

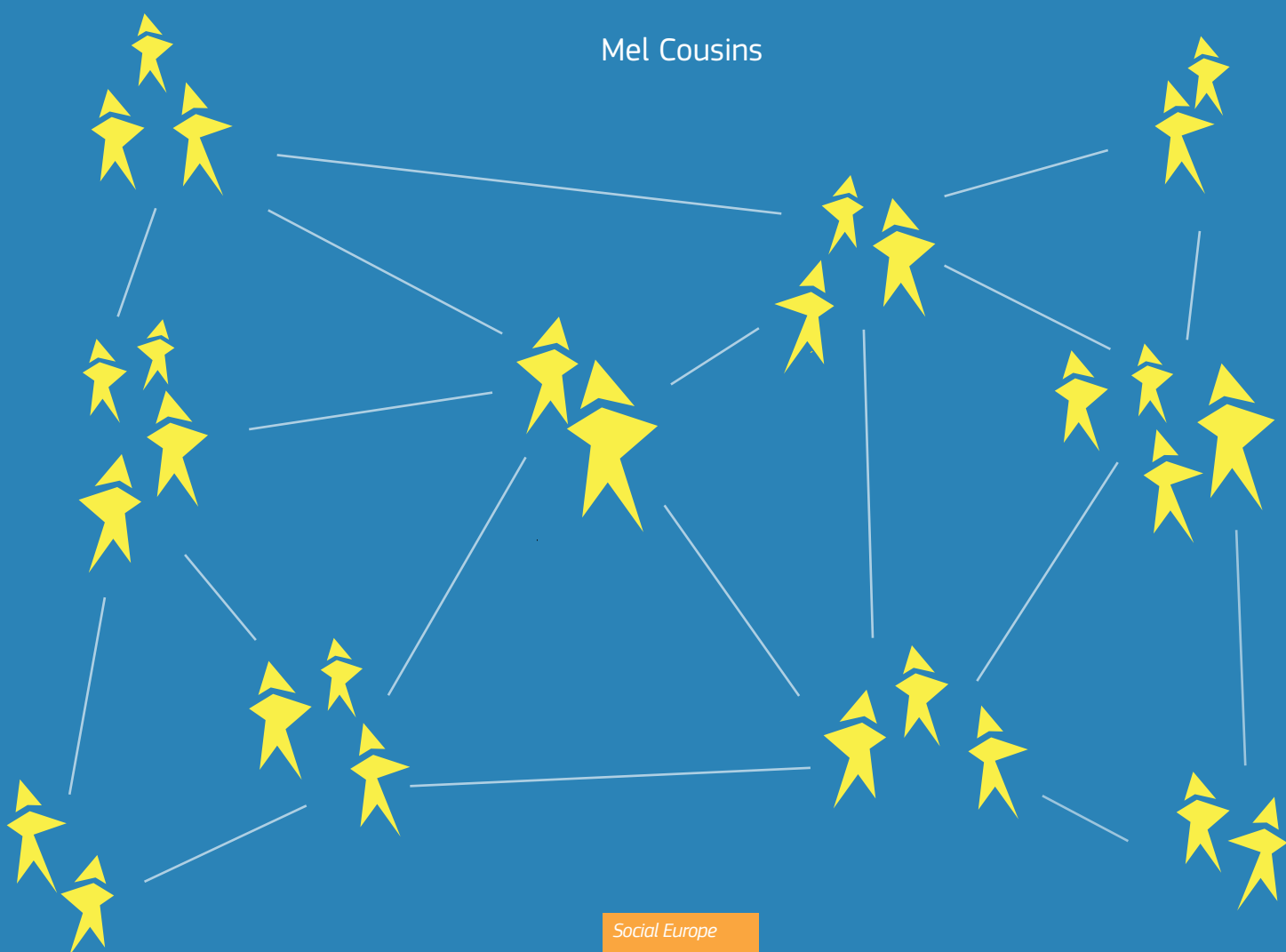


## EUROPEAN SOCIAL POLICY NETWORK (ESPN)

# Making access to social protection for workers and the self-employed more transparent through information and simplification

Ireland

Mel Cousins



Social Europe

**EUROPEAN COMMISSION**

Directorate-General for Employment, Social Affairs and Inclusion  
Directorate D — Social Rights and Inclusion  
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**European Social Policy Network (ESPN)**

**ESPN Thematic Report on  
Making access to social  
protection for workers and the  
self-employed more  
transparent through  
information and simplification**

**Ireland**

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*Mel Cousins*

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The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER) and APPLICA, together with the European Social Observatory (OSE).

