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Response to a consultation paper on proposals for the provision of strategic support to the voluntary and community sector in Northern Ireland.

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Community Development and Health Network (CDHN) is a regional network organisation, with over 1800 members. We support and engage our network to advance their knowledge and skills in community development, and to influence policy in order to reduce health inequalities.

Health inequalities are the unfair and avoidable differences in the health status of people in our society. Our health is promoted, protected or damaged by the conditions in which we are born, grow, live, work and age. The unfair distribution of these conditions leads to health inequalities.

### Response to the consultation

CDHN welcomes the opportunity to respond to the proposals for strategic support for the Voluntary and Community Sector (VCS) and we welcome proposed direction within the consultation. We can see how some of the proposals should make a positive contribution to reducing health inequalities.

As a membership organisation we held a consultation event, in partnership with Co3, to seek the views of our members in order to inform our response.

### Outcomes

CDHN are pleased to see the adaption of an outcomes approach, though better linkages between the theory of change and what is proposed in the document is required. In the body of the consultation policy advocacy and co-design of public services sits under outcome 1, an efficient and effective VCS. In the theory of change VCS has an effective influence on policy debate is a sub outcome of outcome 2, a sustainable VCS.

When reading through the background to the outcomes and linking these to the theory of change there is an overall lack of cohesiveness and a need to refine the outcomes area. The headline outcome area did not always seem to be reflective of what was in the description or proposals.

For example outcome 3 - an inclusive VCS, in the description it is acknowledged that the VCS is inclusive:

“to continue to support an inclusive sector.”

The description, priorities and proposals of outcome 3 are primarily focused on building better relationships between “hard to reach” groups and government through the sector rather than building inclusivity within the sector.

“support arrangements promote wider representation of under-represented groups in decision making structure/public bodies.”

And

“support women in disadvantaged areas to influence policy making.”

On reading the detail it appears that continuing to support an already inclusive CVS is an action or short term outcome which will lead to longer term outcomes: the building of relationships between government and all groups within society and the inclusion of less represented groups in policy and decision making. When adapting an outcome based approach it is important that we separate out short and long term outcomes, supports and actions. The outcome area should be articulating the longer term outcome.

CDHN took an outcomes based approach to understanding what is proposed within the consultation and given the above issues feel that further work must be undertaken in defining and articulating the outcomes to align them with the descriptions, priorities and KPIs.

Upon review of the proposals CDHN identified three main areas in which these proposals are hoping to effect change: organisational, sectoral and intersectoral. We suggest these may offer an easier, more accessible way to explain and create understanding of the desired change and the activities and supports in doing this.

**Outcome 1 (organisational)**

**Capable, impactful and sustainable CVS organisations, through the development of:**

* Governance
* Leadership – strategic and operational
* Organisational and operational management
* Practice skills
* Impact practice
* Financial sustainability

**Outcome 2 (sectoral)**

**An impactful, diverse and collaborative CV sector, through the development of:**

* Innovate communication processes
* Platforms for sharing:
	+ Information
	+ Knowledge and skills
	+ Ideas

**Outcome 3 (intersectoral)**

**Strong, respectful and impactful relationships between CVS and government** **through:**

* Supporting CVS organisations and communities to better understand the workings of government and policy making
* Supporting policy makers to have a better understanding of the context, cultures and norms within communities
* Increasing participation in policy making
* Increasing collaboration across CVS and public services
* Increasing participation in planning and delivery of services

What follows is CDHN response to the outcomes as they are currently defined.

### Outcome 1: An efficient and effective CVS

CDHN feel that this should be the second outcome, after a sustainable VCS. It is difficult to be truly efficient and effective when sustainability, specifically financial sustainability is questionable. Organisations can expend resources seeking funding, examining alternative business models, diversification or taking on very small contracts which aren’t viable, simply to generate income. This can cause them to drift and be less focused or able to achieve the outcomes which they were established to achieve.

As an investor and supporter of the VCS, it is clear why and it is right that effective and efficient VSS is a key priority for the Department of Communities (DfC). However the VCS would view this a key foundation rather than outcome. It supports the sector in achieving social outcomes. It is important if we are to move towards co-design that the language reflects the change sought by all parties who will be involved.

**Governance**

During consultation with our members there was strong backing for on-going support regarding governance and the priorities identified.

**Organisational Capacity and Skills**

Our members asked what skills? They felt that there are a range of skills sets across the sector, some due to the specialist nature of services provided, eg: mental health, youth work, rehabilitation, children and childcare. There was a strong desire to ensure that specialisms are supported and it was highlighted that many of specialisms and subsectors have both skills and qualification frameworks. Our members were keen to know what skills would be base lined and supported and asked that before any work is carried out that engagement takes place with the subsectors, relevant government departments and other bodies such as Northern Ireland Social Care Council, to explore and assess what data is already held regarding skills and qualifications.

