FÓRSA

Realising the potential of Health and Social Care Professionals in the Irish Health Service

A Fórsa position paper in support of a Chief HSCP role in the Department of Health

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Executive summary

Fórsa are calling for the creation of a Chief Health and Social Care Professional Office within the Department of Health (DOH) without any further delay. The purpose of such an office is to provide independent, senior, and strategic leadership on all issues related to the second largest clinical workforce within the Irish Health Service.

Health and Social Care Professionals (HSCP) comprise over 22,000 health service workers, across 26 professions in the Republic of Ireland[1]. HSCP provide vital services to the general population across a range of therapeutic, social care, and diagnostic fields[2]. As demands for HSCP to lead service provision in health policy strategy increases, HSCP continue to suffer from unequal representation and input in the DOH. Professional advancement into leadership roles is limited and policy decisions made by those with little understanding of the fields are resulting in underutilisation of HSCPs in the Irish health service.

Fórsa, alongside HSCP professional bodies, have been calling on the government to establish a Chief HSCP Office for several years now to equalise representation and improve policy and leadership objectives for HSCP. Put simply, a Chief HSCP Office would better advise the government, for example, on how to effectively manage, support and enhance the implementation of Progressing Disability Services for children and young people, how to manage change programmes such as the introduction of the Community Healthcare Network Model, and how to effectively plan and manage workforce numbers to deal with recruitment and retention issues. There is also a clear need to look at the anticipated shortage of HSCP involved in diagnostics over the coming decade and how this will impact on healthcare provision. A Chief HSCP role is critical in discussions on the creation of regionally integrated health care networks. Its current absence ensures the continued exclusion of HSCPs from core decision making in the planning and preparation for Regional Health Areas (RHAs). If allowed to continue, this will be detrimental to the delivery of our agreed Sláintecare objectives.

"If you don't plan in an integrated way, you can't deliver in an integrated way."

In the health service systems of the United Kingdom, New Zealand, and Australia, Chief HSCP Officers make significant contributions to national health policy, clinical research, and healthcare innovation. It is time for Ireland's DOH to resolve longstanding issues of inequality in leadership by creating the role of the Chief HSCP Office, which will recognise the scale of contribution that HSCP make to Irish Health Services and ultimately improve integrated care objectives and the experience of citizens accessing healthcare.

1 CORU Annual Report, 2021 – Number of registrants across all areas
2 Health Service Executive, *A Guide to the Health and Social Care Professions by the National HSCP Office*, 2019. P 6.

Introduction

> *"The core value of having HSCP representation is the impact it will have on patient outcomes."*

HSCP are the second largest clinical group in Irish Health Services, operating across the therapeutic, social care, and diagnostic fields. They comprise 25% of the clinical workforce in the Republic of Ireland, and 14% of health service workers overall[3]. HSCP are made of up 26 qualifying professions (see appendix 1). The Health Service Executive (HSE) is the largest employer of HSCP, with 19,428 HSCP employed as of October 2022[4]. HSCPs also work in the wider Community and Voluntary Sector and in private practise. They are often the first point of contact with patients and possess the expertise required to treat and maintain a person's overall wellbeing which puts them in a uniquely accessible position to provide preventative care to communities outside of the hospital setting.

Sláintecare is the cross-party ten-year plan to actualise the goals of integration, affordability, quality preventative care, and community access in health services. The DOH has named HSCP as a main stake holder in the government's plan to make the Sláintecare framework the standard in the Republic of Ireland. Despite the important role HSCP play in achieving Sláintecare objectives, they are often excluded from leadership roles in Health Services and do not have equal representation in the DOH. These oversights severely hinder the progression of Sláintecare objectives since HSCP input and expertise is not fully evaluated before attempting to implement policy changes. Fórsa is calling on the government to create a Chief HSCP Office in the DOH, that will work alongside the Chief Medical Office, Chief Nursing Office, to properly inform policy implementation affecting HSCP and service users.

Fórsa represents over 30,000 workers in the health and social care sector including HSCP. Ensuring that members are adequately supported in the government's implementation of Sláintecare is of central importance to us. Fórsa has a longstanding tradition of representing HSCP. In 1997, when it was then known as IMPACT, the union was instrumental in securing a pay deal for HSCP whose members went on strike for two weeks to advocate for pay parity with nurses and better opportunities for career advancement. However, despite these gains in the late nineties, into the early noughties, the ensuing two decades has demonstrated that leadership and parity issues for HSCP in the Irish health service persists. In 2021 Fórsa launched the *At the Heart of Health and Welfare* campaign to illustrate the significance our members in the health sector have in delivering services, with the establishment of a Chief HSCP Office in the DOH as one of our main objectives in the campaign.

The union is now calling on the Minister of Health to address this permanently by establishing a Chief HSCP Office in the DOH. Consultation and leadership for HSCP continues to fall short of previous promises for progress. Since the Sláintecare report revealed how heavily the future of the Irish Health Service will rely on HSCP, the necessity for equal representation and input in the DOH has never been more pertinent.

