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24 April 2014

Mr Ted McEnery
Clerk to the Committee
Committee of Public Accounts
Leinster House
Dublin 2

Dear Mr McEnery,

Further to your letter from Niamh Maguire of 11 April 2014, I attach as requested at Appendix 1 an amended update on the recommendations contained in chapters 16 to 20 of the Comptroller and Auditor General's Annual Report for 2012.

I am also attaching provisional outturn figures for 2013 together with expenditure figures to end March 2014 for Vote 37 and the Social Insurance Fund together with the estimates for 2014 at Appendices 3 to 4. The figures for 2013 and 2014 are provisional and subject to audit by the Office of the Comptroller and Auditor General.

Please let me know if you require any further information in advance of the meeting.

Yours sincerely

Niamh O'Donoghue
Secretary General

Appendix 1

Department of Social Protection – update for the Public Accounts Committee on recommendations in the C & AG Annual Report for 2012

Chapter 16 – Expenditure on Welfare and Employment Schemes

This chapter consolidates and summarises expenditure on welfare and employment schemes met from Vote 37 and the Social Insurance Fund (SIF), setting out the source of the funds applied over the past four years, together with 2012 estimates. In 2012, €20.1 billion was spent on welfare and employment schemes, from the Exchequer funded Vote for Social Protection and the SIF. In addition, administration costs were €671 million. Expenditure in 2012 was 3% below 2009 expenditure.

As requested provisional expenditure figures to end March 2014 together with provisional outturn for 2013 and estimates for 2014 are provide in respect of Vote 37 and the Social Insurance Fund at Appendices 3 and 4.

Recommendation

There was only one recommendation in this chapter.

Rec 16.1: *To enhance public accountability, the Department should publish a consolidation of its expenditure on welfare and employment schemes as an addendum to the Appropriation Account of the Vote.*

Update

This recommendation has been agreed and the Department has provided an agreed consolidated addendum to the 2013 Appropriation Account.

Chapter 17 - Regularity of Social Welfare Payments

This chapter details the views of the C&AG about the regularity of social welfare expenditure. It looks at the four fraud and error surveys completed in 2012 and 2013 (jobseekers benefit, disability allowance, one parent family payment and child benefit) and makes some recommendations about future surveys.

Update:

The Department's main objective in carrying out surveys is to identify categories of cases that present the highest risk. Scheme control policies for all schemes surveyed are amended, where necessary, as a result of the surveys completed, as happened in light of the findings from the four surveys outlined above.

Surveys highlight the risk of non-compliance with the rules of the schemes being surveyed at a particular point in time. Results are presented in terms of the net rate of fraud and error. The net rate refers to the position after account is taken of decreases in weekly rate, increases in weekly rate, terminations of payment, transfers to other payments and the position, following appeal, of any cases affected.

The Department currently has a number of surveys almost completed and/or underway:

- Jobseeker's Allowance – to be published shortly and a copy of the report will be sent to the PAC;
- Widow/er's, Surviving Civil Partner's Contributory Pensions (WSCPCP) – to be published in May 2014; and
- Rent Allowance –to be published in May 2014.

Surveys on Illness Benefit and Invalidity Pension are underway. Further surveys will proceed in line with the schedule set out in the new Compliance & Anti-Fraud Strategy 2014 – 2018, which the Department is publishing on Thursday, 24th April 2014.

A copy of the new Strategy is attached.

Recommendations

In this chapter, the C&AG acknowledged that, in general, the surveys were conducted in accordance with the Department's procedures. Their examination identified a number of areas where improvements can be made, both to improve the efficiency of the survey process and to increase the reliability of the results.

The position with regard to various recommendations is set out below. In this context, it is important to note that the Department continues to strive to improve its processes in all areas and, in the context of fraud and error surveys, it is committed to ensuring that its surveys are conducted to the highest possible standards and that the results are robust and informative from a control policy perspective.

In regard to the specific recommendations, the position is as follows:

Rec 17.1: *The Department should ensure that surveys are designed in such a way as to enable the results to be extrapolated to the scheme population.*

Update:

This recommendation is partly agreed.

The extrapolation of survey results to scheme expenditure as a whole is not considered appropriate by the Department and is not the purpose for which surveys are conducted. Surveys are a point in time measure only of fraud and error in schemes.