Community development, management and leadership are the three areas which commonly underpin the work being carried out across the sector. CDHN would very much welcome the identification of gaps and the development of skills in relation to the three areas but especially community development. Time and resources may be saved if, in consultation with the sector, it was examined how existing resources such as the National Occupational Standards for Community Development and the Community Development Strategy, are being used and how they can be better employed to ensure those saying they are practicing community development are able to do so, to a recognised standard. Reviewing and adapting existing resources to develop skills and practice will be more efficient for the Department and the CVS, and more impactful in terms of delivering on the ground.

Operational leadership and organisational development is identified as a key area in the consultation. Again, we ask that DfC consult with those who have developed expertise alongside resources in this area and seek to support and enhance what already exists and is shown to be effective, rather than fall into the cycle of piloting and developing new resources.

**Policy advocacy and Co-design of public services**

“*Being included in the society in which one lives is vital to the material, psychosocial, and political aspects of empowerment that underpin social well-being and equitable health…. Any serious effort to reduce health inequities will involve political empowerment – changing the distribution of power within society and global regions, especially in favour of disenfranchised groups”*

(Commission on Social Determinants of Health, 2008)

CDHN is delighted to see commitment to support policy advocacy and co-design and hope that in the longer term this will lead to political empowerment and a reduction in inequalities. Though, further work in terms of framing the document and proposals is required.

There appears to be significant overlap between this and outcome 3, the main difference being the proposals in outcome 3 are more comprehensive and are targeted at women in community development. Reviewing the outcome areas, short term outcomes and proposals would help align and streamline the document.

Policy advocacy and co-design are interrelated but co-design requires a distinct skill set, capacity and resourcing. Given this CDHN would like to see these separated.

Co-design often involves several partners, who must have the skills, resources and willingness to participate in co-design. There may be occasions where co-design would be desired but undeliverable because of skill or resource pressures within any of the partners. It would be unrealistic to take responsibility for co-design being embedded and employed across public services. The CVS sector and DfC under strategic support can commit to building the capacity to undertake co-design and when working together to co-design.

Across our membership there is a variance in those who engage, would like to engage, and who understand the policy environment. Some find the language and environment disconnected from their experience and can feel intimidated, for others they do not see the need to get involved because it is so far removed. Action is required to support organisations and communities to arrive at the point where they want and feel confident to become involved in decision making.

The actions identified assume that all communities and organisations are at a point where they are ready to engage and participate in government.

Resourcing skills and knowledge development as well as support for lay translation must occur before engagement and participation can happen.

It is also vital the skills of decision makers to understand and engage, without judgement, with communities are developed. This will lay solid foundations for the communities and policy/decision makers shaping decisions together.

The proposals in outcome 3 encompass more of foundation work required in terms of ensuring communities, organisations and policy makers are able to engage and work together. CDHN would like to see this support available across the sector.

**Impact/outcome measurement**

As an Inspiring Impact organisation CDHN would like to see greater understanding of the importance of impact practice; this is all areas which relate to impact. These encompass planning for impact, measuring impact, assessing the impact and reviewing the impact. Given this we would like this area to be focused not only on measurement but impact practice.

CDHN members broadly welcome the support for developing impact. Our members asked that the possibility of cost recovery for developing capacity and skills within an organisation be examined, especially for smaller grassroots organisations. It was stated that smaller, less resourced organisations may fall behind in the development of impact practice as they have less funding for the development staff and the organisation than larger voluntaries.

### Outcome 2 - Sustainable CVS that has navigated and implemented change.

During the consultation with our members there was strong support for creating a sustainable community and voluntary sector. There was a ready acknowledgement of the challenges faced due to changing funding and structural environments.

As the CVS recognises it’s role in dealing with these challenges so must government, short term funding cycles, focus on quick-wins rather than long term outcomes does not help foster sustainability.

There was much discussion with our members that sustainability and enterprising should not be confused. There is a fear that the social enterprise model is becoming too dominant; it is not a model which can work across the board. Concern was also raised about what the drive and support for social enterprises means. It is argued that, in some cases, the social enterprise, not the charitable purpose of the organisation dominates and this affects outcomes.

**Strategic leadership for change and change fund**

One training programme ‘Strategic Leadership for Change’ cannot meet the range of needs and aspirations across the sector and therefore should not be held as a gateway to the change fund.