3 Health Service Executive, *HSCP Deliver*, 2021, p.10
4 Health Service Personnel Census, October 2022

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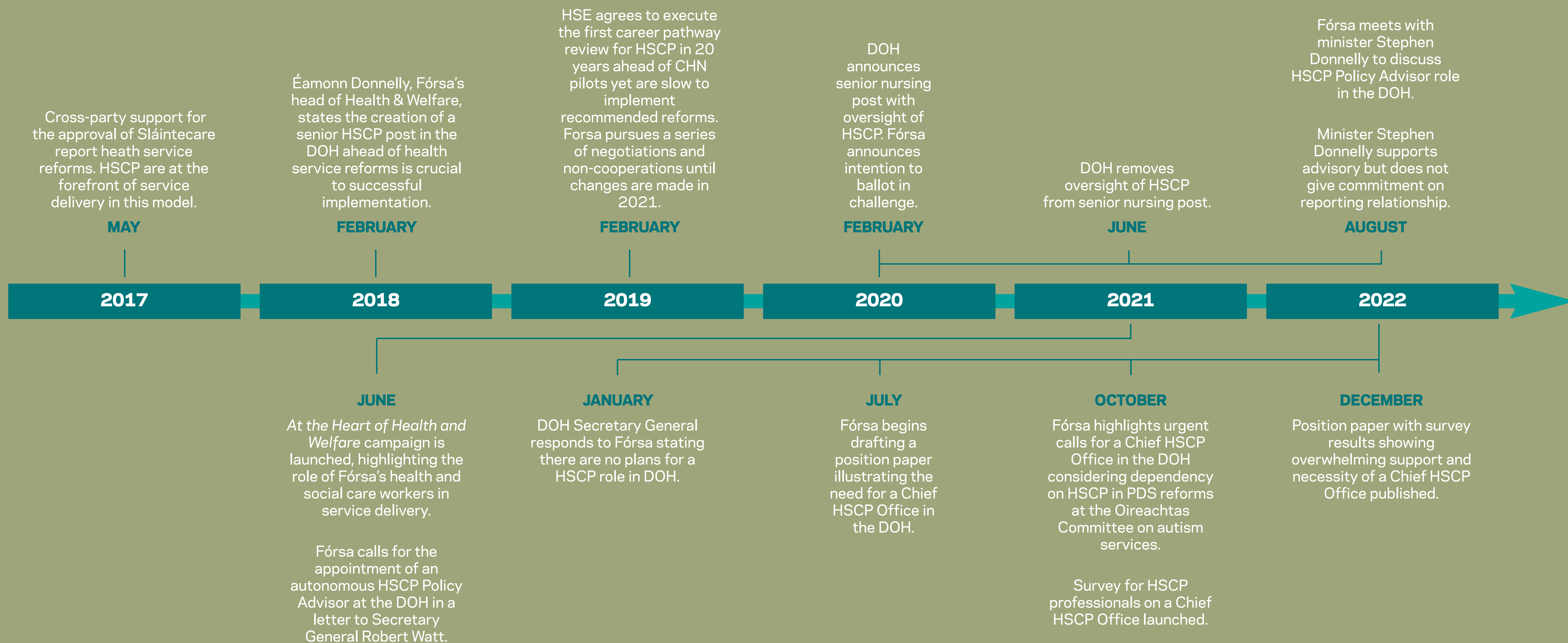
Timeline of Forsa's engagement with the Government on a Chief HSCP Office since the inception of Sláintecare



The case for a Chief HSCP Office in the department

The value of a Chief HSCP Office

In 2017, the HSE established the National Health and Social Care Professions Office to evaluate care, create leadership opportunities, and recognize the significance of their contribution to health services. However, for those HSCP that do not work under the HSE, integrating leadership and professional development opportunities into practice is much more difficult. In the network model of regional integrated care, it is currently stated government policy that both HSCP professionals and nurses/midwives become incorporated in these geographical networks. Yet, HSCP do not have an equal voice to contribute to integration planning. The implementation of a Chief HSCP Office in the DOH will give HSCP a voice at the senior level to contribute significantly to creating successful policy for these new networks.

A recent survey of over 1600 HSCP conducted by Fórsa revealed an alarming lack of confidence in the DOH's current ability to enhance the role of HSCPs within the Irish Health Service. Our survey consisted of 8 Likert style questions in response to statements on HSCP leadership, followed by an optional open-ended response which received 1177 comments, and 4-member specific questions. Full results for questions 1-9 are available in appendix 2.

Alarmingly, 79% of respondents do not feel HSCP are well understood by the DOH and 95% of respondents feel that the DOH does not give HSCP concerns equal weight to those of doctors or nurses, despite comprising almost a fifth of their workforce. 97% of respondents agree that there is a need for a Chief HSCP Office, on par with Chief Nursing Office, within the DOH. Over 1000 additional comments from respondents expressed the same three key objectives – that a Chief HSCP Office will:

- Provide equal representation at senior level in the DOH
- Give HSCP a voice in policy decisions on career advancement and integrated care, and
- Ensure that the best quality of care for service users is achieved through those best equipped to advise on a person's entire wellbeing.

Challenges in recruitment and retention, a lack of leadership at senior levels, and poorly thought-out change programmes are grinding meaningful and worthwhile healthcare reforms to a halt because those most heavily affected are not afforded the opportunity to provide strategic guidance. It is time for the Minister of Health to permanently address these issues with an autonomous Chief HSCP Office.

"At present, it feels ideas and opinons often go unheard. By the tme it comes to being presented, they are being presented by non-HSCPs, which can lead to misrepresentation from the outset."

