. Dublin.

6.35 ● The NESC[67] has argued that the most promising new arrangements for combining top-down and bottom-up reform of policy making and public administration are those described as *'democratic experimentation'* (Dorf and Sable 1998), *'empowered deliberative democracy'* (Fung and Wright, 2001) and *'accountable autonomy'* (Fung 2001). In these related approaches to public administration, local actors are given the freedom to set goals for improvement and the means to achieve them. In return, they must propose measures for assessing their progress and provide information on their own performance. The *'centre'* pools the information and ranks local actors by reference to periodically-revised performance measures.

6.36 ● The *'centre'* acquires two new functions while surrendering all attempts to micro-manage the interface between service professionals and service users. The first new function is to increase the capacity of local actors to act autonomously by providing different supports; the second new function is to hold them accountable through monitoring and, where necessary, sanctioning and intervening (the latter function being exercised to complement, not undermine, local autonomy).

6.37 ● The NESC highlights the need for public administration to increase its own expertise in *'network management'*. The challenge it sees is for greater attention to be given to monitoring the standards and accountability governing the exercise of public authority and use of public funds by third parties.

6.38 ● *'New Localism'* is a related theme advanced by Professor Gerry Stoker, University of Manchester[68]. It is characterised as a strategy aimed at devolving power and resources away from central control towards front-line managers, local democratic structures and local consumers and communities, within an agreed national framework of national minimum standards and policy priorities.

6.39 ● Stoker argues that many public policy problems today are increasingly complex. Government's role is seen as moving from being engaged in *'hard-wiring'* issues such as building schools, hospitals, roads etc, towards meeting the more complex challenges of a *'soft-wiring'* society i.e. early childhood education, elder care, healthier communities etc.

6.40 ● The solution to this complexity is seen as *'networked community governance'* through which local knowledge and action can be connected to a wider network of support and learning. *'New Localism'* is seen as having the capacity to meet the challenges that top-down government lacks the strength to deliver. Stoker sees the ethos of the social capital debate (see NESF Report 28, *The Policy Implications of Social Capital*) as leading to strategic interventions by the State in partnership with civil society, in three areas:

67 *NESC Strategy 2006: People, Productivity and Purpose,* Nos 114, Dublin: NESC.

68 Stoker.G. (2006), *Refocusing Local Government towards the Challenges of the 21st Century,* IPA National Conference, Malahide, Co. Dublin.

— the promotion of active citizenship;

— the strengthening of communities; and

— the practice of partnership in meeting public needs (in services delivery).

6.41 ● The vision of *'New Localism'* is for a wider system of multi-level governance and greater local involvement in decision-making about public services. The latter requires the active engagement of local citizens in the governance of their communities.

Role of the Community and Voluntary Sector

6.42 ● The Community and Voluntary(C&V) sector plays an important role in this country in the delivery of public services in many sectors. The role of the sector has grown especially in those areas where it traditionally provided services on behalf of the State e.g. services for homeless people and care services for older people. As has been shown by our research on services for homeless people, the involvement of the C&V sector has enhanced the capacity of service providers to be flexible and innovative in the delivery of services. However, there are governance issues arising for C&V service providers which need to be considered.

6.43 ● Increasingly, higher standards are being set for services provided by these bodies, resulting in greater demands for professional working standards and reporting systems. There is growing pressure from the *'system'* for them to comply with a range of demands. They not only need to have accounting and reporting systems in place for the funding they receive but their premises must comply with new and more stringent health and safety requirements. Many smaller C& V bodies are now beginning to employ 3 to 4 people in their accounts office. There is a real danger that diminishing returns will hit this sector, unless the inherent flexibility of the model is maintained.

6.44 ● There are differences between the several large and many smaller-sized C & V bodies involved in delivering services. Some of the largest of these bodies are found in the health and rehabilitation service areas and are more akin to public service providers in terms of their professional standards and capability. Indeed, around €1 billion of the annual health budget is spent through the sector. There are at the same time many smaller bodies which were set up to represent and provide for special groups such as those with multiple sclerosis, people with impaired vision, wheelchair users, people with mental illness etc . Many of these bodies were the primary service deliverers in certain areas before the State became wholly involved. They have their own ethos and culture and respect their independence.

6.45 ● The difficulties facing C &V organisations in delivering and sustaining their services featured strongly in many of the submissions received. These included uncertainty brought about by a lack of core funding (giving rise to difficulties in retaining staff), and an ongoing imbalance between the pursuit of funding and the enhancement of service delivery. Submissions stressed the need for a balance between formal accountability for public money and service delivery on the one hand and flexibility, responsiveness and innovation on the other.

6.46 ● A recent Comptroller and Auditor General Report on the *'Provision of Disability Services by Non-profit Organisations'* (2005), highlighted that: *"The current approach to the funding of nonprofit organisations is based on incremental increases and the cost of new placement. The risk with this approach is that the core funding allocation will over time become weakly linked to levels of identified need and as a result that funding may not always be targeted to areas of greatest need".* The report concluded that *"There is a need for greater accountability, transparency and corporate governance within the State funded nonprofit sector and for clarity in the relationship between the State and the funded organisations".*

6.47 ● Partnership relationships between the voluntary and community sector and government are a growing feature internationally[69]. These may take the form of explicit statements guaranteeing the independent and advocacy role of the C & V sector (UK Compact and Canadian Accord being examples of this) and partnership agreements which set out the main principles and commitments regarding the funding relationships between government and the C& V sector and act as general guidelines on how funding relationship should work in practice (the *National Assembly for Wales Voluntary Sector Scheme* being an example of this). These formal statements are a relatively new development, with initial indications showing a positive improvement in practice (Boyle 2002).

Evaluating the Effectiveness of Services

Service Delivery

6.48 ● The concept of cost-effectiveness is essentially concerned with delivering an acceptable level of service, of an acceptable quality and at least cost. There are four aspects of service delivery about which information is necessary if a proper evaluation of cost-effectiveness is to be possible:

— the cost of different levels of service outputs i.e. the input/output ratio;

— the quantity or level of service outputs provided, including the number and type of service users;

69 Boyle, R. (2000), *Maintaining voluntary sector autonomy while promoting public accountability: managing government funding of voluntary organisations,* Working Paper No.2, Dublin: Royal Irish Academy Third Sector Research Programme.

— the quality of the service provided, including such considerations as timeliness, accessibility, user choice and the availability of service in language of choice; and

— the extent and nature of user satisfaction with the service.

6.49 ● Establishing good performance indicators which will enable all four aspects to be assessed is essential if services are to be well managed, if user concerns are to be taken into account and if there is to be proper accountability for the use of resources. Good indicators will also help identify problem areas and help the process of allocating resources to priority areas in a way which maximises their added value. Indicators must be relevant and practical and the costs of collecting and analysing data on both providers and users must be kept as low as possible. As stated in the most recent report on the range of 42 service indicators measuring performance in local authorities[70] *'a balance should be struck between the desirability of measuring all aspects of the work of local authorities on the one hand and the need to keep the effort involved commensurate with the value that accrues'.* It is important that performance indicators provide a balanced perspective and this requires the use of both quantitative and qualitative indicators.

6.50 ● In assessing quality, it is desirable that a set of standards should be developed which services are expected to meet. User charters can be used which specify the quality standards which users may expect. If we are serious about moving towards user-centred services, we need to develop quality standards across the board. We deal with this question in more detail in Section VII. When we defined the term quality as *'the extent to which service delivery and/or service outcomes meet with the informed expectations and defined needs of the customer',* we added that quality standards also have to meet the requirements of fairness, equality/diversity, social inclusion and the rural/urban perspective. Therefore, guidelines and criteria need to be specified in these areas also. When it comes to user satisfaction, customer surveys, focus groups, complaints monitoring and specific programme evaluations are all commonly-used sources of information.

6.51 ● The key to delivering quality services is that providers and users should have common expectations as to the anticipated results. These expectations may relate to targets, service standards or agreements on the level and quality of service. Consultation between users and providers is particularly important in relation to service expectations. Anticipated outputs and outcomes have, of course, also to figure in the negotiations between providers and budget holders. Service level outputs which are significantly lower than users expect can lead to disappointment and resentment. The user may also have a different perspective to the provider on what are the really important elements in the service. Indeed users may sometimes have unrealistic expectations, especially if they are unaware of

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70 Local Government Management Services Board, *Service Indicators in Local Authorities 2005,* (2006), Dublin: LGMSB.

the costs of delivering the level of service being provided. Consultation may not only help providers to improve the service by redesign but may modify user expectations or, at least, clarify the provider's capacity to provide the service.

6.52 ● It is sometimes overlooked that legislative and policy development is also an aspect of service delivery. The service is provided to Ministers (or to elected councils or board members) and to senior officials. It is possible to develop performance indications in this area too. These should not only measure outputs (e.g. the amount of new or amending legislation introduced or the steps taken to implement approved strategies) but also quality in terms of the relevance and timeliness of advice given and the degree of satisfaction with, and acceptance of such advice by Ministers, senior officials and other relevant parties. While users of a service are not involved in an evaluation of this internal service, they are affected by the outcome or results in terms of the effectiveness of the policy which underpins various services.

Policy Outcomes

6.53 ● The availability of relevant and accurate data to benchmark and measure the outcomes of public service delivery is a key issue. Policy makers must have access to reliable data that not only cover their own specific policy area but also inter-related areas. This is important:

— As a means of monitoring and evaluating the outcomes of public service delivery and to measure the progress made;

— To develop models of good practice based on experiences both here and abroad, which helps to better adapt services to meet people's needs; and

— To enable greater evidence-based policy making and accountability in decisions regarding the determination and delivery of public services.

6.54 ● Evaluating policy outcomes requires different kinds of data. Without appropriate data the success or otherwise of particular policy initiatives is often judged subjectively by the public by reference to their own particular experiences, hearsay and views articulated by the media. While much data may be created as part of particular activities, there is a need for research bodies and third-level institutions to contribute relevant data. For example, crime statistics which are collected as part of the Garda Síochána's operations help in the evaluation of crime prevention strategies. On the other hand, figures for obesity and literacy which are essential to evaluate health promotion strategies or education policy may need to be specially compiled.

6.55 ● At a national level, social partnership has brought policy-making into a more public forum and has created increased pressure for accountability and measurement of the success of national programmes. Hence, the need for policy change and innovation with new forms of service provision in areas such as early childhood care and education, training and education and professional care for the elderly, to deliver improvements and make better use of resources.

6.56 ● The Comptroller and Auditor General (Amendment) Act of 1993, introduced a statutory requirement on Departments to be accountable for the effectiveness and value-for-money of their work. The Public Service Management Act (1997) requires each Department to publish a statement of strategy, the guidelines for which include attention to improving service delivery and objectives for improving service delivery systems.

6.57 ● There is increasing pressure to look at policy outcomes or results especially in relation to cross-cutting policy issues, against the background of huge investments in recent years in seeking to improve public services. There is an ongoing need to invest adequately in public services but increased investment is not in itself sufficient to improve the quality of services. A striking example of this is in our health services, where the level of resources as a % of GNP has been increased significantly since 1997 — real per capita spending on health here has increased by 9% annually, compared to the OECD average of 5% — yet there has not been a corresponding improvement in the quality of services and, in some instances, there has been a deterioration. There are, however, different views on the relationship between increased health investment and improved services.

6.58 ● A major shift in focus in our public management and budgetary procedures towards measuring outputs and outcomes, compared to inputs is required , and the NESF particularly welcomes the Government's announcement that, beginning next year, Ministers will prepare annual statements on their Departments' outputs and objectives, and the actual outturns (from 2008 onwards).

6.59 ● It is important to mainstream new learning and best practice into existing and new policies to bring about improved public service outcomes. The challenge is to find ways of incorporating learning and innovation into the existing political and administrative structures. Across countries, a number of main policy approaches to mainstreaming can be found:

— Policies targeted at specific social problems.

— Broad social policies designed to promote social inclusion.

— Other public policies which are not directly related to a specific social problem but can impact on it either positively or adversely.

6.60 ● Figure 3 below outlines a model of the different stages of a rational public policy-making cycle. It illustrates that this is an ongoing process, with learning and experiences being fed back into the development and adaptation of policies. Evaluation is a key stage in this process in determining what is or is not working. The comparison of evaluation results can inform decision-making on the allocation of resources across and within different policy areas. The systematic monitoring of policies during their implementation also contributes important data.

Figure 3 The Public Policy-Making Cycle[71]
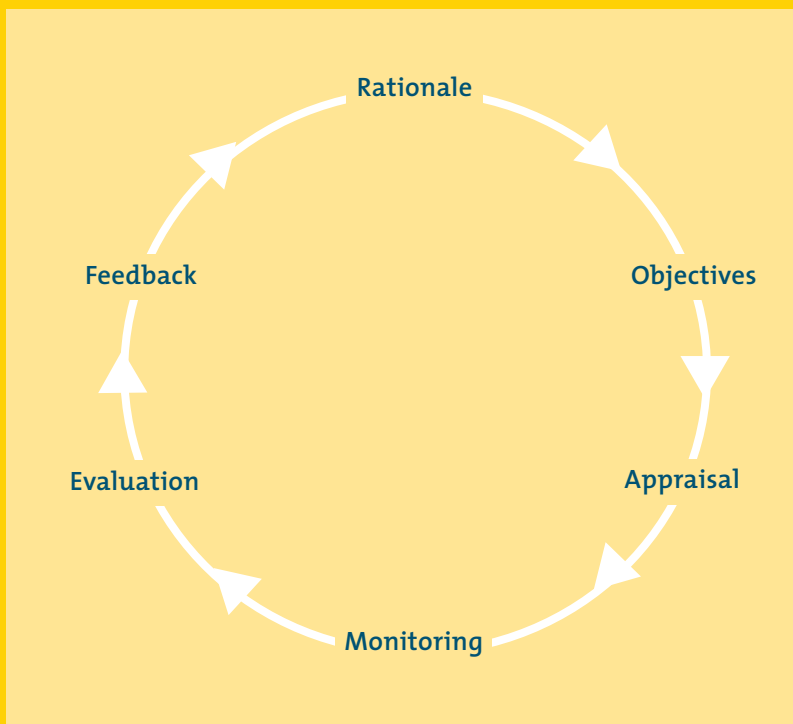
6.61 ● Performance Indicators are generally used to influence decision-making and highlight problem areas and work best when linked to government priorities. There is a movement from measuring only inputs to measuring outputs. However, measuring inputs is still an important part of ensuring cost effectiveness. Combining both (input and output measures) will give the *'wider-picture'* and provide better information for decision makers at all levels including politicians. They will inform the public of what they are getting for their money and highlight areas of poor or inconsistent service and thereby effect improvements.

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71 The UK Treasury Green Book (2003).

6.62 ● Most countries make use of both evaluations and performance measures. Evaluations help to explain why expected outcomes are not achieved. The use of performance indicators alone can, however, place too much of an emphasis on rationality whereas the real issue is around the coherence between values and outcomes. The acceptance of behavioural and value changes needed to sustain reforms over the longer term takes time. As such, indicators must be seen as a necessary part of a change in culture and behaviour which refocuses public services on creating public value by increasing user satisfaction.

6.63 ● The evidence across countries is that much of the performance information provided to politicians lacks independent verification and is not used by them. There is a need, therefore, to tailor information for their use by improving its credibility, quality and timeliness and how it fits into political priorities. While three-quarters of OECD countries use performance indicators to inform budget allocations, only 4% use them as the basis for a decision to eliminate programmes. The aim should be to improve responsiveness of services by providing relevant quality information for strategic decision-making.

6.64 ● There are different approaches to measuring the performance of public services across countries. Some countries such as the USA (with its Government Performance and Results Act) and the UK take a *'top-down'* strategic and performance planning approach to implementation. Others such as Finland, Denmark and Germany have taken a more *'bottom-up'* and ad hoc approach, where agencies have been given freedom to develop their own method with less enforcement from the top.

Accountability for Results

6.65 ● Article 8 of the Constitution provides that the Government shall be collectively responsible (to Dáil Éireann) for the Departments of State administered by members of the Government. The role and status of Ministers in relation to Departments are set out in the Ministers and Secretaries Act, 1924. The Secretary General is the Civil Service head of the Department with responsibility, under the Minister, for a wide range of functions (set out in Section 4 of the Public Service Management Act, 1997), including managing the Department, implementing government policies appropriate to the Department, delivering outputs as determined with the Minister, providing advice to the Minister and using resources so as to meet the requirements of the Comptroller and Auditor General (Amendment) Act, 1993. The term *'outputs'* is defined for the first time in the Act as the goods and services (including standard of service) that are a consequence of the activities of the Department or Scheduled Office.

6.66 ● Normally a Secretary General or head of an office within the Civil Service structure, is the Accounting Officer and in that role is personally responsible for the regularity and propriety of Departmental transactions, the control of assets, economy and efficiency in the use of resources

and for the systems, practices and procedures used to evaluate the effectiveness of its operations. There is rigorous independent examination of how these responsibilities are performed by the Comptroller and Auditor General, (C&AG), and the Dáil Committee of Public Accounts (PAC). An Accounting Officer appears before the PAC in his/her own right rather than as a representative of the Minister. It is noteworthy that the Accounting Officer is not responsible for effectiveness *per se* nor does the C&AG's remit extend to effectiveness *per se*. The rationale for this is that evaluating effectiveness would involve getting into matters of policy which are the prerogative of Ministers and Government and for which they are accountable to Dáil Éireann. The Head of the HSE and the Garda Commissioner are now Accounting Officers in their own right.

6.67 ● Issues have arisen from time to time as to the extent of an Accounting Officer's responsibilities, particularly in respect of bodies under the aegis of the Department which are in receipt of public funds. The Working Group on the Accountability of Secretaries General and Accounting Officers which reported in July 2002 (the Mullarkey Report), identified the problem of achieving a balance between allowing the body concerned the freedom to perform its functions effectively while at the same time meeting accountability requirements for public funds. It considered that the Accounting Officer's responsibility should cover ensuring that the Code of Practice for the Governance of State Bodies issued by the Departments of Finance was being implemented. Also, that reporting arrangements should be able to identify any problem so as to enable early corrective action to be taken. The C&AG also audits the accounts of Vocational Educational Committees, non-commercial state bodies, third-level educational Institutions and other bodies specified in legislation. The Office has, *inter alia,* powers of inspection for other public bodies as well as bodies which have received 50% or more of their gross income from public funds. The PAC's remit also covers these bodies and it may require the Chair/Chief Executive of such a body to appear before it.

6.68 ● Secretaries General are accountable to the Minister for carrying out all the duties specified in Section 4 of the 1997 Act. In common with other senior officials in their Departments, they may be required to appear before various Oireachtas Committees on issues relevant to the Department, including Strategy Statements. The capacity in which Secretaries General, or other civil servants, appear before Oireachtas Committees (other than as Accounting Officers before the PAC) is on behalf of the Minister as part of the Minister's Constitutional responsibility. Reflecting the different responsibilities of Ministers and civil servants, there is a statutory prohibition on civil servants expressing an opinion on the merits, or the merits of the objectives, of a particular policy.

6.69 ● While Ministers (and the Government collectively) are accountable to Dáil Éireann for the policy and the activities of their Departments, they are solely accountable for the outcome or the results of particular policies. In relation to the outputs or activities needed to ensure the desired outcomes, officials are accountable to their Minister but in addition they

may be requested to appear before an Oireachtas Committee in relation to their Departments' Strategy Statements. With regard to the use of resources, Accounting Officers are directly and personally accountable to the PAC. It is not surprising, therefore, that confusion arises in this complex area. If we are to find a better balance between autonomy /accountability and control/ flexibility, it is essential that respective accountabilities are spelled out clearly and unambiguously. This is also necessary in the case of local government which does not fall within the C&AG's remit and in the case of the C&V sector. The recent C&AG report, already referred to in paragraph 6.46, allows for different accounting standards to apply to smaller C&V organisations with a view to reducing the burden that accountability places on them.

6.70 ● In its report, the Mullarkey Working Group also referred to the importance of accountability to citizens both as users of public services and as taxpayers who finance the expenditure required to ensure the delivery of these services. The Ombudsman Act 1980 and the Freedom of Information Act 1997 subject the actions and decisions of public servants to more rigorous public scrutiny while the Ethics in Public Office Act 1995 and Standards in Public Office Act 2001 lay down standards and codes of conduct for those in public life. The Group also emphasised the growing importance of risk management in maximising the likelihood of achieving desired outcomes.

Conclusions

6.71 ● A *'whole-of-government'* approach is needed to address more complex social problems and to minimise complexity in service provision. There is an increasing need to look at policy outcomes especially in relation to cross-cutting policy issues. The aim should be to improve the responsiveness of services by providing relevant quality information for strategic decision-making and ensure better value for money. Effective mechanisms need to be put in place to mainstream best practice learning into the design, planning and delivery of public services at all levels.

6.72 ● A medium-term perspective to the planning, funding and provision of public services is required that is not unduly contingent on the cyclical nature of the public finances. This should be situated within the context of further developing the capacity to tackle key policy issues in a longer-term perspective. What is envisaged here is a parallel exercise to the five-year plan for infrastructure investment which the Minister for Finance announced as part of the 2006 budgetary process.