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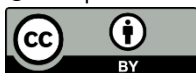
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## Summary

The purpose of this report is to identify and analyse policies put in place by the country to improve transparency in access to social protection, considering both access to information and simplification of access. The report focuses on the six social protection branches covered in the 2019 Council Recommendation on "Access to social protection for workers and the self-employed" (hereafter "2019 Council Recommendation") and covers policies and measures implemented between January 2017 and May 2022. In Ireland, social protection benefits are all administered by the Department of Social Protection (DSP) as part of a unified social welfare scheme. Therefore, the approach adopted in relation to information on and access to benefits is broadly the same across branches. The healthcare system is the responsibility of the Department of Health and is administered by the Health Services Executive (HSE).

Extensive measures have been adopted to improve the provision of information on social protection including awareness campaigns. DSP has a customer communications section which is responsible for providing information in relation to social protection benefits. Information is provided on various websites, in publications in a large number of languages including Braille, and through various large scale public information/awareness campaigns. DSP has a Customer Charter which is updated regularly. In relation to healthcare, the HSE website provides information in relation to health services and assists in locating nearby services. HSE also has a multilingual website which provides information on health services in Ireland in five languages. People can apply for or renew a medical card (card entitling persons to free or subsidised services) online. The HSE uses a contact centre (which receive queries by email, phone and web chat) and social media to address queries including access to health care. HSE also publishes a guide to healthcare in 17 languages.

In addition, there is a publicly-funded Citizens Information Board (CIB) which is the statutory body responsible for providing information, advice (including money and budgeting services) and advocacy advice on a range of public and social services. The CIB provides information services directly to the public through the *Citizens Information* website and also through a central phone line and a network of local Citizens Information Centres.

There do not appear to have been any surveys/studies in Ireland since 2017 on the extent to which citizens are aware of their social protection rights and obligations or the impact of information campaigns. There has been relatively little focus on issues of non-take-up of benefits in the six branches. However, a recent study by the Economic and Social Research Institute estimates that 31% of eligible individuals do not apply for a Medical Card to which they would be entitled. The research suggests that a lack of information about eligibility status and social stigma are key factors driving non-take-up.

Turning to simplification, there do not appear to be any *policies* with the stated aim of simplifying substantive access to the social protection schemes. DSP has adopted a number of *practices* to improve access to benefits including a Public Services Card (PSC) which is intended to facilitate access to public services including social protection. The PSC acts as proof of authenticated identity and enables the person to gain access to public services more efficiently without having to authenticate their identity each time they apply for public services. While there have been measures to move application processes online and to use digital technology, these moves are largely driven by the needs of the administrative system and there has been limited study of the advantages and disadvantages to the general public.

There has been very little public debate on or proposals in relation to improving information on or simplifying access to social protection in the period. Suggestions for improvement might include the adoption of a more systematic approach to evaluation of the information provided and to assessing any existing gaps; to take into account the broader issues of advantages and disadvantages to the general public in assessments of the role of digital technology; and to give more attention to assessing the level of non-take up of benefits and adopting measures (both IT and other) to address non-take-up.

## **1 Current policies and practices to ensure information on, and to simplify access to, social protection for workers and the self-employed**

This report covers both workers (standard and non-standard workers) and the self-employed. In line with the 2019 Council Recommendation, it focuses on the following six social protection branches, including both cash and in-kind benefits as relevant:

unemployment benefits; sickness and healthcare benefits; maternity and equivalent paternity benefits<sup>1</sup>; invalidity benefits; old-age benefits and survivors' benefits; and benefits in respect of accidents at work and occupational diseases.

Both contribution and non-contribution based systems included in one or several of these six schemes are covered in the period 1 January 2017 – 15 April 2022.<sup>2</sup>

In Ireland, social protection benefits are all administered by the DSP as part of a unified social welfare scheme. Therefore, the approach adopted in relation to information on and access to benefits is broadly the same across all the above branches (except healthcare). The approach adopted is described in the introduction to each sub-section but generally applies to all areas (healthcare excepted) and material is included under subsequent headings only where a specific approach has been adopted.

The healthcare system is the responsibility of the Department of Health and is administered by the Health Services Executive (HSE). This is included under the sickness and healthcare benefits heading but it should be noted that this covers healthcare rather than social protection for health-related contingencies unless specifically noted.

### **1.1 Policies and practices to ensure access to information on social protection rights, entitlements and obligations**

#### **1.1.1 Policies and practices to ensure access to general and personalised information**

DSP has a customer communications section which is responsible for providing information in relation to social protection benefits. Information is provided on the Department's website (which is now part of the general gov.ie site), on a dedicated MyWelfare site<sup>3</sup> (see 1.2.2), in publications in a large number of languages including Braille, and through various awareness campaigns (see 1.1.2). DSP has a Customer Charter (currently 2020-22) which is updated regularly. This includes a commitment to provide 'clear, accurate and comprehensive information'. It also sets out details in relation to the provision of information in languages other than English and in Irish Sign Language. The DSP site provides detailed information on the benefits available in the six social protection branches covered here (and all others). For example, in relation to State Pension (Contributory) it provides a description of the pension and its qualification conditions, rates of payment and application processes.<sup>4</sup> It also provides a link to the more detailed Operational Guidelines which are used by DSP in the administration of the State Pension (Contributory). The same type of information is provided in relation to the other benefits covered. Insofar as more specific information is provided in relation to a specific type of benefit, this is discussed below.