Recruitment and retention issues

Maintaining a well-educated and experienced staff across HSC professions is important to achieve regionally integrated health care objectives. However, in 2021 HSCP experienced a turnover rate of 9.6%. This is 1.7% higher than the rate in 2020, and nearly 2% higher than the average turnover rate for the entire health sector workforce in 2021[5]. Additionally, a survey conducted by Social Care Ireland in 2021 found that over 30% of respondents felt pay and conditions were the largest contributing factors to retention and recruitment problems, with over 15% of respondents naming respect and recognition in their field as a contributing factor[6].

Issues with retention and recruitment will only worsen as care needs rise with the increasing population size and age profile coupled with an anticipated global shortage of health professionals. The Economic and Social Research Institute (ESRI) produced a report in July of 2022 which estimated that in public acute hospital settings alone, Whole Time Equivalents (WTE) of HSCP needs to increase by over 1300 positions by 2035, especially amongst dietitians, physiotherapists, occupational therapists, speech and language therapists and social workers[7].

The inability to retain and gain staff in the present will have far reaching consequences for working conditions and patients in the future. An experienced Chief HSCP Officer who is familiar with sector challenges will be able to meet this significant recruitment and retention challenge by working with all key stakeholders to ensure that from the provision of training places to the creation of advanced practise posts, we have a whole of system approach to the training and employment of all HSCPs.

The Therapy Projects Office, previously housed in the DOH, and disbanded during the austerity period has previously demonstrated the value in having a strategic focus on this area in the DOH. The short sighted decision to eradicate the office is one of the reasons why the Irish Health service is ill equipped to deal with the current staffing challenges.

"The only way to challende the historical medical model and over-emphasis on sickness over wellness, is to have a Chief HSCP Office to represent these views."

5 Health Service Executive, *Health Sector Workforce: Turnover 2020 and 2021*, p.1
6 Power and Burke, 2021, *Recruitment and Retention in Social Care Work in Ireland: A Social Care Ireland Survey*, p.11
7 Economic and Social Research Institute (2022)

Leadership and strategy

HSCP are underrepresented in Irish Health Services. The HSE's most recent strategic guidance framework *HSCP Deliver 2021 – 2026*, illustrates the roles HSCP play in clinical research, pilot programs for patient empowerment, and driving digitisation and use of technology in health and social care services[8]. The report concludes with several recommendations which outline how better access to leadership roles, professional development, and consultation with HSCP is necessary to properly implement Sláintecare objectives. Despite growing dependence on HSCP in the Health Service, more senior roles continue to prioritize medical and nursing qualifications even when unnecessary for the position. Especially in fields which require patient empowerment in care plans, like adult safeguarding, a focus on health and social care informed service provision was recommended to ensure better patient safety in the Brandon Report[9]. Both reports also found that a lack of understanding of HSCP roles directly contributes to their underutilisation[10]. Since named as key service providers in Sláintecare, the creation of a Chief HSCP Office, like the Chief Medical Office and the Chief Nursing Office, would equalise representation in the DOH, create a permanent avenue for input in policy decisions, and provide leadership opportunities in career advancement and research needed to advance regionally integrated healthcare goals.

97% of respondents agree that a Chief HSCP Office can better inform the Department of Health on the role of HSCPs in Sláintecare implementation.

"[A Chief HSCP Office] will ensure that the needs, experiences, and voices of HSCPs are heard and valued at the level of critical decision making and service development. It also ensures that the needs of the patient/clients that we work with are represented when services are planned."

Changing face of healthcare

The Progressing Disability Services for Children and Young People Programme (PDS) and reconfiguration of disability services provision, is just one example of health service reform that involves massive coordination and reliance on HSCP. Ensuring equitable, high-quality services are available across Ireland for every type of disability has posed several challenges to the HSE and the DOH, with an increasing number of people going with unmet needs and large budgetary demands[11]. As the HSE calls for a rethinking of service delivery to more creatively meet the need, a Chief HSCP Office is crucial now more than ever to guarantee that HSCP expertise and leadership is incorporated into any new or reconfigured clinical care programme which heavily relies on them.

The development of Community Health Networks (CHN) is another example of healthcare reform in which HSCPs are central to the success of the change programme. Yet, the experience to date for HSCPs has been very mixed with significant concern remaining about approaches to clinical governance. Expertise from a Chief HSCP Office is essential in ensuring that the development of new healthcare structures is safe for professionals and patients.

The above are only two examples of the way in which healthcare provision is changing. Much more is anticipated as Ireland adjusts to a post Covid health environment, for example the use of tele-medicine. It is imperative that the DOH are supported to engage in these reforms in a meaningful way by ensuring that they have the right level and breadth of expertise within the Department.

