



Comptroller and Auditor General

Report on Value for Money Examination

Department of Social, Community and Family Affairs

# The Administration of Supplementary Welfare Allowances

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Baile Átha Cliath  
Arna fhóidsiú ag Oifig an tSoláthair

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Teach Sun Alliance, Sráid Theach Laighean, Baile Átha Cliath 2  
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Foilseachán Rialtais, An Rannóg Post Tráchtá,  
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The report was prepared on the basis of information, documentation and explanations obtained from the bodies referred to in the report

The draft report was sent to the Accounting Officers of the Department of Social, Community and Family Affairs, the Department of Health and Children and the health boards and their comments were requested. Where appropriate, comments received were incorporated in the final version of the report

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## **Report of the Comptroller and Auditor General**

### **The Administration of Supplementary Welfare Allowances**

I have, in accordance with the provisions of Section 9 of the Comptroller and Auditor General (Amendment) Act, 1993, carried out a value for money examination of the administration of supplementary welfare allowances

I hereby submit my report of the above examination for presentation to Dáil Éireann pursuant to Section 11 of the said Act.

A handwritten signature in black ink, appearing to be 'John Purcell', with a large loop and a long horizontal stroke extending to the right.

**John Purcell**  
**Comptroller and Auditor General**

22 June 1998

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## Summary

The Supplementary Welfare Allowances (SWA) scheme was introduced in 1977 as a scheme of last resort to provide financial and other assistance on the basis of need with the objective of breaking the cycle of poverty in Ireland. The scheme is managed by the Department of Social, Community and Family Affairs (the Department) but is delivered locally through Community Welfare Officers (CWOs) as part of the community welfare service operated by the health boards. There were approximately 300,000 recipients who received payments of £152 million in 1996. The overall administration costs in 1996 were almost £17 million.

The main objectives of the examination were to

- evaluate the efficiency of the administration of the scheme
- consider the administrative arrangements in terms of the potential for improving the service provided, at no additional cost, or reducing the administrative resources required
- review the impact of changes in the nature and extent of poverty on the scope of the scheme, in particular the provision of information, advice and referral services
- review current strategic management issues associated with ensuring the continuing effectiveness of the scheme.

## Efficiency of Administration

In the period 1987-1996 there has been an average annual increase of 13.1% in recipients across the health boards whereas the average annual increase in administration costs was 4.5%. This represents an overall throughput improvement of 8.2% per year in constant 1987 prices. The improvement varied across health boards from 4.8% per year in the Southern Health Board to 13.9% in the Midland Health Board.

A range of unit costs was noted from an analysis of claims paid under each component of SWA across the health boards. For example, the unit cost for administering a successful basic payment varied from £18.95 in the Western Health Board to £43.00 in the South Eastern Health Board. The range in efficiency improvements and in unit costs suggests there is a systematic difference in the manner in which components of the scheme are administered. The unit cost analysis was limited due to the non-availability of data regarding the incidence of unsuccessful claims.

The ratio of administrative costs to SWA payments was compared with United Kingdom (UK) schemes which have similar objectives and with all schemes administered by the Department. It was found that the percentage administrative cost of basic payments and exceptional/urgent needs payments were in line with their UK equivalents. The percentage administration cost of rent and mortgage payments (5.4%) was almost double the UK housing benefit scheme (2.8%) but this may be due to the increased administration required in Ireland in dealing exclusively with the private rented sector. The overall percentage administration cost for Departmental schemes was 5% compared to 7.6% for the entitlement-based components of the SWA scheme.

The Department was unable to provide analysis of the administration costs of schemes which it operates where there may be an administrative effort similar to the components of SWA. It is of the view that significant economies are unlikely to arise solely from the direct transfer of administration of the entitlement-based components of the SWA scheme to the Department.

### **Administrative Arrangements**

A significant portion (58%) of basic payments are 'interim', viz. made while the Department determines eligibility for receipt of benefit from an alternative Departmental scheme. It is estimated that excess administrative costs of some £2.0 million are incurred in respect of these interim payments because of duplication of means testing between the health boards and the Department. These interim payments should be made directly by the Department. The examination found widespread agreement that, as rent and mortgage supplements have become mainstream supports, they should not be administered by the health boards as part of SWA. The administration of the back to school clothing and footwear allowance involves a means test which duplicates existing means tests for other Departmental schemes. There is a potential for administrative improvement worth up to £2.1 million if the means tests were rationalised. However, additional payments under revised eligibility criteria might ensue.

### **Delivery of Information, Advice and Referral Services**

It was originally intended that CWOs would provide information, advice and referral services to SWA clients. However, the large increase in the number of recipients of SWA combined with the change in the nature of poverty in Ireland since 1977 has placed considerable pressure on the time available for CWOs to provide these services. The SWA scheme is now operating mainly as a financial support mechanism. Although the Department funds the provision of information, advice and referral services by CWOs to SWA clients, it considers that these services are a minor part of the SWA scheme within the community welfare service. The

Department itself provides similar services to claimants at its social welfare offices. In the same period, there have been significant developments in the voluntary sector, including the emergence of organisations, funded by the Department, which provide non-financial advisory services.

The current proliferation of sources of information and advice should be reviewed with a view to rationalising the responsibilities of the various organisations involved, clarifying the role of CWOs and considering the effectiveness of the total amount of State funding provided for this purpose. The Department of Health and Children, the health boards and the Department all need to be involved in this review/rationalisation.

### **Strategic Management Issues**

The Department has a limited capability for monitoring the changing profile of the population of recipients as a basis for anticipating future needs. In the past reliance was placed on specifically commissioned studies but a database of recipients is now being developed.

The effectiveness of the scheme depends on the extent of information available to the public and the training of CWOs. While some improvements have been made recently in both of these areas there is room for further improvements.

The involvement of both the health boards and the Department in the administration of SWA complicates the management of the scheme. The administration of SWA would be improved if service agreements were drawn up between the Department and the health boards which defined the objectives and targets of the SWA scheme and suitable performance measures. The Department has acknowledged this and certain aspects of procedures and controls have been included in a national procedures manual. However, the documentation produced to date does not deal directly with performance measurement issues.

The implementation of the Integrated Short Term Scheme (ISTS) computer system has been helpful to both clients and CWOs. However, the administration burdens on CWOs have increased. The management information generated by the system is not sufficient but this matter is being addressed.

Although some external reviews of SWA have been made over the past ten years, a system of regular programme evaluation is not yet in place to assess the extent to which SWA objectives are achieved and to review the potential for innovation. The Department has indicated that it intends to carry out a programme evaluation of the scheme.

# **The Administration of Supplementary Welfare Allowances**



# 1 Introduction

## Background

- 1.1 The Supplementary Welfare Allowance (SWA) scheme was introduced in 1977 under the provisions of the Social Welfare Act 1975<sup>1</sup>, to form part of a localised community care structure with the overall aim of intervening in a multi-faceted way in the cycle of poverty. The combination of financial assistance with a community-based social service model distinguished the scheme from other income support services provided by the State.<sup>2</sup>
- 1.2 The SWA scheme provides financial assistance and information, advice and referral services to people who
- do not qualify for any other social welfare payment or who are awaiting a decision on a claim for such a payment
  - have needs which cannot be met by their social welfare payment or by any other financial means which they have
  - have exceptional or urgent needs.
- 1.3 In any one year, there are some 300,000 recipients of SWA. Payments totalled £152.1 million in 1996.
- 1.4 The Department of Social, Community and Family Affairs (the Department) has overall responsibility for the SWA scheme but it is administered as part of the community welfare service in the health boards. A total of £16.5 million was incurred by the health boards on administering the scheme in 1996. These administrative costs are recouped from the Department. The SWA section of the Department incurred further administrative costs of about £370,000.

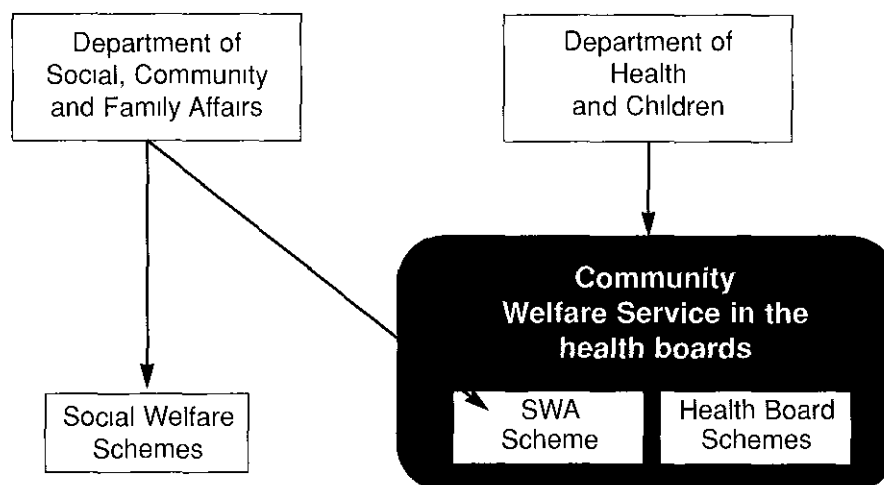
### *The Role of SWA in Welfare Provision*

- 1.5 Basic social services in Ireland comprise housing, education, health care support and income maintenance. Several government departments and agencies are involved in the provision of social services to the community, including the Department and the Departments of Health and Children, Education and Science, Environment and Local

<sup>1</sup> *The Social Welfare (Consolidation) Act 1993 superseded the 1975 Act*

<sup>2</sup> *Combat Poverty Agency, Scheme of Last Resort<sup>2</sup> A Review of Supplementary Welfare Allowance, 1991*

**Figure 1 1   Organisational arrangements for the delivery of the SWA scheme**

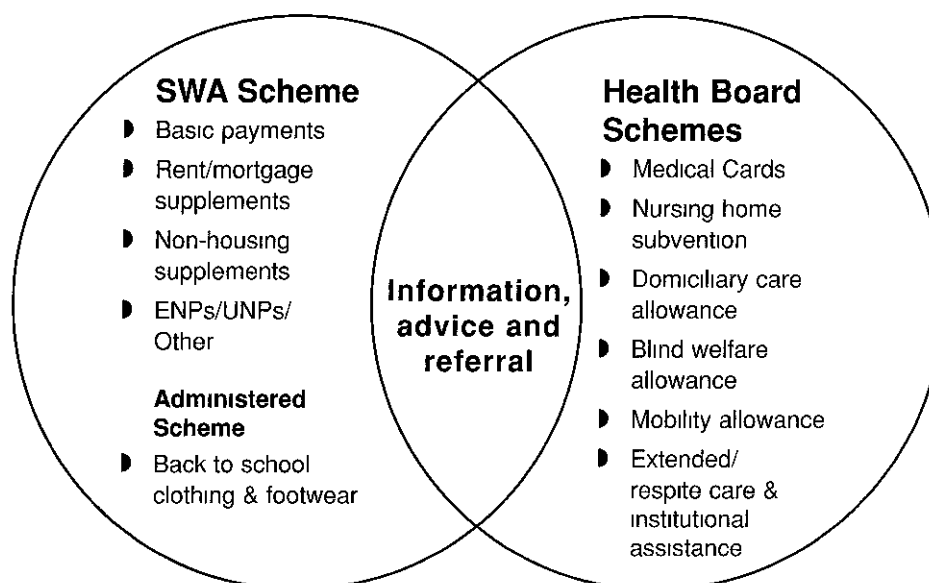


Government In addition, there is an active voluntary sector which in many cases complements the work of statutory agencies

### *Community Welfare Service*

- 1 6 Figure 1.1 summarises the organisational arrangements for the delivery of the SWA scheme. These organisational arrangements are set out in the Social Welfare (Consolidation) Act, 1993, which states that *'... subject to the general direction and control of the Minister (for Social, Community and Family Affairs), each health board shall, in respect of its functional area, be responsible for the administration of the functions relating to supplementary welfare allowance.'*
- 1 7 The community welfare service, and its administrators, the Community Welfare Officers (CWOs), seek to
- relieve social distress and where possible, help to prevent its recurrence by informing people of the statutory income maintenance services which are available and assisting them to avail of the services and to provide financial support where necessary through the SWA scheme
  - help determine eligibility for the health and welfare services administered by the health boards and funded by the Department of Health and Children (for example, issue of medical cards).

**Figure 1 2 Services provided under SWA and the health board schemes within the community welfare service**



- 1 8 Figure 1.2 sets out the services provided under the SWA scheme and the health board schemes within the community welfare service. Information, advice and referral services are important elements of the schemes.
- 1 9 Although SWA is the scheme of last resort CWOs are often the first point of contact for the public to access information on entitlements and services. In rural areas particularly the CWO is a key provider of such information and the local delivery of SWA is perceived as an important element of its effectiveness.

### *Administration of SWA*

- 1 10 The Department sets the guidelines for the scheme and informs the health boards accordingly. CWOs and/or Superintendent Community Welfare Officers (SCWOs) in the health boards make the day-to-day decisions regarding the award of SWA. The task of the CWO is to look at need and in so doing identify the presence or severity of poverty and to seek to eliminate it.
- 1.11 There is an element of judgment, if not discretion, in the assessment of all SWA applications but the degree of discretion varies between the various components of the SWA scheme. For Exceptional Needs Payments (ENPs) and Urgent Needs Payments (UNPs) the SCWO and/or the CWO makes a decision based on the situation presented to her/him. For the purposes of this report these payments are referred to as discretionary payments.

