



Northern Ireland
Assembly

Committee for The Executive Office

OFFICIAL REPORT (Hansard)

Overview Briefing:
Victims and Survivors Service

6 May 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colin McGrath (Chairperson)
Mr Doug Beattie (Deputy Chairperson)
Ms Martina Anderson
Mr Trevor Clarke
Mr Trevor Lunn
Mr George Robinson
Mr Pat Sheehan
Ms Emma Sheerin

Witnesses:

Ms Margaret Bateson	Victims and Survivors Service
Mr Andrew Walker	Victims and Survivors Service
Mr Oliver Wilkinson	Victims and Survivors Service

The Chairperson (Mr McGrath): Via teleconference today, we have three representatives from the Victims and Survivors Service (VSS): Margaret Bateson, the chief executive officer; Oliver Wilkinson, the chair of the Victims and Survivors Service board; and Andrew Walker, the head of operations for the Victims and Survivors Service. I will pass over to those people to give us their update. I advise the three witnesses that the session is being recorded by Hansard and the report will be published on the Committee web page. Is it you, Margaret, who is going to take the lead?

Mr Oliver Wilkinson (Victims and Survivors Service): No, I will do an introduction and then we will take questions from you, if that is OK with you, Chair and members.

The Chairperson (Mr McGrath): Certainly. If you just give me —.

Mr Wilkinson: This is Oliver Wilkinson.

The Chairperson (Mr McGrath): Yes, I was just going to ask who the "I" is. It is you, Oliver. If you want to make a start, we will come in at the end. Thank you.

Mr Wilkinson: OK. Thank you. Good afternoon, everyone. Thank you for the invitation to brief you today on the work of the Victims and Survivors Service. As I said, my name is Oliver Wilkinson. Margaret Bateson, our chief executive, and Andrew Walker, our head of operations, are with me on other lines. Margaret and I last briefed the Committee in November 2016. We are therefore conscious that some of the membership of the Committee has changed since our last briefing, so my opening remarks and the briefing papers aim to provide an introduction for new members to the work of the

Victims and Survivors Service. The briefing paper outlines the approach that we take to supporting victims and survivors through a number of programmes, with the common theme of being victim-led and flexible to align with our vision, which is to improve the health and well-being of victims and survivors.

Before taking questions, I will provide you with a brief summary of the current service delivery model and the programmes delivered by us to support victims and survivors, and I will highlight some of the key current strategic issues that we face. In April 2017, the Victims and Survivors Service introduced a new model of service delivery that was aimed at connecting individual victims and survivors to services and support, based on their individual needs, across three strands, the first of which is health and well-being casework. Since the implementation of the new model, over 5,900 victims and survivors have accessed health and well-being support through a caseworker. We carefully monitor the quality of the services that we provide. We know, for example, that, on average, 60% of the individuals who complete a talking therapy plan report reliable clinical improvement and 80% of individuals who complete a plan for complementary therapy report a reliable improvement in well-being. Similarly, 67% of individuals in receipt of other needs-based support, such as disability aids, persistent pain, education and training, report an improvement in day-to-day functioning.

The second strand is advocacy support in the area of truth, justice and acknowledgement. This involves one-to-one advocacy support to engage with institutions such as PSNI legacy branch, legacy inquests, the Public Record Office of Northern Ireland, the Police Ombudsman for Northern Ireland and other institutions in Ireland, GB and beyond. Over 2,300 victims and survivors have accessed advocacy support to date.

The third strand is community-led provision of support and services. Through our 54 funded organisations, this new service delivery model complements a broad range of services at community level, including psychological therapies, social support, welfare, storytelling, complementary therapies and personal development. Over 14,000 victims and survivors per annum access these services. In the information pack that you have, the services that Victims and Survivors Service and the community and voluntary sector provide are described as step one to step three interventions, according to the stepped-care model for mental health provision.

Strengthened monitoring and evaluation also means that we can better identify and address gaps in services. For those victims and survivors for whom support and services have not reported an improvement, work is ongoing to explore possible reasons for that. The Committee will appreciate that this is a complex and sensitive area of work and we continually learn, improve and refine what we do.

