



South East Fermanagh Foundation

Needs Analysis & Strategic Plan

2019

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“This publication has received support from the Strategic Support Fund for Groups Working with Victims/Survivors of the “Conflict”, which is administered by VSS on behalf of the Office of the First and Deputy First Minister. VSS promotes a pluralist society characterised by equity, respect for diversity and interdependence. The views expressed do not necessarily reflect those of the Victims Survivors Service”

1 Introduction and Background

1.1 South East Fermanagh Foundation

The South East Fermanagh Foundation (known as SEFF) was founded in August 1999 by a collective of individuals who wished to establish a memorial, either living or permanent, in recognition of those who had been murdered in the area through paramilitary terrorism (a period commonly referred to as the 'Troubles'). In the process of discussing this, it became clear to those involved that there was a much greater need in the area for a large number of individuals who had been through very traumatic experiences.

Now in its 20th year of operation, SEFF has steadily grown whereby it now offers a full welfare/benefits advice service, multiple Complementary Therapy treatment options, befriending support services, counselling, a full educational and training programme, respite support and a raft of other advocacy and representation-based work. It provides youth focussed programs and activities, transgenerational supports, and a range of health and wellbeing activities and supports. This work is principally funded by the Victims and Survivors Service (VSS).

In addition to SEFF's core work with Victims and Survivors, it is also lead partner in the Big Lottery Funded FACT Project (Fermanagh Armagh Connected Together). This is a partnership initiative between SEFF and County Armagh Phoenix Group (CAPG) under the "Reaching out Connecting Older People Scheme", targeting people aged 60 and over with a focus on improving health and wellbeing, and reducing isolation.

SEFF has expanded its services both geographically and in terms of community outreach. They have completed a 3-year Health and Social Care based project (FACT), which addressed gaps in service provision and in meeting the needs of the local communities. Because of the success of that project, they are hopeful of securing funding for another health and social care-based project commencing this year. They have also strengthened their relationship with the local Trust and would anticipate working more collaboratively with the Trust in the coming years. They have also developed their outreach support services to West Tyrone, South Down, South Armagh and Mid Ulster. The services which, includes, Case Worker service, Welfare Advice, Advocacy, Counselling and Complementary Therapies, have been positively received and welcomed in these areas. The extension of supports to the UK (Advocacy & Case Worker) services and ROI (Advocacy), has also been implemented in the last three years and is continuing as work in progress.

As detailed further in the body of the report, membership has grown consistently year on year and there are now over 3,000 registered members accessing SEFF's services¹.

1.2 SEFF's Vision & Mission

“Supporting Victims & Survivors, Strengthening Communities”

SEFF exists to promote, address and advocate the needs of victims and survivors of terrorism and other Troubles related criminal violence in order to achieve post traumatic growth.

We are committed to addressing the needs of those bereaved, injured and their carers.

We want to inspire hope and contribute to health and social wellbeing by providing person centred support, education and research.

The organisation has in place 9 CORE Aims from which it operates:

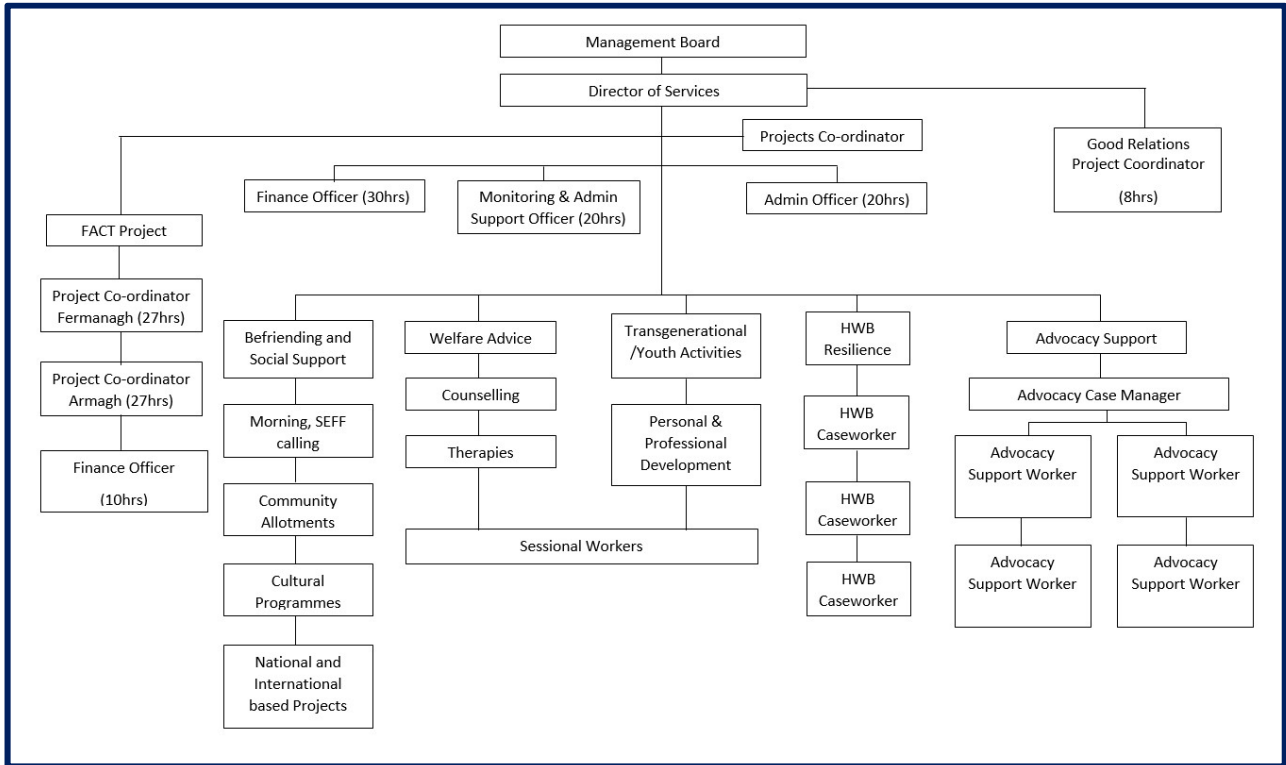
Aims

1. To represent and lobby on behalf of innocent victims and survivors of terrorism in effecting positive change for such individuals around the areas of Truth, Justice, Acknowledgement and overall Service provision
2. To develop services and programmes which improve the physical and mental health & wellbeing of the innocent victims and survivors of terrorism
3. To develop Transgenerational/Youth services which seek to educate society as to the on-going legacy of 40 plus years of terrorism
4. To improve the financial circumstances of innocent victims and survivors of terrorism through tailored welfare services and skills based programmes
5. To develop strategic partnerships with community/voluntary/statutory sector based organisation for the purpose of insuring quality and sustainable services are provided for the innocent victims and survivors of terrorism
6. To offer services in an accessible, localised manner which will enable the individual needs of innocent victims and survivors of terrorism to be best met
7. To provide opportunities for Volunteer's to develop their skills, so enabling them to be an intrinsic part of the overall service delivery model within SEFF
8. To empower those whom we support to make the transition from 'Victim' to 'Survivor' as part of an overall process of individual healing and recovery
9. To strengthen the organisation's ties within the broader community and to develop and/or participate in initiative which help deliver a Shared future.

