

Review of the Implementation of the National Action Plan for Social Inclusion 2007-2017



SUBMISSION BY CITYWIDE DRUGS CRISIS CAMPAIGN

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We welcome this opportunity to submit to the consultation on the Review of the Implementation of the National Action Plan for Social Inclusion 2007-2017. Our review is made on the basis of our many years of experience working in partnership with Government on a variety of fora relating to the National Drug Strategies.

It has been our experience that it is the area of implementation and participation that fares particularly badly under the NAP Inclusion.

Context

The NAP Inclusion Plan specifically states that delivery and outcomes requires a continuing openness to change requiring departments, agencies and other organisations to work together effectively and overcome traditional barriers to co-operation.

It is our experience however that these barriers remain and in fact have become even more entrenched during the period covered by the plan. While this shift began in the years prior to the publication of the current NAP Plan, they were maintained and even deepened during the period covered by the Plan.

The economic crisis which hit Ireland in 2008 saw Government agencies working to protect their own interests, to the exclusion of other partners. One major example of this the effective destruction of the Community Development Projects structure which began with the closure of 19 CDPs with two weeks notice at the end of 2009. It can be argued that the CDPs became too 'politicised' and were not sitting comfortably with the Governments shift towards a Neoliberalist agenda. There was a growing lack of support for the sector which gave key politicians and civil servants the opportunity to implement a new model for managing community development and anti poverty interventions. This model continues today.

Project budgets of the remaining projects were cut and projects were ordered to desist from campaigning and advocacy. Although funding cuts had commenced prior to the financial crisis, when the economic downturn hit, cutbacks were exacerbated.

The remaining community and local development projects were subsequently dissolved and a new programme – the Local and Community Development Programme (2010-2015) was announced. Local project structures, project workers were taken over and colonized and a centrally driven, primarily work activation and training programme, was put in place effectively putting an end to state funded community development work.

The new LCDP was designed to centralise control within the new Dept (DCRAGA). Targets and Key Performance Indicators were centrally set and achieving targets was monetarised by a centralised IT system. This inevitably led to projects working with the less vulnerable in their communities as it was less time consuming and they could get more 'returns' on paper. For example, working with an established local group was a lot easier than trying to meet the needs of a group of vulnerable immigrants. In this way the less vulnerable were given priority as project workers fought hard to save time and reach targets which were set externally.

The end result was a complex relationship between the state and community organisations as control was exercised through devolved structures with stifling levels of bureaucracy.

These shifts in management and control are critical to understanding the barriers that exist to true participation today. The original Community Development Programme was the mechanism through which communities identified their needs, built their capacity to respond to those needs while at the same time ensuring that community members were deeply involved in developing campaigns and strategies to meet those needs. That level of engagement paved the way for new community members to become real active citizens in their own areas and gave them the confidence and skills to address their needs.

With the axe falling on the CDPs communities no longer had the mechanism to engage those most marginalized as they struggled to 'fit' into a system of 'value for money' which was set at the centre by those funding the work and, more importantly, did not understand the needs of the community.

These developments are important to refer to as they have set the scene for the type of participation which we see in most of the partnership type organisations that purport to give a voice and a place at the table to those most affected by poverty and exclusion. The reality however is that this is simply not the case.

The community sector has not been treated as a real partner in the process but instead can be lifted and dropped depending sometimes on the whim of a Department or a Minister or indeed a whole Government. Below are two examples of where partnership on paper did not lead to partnership in implementation.

NDRIC

In 2007 the National Drug Rehabilitation Committee was established as an integrated model to develop a National Drug Rehab Framework. It was established on the basis that there would be national resources allocated to the process including ten Rehab Coordinators and a full time Senior Rehab Coordinator. However these commitments from the HSE never materialized so NDRIC was working from a major resource deficit from the start.

Despite this, the members of NDRIC (a range of government departments, including the Dept of An Taoiseach, and a wide range of national agencies involved in delivering local services as well as representatives from the Community and Voluntary sectors) continued to meet to work towards attempting to develop and implement an appropriate framework. The committee worked hard for several years even running a pilot framework in some areas of the country. However during discussions learned from this pilot in 2016, the National Addiction Advisory Governance Group of the HSE took the unilateral decision to roll out the framework

on a national basis, despite the fact that lessons learned from the Pilot Project were still being discussed within NDRIC. In short, the HSE swooped in and took over and ran with something which many members had very legitimate concerns about. In addition they made its implementation conditional on the funding to the sectors services.

NDRIC, as a partnership, effectively ceased to exist from that date. There have been no meetings convened since 2016, although we have no idea if they continue to operate in name only.

DSP CE Stakeholder Group

The Dept of Social Protection established a Stakeholder Forum in 2013 under the National Drugs Strategy involving reps from the DSP, Dept of Health, NDRIC and the Community and Voluntary Sectors. Citywide represented the community sector. The group undertook to develop a Social Inclusion Framework document for specific CE Drug Rehab Projects which was published in October 2015.

The framework was rolled out nationally but much of the promised training of DSP staff in its implementation did not take place, leaving confusion on the ground between projects and local DSP officers about conditions for participation, types of engagement etc etc.

A review of the framework was promised but this has not so far happened. Indeed the DSP have not convened any meeting of the Stakeholder Group since 2017.

More recently the Minister for DSP announced in a Press Release the establishment of an Inter-Departmental Group to protect and oversee the future development of Social Inclusion CE projects, with particular reference to what Government Department might be best suited to 'host' these projects and what management and governance structures would be most effective. These developments could have a profound impact on how these projects operate into the future.

Having spent two years developing the initial framework document in partnership with the DSP, we were more than surprised to see this announcement in a Press Release as we were unaware of any moves in this direction taking place.

Subsequently a request by us to the Minister for a place on that IDG, so that we may represent our national network of CE Drug Rehab Projects, has been rejected. We have been informed however that 'a consultative process with Sponsors and Organisations will ensure all have the opportunity to put their observations and proposals forward'.

Conclusion

The Report of the Social Inclusion Forum 2016 has already cited many of the issues/problems encountered in the implementation of the National Action Plan for Social Inclusion – most of which we concur with. The SIF clearly outlined the need to

reinvigorate the community sector following severe depletion over many years. To date we see no evidence of this happening. Community organisations have a proven track record in moving people closer to statutory and local development services while engaging in collective action to bring about wider institutional change for those experiencing poverty and social exclusion.

The shift of significant responsibility for community and local development towards local authorities has not served local communities well and we experience an ever increasing decline in the capacity of local communities to take charge of their circumstances and engage in a meaningful way in planning strategies and interventions to combat social exclusion. The principles of social value, social solidarity and the building of social capital are given little, if any, attention. Indeed the competitive tendering process for community and local development programmes further embeds these programmes in a market-driven approach hostile to community empowerment values.

While it is true to say that there are more and more partnership type structures established with which to engage with, we submit that the quality of engagement has significantly declined and this is most keenly felt in the problems of implementation and the lack of a mechanism to identify and deal with this. Consultation is not participation.