- 1.12 For payment of basic SWA and for additional weekly supplements or allowances to cover rent, mortgage, heat, diet and other ongoing needs the rules for establishing entitlement are based on a means test. The back to school clothing and footwear allowance provides assistance in respect of school-going children for whom a child dependant allowance is payable by the Department and is administered by the health boards in parallel with the SWA scheme.<sup>3</sup> In this report these payments are referred to as entitlement-based payments. Appendix A gives a description of the components of SWA and the back to school clothing and footwear allowance.
- 1.13 The majority of applicants are referred to the CWO by their local social welfare office/branch office or by voluntary organisations. Other clients apply directly for assistance, especially for rent supplements.

### **Scope and Objectives of the Examination**

- 1.14 The examination was concerned with value for money issues associated with the administration by the Department and the health boards of the SWA scheme and the back to school clothing and footwear allowance.
- 1.15 The overall objectives of this examination were
- to evaluate the efficiency of the administration of the scheme (Chapter 2)
  - to consider the administrative arrangements in terms of the potential improvements in the service provided or reductions in the administrative resources required (Chapter 3)
  - to review the impact of changes in the nature and extent of poverty on the scope of the scheme, in particular the provision of information, advice and referral services (Chapter 4)
  - to review current strategic management issues associated with ensuring the continuing effectiveness of the scheme (Chapter 5).
- 1.16 The examination was not concerned with the administration of other schemes by CWOs which are funded by the Department of Health and Children, such as the General Medical Services (medical card) scheme and nursing home subvention.

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<sup>3</sup> *Department of Social, Community and Family Affairs, Back to School Clothing and Footwear Allowance, SW75, May 1997*

It did not examine the specific payments made under the various headings within SWA; neither did it address the adequacy of SWA payments. Analysis of SWA administration costs was focused mainly on 1996. However, where necessary, comparisons were made with earlier years back to 1977 when SWA was introduced.

## **Methodology**

- 1.17 Departmental and health board documents/papers, systems and practices were reviewed during the course of the examination. The administration costs reported by the health boards were also analysed.
- 1.18 A survey of 104 CWOs and SCWOs throughout the eight health board regions was carried out by a market research company<sup>4</sup> (see Appendix B) to find out
- the proportion of CWO time devoted to the administration of SWA
  - their views on the extent of the customer focus of the service
  - the impact of the introduction of computerisation
  - how the service might be improved
- 1.19 The examination team visited and interviewed relevant personnel in the Department and the eight health boards. CWOs were also visited at their clinics in each health board.
- 1.20 Meetings were held with officials from the Department of Health and Children, the Department of the Environment and Local Government and Dublin Corporation. Interviews took place with expert groups including the Combat Poverty Agency, National Social Services Board (NSSB), St. Vincent de Paul Society, the Irish National Organisation for the Unemployed (INOUE) and the PAUL Partnership in Limerick. The National Audit Office in the United Kingdom (UK) was also consulted regarding the costs of administering analogous welfare schemes in the UK.
- 1.21 A social researcher<sup>5</sup> was engaged to advise on the methodology of the study and to review and evaluate the study findings.

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<sup>4</sup> *Lansdowne Market Research Limited*

<sup>5</sup> *Mr Jim Walsh, Acting Head of Research, Combat Poverty Agency*

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## 2 Efficiency of Administration

- 2.1 This chapter is concerned with the efficiency of the health boards in the administration of the SWA scheme.

### Efficiency Measurement

- 2.2 Efficiency was evaluated under the following headings

- change in administration costs in relation to the change in the number of SWA recipients over the period 1987-1996, at an overall level and across health boards
- health board unit costs in 1996
- comparison with the costs incurred in administering similar welfare schemes by the Department of Social Security and local authorities in the UK in 1996
- comparison with the costs incurred in administering similar Departmental schemes in 1996.

- 2.3 The examination of efficiency was hampered by the fact that data for both costs and outputs of activities is not recorded in a way that is amenable to analysis the problem is particularly acute for output measures There are no agreed performance measures between the Department and the health boards and no performance evaluation on the SWA scheme has been carried out by the Department

### Cost Changes in the Period 1987-1996

- 2.4 In the 1987-1996 period the costs of administering SWA incurred by the health boards almost doubled from £8.7 million to £16.5 million. During the same period the number of recipients rose from 23,117 to 70,177, at the end of 1987 and 1996 respectively <sup>6</sup>
- 2.5 Over the period 1987-1996 administration costs (in constant 1987 prices) increased annually by an average of 4.5% In the same period there was an average annual increase in the number of SWA recipients of 13.1% per annum This indicates an

<sup>6</sup> The number of recipients at the respective year ends was used in this analysis because data for the number of recipients throughout these years was not available in the health boards

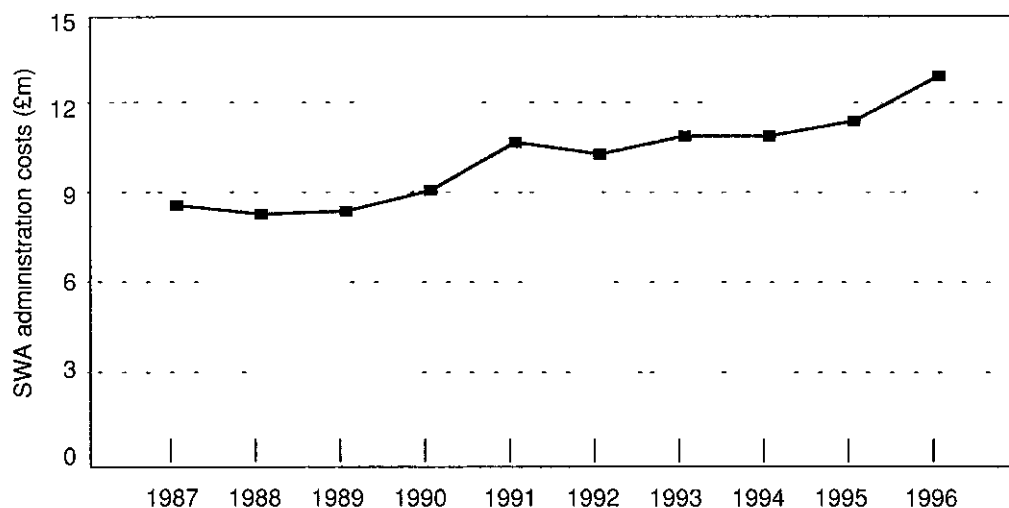
average annual improvement of 8.2% in throughput.<sup>7</sup> The administration costs in constant 1987 prices and the number of recipients over the period 1987-1996 are shown in Figures 2.1 and 2.2

- 2.6 This cost trend in the period was driven by both outputs and inputs. On the output side there was a substantial increase in the number of recipients. This was due to
- an increase in the number of persons in receipt of basic payments from 11,774 at 31 March 1987 to 19,514 at 31 December 1996
  - an increase in the number of people who received SWA, other than basic payments (particularly rent and mortgage supplements), from 11,343 at 31 March 1987 to 50,663 at 31 December 1996
- 2.7 On the input side an important contributory factor was the 'freeze' on the recouping of administration costs by the health boards from the Department. In 1988, the administration costs of SWA that could be recouped by the Department were capped by the Department of Finance, using 1987 expenditure as a base. From 1988 to the end of 1996, any increase in the administrative area, apart from an applied annual inflator, was subject to Department of Finance sanction.
- 2.8 Sanction for additional funding was received on several occasions for exceptional circumstances including the employment of additional CWOs and clerical staff to cater for significantly increased workloads and also the payment of lump sum and pensions to retired CWO/SCWO personnel.
- 2.9 The capping of administration costs did not apply directly to the actual administration costs incurred by the health boards, although the total administration costs of the health boards were also subject to strict control since 1988. Health boards found that they could not contain their administration costs on SWA within the Department of Finance cap due to the large increase in the numbers of SWA recipients and had to absorb these costs within their overall budgets. However, while the additional administration costs were funded from a different source, it is likely that the cap had the effect of curbing the overall costs of administration.

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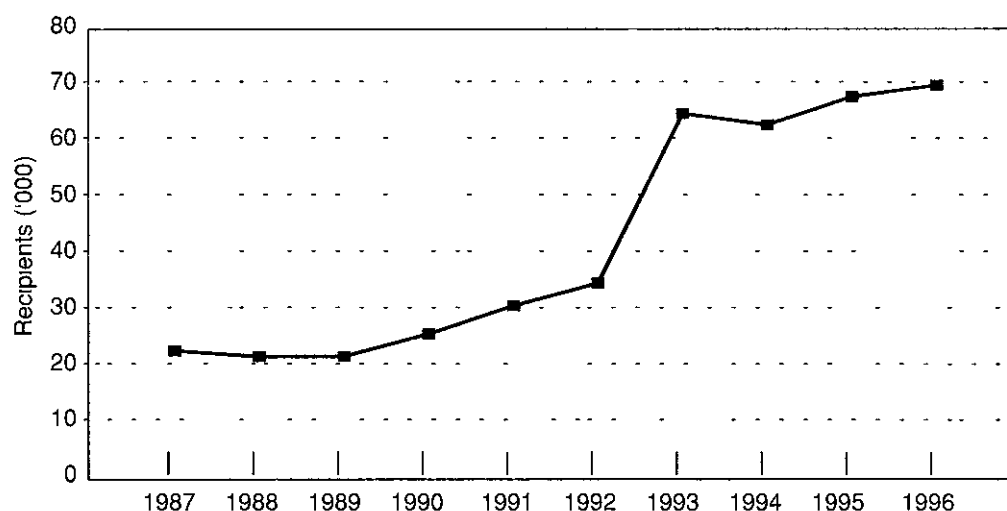
<sup>7</sup> Obtained by dividing the average annual increase in the number of recipients (113.1) by the average annual increase in costs at constant prices (104.5)

**Figure 2.1** SWA administration costs incurred by the health boards in constant 1987 prices (£m), 1987-1996



Source *Statistical Information on Social Welfare Services and health board annual accounts, 1987-1996*

**Figure 2.2** Number of SWA recipients, 1987-1996 <sup>a, b, c</sup>



Note <sup>a</sup> The figures for recipients relate to persons in receipt of payments on 31 December each year with the exception of 1987 where the only figure available is at 31 March  
<sup>b</sup> The figures for recipients do not include the number of recipients of back to school clothing and footwear allowance, which did not come in existence until 1990 and for which data on the number of recipients was not available each year  
<sup>c</sup> While precise figures are not available, the sharp rise in the number of recipients in 1992-1993 was probably due to an increase in the number of recipients of rent and mortgage supplements

Source *Statistical Information on Social Welfare Services and health board annual accounts, 1987-1996*



**Table 2.1** Average annual percentage changes in administration costs (in constant 1987 prices) and number of recipients between 1987-1996

Health board	Number of recipients as at 31 December 1996	Average annual % change in administration costs 1987-1996	Average annual % change in number of recipients 1987-1996	Average annual % throughput change <sup>a</sup>
	Number	%	%	%
Midland	3,185	4.1	16.3	13.9
Western	7,434	3.9	16.0	11.6
Mid-Western	4,267	3.6	13.6	9.7
Eastern	34,006	4.1	13.2	8.7
North Western	3,200	5.8	11.7	5.6
North Eastern	3,325	5.7	11.3	5.3
South Eastern	5,088	2.7	7.9	5.1
Southern	9,672	9.3	14.6	4.8
All health boards	70,177	4.5	13.1	8.2

Note <sup>a</sup> This calculated increase does not include the back to school clothing and footwear allowance which was introduced in 1990

Source Office of the Comptroller and Auditor General analysis of Statistical Information on Social Welfare Services, 1987-1996 and health board annual accounts, 1987-1996

- 2.10 The capping of administration costs by the Department of Finance was eventually lifted in November 1996. In that month payments of £1.6 million were issued to health boards in respect of under-funding from previous years. Arrears payments of £0.6 million were also issued in November 1997 in respect of administration costs underfunded in 1996. Details on administration costs are contained in Appendix C.
- 2.11 An analysis of the increased throughput experienced by the health boards is shown in Table 2.1. The table shows that the overall annual average change of 8.2% reflects improvements in each health board over the period ranging from 4.8% in the Southern Health Board to 13.9% in the Midland Health Board.
- 2.12 The improved throughput experienced by health boards in terms of the administration of financial supports cannot be viewed in isolation from the overall achievement of the objectives of the SWA scheme. The increased payment activity of CWOs diminished their ability to provide other services to SWA clients such as information,

advice and referral which had originally been conceived as an integral aspect of the SWA scheme. This point is developed in Chapter 4.

- 2.13 The improvement in each health board is affected by both the differing external environmental conditions experienced in each health board area and by the effectiveness of the management response. Factors such as the mix of demand for the components of SWA, the population density and the quality and mix of resources applied to the delivery and administration of the SWA scheme would impact on the performance achieved. An analysis of the reasons for the variation in improvement across health boards is important as part of programme evaluation for SWA in the Department and in the health boards. However, for the purposes of measuring efficiency this examination focused on the unit cost of the delivery of SWA components.