6.73 ● It would be interesting, for example, if a particular hospital or community care area were chosen and more flexible funding and staffing arrangements were agreed on the basis that certain performance or outputs would be met. Such a pilot, which could be established in a spirit of partnership and in the context of *Towards 2016* commitments, would help identify and highlight any problems that could arise on the ground.

6.74 ● Whatever the level of funding made available for the provision of public services, the key focus should be on ensuring that we get better results from the resources we have. This includes a greater focus on the re-prioritisation of funding from one area to another over time to reflect changed priorities and new needs.

6.75 ● There are a number of good examples of collaborative inter-agency approaches to the delivery of public services which can be built upon. There should be a formal obligation on agencies to co-ordinate and integrate service delivery.

6.76 ● A balance has to be achieved between the need for government to ensure the coherence and coordination of policy and the need to give service providers greater flexibility and autonomy at the local level. In the NESF's view, the search for solutions to complex problems is neither to allow local institutions complete autonomy nor equally to believe that the centre can steer the whole system.

6.77 ● The Community and Voluntary sector plays an important role in the delivery of public services in many sectors. Increasingly higher standards are being set for public service providers resulting in greater demands for professional working standards and reporting systems. There is a need for a balance, however, between formal accountability for public money and service delivery on the one hand and flexibility, responsiveness and innovation on the other.

6.78 ● Greater clarification in relation to the respective accountabilities of the various actors involved in the policy on and delivery of public services is required.

6.79 ● There are advantages and disadvantages with market-type mechanisms such as the outsourcing of the delivery of public services and the use of Public-Private-Partnerships. A decision to use them should be considered on a case-by-case basis.

6.80 ● The growth of Information and Communications Technology has the potential to transform the relationship between the public and the government. It offers new opportunities to address traditional problems of exclusion in society. However, policy initiatives are needed to help those on the wrong side of the *'digital divide'* and the user-centred approach should be to the fore in this process.

| Section VII | **Improving the Quality of Public Services** |

Introduction

7.1 ● The increased focus on raising standards involves everybody engaged in the provision of services. A key element is to get people to accept that they are part of the solution[72] and for this purpose new ways of thinking and sharing responsibility more evenly among all stakeholders are needed. The topics considered in this section are:

— The Quality Customer Service Initiative;

— Measuring Improvements in the Quality of Public Services;

— Best Practice in achieving higher Quality Standards; and

— Right of Appeal and Redress.

The Quality Customer Service Initiative

7.2 ● The key components of the Public Service Modernisation programme are outlined in Box 8 below.

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72 Heifetz, R., Kennedy School of Government (2003), *Adaptive Work,* article in Demos Report, *op.cit.* London: Demos.

Box 8

Public Service Modernisation: Key Components
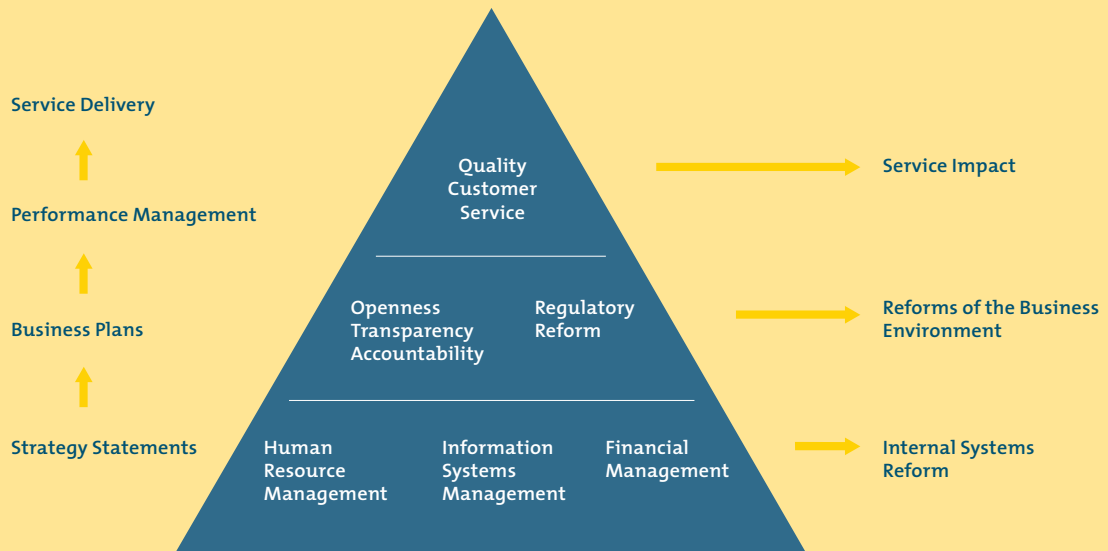
Source: Presentation to the NESF Project Team by the Department of the Taoiseach.

7.3 ● The Quality Customer Service (which mainly relates to civil service departments and agencies under their remit), now provides the context and frame of reference for the delivery of public services. Key milestones in its development have been:

— the publication of the QCS Principles in 1997 (these were revised in 2000);

— the introduction of Customer Service Action Plans in 2000; and

— the launch of Customer Charters in 2003.

7.4 ● The NESF report on *A Strategy Policy Framework for Equality Issues* (Report No. 23 2002) emphasised the importance of a strategic framework for action on equality. Given its remit, the NESF attaches particular importance to the equality/diversity principle that now underpins the approach to QCS in the public sector[73]. This principle establishes key parameters in terms of rights to equal treatment, of the need to accommodate diversity and contribute to equality. However, the public sector has the second highest area of case files under the Equal Status Act in particular under the disability, Traveller, race and gender grounds. Public

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73 *Op.cit.*

sector bodies need to take a more proactive approach to achieving equality objectives and build an institutional culture that is conscious of and committed to equality considerations. The Equality Authority could be resourced to play this role.

7.5 ● This would include equality and diversity training for staff, equality reviews of service provision and equality action plans, partnership with groups representing customers from across the nine grounds covered by the equality legislation and gathering the necessary equality data for monitoring and evaluation purposes.

7.6 ● A number of ways are used to gauge public satisfaction levels with the delivery of services. One example is Civil Service customer surveys — the first of these was conducted in 1997, the second in 2003 and the most recent one, which involved both the general public and the business community in 2006[74]. While the results overall were encouraging, the 2006 survey indicated that 15% of the general public were dissatisfied with the service they received, compared to 9% in 2002 (on the other hand 14% of business users were dissatisfied). The Project Team agrees with the recommendations of the report that there should be a deeper examination of the Civil Service customer experience so as to better understand the key drivers of customer satisfaction.

7.7 ● Under the Customer Charter Initiative, Departments and Offices are obliged to measure and report on their success in meeting customer service targets. Separately, an independent overall review of the implementation of Customer Charters will be commissioned centrally by the Department of the Taoiseach later on this year. It is understood that this will be in keeping with previous central reviews, for example, the 2002 Butler Report on *Evaluation of Customer Action Plans*.

7.8 ● Important findings from earlier studies were those from the 2002 PA Evaluation of the SMI to the effect that the QCS had taken hold in the Civil Service but that continuous mainstreaming was required across all Departments and Offices. Similarly, the 2002 Butler report found that the QCS Principles were being addressed extensively and positively but one of the main challenges foreseen was the need to integrate the planning and the delivery of services (see Section VI of this report). The report also highlighted the importance of developing an ethos *('buy-in')* that would underpin and sustain a customer service strategy and activity.

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74 *Op .cit.*

Measuring Improvements in the Quality of Public Services

7.9 ● The implementation of the Lisbon Strategy is linked *inter alia,* to the capacity of the national public administrations in the EU Member States to orchestrate effective policy-making in a real-life context (Maatta, 2004:4). This is facilitated, but limited, to information exchanges on good and innovative policies as long as responsibility for the delivery of public services remains largely within the competences of the Member States.

7.10 ● This means that the 'Open Method of Coordination' — which rests on *'soft law'* mechanisms such as guidelines, indicators and the sharing of best practice, rather than legal instruments such as directives or regulations — is the primary mechanism used for EU action in this area. It has undoubtedly influenced the increasing use of Quality Management in the European Public Sector.

7.11 ● The concept of Quality Management first emerged in the private sector in the context of post-World War 2 industrialisation. At first it had a strong product focus, but over time a greater emphasis was placed on the satisfaction of the end-user. From the early 1990s, Total Quality Management (TQM) became a feature of the public sector. Initially this was reflected in the emergence of user charters, but by the late 1990s many standardised quality models and techniques found their way into the public sector (Staes and Thijs, 2004).

7.12 ● By 2005 almost all EU Member States were using excellence models and Quality Initiatives in the provision of public services (CAF Resource Centre, 2005). EFQM, ISO, Balanced Score Card and CAF are the most extensively used TQM tools in Europe. However, many countries have set up specific national tools, such as Sweden's quality development leadership management tool or QUL (Committee of the Regions, 1999). Political support for TQM tools is significant and growing in many countries. Additionally, most Member States have organisations dedicated to supporting/training the public service in setting up Quality Initiatives (CAF Resource Centre, 2005).

7.13 ● Recognition of the need for a more organised response began to emerge following years of informal consultation between EU Member States on the adoption and use of quality models. This was achieved in 1997 with the establishment of a working group of officials from the Member States, which subsequently became the Innovative Public Services Group. This is part of the European Institute of Public Administration (EIPA) comprising all the 25 EU Member States, whose aim is to promote exchanges and dialogue. Among other initiatives, the Group in 2002 developed the Common Assessment Framework (CAF) which is an easy-to-use tool to assist public sector bodies to improve their quality management techniques.

7.14 ● The CAF has four main purposes[75]:

— to capture the unique features of public service organisations;

— to serve as a tool for public administrators who want to improve the performance of their organisation;

— as a bridge across the various models in use in quality management; and

— to facilitate benchmarking between public sector organisations.

7.15 ● The CAF is essentially a blueprint to improve the performance of an organisation. The structure of the CAF Model (Box 9 below) comprises nine criteria that need to be considered when assessing an organisation.

Box 9

The CAF Model
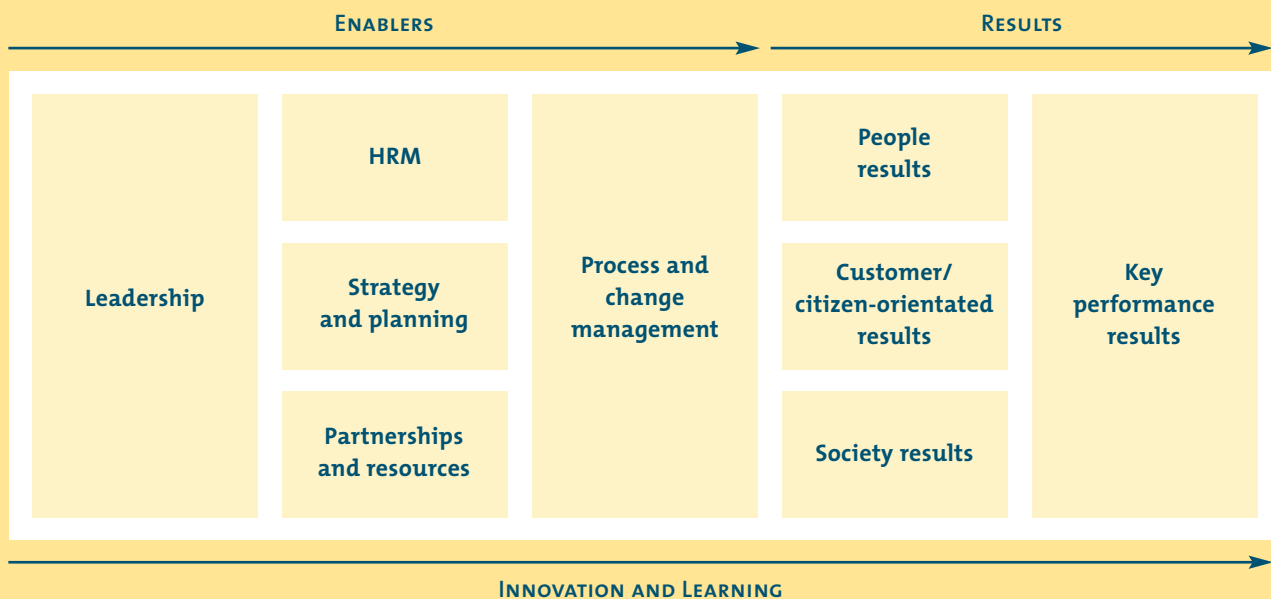
7.16 ● Self-assessment against the CAF model offers an organisation the opportunity to learn more about itself. It is intended as a *'light'* model to be used as an introduction to quality management. It is assumed that if an organisation wants to go further they will select from one of the more detailed models (such as the EFQM) with which CAF is compatible. A great advantage of the CAF is that it is a low cost, user-friendly model that leads to a structured improvement process. Good training is a precondition for

75 *(Staes and Thijs, 2004:3).*

its successful application. In some countries training is organised at ministry level or by the Institutes of Public Administration. In other countries private sector companies are providing services on CAF.

7.17 ● Between 2002 and 2005, the adoption of the CAF as a quality management tool has grown from 500 to 900 organisations in 20 countries. It is estimated that it could reach 1,600 organisations by the end of 2006. This growth has been attributed to an awareness of the added value of the model for organisational development. The spread of CAF has benefited from significant political support. In three European countries its use is obligatory and it is recommended in many others. Also, many governments have taken the step of providing information, training and advice to organisations who have expressed an interest in using the CAF. Financial support for the dissemination of CAF is steadily increasing, as is human resource allocations (CAF Resource Centre, 2005).

7.18 ● Nearly 90% of users of the CAF have reported that its use has led directly to the implementation of sustainable improvement activities. 95% reported that they planned to use CAF again at some stage in the future (CAF Resource Centre, 2005). A CAF Research Centre, based in the EIPA, has been established to promote the CAF and its use and application in Europe.

7.19 ● The experience of CAF in Denmark illustrates the inherent flexibility of the model's framework. There it is used as a supplement to the established EFQM Excellence Model, particularly as a starting point for those organisations less experienced in TQM. The Centre for Human Resource Development and Quality Management was made responsible for the implementation of CAF, which was promoted under the name KVIK, which means *'fast'* in Danish. KVIK was specifically tailored to meet Danish needs. Support was given to the formation of learning circles where organisations share knowledge on how to carry out improvement projects.

7.20 ● Across the EU, the benefits of the introduction of quality schemes have been manifold. In Germany a tangible increase in customer satisfaction, enhanced transparency and awareness of costs, simplified procedures and structures was noted (German Association of Cities) and in Sweden the QUL has been associated with saving money, increasing efficiency and improved customer satisfaction (Committee of the Regions, 1999).

7.21 ● Up to now, this country has not officially or formally promoted the use of the CAF and no declared policy exists on its use (CAF Resource Centre, 2005). However, as the CAF is in the public domain, individual Departments and organisations are free to use it or other similar tools as they so wish. At present, it is in use here in the Department of Defence. The Department of Finance and the Institute of Public Administration are keeping in touch with developments in this area through attending seminars, conferences, and the position is kept under review to assess when and where the CAF might be beneficially used in the Irish public administration system.

7.22 ● Under the Strategic Management Initiative / Delivering Better Government modernisation programme, a framework has been developed which incorporates many of the elements of the CAF. This framework is

progressively being embedded in the day-to day business of each Department and Office. However, there are many service providers who deliver the service to the public on the ground, (both statutory and non-statutory) to whom the above framework currently does not apply.

7.23 ● The benefits of the CAF model in assessing performance in those organisations which provide public services were highlighted in submissions received:

"It is a relatively simple, easy-to-use model, which can serve as an introductory tool to quality management. There is growing use of CAF across the EU … It includes a process of self-assessment by an organisation of service levels provided to the customer/citizen and of their impact on society."

7.24 ● In 2004, 28 Government Departments/Offices were surveyed by the QCS Working Group under the SMI. Five Departments have achieved accreditation under the ISO series, two Offices under *'Excellence Through People',* and one Department under *'Continuing Professional Development'*[76]. Another Department is proceeding with the application of the *'Q-mark',* an Irish variation of the EFQM standard (Quality Customer Service Working Group, 2005). Over 150 projects were entered in the 2006 Public Services Excellence Awards and the winners (the Prison Service, Louth County Council and the HSE/Hospice Foundation) represented this country in Finland at the Fourth European Quality Conference.

7.25 ● A Quality Certification Scheme is under consideration for the Irish Civil Service. This is an opportune time for this and there is widespread support for such a move. While such a scheme would not provide a panacea for present shortcomings, nevertheless, it could make an important positive contribution to moving forward the QCS initiative in terms of making further improvements in the quality of services, as well as giving recognition to and raising the morale of those providing the services and providing a benchmark for progressive change.

7.26 ● There is, of course, need for more specialised or sector specific standards in particular areas. In the health sector, for example, the Irish Health Service Accreditation Board (IHSAB) began the development of *Acute Care Accreditation Standards* in 2000 under the aegis of the International Society for Quality Healthcare and these were approved in 2004. The standards are grouped in five categories: care/service; environment and facilities management; human resource management; information management; and leadership and partnership.

7.27 ● The accreditation process is a learning and development one and includes organisational self-assessment against standards. Three organisations recently achieved an accreditation award viz the Mater University Hospital, Rotunda Hospital and St James Hospital. Accreditation now involves 90% of acute hospitals, and a gradual involvement of hospices. It is expected that a *Residential and Non Acute Care Accreditation Scheme* will become operational in 2006. The IHSAB also plan to

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76 A standard set by the Institution of Engineers of Ireland.

develop an Accreditation Scheme for Primary Care Services. The HSE commenced a *Hygiene Services Assessment Scheme* in 2005 which is mandatory for all acute hospitals. A Government decision was made in 2005 to establish the Interim Health Information and Quality Authority. The Irish Health Service Accreditation Board is to be integrated into the new body on its establishment.

Best Practice in achieving Higher Quality Standards

7.28 ● Most if not all EU Member States are now engaged in various initiatives to improve their public services and achieve a more customer-oriented focus. These are based on the relationship between the user/customer (one-stop shops, e-Government), innovation, quality of life improvements, use of modern management techniques, simplification of procedures and regulations and achieving higher standards in services provision.

7.29 ● Conferences play a major role in the spread of best practice. The Innovative Public Services Group of EU national experts has organised bi-annual quality conferences for public administrations since 2000. This is part of the aim of the EU Ministers for Public Administration to develop new methods for sharing knowledge between EU Member States in the public sector. Presentation of best practice cases from the Member States form the core of the conferences, with many countries holding domestic quality competitions to select their representatives.

7.30 ● These conferences provide opportunities to discuss problems, issues and solutions of mutual concern and to learn from each other's experiences. While not everybody is converging on a single model of public services delivery, the essential elements in any such model would be aimed at making an administration[77]:

(i) Efficient, (ii) Effective, (iii) Enabling, (iv) High Quality, (v) Citizen-centered, (vi) Transparent, and (vii) Participatory.

7.31 ● Many EU Member States have set up specific organisational units (at central, regional and local level) which are responsible for the promotion of quality initiatives in the public sector-as well as organisations that support the public sector in setting up quality initiatives. The latter include private sector training organisations/consultants, professional associations for quality management, and universities/training institutes.

77 Pollitt, C.(2005), *International experience of public management reform: Lessons which we can learn,* Rotterdam: Erasmus University.

Right of Appeal and Redress

7.32 ● An important issue raised during the Project Team's work was that of how to give people greater rights of appeal and redress where they have a problem with services' delivery. Holding ministers and officials publicly accountable for their actions is an essential ingredient in improving the delivery of quality public services. In the light of experiences in recent years (most notably the issue of nursing home charges), it is essential that public bodies are fully aware of the necessity to ensure fair and sound administration. In this regard they should be kept up-to-date on their responsibilities as laid down by the Courts or by the Ombudsman in various reports and in the Code of Good Practice for dealing with members of the public. In addition, they need to be aware of their obligations under the equality and disability legislation. It is particularly disappointing to note from the commissioned research work (see Part B) that lack of courtesy from front-line staff, especially to the most vulnerable and marginalised, emerged as a problem.

7.33 ● While the 2004 MORI Survey on Trust in Public Institutions here showed some positive results, it highlighted a clear lack of public confidence in the readiness of public sector bodies to admit and respond appropriately to mistakes. Some 65% of the public felt that these bodies were not always open and honest about mistakes. Many of them tend to adopt an adversarial approach in their dealings with the public and the primary focus is to defend their position regardless of its merits.

7.34 ● Public bodies must commit to the early resolution of disputes and the granting of redress and there should be specific reference to this in the QCS principles. Redress had been included in the original set of principles but was omitted from the present updated version.

7.35 ● People on low incomes often cannot access the services of lawyers to make their case when they consider their entitlement to a service is not being met. Civil legal aid and advice is provided by the Legal Aid Board through its national network of 33 full-time and 15 part-time centres but it is contended that *'civil legal aid advice is not available to every person of insufficient means, given that many on very modest means fail to qualify'*[78]. There is also a voluntary assistance scheme operated by the Bar Council available to non-governmental bodies working with people who have legal problems but cannot afford the services of lawyers. However, recourse to the courts is a slow and often expensive remedy, particularly for the State. The adversarial nature of court proceedings is not conducive to good relationships between public bodies and their clients and has an element of *'David versus Goliath'* for the ordinary person. Most countries now favour alternative methods of dispute resolution rather than recourse to the courts.