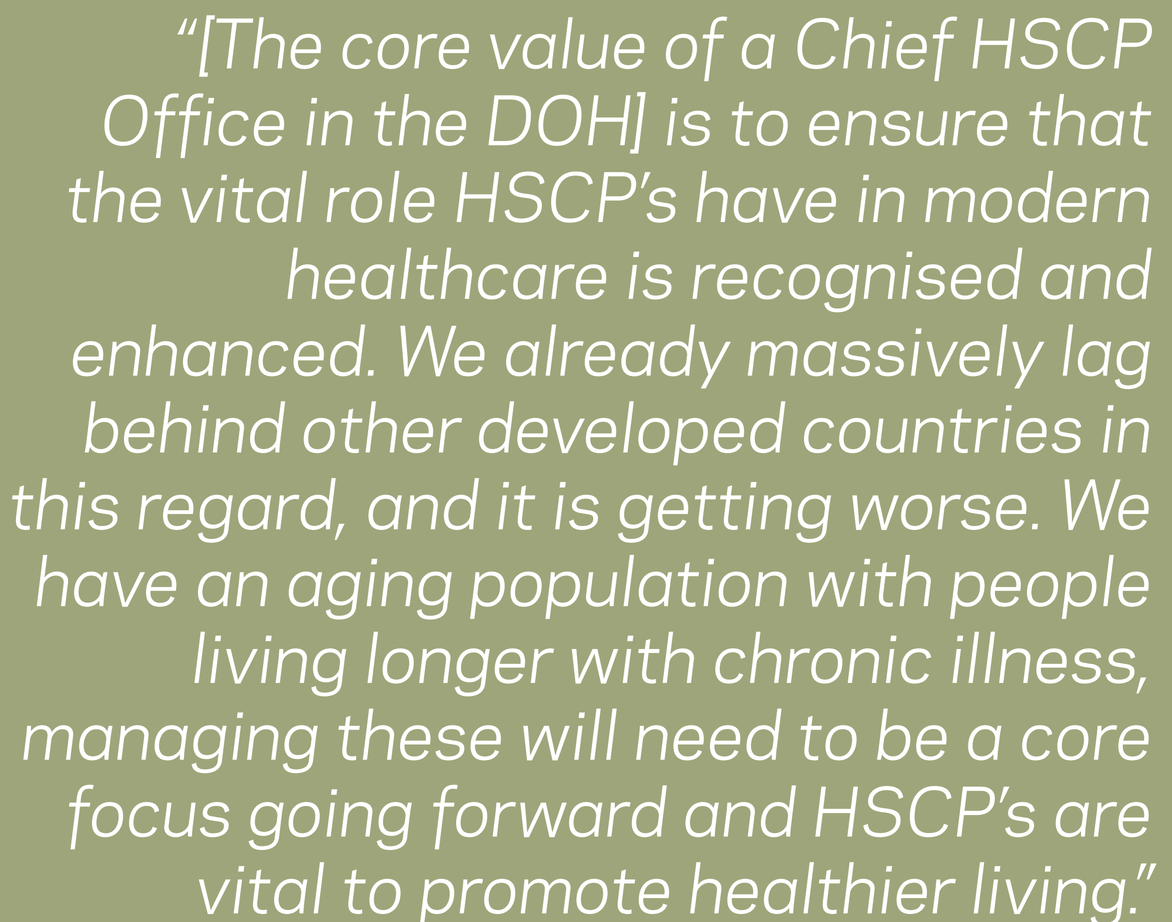
8 Health Service Executive, *HSCP Deliver*, 2021, p.33
9 National Independent Review Panel, 2021, *Independent Review of the Management of Brandon*, p.11. Report often shortened to "Brandon report"
10 Health Service Executive, *HSCP Leadership*, 2019, p.1
11 Martin Wall, 2020, *The Irish Times*, "Urgent reforms needed for disability service provision, HSE says" Available here: Urgent reforms needed for disability service provision, HSE says – *The Irish Times*

Excellence in clinical care

The move to create advanced practise posts is currently being discussed across different professions in the health services. There are clear opportunities to provide services in a different way, that are more cost effective for the State and more accessible for members of the public. However, without a Chief HSCP post in DOH, the approach to these discussions is scatter gun at best and unlikely to yield the results it potentially could. It is a missed opportunity to develop excellence in clinical care across the spectrum of healthcare provision.

Effective regulation to protect the public

Regulatory leadership across the entire sector of HSCP is lacking in the current framework of the DOH. CORU currently regulate over 22,000 registrants across a small number of health and social care professions with that number expected to double in the next 5 years. Outside of those currently listed for regulation, there are a further 30 groups seeking regulation. The DOH must analyse these requests against the regulatory framework to ensure that members of the public are protected. A Chief HSCP Office would provide essential leadership in advising the Minister on which professions must be designated in the next decade.



Comparison internationally

HSCP representation in Ireland lags behind that of other countries and directly contributes to a lack of innovative leadership for improving health outcomes. Sometimes known as Allied Health Professionals (AHP), HSCP comprise a significant body of workers in the United Kingdom, Australia, and New Zealand. Each of these regions employs an equivalent of a Chief HSCP Office in senior leadership to inform health policy, professional development, preventative and holistic care, and clinical research. These positions have granted HSCP the space to make significant contributions to health policy and professional development plans that align with their respective countries current healthcare objectives.

- **England:** **Suzanne Rastrick, Chief Allied Health Professions Officer**
  Developed the crowdsourcing methodology used in the development of the AHPs into Action strategy in 2017.

- **Northern Ireland** **Suzanne Martin, Chief Allied Health Professions Officer**
  Co-edited a text on the fundamentals of person-centred healthcare practices. Conducts AHP education on collective leadership to drive implementation of the Collective Leadership Strategy.