I would like to draw your attention to two other gaps in service delivery. The first relates to service provision to the bereaved. We have learnt that much of the health and well-being casework support is working very well for the physically and psychologically injured — for example, disability aids, physiotherapy, psychological therapy, education and training, and, for the most seriously injured, the victims' payment scheme will also soon be available. However, many of the bereaved are elderly, and they are telling us that this support is often unsuitable for them. This leaves very limited options for support for the bereaved who have come forward after 31 March 2017. That was the point at which self-directed assistance payments were stopped in order to move to the new model that I mentioned earlier. We are acutely aware of this gap in provision and have recommended that the cut-off date of 31 March 2017 be removed to allow recognition of the bereaved to be continued in the form of a self-directed assistance payment. Executive Office officials have identified this as a matter requiring a ministerial decision. We continue to engage with TEO and the Commission for Victims and Survivors to identify options to be considered for submission to Ministers.

The second gap relates to the establishment of the regional trauma network. In our briefing paper, we have highlighted a number of issues raised by the victims sector, and we remain committed to finding solutions to these with our colleagues in Health. The sector is not asking for a regional trauma network that is exclusive to victims and survivors, but for a pathway that protects and prioritises the referrals and interventions that are needed for the small number of victims and survivors who require the mental health interventions that are described as step four and step five interventions. You will see that in the more detailed information in the pack that covers the issues of clinical psychology and psychiatry. What we are talking about is in line with the intentions of the Stormont House Agreement and the expectations that have been set over the past number of years in the sector.

There are other strategic matters that I want to touch on. We have outlined a number of strategic matters that currently impact on the work that we do, and we are happy to discuss those further. They

include the victims' payment scheme, formerly known as the victims' pension, welfare reform, and potential new legacy mechanisms, as outlined in the 'New Decade, New Approach' document.

I want to finish on our contingency planning for coronavirus. We have been carefully monitoring all current advice and guidance and have taken proactive steps to protect the health and well-being of staff, our community partners and victims and survivors. We have provided members with a supplementary sheet to today's papers that sets out the actions that we have taken. They include a redesign of all support and services and a move to online or remote services where possible — for example, online education and training and telephone counselling. We issued more than 5,700 self-directed assistance payments on 1 April 2020, which was six weeks in advance of when those payments are normally made each year. We have made over 1,000 food and essential parcel deliveries. We have offered a two-year extension to letters of offer to our community and voluntary partners and advanced over 700 home-heating payments. Additionally, we have encouraged budget flexibility to allow our community partners to be proactive in meeting emergent and urgent needs, including food and other essentials.

Finally, I would like to thank all the VSS staff and our community partners for working so quickly to get much-needed support and assurance on the ground quickly. The board and senior management look forward to working with you as a Committee and with our colleagues across the sector, in the Commission for Victims and Survivors, in the Department and elsewhere, to meet those challenges. Our focus remains very firmly on the delivery of victim-centred services and support that improve the lives of victims and survivors. We now welcome your comments.

The Chairperson (Mr McGrath): OK, Oliver. Thank you very much indeed for the presentation. It will be good for new Committee members, myself included, to get a flavour of some of the work that is taking place. We appreciate you taking the time to give us that presentation.

I will begin with two or three questions. One of your key areas of work is about the health and well-being of those whom you work with. Do you have any specific ways in which you measure that? Do you benchmark people when they start to engage with you, and then track that? How is that measurement completed?

Ms Margaret Bateson (Victims and Survivors Service): I will take that question. Since 2014, we have implemented an outcomes focus to monitoring and evaluation that looks at each service individually, and then we have developed, with victims and survivors and the community and voluntary sector, appropriate monitoring and evaluation for each of those services. We do not have a one-size-fits-all monitoring and evaluation framework.