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78 FLAC, (2005), *Access to Justice: a Right or a Privilege? A Blueprint for Civil Legal Aid in Ireland,* Dublin: Free Legal Advice Centres Ltd.

7.36 ● World-wide, the institution of the Ombudsman has become the main avenue of recourse for people who experience problems with services provided by the Civil Service, local authorities, the health service and other administrative bodies. Unfortunately, not all people are aware of the remit and jurisdiction of the Ombudsman and some have personal difficulties which prevent them making their case. It is essential, therefore, that all public bodies within the remit of an Ombudsman should make this avenue of redress known to their clients in any case where a request for a service is not being met. The Ombudsman is in a position to investigate all the relevant aspects of the complaint in an informal, non-adversarial way and at no cost to the complainant. Unlike the courts, the Ombudsman can also examine systemic defects in administration which may adversely affect the service for whole groups of people.

7.37 ● Redress, which is a key element of a quality customer service, is seen by many public bodies as a complex issue. A High Level Group here is at present considering this issue and a report has been commissioned by the Department of the Taoiseach into best practice on redress internationally. The guiding principle of redress is to put the complainant in the position he/she would have been in, if the right decision had been taken in the first instance. This is possible in most cases but sometimes monetary compensation may have to be considered. This appears to be a cause of concern at present but, in reality, it arises much less frequently than might be expected. In many cases a timely apology, an explanation or a reason for a decision can be sufficient for an aggrieved person and can avoid the initiation of what often turns out to be a lengthy and costly process[79].

Conclusions

7.38 ● Important progress has been made in recent years across the public sector in improving the quality of customer standards. The challenge now is to keep up the momentum of change and improvements; to further refine the QCS principles and to ensure that they translate into more responsive and quality public services on the ground. This will not be easy, against the background of resource constraints and of systems fatigue with the ongoing process of change.

7.39 ● Notwithstanding this, however, the NESF is encouraged by all the social partners having declared, under the terms of *'Towards 2016',* their willingness to co-operate in the next phase of modernisation, with particular reference to the delivery of quality customer services and the use of modern management techniques and work-place practices to this end.

7.40 ● Customer Charters need to be standardised in terms of their respective levels of detail as for example, the Department of Health Charter comprises one page only, while that of the Department of Education has

79 McCann Fitzgerald (2005), *Redress for Civil Service Customers: International Approaches,* Dublin: Public Service Modernisation Division, Department of the Taoiseach.

several pages. There needs to be a more evidence-based approach to the measuring and reporting of customer service standards in departmental annual reports. The NESF would support the PA Consulting report[80] which called for more robust monitoring to ensure that the QCS continues to respond to emerging customer needs and preferences.

7.41 ● The Quality Customer Service Initiative in place has mainly related to Civil Service departments. Currently departments are seeking to ensure that Customer Charters are implemented in non-commercial state bodies. There are however, many bodies who deliver services on the ground (statutory and non-statutory) who do not come under the initiative. Although these are encouraged to improve their services to their customers in every way they can, there is no initiative in place to help ensure this. While in theory one could envisage Customer Charters being introduced for all providers of a public service, this will of course depend on the success or otherwise of the present initiative in the Civil Service and non-commercial state bodies and in practical terms would have to be built up over time.

7.42 ● Against this background, the Project Team concludes that a new *'Customer Service Standard Initiative'* (adapted to the different sizes and nature of organisations) could be introduced for all public services providers who do not come under the current Quality Customer Service Initiative. Each provider would then be expected to set out clearly the entitlements and standards of service which users can expect to receive. The outcome of services would be monitored and reported upon. This would form a basis for service adaptation and improvement.

7.43 ● More encouragement and support should now be given to the development of a strong evaluation framework to improve the performance of public service provider organisations. This should include considering the use of the Common Assessment Framework and other evaluation frameworks. Increasingly, CAF is providing the impetus for a common European reference framework throughout the EU.

7.44 ● The real test of whether or not there is a commitment to quality delivery of public services is the willingness of service providers to set up effective avenues to provide redress for users who feel they have a legitimate complaint about the service they have received or the service they have been refused. Specific reference to the issue of redress should be reinstated in the QCS set of principles.

7.45 ● Finally, and as emphasised in a number of earlier NESF reports, the equality/ diversity focus needs to be strengthened as a key element of Customer Service Action Plans. This should include equality and diversity training for staff, equality reviews of service provision and equality action plans, partnership with groups representing customers from across the nine grounds covered by the equality legislation and gathering the necessary equality data.

80 *Op.cit.*

Section VIII	Implications of Change for Staff and Service Users

Introduction

8.1 ● This section considers the implications of change and innovation on the competency requirements for staff who work in central government and with service providers (public, private and community and voluntary), at both national and local levels. These new competencies are required to support the strategy for the improved delivery of public services proposed in this report. The implications for customer/users involvement in the shaping up of services are also considered.

Public Sector

8.2 ● Successful public sector reform requires that staff at both central and local service provider level understand the purpose of reforms and have the competencies to deliver on them. At central government level senior staff need skills to identify high-level priorities and establish the financial and staffing support needed to achieve them. Creative *'outside the box'* thinking and new ideas are needed to achieve a whole-of-government approach to solving problems. This requires staff from several departments working together on cross-cutting issues — essentially bringing to the table their departments' *'piece of the jig-saw'* to ensure that high-level priorities will be met. There is also a need for senior staff at central government level to see their role as a support role for providers operating, so to speak, at the *'coal face',* while ensuring, of course, that overall Government policy is not put at risk.

8.3 ● Policy-makers must be aware of the views, concepts and beliefs of other organisations — *'the battle for innovation and reform is often the battle of concepts and beliefs'*[81]. This is an important reason for encouraging networking and inter-organisational forums to combat *'silo mentalities'* resulting from the existence of different belief systems. Policy makers should actively engage with stakeholders and services users as their input and support may help a reform to succeed.

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81 Koch. Cunningham, P.Schwabsky, N. Haukes, J. (2006), *Innovation in the Public Sector;* Oslo: Publin with support of Norwegian Ministry of Education and Research

8.4 ● The need to develop a stronger *'evaluation culture'* in the public service was clearly highlighted in the submissions received: *"Public service planning and policy needs to be evaluated before, during and after its development. Public servants and government departments have an obligation to the public to evaluate their services and policies, to ensure that what they are delivering is required by its users."* Evaluation techniques/skills are required to set appropriate performance measures to assess the outputs and the outcomes of public services and to monitor and report on them. It is important that these reports are concise and timely so that they can be used by the political system to make decisions on developing and/or terminating services which are not working.

8.5 ● There has been substantial growth in recent years in the volume of legislation to deal with the more complex needs of our modern society. This is placing heavy demands on staff to formulate, interpret and operationalise these changes. As well as more generic skills, expertise needs to be built up around what works in specific public policy sectors such as education, health, social welfare, employment etc. The ability to take in ideas and develop them into new policies and programmes as solutions to public sector problems will be key challenges.

8.6 ● Submissions received by the Project Team highlighted the need for public services to take account of the varying needs and experiences of people from different backgrounds. The current high level of immigration means that there are an increasing number of people from different countries using public services. This requires diversity and equality training for those involved in the design of services and interfacing with the customer/user. Effective consultation with users as a means to better adapt services will require new skills. New Guidelines for *'Poverty Impact Assessment'* are also being introduced[82].

8.7 ● Improved service design can help ensure that services meet people needs and are cost-effective. Its application will require new skills in service design taking into account the experiences and relationships of users, especially in areas where a range of interrelated services are provided by agencies for the same customer/user.

8.8 ● This report has highlighted the need for inter-agency collaboration to deliver the continuum of services that users of the service need. The management of service provider networks on the ground will become increasingly important (these may be locally-based or more generic). Within these networks, a lead agency should be given primary responsibility for the coordination of services in the area in question. The success of efforts to promote joined-up services at the local level will require strong leadership and support at national level. A leadership development initiative is needed to develop a set of skills such as communication skills, teamworking, and the ability to take a more holistic look at the development and provision of services. It would also help if those staff working

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82 Office of Social Inclusion (2006), *New Guidelines for Poverty Impact Assessment,* Dublin: Department of Social and Family Affairs.

either in the public, private or C&V sector could gain experience of working in each other's organisations and thereby improve their insight and appreciation of the different (and similar) ways of working. This would foster good interpersonal relationships, especially important in dealing with potential areas of disagreement.

8.9 ● A case management approach to identify and meet the needs of more vulnerable people will require close co-operation between agencies. A *'broker'* is needed who would help to *'cut through the bureaucracy'* and help people access services they are entitled to. It would be preferable if the person in this *'broker'* role worked within the lead agency.

8.10 ● In-house expertise needs to be developed to take advantage of the use of information communication technology, to deliver on-line services as well as information on entitlements to services. This includes much needed expertise for the management of large-scale Information Technology projects. At the same time, account should be taken of those people who have little access and/or poor appreciation of ICT. The challenge will be to make maximum use of information technology to transform service delivery while making sure that technology-led solutions do not take precedence over people-led solutions.

8.11 ● Public services are labour intensive and training and development is, therefore, a necessary ingredient in efforts to improve the quality and responsiveness of public services. This can include relatively simple and low cost training, including induction training and customer care and a better understanding of the related services of other service providers. As services develop, it will also be important to upskill existing staff. New initiatives could draw on the experience of existing programmes to upskill staff in the health sector (e.g. the CLASS and SKILL initiatives and the development of the Health Care Assistants' role). These have been reinforced by the *Towards 2016* agreement, which also reaffirms commitments to the local authorities' successful *'return to learn'* programme.

8.12 ● The ongoing change management programme within the Civil Service and the wider public service is an important vehicle within which these new set of skill competencies and ways of working can be encouraged and supported.

Community and Voluntary (C&V) Sector

8.13 ● C&V bodies now manage a much higher level of resources (public and own funding) and face increasing demands to become more professionalised. Higher standards are being set for services resulting in greater demands for professional working standards and reporting systems. C& V bodies are now beginning to employ more people in their account/ administration functions. Many of the competency requirements for their staff are similar to those of public service staff. An example is in the child care area where many C&V bodies are being funded to provide childcare services in disadvantaged areas.

8.14 ● There are differences between the several large and many smaller-sized C & V bodies that deliver public services. Given the valuable role that C & V sector plays in the delivery of public services, support should be provided to help their staff (full-time and voluntary), update their skills and competencies. Particular help needs to be given to the smaller-sized organisations to enable them to meet the growing demands on them especially in relation to accountability.

Business Sector

8.15 ● The business sector can also help by providing expertise and skills which may not be generally available. It is already heavily involved in providing professional services to the public sector such as consultancy, research and evaluation, accountancy, auditing, computer system know-how etc. In its own right, the sector is involved as a deliverer of public services, either through the outsourcing of services and use of public-private partnerships. As well as the private sector bringing its own skills and expertise to complement those of the public sector, the sector has also to take account of the ethos and workings of the public sector. This includes greater awareness of government's wider statutory responsibilities; the use of service user consultation/ involvement in the shaping up of services as well as the putting in place of complaints/redress mechanisms and the continuity of service and service quality standards.

Service Users

8.16 ● We have stressed in this report, that service users, particularly those more marginalised and/or vulnerable, need support to identify and choose (either individually or collectively) the services and supports they are entitled to. Their own experiences can help to generate new ideas for service improvements.

8.17 ● Given the competing needs around the spending of public funding on services, there is a concern that the voice of those less well off will not be heard and that public services will be concentrated on meeting the needs of better informed people more articulate about what they want. This requires resources to be dedicated for capacity- building support for vulnerable groups and minority ethnic groups to support their engagement with service providers. Submissions recommended that antiracism and inter-cultural training/awareness measures be developed in consultation with minority ethnic groups and that the C&V sector should provide much support in this regard.

8.18 ● ICT is increasingly used by government and service providers to provide information on entitlements and provision of public services. It has the potential to open up new opportunities for people living in isolated rural areas. Around 45% of people are interested in using ICT in the home to access public services (15% of retired people and 27% of those unemployed). The most frequently cited barrier to people learning more about ICT is a lack of time, followed by a feeling that they are too old to learn. Lack of access to a computer and *'not having the money'* are cited as the main reasons by unemployed people[83]. Submissions received attached significant importance to achieving equality of access to these new information and communication technologies and called for targeted provision of ICT training and awareness programmes to minimise the threat of a growing *'digital divide'*[84].

Valuing High Performance

8.19 ● A strength of the public service is the dedication of staff to helping the public — especially those who are most vulnerable in society. Awards such as that for public value achievement and innovation do much to acknowledge public service work as well as giving an example to others of what can be achieved. In submissions to the Project Team, the *'Public Service Excellence Awards'* and the *'Excellence through Accessibility'* Awards were identified as good examples of recognising and encouraging organisations to strive for higher standards of customer services. Consideration should now be given to widening eligibility for these awards to all providers of public services (both statutory and non-statutory).

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83 *Op. cit.*

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84 This was also a key message of an EU Commission Working Paper (2001), *e-Inclusion: The Information Society's potential for social inclusion in Europe,* Brussels: EU Commission.

Conclusions

8.20 ● People are central to improvements in the delivery of quality public services. For this purpose, there are competencies which need to be developed across the range of service providers (public, private and the C&V sector). Many of these are similar and apply across the spectrum of service providers — not least those associated with improved inter-agency working. Strong leadership, both at central government level and local levels, are necessary to deliver on the reforms. So too is the ability to see the wider strategic vision, as well as the distinct role that each body at the local level has to play.

8.21 ● A critical requirement in the effectiveness of local partnership networks and the case management approach is for people to work within teams and to have a good understanding of and relationships with other agencies. There should be formal recognition of the achievement of high standards by providers.

SECTION IX	The Way Forward – Conclusions and Recommendations

Conclusions

9.1 ● The aim of this report is to make practical proposals to enhance the delivery of quality public services. This is something we are all interested in as depending on our needs and circumstances, we all make use of a range of public services at different times. Most of us have direct experience of public services such as education, health, transport and social welfare, which help us to participate in economic, cultural and social life. Other services are more specific to particular stages of the *'life-cycle'* (i.e. becoming a parent, old age etc) or to socio-economic problems and/or personal circumstances (i.e. unemployment, homelessness, mental health etc). In total we spend around €39 billion per annum on a wide range of public services. An investment in equitable, responsive and cost-effective public services will result in a better quality of life for us all.

9.2 ● Here, in Ireland, there have been many positive improvements in the delivery of quality public services over the last decade, including reforms under the public service modernisation programme and successive partnership agreements. These achievements must be acknowledged and are built upon in our recommendations. Nevertheless, there are still significant shortcomings as well as new and emerging challenges to be met. These challenges derive from ongoing pressure resulting from high economic growth (GNP has grown by 4.3% p.a. over the last five years), major demographic changes (a 318,000 increase in our population over the last four years), technological developments, inward migration and greater cultural diversity (nearly 10% of our population, 400,000 people, are now non-nationals). Additionally, there are rising expectations from the public for more choice, higher quality standards and value for money.

9.3 ● The delivery of equitable, responsive, quality public services which better meet people's needs will result in the creation of *'Public Value'*. Public services are not just of interest to those who use them but also potential users and the public at large as taxpayers. Ultimately, the value of better public services is decided by the public who often place a strong value on *'public'* issues such as distributional equity and fair process. The Project Team believe that public service reform should focus on a continuous improvement of the four key components of *'Public Value'* which are :

— providing responsive quality services for users (which are cost-effective);

— ensuring fairness in service provision;

— concentrating on improved outcomes for people; and

— building trust/legitimacy.

9.4 ● Improving the outcomes of public services often requires a joint effort between people and government. This joint-effort should be encouraged and will lead to the creation of added public value. Examples of this are the recycling of household waste with households becoming more involved in sorting out various forms of waste for separate collection. Another is the involvement of parents in their own and their children's education through use of the internet and extra curricula activities etc. In the area of public health, improved lifestyle choices by people (i.e. dietary and exercise) also result in improved health outcomes. Another practical example is the estate management of local authority housing where public consultation can help to create attractive and safer streets, parks and open spaces. Changing our own culture and behaviour can also do much to improve service outcomes.

9.5 ● As highlighted in *Towards 2016,* the public service must continue to modernise and at a faster rate than heretofore if it is to meet the expectations and requirements of our increasingly complex and diverse society. A central issue is how we can move from a system which, with notable exceptions, tries to fit complex individual needs into a *'one-size-fits-all'* approach towards a more customer/user-centred approach where services are *'wrapped around'* peoples' needs and circumstances. This is particularly relevant for vulnerable groups, including minority ethnic groups.

9.6 ● A more customer/user-centred approach to the delivery of public services will ensure that people's needs are better met and that their dignity and independence are respected. Our research has shown that the gap in perceptions between what service providers supply and what service users need is often wide. A focus by service providers on how people actually experience services by *'mapping the customer/user journey'* will help to improve service design and foster innovation in service delivery[85]. This feedback can be used to reduce complexity of

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85 *Op. cit.*

services/supports and help inform how inter-agency working at the local level can be improved. There should be flexibility in terms of models to enhance choice, taking into account the nature and quality of each service.

9.7 ● While many excellent reports and strategies for new or improved services in various sectors have been approved in recent years, there remain significant problems in ensuring their implementation. Five main reasons may be put forward for this:

— Firstly, given that public needs cannot all be accommodated within a particular time frame because of resource constraints, hard choices have to be made in setting national priorities.

— Secondly, many national strategies are often to a large extent *'stand alone';* and are not properly integrated with other relevant strategies (the recent National Disability Strategy is an example of how well this can be done).

— Thirdly, the division of responsibilities between policy-makers, controllers, budget holders and service providers often militates against effective implementation at local level. In particular, problems arise from the lack of autonomy and flexibility providers have, especially over the use of resources.

— Fourthly, more needs to be done to involve the customer/user in the shaping-up of services given that, at the end of the day, it is user satisfaction which is the litmus test of the service received.

— Fifthly, the need to develop the capacity of staff who deliver services to cope with a continuing round of public service initiatives and the need for greater support for them from the centre to adapt to their new roles. The experiences of staff can be drawn upon more to help identify service shortcomings and possible solutions.

9.8 ● A main lesson of experiences across countries is that public sector reform is continuous. Societies keep changing and governments must continue to adapt and modernise. What is equally true is that reforms must be tailored to a country's political and administrative system. There are no single generic solutions that can be readily transferred from one country to another. This is not a choice between Boston and Berlin and we ourselves must find solutions to our own problems.

9.9 ● A whole-of-government approach is required to address more complex social problems. More integrated strategic planning for the provision of public services and relevant support infrastructure is needed for those whose access is impaired by disability or educational, socio-economic, or geographic factors. A *'mapping'* of existing public service provision and related infrastructure against demographic trends would greatly aid service planning. We need to ensure that schools, transport, healthcare, community etc services are in place when and where people need them, rather than following on years afterwards as has often been the case in the past. The Project Team considers that the Adamstown Strategic

Development Zone — although at an early stage, is an innovative example of integrated planning of housing and related public services involving multi-agency co-operation. This approach could usefully be extended to other areas of service delivery.

9.10 ● The Project Team believe that the priority for Government action should be on early intervention/prevention to avoid problems becoming more chronic and costly to address in the longer term. This approach can be applied across a wide range of public service areas, including early childhood education and care, primary heath care services, positive sentencing plans for prisoners, homelessness, family breakdown etc. In the short-term, this approach may result in higher costs, but in the longer run it will bring greater social and economic benefits to individuals, their families and society and will alleviate more costly measures to meet serious problem areas which develop over time.

9.11 ● A more strategic medium-term perspective for the planning, funding and provision of services is required to tackle key policy issues on a long-term basis. The effective resourcing of public services needs to address existing deficiencies as well as meeting new demands that are emerging. The extra funding required to meet these needs may be met in two ways. Firstly, through additional government revenue generated as the economy expands. Secondly, by re-prioritising funding from an area where the demand for services has diminished (i.e. the relatively high level of resources we are continuing to spend on labour market measures, given the significant fall in unemployment) or has become less justifiable, towards other areas of more urgent service needs (such as early childhood care and education).

9.12 ● A stronger *'evaluation culture'* in the public service is needed to determine what is or is not working, so as to develop policies that get to the heart of the problem. It is necessary to consider the *'opportunity cost'* of the use of available resources for one area as opposed to another and the *'trade off'* that will exist within any particular policy choice (between quality, efficiency and effectiveness). This would provide a more objective basis for the re-prioritisation of spending than at present. It would also support the mainstreaming of new learning and best practice into existing and new policies. Both quantitative and qualitative performance measurements, including user satisfaction, should be established to measure service performance. We need consistent performance indicators to measure the impact of total public spending and the degree of progress in achieving key policy issues. Developing an effective evaluation process will take time and it needs to be driven by a group which has a blend of knowledge and expertise of the process and of the realities on the ground. It should be built in at the start of the planning process.

9.13 ● A message which came over clearly to the Project Team is the need for better linkages between those responsible for policy and resources at the national level on the one hand and the providers and users of services at local level. This requires central government setting overall strategic priorities and agreeing on a coherent range of services and their adequate resourcing. At the same time, service providers need to be given more autonomy to innovate and adapt their services to meet individual and local needs. This needs to be accompanied by robust measures of accountability and service performance to ensure we get the best outcomes and value for money. Mechanisms to improve the coordination of services may be dedicated to specific localised problems (e.g. homeless-ness) or to wider more generic areas (e.g. care services for older people). This more *'collaborative'* system of governance must be driven by a coalition at national level of the different stakeholder interests.

