National Federation
of **Voluntary Bodies**

Supporting people with intellectual disability (CLG)

ACCOUNTABLE AUTONOMY

Report of Symposium, Mullingar
30th & **31st May** 2018

Rationale for convening this symposium

A series of related questions and themes which have been preoccupying the National Federation of Voluntary Bodies in recent years prompted this event, specifically:

1. **Whether the State, at a policy level, envisages a continuing role for voluntary sector service provision in the intellectual disability sector (and in the wider community and voluntary landscape?);**

2. **What is the explicit benefit / value-adding contribution which the State identifies as flowing from voluntary sector participation in service provision?;**

3. **What engagement framework and governance paradigms are fit-for-purpose in safeguarding and sustaining this envisaged public benefit / value-adding contribution?**

Now is an opportune moment to be hosting such an event, given the commissioning by the Minister of Health of the Independent Review into Voluntary Sector engagement in Health Services, chaired by Dr Catherine Day.

The intention was to launch a rich discussion on the related issues of fidelity to core purpose, accountability, governance, and public benefit.

While the National Federation believe that what is needed is a more collaborative engagement between the State and voluntary sector, it was not seeking via this event to promote a particular position. Rather the aspiration was that the event would act as a catalyst for inquiry, reflection, and creative re-framing – this conference report seeks to gather and profile the various principles, themes, and issues that need to be considered in that context.

While the symposium was hosted by the National Federation of Voluntary Bodies, it was not narrowly a National Federation event. Rather the Federation exercised a convening initiative – the issues arising ranged well beyond the National Federation domain, indeed beyond the disability sector, into the heart of all community and voluntary sector activity. (In that regard we wish to acknowledge the advice and input of Dr Rory O'Donnell, Director, National Economic and Social Council, in bringing wider perspectives to bear on the design of the event.)

We are troubled by a) an apparent drift towards ever-increasing operational prescriptiveness and insistence on standardised approaches and practices; b) narrowing of the broad and rich concept of accountability to a focus on the zones of financial governance and process compliance. We sense that there may be confusion between a rounded understanding of accountability and a narrow application of what is essentially an auditing methodology – might we be mistaking auditability for accountability? Such is the dominance of the auditing mindset within governance practitioners, might we now be at a point where this is actually distorting the promotion of core purpose? Might a preoccupation with the retrospective gaze of some future auditor be determining, in a purpose-damaging manner, the way we go about our business?

This report seeks to integrate and synthesise material from the plenary and group sessions. Points made by different presenters and participants in the group sessions have been interwoven to optimise coherence and impact. The report does not purport to be a comprehensive and separately profiled account of each presenter's contribution. This material can be accessed directly on the National Federation's website. The report blends a précis of the various inputs with selected quotations.

The thematic flow within the report is organised around the themes of:

4. **What constitutes our core purpose? What is the character of this work?;**

5. **Historic approaches and emerging trends in the commissioning and delivery landscape;**

6. **Public benefit accountability: the value-optimising frame.**

Programme Day 1 — 30th May 2018

Time	Session
9.15am	**Registration & Tea / Coffee**
10.00am	*Welcome Address* **Chairperson: Mr. Bernard O'Regan,** Chairman, National Federation of Voluntary Bodies
10.15am	*Rationale, Purpose & Objectives of this event* **Mr. Brendan Broderick,** CEO, Muiriosa Foundation
10.30am	*Widening the Frame of Accountability: The UN Convention on the Rights of Persons with a Disability* **Senator John Dolan,** CEO, Disability Federation of Ireland
11.00am	*Accountable and Autonomous Governance and Commissioning for Societal Value* **Mr. Ivan Cooper,** Director of Public Policy, The Wheel
11.30am	**Coffee break**
12.00pm	*A Parent's Perspective* **Mrs. Katherine O'Leary,** Parent Representative & Voluntary Board Member
12.30pm	*Managerialism's Market Values: Challenges to Mutual Care & Solidarity in the Voluntary Sector* **Professor Kathleen Lynch,** Professor of Equality Studies, School of Education, University College Dublin
1.00 pm	*What's the Future of Human System Design, and What Can We Learn from it?* **Ms. Tara Wilson,** Independent Consultant, Orbweb Insight
1.30 pm	**Lunch**
2.00p.m.	**Chairperson: Mr. Christy Lynch,** CEO, KARE
2.20pm	*Rethinking Governance in Disability: the False Choice between Autonomy and Accountability.* **Professor Charles Sabel,** Professor of Law & Social Sciences, Columbia, Law School, Columbia University, New York.
3.00pm	*Remarks by Minister Finian McGrath* **Mr. Finian McGrath,** TD, Minister of State with Special Responsibility for Disabilities
3.15pm	*Parallel Workshops:* **Workshop 1** The Evolving Service - Delivery Landscape – Trends, Tensions, Implications **Workshop 2** What Governance Burden is Manageable for Voluntary Boards? **Workshop 3** Governance as Leadership: Accountability Versus Auditability
4.15pm	**Coffee Break**
4.45 pm	*Liberating institutions: turn it the right way up and it will work* **Mr. John Burton,** Independent Social Care Consultant & Author, UK
5.30pm	Panel Discussion
6.00pm	Close of Day One
7.30pm	**Conference Dinner**