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<sup>1</sup> In line with the 2019 Recommendation, parental leaves are not covered.

<sup>2</sup> Social assistance and minimum income schemes are not part of the Recommendation and are thus not covered in this report. In an Irish context, the number and complexity of means tests is perhaps the main issue concerning simplicity and transparency of access to social protection.

<sup>3</sup> Mywelfare.ie

<sup>4</sup> <https://www.gov.ie/en/service/e6f908-state-pension-contributory/>

In addition, there is a publicly-funded Citizens Information Board (CIB) which is the statutory body responsible for providing information, advice (including money and budgeting services) and advocacy advice on a range of public and social services, including but not limited to social protection. This includes information about the benefits available in the six social protection branches covered here. For example, in relation to State Pension (Contributory), the website provides information on the basic qualification conditions; rates of benefit; and how and where to apply for pension.<sup>5</sup> The same type of information is provided in relation to the other types of benefit. The CIB provides information services directly to the public through the [citizensinformation.ie](https://www.citizensinformation.ie) website and also delivers information and advice through a central phone line and through a network of local Citizens Information Centres.

In terms of efforts to ensure access to information for all (especially people with low digital skills and people with disabilities), as noted information is often made available in Braille or through Irish Sign Language (ISL) (and see 1.1.1.2 re health care). It is not clear that there have been specific measures for those with low digital skills.<sup>6</sup> The European Union (Accessibility of Websites and Mobile Applications of Public Sector Bodies) Regulations 2020 transpose the EU Web Accessibility Directive 2016/2102. This requires public sector bodies to ensure that their websites and apps are accessible to users, especially people with disabilities, by making them perceivable, operable, understandable and robust. The regulations came into force on 23 September 2020. The National Disability Authority (NDA) is the national monitoring body under these regulations.<sup>7</sup>

There do not appear to have been any surveys/studies in Ireland since 1 January 2017 to explore the extent to which citizens in general, and more particularly workers and the self-employed, are aware of their social protection rights and obligations (regarding the six branches). See section 2.1.1 re specific customer surveys although these do not cover such a general assessment of awareness of social protection rights.

#### **1.1.1.1 Unemployment benefits**

DSP is responsible for providing information on all social benefits in the manner discussed in section 1.1.1. It is possible to apply for jobseeker's benefit online through the MyWelfare site (it is necessary to have a MyGovID account).

#### **1.1.1.2 Sickness and healthcare benefits**

DSP is responsible for providing information on all social benefits in the manner discussed in section 1.1.1. It is possible to apply for illness benefit online through the MyWelfare site.

In relation to healthcare, the HSE website provides information in relation to health services<sup>8</sup> and assists in locating nearby services. The site basically offers an overview of the type of services provided by the HSE including hospital services, community services (e.g. disability services) and 'specialist care' (e.g. addiction services). It also provides details on how to apply for various schemes including access to subsidised health care (medical card). It is possible to apply for a medical card online.

HSE also has a multilingual website which provides information on health services in Ireland including General Practitioner Practices, hospitals, maternity and women's health and mental health in English, Arabic, Chinese, Russian and Polish.<sup>9</sup> People can apply for or

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<sup>5</sup>

[https://www.citizensinformation.ie/en/social\\_welfare/social\\_welfare\\_payments/older\\_and\\_retired\\_people/state\\_pension\\_contributory.html](https://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/older_and_retired_people/state_pension_contributory.html)

<sup>6</sup> CEDEFOP (2020) estimates that 55% of Irish adults aged 25 to 64 have low digital skills, one of the highest levels in the EU.

<sup>7</sup> <https://nda.ie/publications/communications/eu-web-accessibility-directive/> It does not appear that any monitoring report by NDA has yet been published.

<sup>8</sup> <https://www.hse.ie/eng/services/list/>

<sup>9</sup> <https://healthconnect.ie/>



renew a medical card (card entitling persons to free or subsidised services depending on income level or medical need) online. The HSE contact centre (HSELive) received 182,000 contacts in 2019, by email, phone and web chat. It provided information, support and signposting to enable people to navigate the health service and access care. HSE also uses social media to assist with queries including access to health care. HSE also publishes a guide to healthcare which is available in 17 languages.