9.14 ● To underpin this new approach, there should be a single *'lead agency'* in each sector with clear responsibility for the overall design and coordination of services (and clear information on the entitlements and responsibilities of service users). This partnership approach should become an integral part of each organisation's strategic and business planning process. Innovative inter-agency approaches such as the Donegal Integrated Services Project can help to identify barriers that inhibit agencies working together i.e. different objectives and values; technical and/or cultural barriers to the sharing of information; and budget restrictions which militate against meeting service needs.

9.15 ● Service providers working in the same sector (i.e. helping people back to work, family support, elder care, healthcare etc) should collaborate to provide a *'continuum'* of supports to better match the needs of their shared clients. This coordinated approach can be applied to many areas of public service delivery. *'Follow-up'* support should form an essential element of any continuum of supports. It is important that all the effort is not put into moving people into an improved situation, while little is done to maintain them there.

9.16 ● The growth of Information and Communications Technology has the potential to transform the relationship between the public and government especially for transactive and information type services. It offers new opportunities to address traditional problems of exclusion in society, for example, by offsetting the factors associated with remoteness and restricted mobility. However, policy initiatives are needed to help those on the wrong side of the *'digital divide'* and the user-centred approach should be to the fore in this process. The challenge will be to make maximum use of this technology to transform service delivery.

9.17 ● Greater use could be made of user consultation models to inform the development and the delivery of services. These approaches are used unevenly here at present by central government and service providers. Given the level of immigration in recent years, there is a need to make public services culturally sensitive and accessible to minority groups. This means providing resources for capacity-building among these and other vulnerable groups.

9.18 ● Service providers who work with vulnerable clients and those with multiple needs should consider adopting a *'case management'* approach to service delivery. This includes assessing the needs of the client and identifying and securing the services that can best meet their needs. The use of an *'advocate'* can help service users *'navigate the system'* and more quickly draw down the services they are entitled to. The use of advocacy should not be about overcoming inadequacies in the system. In the first instance any unnecessary complexity and bureaucracy must be reduced. The *'case management'* approach will require changes in the way work is undertaken. Inter-and intra-agency collaboration is a key feature of this approach.

9.19 ● Public service providers need to more clearly set out the rights and entitlements and standards of service that users can expect to receive, and their obligations and responsibilities in availing of these services. The measurement of customer/user satisfaction with the outcome of services should be monitored and reported upon. The Quality Customer Service Initiative in place mainly relates to Civil Service departments and agencies (including local authorities) under their remit. However, there are many other bodies delivering public services that do not come under the initiative. A real test of the commitment to the delivery of quality public services on the part of providers is their willingness to set up effective avenues to provide redress for those users who feel they have a legitimate complaint about the service they have received or have been refused.

9.20 ● The Community and Voluntary sector here plays a valuable role in the delivery of public services in many sectors. Many of these bodies were the primary service deliverers in certain areas before the State became wholly involved. They have their own ethos and culture and respect their independence. Over time, higher standards are being set for public services providers including the C & V sector resulting in greater demands for professional working standards and reporting systems. We now need to establish balance between ensuring formal accountability for public money and service delivery on the one hand and flexibility, responsiveness and innovation on the other.

9.21 ● The possible use of different modes of public service delivery needs to be considered on a case by case basis. As stated in *Towards 2016*, *"there can be situations where, without affecting the essential ethos of the public service, work can be carried out or delivered more effectively or efficiently, or both, by the employment of temporary staff, contracting out of work to the private sector or outsourcing it to other public bodies or a combination thereof".*

9.22 ● Underpinning all reforms must be a culture and ethos on the part of central government and service providers which sees more customer/user-centred services as the way forward. This requires leadership and vision at a senior level and a high level of creativity and learning among staff to achieve this goal. New competencies will be required by staff (both in statutory and non-statutory bodies) at all levels to support the strategy for the improved delivery of public services proposed in this report. Adequate resources and time must be allocated to develop these and this should be recognised within the development and appraisal process for staff. Many improvements can be made to public services delivery without incurring any significant additional financial resources. The Project Team recommends that the planned roll-out of the Garda vetting system for all staff who work with/or care for children and vulnerable adults should be expedited as a matter of urgency.

9.23 ● In considering what recommendations we should make, the Project Team was conscious that moving towards the new social policy perspective propounded by NESC and endorsed in *Towards 2016* will necessitate change across a whole range of issues. The Project Team recognised that all of the changes it has recommended will take time to implement. We have, therefore, designed a Template (outlined in recommendation 1 overleaf) setting out the various elements which should be put in place to improve the delivery of quality public services. We see this as providing the broader context within which we make a number of further practical recommendations designed to get the wider process underway.

9.24   ● We are also convinced that if this report and the NESC's are to be progressed, they must be driven by a senior level working group which is representative of all the stakeholders involved. There is no existing working group which embraces policy-makers, controllers, budget holders, service providers and users. Yet such a group, which we have named the *'Standing High Committee on Public Services'*, is necessary to drive forward the changes we have highlighted. We attach considerable importance to this.

9.25   ● In our recommendations we sketch out our view of the type of body required and its main functions. We do not wish to be too prescriptive about its membership and structure because we are conscious that there are many Steering and Working Groups already operating in different parts of the public service. Indeed the existence of such groups is an added reason for a Standing Committee to ensure coherence and consistency between the overall strategy on public services and initiatives and developments in individual sectors. We consider that its role should be developed in a manner which complements the existing institutional structures. We suggest there should be prior consultation about the membership and structure of the Standing Committee with NESDO and its three constituent bodies and with the Steering Group of the partner-ship agreement *Towards 2016*.

Recommendations

9.26   ● The Project Team has made eight recommendations as follows:

(1) A New Approach for Delivering Higher-Value Public Services

A new 'Public Value' approach for delivering higher-value public services (as outlined in the Template below) should be adopted. This more flexible and responsive customer/user-centred approach will ensure that peoples' needs are better met. The focus should be on improving service design, reducing complexity and fostering innovation in service delivery. Each government department should implement this approach for public services under their remit and within the *'Lifecycle Framework'* outlined in *'Towards 2016'*. There should be a 'whole-of-government' approach to addressing more complex issues. The overarching principles involved should form the ethos and way of working for central government and all public service providers. A stronger 'evaluation culture' should also be developed to ensure that the substantial investment made in public services achieves better outcomes for people, communities and society.

Template 1 A New Approach for Delivering Higher-Value Public Services

Overarching Principles
Equality, Fairness, Transparency, Cost-effectiveness, Accountability, Evaluation

Design/Plan Services Around Users Needs

- Ensure Services are Accessible, Timely, Holistic and Responsive
- Reduce Complexity in the System
- Provide Clear Information on Entitlements/Rights and Responsibilities of Users
- Consult with Customers/Users
- Greater User Choice

Implement Quality Standards

- Establish Quality Standards
- Report on Service Outcomes
- Provide Complaints/Appeals and Redress Avenues
- Promote Staff Training, Development and Involvement
- Develop Culture and Ethos of Customer/User Service

Customer/User

Focus on Early Intervention

- Prioritise Resources on Early Intervention/Prevention
- Adopt *'Life-Cycle'* Approach
- Utilise *'Case Management'* Approach
- Provide Advocacy/Broker Services
- Provide Outreach Services

Integrate Service Provision

- Ensure Joined-up Strategic Planning
- Provide Multi-Annual Funding
- Agree the *'Lead Agency'* Role
- Provide *'Continuum'* of Services
- Provide Autonomy to Adapt Services while Ensuring Accountability for Funding and Performance

(2) Develop a Medium-Term Perspective for the Planning, Funding and Provision of Public Services

A medium-term perspective for the planning, funding and provision of public services should be further developed by the Department of Finance in conjunction with other relevant bodies, to tackle key policy issues on a longer-term basis. This would have due regard to constitutional and legal obligations in relation to annual Dáil oversight and approval of public expenditure. This should build on the current work underway on the National Development Plan 2007-2013 and the five-year plan for infrastructure which has recently been introduced as part of the budgetary process. It should also fit within the new 10 year perspective of *Towards 2016*. As a start in this process, the Department of Finance should extend the present Civil Service *'administrative budget system'* to other suitable bodies and agencies in time for the 2008 Estimates cycle.

(3) Innovate and Experiment

The Department of Finance should also within the same time frame, select some specific bodies (preferably in the health and education sectors which account for 46% of current public expenditure) which (within the context of *Towards 2016)* would be allowed greater freedom and flexibility on a pilot basis for funding and other resources and with a specific focus on innovation and experimentation. It would be important that the degree of freedom and flexibility given would be balanced by commitments in relation to outputs and desired outcomes.

(4) Introduce a New Quality Service Standard Initiative

All providers of public services should provide information on the entitlements and rights as well as obligations and responsibilities of people who wish to avail of a service and the agreed standards of service that users can expect to receive. This should include information on available mechanisms of complaints and appeals. The outcomes of public services should be monitored and reported upon. These findings should be made available to the public and be open to independent verification. They should be used as a basis for adapting and improving service delivery. A new *'Quality Service Standard Initiative'* which incorporates the above principles should be introduced for all public service providers who do not come under the current Quality Customer Service Initiative. Its implementation should take into account the size and nature of the service provider. This initiative should be implemented by each Government Department and/or other budget holders e.g. HSE, for all those bodies (statutory and non-statutory) under their remit who receive public funding for the delivery of services.

(5) Improve the Design and Coordination of Public Services

Responsibility for the design and coordination of services (and information on the entitlements and rights as well as the obligations and responsibilities of service users) should be given to a lead agency in each sector of

public service provision[86]. Other agencies in that sector should be obliged to co-operate with the lead agency and incentives to achieve this should be put in place. This can be supported by the use of *'public service agreements'* containing an agreed number of key outcomes and targets set in a local context. Departments should co-operate to identify areas where initiatives of this kind are required in the context of the *'Lifecycle'* Framework outlined in *Towards 2016*. A key need will be to build up a value system and ethos necessary for working together. This can be helped by an on-going dialogue between the public, private and C&V sectors. Consultation with user groups on how people actually experience services should form part of this process.

(6)   Adopt a 'Case Management' Approach for More Vulnerable Clients

A *'case management'* approach should become the way service providers identify and meet the needs of vulnerable clients and those with multiple needs. This should include advocacy to help the client more quickly get the service they are entitled to. There can be different forms of advocacy (including self–advocacy) depending on the needs of the client and the nature of the service. Each Government Department should begin the process by identifying specific areas which would be appropriate for this approach within its own service and for services delivered by bodies under its remit. It is clear that this approach should be put in place on a phased basis having regard to achieving a balance between the additional resources required and the undoubted benefits that will accrue. Individual budget holders should be enabled to set up a *Case Management Fund* for particular sectors and to invite service providers to bid for financial assistance on the basis of innovative and cost-effective proposals.

(7)   Strengthen and Develop the Relationship between the State Sector and the Community & Voluntary Sector

Given the acknowledgement in *Towards 2016* of the Community and Voluntary sector contribution to delivering quality public services, it is recommended that a supportive Policy Framework document be agreed for this purpose, on a partnership basis, so as to strengthen and develop the relationship between the State sector and the C&V sector. The main elements in such a Policy Framework should include:

— Implementing the principles involved in the Government *White Paper on Supporting Voluntary Activity* (2000);

— The proposals in the NESC Report No 114 *'Developmental Welfare State';* and

— Achieving a balance between State regulation and autonomy and accountability.

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86 In the report we provide possible examples of lead agency roles i.e. FÁS in relation to the problem of young unemployed adults; Health Service Executive for primary health care , the Department of Education and Science for early school leaving and the Department of Social and Family Affairs for older people living alone .

This Framework document should be complemented with sectoral arrangements at local level — drawing on the analogy of the commitment in *Towards 2016* to develop the health services through consultations with the different interests involved for example, between local Community Voluntary Fora, C&V service providers and the Local Authorities.

(8) Establish a 'Standing High Level Committee on Public Services'

A *'Standing High Level Committee on Public Services'* should be established, representative of all the relevant stakeholders, with a clear mandate from Government to drive forward and implement a programme for the improvement of public services and with the capacity to do so. In that regard, particular attention should be paid to the selection of the Chairperson of the Committee. The Standing Committee's functions should include:

(a) Progressing the proposals of this NESF report and the NESC Report – *The Developmental Welfare State,* within the context of the Lifecycle Framework outlined in *Towards 2016.*

(b) Specifying guidelines which should be taken into account by designers and providers of public services by reference to the Template – *A New Approach for Delivering Higher-Value Public Services,* recommended earlier.

(c) Reviewing the range of steering, working and advisory groups already in operation and any proposals to set up new groups to ensure coherence and consistency between their activities and the overall strategy and to avoid duplication and overlap.

(d) Recommending actions to progress developments in particular problem areas e.g. resources, autonomy/accountability, incentives for better performance, evaluation and standards.

(e) Promoting and encouraging innovation and experimentation and examining the scope for mainstreaming them into other areas.

(f) Ensuring that issues relating to the delivery of public services, e.g. in reports of the Ombudsman and the Ombudsman for Children, are taken on board and that serious issues such those that arose in the nursing home charges case are not lost sight of.

(g) Ensuring that appropriate complaints and redress procedures are in place.

(h) Identifying specific areas and/or overarching issues (such as how to promote and develop evaluation) which need focused attention.

(i) Proposing the setting up of action groups in key policy areas to develop plans for submission to the appropriate decision-making body. Their membership would be such as to ensure that all interested parties could make an input into its work.

In relation to Action Groups, the Project Team would favour the immediate setting up of three such groups:

(1) Special Education Provision for Children (taking as its starting point NESF Report No.31 on *Early Childhood Care & Education)*;

(2) Young Unemployed Workers (taking as its starting point NESF Report No.33 on *Creating a More Inclusive Labour Market)*; and

(3) Care Services for Older People (taking as its starting point NESF Report No. 32 on *Care for Older People).*

Standing High Committee on Public Services

Representative of the relevant stakeholders with a clear mandate from Government to drive forward and implement a programme for the improvement of public services and with the capacity to do so.

Action Group 1*	**Action Group 2**	**Action Group 3**
Special Education Provision for Children	**Young Unemployed Workers**	**Care Services for Older People**
Taking as its starting point NESF Report No. 31 on *Early Childhood Care & Education.*	Taking as its starting point NESF Report No. 33 on *Creating a More Inclusive Labour Market.*	Taking as its starting point NESF Report No. 32 on *Care for Older People.*

* The new Children's Office has the potential to undertake this role.

B

Part B	Summary of Findings from the Commissioned Research Work

Introduction

The Project Team commissioned research as an input into its work. WRC Social and Economic Consultants undertook this research and a summary of their findings and recommendations are reproduced below.

Summary of Research

The terms of reference for the research were:

1. To identify good points and bad points in the present delivery of public services at local level.

2. To explore the scope for more coordinated and personalised services to meet individual needs (particularly marginalised and vulnerable groups) and the possible involvement of client user groups in their delivery and barriers to this.

3. To provide an indication of how the present Customer Services Initiatives are improving services and providing redress when things go wrong.

4. To identify examples of best practice approaches and/or elements within these approaches.

The overall objective of this research was to highlight issues at a generic level. To pursue this in a more concrete manner this research explored the delivery of quality public services to homeless people in Dublin and to older people in Co. Westmeath.

Methodology

Focus Groups

Focus groups were conducted in each of the two study areas. Initially, two focus groups in each area were planned: one for service providers and one for service users and their representative organisations. However, for different reasons, just one focus group was held in each area. In Co. Westmeath, participants included services providers and service users, while in Dublin only service providers participated.

Telephone Interviews

A total of twelve in-depth interviews were held with participants in the focus groups and with other relevant personnel to explore in greater detail the issues arising and to discuss recommendations.

Documentary Analysis

As part of its overall work in relation to Quality Public Services, the NESF had invited submissions from interested organisations. Key findings from this analysis were also used to inform the discussion in this report.

Policy and Literature Review

The discussion in this research is contextualised and informed by a brief overview of policy and practice in relation to quality public services in general and by recent reviews and evaluations of the effectiveness of policy in relation to elder care (i.e. NESF Report No. 32 on *Care for Older People,* 2005) and Homelessness (i.e. Review of Homeless Strategies, Fitzpatrick, 2005).

The limitations of the above methodology, and particularly the generation of primary data, must be acknowledged from the outset. It must be stressed therefore that this report does not claim to present a comprehensive exploration of issues relating to public service provision in respect of older people or homeless-ness. Instead, it should be seen as the outcome of a consultation process with key actors in the two sectors.

**The Developmental
Welfare State (DWS)**

The NESC Developmental Welfare State Report proposed a model for the development of social policy and a framework for the development and delivery of quality public services. It comprises three core elements:

(i) public services

(ii) income supports, and

(iii) activist measures/social
innovation.

The report also argues that quality delivery of services requires quality services, stating that high standards must be achieved in public services and explicitly linking this to a rights based approach. Within this model the concept of *tailored universalism* is central — services that are universally accessible, but tailored to the needs and circumstances of each individual. This route is preferred to the alternative of developing wholly separate service provision for atypical groups. Within the model, quality public services should be able to support and facilitate people to live their lives within norms of society, to identify and address issues which alter over the course of their lives and to respond to crisis issues. To achieve this, the NESC propose a shift in the paradigm of service delivery (see Box 2 page 14).

**Quality Public Services and the
Developmental Welfare State**

Two very different areas of public policy were chosen for this research. This provides a rich context within which to explore issues of quality public service delivery due to (a) the significant differences in the circumstances and needs of the two groups and (b) the very different policy frameworks that currently operate in each area.

a. Circumstances and Needs of the Target Groups.

In terms of their needs for public services, older people can, at the risk of oversimplification, be categorised as follows[87]:

- Those capable of living full and independent lives in their own homes in their own communities, whose need is for public services to underpin, reinforce and prolong their independence and well being. For example good public transport, appropriate leisure and recreational facilities, preventative health care etc.

- People who require some support in enabling them to live independently or quasi independently, ranging from limited supports to stay in their own homes and communities to more significant supports to maintain a degree of independence in community/sheltered housing.

- People who cannot live independently or quasi independently and who require full-time residential care.

Unlike the category of older people which is constituted by normal life cycle processes, the category of homelessness is constituted by socio-economic processes including, in some instances, the failure of mainstream public policy. Notwithstanding this, homeless people are also quite heterogeneous. Again, at the risk of over-simplification, they include the following[88]:

- People who are without a home at a specific point in time. In general these will be people with adequate life experiences and skills who through some specific crisis find themselves homeless. For this group, the appropriate response is the provision of suitable accommodation.

- People who are intermittently homeless. These people may have a range of personal and social difficulties which results in them having difficulties in maintaining a tenancy. This group needs not just accommodation, but a range of supports over varying time frames.

- People who are chaotically homeless, with multiple and complex needs and who present very significant challenges for service providers.

b. Contemporary Policy Framework

In terms of a policy framework, one area of commonality across the two policy areas is that the Local Authorities and the HSE are the main statutory providers. Outside of this, however, the two policy areas have little in common. It is not too much of an overstatement to suggest that public services for older people remain firmly within the paradigm of the former welfare state identified by the NESC while those for homelessness have in some respects taken on many of the elements of the new paradigm. Among the most significant

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87 There are also older people in specific circumstances which may increase their level of need, or reduce their likelihood of having their needs met such as those who are homeless, disabled, have mental health problems, experience addictions etc. While these are an important group for policy and service provision, within the constraints of the current research, it has not been possible to include a specific focus on these.

88 There are also groups among the homeless population with specific difficulties and who may be very vulnerable. This includes young people out of home, immigrants, young prostitutes, etc. Again, it has not been possible to include a specific focus on these groups.

differences, is the fact that since 2000 the national Homeless Strategy has been implemented which provides a coherent framework for policy development and service implementation, while in 2003 the national Prevention Strategy was introduced. In contrast, the policy framework for older people has been described as fragmented and lacking vision (NESF, 2005).

Older People in Westmeath

Co Westmeath is a predominantly rural county with over half of its population of 71,858 living outside the two main towns of Mullingar and Athlone (CSO, 2002). Almost 11% (7,898) of the population of the county is aged over 65 with women predominating among the older age groups. Among those aged over 65, 31 per cent (1,427) of women and 21 per cent (715) of men live alone (CSO, 2002). Almost one quarter of the over 65 population (1,827) are in receipt of minimum social welfare payments.

While there are a large number of organisations providing services for older people throughout the county, most provision remains within the remit of the statutory sector, and specifically the Local Authority and the HSE. The Local Authority has a role in relation to housing and the environment, the HSE in relation to health and medical needs. Some community sector groups are funded to provide services to older people and peer groups operate throughout the county, as do local branches of NGOs. There is a tendency for statutory provision to be located in the larger towns and to be reactive to need. Community provision tends to be more dispersed at local level and to

have a strong social/recreational dimension.