The outcomes of surveys are analysed to identify the high risk claims and to profile high risk customers so that an appropriate control response is developed and implemented. The Department takes the necessary and appropriate steps to address and eliminate the risks identified as quickly as possible, as part of the enhancement of its scheme control policies following the completion of the surveys.

However, it is important to note that a weekly monetary value of fraud and error is published for the Jobseekers Allowance Survey (due to be published shortly) and will be published for future surveys.

Rec 17.2: *The Department should report the monetary amounts of fraud and error identified as well as the percentages.*

Update:

This recommendation is agreed.

As outlined above, the weekly monetary value of fraud and error identified will be published in future surveys.

Rec 17.3: *The Department should:*

- *Carry out a review of the sample size for each scheme using data from past surveys and sampling theory to determine the optimum sample size. This should be updated after each survey.*
- *Consider the scope for using stratified sampling in all schemes.*
- *Consider the use of 'two phase' or 'double' sampling for assessing medical cases.*
- *Review its policy for excluding certain categories of cases after selection and explore the use of oversampling to account for situations where cases have to be omitted after selection*

Update:

This recommendation is part agreed.

In general, it is the considered opinion of the Department's statistician that a sufficient sample of cases from each category of claimant is essential if the survey results are to be used for their intended purpose, that is, to direct control policies for schemes.

In relation to the specific sampling recommendations

- Confidence intervals will be available for the forthcoming Jobseekers Allowance (JA) Survey and the Department considers sample errors to be at the acceptable limit for the scheme and example risk group;
- Some element of stratification will be included in the Illness Benefit survey – the survey plan will be discussed in advance with the C&AG;
- The use of 'two phase' or 'double' sampling will be adopted for the Illness Benefit and Invalidity Pension surveys, following discussion with the C&AG; and
- More detail on exclusions will be available in forthcoming JA survey report and 'movement' cases (i.e. where people leave the Live Register for various legitimate reasons such as finding work etc.) will be assessed in respect of their previous claims where they remain on DSP payments in future surveys.

Rec 17.4: *Reviews should be carried out promptly after sample selection and clear cut-off dates should be established. The possibility of having a continuous survey in operation should be considered for some schemes whereby, a certain number of cases would be reviewed each month or periodically over the year.*

This recommendation is part agreed.

The Department is committed to carrying out fraud and error surveys as quickly as possible once the sample population has been selected, taking into account on-going resource constraints and competing priorities across the Department. Where practical, a clear cut-off date will be put in place for all surveys. However, it is important to note that in certain surveys, particularly those involving a medical assessment also, it would be very difficult to operate a strict cut-off date. Indeed, a cut-off date may distort the survey results as it may lead to difficult cases, which are often the potential fraud cases, being excluded.

With regard to the possibility of conducting continuous surveys for some schemes, the Department believes that a critical issue in this regard is the resource intensiveness of conducting such surveys and how this can be effectively managed given the competing priorities with the Department of claim processing, activation work and on-going control across the different scheme areas. Given these considerations, the Department is not currently in a position to agree to this part of the recommendation.

Rec 17.5: *The Department should consider:*

- *the use of standard documentation for all cases to demonstrate that all eligibility checks were carried out or the reason why a case could not be reviewed*
- *the filing of fraud and error documentation and other evidence to support the review in a separate section in claimant files*
- *its policy for classifying cases*
- *strengthening existing quality controls in the survey process including introduction of an independent review of a sample of cases.*

Update:

This recommendation is part agreed.

All of the process improvements will be implemented, where appropriate. However, the filing of survey documentation separately is not considered practical or necessary and it is considered that it would add an unnecessary administrative burden on local office and HQ staff.

In terms of the quality of the surveys undertaken by the Department, it is important to point out that the surveys are conducted by scheme owners with guidance, input and oversight by the Department's Control Division and its senior statistician. All decisions on cases are taken by experienced officers ensuring consistency and quality in the decision process.

Schedule of Surveys

The Department's new Compliance & Anti-Fraud Strategy 2014- 2018 sets out a schedule of surveys planned for the coming years across the various scheme areas. The schedule will be reviewed annually and will take into account the recommendations made by the C & AG and potential risks identified by the Department through its scheme control policies.

Chapter 18 - Welfare Overpayment Debts

The chapter is largely statistical and is based on factual information. There are no specific recommendations in this Chapter.