The HSE has a National Healthcare Charter which includes a commitment to 'provide clear, comprehensive and understandable health information and advice'. The HSE also has National Guidelines on Accessible Health and Social Care Services which includes guidelines on access for people with a hearing or visual impairment.<sup>10</sup> The HSE provides information in a range of languages.<sup>11</sup>

### **1.1.1.3 Maternity and equivalent paternity benefits**

DSP is responsible for providing information on all social benefits in the manner discussed in section 1.1.1. It is possible to apply for paternity and maternity benefit online through the MyWelfare site.

### **1.1.1.4 Invalidity benefits**

DSP is responsible for providing information on all social benefits in the manner discussed in section 1.1.1. It is not possible to apply for invalidity pension online.

### **1.1.1.5 Old-age benefits and survivors' benefits**

DSP is responsible for providing information on all social benefits in the manner discussed in section 1.1.1. A person can request a copy of his or her social insurance Contribution Statement online at the MyWelfare site. A Contribution Statement is a summary of the person's social insurance record in Ireland but does not forecast the amount or value of the State pension. It is not possible to apply for pension online.

### **1.1.1.6 Benefits in respect of accidents at work and occupational diseases**

DSP is responsible for providing information on all social benefits in the manner discussed in section 1.1.1. It is not possible to apply for occupational injury benefits online.

## **1.1.2 General awareness-raising campaigns**

DSP has a customer communications section which is responsible for providing information in relation to social protection benefits, including through awareness-raising campaigns. In response to the COVID-19 pandemic, a range of new or revised benefits were provided and a new 'Income Support Helpline', a centralised customer service helpline, was also established by DSP to provide information, advice and updates to people who were applying for the COVID-related payments. DSP also organised a large-scale public information/awareness campaign to inform people of the existence of such supports and how to claim them with information produced in over 15 languages.

During 2020, the DSP delivered 24 large scale public information campaigns, across a range of media formats including print, radio, outdoor (i.e. posters), digital and social media channels. Eighteen of these campaigns focussed on COVID-19 related income supports and services. The remaining six public information campaigns covered the change in the National Minimum Wage, the promotion of Jobs Week 2020, a campaign aimed at

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<sup>10</sup>

<https://www.hse.ie/eng/services/yourhealthservice/access/natguideaccessibleservices/part1.html#comm4311>

There are also Guidelines for specific services

<https://www.hse.ie/eng/services/yourhealthservice/access/natguideaccessibleservices/part2.html> There does not appear to have been any public assessment or evaluation of the impact of these Guidelines.

<sup>11</sup> <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/translation-hub/multilingual-resources-and-translated-material/>

jobseekers and employers and the promotion of the Christmas and New Year customer payment schedule. Awareness campaigns in 2019 included the promotion of the new parent's benefit and jobseeker's benefit for the self-employed, and for the services and supports to employers and jobseekers. The targets groups vary depending on the campaign but include all persons who might be affected by the specific topic (detailed numbers are not publicly available). Insofar as, for example, the campaigns involved COVID-19 income supports they would have included non-standard workers. The campaigns are run by DSP itself with the support of public relations agencies. However, where necessary (see 1.1.2.2) DSP works with other stakeholders to target information to hard-to-reach groups.

There does not appear to have been a specific evaluation of the impact of these campaigns and no further information is in the public domain about them.<sup>12</sup>

DSP has established a MyWelfare site (launched in 2015) which is an online portal where customers can make appointments, apply for benefits, update details, and request social insurance records.<sup>13</sup> In 2020, there were 14.3 million site visits, 4.9 million log-ins, and 2.8 million customer transactions (DSP, 2021, 17). This compares to over 1 million visitors in 2019, over 2.5 million user sessions, and 7.2 million-page views in 2019 (DSP, 2020, 31). The COVID-19 period saw a very significant increase in the use of the portal and the Pandemic Unemployment Payment (PUP) had a simplified online application process.

#### **1.1.2.1 Unemployment benefits**

As discussed above, there were eighteen campaigns in 2020 concerning income supports in response to COVID-19, primarily the PUP. Issues covered included informing people about a new centralised customer service in response to COVID-19 and diverting customers away from physically attending DSP offices unless necessary; raising awareness of the PUP as it evolved and providing updates around rate and other changes to the PUP; as well as ensuring that recipients confirmed their eligibility for the PUP and informing the public of the necessary steps to take to stop the PUP when returning to work. In 2019 there was a campaign about the new jobseekers' benefit for the self-employed.