The Delivery of Quality Public Services to Older People

The discussion in the Focus Group was prefaced by a number of contextual points, as follows:

- In rural areas, the limited infrastructure from which to deliver services results in provision being clustered in urban areas. At the same time, the withdrawal of public services and some commercial services is causing problems both for older people themselves and for those who seek to care for them. Both issues are exacerbated by inadequate public transport[89].

- In both urban but more especially in rural parts of the county, social networks are being dismantled as a result of ongoing socio-economic developments. In consequence, older people are more reliant on public services to support their ability to live independently and to underpin their social inclusion.

- Coinciding with this growing reliance on public services, is the fact that older people as a group display certain characteristics and have had certain experiences/expectations which militate against their capacity to draw down support from public service providers.

The implications of these, together with the more specific issues raised in the Focus Group, are discussed in the following sections, under four headings: implementation; adequacy; engagement with service users; and strategic planning and coordinated delivery.

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89 The NESF (2005) has noted the enabling role which public transport plays in ensuring effective delivery of public services for older people.

The Implementation of Public Services for Older People

a. Information Provision

A considerable amount of effort is spent by service providers in both the statutory and community sectors to ensure the availability of good information. Nonetheless, problems remain and for a variety of reasons older people may have difficulty with conventional forms of information dissemination, including new technologies. Isolation also tended to keep people out of information loops.

b. Flexibility, Timeliness and Courtesy.

It seems there is very limited flexibility at local level among statutory providers. While voluntary sector providers are seen as more flexible in theory, in practice limited resources restricts their potential in this area. Timeliness is a problem due both to lack of resources and the fact that some service providers are overly bureaucratic, causing significant delays for service users. Focus Group participants expressed the view that service providers are not always courteous to or respectful of older people, that they can be ageist in their dealings with older people and that they do not make any extra effort to facilitate those with problems in communicating.

c. Barriers to Access

The following barriers to services were identified:

- Lack of good information on what services are available.

- Eligibility criteria based on age and lack of flexibility in applying these criteria.

- Waiting lists which are of such duration as to constitute a barrier.

- The protocols regarding some entitlements.

- Location of services, combined with the lack of public transport.

Adequacy of Public Services

A key determinant of the adequacy of public services is the extent to which they can meet the full range of needs among potential beneficiaries. A number of general deficiencies within the policy framework were identified as follows:

- The failure within policy development and service delivery to recognise the potential of older people.

- Service provision tends to impose dependency rather than being enabling.

- The extent to which services react to problems rather than pro-actively support wellbeing.

- The tendency to enforce a medical model of provision on older people, to the neglect of more social models.

- The growing reliance on private sector provision and the increased risk of social exclusion among those who cannot afford to enter the market.

These deficiencies impact on service provision to older people regardless of whether they are living independently, with some support or in residential care. Among the main points raised were:

- The dominance of reactive and or medical models of provision for older people means that (a) social

needs are ignored and (b) those without medical needs are under provided for. As a result, there are few public services that cater for the needs of independent, healthy older people living in the community.

- The lack of social provision is contributing to exclusion, undermining the wellbeing of older people in the community and ultimately contributing to greater dependency.

- Two of the main services available to people who require supports at home are Home Help services and public health nursing services. Both are under resourced.

- For people requiring some support to maintain independent living, the problems associated with the location of services causes particular difficulties, exacerbated by poor public transport and the inability to use travel passes in taxis.

- There is very limited provision for people requiring something in between independent living and residential care. As a result people are coming into residential care sooner than they need to, with adverse consequences for themselves and additional costs for the system.

- The issue of older people leaving hospital without adequate support at home was also identified in the context of there being inadequate linkage between hospital services and care of older people services.

- Identifying people who move from healthy independent living to requiring support and ongoing support is not always straightforward. Some people may slip through the net, with the result that their needs may not be addressed.

- Diversity among older people tends to be ignored within care settings with a single model of provision dominating, both within and across specific residential centres.

Engagement with Service Users

a. Consultation Mechanisms

Over the past number of years, many agencies operating in Co. Westmeath have begun to consult more widely with their client group regarding the delivery of services. This appears to be more frequent where the client group is small and easily identified and accessed – for example in a residential care setting. An exception here is the Consumer Panels established by the HSE whereby service users and their representative groups can give feedback on service delivery and bring forward other issues affecting them. Despite positive developments in relation to consultation, the following points were noted:

- Older people are not consulted at all, or they are not properly consulted about what services they wanted. Instead services were developed and delivered based on assumptions on the part of service providers of people's needs.

- Within those assumptions, there is an inherent ageism reflected in stereotypes of dependency and lack of capacity on the part of older people. This results in services that reinforce dependency rather than promoting autonomy.

- The issue of consultation is closely linked to that of choice. Without adequate consultation it is impossible for older people to exercise choice.

- Conversely, families often articulate need and choice on behalf of older people. This may be appropriate in certain circumstances, but it is not the optimum situation.

- There appears to be a lack of clarity on the extent to which the outcome of consultation feeds back into the service delivery system and that change, if it happens at all, happens very slowly. Moreover, there are no examples of service providers feeding back the outcomes of consultation to the service users.

b. Complaints & Appeals Mechanisms

Within the context of the Quality Customer Service principles, the commitment to mechanisms of complaints and appeals is to the development and maintenance of a *'well publicised, accessible, transparent and simple to use system of dealing with complaints about the quality of service provided'*. It seems that most service providers have attempted to respond to this issue in a meaningful way. A number of issues were nonetheless identified:

- The monitoring of the use of complaint mechanisms with regard to the extent of usage by older people appears uneven across various agencies.

- There is a lack of clarity with regard to if and how complaints feed back into the systems of the agencies.

- There was a very strong perception that older people are afraid to complain to the agencies in case this has a negative impact on the ability to secure services in the future.

Strategic Planning and Local Coordination

Among the findings of the NESF (2005) report on *Care of Older People* were those relating to the fragmentation of the policy context, the lack of strategic planning at national level and the lack of integration at local level. The discussion at the focus group echoed these views and amplified some of the points in relation to Co. Westmeath.

- The lack of strategic planning at national level is a problem seen to be a direct result of the reluctance among Government Departments with a remit in relation to older people to co-operate in the development of policy or practice.

- An exacerbating factor here is the perceived reluctance of the policy context to absorb learning: either from other national contexts or from other sectors. This leads to inertia within the system.

- While there are attempts at local level to ensure coordination, this is somewhat *ad hoc,* takes a considerable amount of time and often appears to be more concerned with procedural issues than with meeting the needs of older people.

- Nonetheless, it was also noted that where good inter-personal relationships exist, agencies can work well together at local level. But there is no support for co-operation at agency level from the national or departmental level.

- The lack of autonomy among statutory agencies at local level also causes problems and reduces the potential for fine tuning provision to local needs. For example, funding for specific services may be agreed at local level, but overturned at national level.

- At the same time, there is also a notable unevenness across the country in regard to the availability of services. More generally it was also noted that for older people, where they live rather than their needs may determine the services they get.

Issues in the Delivery of Quality Public Services for Homelessness

Data for 2002 compiled from the Housing Needs Assessment and reported on in Fitzpatrick (2005) shows that 70% of the country's homeless population is in Dublin and the majority are in the city area. More recent data on homelessness in the city, collected over one week in March 2005 and which included people on housing lists, in emergency accommodation and sleeping rough put the total homeless population of the city at just over 2,000, most of whom were male and single. Services for homelessness can be differentiated between the provision of accommodation or housing and the provision of broader services. Accommodation and housing projects include:

- Emergency hostels which have the objective of being able to respond quickly to the need for accommo-dation.

- Women's refuges which cater for women fleeing domestic violence.

- Transitional housing which provides interim accommodation for people prior to moving out of homeless-ness.

- Long-term supported housing for people who need ongoing support in maintaining a tenancy.

Advice and support services include food, day centres and practical support, advice, health and mental health services, helplines and counseling services.

There are a large number of organi-sations providing homelessness services in Dublin. The principle statutory providers are the Local Authority and the HSE. Other statutory agencies with a role include FÁS and the Prison Service. Voluntary organisations also play a significant role. These range from large NGOs which provide a wide range of services to their client groups to small organisations that cater for a specific need, for example providing meals.

The Delivery of Quality Public Services for Homelessness

The existence of the Homelessness Strategy and the Homeless Agency provides a very specific context for the delivery of quality public services to homeless people in the city. Despite the impact to date of both, a number of problematic issues were identified during the Focus Group[90] discussion and the subsequent interviews. Before looking at these issues, the following are some contextual issues:

- Current legislation is considered by some key actors to be inadequate to underpin effective provision.

- The inadequate provision of social housing along with inadequate supports to enter the private market is hindering efforts to move people out of homelessness.

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90 A total of 17 agencies were involved, representing both the statutory and NGO sector, with large NGOs dominating among the latter. (A full list of participants in this Focus Group is contained in Annex 3).

- Homelessness is a by-product of socio-economic processes. As these change over time, so too will the categories of people at risk of homelessness and actually becoming homeless.

- There is increasing specialisation among agencies operating in the homelessness sector, primarily resulting from an attempt to fine tune provision to certain groups. This has the positive effect of being better able to meet the needs of these groups but may result in other categories being excluded from the services.

In the following sections, the implications of these and other issues relating to the delivery of quality public services for homelessness are discussed under the headings of implementation, adequacy, engagement with service users and strategic planning and coordinated delivery.

The Implementation of Public Services for Homelessness

a. Information Provision

Overall, it was noted that information provision in relation to homeless services is a particularly problematic issue. In general, most people do not anticipate that they will ever require homeless services. Consequently, they tend not to take notice of what is available until such point as they need it. Service providers try to work into this context in a number of ways. However, there is widespread acceptance that there are deficiencies in information provision, that people who are at risk of homelessness or who are among the hidden homeless often do not have outreach

information services and consequently, that these and other particularly vulnerable groups may be outside the information loop.

b. Flexibility, Timeliness and Courtesy

In the area of homelessness, timeliness is key in ensuring that people's needs are met quickly and that their overall situation is not allowed to deteriorate due to delays. The capacity of service providers to be flexible in the delivery of services also contributes to timeliness. This capacity was considered to be greatly enhanced both by the involvement of the NGO sector in service delivery and through the greater coordination of services brought about by the Homeless Agency.

The view among many of the agencies was that levels of courtesy among staff in the broader statutory sector (i.e., outside the homeless sector) was not always what it should be and that people experiencing homelessness were not always treated with dignity and respect.

c. Barriers to Accessing Services

We do not have the views of service users themselves on this issue, but from the perspective of providers, the following barriers to accessing services experienced by homeless people were identified:

- Definition of homelessness which excludes and limits services to those whose homelessness is hidden or who are at risk of homelessness.

- Lack of information.

- Some agencies have policies of not working with people in particular circumstances, for example people under the influence of alcohol.

- In some instances referral procedures are seen as too stringent, again resulting in delays or barriers in accessing services.

- The situation in which beds which should be available for emergency responses are occupied by people who are long -term homeless.

- At the other end of the spectrum, the lack of interim and long -term housing means that people cannot be resettled in a timely and appropriate manner.

- The stigma associated with homelessness and the negative perceptions of homeless people can present barriers to accessing broader public services.

Adequacy of Services

The key areas of provision looked at in the following discussion relate to:

- Preventative services

- Emergency responses

- Transitional services

- Resettlement services

Preventative Services

The following problems were highlighted.

- Some categories of people whose vulnerability to homelessness is recognised and even quantified have inadequate services. These include prisoners, people leaving hospitals, people leaving care settings and people about to be evicted. In the absence of step-down facilities to facilitate their reintegration, these people are placed in emergency accommodation, which is both inappropriate for their needs and blocks up access to emergency accommodation for others.

- It was also noted that some categories among the population vulnerable to homelessness, remain hidden and have no services; for example immigrants including immigrant workers in precarious employment.

Emergency Responses to Homelessness

While some agencies perceived that the provision of hostel accommodation is accorded too great a priority within the policy response to homelessness, there was some disagreement on the actual availability of emergency beds for those who need them. Some providers believe that there are not enough emergency beds *per se* within the system, others perceived that there are enough emergency beds, but that these are not functioning as such because they are taken up by long-term homeless people or the referral process being too time consuming.

Transitional Services

Transitional services play an important role in bridging emergency responses and long-term positive outcomes and can categorised as follows:

*Provision of interim/
transitional accommodation:*

In recent years there have been a number of very positive developments in the provision of interim or transitional accommodation. Nonetheless, there continue to be significant gaps in this area, including gaps in the provision of step-down facilities for specific groups, discussed earlier.

Assessing needs

Assessing the multiple and diverse needs of people experiencing homelessness, is increasingly part of an approach that is focused on moving people out of homelessness , rather than helping them manage their homelessness. Needs assessment models involve an incremental process with three main stages.

1. Working with service users to identify and assess the level and nature of difficulties they face in moving out of homelessness.

2. Working in conjunction with the service user to draw up a care plan detailing all the services and supports the person requires to address their needs and to move out of homelessness.

3. Addressing the difficulties that homeless people often experience in drawing down supports from the statutory agencies through providing advocacy to and on behalf of the service user. While there are enormous amounts of advocacy work done on behalf of service users, this happens on the basis of individual cases with little learning for the system resulting from it.

Resettlement Services

Resettlement Services are the ultimate outcome of transitional services and have the specific objective of enabling people to move out of homelessness and maintain tenancies in the longer term. Thus while there are a large number of resettlement projects operating throughout Dublin and resettlement models have been developed, the lack of social housing coupled with inadequate supports to people to enter the private sector makes it extremely difficult to move people out of homelessness.

Engagement with Service Users

Within the homeless sector, there is a high level of awareness of the ethical and practical value of consulting with service users, both individually and collectively. There are a number of ways this occurs, including needs assessment where the service user is central to the process of identifying needs and the appropriate responses. Despite the prevalence of consultation, there are some limitations:

• In general, consultation occurs with those already using the services rather than with the broader population of potential service users.

• It appears that consultation occurs around what kind of homeless services are required, rather than what kind of housing services are required.

• The extent to which consultation feeds back into the overall system is unclear.

Redress

While the value of consultation with service users is increasingly recognised and examples of good practice are in place, the parallel issue of redress is much more problematic. This issue was discussed in the context of redress from the statutory sector. There were conflicting views as to whether (a) there are redress mechanisms in place or (b) such mechanisms are in place but are inadequate. The lack of or inadequacy of redress mechanisms were attributed to the following factors:

- There is a relationship between standards and redress: if standards are not in place, redress becomes a particular problem.

- It is not clear what services and provisions homeless people are entitled to; therefore it is not clear what should happen if they do not get certain services.

- Currently, equality legislation does not prohibit discrimination on socio-economic grounds which limit the avenues of redress for homeless people.

Strategic Planning & Coordination

Since the establishment of the integrated Homeless Strategy and the Preventative Strategy there has been a considerable amount of strategic planning and in parallel with that a considerable about of coordination at local level particularly in Dublin.

Strategic Planning

There was a strong view that since the introduction of the Homeless Strategy, there have been significant developments in service provision. Strategic planning was perceived to facilitate responsiveness and the capacity to redefine the core issues. At the same time, some ongoing difficulties were noted:

- Despite the existence and success of the Homelessness Strategy, there was a view that planning at national level is not satisfactory. This is primarily because the homelessness strategy is not cross-referenced with housing action plans on the one hand and because of the inadequacy of data on homelessness on the other hand.

- There is a perceived reluctance on the part of Government Departments to engage in a discourse of economic and social rights as the basis to underpinning provision and entitlements.

- There is unevenness throughout the country in relation to the implementation of the homeless-ness strategy. Some Local Authorities are very good, others not good.

Coordinated Delivery

There was considerable consensus across participants regarding the roll out of coordinated delivery at local level. There was a general recognition that the Homeless Agency had made a very positive contribution to greater integration and coordination across the service providers. Notwithstanding the extensive progress and the models of good practice in place, some issues in relation to coordination were identified including the need to define and clarify the relative roles

and responsibilities of the statutory and voluntary sectors.

Main Findings

This study sought to explore issues in relation to the delivery of quality public services by looking at two specific and very different areas of service provision. The main findings are presented here under the headings set out in the terms of reference for the research.

Good and Bad Things in the Delivery of Services

A. Implementation

- There is considerable effort on the part of service providers to ensure effective information dissemination strategies are in place and that information is easily available to service users. However, the most vulnerable among service users can also be most distant from the service providers and can be left outside the information loop.

- The lack of clear information on entitlements and rights is highly problematic in so far as people do not know what they ought to expect from public services, which makes the concept of redress redundant. This is more than an information deficit: in many instances, there is no actual right to a needed service or support.

- The lack of courtesy and respect shown to service users by some service providers appears to be an ongoing feature of current provision.

- The location of public services continues to be a problem. Too often, services are delivered from where the service providers are located, rather than where the service users are located. People living in rural areas are particularly vulnerable as a result.

- There continues to be a lack of flexibility at the point of delivery in the statutory services. Sometimes this may be due to eligibility criteria being set at the centre with little scope for local autonomy. Sometimes however, it is due to agencies being overly procedural.

Adequacy of Provision

- In some instances outreach practices/mechanisms are weak or absent, even when potential risk or vulnerability is already identified. However, there are also examples of good practice and innovation in outreach mechanisms:

- The tendency for a single model to dominate the policy response and service delivery results in a lack of diversity, a lack of choice and ultimately unmet needs.

- People with multiple needs experience significant difficulties in drawing down the range of services they require from the various agencies.

- However, a problem remains with the capacity of the policy and service delivery systems to capture and respond to this learning as well as to respond more quickly to identified needs and barriers to services.

- There are significant challenges to public services arising from broader socio-economic processes, including the impact of these processes on enabling provision.

Engagement with Service Users

In relation to consultation, it appears that this is a growing feature of public service provision. The following points can be noted:

- Consultation is more likely to involve service users already in the system.

- Consultation is more likely to focus on reviewing existing provision rather than developing new provision.

- Mechanisms to ensure receptivity to consultation and to provide feedback are uneven.

- Consequently, it is not clear how consultation impacts on the design and delivery of services.

- Complaint mechanisms are in place, but their effectiveness for very vulnerable and marginalised people may be quite limited.

- The issue of redress appears particularly problematic and ultimately linked to the lack of clear standards.

Strategic Planning and Coordination

The lack of strategic planning at national level results in a lack of coordinated delivery at local level. This is possibly the single biggest problem for the most vulnerable groups and especially those with multiple needs. The experience of the Homeless Agency shows that local structures of coordination can be effective not just in terms of greater integration but also in providing a space for innovation.

Scope for More Personaliseds Services

The issue of more client centred or personalised services was a key point of discussion and it appears that it is now widely recognised that delivering public services *per se* is not the same thing as meeting the needs of service users. In fact, the gap between what service providers provide and what services users need is often very extensive.

Coordination can take place among service providers at local level. This is the model best evidenced by the Homeless Agency and which has been positively evaluated. The implications of dedicated rather than generic structures of coordination need further investigation. An alternative, although compatible approach is to try to achieve integration at local level through case management and advocacy. In this model, a key worker or similar worker attempts to shorten the distance between the service user and service providers by helping them navigate the system and by acting as an advocate. This approach appears very effective in helping individuals and especially those with multiple needs to draw down the range of services they require. It is also effective for people who find it difficult to engage with public service providers. Advocacy and support for advocacy based approaches therefore is a long-term policy requirement particularly for vulnerable groups.

However, two provisos are required. For some service user's advocacy has a dual function: it overcomes difficulties they may have in engaging with the system; and it helps to overcome inadequacies in the system itself. In the longer term, as noted above, the former function will remain relevant

and necessary for many service users. However, the latter function (managing the inadequacies in the system), ought not. Instead, the service provision system should be addressing and eliminating inadequacies on an ongoing basis.

Secondly, there is the question of how advocacy should be implemented. This study found three forms of advocacy operating:

- Highly structured, professionalised systems of advocacy evoking a rights based approach.

- Less formal but effective systems of advocacy practiced by local community organisations.

- The form of advocacy engaged in by public representatives, usually referred to as clientalism.

Within the public service delivery system, there is both the need and the scope for ongoing support and development of advocacy, particularly on behalf of the most vulnerable and those with multiple needs. The role of public representatives in this needs further consideration.

The scope for greater use of client centred approaches is also evident from this study. These approaches have particular value in that they involve the client at all relevant stages: from identifying what the problems are, through needs assessment, to identifying the services and supports required to address these needs; through the development of a care plan and, usually through a case management approach to identify and secure the services required. To be fully effective however, this approach needs to be paralleled by clear statements of entitlement and redress.

Finally, the issue of consultation is also relevant here. Again, this is an issue where there appears to be considerable awareness of the ethical and practical benefits of having mechanisms of consultation in place. There are a number of examples of consultation mechanisms now in place. The majority appear to be targeted at those people already using the services of specific organisations. An exception is the Consumer Panels of the HSE which involve participation from potential service users as well as their representative organisations, although as already noted there is some lack of clarity regarding the extent of the impact of these Panels on development or delivery of services.

**Impact of Quality
Customer Services Initiative**

The impact of customer services initiatives (QCSI's) was addressed within the limitations of the research. QCSI's are developed and delivered by individual Government Departments and Local Authorities. Given the narrow geographic and thematic focus of this research, together with the fact that QCSI's do not extend to NGOs, which are centrally involved in delivering public services for homelessness, it is not possible to draw emphatic conclusions on this issue. The follow observations can be made in relation to the public services that were covered by this research.