The Chapter sets out:

- the level of overall overpayment debt;
- the value of overpayments recorded between 2007 and 2012;
- the reasons for overpayments; and
- the Department's record of recovery of overpayments between 2007 and 2012.

The Chapter also outlines details of prosecutions taken by the Department for welfare fraud and abuse.

Update:

Overpayments are generally defined as “money obtained contrary to or in excess of a valid decision”. An overpayment will arise where, in accordance with Part 11 of the Social Welfare Consolidation Act 2005, a revised decision is made by a deciding officer on a claimant's entitlement resulting in a retrospective reduction in their entitlement. In short overpayments can be described as revised decisions of existing scheme entitlement, with retrospective application of termination or reduction, thereby generating an overpaid amount. In deciding whether or not the decision should have retrospective effect, Deciding Officers are required to have regard to the facts relevant to the decision on entitlement. Grounding their decision on facts will ensure that the deciding officers' actions can result in the Department pursuing all debts. To record an overpayment without sufficient evidence may be deemed irregular and not in line with legislation.

Overall, the Committee may wish to note the following:

- Total overpayments recorded in 2012 amounted to €97m or 0.47% of total expenditure. This is comparable to the overpayments levels of 0.44% of expenditure in 2011;
- A figure of €53.3m was recovered in 2012. This is equivalent to 55% of the value of debts raised in 2012. Again this is comparable with 2011, when recoveries were equivalent to 55% of the debts raised; and
- Between 2007 and 2012 there has been an increase in recoveries of 124%.

I would also like to draw the Committee's attention to a number of significant developments in the area of debt management in DSP.

Improved Debt Recovery Measures:

The Department is proactively identifying persons with overpayments to ensure all persons who have a social welfare overpayment are making a contribution towards the repayment of the debt outstanding.

The Social Welfare Act 2012 included a provision to increase the recovery amount from individuals who have a social welfare debt and are in receipt of a payment from the Department. The new provisions allow for greater recovery levels of up to 15% of the personal rate without consent (which in the case of a person receiving €188 per week would increase the amount recoverable to up to €28 per week).

Early indications show that recoveries in 2013 are approximately €70m, an increase of over 30% on 2012 and recoveries made by deduction from a social welfare payment increased from 80,000 in 2012 to 103,000 debtors in 2013.

In addition, the Social Welfare and Pensions (Miscellaneous Provisions) Act 2013 (Section 15) (Commencement) Order 2013 introduced additional powers for the recovery of social welfare overpayments by way of notice of attachment to earnings and monies held in a financial institution by a person who has been overpaid.

To date, the attachment powers are proving to be a useful tool to encourage persons to engage with the Department about their overpayment and to enter into a voluntary repayment arrangement.

In the context of the forthcoming 2014 social welfare legislation, the Department is proposing to extend the notice of attachment provisions to allow for the recovery of social welfare overpayment from other State payment(s), including tax refunds, and to provide for recovery of overpayments from redundancy payments also.

Overall, it is considered that the new legislation in this area will act as a serious deterrent to incorrect claiming, as customers will see that the Department is entitled to, and will recover overpayments at an accelerated rate, than previously provided for.

New Debt Management System

The development of a new debt management IT system is underway. The new system will improve the efficiency and effectiveness of the Department's debt management functions and will enable the Department to deliver more effectively on its debt management objective. The new system will also deliver on requirements in relation to debt management as identified by the Comptroller and Auditor General.

Among the key features of the new system will be a robust and reliable debt and receipts accounting system, capacity to deal with all sources and types of internal and external debt, automated communication and reminder process for debtors and increased repayment options for debtors.

It is intended that the new system will 'go live' by the end of 2014.

DPER Debt Management Project:

As part of the Government's Public Service Reform Plan, a range of specific actions in the area of alternate service delivery are being considered. In this context, a review has been undertaken across a range of public service bodies, including D/Social Protection, into debt collection performance. The review was conducted and guided by a Project Board comprising senior public servants and was assisted by consultants.

The review findings are the subject of a Memorandum for Government. The review acknowledges that there are several concurrent changes within the in-scope bodies' debt collection processes (including DSP), with new powers and changing processes in several instances, which will impact collection rates and costs.