- **Scotland** **Carolyn McDonald, Chief Allied Health Professions Officer**
  Leads on the Scottish Government Rehabilitation Framework and chairs the Allied Health Professional Directors Scotland Group (ADSG) to provide strategic leadership for AHPs across Scotland.

- **Wales** **Ruth Crowder, Chief Allied Health Professions Adviser**
  Sponsors the Welsh Allied Health Professions Advisory Committee which produced the Allied Health Professions Framework for Wales in 2020 which outlined how AHPs can achieve the objectives of a Healthier Wales (2018).

- **Australia** **Dr. Anne-marie Boxall, Chief Allied Health Officer**
  Provides policy recommendations to the Australian government to achieve the Primary Health Care 10-year-Plan, health workforce reforms, and the Stronger Rural Health Strategy.

- **New Zealand** **Martin Chadwick, Chief Allied Health Professions Officer**
  Position created for the first time in 2019 to instil AHPs in executive leadership and implement a stronger utilisation plan for AHPs in New Zealand to improve care.

12 *NHS England*, NHS England » About AHPs
13 *Department of Health Northern Ireland*, Chief Allied Health Professions Officer | Department of Health (health-ni.gov.uk)
14 *Scottish Government*, Carolyn McDonald - gov.scot (www.gov.scot)
15 *Welsh Government*, Ruth Crowder: Chief Allied Health Professions Adviser | GOV.WALES
16 *Department of Health and Aged Care*, Chief Allied Health Officer | Australian Government Department of Health and Aged Care
17 *Ministry of Health*, Allied Health | Ministry of Health NZ

Academic support for inclusion of a Chief HSCP Office in the department

As several countries move to implement health policy that supports preventative and holistic care, reliance on HSCP is increasingly sought to meet quality care objectives. A review of the academic literature provides overwhelming support for incorporating professional development and leadership for HSCP in health policy to improve outcomes. In the Queensland Health System in Australia, for example, a restructuring of their clinical governance model to implement a professional development structure for HSCP improved the quality of care for service users. This was instigated after finding that a lack of professional development and oversight leads to a breakdown in care standards. Supervisory support from senior HSCP was critical to their model[18]. A follow up of the study on the effectiveness of this model revealed that most participants perceived the effect of the new professional development structure as positive[19].

Integrated patient centred health and social care is articulated as the goal for the European region of the World Health Organization (WHO). In *Health 2020 A European Policy Framework and strategy for the 21st Century*, "improving health for all and reducing health inequalities, through improved leadership and governance for health" is established as the main objective[20]. One of the key drivers behind this initiative is the need for intersectoral health policy development and leadership. HSCPs are at the centre of integrated health care policy and improved patient outcomes in this framework. The need for strong ministerial and department leadership across countries is cited as a crucial element to the framework, making the implementation of a Chief HSCP Office in the DOH detrimental to achieving stakeholder involvement and success.

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18 *Human Resources For Health*, 2014, "Developing allied health professional support policy in Queensland: a case study.
19 *Australian Health Review*, 2015, "Can clinical supervision sustain our workforce in the current healthcare landscape? Findings from a Queensland study of allied health professionals"
20 WHO, 2020, *Health 2020: A European policy Framework and strategy for the 21st century*, Available here Health2020 (Long) (who.int)

Conclusion

Fórsa are calling on the Minister of Health to finally recognise the second largest clinical workforce in Ireland's Health Service and close the parity gap for HSCP with a Chief HSCP Office within the DOH. The advancement of integrated healthcare in an effective and meaningful way will not progress without this office. Whereas the creation of this office will result in significant improvements for healthcare workers and citizens alike.

The consequences of the current lack of leadership for HSCP are reverberating across the entire health service and will continue to worsen as demand rises with the growing population and ageing profile of patients. Issues in recruitment and retention require significant attention from an experienced HSCP leader who can address problems in clinical governance, working conditions, and career advancement that are driving a turnover rate of nearly 10%. Further fissures in new health policy designed without the voice of HSCP will continue to surface without immediate action from the Minister of Health.