Programme **Day 2**   31st May 2018

Time	Details
9.00am	**Chairperson: Ms. Anna Shakespeare,** CEO, St. Michael's House.
9.05am	***Reflection on Day 1 & Emerging Themes*** **Mr. Rory O'Donnell,** Director, National Economic & Social Council & Mr. Peter Cassells, Chair of the Edward M. Kennedy Centre for Conflict Intervention, NUI Maynooth & formerly General Secretary, ICTU
9.45am	***From 'Comply or Explain' to 'Integrated Planning'*** **Mr. Pat McLoughlin,** CEO, Alzheimer's Association of Ireland
10.15am	***We can't have it every which way – Promoting the true role of the independent not-for-profit sector in Ireland*** **Ms. Mo Flynn,** CEO, Rehab Group
10.45am	**Coffee break**
11.15am	***Why Independent Governance Matters – and What this Entails?*** **Dr Ruth Barrington,** former CEO, Health Research Board and Chair / Board member of a number of charitable organisations)
11.45am	***What I want to say about.....HIQA*** **Voice Box Video Booth** (People with Intellectual Disability have their say)
12.15pm	***Out with compliance and in with love and creativity*** **Mr. John Burton,** Independent Consultant, UK
12.45pm	***Questions & Answers***
1.00 pm	**Lunch**
2.00p.m.	**Chairperson: Mr. Brendan Broderick,** CEO, Muiriosa Foundation
2.05pm	***Finding a Balance Between Autonomy and Accountability in the Governance of Organisations in the Irish Social Care Sector—Dilemmas and Challenges from an Irish Service Perspective*** **Mr. Joe Wolfe,** Director, The Wolfe Group
2.30pm	***From Principles to Practice: Preliminary Thoughts on Doing Things Differently*** **Professor Charles Sabel,** Professor of Law & Social Sciences, Columbia Law School, Columbia University, New York
3.15pm	***Panel Discussion "The best way forward"***
4.00pm	**Close**

What constitutes our core purpose?
What is the character of this work?

The core purpose is to address the personal and social supports that individuals with a disability require in a manner which safeguards their dignity and positively promotes their presence, participation, and standing in their communities and in society in general. (Some presenters used the term "care" rather than "supports." Outside the disability domain the term care is often associated with a solidarity concept of citizenship rather than a paternalist mindset.)

The work which lies at the heart of our core purpose is multidimensional, complex, and deeply **personal**. It is **relational** (mediated through personal encounter and relationship). Routinely dynamic, it is also by times unstable and uncertain. It contains the uncertainty and unpredictability of unfolding personal development, growth, set-back, regression. The work draws into play embedded assumptions. It challenges its practitioners to encounter the other in an open and full manner. It activates our vulnerabilities and sensitivities, notably our personal defense mechanisms. While there are straightforward aspects to the work, drawing on professional knowledge and skill, the execution of these straightforward tasks often plays out in emotionally charged environments. It is work which is inherently **contextual**.

Attending to core purpose does not lend itself to being condensed into sets of discrete transactions, implemented through standard operating procedures, delivered interchangeably by suitably qualified staff.

The bulk of what is required falls in the category of complex work, in which insight and judgement are the primary requirements. Complex work is sometimes contrasted with

complicated work in which the predominant requirement is precision. In competently addressing the personal and social supports required by individuals there is a requirement for precision, for technical and professional knowledge, but this is not the predominant or essential character of what is required.