### **Health Board Unit Costs in 1996**

- 2.14 The unit costs for each component of SWA for all health boards are shown in Table 2.2. The unit costs represent the costs per successful claim for each SWA component in each health board. It is generally accepted that unit cost computations should also take account of refused claims, for example by adopting the total number of cases dealt with in the year as the unit cost base, but data was only available for successful claims. The use of successful claims limits the extent of the analysis and could be interpreted as regarding the payment of claims as being more efficient than the refusal of claims. This reinforces the importance of using a number of different performance indicators for the analysis of efficiency.
- 2.15 The analysis in Table 2.2 shows that the South Eastern and North Eastern Health Boards' unit costs were generally higher than other health boards indicating that there may be a systematic difference in the way SWA is administered by these health boards. Both health boards have attributed their higher unit costs to the implementation of a high level of control procedures in the investigation of claims which they regard as being productive and cost effective. When the incidence of SWA payments is compared to other indicators of welfare dependency such as the numbers on the Live Register it can be seen that health boards with high unit costs provide SWA to a lower percentage of the people concerned.
- 2.16 The apportionment of health board costs in the calculation of unit costs was based on relative staff intensities involved in each component of SWA. This information was obtained from a detailed analysis of CWO activity in the Eastern Health Board in 1995. Details of the methodology used are set out in Appendix C which also describes another mechanism for unit cost measurement based on the CWO survey performed

**Table 2.2 Unit costs per successful claim across health boards - 1996 (£)**

Health board	Basic SWA payment	Rent / mortgage supplement	Non- housing supplement	Back to school clothing/ footwear	ENPs/ UNPs/ other supplements
	£	£	£	£	£
Eastern	27 62	36 55	18 20	18 20	34 35
Midland	23 95	35 54	17 75	17 75	30 71
Mid-Western	31 55	45 73	22 80	22 80	39 54
North Eastern	37 49	58 21	28 95	28 95	51 96
North Western <sup>a</sup>	36 25	47 26	-	23 63	68 62
South Eastern	43 00	61 99	30 96	30 96	56 20
Southern	33 83	48 33	23 97	23 97	42 85
Western	18 95	27 62	13 79	13 79	34 20
Average	31 58	45 15	22 35 <sup>b</sup>	22 51	44 80

*Note a The North Western Health Board paid no non-housing supplements in 1996. It had the highest unit cost for ENPs/UNPs/Other due to the fact that there are very few of these payments awarded by the Board.*

*b The average unit cost for the non-housing supplement is calculated over the 7 health boards that make payments under that heading.*

*Source Analysis of health board data by the Office of the Comptroller and Auditor General*

as part of this examination. Both methods yield similar rankings of health boards, as set out in Appendix C. This is considered in more detail in paragraph 3.2.

- 2.17 It is desirable that an agreed system for measuring CWO performance common to each health board should be available.

### Administration Costs - Comparisons

- 2.18 The previous section examined unit costs in the health boards. In the following two sections comparisons are made between administration costs of components of SWA and

- similar schemes in the UK
- Departmental schemes.

**Table 2.3 Percentage administration cost of SWA components - 1996**

SWA component	SWA payments £m	Administration costs £m	Percentage administration cost
<b>Entitlement- based</b>			
Basic payment	41.1	3.5	8.6%
Rent and Mortgage supplements	72.5	3.9	5.4%
Non-housing supplements	4.7	0.4	8.5%
Back to school clothing and footwear	12.7	2.1	16.5%
<b>Total entitlement-based</b>	<b>131.0</b>	<b>9.9</b>	<b>7.6%</b>
<b>Discretionary</b>			
ENPs/UNPs/Other	21.1	6.6	31.3%
<b>All schemes</b>	<b>152.1</b>	<b>16.5</b>	<b>10.8%</b>

Source Office of the Comptroller and Auditor General analysis

- 2.19 Table 2.3 shows the administration costs of each of the SWA components as a percentage of payments under that component, distinguishing between entitlement-based payments and discretionary payments
- 2.20 As would be expected the percentage administration costs of payments with a high discretionary content were relatively high at 31.3%. The administration costs of the back to school clothing and footwear allowance were high even though this component of SWA is entitlement-based. This is partly explained by the requirement for a separate means test on the relatively small payments involved

### **Comparison with United Kingdom Schemes**

- 2.21 Certain UK support schemes seek to achieve similar objectives to the SWA scheme although they are administered differently. A brief description of the schemes is in Appendix D. Administration cost comparisons are shown in Table 2.4.

**Table 2.4 Comparisons with UK support schemes in 1996**

SWA components	Admin costs as % of payments	Analogous UK scheme	Admin costs as % of payments
Basic	8.6%	Income Support	9.0%
ENPs/UNPs/other	31.3%	Social Fund	36.7%
Rent/Mortgage	5.4%	Housing Benefit	2.8%

Source 1996 figures supplied by the National Audit Office, UK and Office of the Comptroller and Auditor General analysis

2.22 The comparison indicates that, in general, Irish costs are slightly lower than UK costs except in the case of housing support. In particular

- The administrative cost of basic payments is similar to the UK income support scheme.
- The administrative costs of ENPs/UNPs/Other are lower than for the UK Social Fund. However, the UK scheme is more onerous from an administration viewpoint in that some assistance is given in the form of loans whose repayment must also be administered
- The administration costs of rent and mortgage supplements are almost twice the comparable scheme in the UK. However, the Department has pointed out that the UK's housing benefit scheme differs from SWA rent and mortgage supplements in that a relatively small proportion of the UK scheme is in relation to the private rented sector.

### Comparison with Departmental Schemes

2.23 For the purpose of comparing health boards' costs with the Department's costs it would be preferable to have data from the Department on schemes analogous to SWA components. However, such data was not available and on this basis the analysis is limited to an overall comparison of SWA entitlement-based schemes with Departmental schemes which are all entitlement-based

2.24 In comparing administration costs it is important to note that the health boards administer both entitlement-based payments and discretionary payments whereas the Department is primarily concerned with entitlement-based schemes. Table 2.5 shows the percentage administration costs in 1996 in respect of all SWA payments, entitlement-based SWA payments and payments issued by the Department. The table

**Table 2 5 Comparison of overall health boards' SWA administration costs, administration costs on entitlement-based components of SWA and Departmental administration costs in 1996**

	Health boards		Department payments
	All SWA payments	Entitlement-based SWA payments	
Total payments to recipients	£152 1m	£131 0m	£4,175 0m
Total administration cost	£16 5m	£9 9m	£207 5m
Administration costs as % of payments	10 8%	7 6%	5 0%

Source Office of the Comptroller and Auditor General analysis and Statistical Information on Social Welfare Services, 1996

indicates that Departmental administration costs are considerably lower than SWA costs, even when entitlement-based payments only are compared.

- 2 25 If the rate of Department administration costs is applied to SWA entitlement-based payments the administration cost of these payments would be £6 6 million rather than £9 9 million. However, the transfer of entitlement-based payments to the Department could not achieve savings to the extent indicated because Departmental schemes include process-driven schemes such as pensions. It is not possible to determine the extent, if any, of achievable economies in the absence of Departmental cost data for analogous Department schemes.

## Conclusions

- 2 26 The conclusions are
- There has been a reduction in the unit costs of administering SWA payments in all health boards over the last decade
  - There is a lack of uniformity between the health boards in administration costs and service provision. Health boards with low unit costs make SWA payments to relatively large numbers of welfare dependants
  - The administrative cost of basic payments is similar to the analogous UK scheme while ENPs/UNPs/Other are lower than for an analogous UK scheme. Rent and mortgage supplements are substantially higher than the comparable scheme in the

UK; however, unlike the UK scheme, Irish rent and mortgage supplements are paid exclusively for privately owned accommodation

- Four of the five main components within SWA are entitlement-based but meaningful comparison of the cost of their administration with that of schemes operated by the Department is difficult in the absence of detailed Departmental data.

### 3. Administration Arrangements for the Delivery of Supplementary Welfare Allowances

3.1 In order to consider in more detail whether existing arrangements for the administration of SWA are appropriate, the following issues were examined

- whether basic SWA would be more cost-effectively administered by the Department as part of mainline social welfare schemes
- what would be the most cost-effective way to administer rent and mortgage supplements
- whether the back to school clothing and footwear allowance should be moved from the health boards to the Department and the cost implication
- whether there is any evidence to support moving the administration of ENPs/UNPs/Other to the Department

3.2 A proper cost accounting system which would apportion administration costs over the various components of SWA is not in place in the Department or in the health boards. In the absence of a reliable costing system the administration costs were apportioned for the purposes of this examination by means of a comprehensive analysis of the use of CWO time performed in the Eastern Health Board in 1995. While the potential limitations of the Eastern Health Board method are recognised, it is considered to be the best source of information available. In the CWO survey commissioned for this examination information concerning the use of CWO time was collected in respect of a sample of 104 CWOs/SCWOs (20% of the population). A full description of the Eastern Health Board method and of the CWO survey is in Appendix C. The administration costs attributable to the components of SWA using the Eastern Health Board method and the CWO survey are shown in Table 3.1.

3.3 The Department considers that the Eastern Health Board method significantly understates the administration cost of the rent and mortgage supplements and overstates the administration costs of the back to school clothing and footwear allowance but was unable to provide an alternative cost weighting. While some costs may be overstated or understated the general thrust of the findings is regarded as valid and the choice of costing method does not affect the overall conclusions in this Chapter.



**Table 3.1 Implications of using the different methods in calculating the national administration costs of the different SWA components**

SWA component	Eastern health board method	CWO survey method
	£m	£m
Basic <sup>a</sup>	3.5	4.6
Non-housing supplements	0.4	- <sup>b</sup>
Rent and mortgage supplements	3.9	6.5
Back to school clothing and footwear	2.1	1.4
<b>Total entitlement-based</b>	<b>9.9</b>	<b>12.5</b>
ENPs/UNPs/Other	6.6	4.0
<b>Grand total</b>	<b>16.5</b>	<b>16.5</b>

Note a The administration of interim basic payments amounted to £2.0 million under the Eastern Health Board method and £2.7 million under the CWO survey method

b This item was not separately distinguished in the CWO survey

Source Office of the Comptroller and Auditor General analysis

## Basic Payments

- 3.4 During 1996, almost 87,000 persons received basic payments totalling £41.1 million. A majority of these payments (58%) were 'interim'<sup>8</sup> payments, pending determination of entitlement to payment by the Department. The associated 'double attendance' by clients represents both a diminution of service and duplicate administration.
- 3.5 The administration of basic payments can be time consuming for the CWO and for the recipient. When a client applies for a Department scheme (such as Unemployment Assistance (UA), Unemployment Benefit (UB) or One-Parent Family Payment (OFP)), the Department must first check for entitlement to a payment. While the Department is investigating the claim, the client is advised to apply to the local community welfare office for a basic SWA payment. As a result, two separate assessments are carried out - one by the health board and one by the Department. In addition, where the CWO office is not computerised, the client must visit the CWO and attend the local social welfare office/branch office each week to sign-on until his/her social welfare claim is resolved. This process can typically take up to 6 weeks in the case of UA claims.
- 3.6 The foregoing arrangements apply in all health boards other than the Eastern Health Board where the Department makes 'interim' payments in a significant number of

<sup>8</sup> Interim payments include pending UA/UB, pending Disability Benefit (Occupational Injury Benefit), pending OFP, pending other Departmental payments

cases directly to clients awaiting UA/UB. This arrangement avoids the necessity for two separate means test assessments and the need to attend more than one office while claims are being assessed.

- 3.7 The practice in the Eastern Health Board could be introduced throughout the remainder of the country. A similar practice should also be considered by the Department to part pay/pay OFP claims on receipt rather than referring claimants to the health boards for an SWA payment.
- 3.8 There are significant additional costs in the present arrangement which derive mainly from duplication. As 'interim' cases must be dealt with in any event by the Department, there is potential for a significantly better use of administrative resources if the Department extends the practice of making interim payments directly to the client. The amount of the additional costs incurred is estimated at £2.0 million, using the Eastern Health Board method, or £2.7 million, using the CWO Survey method.<sup>9</sup>
- 3.9 The remaining 42% of basic payments were made up of cases for which the Department does not have a scheme.<sup>10</sup> The potential for achieving further administrative benefits through establishing new categories of entitlement, whereby the Department could replicate the current CWO practice and deal directly with all of these cases, should be explored.

### **Non-Housing Supplements**

- 3.10 Non-housing supplements cover diet, heating, travel and child care. Almost 21,000 claims were paid in 1996 amounting to £4.7 million. To be eligible the claimants must prove their need and show that their income is insufficient to meet particular weekly/monthly needs. It is estimated that the cost of administering these supplements amounted to £0.4 million in 1996.

### **Rent and Mortgage Supplements**

- 3.11 Over 95,000 claims amounting to £74.5 million were paid under the rent and mortgage supplement aspect of SWA in 1996. To be eligible a claimant must satisfy the general conditions of entitlement and, in the case of rent supplement recipients,

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<sup>9</sup> 58% of the estimated total cost of administering basic payments

<sup>10</sup> 'Non-interim' payments include pending UA/UB appeals, pending OFP appeal, pending Department of Social Security UK claims, pending health board (Disabled Persons Maintenance Allowance), pending wages, pending compensation, trade disputes, sick-no-benefit, graduated UB/DB and other basic payments

must also apply to their local authority to be included on the housing list. Rent supplement recipients are expected to accept offers of local authority housing when they are made, unless there is a genuine and justifiable reason for not doing so. ESRI findings<sup>11</sup> indicate that only one third of SWA recipients are on the local authority housing lists. In practice, many recipients of rent and mortgage supplement are single people with no dependants and, accordingly, they would have little chance of being offered local authority accommodation. The Department of Environment and Local Government stated that the requirement to apply to the local authority is not rigorously enforced.

3.12 Rent and mortgage supplements have accounted for a significant proportion of the increases in SWA payments since 1987. Expenditure on rent supplements has increased almost tenfold from £6.1 million in 1989 to £64.1 million in 1996. The increase in mortgage supplements has been even more dramatic but from a lower base than rent supplements. Table 3.2 sets out the trend in the rent and mortgage expenditure from 1989 to 1996.