#### **1.1.2.2 Sickness and healthcare benefits**

Part of the campaigns in response to COVID-19 included illness benefit and a multilingual campaign in 15 languages to promote and share information on the COVID-19 enhanced illness benefit scheme for employees and the self-employed. DSP worked with the Department of Health, HSE, target across government and the public sectors with over 80 stakeholder organisations, to reach 'hard to reach' audiences for whom English may not be their first language

In relation to healthcare, HSE carries out frequent awareness campaigns but these relate more to specific aspects of health (e.g. best practice in use of prescription medicines, abuse of vulnerable people, etc.) rather than access to healthcare (HSE, 2020).<sup>14</sup>

#### **1.1.2.3 Maternity and equivalent paternity benefits**

Awareness campaigns in 2019 included the promotion of the new parent's benefit.

#### **1.1.2.4 Invalidity benefits**

No further information available.

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<sup>12</sup> Voluntary insurance plays a very limited role in the Irish system and there do not appear to be any campaigns in this regard.

<sup>13</sup> In order to use this service one must have, inter alia, a MyGovID account. See <https://www.gov.ie/en/service/b6ecfd-sign-up-for-mygovid/>

<sup>14</sup> These examples are from the 2019 Report. The 2020 Report is heavily dominated by COVID-19.

### **1.1.2.5 Old-age benefits and survivors' benefits**

No further information available.

### **1.1.2.6 Benefits in respect of accidents at work and occupational diseases**

No further information available.

## **1.2 Policies and practices to simplify access to social protection**

The Irish social welfare system is complex with a wide range of different contingency-based schemes. This involves extensive primary and secondary legislation.

From a legislative point of view, the Oireachtas [Parliament] has enacted a 'consolidated' version of the relevant legislation at regular intervals (starting in 1981).<sup>15</sup> The most recent official version is from 2005 but the DSP also maintains an updated 'unofficial' consolidated version of the law which is available on the Department's website.<sup>16</sup> The Department also maintains consolidated versions of the main secondary legislation (Regulations). The healthcare legislation is also complex dating back (in parts) to the 1940s. An 'administrative' consolidation of the legislation has been produced by the Irish Law Reform Commission<sup>17</sup> and is available on the Commission's website.<sup>18</sup>

Other than this, there are no *policies* with the stated aim of simplifying substantive access to the social protection schemes for workers and the self-employed in any of the six branches.

It should be noted that the PUP introduced in response to COVID-19 was arguably very transparent with limited rules governing its receipt (no contributions or means test). However, this is now closed to new claims and it is not clear that this will have any influence on the general structure of the welfare system.

### **1.2.1 Simplification objective embedded in reforms of social protection schemes**

#### **1.2.1.1 Unemployment benefits**

There was no obvious simplification objective embedded in reforms of unemployment benefits.

#### **1.2.1.2 Sickness and healthcare benefits**

There was no obvious simplification objective embedded in reforms of sickness and healthcare benefits.

#### **1.2.1.3 Maternity and equivalent paternity benefits**

There was no obvious simplification objective embedded in reforms of maternity and paternity benefits.

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<sup>15</sup> In reality the initiative to do so comes from the Department.

<sup>16</sup> [https://www.gov.ie/en/policy-information/81fdaa-social-welfare-consolidation-act-2005/#:~:text=The%20Act%20provides%2C%20in%20a,%2C%20One%20Parent%20Family%20Payment\)%2C](https://www.gov.ie/en/policy-information/81fdaa-social-welfare-consolidation-act-2005/#:~:text=The%20Act%20provides%2C%20in%20a,%2C%20One%20Parent%20Family%20Payment)%2C)

<sup>17</sup> The Commission is an independent body established under the Law Reform Commission Act 1975. The Act states that the Commission's role is to keep the law under review and to conduct research with a view to the reform of the law. The 1975 Act defines law reform to include: the development of law; its codification (including its simplification and modernisation); and the revision and consolidation of statute law.

<sup>18</sup> See, for example, <http://revisedacts.lawreform.ie/eli/1970/act/1/front/revised/en/html>

#### **1.2.1.4 Invalidity benefits**

There was no obvious simplification objective embedded in reforms of invalidity benefits.

#### **1.2.1.5 Old-age benefits and survivors' benefits**

There was no obvious simplification objective embedded in reforms of old age and survivors' benefits.

#### **1.2.1.6 Benefits in respect of accidents at work and occupational diseases**

There was no obvious simplification objective embedded in reforms of occupational injury benefits.

### **1.2.2 Simplification of the application process for accessing benefits**

As discussed above (section 1.1.1.1), it is now possible to claim some of the six benefits online on the MyWelfare site, i.e. one can claim illness, maternity and paternity benefits, and unemployment benefits.

There does not appear to be any published research on the views of people using the online application processes and whether they preferred this approach to the more traditional options (although see 1.2.2.2 below). In 2019, just over 30,000 applications were submitted online mainly for jobseekers, maternity and paternity benefits (DSP, 2020, 32).<sup>19</sup> This would have increased significantly during COVID as many claims for PUP were made online. The Comptroller and Auditor General (2021, chapter 11) reports that in the period March 2020 to end-February 2021, the Department received 1.75 million applications for PUP, of which 1.3 million were online applications.

