



## Advice to Government on Funding for Services 2013 to 2015

AUGUST 2012

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## List of Recommendations

The Commission for Victims and Survivors recommends that:

1. The current funding allocation for victims and survivors should be maintained between 2013 to 2015;
2. The funding will run from April 2013 – March 2015 until the end of the current Comprehensive Spending Review (CSR);
3. There should be three programmes for funding: Social, Health Care and Financial Support;
4. The call for applications for funding should be no later than November 2012;
5. Letters of Offer need to be in place in adequate time to ensure there are no protective notices served on staff involved in the delivery of all projects/services i.e. three months;
6. Projects should commence from 1 April 2013;
7. The Victims and Survivors Service (VSS) should assess the Social Programme project applications;
8. Social Programme groups should be responsible for the overall assessment of the needs of individuals within their projects;
9. All new clients should be assessed by a Health Care assessor employed or registered with the VSS;
10. The VSS should put in place arrangements for appropriate monitoring and evaluation regarding subsequent service delivery;
11. VSS should facilitate substantial engagement and a residential during Autumn 2012, and before the call for applications, for all key personnel involved in the funding and assessment process to address change management issues;
12. The Commission advises that for the Financial Support Programme each individual will be assessed by the Victims and Survivors Service in relation to need;
13. The Commission recommends that all of the Programmes should be for a two year funding programme from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2015 to the end of the current Comprehensive Spending Review (CSR).
14. The Commission recommends that 2013-14 should be an implementation year for the programmes to take account of pending changes and to monitor them.

## **1. Introduction**

- 1.1 This advice is submitted to the Office of First Minister and deputy First Minister in accordance with Article 6, Section (4), Sub-Section (b) of the Victims and Survivors (Northern Ireland) Order, 2006.
- 1.2 The Commission has undertaken to provide the advice, regarding the funding of services, to the Office of First Minister and deputy First Minister by the end of August 2012, and by the end of October 2012, regarding individual financial support.

## **2. Context**

- 2.1. The OFMDFM Strategy for Victims and Survivors (November, 2009) acknowledges:

- that funding arrangements for work with individual victims and survivors, and victims and survivors groups need to be placed on a more secure footing that is responsive to identified and changing needs;
- the valuable work carried out by victims and survivors groups over the years;
- that the work carried out by victims and survivors groups, Trauma Advisory Panels and other organisations will be built upon.

- 2.2. In February, 2012, the Commission submitted its Comprehensive Needs Assessment (CNA) to the First and deputy First Ministers. The CNA is the product of two years of research and analysis within the Commission. It addresses the seven Areas of Need listed below:

- Mental Health and Wellbeing;
- Social Support;
- Personal and Professional Development;
- Truth, Justice and Acknowledgement;
- Trans-generational Issues and Young People;
- Organisational Development.

- 2.3. The Commission identified within the CNA the priority of spend for the Areas of Need and this priority has been confirmed through a review and analysis of the funding which groups have applied for from the current funding schemes.
- 2.4. The new Victims and Survivors Service (VSS) was established by the First and deputy First Minister on 1 April, 2012. Its job is to co-ordinate services to victims and survivors and to organise funding. During 2012/13 the VSS will take over from the Northern Ireland Memorial Fund (in providing individual financial support) and the Community Relations Council (in funding groups and services).
- 2.5. As part of the Northern Ireland Executive budget for the four-year period, 2011 to 2015, a sum of £50million has been allocated to support victims and survivors. This works out at approximately £12million per year. With only some qualification, the Commission endorsed this budget in 2010 and, in the context of a worsening economic situation, we continue to view it as satisfactory.

In the current financial year this budget is distributed in the following way:

**Table 1: Funding for the Sector 2012/13**

<b>Body Responsible</b>	<b>Amount Awarded</b>
Community Relations Council	7,300,000
Northern Ireland Memorial Fund	3,400,000
Victims and Survivors Commission	1,300,000
Victims and Survivors Service	800,000
<b>Total</b>	<b>12,800,000</b>

- 2.6. The Commission recommends:
- In broad terms, the above allocation should be maintained between 2013 to 2015; and
  - The funding will run from April 2013 – March 2015 until the end of the current Comprehensive Spending Review (CSR).