Appendices

Appendix 1

26 Heath and Social Care Professions as defined by the HSE in A Guide to Health and Social Care Professionals, 2019.

Health & Social Care Professions

Therapeutic

Diagnostic

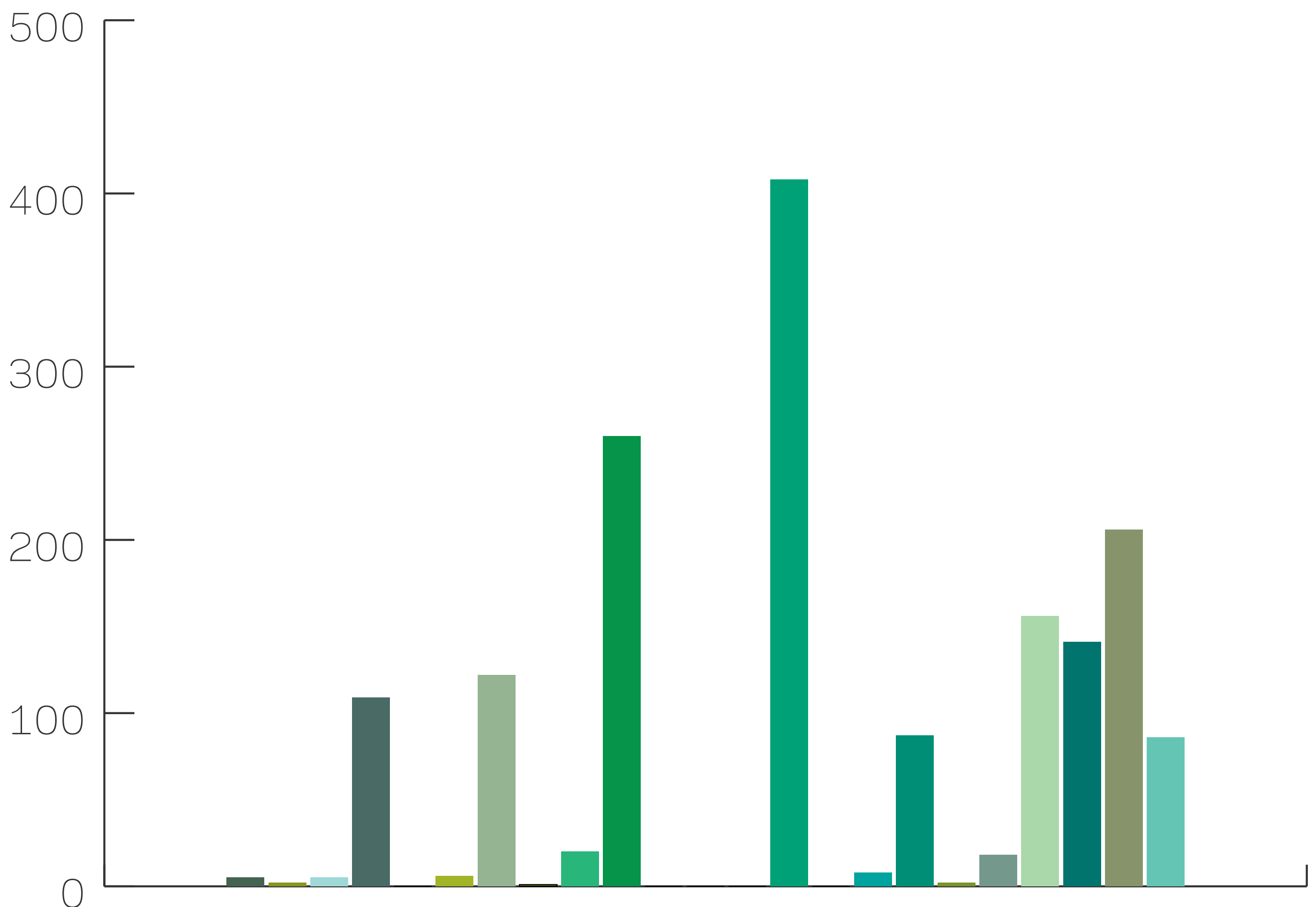
Social

- Clinical Biochemistry
- Audiology
- Dieticians
- Clinical Measurement Science (Umbrella for 5 disciplines)
- Physiotherapy
- Clinical Engineering
- Social Care Work
- Orthoptics
- Social Work
- Radiology
- Speech & Language Therapy
- Counselling Therapy
- Clinical Perfusion Science
- Medical Science
- Medical Physics
- Radiation Therapy
- Phlebotomy
- Occupational Therapy
- Podiatry
- Play Therapy
- Psychology
- Optometry

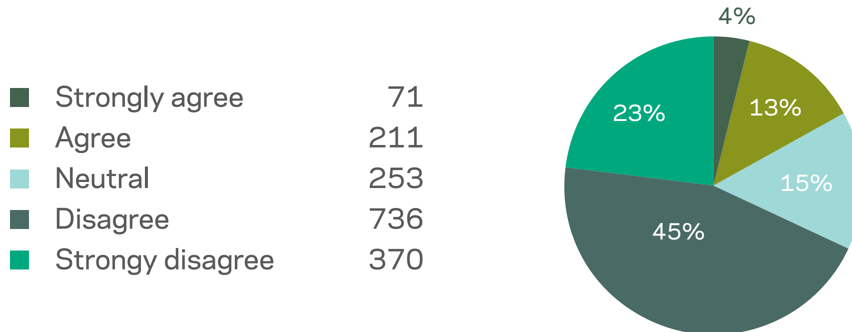
Appendix 2

Sample of Forsa's #chiefhscp Survey Results. 1641 respondents in participated.

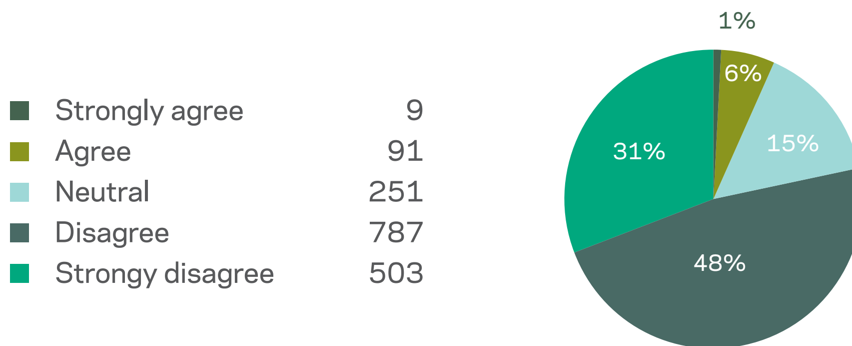
Profession	Respondents
Audiology	5
Clinical Biochemistry	2
Clinical Engineering	5
Clinical Measurement Phsyiology	109
Clinical Perfusion Science	0
Counselling and Psychotherapy	6
Dietetics	122
Medical Physics	1
Medical Science	20
Occupational Therapy	260
Optometry	0
Orthoptics	0
Phlebotomy	0
Physiotherapy	407
Play Therapy	0
Podiatry/Chiropody	8
Psychology	87
Radiation Therapy	2
Radiography	18
Social Care Work	156
Social Work	141
Speech and Language Therapy	206
Other	86