There is a very limited automated award of benefits in the Irish system. For example, a second or subsequent child may automatically be awarded child benefit. However, there does not appear to be any automatic award of benefits in relation to the six contingencies covered here.

There are no readily available data/studies assessing the positive and/or negative impact of systems/applications such as the MyWelfare site (though see 1.2.2.2 re sickness benefit).

In terms of aiming to identify potential beneficiaries (and increase take-up of benefits), the main focus has tended to be on the provision of information, including information targeted at potential claimants. In an Irish context, there has been relatively little study of issues of non-take-up of benefits in the six branches. However, a recent study estimates that 31% of eligible individuals do not apply for a Medical Card to which they would be entitled (Keane et al., 2021).<sup>20</sup> The research suggests that of a lack of information about eligibility status and social stigma are key factors driving non-take-up.

#### **1.2.2.1 Unemployment benefits**

It is possible to apply for unemployment benefits online through the MyWelfare site.

#### **1.2.2.2 Sickness and healthcare benefits**

It is also possible to apply for illness benefit online. Due to the impact of the COVID-19 pandemic, face-to-face medical assessments for sickness benefits were suspended in early 2020. In order to ensure service continuity DSP developed and introduced a new phone-based assessment service. In late 2020, a telephone-based survey was carried out by DSP's Service Quality Unit with customers who had recently taken part in the newly introduced telephone assessments. There was a positive customer response to the new

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<sup>19</sup> This is out of a total of 1.3 million claims processed in 2019.

<sup>20</sup> Low take-up was also found in relation to an in-work benefit for low-income families but this falls outside the scope of this report (Gray and Rooney, 2018).

process with 85.5% of respondents positively inclined towards the telephone assessment service due to the convenience of not having to travel or make arrangements in preparation for an assessment. Many customers also appreciated being able to conduct the assessment from a familiar setting in which they were comfortable. However, a minority did indicate a preference for face-to-face engagement (DSP, 2021, 30).<sup>21</sup>

### **1.2.2.3 Maternity and equivalent paternity benefits**

It is possible to apply for paternity and maternity benefit online through the MyWelfare site.

### **1.2.2.4 Invalidity benefits**

It is not possible to apply for these benefits online.

### **1.2.2.5 Old-age benefits and survivors' benefits**

It is not possible to apply for these benefits online.

### **1.2.2.6 Benefits in respect of accidents at work and occupational diseases**

It is not possible to apply for these benefits online.

## **1.2.3 Simplification of the structures within the social protection administration**

The framework used by DSP to manage 'Public Service Identity'<sup>22</sup> consists of three components: first, the registration processes and IT systems comprising the Standard Authentication Framework Environment (SAFE); second, the Public Services Card (PSC), which provides a physical token of a person's SAFE-verified Public Service Identity, and third, MyGovID, which provides an online token of a person's verified Public Service Identity (Judge and McGennis, 2021).

There does not appear to have been any formal evaluation of the PSC to date.<sup>23</sup> As part of the Spending Review, the DSP Investment Analysis Unit carried out a Cost-Benefit Analysis (CBA) of the SAFE-PSC-MyGovID Framework (Judge and McGennis, 2021). This found a good return on the investment in the framework. However, the focus was almost entirely on financial benefits (to the State, including control savings) and the CBA did not look at whether there were broader benefits to the public or at issues of transparency or simplification.

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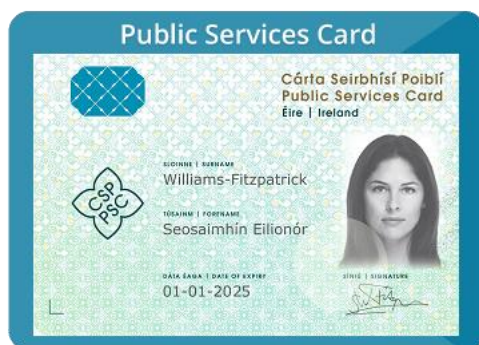
<sup>21</sup> available at <https://www.gov.ie/en/publication/cf3be-annual-report-2020/>

<sup>22</sup> <https://www.gov.ie/en/policy-information/62a4e7-public-service-identity/>

<sup>23</sup> The Comptroller and Auditor General (2016) reviewed the PSC roll-out but the focus was on outputs, costs and project planning and approval rather than its impact on the public.