### **3. How funding has been distributed in the last few years**

- 3.1. Over the past number of years the majority of the budget outlined in Table 1 above has been allocated to the Community Relations Council and the Northern Ireland Memorial Fund for distribution to groups and individuals. The Community Relations Council has administered the Strategic Support Fund (SSF) and the Development Grant Scheme (DGS) to support groups to provide services to victims and survivors in the following 'Areas of Need':
- Mental Health and Wellbeing;
  - Social Support;
  - Personal and Professional Development;
  - Truth, Justice and Acknowledgement;
  - Trans-generational Issues and Young People;
  - Organisational Development.
- 3.2. Another Area of Need, 'Individual Financial Needs', has been addressed by the Northern Ireland Memorial Fund which has distributed funding through a number of schemes over the years to individual victims and survivors. These schemes range from Financial Assistance to Education and Training.
- 3.3. From April, 2013, responsibility for administering all of the above funds will pass to the Victims and Survivors Service. The Commission welcomes this as an opportunity to review these schemes and change or amend them so that they are appropriate to meeting the needs of victims and survivors today.
- 3.4. One area of concern which will need to be addressed over the next two years is the funding which is currently identified as administration and overheads which is coming in at approximately 30%. It is not possible to determine at this stage how much of this is actually spent on ensuring the delivery of front line services. Therefore, further work would need to be undertaken to identify clearly what aspects are spent on administration and overheads thus focussing funding on the delivery of services.
- 3.5. The amount that is allocated to administration and overheads through PEACE Funding is approximately 12.5 %.

### **The Need for Change**

- 3.6. In our view, there are several factors creating a need to refocus the system for funding groups and service providers engaged with victims and survivors:

- OFMDFM's ten-year 'Strategy for Victims and Survivors' (2009/19) is based on a number of principles, one of which is to ensure that services are provided in response to assessed need and that the practical and other needs of victims and survivors are addressed in a co-ordinated manner;
- It is time to draw distinctions between, on the one hand, the great majority of activities in the victims sector which revolve around the social aspects of victims' lives and, on the other hand, more expensive therapies and interventions which address the health needs of individuals;
- To assist in future planning there is a need to improve the ways in which data and information necessary for monitoring the effectiveness of services is gathered;
- In April, 2010, Junior Ministers Kelly and Newton stated an intention to move away from short term funding of the victims sector. They recognised the debilitating effect of yearly funding awards on groups regarding their retention of staff, their ability to plan and the development of good practice. The Commission must advise Ministers of the need to ensure that victims groups and service providers do not approach another financial year with such uncertainty;
- It is also important to ensure that funding for 2013/14 is confirmed in good time, thereby avoiding a repeat of the situation in previous years when some staff were placed on protective notice until renewed funding was confirmed;
- In these difficult economic times there is a need to demonstrate effectiveness and value for money when drawing on the public purse and to demonstrate how support is being directed to those in greatest need.

## Proposals

3.7. As part of the Comprehensive Needs Assessment the Commission reviewed and analysed the current funding schemes and is now advising to move to three new programmes to be administered by the Victims and Survivors Service. The programmes are as follows:

- **The Social Programme** - to provide funds for projects aimed at group activity and informal engagement with victims;
- **The Health Care Programme** – focused on providing packages of treatment or care designed for specific individuals; and

- **The Financial Support Programme** – allocating direct financial assistance to individual victims/survivors.

## **4. The Social Programme**

4.1 The Social Programme should replace the Strategic Support Fund and the Development Grant Scheme hitherto administered by the Community Relations Council, bringing greater strategic focus and coherence to a broad range of activities.

4.2 This programme should have the following aims:

1. To support and maintain the resilience of victims and survivors;
2. To assist victims/survivors in addressing the legacy of the past;
3. To assist victims/survivors in building a shared and better future.

4.3 These aims reflect important aspects of the ten-year Victims and Survivors Strategy (2009): a recognition that the victim constituency is an important part of our society; a constituency with a contribution to make towards the common good and not merely groups of people in need of services. The Social Programme affirms the value of organised groups and services for victims/survivors as:

- a positive component in the social cohesion of a society recovering from conflict;
- enabling social interaction between victims/survivors which addresses social isolation;
- providing social activity among victims/survivors which enables those affected by the past to play a role in building towards a better future.

### **Areas of Need**

4.4 The Social Programme, in the main, addresses five of the seven Areas of Need which underpin the Commission's Comprehensive Needs Assessment (February, 2012), these are:

- Social Support;
- Truth, Justice and Acknowledgement;
- Welfare Support;

- Transgenerational Issues and Young People;
- Personal Development;
- Organisational Development.