3.13 It was never envisaged that SWA would have to cope with a large volume of rent and mortgage supplements and there is widespread agreement on the need to change current arrangements. The main alternative options for the administration of rent and mortgage supplements are

- local authorities carry out this function
- health boards carry out this function (or the means testing components) on behalf of local authorities
- the Department carries out this function

3.14 The Department takes the view that it should not be involved in the administration of housing policy. An interdepartmental committee, in which it participated, was set up to examine the co-ordination of housing policy. Its findings which are due in 1998 are expected to include a recommendation regarding which department is best suited to take responsibility for rent and mortgage supplements.

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<sup>11</sup> ESRI, *An Analysis of Social Housing Need*, Fahy and Watson, Paper No. 168, December 1995.

**Table 3.2 Rent and mortgage supplement expenditure  
1989-1996**

Year	Rent £m	Mortgage £m	Total £m
1989	6 10	0 90	7 00
1990	8 60	3 60	12 20
1991	14 40	5 20	19 60
1992	23 00	7 00	30 00
1993	38 70	9 20	47 90
1994	44 89	9 03	53 92
1995	52 96	9 76	62 72
1996	64 14	10 37	74 51

*Note* SWA data is not available for rent and mortgage supplements prior to 1989  
*Source* Comptroller and Auditor General Appropriation Accounts and Departmental figures

- 3 15 Using the Eastern Health Board method it is estimated that the administration cost incurred by health boards in paying rent and mortgage supplements amounted to approximately £3.9 million in 1996 or 24% of total administration costs. Applying the CWO survey method yields an administration cost estimate of £6.5 million.

### **Back to School Clothing and Footwear Allowance**

- 3 16 Almost 100,000 claims were paid in 1996 by the health boards in respect of some 233,400<sup>12</sup> children, under the back to school clothing and footwear allowance which operates from 1 June to 30 September each year. The total cost of the scheme in 1996 was £12.7 million.
- 3 17 Substantial administrative savings could be achieved and the service to the client could be improved if the requirement on families to produce evidence each year of their continued eligibility was removed. However, a difficulty arises for the Department in that eligibility for the back to school clothing and footwear allowance is governed by a means test which is more stringent than other means tests used by the Department.

<sup>12</sup> Figures for the number of claims and the number of children from the North Western Health Board region were not available and are not included.

- 3.18 In my report on Means Testing<sup>13</sup>, I concluded that there were too many means tests and that they should be rationalised. Some minor progress has been made in this regard. The process of standardising the assessment of capital across the different social assistance schemes has been initiated. Various disregards of earnings arising from rehabilitative employment for the different means-tested illness and disability schemes were aligned in 1997. In addition, the means test associated with the UA scheme was restructured to make it easier for claimants to avail of casual and part-time work opportunities and to ensure that they are always better off as a result of doing so.
- 3.19 The majority of recipients of back to school clothing and footwear allowances also receive full child dependant allowance (CDA) which is administered by the Department. Some of the CDA recipients receive it on the basis of social insurance contributions but the majority receive it on the basis of a means test. The means test for full CDA and the means test for back to school clothing and footwear allowance both seek to identify low income families and augment their incomes. The Department should consider merging the means tests for CDA and back to school clothing and footwear allowance so that one is eliminated. The Department has indicated that it could readily use the means test for the full CDA in the administration of the back to school clothing and footwear scheme. These means tests are described in Appendix E.
- 3.20 According to the Eastern Health Board method the administration costs incurred by health boards in making back to school clothing and footwear payments were approximately £2.1 million in 1996 or 13% of total administration costs. Applying the CWO survey method yields an administration cost estimate of £1.4 million.
- 3.21 However, the consequence of using the less stringent CDA means test would be to increase the number of children eligible for the back to school clothing and footwear allowance. The cost of the increased eligibility could more than offset the resulting administrative gains. In addition to the elimination of the associated administrative expenditure on the back to school clothing and footwear allowance, the overall administrative burden would be further reduced as school principals would no longer have to endorse the back to school clothing and footwear application form. The effectiveness of the scheme would also be enhanced as any problems with non-take up of the scheme would be eliminated.<sup>14</sup>

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<sup>13</sup> *Comptroller and Auditor General Report on Value for Money Examination No. 8, Means Testing, PN 2270, December 1995*

<sup>14</sup> *Lack of take-up of the back to school clothing and footwear allowance may be illustrated by the joint annual take-up campaign which was carried out by the Mid-Western Health Board and PAUL Partnership. This resulted in an increase in take-up of 18% in the first year.*

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## **ENPs/UNPs/Other**

- 3 22 In the course of the examination no evidence was found to favour moving the administration of ENPs/UNPs/Other payments from the health boards to the Department principally because these payments have a high discretionary content and may be better provided locally. Although there is also an element of judgment in the administration of the Department's schemes, it does not administer schemes which are similar to the discretionary elements of SWA. Accordingly, it is not possible to assess to what extent the Department's costs would be higher or lower than the health boards' costs. In addition, the question of which organisation should administer these payments is best considered in the wider context of the overall effectiveness of the delivery of support. This issue is addressed in Chapter 4.

## **Impact of Change of Administration**

- 3.23 The Department and some health boards have pointed out that moving the administration of SWA payments to the Department would result in a less localised service in respect of these payments. SWA is delivered at 800 locations (albeit for limited periods of time each week) throughout the State, whereas social welfare payments are administered through 130 local and branch offices.
- 3.24 This reservation would not apply to the transfer of basic interim payments and the back to school clothing and footwear allowance. On the contrary, the transfer of these payments would result in an improved service to clients, as the current necessity to attend a local CWO office would be removed and no additional attendance requirement would be placed on clients to attend either CWO offices or social welfare offices.

## **Conclusions**

- 3 25 The conclusions are
- The administration costs of the entitlement-based payments in 1996 amounted to £9.9 million. Excess administration costs, due solely to the duplication of means testing, were found in the administration of interim basic payments and the back to school clothing and footwear allowance by the health boards.
  - Transferring the administration of basic interim payments and the back to school clothing and footwear allowance from the health boards to the Department would result in an improved service to clients.

- Merging the means test for the back to school clothing and footwear scheme with the means test for full CDA would mean that the former could be administered by the Department at negligible cost. However, this benefit could be more than offset by the consequential cost of wider entitlement.
- There was insufficient departmental data available to evaluate the cost benefit of transferring other components of SWA to the Department.

## 4 The Delivery of Non-Financial Supports

- 4.1 The achievement of value for money from the administration of SWA depends on the extent to which the objectives of SWA are being achieved and on the associated costs of resources employed to achieve the objectives. A key argument in favour of the current administrative and operational arrangements was the devolved approach under which SWA would be delivered as part of a localised community care structure under the aegis of the eight health boards. In Chapter 3 it has been shown that the efficiency of the administration of payments could be improved through alternative administrative arrangements. This chapter focuses on the major changes in demand and need for SWA since its introduction and on how these factors have impacted on the delivery of the non-payment services of SWA

### Changes in Demand and Need for SWA

#### *Increase in Demand*

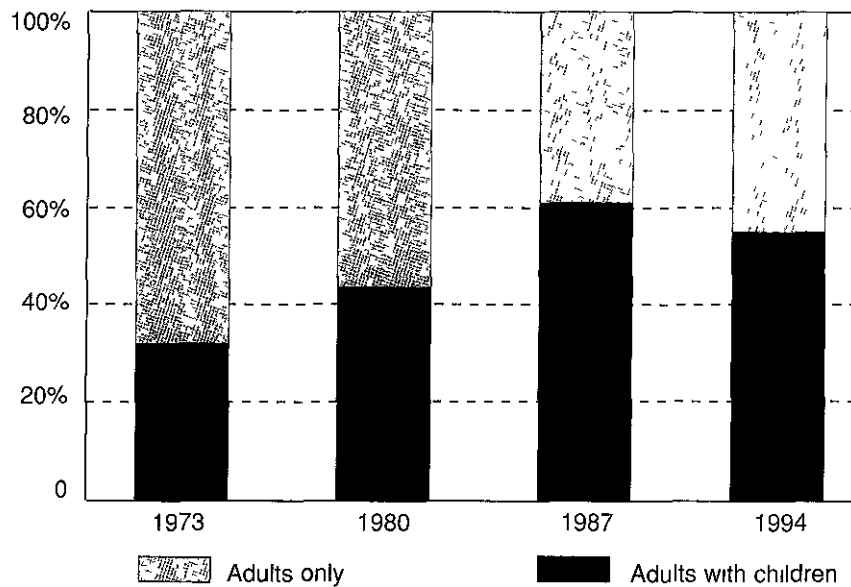
- 4.2 Since 1977, when the SWA scheme was introduced, there has been an increase in welfare dependency. One indication of the scale of the increase can be obtained from a review of the trend in unemployment over the period. In the period 1978-1997, the number of unemployed people per Labour Force surveys increased from 99,000 to 191,000.

#### *Changes in Need*

- 4.3 In 1973, a large proportion of households with income below 50% of average disposable income (conventionally regarded as poor) consisted of one or more adults, many of them elderly, with no children. As shown in Figure 4.1 the proportion of these households declined by 1994 whereas the proportion of poor households with children increased over the period 1973-1994 from 32% of households to 55%.
- 4.4 The labour force status of the heads of poor households also changed substantially over the same period as shown in Figure 4.2. In 1973, farmers and retired people accounted for 43% of this category but by 1994 they accounted for 19.5%. By contrast, in 1973, 19.8% of heads of poor households were unemployed or ill/disabled whereas by 1994, 42.1% were classified as unemployed or ill/disabled.

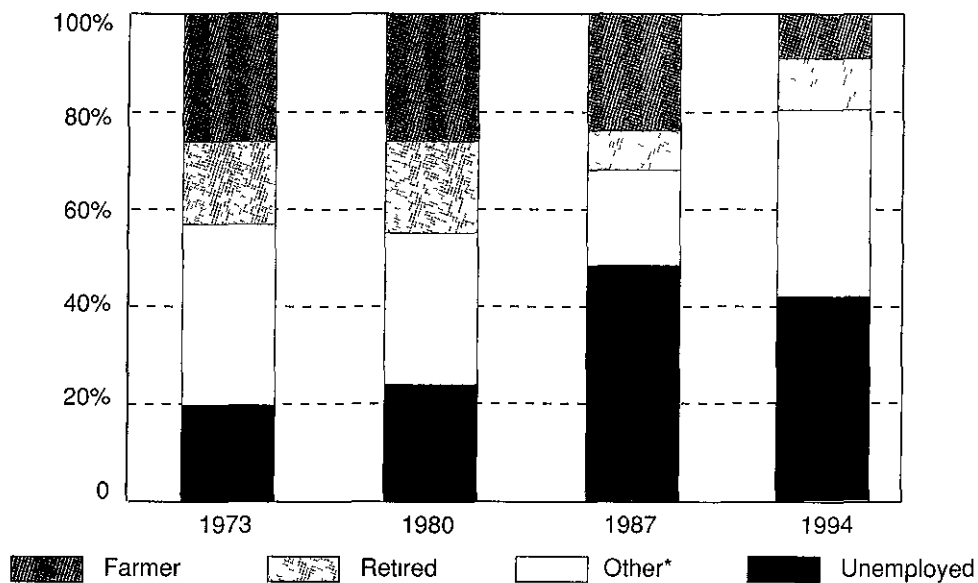


**Figure 4.1 Composition of households under 50% relative poverty line, 1973-1994**



Source *Poverty in the 1990s Evidence from the 1994 Living in Ireland Survey*, T. Callan, B. Nolan, B. J. Whelan and J. Williams, Oak Tree Press, 1996

**Figure 4.2 Composition of households under 50% relative poverty line by labour force status of head of household, 1973-1994**



Note \*Other includes Employees, Self-employed (excluding farmers) and Home Duties

Source *Poverty in the 1990s Evidence from the 1994 Living in Ireland Survey*, T. Callan, B. Nolan, B. J. Whelan and J. Williams, Oak Tree Press, 1996

- 4.5 In recent years there has been an increase in the numbers of SWA claimants in categories such as the homeless, asylum seekers and refugees. These groups have particular demands for financial and non-financial supports. The Eastern and the Mid-Western Health Boards, in particular, have had to cope with increased demand in these areas, by making both structural and operational changes in the manner in which the service is delivered.
- 4.6 The demand for housing support from the SWA scheme increased due to unemployment, break-up of families, a significant increase in the number of single people moving out of home, immigration and the reduced provision of local authority housing.

### **Impact of Changes in Poverty on SWA**

- 4.7 The increase in unemployment and changes in the make-up of poor households were among the factors which contributed to a tripling of the numbers of SWA recipients in the period 1987-1996. The increase in welfare dependency and the increasingly complex nature of poverty placed additional demands, which were generally unanticipated, on the resources available for the administration of SWA. These included both an increase in payment activities on the part of CWOs and an increased demand for other supports, such as the provision of information, advice and referral services.
- 4.8 As set out in Chapter 3 there were alternative approaches to the administration of SWA which could have been taken in response to the increase in demand. These could have had the effect of reducing the time spent by CWOs administering payments. These opportunities were not taken. In addition, the capping of administration costs constrained the expansion of administration resources. An inevitable result was a diminution in the provision of non-financial supports during a period when demand for these supports was increasing.
- 4.9 It should be acknowledged that rising unemployment placed considerable strain on the Department's own administrative resources. The Department stated that it gave priority to the administration of its own schemes and it also pointed out that it would have been difficult to absorb basic payments into the Department prior to computerising these payments in the health boards.