'Care is not just a mode of action. It is also a disposition in action and a goal of action"

Professor Kathleen Lynch

'Care is a way of relating ethically through attentiveness, responsiveness, co-operation, informed other-centredness"

Professor Kathleen Lynch

'We need to self-authorise, to find our professional and personal authority, and to find the courage to act in situations where there is no obvious right thing to do, where there is no rule-book or procedure"

John Burton

The implications of changes in the conception of the Welfare State also bears directly on how we currently construe the work to be done. "[While] the old Welfare State was built on the principle of equal treatment for persons in equal positions… the new person-centred Welfare State is built on the principle that each person is due the services and support appropriate to her circumstances. The presumption is that individuals are unlikely to be in the same circumstances as others – that is why services have to be person- centric to be effective. Under these conditions equity demands that the State be equally responsive to (different) needs of individuals… [T]he right is not to equal treatment but to responsive treatment", Professor Charles Sabel;

It is important to be explicit about what it is that needs to happen, what it is that needs to be produced, to inform judgements about how best to plan for modes of engagement and to consider fit-for-purpose approaches to governance.

Historic approaches and emerging trends in the commissioning and delivery landscape

Prior to the introduction of Service Arrangements this work was generally addressed within a partnership approach between the State and local voluntary agencies. Its hallmark was collaboration within a context of risk sharing. Respecting the operational autonomy of the voluntary agency was axiomatic. There was a coordinated approach to planning and monitoring expenditure. The engagement framework was less overtly contractual than is currently the case.

This approach was superseded by moves to install a commissioner-provider split. The State took the view that partnership modes of engagement with voluntary bodies were anti-competitive and did not provide for the level of control the State needed to exercise over risk exposure and expenditure. Accordingly as the Service Arrangement became the official driver of engagement with voluntary agencies, the relationship became more formal and contractual. It also introduced a risk-distancing orientation by the State from the uncertainties and jeopardies to which agencies find themselves exposed upon assuming service providing responsibilities.

The State's interpretations of its obligations to transparency, equity, and consistency have led to an emphasis on standardisation and operational prescriptiveness, limiting the operational autonomy of the voluntary agency. Diverse approaches to pursuing common objectives are viewed negatively. From the voluntary sector perspective it appears that the State may now view voluntary not-for-profit agencies and private for-profit agencies as interchangeable. It seems to be a matter of convenience and circumstance whether certain pieces of work are taken on directly by HSE, by voluntary bodies, or outsourced to private agencies. There is growing unease within the voluntary sector that the State

may no longer identify a distinctive role for, or contribution from, the voluntary sector. "*The State cannot have it every which way*" Mo Flynn, i.e. treating voluntary agencies by times as if they are private, for-profit entities operating in a commercially competitive environment, while at other times treating them as if they are extensions of the State, *and still expect to secure the benefits of vibrant voluntary sector engagement.* The evolving service-delivery landscape is being shaped in a haphazard, opportunistic and reactive manner. Government needs to develop an explicit and strategic position on future voluntary participation.

Voluntary bodies cannot validly claim a unique value-adding factor by virtue of their voluntary status. Given their freedom from having to neither generate a profit margin nor meet statutory obligations, they at least should have significant potential to make a value-adding contribution in efficiency, local responsiveness, innovation and social capital.

Pat McLoughlin's presentation on the Alzheimer's Society compellingly profiled the value-adding factor of one voluntary agency. Posing the question "*if the State treated the HSE [like the HSE treats] the Alzheimer's Society, it would only cover 60% of the costs of running the service; would require HSE to fund all transport costs from fundraising; would require HSE to recruit volunteers to assist in core services; would refuse to cover the costs of any increments since 2010; and would reserve the option of cutting the allocation by up to 20% to manage State budgetary pressures.*"

An alternative engagement framework, one which incorporates both a broader perspective on what is being commissioned (as set out in *Commissioning for Communities)* and a model of responsive regulation, (prioritising "a balanced, tiered approach", Joe Wolfe, one that is broadly developmental and supportive while retaining a compliance-enforcement capacity for the minority who are resistant and recidivist) **needs to be developed.**

Such an engagement framework does not appear to be currently in play, as evidenced in a survey of members of The Wheel. Among the findings which emerged were:

"[Members] feel disrespected and taken for granted and viewed by funders as 'amateur and second rate'; the additional resources and assets that [members] raise and bring to bear are not appreciated or are taken for granted, often regarded as really 'the property