4.5 We would advise that the area of Professional Development, whereby victims/survivors address matters relating to employability and career development should be addressed under the Health Care Programme..

4.6 On the other hand, it is perfectly feasible that a person being dealt with under the Health Care Programme could have a package of care which might include involvement in a project funded under the Social Programme.

### **How will the Programme be administered?**

4.7 The Commission recommends:

- The call for applications for funding should be no later than November 2012;
- Letters of Offer need to be in place in adequate time to ensure there are no protective notices served on staff involved in the delivery of all projects/services;
- Projects should commence from 1<sup>st</sup> April 2013.

## **5. The Health Care Programme**

5.1 The aim of the Healthcare Programme is:

- To contribute to the health and social care of victims and survivors through the provision of individualised courses of treatment and/or care.

5.2 The Commission identified Health and Wellbeing as the top priority area of need throughout the development of the Comprehensive Needs Assessment. The Health Care Programme will address these needs through the provision of Counselling, Psychological and Complementary Therapies and social activities.

5.3 The Commission would advise that Organisational Development is also an eligible activity under this programme.

### **Eligible Activities**

5.4 The Commission advises that the following activities are eligible in this Programme:

- Psychotherapy;
- Counselling;
- CBT;
- EMDR;
- Complementary Therapies;
- Or other evidence based professional trauma interventions;
- The Commission would advise that Organisational Development is an eligible activity under this programme.

5.5 The intentions behind our recommendation for the creation of a Health Care Programme are as follows:

- To ensure that every individual, from anywhere in Northern Ireland, presenting with needs concerning their health and social care should receive attention to the highest possible standards;
- To improve efficiency and cost effectiveness in their treatment or care;
- To develop a more coherent understanding of the disparate health and social care needs of victims/survivors in order to improve our capacity to plan ahead for emergent and future needs.

5.6 We are also of the view that it is simply 'best practice' to differentiate between those responsible for diagnosis and/or assessment and those responsible for service delivery, thereby guarding against potential conflicts of interests.

5.7 The Commission is also anxious to ensure that all victims/survivors in receipt of health/care services receive treatment/care which is appropriate to their assessed needs.

### **How will the Programme be administered?**

5.8 The Victims and Survivors Service should make a call for applications in the Autumn 2012. Applications should be based on assessed need. The applications should go through an assessment process with Letters of Offer issued in time to ensure continuity of provision and personnel not being placed on protective notice. Health Care projects should commence from 1<sup>st</sup> April 2013.

5.9 The Commission recommends that the VSS identifies an appropriate package of care for the individual and it should ensure that this package of care is delivered by the relevant service providers. The Commission further recommends that all services are delivered in accordance with the NICE guidelines and the minimum standards framework as appropriate.

## **Assessment**

5.10 Government policy requires that services to victims and survivors should be based upon an assessment of what victims need and that activities should be properly monitored and evaluated. In the Commission's view, 'assessment' should address a number of concerns, namely:

- To ensure that the needs of each individual are effectively addressed;
- To ensure that assessment is conducted in a sensitive and proportionate manner;
- To assist groups or service providers in developing projects and funding proposals;
- To provide evidence in relation to the effectiveness of services signposted by the Victims and Survivors Service;
- To enable future planning for services.

5.11 Assessment should take two forms:

### **The Commission recommends Project Assessment for the Social Programme:**

- VSS should assess project applications from groups which aim to provide services;
- Groups should be responsible for the overall assessment of the needs of individuals within their projects;
- VSS should also conduct follow-up monitoring and evaluation of funded groups.

5.12 **The Commission recommends Individual Assessment for the Health Care Programme:**

- From April, 2013, every new client should receive a Health Care Assessment before receiving treatment or care;
- The Health Care Assessment should be undertaken by a Health Care Assessor, employed or registered with the VSS;
- During 2013/14 clients who are already the subject of treatment or care with groups or other service providers should also undergo a Health Care Assessment;
- The Health Care Assessor, under supervision from VSS management, should design a package of care or treatment for each individual. The Assessor should work in partnership with the client and where appropriate, liaise with service providers on the ground in constructing the treatment/care package;
- The VSS should put in place arrangements for appropriate monitoring and evaluation regarding subsequent service delivery;
- VSS should undertake during Autumn 2012, in conjunction with the Commission, substantial engagement with the sector regarding these reforms, which should come into effect in April, 2013 as the development of a new approach to assessment and treatment/care will involve significant change to the character of front line services to victims.