¹ Registered memberships across both SEFF (1325 adults and 240 aged under 18) and FACT (1558 members) as at 05/02/2019

1.3 Management Structure

The current management structure of SEFF reflects its growth over recent years and diversity of service provision as illustrated below:



SEFF was originally an unincorporated Association however internal analysis of SEFF's governance arrangements by QE5 in early 2010 highlighted a number of limitations of the traditionally open management structure, with the increasing level of activities provided by SEFF, funding awarded, and membership base. To this end and as part of its incorporation as a Company Limited by Guarantee with Charitable status, an additional level of management was created (i.e. the introduction of a Management Board).

Members elected to this Board for 2018/19:

- Eric Brown (Chairman)
- Trevor Watson (Vice Chairman)
- Debbie Carson (Secretary)
- Harriett Kirkpatrick (Asst Secretary)
- Sally Haire (Treasurer)
- Ernie Clarke (Asst Treasurer)
- Wesley Armstrong (Board Member)
- Robert Morrison (Board Member)
- Norman Anderson (Board Member)
- Joy Graham (Board Member)
- Roderick Noble (Board Member)

- James Egerton (Board Member)
- James (Rodney) Doherty (Board Member)
- Martin McCauley (Board Member)
- Woodrow Wilson (Board Member)

However, it is important to note that SEFF has made all efforts to retain the key elements of its previous management and governance structure, in line with the expressed wishes of its members. Monthly meetings continue to be held on the fourth Wednesday of every month and these remain open to all members (circa 25-30 members attending). Member contributions and suggestions are welcomed and decisions in principle are made here. These are then further explored, assessed and possibly acted upon in the Board meetings which take place two weeks later. The role of the Management Board is to clarify, facilitate and manage SEFF's activities in line with the expressed wishes of the monthly management meetings.

1.4 About the Needs Analysis

The following Needs Analysis and Strategic Direction Paper looks at where SEFF is now, twenty years after it first started out, and set out to examine the following areas:

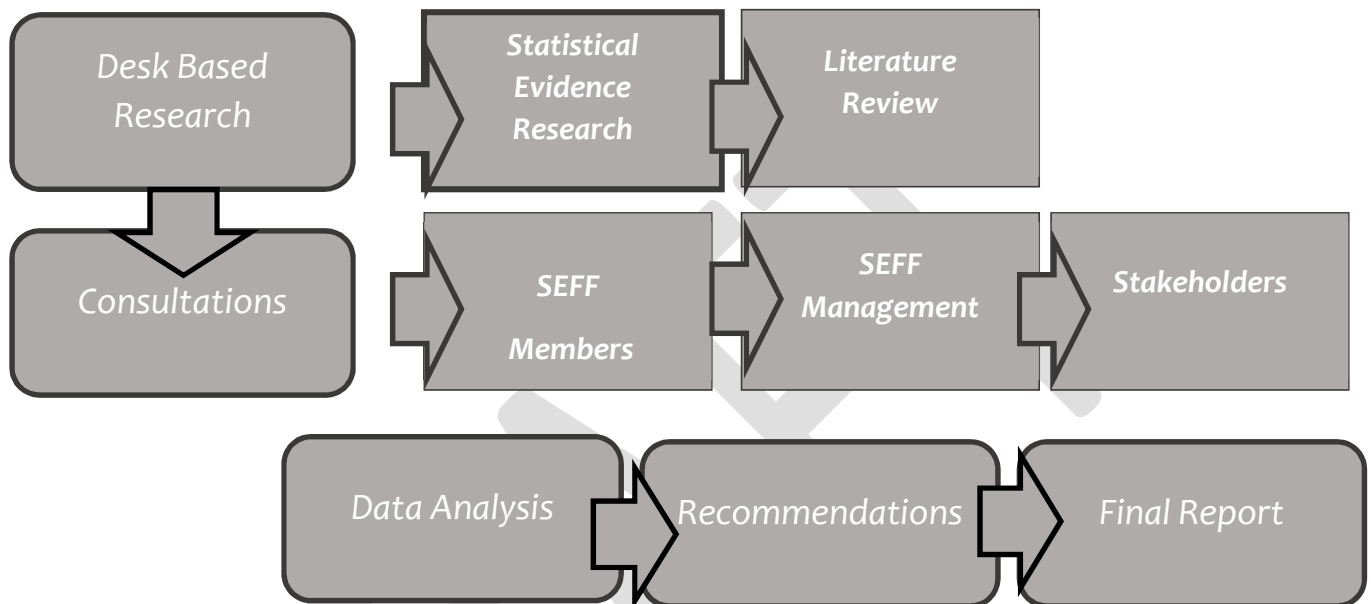
- Defining the service SEFF provides;
- Profiling of SEFF's membership;
- The strategic and policy drivers affecting SEFF's sustainability and growth;
- Ascertaining the views of SEFF's members - what they want and need from the organisation;
- Identify if SEFF are meeting current needs, and what gaps (if any) exist in service provision to its members.

As set out in the Methodology, the process underpinning the Needs Analysis involved extensive consultation across SEFFs membership in Northern Ireland, the Republic of Ireland and Great Britain. SEFF's Board, volunteers, staff and stakeholders also contributed to the analysis in order to develop a complete and holistic appraisal of the organisation's strengths, limitations and future development.

Parallel to this work, an Outline Business Case was separately commissioned by the Department for Communities, building on a previous Scoping/Options Paper Report. This looks specifically at SEFF's current accommodation and facility within Manderwood Business Park, and development of a purpose-built facility on the site of Lisnaskea High School. This report references the Business Case Report and looks more holistically at SEFF's operational and strategic developments.

2 Methodology

The approach to the Needs Analysis was based on an action research approach which comprised feedback from members, management and those associated with SEFF with analysis of quantitative and qualitative information.



2.1 Desk Based Research

This was carried out in the initial phase and focused on identification and analysis of background information to provide an understanding of the contextual background to SEFF. This included the following:

- Socio-economic profile of SEFF's catchment area;
- What is known regarding the population of victims and survivors in the area;
- Internal analysis of SEFFs activities and funding sources;
- Literature relating to issues affecting victims and survivors; and
- Developments within the sector which may impact on SEFF.

2.2 Consultations

Members

A **semi-structured questionnaire** was developed and sent out to SEFF'S membership in Northern Ireland, Republic of Ireland and Great Britain. The questionnaire gathered demographic information, and examined a range of issues including:

- Perceived needs and priorities as a unique community;

- Awareness of SEFF’s range of services and activities provided/schedule of activities, and satisfaction with these;
- Perceived importance of SEFF in the lives of its members; and
- Current issues being faced by individual members and suggestions to meet current unmet needs.

Total Member Questionnaires returned: 271

This was followed by in-depth focus group discussions with members and management of SEFF held in Lisnaskea, Newtownstewart, Rathfriland, Portrush and Manchester. A Focus Group was also facilitated with a representative group of SEFF’s youth membership.

The method of focus groups is advocated by Herbert Blumer as an exemplary technique of grounded theory.²

“...a discussion group is more valuable many times over than a representative sample. Such a group discussing collectively their sphere of life and probing as they meet disagreements, will do more to lift the veil covering the sphere of life than any other device that I know of”

(Blumer, 1969:41)

More significantly, focus groups offer complementary advantages when used with other research methods (like questionnaire/interview methods used in this study). Kreuger (2003) argues that focus groups provide marginalised groups (i.e. in this case, Victims/Survivors of the Northern Ireland “Troubles”) with a platform to express themselves freely. Having the security of being amongst peers with similar views tends to generate a more open discussion. Morgan (1993) asserts, focus groups are especially advantageous when investigating complex situations and attitudes. As each participant prompts other group members into discussing their particular views, the dynamics of focus groups stimulate reflection and can produce more perceptive insights from each participant than they might have produced without the benefits of group interaction. The researchers established a rapport with Participants, using effective prompts to facilitate group discussion and essentially encouraging group members to *interact with each other*, which Morgan (1988:12) asserts is the hallmark of focus groups. Focus group settings were advantageous to the research as it meant Participants benefited from group solidarity.

