

the
wheel

Stronger Charities.
Stronger Communities.



GOVERNANCE CHALLENGES, ACCOUNTABLE
AUTONOMY AND COMMISSIONING FOR
SOCIETAL VALUE

STATISTICS

- 10,000 organisations in Ireland's charity sector, 30,000 in wider non-profit sector.
- combined turnover of over €11 Bn,
- employs over 150,000 staff, benefits from the voluntary work of over 50,000 volunteer board members/directors and the work of
 - over half a million “operational” volunteers,
 - The CSO estimates that the value of volunteering is around €2Bn per annum.

SOCIETAL VALUE THAT CHARACTERISES, THE HOLISTIC, WHOLE OF COMMUNITY, VOLUNTARY LED APPROACH WHEN AT ITS BEST INCLUDING

- responsive, tailored and holistic approaches to identifying and meeting needs
- flexibility, innovation, integration and collaboration in delivery
- ownership, involvement and empowerment of service-beneficiaries and the wider community in shaping services and supports
- contributions to building social capital and social cohesion
- committed, motivated and person-centred staff
- bringing additional assets and sources of funding to support the work that would not otherwise be available to the State.

WHAT DO OUR MEMBERS HAVE TO SAY ABOUT THEIR CURRENT EXPERIENCE?

- They feel disrespected and taken for granted and viewed as “amateur and second rate”
- The additional resources and assets they raise and bring to bear are not appreciated or are taken for granted, often regarded as really “the property of the HSE”
- The wider contribution they make to community life in their areas is not recognised or valued.
- Budgets are never adequate and there is always a battle to secure additional funds when needs require it
- the system is not needs-led, but budget led

- they feel like they have all of the responsibility without any of the counterbalancing power.
- An ever intensifying extension of centralised command and control by the HSE into the internal affairs of funded orgs is felt to be taking place
- Boards feel that they have no discretion into how they do things and that they are encouraged to believe themselves to be “the eyes and the ears of the HSE”

- That compliance upwards has got completely out of kilter and is now endangering responsiveness as orgs become “executors of HSE policy” rather than being caring responders to need.
- That that the once-feared risk of tick-box compliance is now a reality, with a recent HSE audit of a funded organisations demonstrating “a culture of compliance rather than person-centred care” in one particular case.

- That they want more autonomy and authority, and are prepared to accept the responsibility, that would go with being able to innovate themselves: give us the power as well as the responsibility.
- That there is a need to radically re-orient to achieve maximum “downwards” accountability
- That there is now real difficulty being experienced attracting good candidates onto boards – who would want the responsibility with the level of risk, and reputational ruin at stake?

- Fear of being exposed to scandal by negative, hostile media interest and the publication of adverse board reports.
- That risk is shifted by the state and responsibility is placed on boards for the negative impacts on people and families that do not receive a support they should be entitled to with the state saying “its not our problem – that org is responsible for that service, and we hold them to tight account”.

- that commissioning could result in the increased use of competitive tendering, possibly disadvantaging communities if approached on a “lowest cost wins” basis without regard for the holistic approach that characterises the community and voluntary approach and the added “societal value” and “social capital” that community based organisations contribute to their communities.

- a sense that there may be an unstated policy assumption underpinning commissioning that “bigger is better” when it comes to services and members believe that the HSE should be called on to provide the evidence that larger organisations are more cost effective or deliver better outcomes.

When at their best, our cv organisations are rooted in a “can-do” spirit, involving *responsiveness, flexibility, innovation, advocacy, a commitment to inclusive values and person-centredness and empowerment, sourcing additional community resources, and generally putting people’s needs first* (and being creative and flexible in finding solutions that work).