### **Box 1 Public Services Card (PSC)**

The Irish Government has (over the past 20 years) established a Public Services Card (PSC) which is intended to facilitate access to public services including social protection and which is administered by DSP (see Box 1).<sup>24</sup> The purpose of the PSC is to act as a physical token that can be presented by a person as proof of the fact that their identity has been authenticated and it enables the person to gain access to public services more efficiently without having to authenticate their identity each time they apply for public services (Judge and McGennis, 2021, 9). The PSC replaced previous identity tokens used by DSP.<sup>25</sup> The PSC (and the system of registration) involves the collection, storing and processing of large amounts of personal information about those using the card. A PSC has now been issued to more than 3.5 million people.<sup>26</sup>



A PSC includes a name, photograph and signature and also incorporates chip technology but does not store biometric data.

The electronic information encoded on the PSC (e.g. personal public service number) is used to support some DSP service transactions. This includes, for example, the payment of social protection benefits such as old age pensions and jobseekers' payments at Post Offices. Where a customer presents with a PSC, the Post Office agent will swipe the magnetic strip on the back of the card through a card reader. This calls up customer details and the payment amount on the computer screen

of the agent. Where the agent is satisfied that the PSC is that of the person presenting the card, no further photographic ID is required and payment can be made to the customer.

The PSC can be used to set up a MyGovID verified account (which is an online token of identity) and allows one to access a range of public services online including service available on MyWelfare. The PSC has a validity period of up to seven years.

Source: Author's own elaboration

DSP commissioned research on the customer experience of PSC holders (W5, 2019). The survey found positive feedback on the registration process with 96% of PSC holders who attended one of the Department's offices and went through the face-to-face registration were fairly or very satisfied with the identification process; and 77% of respondents stated that they understood the requirement to retain their personal information and did not mind their documents being retained (DSP retain the personal information provided, including scanned copies of documents, on the Department's secure computer systems). The survey did not report on the experience in relation to claims for benefits.

The Data Protection Commissioner (DPC) has expressed concerns about the legal basis for the certain proposed uses of the PSC and has issued a report on this issue which has recently been accepted by DSP (DPC, 2019) (see 2.2 below).<sup>27</sup>

#### **1.2.3.1 Unemployment benefits**

The general position has been described above and there is nothing specific to add concerning unemployment benefits.

<sup>24</sup> <https://psc.gov.ie/>

<sup>25</sup> However, it is only used to a very limited extent in relation to access to healthcare and the HSE continues to issue a range of different cards including a medical card, drug payment scheme card, EHIC, etc.

<sup>26</sup> *Dáil Debates* 17 December 2021 at <https://www.oireachtas.ie/en/debates/debate/seanad/2021-12-17/14/?highlight%5B0%5D=public&highlight%5B1%5D=services&highlight%5B2%5D=card>

<sup>27</sup> The findings are noted briefly below at section 2.2.



### **1.2.3.2 Sickness and healthcare benefits**

The general position has been described above and there is nothing specific to add concerning these benefits.

### **1.2.3.3 Maternity and equivalent paternity benefits**

The general position has been described above and there is nothing specific to add concerning these benefits.

### **1.2.3.4 Invalidity benefits**

The general position has been described above and there is nothing specific to add concerning these benefits.

### **1.2.3.5 Old-age benefits and survivors' benefits**

The general position has been described above and there is nothing specific to add concerning these benefits.

### **1.2.3.6 Benefits in respect of accidents at work and occupational diseases**

The general position has been described above and there is nothing specific to add concerning these benefits.

## **2 Issues, debates and ongoing or planned reforms to ensure information on, and to simplify access to, social protection for workers and the self-employed**

### **2.1 Issues, debates and reforms related to information**

#### **2.1.1 Issues**

DSP carries out customer surveys from time to time but these do not assess the extent to which citizens are aware of their social protection rights and obligations or the impact of information campaigns.<sup>28</sup> In the period 2017-22, the most recent published survey concerns jobseekers (B&A Research & insight, 2020). This looked generally at the jobseeker customer experience in interacting with DSP offices. Most (77%) said they were satisfied with the office and services, but the survey does not report data separately on information issues. However, 18% said that improved communication and/or clarity of information would improve the customer experience.

In consultations with disability Non-Governmental Organisations (NGOs) in 2019, as part of an assessment of the implementation of article 28 (social protection) of the UN Convention on the Rights of Persons with Disabilities in Ireland, respondents referred to problems in accessing services due to inadequate information and advocacy (Cousins, 2019).

HSE (in conjunction with the Department of Health and the Health Information and Quality Authority) also carried out extensive customer surveys, including inpatient, nursing home and maternity services.<sup>29</sup> However, these relate mainly to the quality of care provided than to issues concerning access to healthcare. For example, the results of the 2021 National

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<sup>28</sup> <https://www.gov.ie/en/publication/96cc45-surveys-2015/>

<sup>29</sup> See <https://yourexperience.ie/>

Inpatient Experience Survey have recently been published and provide an overview of patient experience during the COVID-19 pandemic.<sup>30</sup>

### **2.1.2 Debates**

While the issues discussed in section 2.1.1 may emerge publicly from time to time, there has been little sustained public debate on the topic in the period.