## **Engagement with the Sector**

- 5.13 The Commission must impress upon Government the need to undertake substantial engagement with the victims sector regarding the new working relationship between the VSS and service providers which should be in place by April, 2013.
- 5.14 The interests of victims and survivors of the Northern Ireland conflict require the provision of services based upon a partnership between Government and the voluntary/community sector in our society.
- 5.15 Over the past fifteen years or so, the victims sector – including a mixture of voluntary and self-help groups supported by a cadre of professional staff and practitioners – grew from the ground upwards. In the context of the Peace Process, the NIO and, in turn, OFMDFM officials were largely supportive of the sector overseeing a period of growth.
- 5.16 In the period since devolution in 2007, a more strategic framework has been under construction, aimed at improving the quality of services and building for

the future. The challenges have been exacerbated by the worst economic downturn in generations.

5.17 The establishment of the VSS in April, 2012, has been a significant development. If the infra-structure works correctly, the VSS will co-ordinate service delivery to victims, through a mixture of statutory providers and victims groups/organisations; Victim Practice Meetings (building on the work of the Trauma Advisory Panels) will be an important mechanism to assist the Service and practitioners to work in a spirit of partnership; the Forum will work as a platform from which the voices of ordinary victims can be heard and the Commission will function as a guarantor of the sector and as an advisor to Government.

5.18 However, with all of the aforementioned infra-structure either newly established or still in formation, the introduction of new operational arrangements for the delivery of services present an immediate challenge to all concerned.

5.19 There are three key dimensions to the engagement that must take place:

- The grass roots knowledge and hands-on expertise of the victims sector;
- The concerns of OFMDFM regarding policy and fiscal management;
- The duty of the Service to further develop service provision across Northern Ireland.

5.20 However, the Commission is apprehensive regarding the resource capacity of the new Service during the Autumn/Winter of 2012 and the time pressures on civil servants during the same period. There is a need to avoid two extremes: firstly, establishing new arrangements and procedures that make bureaucratic sense but fly in the face of realities on the ground. Secondly, that in the absence of reform, the sector remains under-regulated, uneven, unviable and lacking strategic direction.

5.21 Therefore, the Commission recommends that a residential conference is convened by the VSS during Autumn 2012. This will enable the essential issues to be addressed for the Social Support and Health Care Programmes.

5.22 This aims of the conference should:

- communicate the changes and engage the expertise of practitioners in the sector;
- set out the time frame for the changes;

- focus the sector on the change management process and their role in the process;
- involve the sector in contributing to the changes;
- identify and resolve issues that have to be addressed prior to funding applications;
- identify aspects for a follow up programme;
- provide value for money by concentrating on the essential components and engaging with the sector at this crucial time;
- acknowledge and recognise the commitment of all key stakeholders;
- ensure OFMDFM and the Service are pro-active in fulfilling stakeholder's responsibilities.

5.23 Activities might include a series of workshops and a residential meeting. The major items for engagement would be:

- Understanding Government's business model and the demands of fiscal management;
- Understanding the three programmes: Social; Health Care and Financial;
- The development of a care pathway for those in need of support/services;
- The operational development of Individual Assessment;
- The operational development of Project Assessment;
- Analysis of operational, administrative and overhead costs of groups/services;
- The operational development of a Monitoring and Evaluation system;
- Registration of service users;
- Standards and Quality Assurance in the sector;
- Establishing 'Call Off' arrangements;
- The development of Victim Practice Meetings;
- An overview of the Financial Support Programme.

5.24 Such engagement should put in place arrangements that allow for continuing engagement between the sector and the service during the Change management process.

## **6. The Financial Support Programme**

6.1 The aim of the Financial Support Programme is:

- To assist those who have been directly impacted by loss or injury and have the greatest need.

6.2 The financial needs of Victims and Survivors have been addressed in the past by a series of schemes that have been administered by the Northern Ireland Memorial Fund over the last twelve years. The Commission is currently considering proposals for new arrangements to run from April, 2013, onwards.