Kreuger (1993) stresses analysis should start with the central concerns of the study. Therefore discussions with Participants were focused around the three interrelated research themes outlined below:

1. Experiences with SEFF
2. Impacts/Outcomes and current issues faced
3. Suggestions for Improvement /Further Meeting their Needs

² Grounded Theory – the research is developed as a direct result of the lived experiences of Participants

Total Members Consulted: 124

SEFF Stakeholders

Semi-structured interviews took place with a selection of Stakeholders with a vested interest in the group's development. The interviews covered a wide range of areas including:

- Perceived role/remit regarding the Victims/Survivors' Sector;
- Perception of SEFF's role;
- Priority areas SEFF should be focusing on;
- Key governance issues for the SEFF Management Committee;
- Key areas that need to be addressed in addressing the needs of victims;
- SEFF's perceived strengths and limitations overall; and
- Opportunities and threats facing SEFF.

Total Stakeholders Consulted: 16

2.3 Data Analysis and Evaluation

To avoid duplication and dilution of the key information gathered through the aforementioned activities, rather than report each separately the extensive feedback has been amalgamated in Section 5 of the report. Using the core questionnaire as a structural framework, the additional qualitative feedback provided within focus groups and by stakeholders has been incorporated to elaborate and add to more quantitative responses.

3 SEFF's Current Profile

3.1 Catchment Area

The catchment area currently served by SEFF is based across four key statistical NI Assembly areas: Fermanagh and South Tyrone, West Tyrone, Mid Ulster and South Down. Key information gained from the NI Neighbourhood Information Service (managed by NISRA) is detailed in the table below:

	NI	Fermanagh & South Tyrone	West Tyrone	Mid Ulster	South Down
Population aged < 15 years	21%	22%	22%	23%	23%
Population aged 16-44 years	33%	40%	40%	42%	39%
Population aged 45-64 years	24%	24%	24%	22%	24%
Population aged 65 and over	15%	14%	13%	12%	14%
Av Life Expectancy (Male) (yrs)	78.1	78.2	78.8	79.3	79.1
Av Life Expectancy (Female) (yrs)	82.4	83.2	83.3	83.8	82.4
Average Household Size	2.54	2.70	2.72	2.92	2.76
Catholic Community	45%	58%	68%	67%	69%
Protestant Community	48%	39%	30%	31%	27%

Source: NINIS Area Profile

Whilst the age profile of each area is broadly in line with the Northern Ireland average, it is clear that there are differences with respect to life expectancy, household size, and religious community. Across the board, life expectancy and household sizes are higher in the Assembly areas encompassed within SEFF's catchment area.

In comparison with the NI average, members of the Protestant community would appear to be in the minority in each of the Assembly Areas profiled, which would be largely consistent with much of the geographic area bordering with the Republic of Ireland.

There are clear demographic shifts in terms of ageing and life expectancy in Northern Ireland. An increasingly important issue is that older people are being more reliant on a range of services, including health and social care, to maintain their independence.

Figures from the 2011 census show that those aged 65 and over represent 15% of the population in Northern Ireland. The percentage increase in those aged over 85 since 2001 is 35%. The numbers of older people requiring care is anticipated to increase, especially for those aged over 85. By 2025, the number of persons aged 85 and over in Northern Ireland will increase by 25,000 or 83%, and women at this age will significantly outnumber men, representing 62% of this population group.

Currently, there are around four people under 65 for every one person aged over 65; by 2029, there are expected to be three people under 65 for every person over 65 (ONS 2007).

It is noteworthy that the incidence of disability also increases with age.

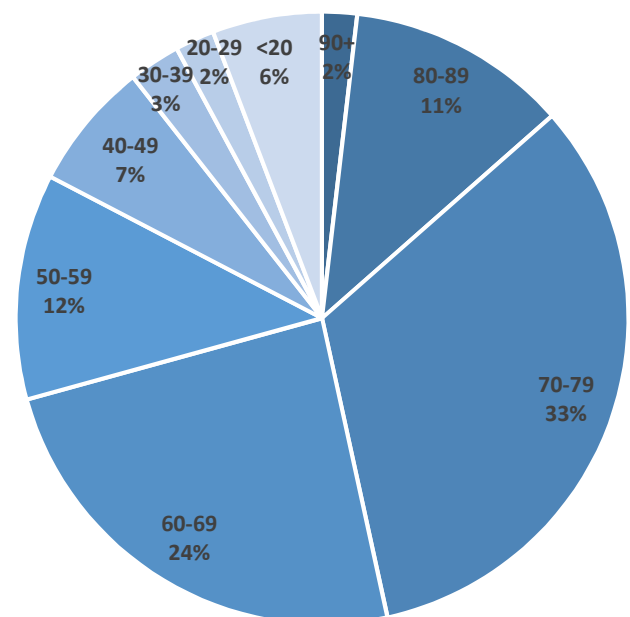
There is evidence to suggest that although people are living longer, healthy life expectancy is not increasing at the same rate. People are spending longer living with conditions that seriously reduce their quality of life such as arthritis or dementia. Current trends in obesity and other lifestyle-related diseases also increase the need for care. These trends confirm that the health and social care system will experience sustained pressure in meeting the needs of an increasing number of people across all ranges with care and support needs.

3.2 SEFF Membership

At the time of the Needs Analysis being carried out, SEFF had 1,565 registered members, 240 of whom are under the age of 18. An additional 1,558 adults are registered with the FACT project³. This indicates a combined membership total of over 3,000. Two thirds of the registered membership are female (64% to 36% male), with FACT indicating a much higher ratio than SEFF which is more balanced (75% of FACT members are female compared with 53% in SEFF).

The average age of member is 63 years overall, with a significant difference between SEFF and FACT (54 and 73 years respectively). This is reflective of the target population for FACT’s services. As illustrated (right), over four in five members are aged 50+, which would be indicative of the population most affected by the NI conflict.

Breakdown of Membership by Age



³ Figures as at 05/02/19 as provided by SEFF and FACT

Comparing key statistics of SEFF’s membership with those previously outlined across the catchment area, and there are clear differences emerging:

	NI	Fermanagh & South Tyrone	West Tyrone	Mid Ulster	South Down	SEFF Membership
Population aged < 15 years	21%	22%	22%	23%	23%	4%
Population aged 16-44 years	33%	40%	40%	42%	39%	9%
Population aged 45-64 years	24%	24%	24%	22%	24%	26%
Population aged 65 and over	15%	14%	13%	12%	14%	61%
Average Household Size	2.54	2.70	2.72	2.92	2.76	2.30 ⁴
Catholic Community	45%	58%	68%	67%	69%	17%
Protestant Community	48%	39%	30%	31%	27%	81%

Source: NINIS Area Profile & SEFF Member Data

Life expectancy has been excluded as it is not possible to extrapolate this from SEFF’s database, however what is clearly evident is:

- The focus of SEFF’s membership of those aged over 45, and significant proportion of members aged 65 and over. This is particularly relevant given that statistic indicate higher life expectancy in the profiled areas;
- A much lower household size than the NI average, and indeed that within each of the Assembly areas profiled. This indicates a higher level of social isolation with SEFF’s members even with such a high rate of marriage within the membership; and
- The high level of representation from the Protestant community within the membership, which is clearly in the minority in population terms.