* **Let's Commission for Communities, published Jan 2016 Clann Credo, the Community Foundation for Ireland, and The Wheel**

of the HSE'; [There is] an ever intensifying extension of centralised command and control by the HSE into the internal affairs of funded organisations… ; Boards feel that they have no discretion into how they do things and are encouraged…. [to adopt the posture of being] 'the eyes and ears of the HSE' within their organisation; that compliance upwards has got completely out of kilter and is now endangering responsiveness as organisations become 'executors of HSE policy' rather than being caring responders to need; [that there is] a sense that there may be an unstated policy assumption underpinning commissioning that 'bigger is better' when it comes to services – members believe that the HSE should provide the evidence that large organisations are more cost effective, deliver better outcomes; Members of *The Wheel* are of the view that through a combination of drivers, we are evolving an authoritarian, unresponsive system that is dominated by the fear of the consequences of making mistakes….. with a culture of contractual compliance, responsibility evasion and risk aversion coming to dominate, which is stifling innovation in response to need; the culture of services is replaced by the culture of 'answering to above' and 'mistake avoidance', pushing all innovation and risk taking out of the system", Ivan Cooper.

Members identify an accelerating drift towards the privatisation of many services previously delivered by the community and voluntary sector. The growing dominance of private providers in children's services and services for older people was noted.

The importance of balancing upwards accountability and downwards accountability (i.e. to the citizens whose needs are putatively being addressed) was stressed: "*The primary accountability of Boards should be to people who rely on the services provided by the agency. The reality is that they are in the position of marginal shareholders – the dominant accountabilities are to HSE, DPER and the Public Accounts Committee. The needs and requirements of these stakeholders dominate the way in which Boards do their business and shape the orientation of the Board to its work programme*", feedback from one of the parallel sessions. (Interestingly one Board Chairman noted that his Board had very explicitly re-shaped the format of Board meetings to ensure that "service issues" rather than compliance issues were the dominant focus.)

The recognition of the value of diversity of response (rather than standardised inputs) was urged, as was the imperative to commission for outcomes which build social capital and social cohesion rather than narrowly defined outputs of care. The need to co-author with citizens a vision of society and to co-design models of responding which can progress this vision, rather than applying standardised 'solutions' developed by remote technocrats, was emphasised.

The neutering of the potential impact of the voluntary sector was attributed to the prevailing zeitgeist of *"the market [being] the ideal mechanism for the allocation and delivery of public services"*, Professor Kathleen Lynch.

The infatuation with the market as the redemptive agent with capacity to square all circles has coincided with the withdrawal of government from the direct provision of services and the increasing prominence of the role being played by the private sector. *"Public, voluntary and community services mutate from being centres providing welfare, good education, and health based on human need and governed by human rights to service delivery operations with productivity targets. The movement is from nurture and development of human capital to outputs, targets, deliverables, KPIs. Narratives of collegiality, concern, compassion, care are peripheralised. The focus on efficiency and modernisation suggests a moral neutrality which simultaneously supresses dissent – the amoral becomes the necessitous"*, Professor Kathleen Lynch. The presumption is that what is required can be condensed into segments of standardised inputs deliverable within prescribed intervals. The 'numbers' become paramount and present a semblance of objectivity and unassailability. Heterogeneous activities that are often incommensurable are collated and ranked. Numbers, as signifiers of value, operate symbolically and can be interpreted cross-culturally without the messy complexity of words…", Professor Kathleen Lynch.

> *'Numerical scoring [has] an unwarranted truth standing that [does] not apply to narrative (oral or written text). Market efficiency out-trumps and mutes all other values. This change in language shapes thinking. Substantial rationality (based on values) is over-ridden by instrumental rationality. Standardisation, quantification, and surveillance dominate,"*
>
> **Professor Kathleen Lynch**

> *'Narratives and world views which challenge reductive input-output models are deemed irrational and illegitimate"*
>
> **Professor Kathleen Lynch**

> *'We need a care, love and solidarity concept of citizenship, one that recognises the relational, nurturing requirements of human life, one that does not restrict the recognition and attribution of value to productive employment"*
>
> **Professor Kathleen Lynch**

> *'Solidarity is the social and political form of love"*
>
> **Professor Kathleen Lynch.**