The outcome that we use for complementary therapies, for example, is called "measure your medical outcome profile" (MYMOP). What MYMOP does is ask victims and survivors to choose one or two symptoms, physical or mental, that are bothering them the most. It is the two most difficult things that they are having trouble with. That could be anxiety, back pain, headaches and stress. Then we ask, "Now, choose one activity, physical, social or mental, that is important to you. What would you like to achieve from the complementary therapy?" That could be walking, running, housework or being able to play with their grandchildren. We ask a number of questions about those areas at the start, during and at the end of the therapy. That is how we know that 80% of people report a reliable clinical improvement.

The outcomes measurement tool that we use for counselling services is called CORE Net. It is a similar process, in which a range of questions is asked about a range of areas. We also monitor it during and after therapy. It is very much a collaborative approach between the therapist and the individual, where those outcomes and measurements are shown during and after therapy. It can also improve the therapeutic process, because individuals can see where they are improving and, maybe, where they are not. That is how we know that 60% of people show a reliable clinical improvement as a result of counselling. If you were to benchmark that against the UK-wide adult improving access to psychological therapies, IAPT, programme, you would find that it is roughly in line with the same sort of outcomes that it produces, although, obviously, with counselling, you are looking in a bit more depth at mental health issues, such as trouble with aches and pains, self-harm or harm to others, disturbing or unwanted thoughts and feelings, and suicidal ideation. That is why we use a different tool — complementary therapies. It depends on the support and service as to what is most appropriate.

For most of our other health and well-being services, we use what is called the work and social adjustment scale, which looks at five areas: the ability to work; the ability to manage the home; social leisure activities; private leisure activities; and the ability to form and maintain close relationships. That

is the tool that we use for things like education and training, disability aid, and the other health and well-being support that we offer.

I will finish by saying that it is important to ensure that measurement tools are non-intrusive and useful, not only for outcomes for individuals but to make sure that they are aware that it is happening. We are very clear that we do not monitor and evaluate to collect data that we do not need; we use it to drive, change and improve the support services that we deliver. It is much easier now than it was three or four years ago to identify gaps in services and to do something to fill them.

The Chairperson (Mr McGrath): OK. Thanks for that, Margaret. That was a comprehensive answer; I appreciate that. Is your funding dependent on any targets surrounding achievements within those scores? Do you declare that you want to try to achieve x number of people progressing, or is it just health and well-being, and it is up to you to break that down and set targets or monitor it?

Ms Bateson: Our funding from the Executive Office and the Special EU Programmes Body (SEUPB), our Peace IV funding, is set on traditional beneficiary output targets. It is about throughput: the number of individuals who are in receipt of complementary therapy or counselling or who are engaged in trauma-focused physical activity, for example. I am trying to find the term. It is numerical. That added value and richness that is achieved by looking at the outcomes and the quality of the service is something that we have implemented ourselves. Our funding does not depend on it.

The Chairperson (Mr McGrath): OK. I see from your presentation document that you fund community partners and other groups by nearly £7.9 million. Can you give us a flavour of what type of groups those are, what type of work they do, and how that funding is framed?

Ms Bateson: Yes. In November 2016, we opened a call to all community and voluntary organisations and asked them how we could do things better. We also asked them about a new service delivery model. We said that the funding criteria were that everyone needed to be engaged with and embrace the vision and the mission of the Victims and Survivors Service, that we were all working towards a common goal of improving the health and well-being of victims and survivors. As a result, we have 51 funded community and voluntary organisations across Northern Ireland. We fund five large organisations: the WAVE Trauma Centre, Relatives for Justice, the South East Fermanagh Foundation, the Ely Centre and the Ashton Centre. They account for roughly 50% of the budget and 50% of the service delivery. The other organisations make up the balance. Of those other organisations, 11 are small social-support organisations.

There is a broad range of community and voluntary organisations, because victims and survivors have a broad range of needs. The services that they deliver include more than 2,000 individuals accessing talking and psychological therapies, a further 2,000 accessing complementary therapies, more than 10,000 individuals accessing social support, just over 1,500 accessing welfare support through welfare reforms and needs, and over 2,300 accessing advocacy support in the area of truth, justice and acknowledgment. There is a range of smaller programmes: personal professional development, respite breaks and so on. A broad range of organisations to try to meet the broad range of needs that are out there.