3.3 Further Membership Profiling

The following section details quantitative information from the 259 questionnaire responses as part of the Needs Analysis. Given that this represents one fifth of the current membership, and having considered responses regarding age, gender and marital status to ensure correlation with the existing membership data, it is considered that this is a reliable representation of the membership as a whole.

Dependents:

In keeping with low household sizes, the majority of respondents stated they do not currently have dependents (80%). Those who did identify dependents were equally spread between those with children and those with dependent adults.

⁴ Representative figure based on survey returns

Economic Status:

One in four respondents indicated that they current are in paid employment (15% in full - time employment and 10% in part-time work). Three in five (61%) report themselves as retired, which would be consistent with the age profile of SEFF's members, and an additional one on ten (10%) state they are currently unable to work due to poor health and/or disability.

Lifestyle:

Less than one in fourteen of respondents' **smoke**⁵ (7%), and half of these only do so occasionally. Whilst nearly a third had smoked in the past and since stopped (31%), nearly two in three reported they had never smoked (62%).

A higher proportion would consume **alcohol** (60%), with one in ten of those who drink stating they do so on a regular basis. One in four (25%) stated they have never consumed alcohol, and the remainder (14%) reported that they had drank alcohol in the past but no longer do so.

Dietary consumption appears to be good overall, with over three in four respondents (79%) stating they **eat fresh fruit and/or vegetables** on a daily basis. Less than one on twenty (4%) stated they would hardly ever consume fresh fruit/veg, with the remainder stating they would at least weekly. Current government guidelines recommend consuming at least five portions of fruit and vegetables on a daily basis for positive health and wellbeing⁶. Based on the responses provided, at least one in five members appear to be significantly short of this target.

Two in five respondents stated they hardly ever **engage in physical activity or exercise** (39%). A third would only do so once or twice a week (34%), with the remainder exercising more frequently. Current government guidelines would encourage at least 30 minutes activity on a daily basis to reduce both the occurrence and detrimental effects of a wide range of chronic health issues (diabetes, cardio-vascular disease, arthritis and joint pain, etc) as well as boost self-esteem, mood, sleep quality and energy⁷. It would appear based the questionnaire responses that SEFF's membership is falling well below this average.

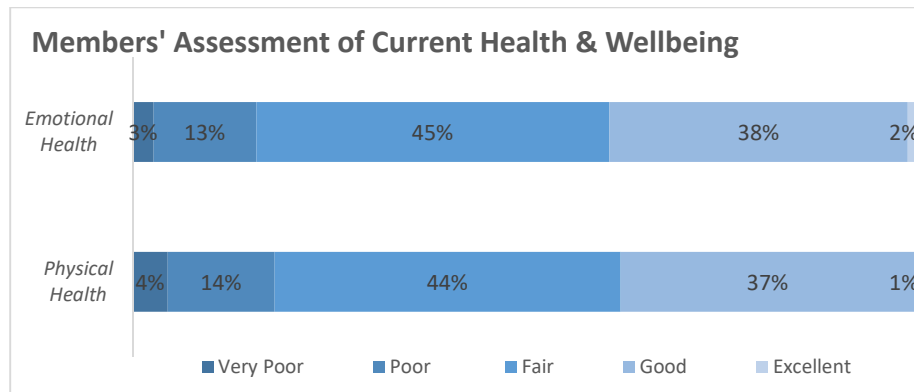
⁵ Tobacco products

⁶ <https://www.nhs.uk/live-well/eat-well/>

⁷ <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

Health & Wellbeing- Overall:

Overall, when asked to rate their current physical and emotional health, most respondents felt themselves to be in reasonable to good shape, as illustrated (below).



Just under one in five considered their emotional/physical health to be poor/very poor (16% and 18% respectively), and when asked what might improve their assessment/general health, a significant number indicated they felt lifestyle improvements in diet and exercise would have a positive contribution. In descending order of frequency, the most common suggestions made by respondents are summarised as follows:

- Exercise and dietary improvements
- Medical intervention (physical, psychological, surgical treatment)
- Increased social activities and supports
- Increased self-confidence/encouragement
- Better access to supports and services (including reduced waiting times, and proximity/accessibility of services)
- Pain relief and/or complementary therapies
- Attaining justice and/or acknowledgement for loved ones
- Improvements to financial and/or employment status

Some respondents indicated quite a hopeless view in respect of their current circumstances, stating a view that it would take a miracle to generate improvement(s) in their current status.

Health & Wellbeing - Illness:

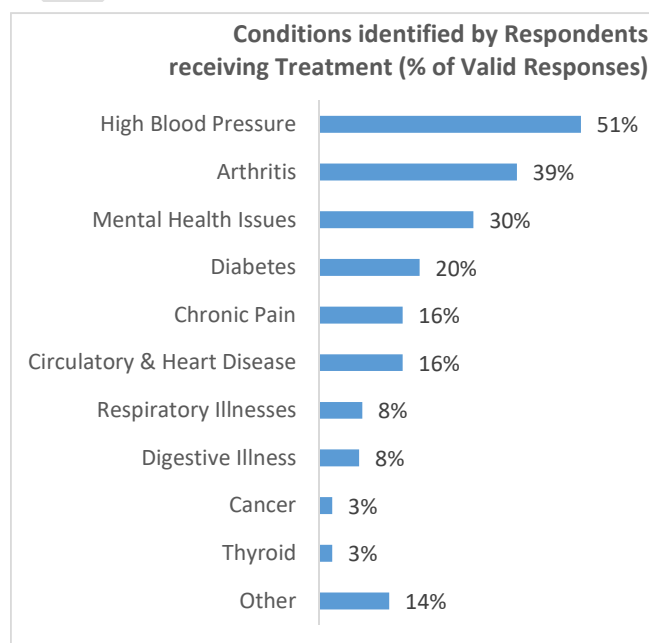
In the first instance, respondents were asked to identify which of the statements in the following table applied to them, before being asked to expand further on specific health issues/conditions that affect them.

Limiting Condition/Disability	% of Respondents
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Blindness, deafness or a severe vision or hearing impairment	20%
A condition that substantially limits one or more basic activities (walking, climbing stairs, reaching, lifting or carrying)	34%
A physical, mental or emotional condition lasting six months or more that make it difficult to perform: learning, remembering, concentrating	18%
A physical, mental or emotional condition lasting six months or more that make it difficult to: dress, bathe or get around inside the home.	8%
A physical, mental or emotional condition lasting six months or more that make it difficult to: go outside the home alone, to the shop(s) or visit the GP	10%
A physical, mental or emotional condition lasting six months or more that make it difficult to: work at a job or business.	13%
A physical, mental or emotional condition lasting six months or more that make it difficult to: socialise.	16%

As indicated, more than one in three identified mobility issues which may have an impact on the relatively low levels of exercise reported previously. It is also evident that there are a significant proportion of the membership affected by poor health to the extent that work, socialising and activities of daily living are limited.