Prosecutions

The Chapter also outlines details of the number of prosecutions taken by the Department and, in this regard, the Committee's attention is drawn to the following points:

- The number of cases referred by the Department to the CSSO or DPP is a product and function of a number of factors. The Department ensures that cases that merit prosecution are forwarded for consideration of legal proceedings and must ensure that all necessary evidential proofs are available. In considering cases - or when referring cases - of social welfare fraud for legal proceedings, the Department applies defined and recognised best practice standards. This includes the duration of the fraud, amount of overpayment, previous incidences of social welfare fraud etc.
- Not all fraud cases are suitable for prosecution and the Department has to take account of the cost of legal proceedings and the value for money.
- In 2012, there were 20,720 cases attributed to fraud. Just over 1,000 of these had overpayments in excess of €6,500. In 2012, 274 cases (26%) were considered by the Department's Central Prosecution Unit for criminal proceedings.

Finally, the Committee should note that:

- Effective debt recovery continues to be an integral part of the Department's overall approach to tackling social welfare fraud and is a key feature of the new Compliance & Anti-Fraud Strategy Initiative 2014 – 2018 which is being published on Thursday, 24th April 2014.
- The Department will be going to tender in early May for the development of a risk analytics service to enhance the effectiveness and efficiency of our current control activity. Among the key objectives of this project will be to enhance the Department's ability to detect and identify which claims are more likely to be non-compliant, and to do so in a more timely manner, to help to reduce the potential number and value of overpayments that could arise. The Department has a target of rolling out predictive analytics modelling across its main working age schemes (Jobseekers, One Parent Family Payment and Disability Allowance) by the end of 2014.

Chapter 19 – Domiciliary Care Allowance

This chapter examines the Department's administration of the Domiciliary Care Allowance (DCA) scheme, expenditure, numbers of recipients, effectiveness of control measures etc. This follows an audit of the administration of the scheme by the C&AG's Office in 2012 which involved the inspection of a sample of cases and examination of other relevant records and statistics. The chapter contains two specific recommendations as follows:

Rec 19.1: *The Department should ensure that it obtains appropriate evidence to support the continued payment of cases originally processed by the HSE.*

Update:

As set out in the response to this recommendation in the C&AG report, all cases that transferred from the HSE to the DSP in August 2009 were certified as being qualified as of that date. It is accepted that there is a need to ensure that this still remains the case and in this regard the Department has made the necessary arrangements to recommence medical reviews in Q2 of 2014. This review programme will include HSE migrated cases and those awarded since the DSP took over responsibility for the scheme. Information on the process involved in undertaking these reviews is set out in the section titled 'Overview of revised eligibility review process' below.

Rec 19.2: *The Department should ensure that a standard medical review process is put in place for all cases as soon as possible.*

Update:

This recommendation has been accepted and the necessary steps are currently being taken to ensure that medical reviews recommence in Q2 2014. To this end, a new medical review form has been designed taking on board the recommendations from the scheme review. The Department has recently completed a programme of IT system development work to facilitate the use of this new form and it is planned to have all the necessary arrangements in place to allow for medical eligibility and entitlement reviews to recommence in Q2 2014.

All applications processed in the Department (post April 2009) have a review date recorded where appropriate. It should be noted that some 16% have a "do not review again" status due to the nature of the child's disability/likelihood of improvement. A review date and/or a medical diagnosis is also recorded for approximately 50% of the HSE migrated cases. The HSE cases along with cases awarded by the Department and where the review date has already passed will be included for review in the first instance when the eligibility review programme recommences in Q2 2014.

The numbers and origin of cases subject to eligibility review will be re-assessed after an initial 6 month period to identify the best use of resources and to establish the best method of identifying those who require review in the short-term and those whose appropriate review date will be in the future and indeed those that do not require future review due to the child's disability and ongoing care needs. It is anticipated that all such cases requiring review will be identified and actioned in the next 3 years.