### **2.1.3 Ongoing or planned reforms**

In relation to the use of the PSC, in December 2021 DSP and the DPC agreed to work together on the development and implementation of a programme of work in relation to data retention and transparency.<sup>31</sup> This involves the deletion of some data currently held by DSP in relation to applications for a PSC and, for the future, the retention of data for only six months other than personal data which forms part of the person's "public service identity" as defined in law. Other than this, there are no known ongoing or planned reforms aimed at improving access to general and personalised information about social welfare and healthcare (see Ireland, 2021).

## **2.2 Issues, debates and reforms related to simplification**

### **2.2.1 Issues**

The National Economic and Social Council (NESC) (2020) published a recent overview of the future of the Irish social welfare system. This, inter alia, identified administrative reforms that 'would make the welfare system easier to operate and more transparent' (2020, xxxv). The NESC recommended that it was 'critical to reduce the complexity of the welfare system' and proposed that a working group including the DSP, the CIB and civil society groups should 'carry out an audit of inconsistencies between welfare supports, the reasons why they exist, and where appropriate, how they can be addressed'.

The NESC identified three areas where reform could increase transparency, i.e. reducing complexity (such as inconsistencies between welfare payments); simplification of means-testing (which falls outside the scope of this report); and the interaction between taxes and social insurance contributions (2020, 116-117). It does not appear that anything specific has occurred yet to advance these proposals. However, a Commission on Tax and Welfare has subsequently been established in March 2021.<sup>32</sup> This has wide-ranging terms of reference and has engaged in a fairly comprehensive consultation. Its' terms of reference require it to take the NESC report into consideration in its deliberations.

It should be noted that there has been a long-standing legal dispute between DSP and the DPC in relation to the use of the PSC. Legal proceedings between the two were settled in December 2021 (DPC, 2022, 71-74). The DPC found that there was an adequate legal basis for the use of the PSC in relation to claims for social welfare benefits but that there was no such basis for the mandatory use of the card in relation to other public services. The DPC also found that, in terms of transparency (in a GDPR - General Data Protection Regulation - sense), the scheme did not comply with the Data Protection Acts 1988 and 2003, in that the information provided by DSP to the public about the processing of their personal data in connection with the issuing of PSCs was not adequate. As noted above (2.1.3), DPC and DSP have agreed that DSP will, in future, retain some data for a limited period and will delete some existing retained data.

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<sup>30</sup> See <https://www.hiqa.ie/hiqa-news-updates/national-survey-shows-patients-experienced-good-care-hospital-during-pandemic>

<sup>31</sup> <https://www.gov.ie/en/publication/5088f-psc/>

<sup>32</sup> <https://www.gov.ie/en/campaigns/92902-commission-on-taxation-and-welfare/#:~:text=The%20Commission%20on%20Taxation%20and,employment%20and%20prosperity%20in%20Ireland.>



### **2.2.2 Debates**

There are from time-to-time generalised discussions about the complexity of the social protection systems. However, there do not appear to have been any detailed debates on the issue in the period 2017-2022.

### **2.2.3 Ongoing or planned reforms**

There are no known ongoing or planned reforms aimed at simplification of access to social welfare and healthcare in relation to the six branches.

## **2.3 Suggestions for improvements**

In an Irish context, extensive measures have been adopted to improve the provision of information on social protection including awareness campaigns. However, there has been limited (published) assessment of the impact of these measures. A first step would be to adopt a more systematic approach to evaluation of the information provided and to assess any existing gaps, e.g. for groups with low digital skills, with limited English language ability or with communication-related disabilities. This could then lead to specific measures to address gaps identified.

There have also been measures to move application processes online and to use digital technology. In practice, while these may have provided benefits for customers, these moves are largely driven by the needs of the administrative system, and it will be important that the broader issues of advantages and disadvantages to the general public should be taken into account in assessments of such approaches. Of course, it will also be important that greater use of online and digital technology should be in line with Data Protection legislation even if the general public appears to take a more relaxed approach to the retention and sharing of data than does the DPC.

As shown by the recent Economic and Social Research Institute (ESRI) study (Keane et al., 2021), considerably more attention should also be given to assessing the level of non-take up of benefits and to adopting measures (both IT and other) to address non-take-up.

Finally, it might be argued that 'simplification' of a complex social protection system is a concept which would be very difficult to measure or operationalise in practice (Harris, 2018). It is also important to be clear that making social protection more transparent is not necessarily about making programmes more 'simple'.

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