Mr Beattie: Hello, Margaret, Oliver and Andrew. This is my first day on the Committee, so I am very new. I would like to start by thanking you for the work that you do. Please pass that on to all your staff who do an exceptional job, particularly at this trying time. Your work is incredibly important, so thank you very much.

Can I ask a couple of questions to try to get a better understanding and then see where some of the frictions are? It looks as though just over 22,000 people are getting funded help from you through community or direct services or self-directed payments. How many of those 22,000 receive both? Are any getting self-directed payments who are also getting services through the community services and funded organisations?

Ms Bateson: Yes. The difficulty in giving you an accurate figure is related to GDPR. We have our own database in the VSS, and those in receipt of self-directed assistance payments give us explicit consent to keep all their data and information. The community and voluntary organisations have their own monitoring evaluation systems, and they come through to us with unique identifiers. We know, because we have tried to find out over the years, that about 50% of the individuals who are in receipt of a self-directed assistance payment also get help from well-being services from community and voluntary organisations. At the end of the Peace IV programme, we will be able to report more

accurately on that. We now know, not only those who have had directed assistance payments, but, through the health and well-being caseworker network, we are starting to see all the individual needs consultations that are being carried out and everyone who is being signposted and referred to other health and well-being support services. That is all in the same system. I would say that, in two years' time, we will be able to give a more accurate figure.

Mr Beattie: Fair enough, Margaret. I guess that what I was trying to get at was the scale of those you are helping — 22,000, 15,000, 30,000. Is that held anywhere? It is just a general thing that I was trying to get the gist of.

Ms Bateson: It is not, because they are on three different management information systems held by different organisations.

Mr Beattie: That is fine. There is no issue.

Ms Bateson: Our feeling, based on the assumption that 50% of individuals who come directly to VSS also go to organisations, is that there will probably be in the region of 16,000 to 18,000 unique individuals.

Mr Beattie: That is a hefty workload. I will take you to the victims' payment scheme. I know that it is not yours; it is the NIO's, and it has handed it on to the Executive Office to get somebody to administrate it. You are in a unique position. Have you received any update whatsoever on which organisation will administrate the victims' payment scheme, and, if you have not, are you concerned, given that this is due to go live at the end of the month?

Ms Bateson: We are not aware of which organisation or Department will be the administrator of the victims' payment scheme, and we have not received any communication on who will administer it. There is a practical implementation group, and, while you are correct that it is not the role or responsibility of VSS, we are really keen to be involved in the design of practical things, such as applications and assessments, because we think that we have learned a lot and have a lot of lessons to share on what to do and what not to do. The practical implementation group will meet again on 20 May. I will not comment on whether we are concerned or not.

Mr Beattie: That is fair. You are absolutely right: VSS is in a unique position. Your written brief shows that, in the first year, you anticipate that you may need another £700,000 to address the issues that come about as people go through the process. I guess that that money has not been identified either.

Ms Bateson: Not yet. I suppose that is for two things. The first is the practical support to help people, from an advocacy perspective, to complete applications and go through the process. The second is that we anticipate that, as people go through the process, it might be difficult for them to retrieve information and think about things that they may not have thought about for a long time. We are aware that that may necessitate an increase in our health and well-being services as well.

Mr Beattie: That is really clear. I am concerned that nobody has been nominated to be the administrator for this, given that it will go live in three weeks. As an MLA, my inbox is increasing day by day with people asking for information, but you have been very clear in what you have said.

I will move on to one of the gaps that you mentioned; I have only just picked up on this one. This question is for any of you. You talked about the gap in regards to the bereaved, and you are trying to get rid of the March 2017 time frame for self-directed assistance payments for people who are bereaved. Can you quickly clarify who the bereaved are? Are we talking about a direct bereavement, are we talking about a family member, or are we talking about somebody in a hierarchy who could be classed as bereaved? We know that bereavement gets passed down the line through families.

Ms Bateson: We do. In an ideal world, if we had an unlimited budget, we would want to provide support to all the bereaved. However, in this context, the eligibility for self-directed assistance payments is limited to those who are bereaved by parent, spouse, partner or child.