Neoliberal managerialism – the valuing of efficiency above everything else, a fixation with targets, KPIs, compliance approaches to accountability, reducing complex and deeply contextualised engagement to reductive input-output transactions, the substitution of technocratic values for those of solidarity, commitment, compassion – needs to be actively interrogated and contested. Its current hegemonic sway is likely to prove ephemeral, a passing fad. It is not 'the end of history' in the sphere of organisational development. Alternative approaches based on responsive learning systems, distributed decision-making and power, were described. The limitations of linear chains of command in addressing evolving social complexity were underscored. Risk-averse cultures "that distance themselves from making mistakes" (Tara Wilson) are unlikely to prove fit for purpose. "Organisational governance must become live and responsive, the antithesis of the dead hand of compliance", Tara Wilson. *'The need is for "fearless, wise and compassionate leaders who don't want to be heroes "*, Tara Wilson. Brian Robertson's work on self-organising teams and Jos De Blok's Buurtzorg approach to delivering home care to elder persons in the Netherlands were referenced as alternatives to centralised, hierarchical, managerialist approaches.

Straws in the wind from the hospital sector

A deterioration in the general character of the relationship between the Department of Health/HSE and voluntary bodies in the health sector since the crisis in public finances in 2009-2011 was remarked on by one presenter: "Issues which in a previous period might have been resolved diplomatically between HSE and service providers have instead been handled acrimoniously and, sometimes, in the full glare of the media… There appears to be an unprecedented level of hostility towards some voluntary organisations. One has the impression that HSE is more concerned with pursuing historic pension and salary issues than with ensuring good relationships with organisations

delivering vital services to the public", Dr Ruth Barrington. The threat to the independent governance of voluntary hospitals was noted – "The battleground is the creation by the Department of Health and HSE of Hospital Groups. The establishment of Hospital Groups and the employment contract of the Group CEO and his/her sole line of executive accountability… to the HSE's National Director for Acute Hospital Services leads inevitably to the bypassing and peripheraliastion of the Boards of those voluntary hospitals subsumed within the Hospital Groups", Dr Ruth Barrington.

The manner in which the State seeks to exercise arbitrary over-reach in re-shaping and reconfiguring joint voluntary-State hospital structures is emblematic of a "relentless centralisation." It is difficult to reconcile the attitude conveyed by the non-addressing of "the issue of the legal status and ownership of voluntary hospitals in the context of a voluntary group or future trust" with avowals of respect and parity of esteem.

> *"The initial signs that the future trusts will be independent are not encouraging. The Irish State has no track-record of devolution in any sector… More fundamentally, it is not in the State's power to 'devolve' autonomy from voluntary hospitals to the new hospital groups"*
>
> **Dr Ruth Barrington.**

> *'The establishment of hospital groups, even on an informal basis, has had an insidious effect on the governance of those voluntary hospitals that are members of each group. In many cases, the CEO, the Finance Officer or the HR Manager of voluntary hospitals have been appointed to a group role and have become HSE employees… Senior staff of voluntary hospitals now have to report not only to their Boards and the HSE but to the hospital group of which they are a member, thus weakening their accountability to their Boards"*
>
> **Dr Ruth Barrington.**

> *'Coupled with the comments in the Sláintecare report signalling that it is 'not appropriate to have a diversity of ownership' and the concern expressed over 'the proliferation of S39 organisations', and the call for the Charities Regulator 'to carry out a substantial rationalisation of the sector', it is difficult to be sanguine about the prospects for voluntary health care organisations within the covers of this influential report"*
>
> **Dr Ruth Barrington.**

In relation to the rationalisation and efficiency argument, Pat McLoughlin identified the Credit Union and local government sectors as possible models for rationalisation in the social care sector. The supposedly slam-dunk proposition that mergers and consolidations create value and "economies of scale" was identified as one that needed to be tested and confirmed in each particular scenario rather than presumed on the basis of its surface appeal. The risks of plausible activity substituting for effective action were underscored. Moreover the risk of larger organisations becoming more susceptible to siloisation *'when things get too silo-ed key managers lose visibility on interconnectivity…"*, Pat McLoughlin, was highlighted.

