

## The National Federation of Voluntary Bodies A Historical Context

### Introduction

Voluntary Organisations have been providing services for persons with an intellectual disability since Stewarts Hospital opened its doors in 1869. It was the first residential facility specifically for persons with intellectual disability in Ireland and for many years was the only one.

Other examples of services starting up:

- The Daughters of Charity came to Ireland in 1855, and they commenced providing intellectual disability services in Navan Road Dublin in 1892.
- The Brothers of Charity started to provide mental health services in 1883 but did not commence providing intellectual disability services until 1938. The Brothers of Charity is now the largest intellectual disability service provider in Ireland.
- Services in Moore Abbey were commenced by the Sisters of Charity of Jesus and Mary in 1946.
- St. Michael's House in Dublin was founded by the late Patsy Farrell, a parent of a child with intellectual disability in 1955.
- Cork Polio and Aftercare Association was founded in 1957 by the late John Bermingham to look after the needs of people who were disabled following the outbreak of polio in 1956 and later extended its remit to persons with an intellectual disability. It was renamed to Cope Foundation in the early 90s.

### The Early Federation

As services developed, the network of service providers met occasionally but the introduction of the 1970 health bill which proposed the setting up of health boards brought a new challenge. The then Minister for Health, Mr. Erskine Childers proposed that service providers would be answerable to the Health Boards and funded by them. This proposed change focussed the minds of the leaders of the service providers. The Federation of Voluntary Bodies was formally established. The Federation members met to consider the implications of the health bill. They sought a meeting with the Minister for Health. The meeting with Mr. Childers was held in the Gresham Hotel Dublin in March 1970. The result of this meeting was that funding would continue to be provided to the large agencies by the Department of Health.

## **The Evolving Services**

Through the 1970s and 1980s, the Federation met on a regular basis and also met with Department of Health. While there was no formal membership and no subscription, the Section 65 agencies began attending meetings. Many of the Section 65 agencies had come from a parents and friends ethos and had sprung up to provide local services, mainly in areas where the large service providers were not operational. The attitude of the newly formed Health Boards to the Section 65 agencies varied enormously from one Health Board area to another, based in many instances on the attitude of the CEO of the Health Board. Federation meetings provided an ideal opportunity for the agencies to compare notes and share experiences.

Federation Subcommittees were established dealing with issues such as Training, Education, Human Resources, Database and European Affairs.

## **Tensions and Healing**

During the late John Bermingham's Chairpersonship of the Federation in the early 1990s, tensions began emerging between the larger directly funded agencies and the smaller but growing Section 65 agencies. Some of the Section 65 agencies felt that issues that were important to them were not getting a sufficient airing at Federation meetings. Indeed there was talk of withdrawal by Section 65 agencies and setting up their own Federation. Through the good work of John Bermingham and his successor as Chair, Sr. Angela Magee of the Daughters of Charity, this did not happen. A new sense of belonging emerged through specific meetings of the Section 65 agencies before each general Federation meeting. Among the issues advanced in this way was the approval for the establishment of the Federation Pension Scheme for agencies where there was no pre existing pension scheme.

## **The Killarney Conference**

Another major development during Sr. Angela Magee's Chairpersonship was a special two day conference which was held in Killarney. This well-attended conference adopted much of the blueprint for the future of the Federation as we know it today, including a philosophy and mission statement, and the establishment of a Secretariat, although it would take some years before this came about. A Chairperson's advisory committee was also established which reflected a cross section of Federation members reflecting a geographical and service spread.

## **Philosophy**

The Philosophy states:

The services for persons with an intellectual disability are rooted in the recognition of the essential dignity of every person with intellectual disability and as a consequence the service providers strive to develop the whole person and to empower their members, in the realisation and total acceptance of their right to dignity and respect, as equal members of society.

The members of the Federation are organisations in the service of persons with intellectual disability and are voluntary and religious bodies with a clear vision, firmly rooted in the respect for the value and the dignity of the person. As such they maintain their autonomy and freedom to run services in a person centred, caring, responsible and creative way. The members fully value the opportunities which their independence provides, while at the same time recognising the value of partnership

with persons with an intellectual disability, their parents and families, and with statutory and other voluntary bodies as an effective way of meeting each person's individual needs and advocating for the fulfilment of those needs. The members also recognise the authority and responsibilities of the public authorities as statutory bodies in the service of persons with intellectual disability and as funding authorities.