6.3 It is important to differentiate between 'victim-based' financial need and general social and economic need. In these harsh economic times it is likely that increasing numbers of victims and survivors of the Troubles will experience financial pressure and many will seek welfare support from the State. However, in a time of growing need the Westminster Government's reforms are reducing the size and scope of the welfare system. The case for providing for those financial needs which victims are experiencing in common with other citizens must ultimately be made to the Department of Social Development.

6.4 In the Comprehensive Needs Assessment the Commission advised OFMDFM concerning the continuance of financial assistance of the kind which has hitherto been administered by the Memorial Fund. This aspect of the CNA remains a matter of ongoing discussion and the Commission will submit further advice in October, 2012 to OFMDFM.

### **Assessment**

6.5 The Commission advises for the Financial Support Programme each individual will be assessed by the Victims and Survivors Service in relation to need.

### **How will the Programme be administered?**

6.6 After assessment the relevant Financial Assistance package should be awarded to the individual and administered by the Victims and Survivors Service.

## **7. Recommendations across the three programmes**

- 7.1 The Commission recommends that all of the Programmes should be for a two year funding programme from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2015 to the end of the current Comprehensive Spending Review (CSR). The Commission will continue to advocate for further funding for this Programme during the lifetime of the Victims and Survivors Strategy up until 2019.
- 7.2 The Commission recommends that 2013-14 should be an implementation year for the programmes to take account of pending changes and to monitor the impact of them.

# Appendix 1 - Future Funding Consultation: Summary of Responses (August 2012)

## Introduction

1. The Commission for Victims and Survivors held four regional consultation workshops from 6<sup>th</sup> August to 14<sup>th</sup> August on the strategic direction and the structure of future funding for the Victims and Survivors sector in Northern Ireland. The Commission also held an extraordinary meeting of the Forum to also discuss these issues. Details of workshops are set out below:

**Table 1: Regional Consultation Workshops**

<b>Location of Workshop</b>	<b>Date</b>	<b>Number of participants</b>
Killyhevlin Hotel, Enniskillen	6 <sup>th</sup> August	22
NICVA Offices, Belfast	8 <sup>th</sup> August	27
Everglades Hotel, Derry	13 <sup>th</sup> August	11
St Patrick's Trian, Armagh	14 <sup>th</sup> August	13
Hilton Hotel, Templepatrick with the Forum	23 <sup>rd</sup> August	21
<b>Total Participants</b>		<b>94</b>

2. At each workshop the Commission set out a draft framework in relation to the development of three Programmes to replace the current funding streams administered by the Community Relations Council and the Northern Ireland Memorial Fund. It was made clear that, if adopted by OFMDFM, any new Programmes would be administered by the Victims and Survivors Service from April 2013.
3. The purpose of the consultation workshops was to consult with victims groups and other service providers to inform the Commission prior to providing advice to Government on (a) how services should be funded and (b) how individuals should be financially supported from April, 2013 to March, 2015.

## Initial Feedback

4. In order to engage the sector in this discussion the Commission posed a series of questions in relation to each of the three Programmes in its draft framework. The Commission also accepted written responses to the consultation. The paragraphs below outline the initial feedback in relation to each of the programmes.

## **Emerging Themes**

5. The main themes to emerge from this consultation for each Programme are as follows:

### **Overall:**

- The three Programmes are a positive step in addressing the areas of need;
- It is important that, where appropriate, links are built between the three programmes to provide a package of support and care;
- Groups very much welcomed the move to two year funding.

### **Social Development Programme**

- Groups could see that the programmes were closely linked to current group activity;
- Some uncertainty about the term Social Development;
- A need for flexibility to meet changing needs.

### **The Health Care Programme**

- Fear of developing too medical a model;
- Psychotherapies should be broader than just CBT and EMDR;
- Assessment is a big issue with lots of unanswered questions;
- Difficulty in planning for future needs in this area and how to anticipate referrals from the Service;
- Groups had a lot of questions as to how this programme would work in conjunction with the Service.

### **The Financial Assistance Programme**

- There have been a lot of changes over the last few years and schemes keep changing, would like to see some consistency;
- Need to define who exactly is eligible for this Programme;
- Means testing excludes many victims and survivors.

6. The sections below capture the main points that have been made throughout the consultation in relation to each specific Programme:

### **The Social Development Programme**

#### **Aims:**

- Broadly supportive of the aims of the Programme;
- There is a need for strong links between the Social Development and Healthcare Programmes;
- Welcome the two year programme;

- Pleased that the aims are not too removed from current group activity;
- Second aim is too broad it should be about victims and survivors addressing their own past and future;
- Term social development is very misleading and makes it complicated;
- Focus should not be on the past but what is happening now;
- Question the wording used in the first aim, need for clarity, the words social interaction and communal solidarity are open to interpretation;
- Groups activities should be linked to the aims of the programme.