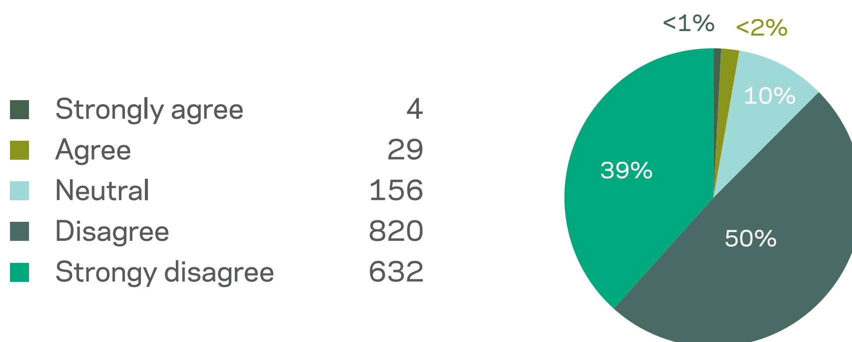
1 The contribution of Health and Social Care Professionals (HSCPs) to the Irish Health Service is well recognised:



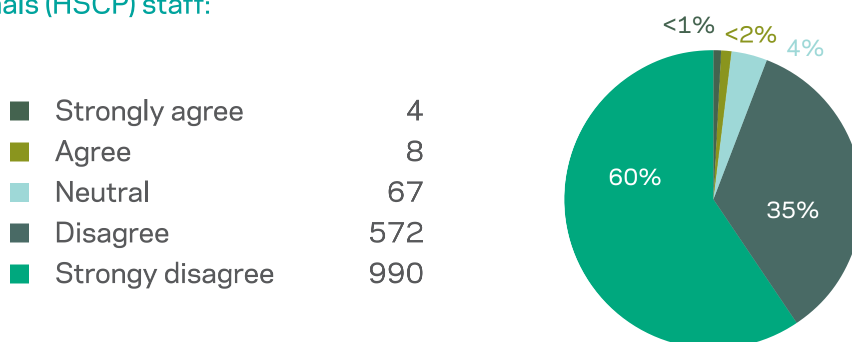
2 The role of Health and Social Care Professionals (HSCPs) is well understood by the Department of Health:



3 The Department of Health understands the issues facing Health and Social Care Professionals (HSCPs):

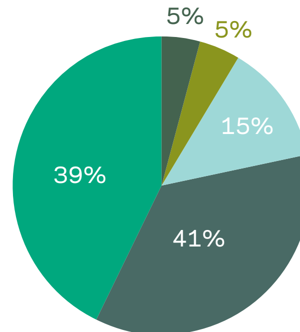


4 The Department of Health gives equal weight to the concerns of doctors, nurses and Health and Social Care Professionals (HSCP) staff:



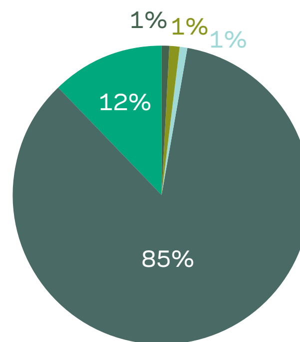
5 There are ample opportunities for Health and Social Care Professionals (HSCPs) to become leaders in the Irish Health Service:

Strongly agree	29
Agree	74
Neutral	240
Disagree	665
Strongy disagree	633



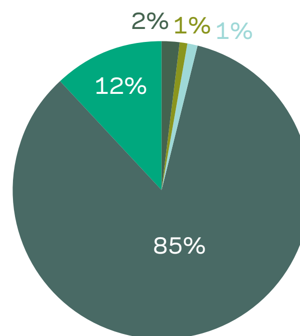
6 There is a need for a Chief HSCP Office, on par with the Chief Nursing Office, within the Department of Health:

Strongly agree	1400
Agree	192
Neutral	23
Disagree	10
Strongy disagree	16



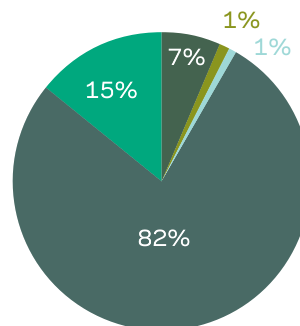
7 A Chief HSCP Office can better inform the Department of Health on the role of HSCPs in Sláintecare implementation:

Strongly agree	1351
Agree	246
Neutral	33
Disagree	4
Strongy disagree	7



8 Without a Chief HSCP Office Ireland lags behind international counterparts:

Strongly agree	1173
Agree	335
Neutral	121
Disagree	5
Strongy disagree	7



Bibliography

Australians Government: Department of Health and Aged Care (2021) *Chief Allied Health Officer*. Available here.