### **The Voluntary and Community Sector**

- 4.10 There is a strong historical tradition in Ireland of voluntary activity engaged in the full range of welfare services. Although there has been increasing provision of statutory services the voluntary sector still flourishes. The development of statutory

community welfare services in the health boards and the introduction of SWA did not lead to any diminution in the role of the voluntary sector but provided a focal point for the further development of voluntary activity. Curry (1993)<sup>15</sup> has noted that as the role of the State services has increased, the voluntary sector has also increased due to the ability of voluntary organisations to pioneer the provision of services and to react to social need in a more flexible manner.

4 11 The services provided by the voluntary and community sector include local supports, community development, services for people with particular needs, advocacy and self-representation. Many organisations have emerged to provide information and advice and the activities of existing organisations have expanded in this area. Some of these organisations are

- Citizens Information Centres under the auspices of the NSSB
- Free Legal Advice Centres (FLAC) and Threshold
- Irish Congress of Trade Unions (ICTU) Centres for the Unemployed and local groups affiliated to the INOU
- Local Partnerships, Local Employment Services etc
- St. Vincent de Paul Society
- Community Development Projects under the Community Development Programme
- Special interest bodies representing one parent families, travellers, etc
- Money Advice and Budgeting Service
- Family and Community Services Resource Centres.

4 12 The Department funds some of the activities of most of these organisations as well as becoming more active in the provision of information and advisory services through its network of local offices.

4 13 Although there is some overlap between the advice and referral work of the CWOs and of voluntary organisations, it is unlikely that the SWA scheme could completely replace the work of voluntary organisations which will always have a positive supplementary role. It would also not be practical for the voluntary organisations to assume full responsibility for advice and referral work due to their uneven geographic spread and the lack of a harmonised accountability structure.

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<sup>15</sup> Curry, *Irish Social Services*, page 172, Institute of Public Administration, 1993

## **The Continued Relevance of Non-Financial Supports**

- 4 14 When the bill relating to the SWA scheme was introduced to the Dáil in 1975, the Parliamentary Secretary to the Minister for Social Welfare envisaged that the problems of those who would need to avail of the scheme would in most cases require more than a mere cash response<sup>16</sup>. He anticipated that social services, social work support and genuine community care would also be needed and that the scheme must be capable of being co-ordinated on a family-oriented basis with a comprehensive range of non-monetary social work services to break the cycle of poverty in which families found themselves.
- 4 15 The restriction on providing the wider welfare role due to the time taken up by the administration of payments was recognised by the Minister for Social Welfare in 1992 when he stated that his priority was to concentrate on measures which would relieve the scheme of its excessive involvement in making payments and would free up resources to enable the wider welfare role of the community welfare service to develop as originally intended<sup>17</sup>.
- 4 16 As part of this examination, the views of the Department, the health boards, the Department of Health and Children and a number of voluntary organisations were sought regarding the continued relevance of non-financial supports.
- 4 17 The Department has stated that information, advice and referral were conceived as part and parcel of the SWA scheme but only as an element of the community welfare service. Although the Department pays the health boards for the administration costs incurred in providing non-financial supports as part of the SWA scheme, it considers that the CWO roles of information, advice and referral form only a minor part of SWA. However, this role could only be enhanced as part of the development of the community welfare service and this will require agreement between the Department, the Department of Health and Children and the health boards.

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<sup>16</sup> Mr Frank Cluskey, TD, Parliamentary Secretary to the Minister for Social Welfare, Dáil Reports, June 14 1975, Columns 1330-1336

<sup>17</sup> Speech by Mr Charlie McCreevy, TD, Minister for Social Welfare, on the occasion of the launch of The Combat Poverty Agency Report 'Scheme of Last Resort?' - A Review of Supplementary Welfare Allowances, 9 April 1992

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4.18 According to the health boards the following non-financial supports are provided by CWOs to SWA clients

- advice and information on Department and health board schemes and entitlements
- mediation on behalf of clients with other statutory bodies and agencies
- referral of clients to other statutory bodies and health board services
- advice on money management

4.19 The health boards have pointed out that these services are only provided insofar as resources allow but that a major portion of CWO time is taken up with the administration of entitlement-based payments. Consequently, the SWA scheme does not adequately operate in an information, referral or advisory capacity as had originally been intended. Indeed, the expansion of SWA payment activity has squeezed not only the non-financial supports supplied to SWA clients but also the non-financial supports supplied to clients of health board schemes<sup>18</sup>

4.20 A survey of SCWOs and CWOs, as part of this examination, indicated that less than one-third of their time involves providing information, referral and advisory services with the remainder of their time being involved in the administration of claims. More than half of those interviewed felt that more of their time should be devoted to providing these support services

4.21 The Department of Health and Children has traditionally had little involvement in the evolution of SWA on the basis that SWA is the responsibility of the Department and administration of the service is carried out on an agency basis by the health boards on behalf of the Department. The Department of Health and Children has responsibility for personnel matters relating to CWOs and a policy responsibility for the non-SWA services provided by CWOs. The Department of Health and Children Statement of Strategy (1998-2001) contains no reference to SWA

4.22 The views of the voluntary organisations consulted during the examination were that, in practice, SWA is perceived by clients predominantly, if not exclusively, as a cash payment service. The quality of service provided by CWOs, including the degree to which non-financial services are supplied, varies greatly both within and between

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<sup>18</sup> *Some health boards have convinced the Department that the proportion of CWO time spent on SWA has increased while the proportion spent on health board activities has reduced*

health boards. However, the provision of support services within the SWA scheme is regarded as important because

- CWOs deal with clients with severe financial and other difficulties who may not be familiar with other services which may provide assistance
- frequently, client difficulties cannot be resolved solely by means of cash

All of the organisations were of the view that the non-financial supports cannot be provided properly unless a large part of the administrative burden on CWOs is lifted or additional resources are made available.

- 4 23 However, the allocation of resources to the delivery of non-financial supports by CWOs must take account of the levels of State funding of the activities of voluntary organisations which cover much of the same ground
- 4 24 The prevailing opinion appears to be that the non-financial supports are more relevant now than they were when the SWA scheme was originally introduced, even allowing for the greater mix of organisations now involved in the delivery of these services. In the light of the current situation, the objectives of the SWA scheme and the responsibilities of CWOs need to be redefined and the responsibilities of the Department, the community welfare service and the voluntary sector need to be clarified.<sup>19</sup> This should result in greater accountability in the effective provision of non-financial supports, a new consensus on the role of the CWO and better services to SWA recipients

## Conclusions

- 4 25 The main conclusions are
- There has been a significant change in demand for SWA since its introduction in 1977 as reflected both in the changes in poverty profiles and increased numbers of SWA claimants. These changes were generally unanticipated and combined with a cap on administrative resources have had the effect of curtailing the provision of non-financial supports such as information, advice and referral services
  - The Department could have better managed the changes in demand and the consequent adverse impact on the delivery of non-financial supports by

<sup>19</sup> *A White Paper on the future of the community and the voluntary sector is currently being prepared by the Department*

transferring the administration of some or all of the entitlement-based payments from the health boards to the Department.

- There is some overlap between the advice and referral services provided by CWOs and those provided by voluntary organisations. Voluntary organisations will always have a supplementary role as they can often respond in a more flexible manner to short term need.
- The SWA scheme is now operating mainly as a financial support mechanism
- There is a lack of clarity regarding the role of CWOs in delivering the services provided under the scheme. The development of this role within the context of the community welfare service needs to be agreed between the Department, the Department of Health and Children and the health boards
- The objectives of SWA with regard to the provision of non-financial supports should be reviewed in the light of similar supports now being provided by other organisations. The review should encompass client needs and the importance of co-ordinated service provision.

## 5 Management Systems to Achieve Effectiveness

- 5.1 The involvement of two departments in the delivery of SWA uses the resources of the community welfare service to achieve the objective of local delivery but complicates the co-ordination of the scheme. The examination looked at the key conditions needed for a system to ensure the continuing effectiveness of SWA

- the definition of strategy for the delivery of SWA outputs
- proper organisational arrangements for the delivery of outputs
- the provision of management information to support decision making and reporting on the SWA scheme
- the adequacy of programme evaluation work on the SWA scheme

### Strategies for the Delivery of SWA Outputs

- 5.2 The examination looked at certain qualitative issues affecting the development of strategy for the delivery of SWA outputs. These included the capacity for an analysis of the expected future needs of SWA recipient groups, the extent of the dissemination of information concerning SWA and the training needs of CWOs

### *Profile of the Future Needs of SWA Recipients*

- 5.3 A key requirement for defining operational strategies for the SWA scheme is a knowledge of the population of recipients and an understanding of their expected needs. While the Department has commissioned the ESRI to carry out several analyses of poverty in Ireland, utilising specially constructed data sets of households<sup>20</sup>, no analyses have been carried out to date on the Department's own data on SWA to monitor the extent of the take-up of each component of the scheme or the extent to which the scheme has been meeting its objectives. Several local studies have been carried out which indicate some difficulties with respect to take-up and the way that the scheme is tailored to address the requirements of people in need<sup>21</sup>
- 5.4 An SWA recipient database is under construction and is expected to be completed in March 1999. On completion, it will be possible for the Department to compare the analyses of this database with the ESRI analyses to highlight

<sup>20</sup> A recent example is Callan et al, *Poverty in the 1990s, Evidence from the 1994 Living in Ireland Survey*, Oak Tree Press, 1996

<sup>21</sup> O'Donoghue, *Educational costs and welfare provision for low income households*, PAUL Partnership Limerick, 1991  
Cousins and Charleton, *A report of a benefit take-up project in Dublin*, FLAC, 1991  
Benefit take-up campaign report 1992-1993, Inner City Renewal Group and Ringsend Action Project, 1994



- problems with respect to take-up of the SWA scheme
- possible enhancements to the SWA scheme which might be most effective in alleviating poverty.

### *Dissemination of Information on SWA*

- 5 5 The successful delivery of SWA depends on the provision of adequate information about the scheme. This is important since all elements of SWA are means tested and, in general, a low take-up is an intrinsic difficulty of means tested schemes <sup>22</sup> As the database of SWA clients is still under construction it is not yet possible to determine the extent of any association between the availability of information to potential recipients and the actual take-up of SWA.
- 5 6 Criticisms which were noted by the Department have been secrecy, including the non-publication of internal health board guidelines and a lack of uniformity in the application of the scheme. General guidelines on ENPs were published by the Department in September 1995, as the first in a series of SWA guidelines. The Department also published a booklet (SW54) on 'SWA including rent/mortgage and other supplements information'. However, published information by the health boards has been sparse, although the Eastern Health Board sponsored the publication of a comprehensive guide to SWA.<sup>23</sup> There have been no publications in respect of limits for rent supplements and ENPs by any health board.
- 5.7 A particular information difficulty arises with the discretionary nature of ENPs and UNPs as each health board has its own set of rates and limits which relates to its own region. This information is not readily available to the public, or to organisations such as the INOU, St. Vincent de Paul Society and the Combat Poverty Agency. Some 90% of the CWOs surveyed felt that all SWA guidelines should be published
- 5.8 The information gap in publishing booklets and leaflets on SWA to advise people of their entitlements has been partly filled by the NSSB and various voluntary groups such as FLAC, the ICTU Centres for the unemployed, the INOU, individual community development projects and local development partnerships such as the PAUL Partnership in Limerick.

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<sup>22</sup> *Dorset and Heady The take up of means-tested benefit by working families, Fiscal Studies, November 1991*

<sup>23</sup> *'Everything you need to know to get a Supplementary Welfare Allowance' This guide was published by the INOU with funding from the National Lottery Grants Scheme which is administered by the Eastern Health Board.*

## **CWO Training**

5 9 Although the typical CWO job description (see Appendix F) requires a broad range of skills, the entry level education standard required for CWOs is the Leaving Certificate. The CWO survey indicated that 60% of CWOs had other jobs in the health board prior to being successful in the CWO competition. Given the skills required and the general education requirements for entry, it appears that training in the following areas is important for the effective performance of SWA work

- induction, including knowledge of SWA
- knowledge of all welfare schemes
- information technology
- advice/empathy and interview skills
- social awareness, including other groups involved with poverty
- management training for SCWOs

5 10 All CWOs receive induction training but the extent of further training is dependent on the initiative of individual health boards and the personal efforts of the CWOs. Some staff in the Mid-Western Health Board have undertaken a course in Money Advice with modules which include community development and working with groups. Staff in the Midland and the Eastern Health Boards have completed a part-time diploma in Continuing Education with the University of Maynooth. The modules in this diploma course included

- counselling theories and skills
- working with groups
- foundations in sociology
- social change and work
- organisational change and development

5.11 Other CWOs have attended various other relevant courses. Some evidence of training deficiencies was revealed in the CWO survey

- 63% of respondents thought they did not receive adequate training in providing information on entitlements
- 75% thought they did not receive adequate training in offering advice on money matters
- 56% thought they did not receive adequate training in referring clients to other organisations.

- 5.12 At the time of the study there was no systematic training for CWOs in some key aspects of their jobs particularly those aspects related to the delivery of non-financial supports. Some health boards have a training programme for CWOs in place as part of their operational plan for 1998. Currently a national training strategy for CWOs is being prepared by a working group representing the Department and the health boards.
- 5.13 Appropriate training in information technology has been provided to all staff as part of the computerisation of SWA offices and follow-up reviews in some health boards have indicated that this training has been successful. This was also confirmed by the survey where 69% of the CWOs questioned thought that computer training had been adequate.
- 5.14 There is little management training provided for the SCWOs. Given that there are some 40 SCWOs managing in excess of 500 CWOs, some management training should be provided for this group.

