



**SUBMISSION FROM PAVEE POINT
TRAVELLER'S CENTRE**

ON THE DRAFT

**REGIONAL DRUGS TASK FORCES
OPERATIONAL GUIDELINES
TO
THE NATIONAL DRUGS STRATEGY TEAM**

FEBRUARY 28TH 2002

SUBMISSION ON THE DRAFT REGIONAL DRUGS TASK FORCES OPERATIONAL GUIDELINES

Pavee Point Traveller's Centre welcomes the opportunity to submit our views on the proposed operational guidelines for the Regional Drugs Task Forces.

TRAVELLERS AND DRUG USE

It is the experience of Pavee Point and the Traveller Specific Drugs Initiative that Travellers are increasingly at risk of drug use nationally. Although no quantitative research has been carried out to date, Travellers and Traveller organisations nationally report growing levels of drug use within the community.

The Traveller community are one of the most marginalised in the state, suffering from high levels of socio-economic disadvantage, including poor accommodation, health, education and employment status. As a community they experience high levels of direct and indirect discrimination, affecting their access to goods and services as well as their experience of service provision and responses to their specific needs. The Traveller population is also extremely young, with an estimated 80% under the age of 25, 80% in the age group most at risk of drug use.

The link between marginalisation and drug use, coupled with increased reports of drug use among the Traveller community, leads us to be particularly concerned about Traveller inclusion in national responses to drug use.

NAMING OF TRAVELLER INCLUSION

The draft guidelines note 'that the RDTFs will be operating from a wider geographic base than the LDTFs, serving diverse communities from both urban and rural backgrounds.' In order to ensure that Travellers are one of the diverse communities served by the work of the RDTF, Traveller inclusion must be clearly named.

There is discussion in the guidelines on the relationship between the LDTF and the RDTF, which recognises that the needs of some groups are best addressed on a cross task force basis. We would have concerns that the needs of Travellers, unless named, could be ignored, as they are also cross task force issues.

Centrally, our concern is that Travellers are often excluded, intentionally or unintentionally, unless specifically named.

Promoting the inclusion of Travellers by naming them and their needs also puts an onus to work with the communities such as Travellers in a way that addresses their needs and does not require them to conform to the responses developed with the majority population in mind.

COMMUNITY REPRESENTATION STRUCTURE

The structure being proposed to nominate the community representatives on the RDTFs causes us serious concern. There are difficulties both with the principle, and the practicalities of the model being proposed.

Principle

Centrally, why is the community sector, unlike the other sectors, not responsible for their own nominations and forming their own networks?

The proposal to use the structure of the County Development Boards (CDB), which is which is not a community-based structure, to nominate the community representatives implies that the community sector, unlike all of the other sectors, are not in a position to nominate their own representatives. There is non-equity in the nominating and representation process. No other sector has representation filtered through the CDB, all other sectors are using established or pre-existing networks to propose their nominations and no other sector is having their nomination process imposed.

It is stated in the draft guidelines the CDB should be assisted by the statutory sector, (again removing the community sector from their own representation), to identify any existing community networks. As a principle the community sector should identify its own networks and structures, in equity with all other sectors.

The key principle is that community representation should come from the community sector itself, in equity with all of the other representatives, and not be externally imposed.

An issue, which is also central to the above, is the proposal that the CDB should support the development of drug related community networks and that future nominations should come from these networks. Again as a point of principle, it is community organisations, and not the CDB or statutory agencies, who should be responsible for supporting the development of community networks.

Practicalities

The networks developed by the CDB to facilitate community involvement in the Social Inclusion Measures, (proposed in the draft guidelines) are extremely broad based and include representatives who are not community based, are not representing the community, and are often diverse to the point of excluding productive dialogue. Therefore, coupled with the difficulties with the principle of using these networks, there are problems with the make up of the networks in accessing appropriate community representatives..