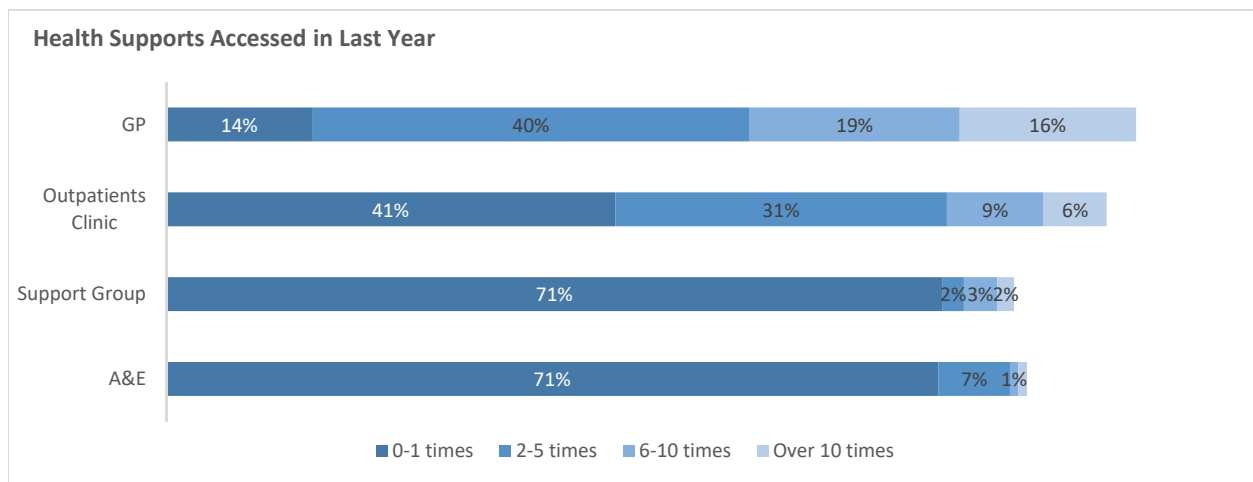
Looking more closely at the health and wellbeing of SEFF's membership, more than half of respondents (59%) indicated an illness/chronic health complaint for which they are receiving treatment and/or medication. As illustrated (right), the most prevalent of these is treatment for high blood pressure. The third most prevalent condition falls under mental health issues which encompass a range of issues including PTSD, anxiety, stress and depression. One in five respondents reported a diagnosis of Diabetes, and approximately one in six are receiving ongoing treatment/medication for chronic pain (this refers to conditions such as Fibromyalgia, and chronic pain resulting from previous injuries).



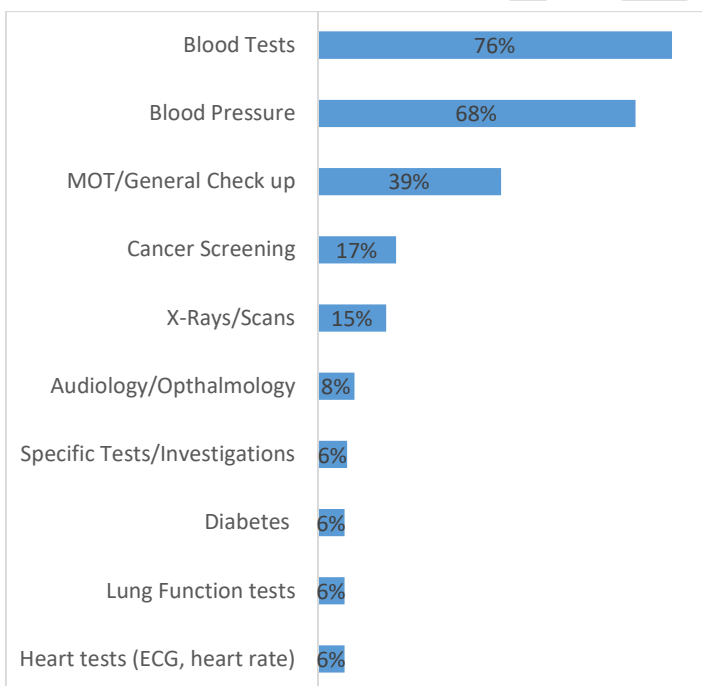
Respiratory and digestive illnesses account collectively for one in six conditions identified (these include COPD, Asthma, Crohns Disease, ulcers, colitis, etc). Other refers to specific conditions such as endocrinological illnesses, tinnitus, allergies, skin conditions, sleep apnoea etc. It is also important to note that almost half of respondents currently receiving treatment identified more than one illness/condition (44%).

One in five respondents stated they had been admitted to hospital in the last year as a result of poor health (20%). Whilst the length of admission ranged from overnight to three

months in length, the average hospital stay was 7.9 nights. Two in five stated they needed further support on discharge (40%), and with two exceptions all individuals who required support received this.



In respect of health and wellbeing, the GP remains the primary and most frequent source of contact as indicated by respondents, with a third attending their surgery at least every two months on average. Support groups identified included SEFF and other support groups within the Victim and Survivor community, as well as health-specific support groups (eg for cancer and/or mental health).



Three in four respondents have been sent for tests/screening in the last year, with blood tests being the most common (cholesterol, blood sugars, liver/kidney/thyroid function, etc).

One in six (17%) have had testing/screening for cancer (breast, prostate, bladder, bowel, etc) which would be consistent with an older population and in line with regular screening programs.

In addition to this, 15% of respondents indicated they had

been sent for specific x-rays/scans (MRI, CT, ultrasound) as part of investigations undertaken in the last year.

Whilst Diabetes is included under blood tests and a number of ophthalmology cases, the 6% identified here is where the nature of test/screening has either not been specified, and/or could relate to additional tests such as diabetic podiatry.

Impact of NI Troubles:

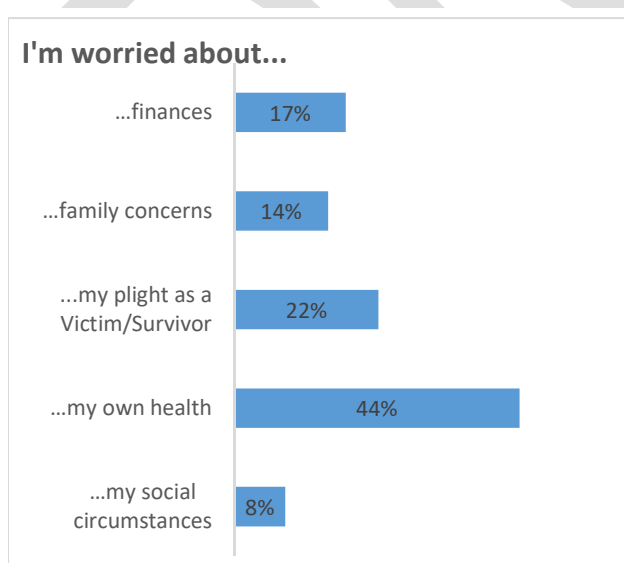
As noted at the outset of this report, SEFF exists to support those directly affected by the conflict in NI, and the majority of their funding comes from the Victim and Survivor Service. The table below outlines the criteria applied by the VSS in ascertaining how individuals have been impacted by the Troubles as applied to respondents:

Impact of NI Troubles	% of Respondents
I was physically injured - Troubles related incident	10%
I was psychologically injured - Troubles related incident	34%
I provide care for someone physically and/or psychologically injured	7%
I was bereaved - Troubles related incident	31%
I witnessed the consequences of Troubles related incident(s)	45%
I provided medical or other emergency assistance	8%

What is apparent in the above table is that there has been a much higher psychological cost to respondents than physical, although this does not minimise the one in ten that have suffered physical injury.