### **Mission Statement**

Recognising the core values and the ethos of the individual bodies, the Federation aims to represent the collective membership in respect of issues which concern the provision of services, funding arrangements, standards for service provision and relationships at local, national and international levels, where concerted action is indicated and appropriate.

The Federation promotes, supports and represents the aspirations and objectives of the membership, based on the shared philosophy of dignity and equality of the person, and the associated core values, vision and statutory status.

### **Shaping A Healthier Future**

Sr. Angela Magee was succeeded as Chairperson by John O’Gorman, Director of Services, Sisters of Charity of Jesus and Mary, Moore Abbey in 1994.

The Health Strategy “Shaping a Healthier Future” was published by the then Minister for Health, Mr Brendan Howlin T.D. in April 1994. It provided a radical blueprint for the operation of the Health Services in the future. In that section of the Report dealing with the Voluntary Sector, the Health Strategy acknowledged the integral role that the Voluntary Sector plays in the provision of health and social services in Ireland. It recognised the pioneering role of voluntary agencies in identifying needs and in developing responses to them. It concluded, however, that the direct funding of some of the voluntary agencies by the Department of Health impeded the proper co-ordination and development of services at local level. It proposed that in future the voluntary agencies would receive funding from the relevant Health Authorities.

The larger voluntary agencies would have service agreements with the Health Board linking funding to agreed levels of service.

These announcements within the Health Strategy, in truth, caused a certain sense of dismay among members of the Federation, particularly those members who had built up good relationships with the Department of Health over a long period of time and who now faced a climate of uncertainty with revised arrangements under the Health Boards. This concern was heightened by the knowledge gleaned from their colleagues at various Federation meetings where issues of concern to the Section 65 funded agencies had been discussed.

The main concern was that the lowest common denominator principle would apply. While practices in Health Boards appeared to be inconsistent, the perception of Federation members was that the lowest common denominator factor would be that which would eventually rule. Remember, this was before the accountability legislation, when the practice of withholding cheques was commonplace among Health Boards, and indeed where specific examples were provided by Federation members of having to queue at a Health Board office to collect a cheque.

I recall being a member of a Federation delegation to the Department of Health for a meeting with the then Secretary General of the Department and his colleagues some time after the publication of the Health Strategy. The main item was to determine what room for manoeuvre there was on the changing nature of the funding mechanism. It was made explicitly clear that the Government had made a decision and what was up for discussion was the manner of its implementation.

### **The Working Group**

Following representations from the Federation to the Department of Health on these matters, the then Minister, Mr. Michael Noonan set up a Working Group in late 1995 to identify and advise the Minister on:

- (1) The arrangements for a national framework which should be put in place to ensure a smooth transfer of responsibilities for funding of intellectual disability agencies from the Department of Health to the Health Boards.
- (2) The process of transferring responsibility for funding from the Department of Health to Health Boards of the relevant intellectual disability agencies.
- (3) The implications of these arrangements for other service providers in the field of intellectual disability.

The Minister appointed Dr. Ruth Barrington, Director of Continuing Care Services, Department of Health, to chair the Working Group and she was joined by her colleagues, Paul Barron, John Collins, Dermot Megan, Martin McDonald and Frances Fletcher. The Chief Executive Officers of the Health Boards nominated Martin Duffy of the Mid West Health Board, Martin Gallagher of the Eastern Health Board and Tom O'Dwyer of the Southern Health Board. The Federation representation was John O'Gorman, then Chairperson, Jerry Buttimer of Cope Foundation, Joe Fallon of the Daughters of Charity and myself. My own appointment on that negotiation group was significant in that I was then Chief Executive of the Galway Association, a Section 65 organisation, while the others were from organisations directly funded by the Department of Health.

This showed the importance that John O'Gorman, then Chairperson of the Federation attached to having a united Federation and that whatever emerged from the process would have to be acceptable to all members of the Federation.

The first meeting of the group took place in December 1995 and we met regularly thereafter, normally at 3 week or 4 week intervals. Speaking from a Federation perspective the atmosphere at the first few meetings seemed to be tense. However, all meetings were conducted in a business like manner and under the excellent Chairpersonship of Dr. Barrington, matters progressed.

We learned that The Health Boards were as concerned about issues arising out of the changeover process as the Federation was. Position papers were invited from the various parties and discussed in an open, frank and constructive manner. My recollection is that the Department presented three position papers, the Health Boards presented none and the Federation presented about ten. Subgroups were set up to examine specific issues relating to Finance and Personnel. The Federation

group on these subgroups were led by Jim Gilmartin for Personnel and Paul Ledwidge on Finance.