### **Organisational Arrangements for the Delivery of SWA**

- 5.15 The current organisational arrangements for the delivery of SWA are cumbersome involving co-operation between a number of departments and the eight health boards. Moreover, SWA is administered alongside health board schemes as part of the community welfare service. In this context, there is a need for effective policy co-ordination, strong management and good communications between all the organisations involved. In addition, the establishment of performance measures is important for the achievement of value for money. Beyond the organisational arrangements, a clear focus on the quality of service delivered to the client is necessary.

### ***Service Agreements***

- 5.16 Current administrative arrangements are based on the statutory responsibilities of the Department and the health boards which are set out in the Social Welfare (Consolidation) Act, 1993. The current practice is that a letter is received each year by the health boards from the Department setting out the allocation of funds for the coming year and details regarding permitted staffing levels. This document is signed and returned to the Department. Monthly review meetings take place between the Programme Managers Community Care and Departmental staff.
- 5.17 Given the current devolved administration of SWA, there should be formal service agreements between the Department and the health boards listing clear objectives and targets and a number of suitable performance measures to assess the extent of the

achievement of targets. The performance measures should reflect both the national objectives of the SWA scheme and the specific local conditions within which each health board operates. The payment of the administration costs by the Department should be based on an agreed definition of an efficient and economic service. In the absence of service agreements the principal/agent relationship between the Department and the health boards is not properly defined and, accordingly, the apportionment of responsibility for the administration of SWA is not clearly identified.

- 5 18 At the procedural level, the Department and the health boards have made some progress in the direction of service agreements. Following computerisation of the SWA system, comprehensive documents on procedures and controls for the administration of SWA payments were drawn up on an agreed basis and were launched in the health boards earlier this year. However, while some control and anti-fraud detection targets have been set, these documents do not deal adequately with quality issues and do not deal at all with the intended roles of CWOs to provide information, advice and referral services to clients. The Department has stated that work commenced on a draft service level agreement earlier this year.
- 5 19 The Department of Health and Children does not take any role in this area and considers that it is the responsibility of the Department to make suitable arrangements with the health boards.

### *Access to SWA*

- 5 20 A key contributor to the achievement of the objectives of the SWA scheme is its availability. The times and locations of the provision of the service are dictated by demand and cost factors.
- 5 21 The current practice is that CWOs meet their clients at clinics which are held at a fixed location, on specified days and at a specified time. CWO availability at particular locations varies from one hour per week to five mornings per week. Clinics last on average two hours at a time. Generally, the clinic continues until all clients have been seen. With the exception of the homeless units in Dublin and Cork, there is no formal out-of-hours service for clients, including at weekends and bank holidays.
- 5 22 Rather than attending a community-based service in their local health centre, centralised divisions have been set up in the Eastern Health Board region for travellers, asylum seekers/refugees and the homeless. The Mid-Western Health Board has a CWO working full-time with asylum seekers/refugees. A centralised service can be advantageous in dealing with the special circumstances of the groups and

ensuring more uniformity in the decision making process. However, a centralised service can also lead to feelings of segregation and alienation by the groups themselves.

- 5.23 The centralised service may need to continue for the homeless and asylum seekers/refugees as
- specialised needs such as language interpreters, information on hostels etc can be more efficiently catered for in the one location
  - continuity of service is guaranteed.
- 5.24 The condition of health centres and other offices where the SWA scheme is provided varies across all health board regions. The INOU carried out a survey of their clients<sup>24</sup> which looked at the quality of the service provided for social welfare recipients and conditions in local social welfare offices and health centres. According to the survey many health centres have poor facilities, such as
- lack of privacy when dealing with the CWO
  - lack of disability access to centres and offices
  - lack of relevant information leaflets.

## **Management Information**

- 5.25 The availability of management information concerning the operations of the various components of the SWA scheme is important for monitoring the results of activities and for planning improvements in the delivery of services. Information is needed at three different levels. CWOs need access to information to enable them to provide efficient services to their clients. Managers need summarised information on the results of operations for performance reporting and to plan for the resources needed to sustain and develop the services provided. The strategic need for high level information about the changing population of clients in need has already been discussed.
- 5.26 Improvements in the availability of information have been made principally through the introduction of the Integrated Short Term Scheme (ISTS) computer system<sup>25</sup>. The overall requirements in relation to SWA computerisation were to

<sup>24</sup> INOU, *Standards of Service for Welfare Recipients*, January 1996

<sup>25</sup> See *Comptroller and Auditor General, Report on Value for Money Examination number 17 - The Development of the Integrated Short-term Schemes Computer system*, Pn 3690, March 1997.

- provide CWOs with access to a system which would enable them to check on SWA clients on the Department's database
- improve administration and control
- improve service to the client by reducing queues and making different methods of payment available

### *Impact of Computerisation on CWO Work*

- 5.27 As a result of computerisation the bulk of payments are made directly to claimants from the Department, based on information keyed into the system by CWOs. Although the new system has improved the control of payments, it has also increased the data entry work for CWOs.
- 5.28 The ISTS system has automated the calculation of interim basic SWA payments for pending social welfare claims. CWOs are no longer required to notify the Department in writing that SWA payments have commenced and they are not required to complete forms indicating the total amounts of SWA which have been paid. Clerical work has been reduced and ISTS provides more effective accounting information.
- 5.29 According to the CWO survey 85% of respondents who use ISTS, believe that it has helped them to perform their job better. Practically all CWOs believe that the client information available on ISTS is useful and 85% believe that waiting time for clients queuing at the clinics has reduced. However, 74% of CWOs find that after computerisation they spend more time on administrative duties than heretofore.

### *Impact of Computerisation on Management*

- 5.30 The provision of management information from the new system is difficult and in several health boards it was considered that the availability of management information had deteriorated since the introduction of ISTS.
- 5.31 The Department has pointed out that a computer audit package has recently been made available to all users of the ISTS system. Proficient users will be able to interrogate the full ISTS database.
- 5.32 Notwithstanding these difficulties, computerisation has facilitated greater interaction between management in the Department and the health boards and has facilitated the production of an updated national SWA procedures manual.

## **Programme Evaluation**

- 5 33 A system of regular programme evaluation is an essential part of the framework for ensuring the delivery of value for money services. The evaluation process would enable the Department to assess the extent to which SWA objectives are achieved and to review the potential for innovation in the arrangements for the delivery of services to increase the value for money achieved. A system of regular programme evaluations including impact analysis for SWA is not currently in place. However, the Department is committed to reviewing SWA as part of the programme evaluation series of reviews currently underway throughout the Civil Service.

## ***Reviews of SWA***

- 5 34 While external reviews of SWA have been made, these have tended to be bespoke exercises rather than systematic appraisals. The principal internal and external reviews relating to SWA performed since 1986 have been
- The Report of the Commission on Social Welfare, 1986
  - Scheme of Last Resort? A Review of Supplementary Welfare Allowances, Combat Poverty Agency, 1991
  - Review Group on the Role of Supplementary Allowance in Relation to Housing, Report to the Minister for Social Welfare, December 1995
- 5.35 The main conclusions of the Commission on Social Welfare and the Combat Poverty Agency were that the administration of SWA was unsatisfactory in several respects, including
- unevenness in decisions regarding payment
  - waiting times for clients
  - duplication of administration
  - lack of information for clients
- 5.36 Both reports concluded that SWA payments should be administered directly by the Department. The Commission envisaged that CWOs would be transferred into the Department where they would have responsibility for ENPs and provide referral and advocacy services to clients. Appendix G contains the main findings of these reports.
- 5 37 The main finding of the Review Group on Housing was that SWA rent and mortgage supplements are now a mainstream housing support mechanism operating outside the

framework of overall housing policy. They reported that there should be an integrated response to housing need. Appendix G contains the main findings

- 5 38 Some action has been taken in response to these reviews including
- Computerisation of the administration of SWA with a view, *inter alia*, to reducing waiting times for clients.
  - The disabled persons maintenance allowance, which was payable by the health boards, was set up as a new Departmental long-term scheme in 1996. It is also planned to introduce a Sickness Allowance scheme for those who are in receipt of long-term SWA because of illness but who are not entitled to payment under Departmental schemes
  - Lone Parent Allowance was introduced - now amalgamated to the OFP. Widened and simplified eligibility now covers over 70,000 recipients both male and female.
  - Refurbishment of health centres and the construction of a 'one stop shop' in Tallaght Town Centre, Dublin, which houses both the local social welfare office and CWO offices.
  - The production of guidelines on various aspects of Departmental schemes
  - An Inter Departmental Committee was established in March 1996 under the aegis of the Department of Environment and Local Government to advise the Government on how the local authorities could meet the housing needs currently being met by SWA. The report of this committee is at currently being prepared
- 5 39 While some progress has been made the main recommendations of the Commission on Social Welfare and the Combat Poverty Agency reports, concerned with moving the administration of most or all of SWA to the Department, were not implemented.

### *Monitoring Client Feedback*

- 5 40 According to the CWO survey, 80% of CWOs stated that there is no formal procedure whereby feedback from their clients is formally evaluated and procedures changed as a result



- 5.41 The Western and the Southern Health Boards carried out SWA client surveys in 1996 in selected community care areas. Since the Value for Money examination commenced other health boards (Midland, South Eastern and North Eastern Health Boards) also decided to carry out surveys of their own SWA clients to assist them in delivering a better service. The remaining health boards have stated that they rely on extensive involvement with client focus groups to provide them with feedback from clients. Outcomes from these surveys and activities would assist the monitoring of the health boards' delivery of service to clients

## **Conclusions**

- 5.42 The examination of the wider value for money issues associated with the management of SWA has revealed that there is room for improvement in all areas considered
- The Department does not yet have the capacity to effectively analyse the composition of people in need although the construction of a database to facilitate this is in progress
  - The provision of information about SWA has been inadequate. Some progress has been made recently but the provision of information needs to be further improved
  - Staff training for CWOs and SCWOs, supported by the Department, has not matched their responsibilities. Currently a national training strategy for CWOs is being prepared by a joint health boards/Departmental committee.
  - Service agreements between the Department and the health boards specifying targets and agreed performance measures were not in place. Work on the preparation of these agreements has commenced
  - The computerisation of SWA has been helpful both to clients and CWOs but the administrative burdens on CWOs have increased. The management information generated by the system is not sufficient and is being addressed
  - Occasional reviews of SWA have been carried out but the main recommendations in these reviews were not implemented. There has been no systematic programme evaluation or impact analysis but an evaluation of SWA is now planned by the Department. Some health boards have carried out client surveys. There is also no formal system in place to evaluate feedback from clients

## Appendices

## **Appendix A: Components of Supplementary Welfare Allowances**

### **Entitlement-Based Payments**

#### ***Basic Supplementary Welfare Allowance***

The main category of claimants are those who receive a basic Supplementary Welfare Allowance (SWA) payment pending a decision on their social welfare payment or who are appealing a decision of disqualification from a social welfare payment. Other categories include people who fail to meet the conditions for entitlement to a weekly social welfare payment or who have started work but have not yet been paid and those who are awaiting a decision on maintenance or payment from the Department.

#### ***Supplements or Allowances***

A weekly supplement may be paid to a person who is receiving a basic SWA payment or some other Departmental or health board payment, because their means are insufficient to meet their needs and specific weekly expenses, such as rent/mortgage interest, special heating needs, dietary or other expenses. The main item of expenditure under this heading is in respect of rent supplements.

### **Discretionary Payments**

#### ***Exceptional Needs Payments (ENPs)***

A single payment of SWA is awarded to meet an exceptional need to people who are in receipt of a social welfare or health board payment for expenses such as essential household equipment, repair and replacement of household goods, clothing, travelling to take up employment or to attend interviews, funeral expenses and electricity/gas connection to a new address.

#### ***Urgent Needs Payments (UNPs)***

Payments may be made to those usually excluded from SWA entitlement to cover expenses such as floods or fire. Where practicable, people may be asked to repay UNPs.

## **Administered Scheme**

### ***Back to School Clothing and Footwear Allowance***

These payments which are not part of SWA are made once a year before the beginning of the school year. Eligibility depends on means, age and school going status.

## Appendix B: Community Welfare Officer Survey Results

Q.1 In which health board region is your office?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		%
	Eastern	13
	North Eastern	12
	South Eastern	12
	Midland	12
	Southern	12
	Mid-Western	13
	Western	13
	North Western	13

Q.2 Does your office currently have the ISTS computer system in operation, or not?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		%
	Yes - in operation	90
	No - not in operation	10

Q.3 Is your present grade an SCWO or a CWO?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		%
	SCWO	13
	CWO	87

Q 4 How long have you been in the grade of SCWO/CWO?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		%
	0-1 year	2
	1-2 years	17
	2-3 years	7
	3-4 years	8
	4-5 years	7
	5 years +	59

Q.5 Before becoming a CWO, in what sector/industry was your job?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		%
	In the health board	59
	In a local authority	5
	Other	36

Q 6 Do you think that you are currently over worked, under worked or that your current work load is about right?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		<b>%</b>
Over worked		41
Under worked		3
About right		55
Don't know		1

Q 7 You said you feel you are currently over worked By how many hours a week do you think you are over worked?

<b>Base:</b>	<b>Overworked SCWOs/ CWOs</b>	<b>(43)</b>
		<b>%</b>
1 hour		-
2 hours		5
3 hours		2
4 hours		9
5 hours		19
6 hours		12
7 hours		2
8 hours		7
9 hours		2
10+ hours		30
Don't know		12

Q 8 Of your overall time, what proportion is spent on SWA matters and what proportion on health board matters?