Outcome 1 mentions operational leadership, given the appetite to develop leadership across an organisation CDHN would, again, argue that there is a significant cause to review the outcome areas. An outcome area around developing CVS organisations which incorporates leadership, strategic and operational, would make the proposals more cohesive and easier to generate action across an organisation.

Collaboration is a focus in the consultation, and our members agree that there is room for more collaboration and that support is needed. Our members said that collaborations are not always rewarded especially in the culture of procurement. It can cost more for two small/medium organisations to deliver than one organisation, thus rendering them less competitive in procurement and tendering processes. Funding needs to account for the financial cost of collaboration as well as acknowledging that it can increase social value. Having two organisations bringing a range of skills and expertise can, sometimes, be more beneficial than one organisation branching into waters it is less acquainted with.

The diversity of VCS is a strength and our members felt strongly that the both the diversity and independence of the sector needs to be protected. Recognising the range of skills and knowledge within different organisations by supporting collaboration, enables the sector to maintain it’s diversity. Small grass root organisations and large voluntaries offer different but equally valuable contributions. Supporting diversity and collaboration to meet market need/community need rather than supporting, what can only be a limited number, of organisations to reach and grow through business development, eg: social enterprises and/or diversification is preferred by our members across the sector.

It is important that funders bear in mind that VCS organisations are not only accountable to them but are also accountable to the community they represent and must evidence how they are working to meet the charitable purpose for which they were established. Within the sector there are terms such as ‘chasing funding’ and ‘mission drift’. They highlight that organisations are in a situation of taking on work outside their stated purpose to remain either financially or politically relevant, they are diversifying. Organisations should not be pushed to diversify simply to achieve organisational outcomes, such as income generation. The outcomes VCS organisation should be supported to put first are the outcomes for their community, and they must ensure these matches their charitable purposes. By embedding impact practice, specifically the cycle of impact practice, organisations will be able to assess more fully how and why activities are contributing to outcomes and support the identification of alternative/better practices and activities to achieve their outcomes. Building excellent impact and business practices should ensure that diversification does not happen for the wrong reasons, and ensure it is always guided by the charitable purposes of the organisation.

 The strategic support needs to recognise and support organisations to balance the tensions between working to their mission/charitable purpose, supporting government achieve their outcomes and being sustainable. The focus on financial sustainability and business models and collaborating with government to achieve PfG outcomes does little to address this tension.

Given the adaptation of outcome approaches and outcomes based accountability within government, CDHN are keen that collaboration between sectors is more actively supported. No one organisation, department or sector can produce the social and economic impact outlined in PfG or many other government policies. A ‘whole systems approach’ has been championed within public health and the health equity movement for many years. Making Life Better, NI’s public health framework, has building collaboration as one of it’s themes and the outcomes within this looks at cross/inter sectoral, strategic and local collaboration and how it can be supported.

**Investment readiness support**

CDHN welcome the investment readiness support but would like to see a greater emphasis on impact practice rather than simply impact measurement. Business planning is important but a broader approach is needed. It is crucial that planning for impact happens in conjunction with business planning. Planning for impact encourages evidence based practice; supports organisations identify the right outcomes, the most appropriate methods for achieving the outcomes and the resources required. CDHN contend that this must be the foundation for action within the sector and investment into the sector.

### Outcome 3 – An inclusive CVS

As mentioned earlier CDHN feel there is sound reason for reviewing how this outcome area is articulated.

In terms of what is being proposed CDHN would like more information as to why these specific groups have been identified? We understand that the RISP programme, the predecessor to these proposals, was positively evaluated and that as these were core areas in RISP but we can only speculate; was this motivation for their inclusion.

 CDHN would like to know if during the evaluation or co-design of the strategic support proposals there was space to examine if these remained the right priority groups and what, if any, other groups were identified.

The proposals mention that needs may emerge for other groups including migrants and refugees. CDHN can see that there may be a need for developing leadership, building understanding of their needs and inclusion in policy and decision making for groups including and representing migrants and refugees.

Yet we urge caution in naming specific groups as once they are outside section 75 groups, the Department must be very clear on why that group is receiving support above and beyond other groups within society. In the draft public health strategy – Fit and Well, specific groups were identified and during the consultation process many other groups were identified and sound arguments provided as to why they should be included. The final strategy does not name specific groups.

Much of the direction of travel within the consultation is sound and many of the proposals have merit. CDHN argues that the construction of the consultation, outcomes and how they are aligned with proposals does not do it justice. Reviewing and refining the outcomes to ensure they reflect the desired change and connect with the proposals would help. We would like to see changes in terms of language and focus, to balance what both parties, DfC and CVS, want to achieve from the strategic support.

CDHN would be happy to discuss our response in more depth with DfC.