- It appears that the QCSI's have had an impact in certain areas, but that overall this has been uneven. Areas where positive impacts on service delivery were noted were the following:

- Efforts to provide information to all potential service users have improved. Problems remain in reaching the most vulnerable but this tends to derive from the circumstances of these groups themselves.

- Consultation mechanisms are growing in number and in nature and there is a generalised acceptance of the need for and value of such mechanisms.

- Complaints procedures have been put in place although the extent of monitoring of complaints and the responsiveness of the policy systems to complaints is unclear.

Areas of ongoing weakness where little impact appears to have been achieved were:

- There appears to be little impact in the area of choice and the related issue of diversity, although this is more marked in the case of the older people sector.

- Flexibility also continues to be an issue, especially in the case of older people sector where the role of the voluntary sector is limited.

- Generally the issue of timeliness in the delivery of services appears very problematic.

- Courtesy among front line staff is an additional area of ongoing problems.

- Coordination remains a problem, again in the case of older people sector.

- Issues of redress are also problematic.

- The capacity of the service delivery system to be informed by consultation is unclear and in the absence of clear mechanisms to absorb issues coming forward, risks being just tokenism.

Against this backdrop, more work needs to be done to:

a) Assess the extent to which QCSIs are being effectively implemented across all the agencies currently involved.

b) Identify barriers to the effective implementation of QCSIs at agency level.

c) Identify best practice in implementing QCSIs.

d) Establish the extent to which a single template is appropriate across the range of agencies involved in delivering public services.

e) Develop proposals for extending the coverage of QCSIs to all relevant agencies.

Examples of Good Practice

Establishing what constitutes good practice requires a rigourous and systematic evaluative approach that is beyond the scope of this study. However, several examples of what appear, *prima facie,* to be appropriate and effective responses to particular issues were identified. These are briefly noted here.

- *Information dissemination:* organisations in the care of older people sector engage in very wide ranging information dissemination exercises, including some very specifically focused on the most vulnerable. Leaflet drops directly into people's homes were considered to be particularly effective in reaching the most vulnerable and marginalised.

- *Ageing with confidence programme:* This is a proactive programme aimed at promoting social and psychological well being among older people living in the community. The programme was first piloted in Northside in Dublin and subsequently in Westmeath. It was positively evaluated in 2001.

- *Community Links Workers* offer a range of services to people in need, including older people, and communicate these through leaflets in the villages and townlands of County Westmeath, with a particular focus on isolated rural areas. They are employed by Congress Information Centre under the auspices of FÁS. This model of outreach, advocacy and support appears to be very effective in ensuring that older people are not left out of the information and service provision loop. It should be considered as a model of good practice that could be replicated more widely.

- *Inter-generational Project: Dream a Little Dream of Me:* a project that seeks to address the social needs of people in residential care also involving young people and seeking to combat ageism. The project is centred on the participants, their experiences, home life, routine and environment.

- *Dementia Rights Service* of the Alzheimer's Society. While developed in the context of the Disability Act 2004, which provides for the development of advocacy services for people with disabilities, the model being developed by the Society potentially provides a blue print for similar provision for other categories and particularly for people who may have difficulty in articulating their needs. The model also promotes self-advocacy.

- *Complaints mechanism* of the Carers Association of Ireland. This is a rare example of a proactive mechanism to encourage and enable people to provide feedback, including complaints, on the service they receive. It is also linked to mechanisms to ensure that feedback is absorbed into the organisation and that complaints are addressed at the appropriate level.

- *Needs Assessment.* This is an approach which incorporates client centredness and comprehensive needs identification. Putting the client at the centre of identifying and responding to the issues they experience is empowering and particularly appropriate for very vulnerable people and those with multiple needs.

- *Resettlement Models.* While specifically relevant to services for homelessness, resettlement models provide an example of how services can underpin positive and sustained outcomes. By following the service user out of the sector in which they first made contact with the services, resettlement models show how public service delivery can escape the confines of categorisation and eligibility. Thus they have greater applicability than at first appears.

- *Service User Participation.* The Simon Communities of Ireland strategy to promote service user participation at all levels of the organisation provides an example of how service users can be actively supported, resourced and encouraged to provide feedback and participate in all aspects and at all levels of the agency's services.

- *Homeless Agency.* The Homeless Agency demonstrates the capacity and potential for local structures of coordination to achieve greater integration of services as well as other positive impacts. This has not been the experience of all local structures of coordination, many of which have in fact introduced further fragmentation to the local delivery context. The scope for the model of the Homeless Agency to be replicated in other policy arenas and other geographic areas should be assessed.

Conclusions and Recommendations

The delivery of quality public services needs to be underpinned by a clear setting down of the basis upon which these are developed and delivered and a clear statement of the rights and entitlements of services users and the mechanisms of redress open to them.

Local mechanisms of coordination are unlikely to be fully effective if they are not resourced and supported by strategic planning at national level. At the same time, national strategies also need to be integrated to achieve maximum synergies.

Information deficits among the most vulnerable while difficult to address, are an ongoing cause of concern.

The ongoing and apparently large gap between what service providers believe they are providing and what service users perceive they are receiving (including the issue of courtesy despite awareness training) is difficult to explain but is extremely problematic in the context of delivering quality public services. More work needs to be done to investigate and address this issue.

The lack of urgency operating in the public service sphere was noted above. This is evident in a range of issues including timeliness and flexibility of service delivery, eligibility criteria that act as barriers to services, the location of services and so on.

Meeting needs quickly, and particularly those that will lead to a worsening of a person`s situation if they are not addressed, should be given greater priority. Standards and statements of entitlements should include a time-frame within which service users can expect to receive appropriate support leading to positive outcomes. To facilitate this, the possibility of locating public service delivery in non-dedicated buildings at local level should become a principle of delivery.

Over-reliance on a single dominant model of provision undermines diversity, leads to gaps in services, reduces the overall effectiveness of services and can be disempowering to user groups. To address this, ongoing, robust and resourced consultation with user groups is needed.

Local structures or mechanisms of coordination are necessary if public services are not to be fragmented at local level. They must be supported and reinforced by integrated strategic planning at national level: however additional work is necessary to establish the extent to which dedicated structures such as the Homeless Agency may be more effective than structures that seek to coordinate generic issues.

C

PART C	Summary of Submissions Received

Introduction

A call by the Project Team for written submissions was placed in the main national newspapers. In total, 125 submissions were received from a wide range of individuals and organisations with an interest in or experience of this area. A list of those who made submissions is provided at the end of this summary. The call for submissions highlighted three core themes underpinning the work of the Project Team, namely:

- good points and bad points in the present delivery of public services at the local level;

- scope for more coordinated and personalised services to meet individual needs;

- how the present Quality Customer Service Initiatives (QCSI) are improving services and providing redress if standards are not met.

Individuals and groups were asked to provide their views on these issues, particularly as they relate to the policy areas of Services for Homeless People and Care Services for Older People.

Many submissions focused on the issue of delivering quality public services generally. A high number focused on particular public services such as health, education and housing etc. Others concentrated on the needs of specific groups (e.g. homeless people, older people and people with disabilities).

The priority attached to homelessness and care for older people was welcomed with specific attention being given to the needs of different categories of people included in these areas (e.g. children who are homeless and older people with disabilities). The following is a summary of the main points raised in submissions under the following headings:

- Current Delivery of Public Services;

- Improving the Delivery of Public Services;

- Quality Customer Service Initiatives;

- More Coordinated and Personalised Public Services; and

- Services for Homeless People and Care Services for Older People.

1. Current Delivery of Public Services

There were positive references to improvements which have taken place over the past decade. The *'Strategic Management Initiative'* (SMI) and the *'Programme for Delivering Better Government'* were identified as having played a key role in this area. These initiatives have lead to a stronger and more productive relationship between service providers and service users by providing a framework for measuring the quality of public services and in turn a stronger basis for change.

The requirement for all Government Departments to produce Customer Actions Plans based on the *'12 Principles of Quality Customer Service'* was also identified as a positive development in improving customer satisfaction, although it was felt that there is a need for all public bodies, not just Government Departments, to develop such plans.

There was widespread agreement on the areas which have achieved greatest improvement, with the majority relating to the use of more flexible methods of delivering public services, e.g. longer opening hours for some public services and better use of Information Communication Technologies (ICT).

The introduction of the Disability Act 2005 was identified as a positive step forward in helping to improve the quality of public services and promote equality and social inclusion. The fact that all Government Departments and public bodies must comply with it was highlighted as a significant feature of the Act as well as the requirement to produce *'Service Statements'* for the provision of disability services.

At a local level, the establishment of City and County Development Boards (CDBs) was seen as a major development in providing a framework for partnership and a more integrated approach to planning and service delivery.

Despite the recent progress, the submissions highlighted that considerable scope exists to further improve the quality of public service delivery. A number drew attention to the slow pace of change in the public sector compared to that of the private sector and highlighted a lack of competitive pressure as being a key contributory factor here.

There was a high level of agreement on the inefficiencies underpinning public service delivery and it was noted that these are evident at both national and local levels.

A major obstacle to change was identified as the *'culture of public service bodies'*. Here, references were made to an unnecessary duplication of paperwork and the slow pace of change in moving from a service-centred to a client-centred approach. Capacity constraints, including internal barriers to change, statutory obligations, funding, staff training and development and the general environment within which public services are being delivered, were also identified as obstacles.

There were many complaints about the failure on the part of the Government to deliver on the recommendations set out in many national strategies. In regard to the National Children's Strategy, for example, it was noted that little progress has been made on a core service delivery objective, namely that *'children will receive quality support and services'.*

Similarly, it was noted that commitments to increase the number of medical cards awarded and the number of public hospital beds, as set out in the National Health Strategy, have not been fulfilled. It was noted that problems such as these are exacerbated by a tendency to introduce new or additional policies which take little or no account of commitments set out in other strategy documents.

Delays in processing applications and appeals were highlighted as well as adversarial approaches to dealing with the public, particularly when conflict arises, for example:

"Their (public body) primary focus often lies in defending their position regardless of its merit, rather than focusing on the provision of appropriate redress where the situation warrants it."

Submissions described variations in the types of services available throughout the country, noting in particular the limited levels of service provision in many rural areas.

Over-reliance on voicemail and automated telephone services was a common point of concern. Several submissions recounted long delays in gaining access to public service officials. Considerable reference was also made to gaps in information relating to public services and entitlements and criticism for there not being a sufficiently proactive approach on disseminating information about people's rights and entitlements.

While acknowledging the benefits which have come about as a result of enhancements in the area of ICT, submissions noted that they have also contributed to a diminution in the quality of customer service in some areas, for example:

"many elderly or disabled persons do not have internet access and are not proficient in the use of modern technology. They can face greater barriers than others in accessing information and advice. In addition, we have a much larger immigrant population and due to language barriers, automated services may be of little use to them."

The important role played by community and voluntary organisations in delivering public services was acknowledged particularly in situations where statutory providers cannot meet or have not yet identified a need.

However, some submissions expressed concern about what was described as *"an inappropriate reliance on voluntary sector entrepreneurship."* In many cases, the voluntary sector assumes responsibility for identifying service needs and for providing ongoing supports in these areas. In these instances, the nature and quality of the services is highly dependant on and driven by commitment from a small group of individuals, working alone or with support from the statutory sector.

"The result is that in some geographical areas new services involving the voluntary and statutory sectors working together may provide quality service and in others the service does not get established even though the need may be just as great."

The difficulties facing community and voluntary organisations in delivering and sustaining their services featured strongly across the submissions. They included uncertainties brought about by a lack of core funding and the ongoing imbalance between the pursuit of funding and the enhancement of service delivery. Inadequate funding for pay and pensions has also given rise to considerable difficulties in retaining staff.

The focus on financial accountability was also highlighted in regard to the community and voluntary sector and it was stressed that there needs to be a greater balance between *'formal accountability for public money and service delivery'* on the one hand and *'flexibility, responsiveness and innovation'* on the other.

A range of inefficiencies were also highlighted in relation to a number of specific service areas. These concerned the following groups:

Older People

Older people were thought to be particularly disadvantaged by existing information deficits and by an imbalance in the levels of service provision across the country. Much reference was made to the disparity that often exists between entitlement to a benefit and capacity to avail of it, for example:

"Many elderly people who have free travel are unable to put it to any use because of a lack of rural transport in their area."

Poor physical infrastructure and inaccessible public transportation services were key problems for older people, along with difficulties in accessing relevant health and social care services, including specialist outpatient services, health screening services, respite care, home help and recreational services. Other difficulties included inadequate assessments of older people's physical, social and mental health needs.

People who are Homeless

According to the submissions, many public services operating in this area are not sufficiently flexible to meet the changing needs and circumstances of people who are homeless.

Information on rights and entitlements and on support services was identified as being particularly poor. It was noted that there is a limited availability of advocacy services for homeless people.

Travellers and minority ethnic groups

The service needs of Travellers and other minority ethnic groups received considerable attention across a number of the submissions. These pointed to low levels of awareness of ethnic diversity within public services and the slow pace of change in adapting services to meet their needs. Information deficits were also highlighted as a key concern here, for example:

"There are few information desks within government departments (besides the Department of Social and Family Affairs), where an immigrant can go with their queries. This is important in view of the fact that many immigrants do not have English as a first language, which could make the telephone enquiry impossible."

Both the current dispersal policy and the system of *'Direct Provision'* were criticised. There were calls for Government to revisit policy in this area. Attention was also drawn to the lack of comprehensive supports for refugees and asylum seekers in accessing services.

While the *'National Action Plan Against Racism'* was identified as a key mechanism for improving service delivery for Travellers and other minority ethnic groups, submissions expressed disappointment at the slow pace of change that has taken place since its introduction in 2005.

People with Disabilities

The accessibility of public services for people with disabilities was highlighted. It was recognised that the Disability Act 2005 has a key role to play in this area. Ensuring that the requirements set out in the Act are translated into actions was emphasised in submissions.

In general, submissions expressed the need to build on existing knowledge and developments in the area of service provision for people with disabilities. As well as continuing work on providing accessible buildings and services, submissions emphasised the need for ongoing training for staff, including *'Disability Equality Training,'* and further development of information provision, including the use of plain English to *"accommodate the one in four Irish people who have low literacy levels."* The lack of person-centred planning for people with disabilities was highlighted.

Children and Young People

Some submissions gave specific attention to what was described as *"the current inadequacy of children's services in Ireland."* This includes a lack of early service intervention for children and young people in greatest need:

"An example is where children requiring services provided by the National Educational Psychological Service often only receive help a year or two after it is required — by which time much damage has already been done. Psychiatric services for children and young people are experiencing difficulties in providing timely intervention for those in need."

An emphasis was placed on the need for more action-oriented service delivery for children and young people and improved coordination of service provision through integrated needs analysis and policy planning.

Service provision for children and young people who are homeless was identified as a priority area, with deficiencies including a lack of service integration, early intervention, advocacy and ongoing support mechanisms.

In this regard, submissions highlighted the need for improvements in the areas of early childhood care and education, health and housing. There was a call for Government to invest more on services for families with children.

2. Improving the Delivery of Quality Public Services

A range of recommendations were made for improving the delivery of quality public services. They fell into a number of discrete categories, as follows:

Resources

Many submissions noted serious problems arising from low levels of resources. Based on this, it was recommended that spending be increased in a number of areas to address the deficit in Ireland's social protection infrastructure. In particular, it was noted that investments should be made in all of the key service areas, namely housing, health, education, social welfare, transport and employment taking particular account of the needs of vulnerable groups, most notably older people, those who are homeless, children, people living on low incomes, minority ethnic groups and ex-prisoners.

Integration and Co-ordination

The backdrop for recommendations in this area was the 1995 NESF No 6 Report on *Quality Delivery of Social Services* and the 2005 NESC Report No 113 on *The Developmental Welfare State*. Submissions strongly recommended that the Project Team give considered attention to the subject of local-level coordination between service providers and that it explore methods of ensuring that services are both *"seamless and integrated,"* .

The need for better coordination of public services featured across the majority of submissions. While acknowledging that much work remains to be done, submissions highlighted the important

developments which have taken place in recent years, for example the Integrated Services Process, the City/ County Childcare Committees and the SIM working groups at city/county level.

It was recommended that work towards achieving more integrated services should take account of the need for improved referral systems and relationships between service providers, better knowledge amongst service providers about the resources available from other services for shared clients, a reduction in service duplication, and increased efficiency.

A major constraint to achieving significant improvements in this area was identified as the lack of authority underpinning the local coordination function and *"the absence of incentives within the system to encourage and reward organisations that pursue coordination and seek to eliminate duplication."*

Based on this, it was recommended that Departments be required to embed support for coordination through their annual strategy statements and business plans and that they provide a clear mandate to local public service officials in the local coordination process.

It was also suggested that Departments should set up a monitoring mechanism to oversee progress in integrating services and to acknowledge services which are making an effective contribution in this area.

Local Delivery

Submissions stressed the pivotal role played by local organisations in delivering services and acknowledged the specific contributions which have been made by Local Authorities, community and voluntary organisations and partnership structures. The CDB process was identified as having made a contribution to improving service coordination at a local level by providing a strong framework for partnership and an integrated approach in terms of planning and service delivery.

Reflecting the important contribution made by community and voluntary organisations, there were calls for sustained funding and support for people working in this sector. Several submissions stressed the need for core funding for community and voluntary organisations, with one submission requesting that *'multi-annual'* funding be provided to ensure that they can *"focus their energies on actions rather than on the pursuit of funds."*

It was also recommended that a more accountable, output-driven system be developed to fund community and voluntary organisations with a view to ensuring that funding is allocated to the areas of greatest need.

While accepting that community and voluntary organisations must be accountable for the public funds they receive, a number of submissions stressed the need for organisations to have a degree of autonomy. In this way, services could be more readily adapted to meet individual and local level needs.

One model of good practice in this area was identified as *'the Donegal Integrated Service Delivery Project'* which supports the delivery of a new localised service delivery model and involves close co-operation between five area-based public service centres.

Attention was drawn to variations in the capacity of community and voluntary organisations to deliver particular services. In this regard, submissions recommended the provision of support for capacity-building work:

"In some cases support for capacity-building should precede or accompany the allocation of funds for service delivery. There is variation in the organisational capacity of community and voluntary organisations, and capacity-building measures are sometimes needed if the full benefits of the involvement of the community and voluntary sector in service delivery are to be gained."

The need to enhance community involvement in the health services and to develop relevant local training and information supports was suggested. Also, the need to establish a learning network or other similar model to provide a common forum for developing structures, training, exchange of learning and sharing models of practice.

Social Rights

Adopting a right-based approach to service provision was considered by a number of submissions to be central to addressing poor levels of public service delivery. However, many acknowledged that much work remains to be done to ensure that this approach becomes embedded at the heart of decision-making.

It was suggested that a right-based approach should go hand in hand with the development of a *'quality standard'* to ensure that high levels of accessible and affordable service provision for the public are guaranteed.

A further recommendation was for Government to consider adopting an approach referred to as *'tailored universalism'* (as was recommended by the NESC in its report *'The Developmental Welfare State')*. Under this approach, service providers would be required to deliver services to a high standard and tailored to people's circumstances.

Information

Recommendations here primarily focused on the need to ensure that information is provided in a format that is accessible and comprehensible. For older people with visual and/or hearing impairments, it was recommended that information be made available through the use of large print, Braille and audiotapes.

Attention was also given to the information needs of minority ethnic groups who may have little English and/or a limited understanding of Irish systems.

It was recommended that information be made available in a range of languages and that key services provide relevant translation services. Consideration was also given to problems arising from what was described by many as *'the digital divide'.* Submissions attached a high level of importance to achieving equality of access to new information technologies:

Public intervention was also considered necessary to address problems in the uptake of ICT and to ensure that those who cannot access ICT can avail of information from other sources. The need for more joined-up e-Government initiatives was highlighted. The call made by the Information Society Commission for a resource commitment to developing community-led programmes which promote greater engagement with ICT among vulnerable groups was welcomed, as were the information provisions set out in the Disability Act 2005.

Advocacy

Submissions pointed to a lack of innovative and accessible advocacy services to assist the public in accessing their rights and entitlements. Some models of good practice were highlighted, particularly in the area of disability services. These included advocacy projects developed under the auspices of Comhairle.

The role that Comhairle plays in this area was complimented in a number of the submissions received, but it was stressed that there is a need to extend this work to ensure that relevant advocacy services are available at a local as well as a national level.

Monitoring, Evaluation and Performance Assessment

Considerable attention was given to the importance of monitoring the design, development and delivery of public services. In response to the slow progress which has been made in realising recommendations included in key national strategies, submissions called for independent monitoring of all implementation strategies, including regular scrutiny by

Oireachtas Committees. The need for regular external evaluation of service provision was highlighted.

The need to develop an *'evaluation culture'* was referred to. It was suggested that this was an integral component of efforts to build greater levels of accountability and transparency into the decision-making processes.

"Ultimately, it is only by developing an 'evaluation culture' that public service providers can hope to build accountability and transparency into their decision-making."

A key component of evaluation was considered to be the views and experiences of the service users themselves. It was recommended that all evaluations should enable the voices of the most vulnerable to be heard. The importance of ensuring that the outcomes of service evaluations are used to inform service delivery within and across public services was stressed. It was suggested that the Common Assessment Framework (CAF) process to assess performance in the public sector. be adopted. This is a self-assessment process developed at EU level.