The increasing tendency to view Section 38 organisations as lacking genuine voluntary credentials surfaced:

> *'We also need to challenge the assumption that because voluntary organisations receive State funding and their staff are considered to be public servants that the rationale for being voluntary no longer exists… The categorisation of staff of the larger voluntary agencies as 'pubic servants' dates from the financial crisis and is largely based on the entitlements of permanent staff to State supported pension",*
>
> **Dr Ruth Barrington.**

> *'Where is the evidence that it is the difference in governance between HSE / statutory hospitals and voluntary hospitals that is holding Ireland back from having*

a worldclass hospital network? Is governance the problem as distinct from the inadequate investment…. or the over-centralisation of a decision making in the HSE / Department of Health?"

Dr Ruth Barrington.

In summary the direction of travel evident in the acute hospital sector does not bode well for the prospects of a flourishing State-valued voluntary sector in social care. Other presenters had observed that HSE's preoccupation with the acute hospital sector has resulted in it becoming both the engine and proving ground for developments across the wider health care system and warned of the dangers of inappropriate generalisation from the acute medical sector to the social care sector.

Public Benefit Accountability: the value-optimising frame

Accountability in its contemporary expression in the Irish health and social care sectors has become very strongly associated with the defensive management of risk and the enforcement of compliance. It has slipped its moorings from core purpose, from the public benefit the enterprise was intended to deliver, from outcomes. The protection of institutional and personal reputation has displaced productive engagement with core purpose. Governance ambition has lost altitude and descended to the level of closing-off risk and process compliance. Within a climate of blame and fear, mistakes must be avoided at all costs. Far safer to avoid risk and focus one's energy on curating impressive documentation to justify stasis and inaction than to proactively manage risk in the pursuit of core purpose. Within the world of disability services the document rather than the life seems to have become the primary focus. Safety resides in following procedures and process and documenting the fidelity of this adherence, no matter the sterility of the outcome. In the world of defensive governance the ideal service comes to mirror the perfect audit trail.

Accountability needs to focus on what is being produced, what is being created. We need to re-direct our focus to what is happening, the character of what individuals are experiencing, the actions and initiatives taken, and whether the totality of what is being produced meets any reasonable measure of effectiveness benchmarked against core purpose. This is nowhere more relevant than in an arena which purports to support people to lead a person-centred life.

Rich material in this regard emerged via the *Voice Box* DVD presentation, the electrifying highlight of the event, which presented the views of self-advocates on their experience of HIQA. The preoccupation with "paper work" emerged repeatedly. The impact of rules

"They throw rules at you… it has to be what they want basically… they [should] ask your opinion on the rules before they just throw them at you" also struck a raw nerve. The primacy of hygiene and tidiness – "the house has to be spic and span regardless" – was regularly mentioned. Institutional features, e.g. emergency lighting, signing a visitors' book

were named as areas of sensitivity. The general themes of non-consultation and the erosion of privacy also featured prominently. The level of interest shown in their lives by visiting inspectors was remarked on favourably, as was the protection which HIQA provide "for people who aren't able to speak for themselves." One interviewee noted that the trade-off in loss of independence on the basis of "[just] needing some support" was too severe: "there has to be certain cut-off points, we're here to live, not to be controlled…".

It is ironic that we seem to be entrenching documentation-centred services as the safest means of promoting and securing person-centred lives. A further irony: notwithstanding our fixation on risk assessment, the jeopardy that the written record may not be a valid or reliable indicator of the life that is being experienced is rarely the subject of risk assessment.

Often reassurance is drawn from files dense with risk assessments. It is as if the person's day can be reduced to a series of freeze-framed moments each of which can be risk-rated and mitigated. Inherent in this view is the belief that the person suffers no loss in having the pace of their life decelerated to the kind of slow-motion existence that can keep pace with the system's capacity to generate the defensive documentation that keeps it safe in its various accountabilities.

John Burton's London bus example depicted a stark alternative:

'In the space of a few seconds, the driver makes many decisions: whether to stop in the first place; if and when to open the front doors and how many passengers to allow on before closing them; whether to ask the man who's just got on at the back to get off again; and whether to move off when the bus is now so full that passengers obscure the view to the nearside mirror and all of this when the bus is full of moving bodies – moving from the back to the front, ascending or descending stairs, and attending to maintaining balance notwithstanding the occasional lurches or sharp application of the brakes."

While simultaneously navigating all these risks the bus manages to deliver its passengers on time to their destinations, i.e. meets core purpose, and with an impressive safety record.

Accountability methodologies need to incorporate significant engagement with individuals in the flow of their actual lives, not glancing static encounters. Evaluating in the round the character of lives ("what's it like living here?") is a bigger and more challenging undertaking than "inspection [as] a version of marking homework", John Burton. It requires insight, expertise, and capacity to discern and read context.