John O’Gorman in his capacity as Chairperson of the Federation and leader of the Federation delegation arranged meetings following each negotiation session with the Federation membership to provide feedback and to be further mandated for the next session.

As the meetings progressed through the Spring and Summer of 1996, all parties around the table, I think, saw a sense of partnership emerging. We all shared common objectives, the delivery of good quality services for those in our care. The relationships were going to change. The Department was devolving the responsibility for funding services to the Health Boards. The Health Boards had a statutory responsibility for the delivery of services. The members of the Federation of Voluntary Bodies had a long tradition of providing those services and had the expertise to do so.

In this learning process, we, in the Federation, acknowledged the increased accountability placed on the Health Boards arising from the Health (Amendment) No. 3 Act 1996. We also managed to arrange an amendment to that act specifically requiring the Health Boards to cooperate with Voluntary Organisations. This has been diluted in the Health Act 2004 which governs the Health Service Executive.

### **Enhancing The Partnership**

What emerged is the document known as “Enhancing the Partnership” and the associated document “Widening the Partnership”. It was an agreement endorsed by the Minister, the Department, the Health Boards, and the Federation members, which incorporated principles by which we would all abide. We could abide by them because we were responsible for the great majority of the content, it was, after all, based on the position papers we tabled. I would emphasise that the document was endorsed by the Minister and became Government policy.

One of the major elements in the partnership approach, particularly in the identification of priorities and unmet need was the provision for the establishment in each health board area of a Consultative Committee and a Development Committee. These have worked better in some areas than in others, but they were based on the then health board structures, not the new Health Service Executive structures that are now being put in place. Speaking from a historical perspective, I am convinced that the opportunity is there now for the National Federation to be proactive and shape and positively influence the new structures which are beginning to be formulated by the Health Service Executive.

### **The Aftermath**

The negotiations which resulted in “Enhancing the Partnership” also brought a new sense of cohesion and strength to the Federation. It also resulted in very tangible formal recognition of the Federation by the Department in so far as they provided revenue to the Federation towards the establishment of the Secretariat. I succeeded John O’Gorman as Chairperson of the Federation in 1997, the first person from a Section 65 agency to serve in that role. The Secretariat was established in 1998 with Brian O’Donnell as first staff member. The Federation was later incorporated into a limited company and a Board of Directors was elected.

During over four years in the Chair, I saw at first hand how inclusive an organisation the Federation is. Many of the most active members in the various committees represented Section 65 agencies. It is truly a members organisation, and as in all such organisations, success very much depends on the active involvement of the members. It is your organisation and if you feel your issues are not being adequately addressed, you must speak out.

As I said at the outset, the early Federation members were the agencies which existed and had a funding relationship with the Department of Health prior to 1970. It is interesting to list those whose relationship changed 10 years ago:

- Stewarts Hospital, Dublin
- Hospitaller Order of St John of God
- Brothers of Charity Services
- Daughters of Charity of St Vincent de Paul
- Cope Foundation
- Sisters of Charity of Jesus and Mary
- Irish Sisters of Charity, Kilkenny
- Franciscan Sisters of the Divine Motherhood, Beaufort
- Sisters of the Sacred Hearts of Jesus and Mary, Roscrea
- Rosminian Fathers, Upton
- Sisters of La Sagesse, Cregg House
- Sisters of the Bon Sauveur, Carrigalea
- St. Michael's House
- Childrens Sunshine Home, Dublin

The Childrens Sunshine Home became members of the Federation during the negotiation of "Enhancing the Partnership". The Rosminian Fathers withdrew their involvement in service provision and the service has transferred to the Brothers of Charity.

The Franciscan Sisters of the Devine Motherhood in Buaufort have also withdrawn their involvement in service provision. The service is now under the Management of the Hospitaller Order of St John of God.

The Sisters of the Sacred Hearts of Jesus and Mary, St Anne's, Roscrea have recently indicated their decision to withdraw from their involvement in service provision.

Currently, I am advised that there are 61 member organisations of the National Federation. Many of these organisations have joined the National Federation within the past 10 years. It is evident that many more changes will evolve within the next 10 years. It is vitally important that the National Federation continues to articulate in a proactive way to meet the needs of persons with intellectual disability and their families and to sustain its own members. This can only happen with the enthusiastic participation of its member organisations, old and new, large and small.

**Tom Hogan**  
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