<b>Base:</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>							
	<i>Total</i>	<i>EHB</i>	<i>NEHB</i>	<i>SEHB</i>	<i>MHB</i>	<i>SHB</i>	<i>MWHB</i>	<i>WHB</i>	<i>NWHB</i>
	<i>(Avg)</i>								
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
SWA	73	82	72	65	70	77	82	69	64
Health board	27	18	28	35	30	23	18	31	36

- Q 9 And of the time you spend on SWA, what proportion do you spend on the areas of basic payments, rents and mortgages, back to school clothing and footwear and ENPs/UNPs?

Base: All SCWOs/CWOs (104)									
	Total (Avg) %	EHB %	NEHB %	SEHB %	MHB %	SHB %	MWHB %	WHB %	NWHB %
Basic Payt 33		20	41	34	49	30	27	33	29
Rent /									
Mortgage 36		44	25	28	27	45	44	38	36
Back to									
School 9		7	12	10	8	8	8	7	15
ENPs/									
UNPs 22		29	22	28	16	17	21	22	20

- Q.10 Do you think the judgments of the current appeal system are fair or unfair?

Base: All SCWOs/CWOs (104)	
	%
Fair	82
Unfair	14
Don't know	4

- Q 11 Why do you not think the judgments of the appeal system are unfair? (Note CWOs/SCWOs gave multiple answers to this question)

Base : SCWOs/CWOs finding judgment unfair (15)	
	%
Needs independent body to deal with appeals	60
No proof of living arrangements/may not be able to prove employment status	20
Appeals officer unaware of what is happening on the ground - judgment based on paper	13
Not told why decisions are upheld/overturned/appealed	7
No right to appeal for social welfare officers	7

- Q.12 Do you find the ISTS computer system user-friendly or not?

Base: SCWOs/CWOs with ISTS computer system (94)	
	%
User-friendly	80
Not user-friendly	18
Don't know	2

Q 13 Do you find the additional client information available on the ISTS computer system useful or not useful?

Base:	SCWOs/CWOs with computer system (94)	ISTS
		%
Useful		96
Not useful		2
Don't know		2

Q 14 Since the ISTS computer system was installed are you spending more or less time on **administration** or about the same?

Base:	SCWOs/CWOs with computer system (94)	ISTS
		%
More		74
About the same		18
Less		4
Don't know		4

Q 15 Since the ISTS computer system was installed, have the waiting times for clients queuing in the CWO clinics reduced, increased or stayed about the same?

Base:	SCWOs/CWOs with computer system (94)	ISTS
		%
Reduced		85
Increased		2
Stayed the same		12
Don't know		1

Q 16 Overall, has the introduction of the ISTS computer system helped you in carrying out your job or not?

Base:	SCWOs/CWOs with computer system (94)	ISTS
		%
Yes - helped		85
No - not helped		13
Don't know		2

Q.17 Do you provide each of the following services to your clients? (Note CWOs/SCWOs gave multiple answers to this question)

Base:	All SCWOs/CWOs (104)	
		%
Information on welfare entitlements		99
Advice on money management		46
Referral to other organisations		97



Q 17a Of your total time what percentage is spent on administration of claims and what percentage on offering advice, information and referral?

Base: All SCWOs/CWOs (104)									
	Total	EHB	NEHB	SEHB	MHB	SHB	MWHB	WHB	NWHB
	%	%	%	%	%	%	%	%	%
Admin of claims	69	61	69	73	72	68	63	75	70
Offering advice, information and referral	31	39	31	27	28	32	37	25	30

Q 18 Do you think that more or less of your time should be spent on offering advice and information or is it currently about right?

Base : All SCWOs/CWOs (104)	
	%
More time	54
Less time	-
About right	43
Don't know	3

Q.19 How regularly or not have you personally experienced violence or abusive behaviour while conducting your work as a CWO?

Base : All SCWOs/CWOs (104)	
	%
Very regularly	5
Fairly regularly	20
Not very regularly	69
Never	5
Don't know/can't recall	1

- Q.20 Which, if any, of the following are best placed to deal with interim welfare payments?
- Q.21 Which, if any, of the following are the best placed to deal with the back to school clothing and footwear allowance?
- Q.22 Which, if any, of the following are best placed to deal with rent and mortgage supplements?

Base: All SCWOs/CWOs (104)			
	Q.20	Q.21	Q.22
	%	%	%
Local authorities / County Councils	-	-	39
The Department	35	50	4
Health boards under the SWA scheme	65	50	55
None	-	-	-
Don't know	-	-	2

- Q.23 I am now going to read out various aspects of your job. For each one that I read out please tell me whether you think training has been adequate or not for you in that area. Now starting with ...

Base : All SCWOs/CWOs (104)			
	Adequate	Not adequate	Don't know
	%	%	%
Assessing client's needs	49	50	1
Providing information on entitlements	35	62	3
Offering advice on money matters	22	75	3
Referring clients to other organisations	42	56	2
Computerisation and the ISTS system	69	27	4

- Q.24 Is there currently a system in your office where feedback from your clients is formally evaluated and procedures changed as a result?

Base : All SCWOs/CWOs (104)	
	%
Yes	16
No	80
Don't know	4

Q.25 Are the current guidelines for the administration of SWA excessive, adequate or inadequate?

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		<b>%</b>
Excessive		7
Adequate		68
Inadequate		22
Don't know		3

Q.26 Should all SWA guidelines be published?

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		<b>%</b>
Yes		90
No		7
Don't know		3

Q.27 Is your current clerical support excessive, adequate or inadequate?

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		<b>%</b>
Excessive		-
Adequate		48
Inadequate		50
Don't know		2

Q.28 Do you think that the time you are able to give to each SWA client is excessive, adequate or inadequate?

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		<b>%</b>
Excessive		-
Adequate		54
Inadequate		41
Don't know		5

Q.29 Do you think you are given too much, too little or about the right amount of flexibility and discretion in carrying out your job?

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>
		<b>%</b>
Too much		-
Too little		5
About right		94
Don't know		1

Q 30 Overall what are the most difficult aspects of your work as a CWO? *(Note CWOs/SCWOs gave multiple answers to this question )*

<b>Base : All SCWOs/CWOs (104)</b>	
	<b>%</b>
Dealing with difficult/abusive people/poor security	30
Workload can be too much	27
When assessing - being fair/finding the truth	13
Effect on motivation/dealing with tragic/hopeless cases	9
Drab working environment/waiting room constantly busy	9
Poor/insufficient training	7
Lack of information	7
ISTS system crashes - cheques not sent	4
Lack of collaboration between the Department	4
Stressful environment	4
Justifying low rates of payment/refusing people	3
Dealing with homeless, even though not our area	2
Other	12

Q 31 Overall, if you could make any improvements to the current SWA scheme, what would they be? *(Note CWOs/SCWOs gave multiple answers to this question )*

<b>Base : All SCWOs/CWOs (104)</b>	
	<b>%</b>
Reduce/re-allocate workload	23
More information for people about entitlements/change in benefits	20
Review ISTS system in 2000/more information/security	9
Clearer/revised guidelines	7
Payments increase	6
More training	6
New buildings/decent office facilities	5
Better security on house calls	4
Better communication with other offices	4
Better communication with the Department	4
More consultation with clients about their needs	3
Improve application forms	2
Other	18
Don't know	6

Sex :

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>	
			<b>%</b>
Male			62
Female			38

Age :

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>	
			<b>%</b>
25-34			15
35-44			55
45-54			23
55-64			7

Number of people currently  
on their SWA client base.

<b>Base :</b>	<b>All SCWOs/CWOs</b>	<b>(104)</b>	
			<b>%</b>
0-100			19
101-200			31
201-300			11
301-400			10
400+			21
Don't know			8

## Appendix C : Administration Costs

### Background

In 1996 some 40 Superintendent Community Welfare Officers (SCWOs) and 500 Community Welfare Officers (CWOs) were administering the SWA scheme in the eight health boards. They are assisted in their duties by teams of clerical support staff. All staff are employed by the health boards.

An allocation is received from the Department of Social, Community and Family Affairs (the Department) to recover both the staff costs and any non-staff costs incurred (for example, travel and subsistence, rents, cleaning etc.). Only current/running costs are accounted for in the health boards' SWA administration costs with no element included for the cost of capital items

Within the Department there is an SWA Section comprising nine staff who provide both a telephone advisory service to potential SWA clients and who monitor and control the funding allocations to the health boards. This Office has estimated that the cost of the SWA Section was about £370,000 in 1996 (including provisions for employers pension contributions and overheads as per the Civil Service Costing of Civil Service Staff Time, June 1996) The costs of administering SWA in each health board from 1987-1996 are shown in the following tables.

The administration costs reported by the health boards are based on the costs recorded by their financial accounting systems as being directly incurred in the operation of the SWA scheme Salary costs and travel and subsistence costs have been apportioned to SWA on the basis of the proportion of time spent by staff (CWOs and clerical support staff) on SWA activities The administration costs by health board 1987-1996 are shown in Tables C 1 1 and C 1 2

In each health board it was noted that the percentage of staff time allocated to SWA activities has remained static for over a decade. The allocation is based on a survey of all CWOs which was performed in the early 1980s Since then no survey has been undertaken to update or validate these allocations (except by Southern Health Board which performed a survey of SCWOs and CWOs in November 1995 to establish the percentage of staff times spent on SWA and health board activities). No ongoing work recording system is in place to record changes in the proportion of CWO time spent on SWA activities

Other costs such as office equipment/expenses, printing/stationery, energy, rents, cleaning and other miscellaneous expenses are generally allocated directly to SWA from the health boards financial accounting systems One health board (the North Eastern Health Board) apportions all costs on the basis of staff costs incurred.

**Table C.1.1 Administration costs by health board 1987-1992**

Health board	1987 £m	1988 £m	1989 £m	1990 £m	1991 £m	1992 £m
Eastern	3.9	3.8	4.1	4.6	5.4	5.7
Midland	0.4	0.4	0.5	0.6	0.6	0.6
Mid-Western	0.7	0.8	0.7	0.8	1.1	0.9
North Eastern	0.6	0.6	0.6	0.7	0.8	0.8
North Western	0.4	0.4	0.4	0.4	0.7	0.6
South Eastern	1.1	1.1	1.1	1.3	1.3	1.4
Southern	0.7	0.7	0.7	0.7	1.0	0.9
Western	0.9	0.8	0.8	0.9	1.3	1.2
<b>Totals</b>	<b>8.7</b>	<b>8.6</b>	<b>8.9</b>	<b>10.0</b>	<b>12.2</b>	<b>12.1</b>

Source: Health Board Annual Accounts 1987-1996.

**Table C.1.2 Administration costs by health board 1993-1996**

Health board	1993 £m	1994 £m	1995 £m	1996 £m	% 1987-1996
Eastern	6.1	6.2	6.5	7.1	+82%
Midland	0.7	0.6	0.6	0.7	+75%
Mid-Western	1.0	1.0	1.2	1.2	+71%
North Eastern	0.8	0.9	0.9	1.3	+117%
North Western	0.6	0.6	0.7	0.9	+125%
South Eastern	1.5	1.5	1.6	1.7	+55%
Southern	1.0	1.0	1.4	2.1	+200%
Western	1.3	1.4	1.4	1.5	+67%
<b>Total</b>	<b>13.0</b>	<b>13.2</b>	<b>14.3</b>	<b>16.5</b>	<b>+90%</b>

Source: Health Board Annual Accounts 1987-1996

## Methodology Employed to Derive Unit Costs in the Health Boards

None of the health boards has attempted to identify the cost of administration associated with each component of SWA.

### ***Eastern Health Board Method***

In 1995 the Eastern Health Board and two trade unions (SIPTU and IMPACT) established a working party to examine and make recommendations on the delivery of the community welfare service in the Eastern Health Board area. The working party carried out extensive analyses of workload measurement, involving literature review, field visits, a survey of CWOs and analysis of SWA statistics. They developed a weighting system whereby each detailed payment type (43 in total) was weighted using a 1-2-3 weight mechanism to reflect the amount of work associated with the payment type. The report by the Eastern Health Board is quite comprehensive in the way work is measured and accordingly, the weightings in this report are used in the value for money examination.

The examination used the number of claims paid in 1996 as the basis on which to apportion costs between the various components because this was the most appropriate data which was available for this purpose. The relative staff intensities were applied to the 1996 payment statistics and aggregate administration costs of each health board.

The total administration cost in each health board was apportioned between the different payment types in accordance with the weighted number of cases to give an administration cost of each payment type. These figures were divided by the number of unweighted cases of each payment type to derive the unit cost for each payment type in each health board.

There are two aspects to the work carried out by the Eastern Health Board. The first relates to the apportionment of all existing CWO time to the various components of SWA. This is the aspect which is utilised in this examination. The second aspect is concerned with what constitutes a reasonable workload for CWOs. This aspect of the analysis was not used in this report.

### ***CWO Survey Method***

A further method was developed to confirm the robustness of the conclusions derived from the use of the Eastern Health Board methodology. The CWO survey comprised 104 interviews of CWOs/SCWOs (around 20% sample) across all health boards using probability random sampling. One of the questions in the survey (Q9) was concerned with the proportions of CWO time, attributable to SWA, that are spent on the components of SWA.



Allocations of staff time as revealed in the survey were applied to aggregate administration costs for each health board to derive the administration cost of each SWA component in each health board. These administration costs were divided by the number of cases for each SWA component to derive unit costs for each SWA component in each health board.