Overview of revised eligibility review process:

- DCA claims processed in the Department, all of which have a review date, together with HSE approved cases (not all of which have a review date recorded) will be included in the review programme due to start in Q2 2014. Initially reviews will be carried out on those cases which have a review date recorded that has already passed. Those HSE cases without a review date will be evaluated with regard to their suitability for inclusion, taking into account the age of the child and their medical condition, if recorded.
- Eligibility reviews will recommence on a phased basis. This will allow the changes arising from the scheme review to be tested and the outcomes to be monitored by scheme management in consultation with the review implementation group (set up to oversee the implementation of the review recommendations).
- The individual claim review will commence with the issue of advance notification to the customer of an upcoming review. This will be in the form of a letter, issued 3 months in advance, which will allow the customer sufficient time to commence the process of obtaining any relevant medical reports they may wish to submit for consideration in the review.
- A review form will then issue to the customer in the month the review is due and they will have a further 60 days to return this form with any supporting documentation they may wish to have considered.
- The Department's medical assessors will be asked for their professional opinion on the continued eligibility of the child, based on the evidence submitted. The deciding officer having reviewed all the documentation supplied and having had regard to the opinion of the medical assessor will make a decision on the on-going entitlement to DCA.
- If the decision is likely to be that the customer no longer has an entitlement to DCA, the deciding officer will contact the customer in advance of making the decision advising that this is the likely outcome and inviting them to provide any additional information/evidence within 21 days before finalising the decision.
- At the end of this process if the customer is not satisfied with the decision made, they can ask for it to be reviewed and/or can appeal the decision to the Social Welfare Appeals Office.

Updated information on scheme numbers, cost, etc.:

- Currently 25,560 parents/guardians receive the allowance in respect of 27,417 children.
- 15,821 of the children who are currently in payment were awarded the allowance while it was administered by the HSE and have continued to receive the allowance since the scheme transferred to DSP from HSE in August 2009.

- There are now 10% more DCA claims in payment than before the transfer of the scheme from the HSE in 2009. This reflects the increase in the birth rate, immigration and an increased awareness of the scheme.
- Most of the claims in payment are in respect of one child, while there are 1,722 parents/guardians who receive payment in respect of two or more children.
- Scheme expenditure in 2013 was €104.25m with a further €38m on the Respite Care Grant (RCG).
- The number of claims in payment doubled in the ten years to 2009. This increase was due in part to the changes to the qualifying conditions that allowed certain conditions to be considered, mainly intellectual disabilities such as Autism and Asperger syndrome and also the change to the age from which the allowance can be claimed. Previously only children aged 2-16 could claim but this was changed to be payable from birth from January 2000. The 2 years age limit was introduced as it was initially considered that all children under 2 years effectively needed full-time care and attention.
- Some 16% of applications awarded since 2009 have a “do not refer again” status, indicating that the child’s condition is so severe and/or unlikely to improve that they are not considered in need of review before their 16th birthday.
- The average time taken to process a claim is currently 8 / 9 weeks.
- Since 2009, approximately 47% of applications have been allowed after initial assessment or following receipt of additional medical information from the applicant. Ultimately, following the full process (application, further medical information received “revised decisions” and appeals) a total of 58% of applications are awarded the allowance.
- During 2013 the average waiting time for appeals dealt with by summary decisions was 27.6 weeks, and 34.4 weeks for those that required an oral hearing. Approximately 70% of applicants who get a negative decision appeal that decision, the number of appeals registered in 2013 was 1,688. The success rate at appeal is currently approximately 50%.

Review of the operation of the DCA scheme (2012)

- Following the transfer of the scheme to the DSP, there was considerable negative comment from advocacy and parent groups of the percentage of applications disallowed. This intensified when the reviews of claims awarded by the DSP commenced in mid to late 2011. This culminated with the Minister announcing a review of the operation of the DCA scheme in the Dáil in May 2012.
- The group conducting the review, under the chair of Ms Sylva Langford, retired Director General of the Office of the Minister for Children, comprised reps from DSP, other relevant Government Departments, parent and advocacy group reps (4) and experts working in related fields (National Disability Authority, experienced policy researcher, etc.).

- The review was completed and the report submitted to the Minister in December 2012. Key findings of the reviews are list at Appendix 2 attached.
- The focus has now moved to implementation of the administrative recommendations included in the report. An implementation group has been established to oversee this process. Membership of the implementation group reflects that of the earlier review group, with parent/advocacy group representation. The group has met on 4 occasions and work is progressing well.