Bell, K., et al. (2014) "Developing allied health professional support policy in Queensland: a case study", *Human Resources for Health*, 12(57), pp. 1-8. Available here.

Borgermans, L., et al. (2017) "How to Improve Integrated Care for People with Chronic Conditions: Key Findings from EU FP-7 Project INTEGRATE and Beyond", *International Journal of Integrated Care*, 7, pp.1-12. Available here.

Conneely, A (2022) "Concerns raised regarding HSE safeguarding position", RTÉ, 19 July. Available at: Concerns raised regarding HSE safeguarding position (rte.ie)

CORU (2022) *Health and Social Care Professionals Council*: Statement of Strategy 2022-2026. Health and Social Care Professionals Council. Available here.

Department of Health (2021) *Statement of Strategy 2021-2023*. Available here.

Department of Health Northern Ireland (2022) *Chief Allied Health Professions Officer*. Available here.

Economic and Social Research Institute (2022) *Projections of Workforce Requirements for Public Acute Hospitals in Ireland*, 2019 – 2035. Research Series 147. Available here. Accessed 11 November, 2022.

Fórsa Trade Union (2020) *At the Heart of Health & Welfare*. Available here.

Government of Ireland (2020) *Chief Nursing Officer's (CNO's) and Professional Regulation Division*. Available here.

Government of Ireland (2021) *Sláintecare Implementation Strategy & Action Plan 2021-2023*. Dublin, Ireland. Available here.

Government of Ireland (2022) *Who Does What: Department of Health*. Available here.

Hanafin, S., and Shannon, M. (2019) *HSCP Leadership: An examination of context, impact, supports, challenges and areas for consideration*. National Health and Social Care Professions Office. Available here.

Harbor, B. (2019) "Fórsa backs new community healthcare pilots", *Fórsa members' news bulletin*, 30 May. Available here.

Harbor, B. (2022). "HSCP policy advisor movement sought", *Fórsa members' new bulletin*, 21 January, Available here.

Health Service Executive – Human Resources Division (2019). *People Strategy 2019–2024*. Dublin, Ireland: Health Service Executive. Available here.

Health Service Executive (2015) *Healthy Ireland in the Health Services: National Implementation Plan 2015-2017*. Available here.

Health Service Executive (2016) *Health and Social Care Professions: Education and Development Strategy 2016-2019*. Dublin, Ireland. Available at: HSE - Health and Social Care Professions - Education and Development Strategy 2016-2019

Health Service Executive (2021) *HSCP Deliver: A Strategic Guidance Framework for Health & Social Care Professions 2021-2026*. Dublin, Ireland. Available here.

Health Service Executive (2022) *HSCP Clinical Leadership Representation on National Groups*. Available here.

Health Service Executive (2022) *HSE to establish six Regional Health Areas*. Available here.

Houses of the Oireachtas (2017) *Committee on the Future of Healthcare: Slaintecare Report*. Dublin, Ireland. Available here.

Martin, C. et al. (2016) "Impact and feasibility of the Allied Health Professional Enhancement Program placements – experiences from rural and remote Queensland", *Dove Press Advances in Medical Education and Practice*, 7, pp. 41-48. Available here.

Miley, I. (2020) "Health, social care workers in strike over pay", RTE, 21 February, Available here.

National HSCP Office (2021) *A Guide to the Health and Social Care Professions*. Health Service Executive. Available here.

National Independent Review Panel (2021) *Independent Review of the Management of Brandon*. Health Service Executive. Dublin, Ireland. Available here.

NHS England (2022) About AHPs: *The Chief Allied Health Professions Officer*. Available here.

Power, M., and Burke, C. (2021) *Recruitment and retention in social care work in Ireland: A Social Care Ireland survey*. Social Care Ireland. Dublin, Ireland. Available here.

Reed, J. (2009) *The Education and Development of Health and Social Care Professionals in the Health Services 2009-2014*. Health Service Executive. Available here.

Saby, C,. Wilson, J., and Newcombe, P. (2015) "Can clinical supervision sustain our workforce in the current healthcare landscape? Findings from a Queensland study of allied health professionals", Australian Health Review, 89, pp. 476-482. Available here.

Scottish Government (2022) *Carolyn McDonald: Chief Allied Health Professions Officer*. Available here.

Shanahan, N. (2021) "Fórsa presses for HSCP policy advisor", *Fórsa members' new bulletin*, 18 June, Available here.

Wayman, S. (2022) "Speech and language delay: 'I was told he would have to go on a second waiting list before therapy would even begin'", *Irish Times*, 5 July, Available here.

Welsh Government (2020) *Allied Health Professions Framework for Wales: Looking Forward Together*. Available here.

Welsh Government (2022) *Ruth Crowder: Chief Allied Health Professions Adviser*. Available here.

WHO Regional office for Europe (2021) *Health 2020: A European policy framework and strategy for the 21st century*. World Health Organization. Available here.

Yeates, P. (1997) "Government set to take on union in health strike", *Irish Times*, 21 April, Available here.

Yeates, P. (1997) "Health workers' strike on Monday likely", *Irish Times*, 19 April, Available here.

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