The public benefit of our contemporary approach to accountability was questioned. While we have better tracking of how public money is spent – essential in maintaining public trust, and to be entirely welcomed – we have only a vague sense as to whether how it is being spent (decisions made, initiatives taken, selection of priorities, awareness of opportunity costs) is effectively goal-driven in respect of core purpose public benefit. Conformance compliance has assumed the properties of something sufficient unto itself, perhaps even a public benefit in its own right. Increasingly siloed as a standalone structure or function, rather than integrated within an in-the-round focus on "how are we doing?", it out-trumps a primary focus on core purpose, installing itself as a decoy goal.

The accountability regimes which most exercised the minds of participants were HIQA regulation of disability designated services and HSE's Service Arrangement and Annual

Compliance Statement. The focus on accountability as **conformance** rather than as **performance** is a marked feature of both regimes. The jeopardy that conformance-dominated approaches might be draining energy away from engaging with core purpose rather than underpinning its committed promotion frequently surfaced. Senator John Dolan's accountability proposition "my question for any voluntary Board member is 'what have you done over the past year to further individuals' realisation of those rights set out in the United Nations Convention on the Rights of Persons with Disabilities?" resonated strongly. (The stark contrast between this core accountability and the emphasis of a recent HSE-commissioned governance audit on conformance aspects such as procurement, internal audit, compliance with public sector pay, terms of reference of Board Committees, was commented on in one of the parallel sessions.)

Proper discourse vis-à-vis public benefit accountability, one which the voluntary sector is well placed to sponsor, will challenge the preference on the part of the State to conduct the conversation with its citizens on the basis of technocratic instrumental values and will uncover the moral and political choices that are being made and passed off as ethically-neutral, purely rational, objective decisions. Developed democracies recognise a value in investing in measures to ensure that citizens' rights and interests are safeguarded, notwithstanding that this may introduce tensions and irritations in the smooth operation of the machinery of the State.

Charles Sabel challenged any tendency "to wriggle away from accountability" and seek the refuge and succour of off-radar agency discretion. Noting that one of his co-presenters, Kathleen O'Leary, had conversed animatedly and informedly on her family's dairy business over a 90-minute dinner conversation without once referencing the complex regulatory landscape which has to be negotiated, he wondered whether the voluntary sector might be over-invested in its focus on regulation.

There was an often-voiced concern that current approaches to accountability did not recognise the principle of proportionality (that smaller organisations should not be expected to shoulder the same compliance burden as larger entities). The very significant costs associated with compliance, both in relation to HIQA and HSE, was underscored. The apparent presumption that these could be absorbed without consequence was critiqued. It was noted that "ultimately the service user will end up absorbing these costs." The need for an Irish equivalent of the UK's Concordat of 2004 in which various regulatory, inspectoral and auditing bodies made a voluntary agreement to co-ordinate and streamline the compliance activity burden on organisations was

stressed. There was strong support for the development of an integrated compliance framework. Pat McLoughlin urged "One Ombudsman, one governance."

Charles Sabel drew attention to the limitations of centralised command and control regimes. Identifying the provision of "person centric" services as a particular challenge to the command-and-control mindset, he identified the need in certain circumstances to provide alternative accountabilities.

> *'Accountability requires fidelity to rules – otherwise the agents who execute instructions actually determine the meaning of the instructions, but except in the most stable conditions (of which the provision of person-centred services is unlikely to qualify) it is impossible to make rules that cover all circumstances. Making more rules creates more possibilities for rules to conflict, and more opportunities for frontline workers to exercise discretion in applying them. The familiar result is rule by street-level bureaucrats – the frontline workers at the bottom of the official hierarchy often make the de facto policy. The more uncertain and volatile circumstances get and the more often the rules have to be modified and adjusted to address them – think about person-centred care! – the worse the problem gets"*
>
> **Professor Charles Sabel.**

"Giving the frontline workers the authority to decide in these conditions might make the administration more responsive, but free of rules, the decisions and the agents who make them are unaccountable."

"How to cut the Gordian knot of reconciling accountability and autonomy? If unaccountability depends on rule following, it is impossible, for the reasons just noted, to achieve anything like full accountability. The forms of discretion that are encouraged by the effort are exercised informally, nearly in secret – and therefore unaccountably. The solution is to recognise that discretion can't be eliminated completely – and in our fast-changing world, people at the coal-face need to exercise their judgement to respond to the unforeseen circumstances they encounter. The problem is not to eliminate that discretion by more and more rules, but to render it accountable by making its exercise transparent and subject to review."