Chapter 20 – Invalidity Pension

The Invalidity Pension scheme was examined as part of the 2012 audit of the Social Insurance Fund. The audit reviewed the controls in place and analysed information on the Department's system. A sample of cases was also examined. The chapter contains one recommendation as follows;

Rec 20.1: *The Department should ensure that medical review status is assigned to all cases and that as far as possible medical reviews should take place as scheduled. The results of the Department's review of a sample cases should be used to inform its risk rating categories of claimants pending completion of the planned fraud and error survey.*

Update:

The figure without any review status is currently approximately 5,500 (or 10% of total cases in payment). It is accepted that these cases should be medically reviewed as soon as possible and this will happen once the capacity to do so is achieved.

At present the Department has lower than ideal capacity for medical assessments. In terms of targeting this resource, priority has been given to new claim assessments, reviews of new claims disallowed on medical grounds and appeals against decisions to disallow new claims. The Department is currently progressing a number of options to increase its capacity for carrying out medical control reviews. Once additional capacity is achieved, which is a priority for the Department, the number of invalidity pension medical control reviews will increase, including those cases with no medical review status. Once those cases are reviewed, and if they remain eligible for IP, a risk-based medical review status will be assigned on the MRCM system and further reviews will be carried out in accordance with that schedule.

A review covering a small sample of 170 invalidity pension customers with various medical review statuses was recently fully completed.

The sample indicates an overall 9% ineligible – comprising: - 9% of the cohort with a “do not refer again” status, almost 6% of the cases where the review date had elapsed and 14% of the cases where there was no medical review status.

In light of the outcome of this sample review and pending the results of the upcoming fraud and error survey, the proportion of medical reviews to be carried out on claims with no review status or with a DNRA status are being revised upwards. However, our ability to increase the number of medical control reviews is linked to our capacity based upon existing medical assessor and associated administrative resources.

Appendix 2: Key Findings and Recommendations of the Review of the DCA scheme:

Policy Objectives/Terminology.

- The terminology in use to describe the level of care required to qualify for domiciliary care allowance should be retained. Definitions based on those used in the Medical Guidelines should be made available and included in all information documents and on the web.
- Retention of a single payment rate for the DCA scheme, acknowledging that this implies the retention of a higher level of care as a requirement to qualify for the allowance and the implications of this when defining the terminology used to describe the required care levels.

Administrative Process improvements.

- A new application form was designed as part of the review process. A review of information guidelines to ensure that parents/guardians are aware of the new application form and the benefit of providing succinct information on their child's care needs is also planned.
- A supplementary form to provide detail on the additional medical and care needs for use in applications for children with pervasive developmental disorders to be made available for completion by the relevant medical experts.
- As much information as possible should be provided to parents/guardians along with, or as part of the decision on their claim, including in the case of pervasive developmental disorders the medical report completed by the MA.
- A redesign of communications on the DCA scheme to ensure that parents/guardians have timely access to information, clarity on the process and full information on all decisions made on their claims.
- Medical Guidelines, Minor changes are required to the medical guidelines, including List A and B (which details the conditions that are more or less likely to qualify) are removed from use and not referred to in any guidelines for use in the assessment process. The Centre for Disease Control (CDC) age of attainment data is to be used for attainment comparison purposes on children aged 0 to 18 years.
- Review Policy. It is accepted that a review policy is an appropriate and necessary part of the management of the scheme. Review dates should continue to reflect the likelihood of improvements in the child's condition and changes in care needs. In addition to the improvements already implemented in early 2012, (advance notice of review, 60 days to return) parents/guardians are to receive an additional communication from the Deciding Officer (DO) to give them an opportunity to provide additional information before the review decision is made (21 day notice) in cases where the DO is considering terminating payment.

Policy Changes

- Age. Pay DCA to age 18 years with Disability Allowances starting at 18.

- Linkage to Carers Allowance. Break the linkage with CA, with each scheme having a separate medical assessment. Withdrawal of DCA should not lead to an auto withdrawal of CA, which should continue to be paid for up to 6 months (or until reviewed) if all other conditions remain fulfilled.

Appeals.

- The full reason for a decision on appeal, positive or negative, should be provided to parents/guardians and deciding officers to allow for an understanding of how the decision was arrived at, as this information will inform the decision process.