Support:

Respondents were asked to identify if areas including their health, finances, plight as a victim/survivor concerned or worried them. Their responses are illustrated below.



The primary sources of information and/or support respondents stated they would turn to in the case of such matters were identified as (in descending order of frequency):

- SEFF
- GP
- Family/Friends
- Other Healthcare professional
- Other VSS Support
- Online Resources
- Other (including reliance on self, legal advice, church).

However, whilst SEFF would be the primary source of support for information regarding worries or concerns, overall family is the most significant source of support for respondents (83%), followed by friends/neighbours (9%). This is significant given earlier analysis regarding smaller household sizes, and taking into account an ageing and rural population.

Almost half of respondents stated they feel isolated where they live either occasionally or often (40% and 6% respectively). It is worth noting that over half stated they never feel isolated where they live (56%) and a similar number of respondents identified additional supports/groups they engage with within their community (50%) the breakdown of which is detailed below:

Other Groups Respondents are engaged with	% of Respondents
Other Victims/Survivors Group	19%
Regimental Association	37%
Police Welfare	17%
Benevolent Fund	5%
PRRT	2%
Social Services	3%
Health Service	17%
Other Community Group	21%
Healthy Living Centre	5%
Other Advocacy Service	1%
Other Welfare Advice Service	3%
Local District Council	2%
Other (please specify):	
Church based	12%
RBL	4%
Orange Order	2%

Access to Services:

Based on respondent's feedback, and in keeping with a predominantly rural community, the car is the main form of transport and accessing services (72%). Less than one in fourteen use public transport (7%), with a high level of reliance on friends and family (15%), as well as SEFF's Befriending service (2%) where own transport is not available.

This is particularly relevant in examining the proximity of services to respondents of key services and supports as detailed below:

	Home/community based	<5miles away	>5miles away
Addiction Services	0%	23%	77%

	Home/community based	<5miles away	>5miles away
Advocacy	5%	36%	58%
Befriending	15%	43%	41%
Complementary Therapies	5%	43%	53%
Counselling	2%	34%	64%
District Nurse	8%	68%	23%
GP	3%	72%	25%
Listening Ear	21%	38%	40%
Mental Health Services	8%	41%	51%
Occupational Therapy	10%	33%	57%
Physiotherapy	5%	33%	61%
Social Work	13%	23%	64%
Trauma Counselling	10%	29%	60%
Welfare Advice	10%	42%	48%

Whilst just over half rarely or never experience difficulties accessing services (52%), for those that do encounter barriers transport is an issue in one in four cases. Barriers identified include:

- Lack of availability of services (42%);
- Timing of appointments (27%);
- Lack of availability of transport (15%);
- Cost of transport (9%); and
- Lack of care for dependents (5%).

3.4 SEFF's Activities & Services

There are two main strands to SEFFs work based on the two principal funding programs from which it is financed. These are the Victims & Survivors Service (VSS) which funds the work SEFF carries out with the Victim and Survivor community across Northern Ireland and beyond, and the Big Lottery Fund (BLF) which funds the FACT program focussing on health and wellbeing for those aged 60 and over in Fermanagh and Armagh.

The key services/activities in each are outlined as follows:

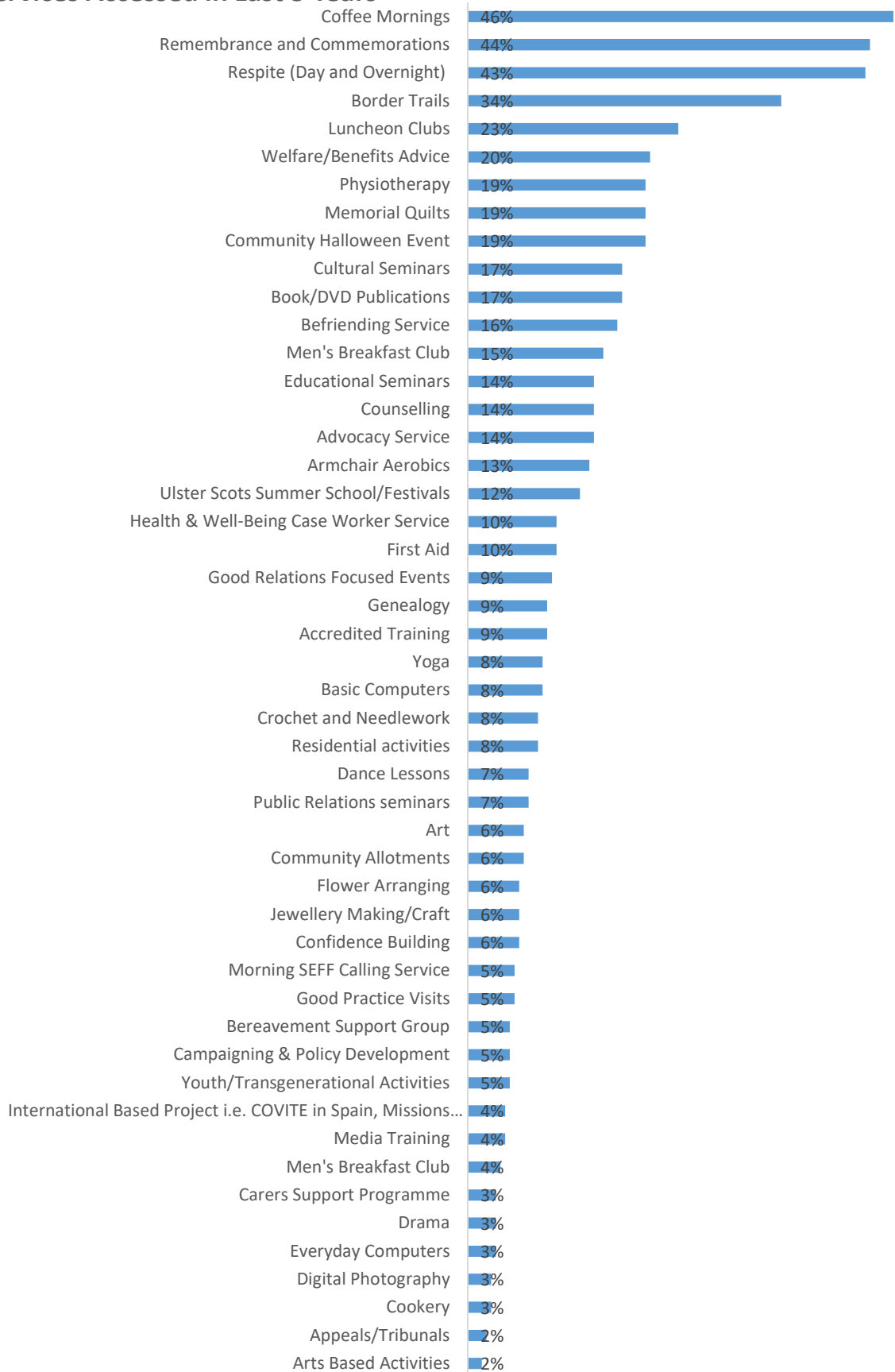
SEFF (VSS)	FACT (BLF)
Advocacy Service	
Complementary Therapies & Physiotherapy	Health & Welfare Information
Counselling & Group Based Peer Resilience	Intergenerational Projects
Social Supports <i>Befriending & Hospital Transport, Morning SEFF Calling, Breakfast/Lunch Clubs, Coffee Mornings, Respite Activities, Cultural Workshops</i>	Social Activities <i>Lunch clubs, tea dances, respite trips</i>
Personal & Professional Development	Hobby/Interest Classes

SEFF (VSS)	FACT (BLF)
<i>Courses and workshops in areas including arts, crafts, yoga, genealogy, furniture restoration</i>	<i>Courses and activities in areas including IT, flower arranging, gardening, arts and crafts</i>
Health & Wellbeing Support	
Welfare Service	
Truth, Justice & Acknowledgement Activities	
<i>Oral History Project, Border Trails, Memorial Quilt Project, etc</i>	
Youth & Transgenerational Activities	
<i>Youth choir, music classes, good practice exchange visits, respite</i>	

Two thirds of the respondents completing questionnaires have been members of SEFF for at least four years, which is testament to the level of commitment and loyalty members feel towards the organisation.