'The key, again, is to recognise that discretion is inevitable, and often invaluable. The problem is domesticating it in the sense of rendering it accountable. Within an administrative hierarchy the most direct way to do this is to recast rules as rebuttable presumptions: the rules are the rules UNLESS there is a compelling reason to deviate from them. [This is commonly practiced] under the name of comply or explain, where explain means precisely the obligation to provide good reasons for not applying a rule, or applying an alternative. But keep in mind that comply and explain is often, in the settings you operate in, used in a more limited way: explain why you are not now complying with the rule, but soon will. This of course subverts the autonomy of the frontline worker, who is now asked to supply an excuse for tardy obedience, rather than a reason to question the existing rule, at least with regard to its application in a particular context, and to supply an alternative",

> **Professor Charles Sabel.**

Referencing two practice scenarios, he noted how these scenarios 'reveal ambiguities in the rules that should be resolved by deliberation among the involved parties, and registered in modified guidance. That is accountable autonomy. [The] obligations [to] make the prevailing rules more corrigible in the light of experience is embedded within the discipline of providing an alternative accountability. Difficulties with the application of rules in ground-level practice triggers reconsideration of them at higher levels. The corresponding obligation of service providers to explain their use of discretion means that previously informal adjustments – sensible or not – are brought to general notice and evaluated against the backdrop of a review that takes local experience into account but is not limited to it. For example, a local departure from a rule might be better than the routine, but not as good as an innovative practice development to respond to similar conditions elsewhere

in the system. The cumulative impact is to make the organisation both more responsive to changing conditions and more accountable in the sense [that] the changes are made explicitly, and not simply buried in informal (discretionary) practices, no matter how well intentioned",

Professor Charles Sabel.

This approach to "accountable autonomy" integrates the conformance and performance dimensions of accountability while reconciling the rendering of accountability with the pursuit of core purpose. **The burden of rigour rests with those providing alternative accountabilities. This is an open-ended but disciplined orientation to accountable autonomy. Nobody is let off the accountability hook, but neither is anybody rendered mute and submissive** *(or dissembling and submissive)* **in the face of rules which no longer fit the terrain.**

Resetting the focus on core purpose so that it lies at the heart of the accountability narrative is feasible, even within a multi-regulator landscape, and offers a route out of the less productive forms of accountability in which we are currently enmeshed.

Conclusions

The immediate impulses which motivated the National Federation of Voluntary Bodies to convene this event were the front-line frustrations and anxieties arising in the day-to-day challenge of supporting a very vulnerable population within a context of exciting and ambitious policy commitments, eroded operational autonomy, ever-tightening financial constraint, growing compliance burden, and a defensive orientation to governance.

What ensued over the course of designing the conference programme and the actual event is the beginning of a fundamental exploration of the proper role of voluntary agency within a free, vibrant, and engaged democracy.

Given the confusions and misunderstandings associated with terms such as "voluntary organisations" and "charities" alternative descriptors such as "civil society action", "public benefit organisations" may be more helpful language in guiding the national dialogue which we believe to be necessary. Beveridge's definition of "voluntary action" "[as that] undertaken by citizens not under the direction of any authority wielding the power of the State" is apposite. This dialogue needs to extend beyond a nostalgia for an era of "partnership." The partnership construct may itself be problematic. A model of partnership where there is an imbalance of power (and esteem), where one of the partners is confined to the role of compliant subordinate is neither a safe nor fruitful context for optimising the public benefit potential that can be catalysed by civil society action.

Any engagement or enterprise involving significant public funding must operate within a context of accountability. Within a defensive governance mindset interpretations of accountability are prone to move in the direction of a desire for controllability. A desire by the State to direct and control civil society action will lock down and lock in societal energies and capacities for social responsiveness.

What is set out in this conference report may hopefully illuminate a more fertile approach to managing the various potentials and obligations. It also underscores the need to have an explicit policy position from the State on the appropriate engagement between voluntary or civil society action and the State's responsibilities, including its responsibility to exercise appropriate oversight of public funding. In the absence of such a policy framework, the risk of strategic incoherence and reactive, opportunistic management is unacceptably high.