PROPOSALS

The community sector itself should manage, support and promote the community representation. In order for the community representatives to coherently feedback into the community sector community networks must be established, supported and managed by the sector itself. It is only with community owned and managed structures can we ensure that the community representatives have the capacity to feedback to the community, gain the insights of the community sector and feed into the RDTF as well as gain the support and validity in both the community sector and within the RDTF.

Community networks need to target groups, communities and community organisations according to the issue; they need to target those who are working on the issue, the communities that are effected by the issue (rather than individuals) and the communities that are likely to be effected. The community network also need to be

made up of those who are community based, and not be inclusive of statutory, voluntary, political representatives or individuals.

Community networks, where established need to be flexible to ensure that groups and communities can join where appropriate. They also need to have clear guidelines as to what constitutes a community network and representative, which should include, a social inclusion focus, coupled with equality and anti-poverty principles. There also needs to be clear guidelines on the roles of the community network and representative in relation to the RDTF and the communities they serve.

In regions where a community network looking at the drugs issue already exists the community representatives should be nominated directly from this structure. In the interim, there are appropriate precedents for securing community nominations for partnerships and consultation fora; these include the Community Fora within the Regional Authorities and the networking mechanisms and information from the Community and Voluntary Platform/Pillar

There should be a limited timeframe for establishing community networks, ensuring that when the first two-year nomination period has elapsed, a community network has been established and nominations can be made directly from that structure.

Community representation needs to be supported in order to ensure that the community sector has a voice and the capacity to participate within the RDTF. Statutory representatives will be on the RDTF in the capacity of their employment. They have the support of their organisation, and often, their organisation is responsible for the funding of projects and programmes. Community representatives are often participating in a voluntary capacity, or as an add-on to community based work. In these cases, themselves or the organisations they work for need to be resourced to ensure that their representation becomes participation and not tokenism. A national *community* organisation should be funded to provide support to community networks and community representatives on the RDTFs. The community sector and RDTFs need to be resourced to provide support to community networks and representatives including training, information, administration and sufficient expenses. This support is vital to

ensure that the community representatives can participate in the RDTF in an equitably capacity.

There is a need to ensure that the non-community and voluntary sectors take cognisant of the information and expertise of the community sector.

GENERAL QUESTIONS AND CONCERNS

As with the LDTF the Health Boards have responsibility for appointing and administratively supporting the coordinator of the RDTF. This raises similar concerns to those that arose within the LDTF structures. Will the RDTF be independent of the Health Board? Will the Health Boards and statutory sector have undue influence as a result of this structure? How will pre-existing Health Board structures and drug related posts, that may not have the partnership model outlined in the guidelines, fit into the new structures? These concerns need to be addressed to ensure that the RDTF are not perceived to be Health Board structures, rather than partnership approaches to tackling the drugs issue.

How in a practical sense will the RDTFs link into the National Alcohol Task Force as referred to in the guidelines?

CONCLUSION

As stated Pavee Point central concerns are how the Traveller community and Traveller organisations, as part of the community sector are nominated, represented, organised and supported to participate in the proposed RDTFs.

- There is a need to name Travellers as one of the diverse communities that must be targeted by the RDTFs.
- Traveller organisations are predominately community organisations, therefore we are also concerned that the community sector, in equity with the other sectors, nominates, supports, and feeds back to its own sector, in manner that is managed by the sector itself and inclusive of Travellers and Traveller organisations.

PAVEE POINT

Pavee Point is a national non-governmental organisation which is committed to the attainment of human rights for Irish Travellers. It was established in 1983 and is based in Dublin. The organisation is a partnership of Travellers and settled people working together to address the needs of Travellers as a minority ethnic group who experience exclusion, marginalisation and racism.

Pavee Point has extensive experience in developing innovative and culturally appropriate responses to the needs of Travellers from its starting point based on a community development approach and on an intercultural model. The organisation seeks to combine local action with national resourcing, and direct work with research and policy formulation.