- Health service reform should be about local autonomous action, delayering and flattening, returning authority and responsibility to the front line, and providing the necessary power and resources and autonomy to that front line. **We need to map the essential services required, commit to funding them, and encourage the most localised possible response which will undoubtedly bring enormous value.**

Government should make provision for sustainable terms and conditions for staff of section 39 organisations that provide essential services. There is a need for a process to address the fact that the central issue is about essential services, rather than the arbitrary divisions between section 38s and section 39s. The HSE needs to put in train a process to determine essential services, and then commit to resourcing organisations adequately, and making provision for sustainable terms and conditions for section 39 employees providing essential services

THE MEMBERS OF THE WHEEL BELIEVE THAT WE NEED TO SEE A CHANGE

- in the relationship between funding agencies and funded community and voluntary organisations
- In the relationships *within* funded organisations and *between* organisations and the people and communities they serve
- In the relationship between citizens and Government, which needs to develop a ***framework for participatory governance*** to change understandings in relationship between statutory funding agencies, departments and ministers they are answerable to, and the citizen to whom services should be ***directly accountable and responsive.***

SERVICE AND RESPONSIVENESS

primary responsibility is to empower and support their front-line staff to be responsive to the people being served, and to encourage and nurture a culture and attitude of service and responsiveness to need throughout the whole organisation

- With regard to the relationship between funding agencies and funded organisations we need to move away from risk-shifting, contractarian approaches and return to risk-sharing, partnership approaches

In simple terms, funding authorities and funded organisations need to work together to map the essential services required, commit to funding them, and encourage the most localised possible response which will bring enormous value and release the potential in community and voluntary organisations to respond to need.

This has big implications for the way in which commissioning is approached

SECTOR'S KEY FEATURES DELIVER SIGNIFICANT SOCIETAL VALUE FOR IRELAND'S PEOPLE INCLUDING

- responsive, tailored and holistic approaches to identifying and meeting needs;
- flexibility, innovation, integration and collaboration in delivery;
- ownership, involvement and empowerment of service beneficiaries and the wider community;
- contributing to building social capital and social cohesion and
- bringing additional sources of funding to support their work that would not be available to the State.

COMMISSION FOR SOCIETAL VALUE

Characterised by

- high quality
- responsiveness
- accountability
- equity
- efficiency

in services

- minimise top-down ways of working and develop organisational cultures of working *with* people
- supporting people to challenge existing modes of corporate governance, which themselves may be barriers to participation;
- consciously transmit and develop the values that underpin democracy—such as dialogue and respect—and familiarise people with democratic processes.

- invest in the establishment and development of autonomous groups of people who are close stakeholders, even if these groups may disagree and oppose the activities of the organisation from time to time
- Organisations should be open to provide a platform for individuals—including those who are marginalised—to voice their concerns and to challenge the actions and policies of public agencies and civil society organisation alike.

- The government should formally adopt a participatory governance framework. This implies adopting a set of regulations to require all government departments and agencies to take a more equitable participatory approach to their dealings with civil society organisations.

- The explicit goal of Ireland's participatory governance framework should be to foster active citizenship through empowering people, from all walks of life, to participate directly in deliberations and the implementation of public policy and public services, (such as implied by the co-design and co-production of public services)

- The government should formally recognise that organised civil society is a legitimate and authentic expression of active citizenship, grounded in fundamental human rights. In that vein, public agencies should not be permitted—e.g. through terms in funding agreements or contracts—to suppress the core function of civil society organisations to advance values and interests

- A comprehensive review of all laws and regulations affecting civil society organisations should be undertaken, in line with the state's own guidelines for Regulatory Impact Assessment, in order to remove duplication and to create a less onerous, streamlined regulatory regime

- Funding rules for civil society organisations should be totally revised with respect to the holding of cash reserves. Civil society organisations should be encouraged to build up much larger reserves to better manage risk and to ensure their autonomy and sustainability.

- puts achieving positive health and social outcomes for people, and the communities they are a part, of first
- Recognises the essential nature of the work done by most Section 39 organisations (making the necessary legislative, administrative and funding changes required)

- Recognises and seeks to support the financial and non-financial “added-value” contribution made by community and voluntary organisations to current health and social supports and services – especially in commissioning practice which should take place in a societal value framework.
- Respects and enhances the advocacy role of autonomous funded organisations and better integrates autonomous organisations and the communities they support in development of health and social policy and strategy

- Adequately funds the work
- Reduces and streamlines the complexity, ineffectiveness and inefficiency of current budgeting, monitoring, reporting and compliance systems and processes
- Brings more coherence to planning processes and ensures people and communities have access to the health and social services they need to a high and consistent quality standard across the country

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