Mr Beattie: Thank you. That was for my own knowledge; most of the others probably knew that. I want to acknowledge the regional trauma network issues, and you have my support on where you stand on that.

Mr Lunn: Hello, Margaret, Andrew and Oliver. I want to ask about the victims' payment scheme as well, but, after the answers that you have given to Doug, I have a feeling that you might not be able to answer my questions. Not to worry. I am curious about the level of evidence that might be required, particularly for injuries that might have happened almost 50 years ago. In those days, people might never have thought of making a compensation claim and might not even have attended their doctor until some years later. Their disability could be progressive or there could have been deterioration over the years. Can you give us any flavour of the level of eligibility and evidence that may be required?

Ms Bateson: I am afraid that I am not going to be able to answer that question —

Mr Lunn: I sort of knew that.

Ms Bateson: — about eligibility. The VSS is the service delivery body for health and well-being services. We do not have a role in setting eligibility, the criteria or the level of evidence that is needed for any victims' payment scheme. That would need to be done by the administrator for the scheme when they are appointed.

I do not want to surmise, because I am not sure that that would be helpful for victims either.

Mr Lunn: No. I would not want you to do that. There was a level of discussion about that prior to the Assembly closing down. The feeling that we got at that time was that it would not be a relaxed regime but that it would not be too onerous and the requirement of proof would perhaps not be as severe as it might be for, say, a compensation claim in the old days.

Ms Bateson: For victims and survivors who are registered with the Victims and Survivors Service, we will be proposing a similar exercise to the one that we did with the Department for Communities for welfare reform. In that, we got consent from each of the individual victims and survivors and shared the information for them with the Department for Communities to try to avoid face-to-face reassessments during the transition from disability living allowance to personal independence payment. There will certainly be a proposal to do the same thing again to try to take the burden away from victims and move it towards the VSS and our community and voluntary workers.

Mr Lunn: OK. Thanks very much.

Mr Wilkinson: That is all part of our interest in ensuring that whatever systems are established are victim-centred. We do not want individuals to have to go and retell a story that another organisation like us already knows, and we want the information to be accepted. We want to be involved in providing information, insofar as we are able, in order to minimise the stress or distress that might be caused to any individual who applies to the victims' payment scheme.

Mr Lunn: Yes. Thanks for that. I am thinking of people who have never accessed the system. This would be their first time, given that the scheme has been publicised.

Ms Bateson: That will be a significant challenge. That is why we are really keen that there is sufficient advocacy support in place to help people to retrieve as much information as possible.

Mr Lunn: OK. Would you hope to provide that advocacy?

Ms Bateson: We would.

Mr Lunn: OK. Thanks very much.

Mr Sheehan: Thank you, Margaret, Oliver and Andrew. Oliver, I want to acknowledge that you are staying on as the chair for another while anyway.

Mr Wilkinson: Thank you for that, Pat.

Mr Sheehan: I do not know whether I should be offering you my congratulations or commiserations, but, in any event, I am sure that you will give the leadership that you usually do.

Mr Wilkinson: Sir Kenneth Bloomfield referred to this area of work as a "painful privilege".

Mr Sheehan: Very good. That was a very apt phrase to have coined.

You will be relieved to hear that I do not want to ask you about the victims' payments scheme; I want to ask about your work. You probably covered a lot of it, Oliver, in your comprehensive presentation. On the groups that will be supported by the VSS for the next two years, how did that process come about? Did you work well with the Department? What level of investment is involved?

Mr Wilkinson: Margaret, would you give the details of that?

Ms Bateson: Yes. A decision had to be made on whether, at the end of this three-year funding period, which would have been March 2020, we would go out to an open call or extend the contracts for a further number of years, and a decision had to be made on the number of years. The two-year extension came after considering a number of factors. The first was that the victims' strategy stopped in November 2019, so we needed a new strategy and time for that engagement and co-design process to take place with the Commission for Victims and Survivors. The second consideration was more practical, and it was that the Peace IV programme and our core funding are linked. You cannot decouple them; one goes with the other. Peace IV funding stops in March 2022, so it made sense to align both funding periods to give stability to the sector and allow us to continue what we have been doing under Peace IV in improving the services.