### **Social Support**

- Provide opportunities for more social togetherness, at present there is too much paper work to carry out the befriending programme, for volunteers to complete;
- Funding for meals has been restricted in current programmes;
- Need to link befriending to DIY/helping activities and make these eligible;
- Rural transport an issue in providing social support in rural areas.

### **Truth, Justice and Acknowledgement**

- Acknowledgement depends where the group and the victims are in the process. Continued need for single constituency work;
- Dealing with the past is a very emotive issue: are you sure you want groups to be addressing these issues?
- Storytelling may not be the appropriate label for this activity perhaps “experience sharing”?
- Advocacy is an important service and becoming more of a need.

### **Transgenerational issues and Young People**

- This includes young people who are hearing about the conflict and getting different stories and opinions which obviously contributes to the legacy of the conflict. How can groups sustain young people over a longer term period as victims of the conflict? Fewer are suffering from third generational effects;
- How best to get older and younger generations interacting through Transgenerational work;
- Provision of services needs to continue to include the second generation of victims including sons, daughters and grandchildren.

### **Personal Development**

- Any funding streams needs to clarify what, if any, educational development will be supported;
- Include IT classes as eligible.

## **Complementary Therapies**

- Structured programmes of complimentary therapies should be considered.

## **General Comments**

- Development of a call- off list for services needed;
- Victims are becoming older and more dependent on support and this needs to be taken on board;
- Would welcome longer term funding to allow groups to plan ahead better;
- A need for good practice initiatives;
- Need for more flexibility, especially as groups are mainly volunteer based;
- Guidance on monitoring and evaluation is essential and a need for more joined up thinking;
- You will find that groups are currently exceeding requirements;
- Organisational development is missing from the eligible activities;
- It is important to protect the Community development ethos of the sector;
- Eligible areas need to be clearly defined so no scope left for grey areas;
- Potential conflict between different levels of assessment between the programmes;
- For flexibility eligible activities should remain indicative rather than be definitive;
- Build in a 3 reviews over the 24 months to ensure each group is on track or if anything needs to changing in the project to meet emerging needs;
- Organisational Development has been omitted, is this still eligible?;
- Agree that groups are best placed to carry out the assessments on this programme.

## **The Health Care Programme**

### **Aims:**

- Welcome the development of this Programme but stress the need for ongoing monitoring;
- Programme appropriate and all activities eligible;
- Broader terminology required;
- How will groups interact with the Service?
- Sound aims;

- Programme should be professionally driven but client led (based on need).

### **Counselling:**

- Counselling/therapy – six sessions of treatment is not enough, after six weeks they are just getting used to it, but have to wait until the next financial year to start again, especially those who most need it and cannot afford to pay for them;
- Trauma counselling works better alongside complementary therapies;
- Counselling keeps people out of hospital, therefore it is good value for money.

### **Psychotherapies:**

- Naming of two therapies (CBT and EMDR)- the programme needs to be wider than two therapies;
- Broader terminology required for both Counselling and Psychotherapies and important to preserve the holistic response models at play within victims groups.

### **Complementary Therapies:**

- Complementary Therapies – how will the funding follow the individual, complicated picture, groups unsure how this will work;
- Discussion required on prioritisation of complementary therapies and which programme they best fit;
- High level assessment for complementary therapies is not value for money as it would cost more to assess as it would to provide 6 sessions of therapy.

### **General Issues:**

- Assessment – who will carry this out, what is the role of the groups, to what standard, who will set the standard, how will they be approved;
- Assessment is essential to ensure the effective implementation of the Programme;
- Assessment – should be agreed standards of assessment that everyone can sign up to;
- Concern that the Service will become too bureaucratic and a tick box exercise;
- The introduction of a consistent assessment tool would be very welcome;
- Assessments – need to take place on a regional basis;
- It is important that assessors have an empathetic approach;