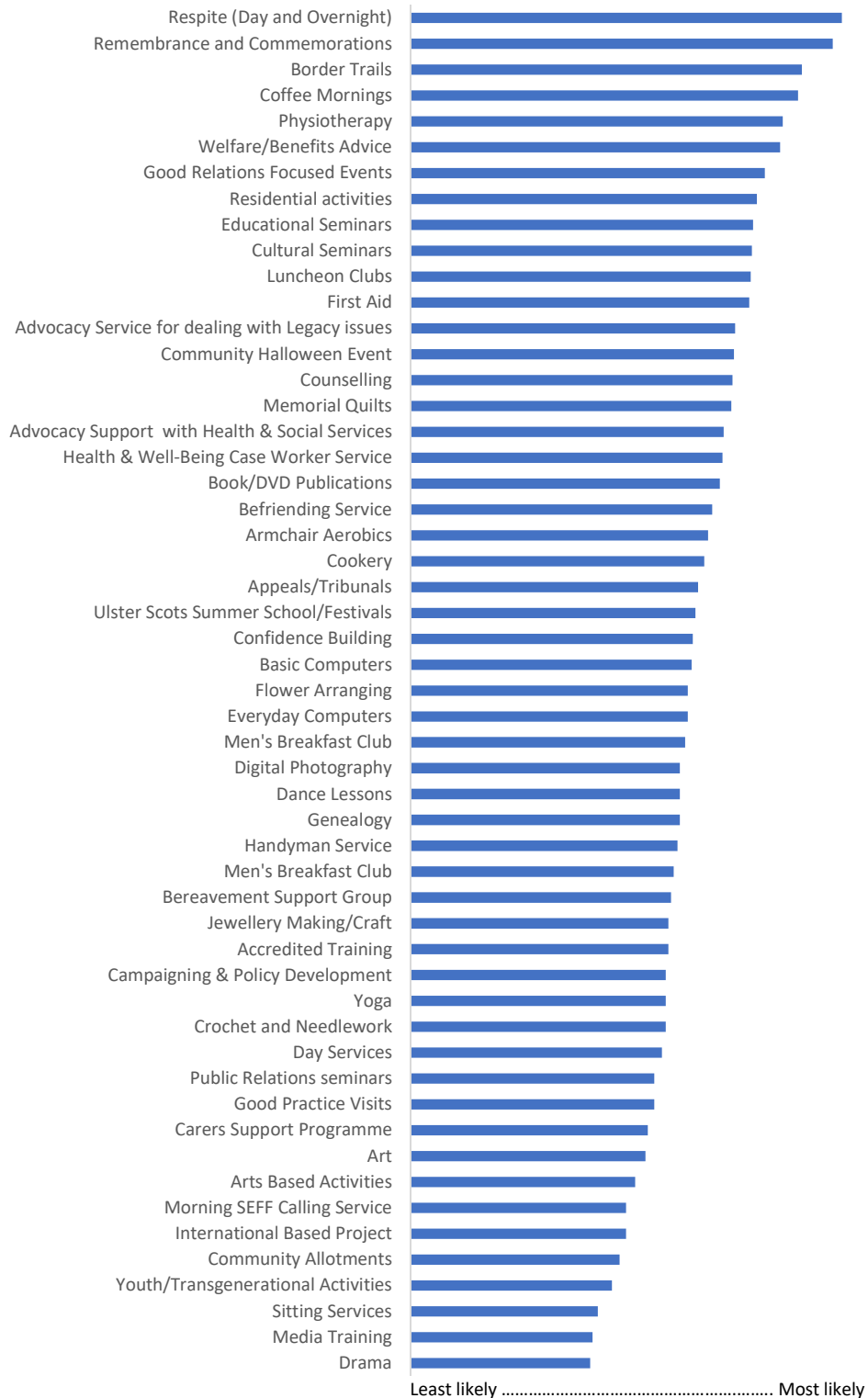
Regarding uptake of services, social activities including coffee mornings and respite trips are clearly popular, as are activities which commemorate/remember those affected by the Troubles as illustrated overleaf. It is of note that, of the vast expanse of services/activities listed, ALL have been attended by at least two respondents over the last three years. Not all activities will have been available to all members – some are naturally restricted for practical reasons (such as short courses), however it is clear that there has been something there for everyone.

Services Accessed in Last 3 Years



Perhaps of more import is respondents' identification of what they would perceive as most relevant/needed in the next four years. Members were asked to rank the likelihood of their needing/engaging in a service or activity on a scale with the collective results illustrated as follows:

Services most likely to be used in next 4 years



Focussing this response into the core service offerings, it is clearly evident that health and social supports are the most valued of SEFF's service provision, and considered to be the most required/availed of in the coming four-year period.

Service Area	Weighted Average (1 Most Likely, 5 Least likely)
Health Based Services <i>(Counselling, Physiotherapy, Complementary Therapies, Bereavement Support Groups, Health Promotion, Ill health prevention)</i>	1.76
Social Support <i>(Respite, Men's Breakfast Club, Educational Seminars, Community Allotments)</i>	2.10
Befriending <i>(Home visits, Luncheon Club, Coffee Mornings, Morning SEFF Calling, Support with Transport)</i>	2.10
Truth, Justice & Acknowledgement Activities	2.28
Welfare Benefits Awareness, Advice & Tribunals	2.29
Advocacy Service	2.39
Personal Development	2.45
Cultural Diversity Awareness/Workshops	2.48
Health & Well-Being Case Worker	2.50
Campaigning & Policy Development	2.59
International based Project	2.83
Youth/Transgenerational Activities	2.94

Again, this clearly reinforces the need for health and social based services amongst SEFF's membership.

Looking at activity solely under SEFF's VSS funding program for the period April 18 – December 2019, the highest level of service uptake has been in respect of advocacy and legacy activities highlighting the importance of this issue to SEFF's members. However it is important to note that there was a large consultation process included in these numbers.

As detailed below, there is a high level of uptake for SEFF's social activities and health-based services, yet funding restrictions means that even with high numbers engaging, this is still reaching less than a third of the membership. Given the significance placed on members for such services, it is likely that demand for these services will continue to grow in the forthcoming period.