The results of applying the Eastern Health Board and the CWO survey methods to the calculation of unit costs are shown in the following tables

**Table C 2 Unit costs of administering SWA basic payments across health boards -1996 (£)**

Health board	Eastern health board method	CWO survey method
Eastern	27 62	39 16
Midland	23 95	37 83
Mid-Western	31 55	27 28
North Eastern	37 49	58 11
North Western	36 25	32 59
South Eastern	43 00	47 34
Southern	33 83	39 27
Western	18 95	37 24
Simple average	31 58	39 85

**Table C.3 Unit costs of administering SWA rent and mortgage payments across health boards - 1996 (£)**

Health board	Eastern health board method	CWO survey method
Eastern	36 55	68 83
Midland	35 54	45 01
Mid-Western	45 73	76 91
North Eastern	58 21	59 67
North Western	47.26	98 13
South Eastern	61 99	72 17
Southern	48 33	73 74
Western	27 62	50 57
Simple average	45 15	68 13

**Table C.4 Unit costs of administering SWA ENPs/UNPs/Other payments across health boards - 1996 (£)**

Health board	Eastern health board method	CWO survey method <sup>a</sup>
Eastern	34 35	18 10
Midland	30 71	20 34
Mid-Western	39 54	27 27
North Eastern	51 96	38 35
North Western	68 62	44 75
South Eastern	56 20	43 24
Southern	42 85	23 69
Western	34 20	12 81
Simple average	44 80	28 57

*Note a In the CWO survey method, non-housing supplements are included in the unit cost calculation of ENPs/UNPs/Other*

**Table C 5 Unit costs of administering SWA back to school clothing and footwear payments across health boards - 1996 (£)**

Health board	Eastern health board method	CWO survey method
Eastern	18 20	12 14
Midland	17 75	5 60
Mid-Western	22 80	13 76
North Eastern	28 95	16 53
North Western	23 63	17 97
South Eastern	30 96	30 81
Southern	23 97	12 72
Western	13 79	18 05
Simple average	22 51	15 95

**Table C.6 Unit costs of SWA non-housing supplements across health boards  
- 1996 (£)**

Health board	Eastern health board method	CWO survey method <sup>a</sup>
Eastern	18 20	n a
Midland	17 75	n a
Mid-Western	22 80	n a
North Eastern	28 95	n a
North Western	00 00	n a
South Eastern	30 96	n a
Southern	23 97	n a
Western	13 79	n a
Simple average	22 35 <sup>b</sup>	n a

Note a In the CWO survey method, non-housing supplements are included in the unit cost calculation of ENPs/UNPs/Other

b The simple average was based on seven health boards

## Inter Health Board Unit Costs

Table C 7 shows the ranking of each health board under each SWA component for the different methods (1=highest unit cost; 8=lowest unit cost)

The top three health boards in terms of costs are shaded. It can be seen that there is a good deal of consistency in the results under the two methods, with the North Eastern and South Eastern Health Boards generally having high unit costs and the Eastern and Midland Health boards having low unit costs

## Estimation of National Administration Costs Attributable to SWA

The unit costs estimated under the Eastern Health Board method were multiplied by the number of cases for each component of SWA for each health board to derive the estimated administration costs for each SWA component for each health board. These administration costs at national level are shown in Table 3.1

The estimates of administration costs under the CWO method were derived directly for each component for each health board by dividing the total administration costs, reported by each health board, in the proportions of CWO time as revealed in the CWO survey. The results at national level are also shown in Table 3 1.

Table C 7 Ranking of health boards using unit cost methodologies

Health board	Basic		Rent and mortgage		ENPs/UNPs/ Other		Back to school clothing and footwear		Non-housing <sup>a</sup>	
	Eastern	CWO	Eastern	CWO	Eastern	CWO	Eastern	CWO	Eastern	CWO
Eastern	6	4	6	5	6	7	6	7	5	-
Midland	7	5	7	8	8	6	7	8	6	-
Mid-Western	5	8	4	2	5	4	5	5	4	-
North Eastern	2	1	2	6	3	3	2	4	2	-
North Western	3	7	5	1	1	1	4	3	-	-
South Eastern	1	2	1	4	2	2	1	1	1	-
Southern	4	3	3	3	4	5	3	6	3	-
Western	8	6	8	7	7	8	8	2	7	-

Note <sup>a</sup> The CWO survey did not distinguish 'non-housing' as a separate category. In the survey this item was included with ENPs/UNPs/Others

## Appendix D : Income Support Schemes in the United Kingdom in 1996

The three Income Support schemes which have similar objectives to components of SWA are described below.

<p><b><i>Income Support</i></b></p> <p><i>(Similar objectives to SWA basic payments)</i></p>	<p>Income Support in the United Kingdom (UK), up to October 1996, was directed at unemployed people and was like Unemployment Assistance / Unemployment Benefit in Ireland. Income support was a weekly payment available to a jobseeker who</p> <ul style="list-style-type: none"> <li>● was in Great Britain</li> <li>● was aged 16 or over</li> <li>● was not working 16 hours or over</li> <li>● had means below a legal minimum</li> </ul> <p>From October 1996 Income Support was replaced by the new Jobseekers Allowance. The new scheme is much more onerous from an administrative perspective as it includes monitoring and control of the jobseeking activities of claimants.</p>
<p><b><i>Social Fund</i></b></p> <p><i>(Similar objectives to SWA Exceptional needs payment/Urgent needs payment and other)</i></p>	<p>The Social Fund is made up of regulated payments and discretionary payments. Maternity, funeral and cold weather payments are governed by regulations. They are available to people who are on certain Social Security benefits and who meet various other conditions. The discretionary part of the Social Fund provides help in the form of non-repayable grants and interest free loans.</p>
<p><b><i>Housing Benefit</i></b></p> <p><i>(Similar objectives to SWA rent and mortgage supplements)</i></p>	<p>This form of benefit has objectives similar to the rent and mortgages element of SWA. Housing Benefit is administered by the local authorities. A small proportion of the UK scheme covers the private rented sector (see also paragraph 2.21).</p>

## Appendix E : Means Test Criteria

### Means for Receipt of Back to School Clothing and Footwear Allowance

The Department of Social, Family and Community Affairs (the Department) publication SW75, Back to School Clothing and Footwear Allowance states that in order to qualify for a payment

- *'a person's/family's total income that is, the main social welfare/health board payment and any other income a person/family member may have including wages (before tax but excluding PRSI and reasonable travelling expenses) should reach or is below the following income limits.*

**Table E.1 Back to school clothing and footwear allowance income limits**

Couple with	Income limit	Lone parent with	Income limit
1 child	£149 20	1 child	£ 93 10
2 children	£164 40	2 children	£110 10
3 children	£179 60	3 children	£127 10
4 children	£194 80 <sup>a</sup>	4 children	£144 10 <sup>b</sup>

Note a Limit is increased by £15 20 for each additional child as at May 1997

b Limit is increased by £17 00 for each additional child as at May 1997

Source Department publication SW75 back to school clothing and footwear allowance, May 1997

- *Income received by way of rent/mortgage supplement, Family Income Supplement, Blind Welfare Allowance, Rehabilitative Training Allowance and Domiciliary Care Allowance is disregarded for the purpose of the scheme*
- *Persons in receipt of a short-term social welfare payment (Unemployment Assistance (UA) for less than 15 months, Unemployment Benefit (UB) or Disability Benefit) can apply for a child aged 2-17 for whom a child dependant allowance is payable (before 1 October 1997) However, persons in receipt of a pension or any other long-term social welfare payment can apply for a child aged 2-22 before 1 October 1997 if the child is in full-time education by day at a recognised school or college.'*

### Means for Receipt of a Child Dependant Allowance

A child dependant allowance (CDA) is payable to the majority of recipients of the back to school clothing and footwear allowances in line with their entitlement to other social welfare schemes (see paragraph 3 19).

The Department's guide to social welfare services (SW4) states that

*In determining the child dependent allowance, a child aged up to 18 years, who is living with the social welfare recipient is classed as a dependant. A child who is age 18 or over and is living with a recipient is also considered for the 3 month period after that person leaves second level education or completes the Leaving Certificate examination*

*If a person is getting a social welfare payment (excluding Disability, Occupational Injury, UB or the short-term rate of UA) a child aged between 18 and 21 continues to be a dependant if s/he is in full-time education by day. (Note that the age limit extends to age 22 for the back to school clothing and footwear allowance.)*

*School-going children up to age 21 can be included when claiming Family Income Supplement.*

*There is no allowance for a child dependant if s/he get a social welfare payment (except Disablement Pensions or SWA) or gets an Infectious Diseases Maintenance Allowance from a health board.*

*Normally a child is regarded as being a dependant of both parents if one or both parents can claim for the child.*

*The full rate of the allowance for a child dependant is payable if the person is*

- *married and qualifies for an allowance for the spouse as the adult dependant*
- *living with someone as husband or wife and qualifies for an allowance for that person as an adult dependant*
- *a lone parent.'*

### **The Key Difference Between Back to School Clothing and Footwear and Child Dependant Allowance**

A person can qualify for an adult dependant allowance (which in turn is the key to qualification for CDA) *even if the dependant receives a modest income from employment*. Such an income however, may boost household income above the relevant income threshold for back to school clothing and footwear and thus disqualify the child from the back to school clothing and footwear allowance

## Appendix F : Job Description of the Community Welfare Officer

According to a job description supplied by the North Eastern Health Board

*The duties of the Community Welfare Officer (CWO) are to assist in the administration of the SWA scheme, other services provided for in the Social Welfare (Consolidation Act), 1993 and other income maintenance schemes administered by the health boards by*

- *establishing the likely entitlement of persons seeking SWA to statutory income services of which they have not already availed and helping them, where appropriate, to establish such entitlements*
- *establishing the entitlement of persons seeking or in need of SWA and arranging for payment of the allowance in cash or in kind through the established channels*
- *making reports and recommendations to the Superintendent Community Welfare Officer (SCWO) in cases of doubt where entitlement does not appear to have been established and notifying him/her of all cases of refusal*
- *in cases of refusal, explaining the reasons for refusal and arrangements for appeal against the decision*
- *in appropriate cases, helping to recover charges or contributions*
- *submitting to the SCWO such management reports as are specified or specially required*
- *making arrangement for burials in accordance with section 216 of the Social Welfare (Consolidation Act), 1981*
- *reviewing queries and difficulties raised by persons already in receipt of allowances and reporting as appropriate, to the SCWO*
- *resolving queries and difficulties raised by persons claiming or in receipt of allowances.*

*The CWOs help to determine eligibility for health and welfare services administered by the health boards by*

- *ascertaining and reporting on all the relevant factors influencing the determination of eligibility*



- *establishing entitlements to the service in accordance with statutory regulations and/or administrative guidelines*
- *making reports and recommendations to the SCWO in cases of doubt or where entitlement does not appear to have been established and notifying him/her of cases of refusal*
- *conveying decisions on entitlement to the applicants and where necessary in cases of refusal explaining the reasons for refusal and the arrangements for appeal against the decision*
- *helping to recover charges or contributions arising out of the administration of the services for which the CWOs are responsible.*

*The CWOs inform those seeking or in need of help of the statutory and other health and welfare services available and where necessary to assist them in establishing their entitlement by*

- *keeping abreast of relevant health, welfare and income maintenance services and the regulations and procedures governing entitlement to them*
- *ensuring a ready of supply of such printed material as is available in relation to these services*
- *establishing the nature and extent of the person's problem and directing them to the person or service who may best be in a position to help them*
- *where appropriate, assisting the person seeking or in need of help to establish their entitlement to the service(s)*
- *maintaining close liaison with other information giving agencies in the area '*

## **Appendix G : Reviews of Supplementary Welfare Allowances**

### **Commission on Social Welfare 1986**

The Commission on Social Welfare proposed that the administration of SWA be moved entirely to the Department. The main reason for this recommendation was to facilitate clients by subsuming basic payments into the Department of Social, Community and Family Affairs (the Department) and by making more uniform the administration of discretionary payments. The Commission envisaged that Community Welfare Officers (CWOs) would be transferred into the Department and that they would have continued responsibility for Exceptional Needs Payments (ENPs). They would act as referral agents for clients and where necessary they would have an advocacy role on behalf of clients.

### **'Scheme of Last Resort? - A Review of Supplementary Welfare Allowances' - Combat Poverty Agency, 1991**

The report produced by the Combat Poverty Agency found that

- The unnecessary administration burdens on CWOs contributed to high levels of dissatisfaction among SWA clients. Clients were particularly unhappy with having to queue for a long time in crowded waiting areas and with the attention and empathy that CWOs were able to give to their particular cases.
- Many people eligible for SWA had needs for which they did not claim due mainly to lack of information about SWA.
- There was great variation in payments made under the ENP scheme across the health boards and in different community care areas within health boards.
- Existing organisational arrangements, involving two departments and eight health boards, were excessively cumbersome; accordingly most of SWA should be transferred to the Department.

### **Review Group on the Role of SWA in Relation to Housing - Report to the Minister for Social Welfare, 1995**

The Housing Review Group was set up in September 1994 under the chairmanship of the Department. It included representatives from the Departments of Environment and Local Government, Health and Children, Finance, and the local authorities. Its task was to review the increasing role of SWA in housing provision.

in the context of a concern that the expenditure on housing under SWA was taking place outside of housing policy. The Housing Review Group presented its report to Government in December 1995. The findings included the following

- The SWA scheme is a flexible means of responding to housing needs for both tenants and mortgage holders.
- SWA housing supplements are now a mainstream housing support mechanism, operating outside the framework of overall housing policy.
- A fundamental difference between the SWA and the local authority approach in the allocation of housing resources was identified in that once a housing need is established it is met immediately under the SWA scheme whereas the local authority can only meet the need on a priority basis in the light of available resources. As a consequence of this, SWA meets the needs of those deemed by the local authority to have the lowest priority.
- Rent supplementation in the private rented sector is the lowest cost option for single people in comparison with local authority housing. There is no evidence that supplementing rents in the private sector is a cheaper means of providing for families than the local authority housing option.