- The word assessment carries connotations for victims, prefer to ask people about their needs;
- Assessors will have to have a lot of competencies, a lot of training will be required to get everyone to the same level;
- Assessment should establish that people availing of services are indeed victims and survivors and that they are eligible to receive this support;
- Referral – where can groups take referrals from, how will groups know how many referrals they will get, how do they plan for this, will they have to take all referrals from the Service; How will groups estimate how many referrals they will get from the Service?
- If funding follows the individual, how will this work?
- Need for links between the two Programmes, the Health Care and the Social Development;
- Is group work therapy an eligible activity?
- Concern over potentially capping an individual's package of care;
- Are core costs for staff eligible in this programme? Will staff like therapists and counsellors continue to be funded?
- Medical language too strong;
- A lot of people are comfortable in the groups
- Care and compassion should appear in the document;
- At present it is a complex structure of services and unclear as to how they will be accessed;
- Need to ensure that the capacity is in place to deal with whatever comes through the door;
- Positive in that it is individual focused;
- Concern expressed that groups have build up a local service that is well attended, is accessible, non threatening and non medicalised and that this may be changed to such an extent that these clients may not get the service they need in the format outlined in the programme.
- A lot of work still needs to be done to ensure the uniformity of data that needs to come into the service from across the sector.

## **The Financial Support Programme**

### **General issues:**

- Siblings removed from the schemes;
- Excluding siblings and grandchildren last year caused a lot of upset;
- There was a lot of confusion last year over the length of the award period, would welcome greater consistency;

- No detailed explanation was provided to people who had received previously but are not being turned down. Placed a lot of onus on the groups to explain the reasons why;
- Schemes have restricted what people can apply for. If the aim is to assist those in greatest need then you need to give individuals the opportunities to outline need as opposed to trying to predict what this might be;
- The removal of the Short Break and Over 60s payment meant that some of the most vulnerable felt they were no longer recognised;
- Some widows who receive small pensions issue, do not meet the means testing criteria of the scheme and this is unfair;
- Need for support for those displaced and those under threat;
- Education and training and expansion of criteria being more closely linked with career choices and options;
- Means testing excludes many victims and discontent caused as a result;
- Should continue to support respite and short breaks and include small grants for household bills and maintenance;
- Need a better definition of what is meant by injury and state this so that everyone is sure what is meant here? Is mental/psychological injury included?
- Acceptance that there may be victims who don't quite fall within the particular schemes and their rigidity;
- Need for links between social development and the financial programmes;
- Things keep changing every year leads to confusion, this programme needs to be clear;
- Be careful that people do not become grant reliant;
- Focus should be on financial assistance, education and respite for this programme;
- Need to ensure that the maximum amount of funding goes to victims and survivors;
- Where does the funding stop in regards to the generations?
- The term financial support is misleading and may lead to an influx in applications;
- The assessment process needs to take into account details other than just income and need should cover a more holistic view;
- Inconsistency has had a negative impact and can be traumatic for some victims and survivors. There have been far too many stop starts in the criteria. Why has NIMF been allowed to continuously change its criteria?

## Feedback provided on Overall Issues

- Not sure about the names of the Programmes, sounds like the medical model is taking precedent;
- The premises of the Service is not appropriate, it needs to be more discreet;
- Admin costs – mentioned today that it should be around 12%, how if groups have more administration will this cost remain at 12%? More work, less admin;
- Clarity upon the streams which groups will be eligible to apply and those that will be operated centrally by the service and referred out from;
- Provide more information in relation to trauma;
- Lack of Communication from Commission and Department on what is happening;
- Lack of consultation with the groups;
- This is the first anyone has heard of the SSF/DGS and Memorial Fund changing, why has there been no consultation before now?
- No consultation with the sector up until this point, you have not involved the sector in getting to these programmes;
- Find the three Programmes confusing;
- Don't know where my group best fits into the Programmes;
- The three Programmes feel like a step back to a more medical model;
- Need for funding to be longer than two years;
- Need to ensure the maximum amount of funding actually goes to the victims and survivors;
- Programmes do not reflect what is happening elsewhere, for example, in the Public Health Agency;
- How do you turn people in need away, even if they are not victims? Very difficult issue to deal with;
- More promotion of what is happening in other groups and encourage better sharing of services;
- What is the budget for each programme?
- Will the costs of the service increase and where is this budget coming from?
- Avoid developing a hierarchy of programmes;
- Need to develop more strategic and longer term thinking around funding;
- If these Programmes are developed from CNA stage 2 then groups must be allowed to see this before the Autumn to assess if need has been prioritised effectively.