There is a programme in the Executive Office called a co-design programme, which involves the VSS, the Executive Office and the commission. It meets on a monthly or bimonthly basis, and the discussions on that extension would have been part of that.

Mr Sheehan: There will be challenges moving forward. What do you see as those challenges? We often ask about challenges, but what are the deliverables? What are the issues that you see VSS having a big input into?

Ms Bateson: There are a number of strategic challenges over the next number of years, starting with the ones that we outlined in the briefing paper. I almost do not want to mention it again, but we will have an advocacy and support role in the victims' payment scheme over the next number of years. We are trying to get the regional trauma network lifted up off the ground so that there is a protected and prioritised referral pathway for victims no matter what type of service or intervention they need and no matter who is providing it, whether it is VSS, community partners or statutory services.

At a practical level, the challenge is that it has taken people time to trust the VSS and to come forward for help and support. I can see that the demand for health and well-being services could grow because of the regional trauma network and the victims' payments. It is about being able to keep up with that demand and to keep providing the support and services that we are providing to the standards to which we are providing them.

Mr Wilkinson: I will add that the level of professionalism now in the community and voluntary sector is extremely high; it is certainly on a par with anything that you will see in the statutory sector. It will be a job for us to keep up with the growing professionalism of the work that is being done in the community and voluntary sector and to listen to the people there, hear about the challenges that come from that and respond appropriately to those. I was very pleased that the Chair's first question was on monitoring and evaluating the quality of the work that we are doing. Previously, we were simply concerned about reaching out to more and more people. Today, we are certainly concerned about reaching out to more people, but we are also very concerned about ensuring that the standards of service that we are providing are standards of excellence that are applicable not only here but internationally. There is a great deal to learn from the type of work that is taking place in the victim and survivor community that is applicable to many other areas of conflict in the world.

Mr Sheehan: I have just one final question, Chair, if you do not mind. Going back to the regional trauma network, Margaret, you used the term "co-design" a couple of times in your answers. Has the VSS had any input into the co-design or co-production of the regional trauma network model that is being discussed?

Ms Bateson: We have raised a number of issues on behalf of the sector about the regional trauma network model that is currently on the table. Some of those issues have been resolved, but two, I

would say, have not. If we are thinking about where have we had some sort of resolution, I will say that there has been much better engagement with the community and voluntary sector on the assessment referral process and on making sure that those processes take place where victims and survivors feel most comfortable. Previously, where there was a thought that it might need to take place in a trust building, for example, it could now take place in the community and voluntary sector or in VSS.

Two issues are still outstanding. One is the lack of co-design and lack of co-production. The approach that has been taken to date is probably not in line with how we would have co-designed support services with the sector in 2016 when we were coming up with a new service delivery model, which was very much about speaking to as many victims and survivors and community and voluntary sector partners as we could. That is an issue. There was a hope that there would be specific co-design sessions with all stakeholders — the Department of Health, the Health and Social Care Board, community and voluntary sector partners and VSS — in February 2020, but, unfortunately, that was postponed. I am acutely aware of the pressures that our colleagues in Health are under, and we hope that, when those pressures ease, this will be a priority over the coming months.

Mr Sheehan: Co-production and co-design were at the very forefront of the discussions on the transformation of the health service. It is of the essence that, if we are to going change things and to create new models in the health service, those who are affected should have a significant input into designing the models. That is just a comment; it is not a question. Thanks very much for your input today.

The Chairperson (Mr McGrath): I will move to the members who are on the phones and speak to them in turn in the order that they arrived on the call. Martina, do you have any questions?

Ms Anderson: First, I thank Oliver, Margaret and Andrew for the presentation and for the information that we have received. I welcome Doug Beattie to the Committee. This is a unique way to engage, given that this is your first Committee meeting. I reiterate what has been said about the quality of the work that is being done. You outlined the benefits, and those are clear. There are practical benefits in how victims are receiving support, and we can see that in the quality and in the level of percentage satisfaction and improvement that you outlined. That is heartening.