Attention was also given to the importance of ensuring that services deemed to be operating to high standards would receive public recognition for their work, for example:

"Recognition of good services within public service organisations is vital to achieving a customer centred organisation. For example, Rehab Group has internal Annual Awards for Innovation that recognise improvements made in service delivery throughout the Group's range of services, thus encouraging good practice and innovation."

The *'Public Service Excellence Awards'* were identified as a good example of recognising and encouraging public service organisations to strive for a higher standard of customer service provision. It was recommended that these awards be enhanced.

Another model of good practice in this area was identified as *'the Excellence through Accessibility'* award which is operated by the National Disability Authority and covers access to the built environment, quality customer service and accessible IT.

Cultural Diversity

The need for public services to take account of the varying needs and experiences of people from different cultural backgrounds is presenting a range of challenges for service delivery.

" the fact that many immigrants have little or no English impacts on their experience of accessing information, completing application forms, making their needs known and understanding the response being given by officials and service providers."

Reflecting these considerations, submissions emphasised the need to make public services culturally sensitive and accessible to minority ethnic groups. This, according to many, will require significant additional investment on the part of the Government:

(a) for service providers to explore the specific needs of minority ethnic groups and their tailoring services to meet these needs;

(b) for capacity-building among minority ethnic groups to support engagement with service providers and negotiation of changes in service delivery.

Submissions called for improvements in evidence-based service delivery for minority ethnic groups. This requires the development of appropriate data collection systems to address existing data deficits.

Outsourcing

Attention was given in the submissions to the growth in the number of public services which are being outsourced to private companies and organisations (although it was pointed out that we still have one of the lowest levels of public sector outsourcing in the OECD). While some submissions noted this as a positive step forward, others expressed the need to exercise caution in this area.

Concern was also expressed about approaches to outsourcing particular services which do not take account of the broader needs and requirements of the service users involved. Here reference was made to the Government's encouragement of private providers for home help services for older people.

Possible poor supervision of private sector staff was also highlighted as a key problem here, along with care packages which place a high onus of responsibility on clients who are often vulnerable to deal with issues such as insurance and taxation.

Potential difficulties recounted in relation to outsourcing were: a reduction in monitoring/control over the operation of certain services; the likelihood that such services are not open to independent scrutiny by the Office of the Ombudsman; underdeveloped complaint/redress mechanisms for those who are dissatisfied with the service provided; and the likelihood that such service providers are not covered by the Freedom of Information Act 1997.

On the other hand it was suggested that measures should be introduced to promote further outsourcing of services to the private sector where justified on efficiency and service quality grounds.

Calls were made for the development of a strong code of practice for public *and* private service providers to ensure that *all* services adhere to the same principles and standards and are fully transparent and accountable for their actions.

3. Quality Customer Service Initiatives

There was approval for the set of Quality Customer Service Principles and calls for Departments to fully incorporate them into their Customer Service Action Plans. Emphasis was also placed on ensuring that the application of these Principles is not restricted to Departments alone but be incorporated into public service delivery at national and local levels.

It was felt that the criteria for assessing applications and appeals are not always clear and there were calls for improvements in the levels of transparency underpinning decision-making processes. Linked to this were calls for the adoption of a social rights framework in delivering public services.

While some improvements have come about in addressing public complaints, it was noted that some public bodies continue to provide inappropriate levels of redress.

The key points made in submissions relating to the main principles underpinning the delivery of quality customer services were:

- **Quality Service Standards**
  There remain significant variations in the quality of services received across a range of key service areas. These variations are exacerbated by the discretionary nature of some services and by a lack of relevant information and supports on rights and entitlements.

- **Equality/Diversity**
  Considerable work remains to be done to enhance equality of opportunity for service users within and across public services. In general, vulnerable groups such as people with disabilities, older people and homeless people, continue to experience difficulties in accessing services and in their dealing with frontline staff.

- **Physical Access**
  While progress has be made in this area, much more remains to be done to ensure that public service buildings and provisions are readily accessible to all.

- **Timeliness and Courtesy**
  There were repeated references to a lack of sensitivity on the part of frontline staff, particularly in dealing with vulnerable groups. This experience is often compounded by lengthy delays in processing applications and appeals.

- **Complaints**
  Concerns in this area are closely tied to those highlighted under *'timeliness and courtesy'* resulting in a reluctance on the part of some service users to both make and pursue relevant complaints.

- **Appeals**
  Submissions noted variations in the levels and types of appeals processes available to service users and the lack of transparency in the decision-making processes underpinning them.

- **Consultation and Evaluation**
  The fact that the views and experiences of service users themselves are not always sought and incorporated into the decision-making processes was criticised. A similar experience was noted in regard to service evaluations. This has resulted in the provision of services which are not always sensitive to people's needs.

- **Choice**
  Geographical variations in the levels and types of services continue to affect choice, with many submissions noting a lack of vital services in some areas, particularly in isolated rural communities.

- **Coordination**

  Submissions identified this as a key area for service revision, referring in particular to the lack of inter- and intra-agency co-operation and a general lack of public service integration across the country.

4. More Coordinated and Personalised Public Services

(i) More Coordinated Public Services

Several factors were identified as contributing to low levels of service coordination. These include reluctance on the part of some Departments to establish relevant regional, area-based and/or local delivery structures and a lack of incentives within the system to both encourage and reward organisations that pursue coordination and eliminate duplication.

Submissions emphasised the need to develop a higher level of coordination within and between services with a view to ensuring that service provision is both *'seamless and integrated.'*

Submissions recommended that learning from the NDP/CSF Evaluation of Social Inclusion Coordination Mechanisms (2003); the RAPID Programme and the Local Development Social Inclusion Programme (LDSIP) should be taken account of.

(ii) More Personalised Public Services

Here submissions emphasised the need to develop a more *'person-centred approach'* to service delivery. Recommendations for achieving this included the following:

- Government should guarantee a higher level of public sector accountability to ensure early intervention for service users, improved value-for-money in public spending and a higher overall quality of service delivery;

- Government should provide sustained funding and support for community development approaches to service delivery and provide the resources necessary for communities to influence change;

- Departments should support and adequately resource the development of relevant outreach strategies to ensure that public services are more readily accessible;

- Departments should prioritise work on improving service integration to ensure that all service users can access appropriate services and provisions;

- Public service providers working at national, regional and local levels should develop appropriate mechanisms to ensure that their services are developed in close consultation with the service users involved;

- Service providers should develop relevant one-to-one supports and peer advocacy services to cater for individual needs. It was further recommended that relevant follow-through mechanisms be put in place to ensure that the supports offered remain appropriate to the individual over time; and

- Linked to the above, services should develop *'individualised service packages'*.

5. Services for Homeless People and for Older People

The call for submissions specifically asked for views on service provision in the areas of services for homeless people and care for older people. This section provides a summary of the key issues presented for each of these areas.

Services for Homeless People

Reflecting the multi-dimensional needs of people who are homeless, submissions emphasised the fact that policy should be holistic and multi-faceted.

There was some positive commentary concerning access to private and voluntary housing, particularly the contribution made by the Supplementary Welfare Allowance (SWA) system. However, the rent cap imposed on accessing private rented accommodation was identified as a significant barrier along with the poor standard of accommodation often available at the lower end of the private rented market.

Problems related to funding for homeless services also featured in the submissions. In particular, it was noted that there is a disparity between the annual process of service and budget planning and the levels of funding which are subsequently awarded.

There were calls for increased levels of integration and coordination in the development and implementation of services on homelessness. A broad range of services were identified for inclusion in this area, namely housing, health, welfare, probation, education, training, addiction and social services.

There were calls to ensure that this commitment is delivered in full and that a *"continuum of care from emergency, temporary accommodation to permanent, stable and secure accommodation of appropriate standard"* be provided to all those presenting as homeless.

Key recommendations presented for improving the quality of public services for homeless people were as follows:

(i) Rights and Entitlements:

- reflecting the Government's commitment to ensure equality of access to quality services, it was recommended that all those who register as homeless have a guaranteed right to housing; and

- it was further recommended that practices that operate against current equality and rights legislation be removed and that housing priority and allocation systems be standardised throughout the country.

(ii) Accommodation:

- specific targets should be set for achieving transitional accommodation and long-term supported housing for those currently living in emergency accommodation;

- the Government should implement in full the NESF recommendation that *'every Local Authority set an immediate target that 70% of households assessed as being in need of accommodation are provided with suitable accommodation within two years of their acceptance on the waiting list'.*

- a policy focused on the provision of appropriate long-term accommodation should be prioritised by the Government. Local Authorities, voluntary housing associations and private landlords should be involved in the development of this policy and in setting targets for accommodation provision in this area;

- provide, according to the NESC recommendation, 73,000 additional permanent social housing units between 2005 and 2012;

- where appropriate, provide targeted rented housing for homeless people by rolling out the Rental Accommodation Scheme;

- ensure that Community Welfare Officers only approve accommodation for rent supplement that complies with minimum standards regulations for the sector; and;

- ensure that all social and affordable housing strategies have specific commitments for homelessness and related services.

(iii) Funding

- introduce clearly defined multi-annual funding streams for services. Guarantee sufficient funding for the provision of transitional housing and hostel accommodation and ensure that there is an adequate level of provision in rural areas; and

- provide a high level of sustained funding for the provision of outreach and advocacy services.

(iv) Coordination

- prioritise information sharing between all statutory bodies and community and voluntary organisations working with and on behalf of people who are homeless;

- improve integration between Local Authorities, the HSE and Government Departments; and

- develop a key worker system for people who are homeless. S/he is charged with undertaking an independent holistic assessment of the client, including their health, welfare and housing needs.

(v) Training

- ensure that an appropriate training programme is put in place for all professionals and volunteers working with and on behalf of people who are homeless.

(vi) Monitoring

- develop a data strategy which includes accurate and ongoing measurements of those who are homeless or at risk of homelessness in order to inform housing and support service planning;

- ensure that housing needs assessments are undertaken on an annual (rather than tri-annual) basis; and

- establish a State-wide database on homelessness for use by all service providers to ensure accurate and timely information is readily available on housing and accommodation needs;

Care Services for Older People

A range of barriers in accessing goods and services were highlighted for older people. Barriers included ageist attitudes on the part of service providers, low levels of outreach and advocacy services and variations in levels of service provision for older peoples across locations.

Many shortcomings in the system of care for older people were also highlighted. In the case of Long Stay Care Services there was concern about the quality of care provided to residents, leading to a call for a shift in emphasis from service provision to health and social gain. Other problems highlighted were:

- poor levels of public infrastructure and transportation services;

- delays in processing applications and in responding to appeals. Excessive administrative requirements;

- limited consultation on the design and delivery of services working on their behalf;

- limited access to and availability of relevant community-based services, including home help services;

- limited choice in the area of health and social services; and

- low levels of coordination within and between services working with or on behalf of older people;

Recommendations for improving service delivery for older people included the following:

(i) Rights and Entitlements

— there were calls to ensure that there is a greater level of clarity around older people's rights and entitlements and that the State assumes responsibility for ensuring that older people are informed of the types of services and provisions which are available to them; and

— it was suggested that the Government should adopt a more rights-based approach to the design and delivery of services for older people and that in this context, emphasis be placed on quality, accessibility and availability of services for people.

(ii) Ageism and Stereotyping

- national policy statements, strategic plans and service plans relating to service delivery for older people should publicly acknowledge the importance of eradicating ageism; and

- ongoing training should be provided to ensure high levels of staff proficiency in meeting older people's needs.

(iii) Service Provision

- Review the current system of care for older people with a view to making adequate national, regional and local care service provision. Health, social welfare and home-help services were identified as priorities here;

- make adequate provisions to support older people wishing to remain in their own homes, including enhanced funding for the new home-care package;

- extend public service opening hours and providing greater choice in the range of home-based services available to older people;

- ensure that formal complaints procedures are implemented by all services working in this area;

- address problems brought about by loss of traditional services;

- make *'smooth implementation'* a key requisite for services to address existing delays in receiving services and entitlements; and

- ensure that administration and information technology helps to sustain service development and inter-agency collaboration.

(iv) Information

- ensure that information on services is accurate, comprehensive and up-to-date. Ensure that information is available at local level; and

- ensure that information is developed in consultation with older people and made available in a variety of formats, e.g. large text, audio-tape, telephone and face-to-face contact.

(v) Coordination

- all services working with or on behalf of older people should collaborate to ensure that older people can readily access the services they require;

- develop appropriate frameworks for carrying out joint assessments of needs and to support joined-up service planning at national, regional and local levels; and

- ensure that care services for older people adopt a *'care management approach'*. Under this approach, tailored care plans are developed through a process of consultation between older people, their carers and other health and social service professionals.

(vi) Consultation

- ensure that older people are consulted on their service needs and are included in evaluations of service provision in this area. To inform this process, develop effective models and guidelines on consultation;

(vii) Monitoring

- develop a formal system for monitoring standards of service provision for older people;

- the HSE should monitor nursing home provision at all levels. Private nursing home inspections should be extended to include inspections of similar services run by the voluntary sector and by the HSE itself;

- all monitoring exercises should incorporate the views and experiences of older people; and

- Government should adequately resource national and local data collection on older people and their service needs and ensure that these data inform the design and delivery of appropriately targeted services.

List of Submissions Received

Age Action Ireland Ltd.	**David Stratton**
Association for the Development of Pettigo and Tullyhommon	**Anne Timoney**
Ballinskelligs Community Care	**Mary Walsh**
Ballybunion Active Retirement Group	**M. Moloney**
Ballyhoura Development Ltd.	**Annette O'Regan**
Ballylongford I.C.A. and Active Retirement	**Kitty McElligott**
Beaufort Active Retirement Association	**Dorothy Nestor**
Beaufort Community Care Group	**Margaret Sweeney**
Blenmerill Senior Citizens	**Kathleen Collins**
Cahirciveen Social Services	**Rosaline McCarthy**
Cairde	**Stephanie Whyte**
Cara Probis Club	**Joan O'Shaugnessey**
Caring Peninsulas Project	**Gill Weyman**
Castlegregory Care for the Aged	**Bernie Dowling**
Causeway Social Care Group	**Mai O'Connell**
Chambers Ireland	**Seán Murphy**
Chomane Community Centre	**Bridie Little**
Combat Poverty Agency	**Jonathan Healy**
Comhairle	**Tony McQuinn**
Children's Research Centre	**Liz Kerrins**
County Longford Citizen's Information Centre	**Connie Gerety**
County Monaghan Partnership	**Peter McArdle**
Cunamh Energy Action Ltd.	**Francis O'Sullivan**
Department of Social and Family Affairs	**Evelyn O'Donnell**
Donegal Integrated Services Delivery Project	**Tony Kieran**
European Social Organisational Science Consultancy (ESOSC)	**Peter Herrmann**
Fo Choiste na Seanóirí	**Frances Uí Chinnéide**
Free Legal Advice Centres (FLAC) Ltd.	**Marcela Rodriguez-Farrelly**
Gay and Lesbian Equality Network	**Eoin Collins**
Galway City Partnership	**Nollaig McGuinness**
Glenbeigh Active Retired	**Charlie Smith**
Health Research Board	**Brigid Pike**
Health Service Executive, Southern Area	**Kathleen Buckley**
Health Service Executive Physiotherapy Services	**Eithne McAuliffe**
Health Service Executive, Southern Area	**Dr. Nell Crushell**
Health Services Executive	**Siobhan Horgan**
Health Promotion Department, HEA	**Maeve Carmody**
Health Promotion Department, HEA	**Caroline O'Connor**
Holy Cross Day Centre Killarney	**Sheila McGillycuddy**
Holy Cross Day Centre Killarney	**Marcella O'Sullivan**

Holy Cross Day Centre Killarney	**Pamela Kelly**
IBEC	**Fergal O'Brien**
I.C.A.	**Margaret Casey**
ICMSA	**Michael Doody**
Irish Deaf Society	**Kevin Stanley**
Irish Farmers Association	**Lumena Walsh**
Irish Human Rights Commission	**Gavin McSpadden**
IMPACT	**Bernard Harbor**
Institute of Technology Tralee	**Miriam McGillycuddy**
Institute of Technology Tralee	**Martin D. Nugent**
Institute of Technology Tralee	**Dr. Siobhán Ni Mhaolrúnaigh**
Ionad Lae an Ghleanna – Community Care	**Hannah Keating**
Ipsos MORI	**Emmet Ó'Briain**
Irish National Organisation for the Unemployed	**Eric Conroy**
Irish National Teacher's Organisation	**P. Mullen**
Jesuit Centre for Faith and Justice	**Eugene Quinn**
Kilcummin Community Care	**Joan McCarthy**
Kildare Library and Arts Service	**Josephine Coyne**
Knockanure Development Association	**Mary Flavin**
Knocknagoshel Women's Group Over 55's Social Club	**Catherine Lenihan**
Listowel Active Retirement Association	**Lily O'Mahoney**
Lixnaw Active Retirement Group	**Tom Hennessy**
Maguire Mugen	**Martin Maguire**
National Council on Ageing and Older People	**Sinead Quill**
National Disability Authority	**Eithne Fitzgerald**
National Parents Council Primary	**Fionnuala Kilfeather**
National Youth Council of Ireland	**Marie-Claire McAleer**
NCCRI	**Fiona McGaughey**
New Community Partnership	**Jacques Riviere Mounoume Lobe**
North Cork Enterprise Board	**R. Holohan**
Office for Local Authority Management	**Anne O'Keefe**
Office of the Ombudsman	**Pat Whelan**
Older Women's Network	**Miriam Tighe**
Older Women's Network	**Maureen Curren**
Pobal	**Toby Wolfe**
Presentation Centre for Policy and Systemic Change	**Anne Coffey**
Probus 97	**Kevin P. Woods**
Pro-Bus	**Bridie Fitzgerald**
RAPID Programme North Clondalkin	**Maeve O'Sullivan**
Rehab Group	**Sonya Felton**
School of Information and Library Studies, UCD	**Clare Thornley**
Simon Communities of Ireland	**Noeleen Hartigan**
Sneem Welfare Company	**Diane Ford**

Society of St. Vincent de Paul Social Justice and Policy Team	**Audry Deane**
South Kerry Parkinson's Support Group	**Grace and Jack McCrae**
Southwest Kerry Women's Association	
Speech and Language Services, HSE	**Angela O'Neill**
South Tiperary Lone Parent Initiative	**Breda Dunne**
St. Finbarr's Hospital Cork	**Elaine Forde**
St. Joseph's Day Centre	
St. Patrick's Day Care Centre	**William Casey**
St. Patrick's Day Care Centre	**Hannah Meehan**
St. Patrick's Day Care Centre	**Mary Walsh**
St. Patrick's Day Care Centre	**Bridie Maunsell**
St. Patrick's Day Care Centre	**Mary Clifford**
St. Patrick's Day Care Centre	**Tom Lavin**
St. Patrick's Day Care Centre	**Tony Evans**
St. Patrick's Day Care Centre	**Jim O'Shea**
St. Vincent de Paul	**Maureen O'Donoghue**
St. Vincent de Paul	**Catherine Sexton**
Tallaght Partnership	**Marjo Moonen**
The Care Group of Older People in Kerry Community Services	**Hilary Scanlan**
The Carer's Network in West Clare	**Lily O'Donoghue**
The Homeless Agency	**Josephine Ahern**
The Homeless Network	**Nualan O'Brien**
The Irish Council for Social Housing	**Karen Murphy**
The Immigrant Council of Ireland	**Nusha Yonkova**
The Irish Refugee Council	**Richard King**
The Women's Health Council	**Aoife O'Brien**
Treoir	**Margot Doherty**
Waterville Community Care	**Dympna Considine**
West Kerry Primary Care Centre	
WISE	**Maureen Chalmers**
	Mervyn and Rebecca Beard
	Esther Cane
	Sean Cháirde
	John B. Dillon
	Michael Falvey
	Catherine Fekane
	Freddy Kerr
	Patricia McCarthy
	John McGinley
	Debbie O'Sullivan
	Claire O'Toole
	Margaret Sweeney
	James Twomey

Annexes

Annex 1   List of Presentations made to the Project Team

— John Sweeney, NESC, on the NESC Developmental Welfare State Report.

— Niall Crowley and Carol O'Sullivan, the Equality Authority on diversity aspects of the delivery of quality public services.

— Dermot Curran and Aidan Timmins, Department of the Taoiseach on the Quality Customer Service Initiative.

— Christine Curristine, OECD, Public Governance Directorate, Paris, on the OECD report – *Modernising Government – The Way Forward*.

— Noeleen Hartigan, Simon, Caroline Mc Grath, Focus Ireland, John Mark McCafferty SVP and Bob Jordan, Threshold on Services for Homeless People.

— Derval Howley and Joe Ahearn, The Homeless Agency on homeless services in Dublin.

— Paul Hogan, South Dublin County Council on the Adamstown Strategic Development Zone.

Annex 2   Terms of Reference for the Commissioned Research Work

The National Economic and Social Forum has established a Project Team to make practical proposals aimed at improving the delivery of quality public services. The Project will place particular emphasis on the links between public service delivery and equality, social inclusion and the rural / urban dimensions. To ensure an emphasis on practical solutions, the above work will focus in particular on two policy issues i.e. homelessness and care for older people.