Appendix 3 – Vote 37 Department of Social Protection

Vote 37 – Department of Social Protection				
		2013 Provisional Outturn	2014 Provisional Outturn to Mar-14 YTD	2014 Estimate
		€000	€000	€000
	ADMINISTRATION			
A.1	Salaries, Wages and Allowances	301,091	78,664	290,611
A.2(ii)	Travel and Subsistence	4,897	907	5,150
A.2(iii)	Training and Development and Incidental Expenses	4,278	841	11,815
A.2(iv)	Postal and Telecommunications Services	20,137	3,343	20,500
A.2(v)	Office Equipment and External IT Services	25,585	4,376	32,628
A.2(vi)	Office Premises Expenses	28,414	10,575	35,965
A.2(vii)	Consultancy Services	1,323	363	1,508
A.2(viii)	Payments for Agency Services	76,901	18,318	74,814
A.2(ix)	eGovernment Related Projects	6,371	2,078	6,149
A.2(x)	EU Presidency	328	0	0
	V37 ADMINISTRATION TOTAL	469,325	119,465	479,140
	V37: SCHEMES + SERVICES			
	Pensions			
A.3	State Pension (Non-Con)	952,457	244,112	940,000
	<i>Subtotal:</i>	<i>952,457</i>	<i>244,112</i>	<i>940,000</i>
	Working Age – Income Supports			
A.4	Jobseeker's Allowance	3,108,974	731,401	2,820,000
A.5	One-Parent Family Payment	977,961	227,781	863,000
A.6	Widows'/Widowers'/Surviving Civil Partners & Guardians Payment (Non Con)	16,735	4,219	16,350
A.7	Deserted Wife's Allowance	2,876	652	2,300
A.8	Basic SWA Payments	108,315	25,156	109,600
A.9	Farm Assist	99,178	23,657	91,600
A.10	Pre-Retirement Allowance	34,555	6,848	24,000
A.11	Other Working Age – Income Supports	46,411	10,758	43,320
	<i>Subtotal:</i>	<i>4,395,005</i>	<i>1,030,472</i>	<i>3,970,170</i>
	Working Age – Employment Supports			
A.12	Community Employment Programme	342,696	86,476	357,500
A.13	Rural Social Scheme	44,203	12,249	45,000
A.14	TÚS	92,060	31,951	120,100
A.15	Jobs Initiative	24,924	5,826	21,500
A.16	Community Services Programme	44,853	19,732	45,110
A.17	Back to Work Allowance	119,505	28,293	112,600
A.18	National Internship Scheme - JobBridge	67,688	18,681	82,250
A.19	Back to Education Allowance	186,879	58,437	182,900
A.20	Other Working Age – Employment Supports	63,691	15,085	98,420
	<i>Subtotal:</i>	<i>986,499</i>	<i>276,730</i>	<i>1,065,380</i>
	Illness, Disability and Carers			
A.21	Disability Allowance	1,140,916	289,403	1,162,960
A.22	Blind Pension	14,823	3,647	14,500
A.23	Carers Allowance	554,801	135,633	557,200

A.24	Domiciliary Care Allowance	104,272	26,728	105,100
A.25	Respite Care Grant	119,945	1,420	122,000
	<i>Subtotal:</i>	<i>1,934,757</i>	<i>456,831</i>	<i>1,961,760</i>
	Children			
A.26	Child Benefit	1,899,922	473,230	1,913,300
A.27	Family Income Supplement	261,758	69,410	281,700
A.28	Back-To-School Clothing & Footwear Allowance	47,976	42	46,300
A.29	School Meals Schemes	36,775	3,362	37,000
A.30	Child Related Payments	5,376	1,367	5,560
	<i>Subtotal:</i>	<i>2,251,807</i>	<i>547,411</i>	<i>2,283,860</i>
	Supplementary Payments			
A.31	Rent Supplement	372,909	87,172	344,100
A.32	Mortgage Interest Supplement	35,063	6,272	17,920
A.33	Household Benefits Package	113,130	31,625	88,460
A.34	Free Travel	75,477	19,017	77,000
A.35	Fuel Allowance	154,153	70,973	136,900
A.36	Grant to the CIB	46,387	10,300	46,000
A.37	Office of the Pensions Ombudsman	974	317	1,080
A.38	Miscellaneous Services	2,600	433	1,680
	<i>Subtotal:</i>	<i>800,693</i>	<i>226,109</i>	<i>713,140</i>
	V37 SCHEMES + SERVICES TOTAL	11,321,218	2,781,665	10,934,310
	Subvention to the SIF			
A.39	Payment To The Social Insurance Fund Under Section 9(9) Of The Social Welfare Consolidation Act 2005	1,314,130	181,595	685,470
	V37 GROSS TOTAL	13,104,673	3,082,725	12,098,920
	Deduct:			
B.	Appropriations-in-Aid	250,003	59,400	242,020
	V37 NET TOTAL	12,854,670	3,023,325	11,856,900