I have two questions, if you do not mind, Chair. So that I am clear, are the VSS groups now supported for two years and, if that is the case, how does that process work with Departments and what is the *[Inaudible]*? My second question relates to the level of VSS engagement and input into the Peace Plus consultation. Is there satisfaction and confidence that the needs of victims and survivors will be accommodated in the new programme? How is the VSS feeding into that process?

Ms Bateson: Yes, the two-year extension to the contract took place, so the contracts have been extended until March 2022 for core funding. At the minute, we have approval from SEUPB to extend contracts on the ground until December 2021, but we expect to extend that by a further three months so that the core funding from the Executive Office and the Peace IV funding are tightly aligned, because one goes with the other. The level of investment is £6.6 million per year to 51 organisations here and one in GB, the Peace Foundation in Warrington, which is solely funded out of Peace IV and not through any core funding.

As to how the process works, there was a series of sessions with the victims' practitioner working groups. We have two geographical working groups, and they meet every quarter or so. That is where the victims' groups come together with the VSS, with the community and voluntary sector and the Executive Office in attendance, so that we could talk through the practicalities of what needed to be done for that two-year extension. Does that answer that question?

Ms Anderson: It does, yes. Thank you.

Ms Bateson: The time frames for Peace Plus are pretty tight at the minute. We want to ensure that there are no gap funding issues between Peace IV ending and Peace Plus starting. We want to ensure that the caseworker network and the advocacy support network are there on the ground and those, in the main, are what Peace IV funds. We have just started that engagement. There has been one meeting in the last seven to 10 days between VSS, the commission and the Executive Office. This week and next week, starting yesterday, I am engaging one-to-one with each of the Peace IV-funded organisations to outline the four areas of Peace IV funds: health and well-being; advocacy support; resilience; and training and development. I am asking what has worked well, what has not worked well

and what other gaps should be addressed for victims and survivors. My understanding is that victims and survivors are absolutely included in Peace Plus and that the process is similar to Peace IV in that the VSS is named as the lead partner and it is a closed call to the VSS. We prepare the applications, receive the funding and distribute it to the community and voluntary organisations.

Ms Anderson: OK. Thanks for that. I was aware that the time frame was tight and was concerned about the gaps. It is good to know that that work is unfolding.

The Chairperson (Mr McGrath): Thank you very much. Trevor Clarke, do you have any questions that you would like to ask?

Mr Clarke: No, I think that most things have been covered.

The Chairperson (Mr McGrath): OK. George Robinson, do you have any questions that you would like to ask?

Mr Robinson: Chair, I am the same. I have listened intently. I think that I will leave it and keep listening.

The Chairperson (Mr McGrath): That is OK. I appreciate that, when you are near the end of the list of members, sometimes all the questions have been asked.

Mr Robinson: It was very informative. I thank the three witnesses. It was very constructive, and I will keep listening.

The Chairperson (Mr McGrath): OK. Thank you, George.

Can I check whether Emma is online? There were some noises from people coming in and out. Emma, are you online?

Ms Sheerin: Yes. Sorry, I was *[Inaudible.]* It is the signal. When you live in the mountains, it is just something that you have to deal with at times. I am listening, but I do not have any questions.

The Chairperson (Mr McGrath): All right. That is great. Emma, you are very welcome. Thank you for coming on board.

Margaret, Oliver and Andrew, thank you very much for your contribution today. Coronavirus has punctuated what we were trying to do when the Committee restarted, which was to bring people on board to get a flavour of the work that is happening in the various sectors and parts of the Executive Office responsibilities. It is absolutely no slight that it has taken us to until May to bring you to the Committee. There has been a gap of about six or seven weeks while other issues have taken over.

I thank you for coming on board and giving us the information. I wish you all the very best with your work, especially in the difficult circumstances and the new ways that people are having to work. We look forward to interacting with you again in the future.

Mr Wilkinson: Thank you very much for the invitation to appear before you today. Thank you.

Ms Bateson: Thank you to the Committee.

The Chairperson (Mr McGrath): Thank you.