Two geographical areas will be selected for this research. They are Dublin City for Homelessness and Co. Westmeath/Co. Offaly for Care for Older People.

In both these areas, a selected mix of;

(1) service provider groups and budget holders and;

(2) representatives of user groups and individual clients
will be asked for their views on:

1   good points and bad points in the present delivery of public services at local level;

2   scope for more coordinated and personalised services to meet individual needs (particularly of the most marginalised and vulnerable groups) and the possible involvement of client user groups in their delivery and barriers to this.

3   how the present Customer Services initiatives are improving services and providing redress when things go wrong;

4   examples of best practice approaches and/or elements within these approaches (i.e. including where the outcomes may not have lived up to expectations but valuable learning may have been gained).

This focus group research work may be complemented by follow-up telephone interviews with selected individuals to explore any issues highlighted in the focus groups in more depth. The bodies that will be consulted locally could include Local Authorities, Health bodies, Education, Transport, Homeless Foras, City & County Development Boards and representative organisations of client user groups such as those concerned with Homelessness and Older People.

Annex 3   List of Participants at the Focus Group Meetings

Care for Older People: Mullingar

Name	Organisation
Mary Arthur	Rochfortbridge Parish Social Services
Kathleen Brady	St Dominic's Council
Sarah Caffrey	Senior Helpline and Consumer Panel
Patricia Carroll	HSE
Jerry Clifford	Active Retirement Club
Frances Conroy	Home Help Portlaoise
Annie Corcoran	Home Help Tullamore
Stephanie Corrigan	Congress Information Centre
Theresa Coyne	Young at Heart and Helpline
Michael Doody	ICMSA
Patricia Doyle	Golden Years Club, Killucan
Mary Finnegan	Home Help Westmeath
Martha Foley	Kinnegad/Coralston Social Services
Maria Fox	Disability Federation of Ireland
Eileen Gaynor	Killucan Area Services Ltd
Patricia Gibney	Westmeath County Council
Anthony Gilligan	Senior Citizen's Parliament
Ted Harrington	Consumer Panel for Older People
Catherine Heaney	Mullingar ICA
James Hennessy	Westmeath Community Development
Kieran Hyland	Congress Information Centre Mullingar
Jacinta Joyce	HSE
Brian Judd	Active Retirement Ireland
Dympna Kearney	Senior Help Line
Colette Lambe	St Dominic's Council
Betty McElwaine	Older Women's Network

Name	Organisation
Michael McGovern	1428 Active Retirement Club
Lilian Shaney	Young at Heart, Ballynacary
John Smith	Mullingar Lions Club
Sheila Swords	Rochfortbridge Parish Social Services
Peter Tone	Longford County Council
Carmel Walsh	Alzheimer Society of Ireland

Homeless Services: Dublin

Name	Organisation
Josephine Ahearn	Homeless Agency
Aidan Cumiskey	Probation and Welfare Service
Daithi Downey	Focus Ireland
Noeleen Hartigan	Simon Communities of Ireland
Bob Jordon	Threshold
Liz Kerrins	Children's Research Centre
Ciaran McKinney	GAY HIV Strategies
Stephen McClean	HSE
Frank Mills	HSE
Jeanne Moore	NESF
John O'Haire	Focus Ireland
Paul O'Halloran	City Development Board
Kathryn O'Sullivan	Dublin City Council Resettlement Service
Paul Traynor	Dublin Simon Community
Sally Shovelin	Homeless Persons Unit
Kieran Stenson	Focus Ireland
Des Stone	Homeless Persons Unit

Annex 4 Plenary Session: List of Attendants
Royal Hospital Kilmainham
Wednesday 27th September 2006

Name	Organisation
Senator James Bannon	Fine Gael
Ms Cathy Barron	Office of Social Inclusion, DSFA
Sr Therese Barry	Our Lady of Lourdes Administration Centre
Ms Ciara Bates	Dept of Communications, Marine & Natural Resources
Mr Liam Berney	Irish Congress of Trade Unions
Ms Thelma Blehein	HSE, Wexford
Dr. Richard Boyle	Institute of Public Administration
Mr Damian Brennan	Co. Leitrim Vocational Education Committee
Ms Catherine Brennan	Comhairle
Ms Cathy Buchanan	Social Inclusion Unit, Cork City Council
Ms Noreen Byrne	Doras Buí
Ms Frances Byrne	One-Parent Exchange and Network
Mr Noel Cahill	NESC
Dr. Mark Callahan	Institute of Public Administration
Mr Alan Chapman	FÁS- Training and Employment Authority
Ms Yukwah Cheung	Homeless Agency
Mr P.J Cleere	Disability Federation of Ireland
Mr Éadaoin Collins	Department of Enterprise, Trade & Employment
Mr Ivan Cooper	The Wheel
Deputy John Curran T.D	Fianna Fáil
Ms Natasha Dempsey	Parents Alone Support Service
Mr Michael Doody	Irish Creamery Milk Suppliers' Association
Mr Des Dowling	Department of the Environment, Heritage & Local Government
Mr Daíthí Downey	Focus Ireland
Mrs Mary Drumm	Department of Social & Family Affairs
Mr Tony Dunne	
Ms Mary Durack	Department of Education & Science
Ms Angela Edghill	Fine Gael
Deputy Damien English T.D	Fine Gael
Mr John Farrell	Irish National Organisation of the Unemployed
Ms Sonya Felton	Rehab Group
Mr TJ Fleming	Department of Community, Rural & Gaeltacht Affairs
Mr Brian Flynn	Social Welfare Appeals Office
Dr. Maureen Gaffney	NESF
Ms Niamh Gallagher	Demos
Ms Mona Gardner	Irish Countrywomen's Association

Dr. Lorraine Gilleece	Co Monaghan Partnership
Mr Frank Goodwin	The Carers Association
Cllr Constance Hanniffy	General Council of County Councils
Mr Fintan Hanson	Department of Social & Family Affairs
Mr Ted Harrington	Consumer Panel of Older Person
Ms Noeleen Hartigan	Simon Communities of Ireland
Dr. Peter Herrmann	European Social Organisational & Science Consultancy
Ms Paula Hennelly	NESF
Mr Joe Horan	South Dublin County Council
Professor Christopher Hood	All Souls College, University of Oxford
Ms Derval Howley	Homeless Agency
Ms Bernie Hughes	Parents Alone Support Service
Mr John Hynes	Department of Social & Family Affairs
Ms Rosemary Joyce	North Tipperary County Council
Mr Brian Judd	Federation of Acitve Retirement Associations
Mr Ray Kelly	Unmarried Fathers of Ireland
Ms Liz Kerrins	Children's Research Centre
Mr Tony Kieran	Department of Social & Family Affairs
Ms Bernadette Lacey	Department of Social & Family Affairs
Mr John Laffan	Department of the Environment, Heritage and Local Government
Mr Michael Lawlor	Wicklow County Vocational Education Committee
Ms Catherine Leavey	Consumer Panel for Older People
Ms Mary Lehane	Older Women's Network (Ireland)
Ms Izabela Litewska	Combat Poverty Agency
Mr Joe Loftus	Mayo County Council
Ms Esther Lynch	Irish Congress of Trade Unions
Ms Paula Lyons	Office for Social Inclusion, DSFA
Mr Gerry Maher	Department of Social & Family Affairs
Mr George Maybury	Public Service Executive Union
Ms Marie Claire McAleer	National Youth Council of Ireland
Cllr Patricia McCarthy	Association of Municipal Authorities of Ireland
Ms Marlene McCormack	IPPA
Mr Danny McCoy	Irish Business and Employers Confederation
Ms Betty McElwaine	Older Women's Network (Ireland)
Ms Laura McGarrigle	Department of Health and Children
Dr. Anne-Marie McGauran	NESF
Ms Ruth Mc Carthy	NESDO

Ms Caroline McGrath	Focus Ireland
Ms Mary McKenna	Department of the Environment, Heritage & Local Government
Ms Peg McMeel	Irish Countrywomen's Association
Ms Avine McNally	Small Firms Association
Mr Tony McQuinn	Comhairle
Mr Frank Mills	Health Service Executive
Dr. Jeanne Moore	NESF
Mr Larry Mullin	Sligo Community Forum
Ms Geraldine Murphy	Finglas Cabra Partnership
Mr Kevin Murphy	Chairperson Project Team.
Ms Rose Murphy	Local Government Management Services Board
Cllr Kieran O'Hanlon	City of Limerick VEC
Ms Bríd O'Brien	Pavee Point
Ms Mary O'Connor	Children In Hospital Ireland
Mr Daragh O'Connor	Department of Social & Family Affairs
Dr. Fergus O'Ferrall	The Adelaide Hospital Society
Mr Michael O'Halloran	Senior Citizens Parliament
Mr Seán Ó'hÉigeartaigh	NESF
Mr Kevin O'Kelly	Combat Poverty Agency
Mr Tadgh O'Leary	CMOD, Department of Finance
Mr Manus O'Riordan	SIPTU
Ms Helen O'Sullivan	IRD Duhallow Ltd
Ms Sophia Parker	Demos
Ms Mary Phair	Department of Social & Family Affairs
Ms Brigid Pike	Health Research Board
Mr Leon Quigley	FÁS Community Services Unit
Mr Séan Quigley	The Courts Service
Mr Lar Quigley	Department of Justice, Equality & Law Reform
Ms Vivienne Rattigan	Mayo Childcare Committee
Mr Odran Reid	Northside Partnership
Sr Brigid Reynolds	Conference of Religious of Ireland
Ms Diane Richmond	Tallaght Partnership
Ms Louise Richardson	Older Women's Network (Ireland)
Ms Marcela Rodriquez-Farrelly	Free Legal Advice Centres Ltd
Mr Niall Rooney	European Commission
Mr Oliver Ryan	Reach Agency
Mr John Shaw	Department of the Taoiseach
Ms Sally Shovelin	Homeless Persons Unit – Men
Mr David Silke	Centre for Housing Research
Ms Shiela Simmons	Irish Association of Older People
Mr Charlie Smith	Glenbeigh Active Retired
Ms Aine Stapleton	Department of Finance

Mr Kieran Stenson	Focus Ireland
Mr David Stratton	Age Action Ireland Ltd
Ms Maria Svecova	Lucan Disability Action Group
Dr. John Sweeney	NESC
Mr Brendan Teeling	An Chomhairle Leabharlanna
Dr. Clare Thornley	University College Dublin
Mr John Tierney	Dublin City Council
Mr Paul Traynor	Dublin Simon – Training & Employment Service
Mr Gerard Walker	NESF
Ms Lumena Walsh	IFA
Mr Brendan Ward	NESDO
Mr Pat Whelan	Office for the Ombudsman
Professor Miriam Wiley	ESRI

Annex 5   Principles of Quality Customer Service

For Customers and Clients of the Public Service In their dealings with the public, Civil Service Departments and Public Service Offices will:

Quality Service Standards

Publish a statement that outlines the nature and quality of service which customers can expect, and display it prominently at the point of service delivery.

Equality/Diversity

Ensure the rights to equal treatment established by equality legislation, and accommodate diversity, so as to contribute to equality for the groups covered by the equality legislation (under the grounds of gender, marital status, family status, sexual orientation, religious belief, age disability, race and membership of the Traveller Community). Identify and work to eliminate barriers to access to services for people experiencing poverty and social exclusion, and for those facing geographic barriers to services.

Physical Access

Provide clean, accessible public offices, which ensure privacy, comply with occupational and safety standards and, as part of this, facilitate access for people with disabilities and others with specific needs.

Information

Take a pro-active approach in providing information that is clear, timely and accurate, is available at all points of contact and meets the requirements of people with specific needs. Ensure that the potential offered by Information Technology is fully availed of and that the information available on public service websites follows the guidelines on web publication. Continue to drive for simplification of rules, regulations, forms, information leaflets and procedures.

Timeliness and Courtesy

Deliver quality services with courtesy, sensitivity and the minimum delay, fostering a climate of mutual respect between provider and customer. Give contact names in all communications to ensure ease of ongoing transactions.

Complaints

Maintain a well-publicised, accessible, transparent and simple-to-use system of dealing with complaints about the quality of service provided.

Appeals

Maintain a formalised, well-publicised accessible, transparent and simple-to-use system of appeal/review for customers who are dissatisfied with decisions in relation to services.

Consultation and Evaluation

Provide a structured approach to meaningful consultation with, and participation by, the customer in relation to the development, delivery and review of services. Ensure meaningful evaluation of service delivery.

Choice

Provide choice, where feasible, in service delivery including payment methods, location of contact points, opening hours and delivery times. Use available and emerging technologies to ensure maximum access and choice, and quality of delivery.

Official Languages Equality

Provide quality services through Irish and/or bilingually and inform customers of their rights to choose to be dealt with through one or other of the official languages.

Better Coordination

Foster a more coordinated and integrated approach to delivery of public services.

Internal Customer

Ensure staff are recognised as internal customers and that they are properly supported and consulted with regard to service delivery issues.

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Terms of Reference and Constitution of the NESF

1. The role of the NESF will be:

   — to monitor and analyse the implementation of specific measures and programmes identified in the context of social partnership arrangements, especially those concerned with the achievement of equality and social inclusion; and

   — to facilitate public consultation on policy matters referred to it by the Government from time to time.

2. In carrying out this role the NESF will:

   — consider policy issues on its own initiative or at the request of the Government; the work programme to be agreed with the Department of the Taoiseach, taking into account the overall context of the NESDO;

   — consider reports prepared by Teams involving the social partners, with appropriate expertise and representatives of relevant Departments and agencies and its own Secretariat;

   — ensure that the Teams compiling such reports take account of the experience of implementing bodies and customers/clients including regional variations;

   — publish reports with such comments as may be considered appropriate;

   — convene meetings and other forms of relevant consultation appropriate to the nature of issues referred to it by the Government from time to time.

3. The term of office of members of the NESF will be three years. During the term alternates may be nominated. Casual vacancies will be filled by the nominating body or the Government as appropriate and members so appointed will hold office until the expiry of the current term of office of all members. Retiring members will be eligible for re-appointment.

4. The Chairperson and Deputy Chairperson of the NESF will be appointed by the Government.

5. Membership of the NESF will comprise 15 representatives from each of the following four strands:

   — the Oireachtas;

   — employer, trade unions and farm organisations;

   — the voluntary and community sector; and

   — central government, local government and independents.

6. The NESF will decide on its own internal structures and working arrangements.

Membership of the NESF

Independent Chairperson	**Dr Maureen Gaffney**
Deputy Chairperson	**Mary Doyle, Dept of Taoiseach**

Strand (i) Oireachtas

Fianna Fáil	Michael Woods T.D.
	Pat Carey T.D
	John Curran T.D.
	Senator Mary O'Rourke
	Senator Paschal Mooney
	Senator Brendan Daly
	Senator Geraldine Feeney
Fine Gael	Senator Paul Coghlan
	Damien English T.D.
	Paul Kehoe T.D.
Labour	Joan Burton T.D.
	Willie Penrose T.D.
Progressive Democrats	Senator Kate Walsh
Independents	Senator Feargal Quinn
Technical Group	Jerry Cowley T.D.

Strand (ii) Employer/Trade Unions/Farming Organisations

Employer/Business Organisations

IBEC	Tony Donohoe
	Heidi Lougheed
Small Firms' Association	Patricia Callan
Construction Industry Federation	Dr Peter Stafford
Chambers of Commerce/ Tourist Industry/Exporters Association	Seán Murphy

Trade Unions

ICTU	Eamon Devoy
ICTU	Blair Horan
ICTU	Jerry Shanahan
ICTU	Manus O'Riordan
ICTU	Esther Lynch

Agricultural/Farming Organisations

Irish Farmers Association	Mary McGreal
Irish Creamery Milk Suppliers Association	Michael Doody
Irish Co-Operative Organisation Society	Mary Johnson
Macra na Feirme	Carmel Brennan
Irish Country Womens Association	Carmel Dawson

Strand (iii) Community and Voluntary Sector

Womens Organisations

National Womens Council of Ireland	Orla O'Connor
	Dr Joanna McMinn

Unemployed

INOU	John Farrell
ICTU Centres for the Unemployed	Patricia Short

Disadvantaged

CORI	Sr Brigid Reynolds
Society of St Vincent de Paul	Audry Deane
Pavee Point	Bríd O'Brien
Anti-Poverty Networks	Joe Gallagher

Youth/Children

NYCI	Marie Claire McAleer
Children's Rights Alliance	Jillian Van Turnhout

Older People

Senior Citizens' Parliament/Age Action	Robin Webster

Disability

Disability Federation of Ireland	Joanne Mc Carthy

Others

The Carers Association	Frank Goodwin
Irish Rural Link	Seamus Boland
The Wheel	Fergus O'Ferrall

**Strand (iv) Central Government,
Local Government and Independents**

Central Government

Secretary-General, Department of Finance

Secretary-General, Department of Enterprise, Trade and Employment

Secretary-General, Department of Social and Family Affairs

Secretary-General, Department of Community, Rural and Gaeltacht Affairs

Secretary-General, Dept. of the Environment, Heritage and Local Government

Local Government

Association of County and City Councils	Councillor Ger Barron Councillor Jack Crowe Councillor Constance Hanniffy
Association of Municipal Authorities	Councillor Patricia McCarthy
County and City Managers Association	John Tierney

Independents

Institute for the Study of Social Change, UCD	Prof. Colm Harmon
Department of Sociology, NUI Maynooth	Dr Mary P. Corcoran
ESRI	Prof Brian Nolan
Tansey, Webster, Stewart & Company Ltd	Paul Tansey Cáit Keane

Secretariat

Director	Seán Ó hÉigeartaigh
Policy Analysts	Gerard Walker Dr Ann-Marie Mc Gauran Dr Jeanne Moore
Executive Secretary	Paula Hennelly

NESF Publications

(i) Forum Reports

Report No	Title	Date
1.	Negotiations on a Successor Agreement to the PESP	Nov 1993
2.	National Development Plan 1994 – 1999	Nov 1993
3.	Commission on Social Welfare – Outstanding recommendations	Jan 1994
4.	Ending Long-term Unemployment	June 1994
5.	Income Maintenance Strategies	July 1994
6.	Quality Delivery of Social Services	Feb 1995
7.	Jobs Potential of Services Sector	April 1995
8.	First Periodic Report on the Work of the Forum	May 1995
9.	Jobs Potential of Work Sharing	Jan 1996
10.	Equality Proofing Issues	Feb 1996
11.	Early School Leavers and Youth Employment	Jan 1997
12.	Rural Renewal – Combating Social Exclusion	Mar 1997
13.	Unemployment Statistics	May 1997
14.	Self-Employment, Enterprise and Social Inclusion	Oct 1997
15.	Second Periodic Report on the Work of the Forum	Nov 1997
16.	A Framework for Partnership – Enriching Strategic Consensus through Participation	Dec 1997
17.	Enhancing the Effectiveness of the Local Employment Service	Mar 2000
18.	Social and Affordable Housing and Accommodation: Building the Future	Sept 2000
19.	Alleviating Labour Shortages	Nov 2000
20.	Lone Parents	July 2001
21.	Third Periodic Report on the Work of the Forum	Nov 2001
22.	Re-integration of Prisoners	Jan 2002
23.	A Strategic Policy Framework for Equality Issues	Mar 2002
24.	Early School Leavers	Mar 2002
25.	Equity of Access to Hospital Care	July 2002
26.	Labour Market Issues for Older Workers	Feb 2003
27.	Equality Policies for Lesbian, Gay and Bisexual People: Implementation Issues	April 2003
28.	The Policy Implications of Social Capital	June 2003
29.	Equality Policies for Older People: Implementation Issues	July 2003
30.	Fourth Periodic Report on the Work of the NESF	Nov 2004
31.	Early Childhood Care & Education	June 2005
32.	Care for Older People	Nov 2005
33.	Creating a More Inclusive Labour Market	Jan 2006

NESF Publications

(ii) Forum Opinions

Opinion No.	Title	Date
1.	Interim Report of the Task Force on Long-term Unemployment	Mar 1995
2.	National Anti-Poverty Strategy	Jan 1996
3.	Long-term Unemployment Initiatives	Apr 1996
4.	Post PCW Negotiations – A New Deal?	Aug 1996
5.	Employment Equality Bill	Dec 1996
6.	Pensions Policy Issues	Oct 1997
7.	Local Development Issues	Oct 1999
8.	The National Anti-Poverty Strategy	Aug 2000

(iii) NESF Opinions under the Monitoring Procedures of Partnership 2000

Opinion No.	Title	Date
1.	Development of the Equality Provisions	Nov 1997
2.	Targeted Employment and Training Measures	Nov 1997

(iv) NAPS Social Inclusion Forum: Conference Reports

	Title	Date
1.	Inaugural Meeting on 30th January 2003	
2.	Second Meeting of the Social Inclusion Forum	Jan 2005
3.	Third Meeting of the Social Inclusion Forum	April 2006

(v) NESF Research Series

	Title	Date
1.	A Study of Labour Market Vulnerability & Responses to it in Donegal/Sligo and North Dublin	Jun 2005
2.	The Economics of Early Childhood Care & Education	Sept 2005
3.	Delivery of Quality Public Services	Sept 2006