Appendix 4 – Social Insurance Fund

	Note	2013 Provisional Outturn	2014 Provisional Outturn to 31 Mar- 14 YTD	2014 Estimate
		€000	€000	€000
INCOME				
Income from Contributions		7,302,714	1,919,841	7,681,800
Income from Investments	1	51	0	0
Deposit Interest	2	684	387	
Income from Cash Overpayment Recoveries	3	6,971	665	0
Rent		19	0	19
Reciprocal Arrangements		38	0	41
Redundancy and Insolvency Recoveries	4	7,028	508	0
TOTAL INCOME		7,317,505	1,921,401	7,681,860
EXPENDITURE				
Administration				
Administration - Non Pay		272,520	67,444	272,920
<i>Subtotal:</i>		<i>272,520</i>	<i>67,444</i>	<i>272,920</i>
Schemes and Services				
Pensions				
State (Con) Pension		3,983,264	1,014,775	4,142,000
State Pension (Transition)		137,270	32,156	68,000
Widows', Widowers' (Con) Payment		1,349,840	336,695	1,344,400
Death Benefit		7,775	1,976	7,860
Bereavement Grant		20,286	3,366	5,000
<i>Subtotal:</i>		<i>5,498,435</i>	<i>1,388,968</i>	<i>5,567,260</i>
Working Age - Income Supports				
Jobseeker's Benefit		560,460	113,195	456,600
Deserted Wife's Benefit		80,400	19,903	77,800
Maternity Benefit		292,597	72,384	263,530
Adoptive Benefit		309	44	330
Health & Safety Benefit		578	123	500
Redundancy & Insolvency Payments		148,146	12,594	86,330
Treatment Benefits		33,428	4,513	27,300
<i>Subtotal:</i>		<i>1,115,918</i>	<i>222,756</i>	<i>912,390</i>
Working Age - Employment Supports				
Partial Capacity Benefit		7,377	2,154	12,670
<i>Subtotal:</i>		<i>7,377</i>	<i>2,154</i>	<i>12,670</i>
Illness, Disability and Carers				
Illness Benefit		648,938	153,145	580,500
Injury Benefit		14,592	3,506	15,500

Invalidity Pension		707,769	168,821	678,010
Disablement Benefit		76,118	18,346	76,620
Medical Care		345	102	240
Carer's Benefit		22,443	5,313	21,500
<i>Subtotal:</i>		<i>1,470,205</i>	<i>349,233</i>	<i>1,372,370</i>
Children				
Child Related Payments		17,298	4,344	17,200
<i>Subtotal:</i>		<i>17,298</i>	<i>4,344</i>	<i>17,200</i>
Supplementary Payments, Agencies & Miscellaneous Services				
Free Fuel Allowance		72,542	34,546	141,420
Household Budget Package		177,340	33,551	71,100
<i>Subtotal:</i>		<i>249,882</i>	<i>68,097</i>	<i>212,520</i>
TOTAL SCHEMES AND SERVICES		8,359,115	2,035,552	8,094,410
TOTAL EXPENDITURE		8,631,635	2,102,996	8,367,330
Excess of Income over Expenditure		(1,314,130)	(181,595)	(685,470)
Subvention Required from Vote 37		(1,314,130)	(181,595)	(685,470)

Note 1: As SIF continues to incur a financial deficit, no provision was made in the 2014 estimate.

Note 2: Deposit Interest represents short-term interest received on SIF subvention invested daily pending SIF scheme expenditure.

Note 3: This represents cash overpayment recoveries brought to account as income, in line with a change of accounting policies introduced with effect from 01/01/12. No provision is recorded in the 2014 estimate which was computed on a scheme expenditure set-off basis.

Note 4: This represents the recovery of redundancy and insolvency payments from employers which, in line with a change of accounting policies introduced with effect from 01/01/12, are shown as income. The 2014 estimate was computed on the basis of recoveries being set off against expenditure.