Activity/Service	Number Engaged ⁸	% of Membership
Advocacy (inc Legacy consultation)	1086	82%
Health & Wellbeing Support	393	30%
Therapies (Complementary & Physio)	91	7%
Counselling	54	4%

⁸ Taken from VSS Monitoring Returns for the period 01/04/18 to 31/12/19

Activity/Service	Number Engaged ⁸	% of Membership
Respite Activities (Day/Overnight/Family)	307	23%
Breakfast Clubs/Lunch Clubs/Coffee Mornings	263	20%
Befriending	127	10%
SEFF Calling	27	2%
Welfare Support	169	13%

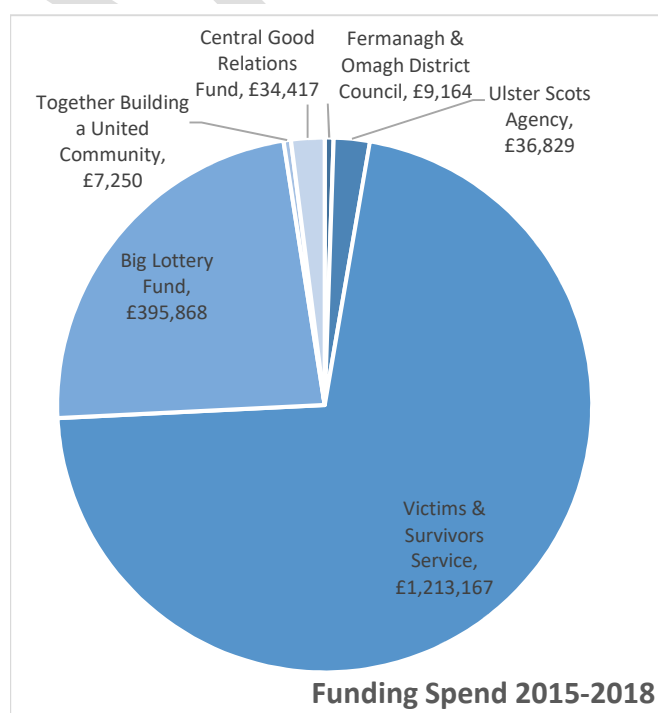
One in eight members have accessed the Welfare service in less than two years based on the above figures which is considerable. What the figures **don't** show, however, is where bottlenecks have arisen in provision due to resource restrictions (funding, personnel and volunteers). At the time of writing, waiting lists have been created for Welfare advice and Befriending – services targeting the most vulnerable amongst SEFF's membership – and it is likely based on the available evidence that demand will continue to grow with an ageing population and limited statutory health and social care provision.

3.5 Funding SEFF's Services

In the period 2015 to 2018, SEFF secured almost £1.7m in funding to deliver services and supports to its membership. The two key sources of funding (95% of all funding income) are from the Victims & Survivors Service and the Big Lottery Fund as illustrated (right).

Just over £88,000 was sourced in the period as illustrated, accounting for 5% of SEFF's funding income. This represents 39 individual small grants secured in the period for a range of bespoke activities/services including:

- Tea dances
- Genealogy, arts and historical activities; and
- Community initiatives (allotments, Halloween events).



However, the majority of additional monies secured was directly connected to projects delivered to SEFF's youth membership – specifically summer schools and drama projects.

In addition to the above. SEFF has also engaged in its own fundraising activities in the period, the proceeds of which have been used to subsidise funding shortfalls in key services including its Befriending and Hospital Transport service.

3.6 SWOT Analysis

The feedback from the SWOT analysis is outlined under the Internal & External Environment

Threats in External Environment	Opportunities in External Environment
<ul style="list-style-type: none"> • Unstable Democracy-No Political Institutions-No decision making • No systems or Structures in place to deal with legacy • Unstable Funding Environment • Unrealistic targets for delivery of some (VSS) services • Brexit • Competitors • Retraction of Health & Social Care Services • Lack of Troubles related teaching in Schools • Lack of Victim/Survivor Empathy 	<ul style="list-style-type: none"> • The development of a 10 year Victims Strategy • Consultancy on Legacy • Pathfinder within the WHSCT • Councils Strategy on Age Friendly Services • Recognition of the contribution of the Voluntary Sector in Health and Social Care • Additional Funding Opportunities • The increased demand for SEFF Services • Co-design in Public Sector
Strengths in Internal Environment	Weaknesses in Internal Environment
<ul style="list-style-type: none"> • Strong Volunteer Ethos • Dedicated Staff • Governance Structure • Increased membership • Members value Services provided • SEFF recognised as Advocate for Innocent Victims • External recognition of services provided • Proven Track Record in Service Delivery 	<ul style="list-style-type: none"> • Development without necessary infrastructure • Management Information Systems • Premises • Staffing Numbers & Skills • Lack of Volunteer Strategy • Volunteer Numbers & Skills • Youth & Family orientated service provision • Communication & Information sharing • Lack of commitment from some strategic partners • Insufficient funding to meet demands

4 Strategic Context

Victims & Survivors of ‘The Troubles’

The period in Northern Ireland’s recent history colloquially referred to as the Troubles referrer is broadly considered to have commenced in the late 1960’s stemming from civil rights dispute. The next thirty years marked a dark period in Northern Ireland’s history, with Bunting et al (2013) highlighting “3,737 deaths, approximately 48,000 persons injured, 34,000 shootings, and 14,000 bombings”.

The Troubles have not ended, and Northern Ireland continues to struggle with societal division and terrorist activity to the current day, however in 1998, the political institutions in Northern Ireland, UK and Ireland completed the Belfast Agreement, an agreement enshrined in legislation that would create a devolved system of government power to Northern Ireland, and create institutions to support this.

When people talk of “the height of the Troubles”, they refer in essence to this thirty-plus year period from the late sixties to 1998. Bamford Centre (2011) suggest that two in five of Northern Ireland’s adult population were subject to trauma directly attributable to this period. It states:

“The “Troubles” in Northern Ireland were characterised by a range of potential traumatic events including shootings, bombings, sudden death and injury of loved ones, punishment beatings, torture and internment among many others. For some people ... the traumatic experience might not be the primary event, for example a road traffic accident, but the near death experience in an A&E department, or the moment a police officer calls at the home to bring bad news or the visit to the mortuary to identify a family member or friend.

This example also illustrates the impact of traumatic events not only on those who experience them directly, but also on those who are close through family, colleague-related or friendship ties.

To this we could add those who through their work responsibilities are exposed to traumatic events and other witnesses and members of the public who are brought into contact with such events.”

The creation of the Victims and Survivors Order in 2006 was a significant development in recognising within a legislative framework the impact of such trauma on individuals. The Order defines such trauma through the term “conflict-related incident” which is used to mean “an incident appearing to the Commissioner [for Victims and Survivors] to be a violent incident occurring in or after 1966 in connection with the affairs of Northern Ireland”. A legal definition of the term “victim and survivor” was also set out as follows:

(a) someone who is or has been physically or psychologically injured as a result of or in consequence of a conflict-related incident;

(b) someone who provides a substantial amount of care on a regular basis for an individual mentioned in paragraph (a); or

(c) someone who has been bereaved as a result of or in consequence of a conflict-related incident.

(2) Without prejudice to the generality of paragraph (1), an individual may be psychologically injured as a result of or in consequence of—

(a) witnessing a conflict-related incident or the consequences of such an incident; or

(b) providing medical or other emergency assistance to an individual in connection with a conflict-related incident.

Issues Affecting Victims & Survivors

Academic and professional research into the needs of victims and survivors is ongoing to the current day, however little has changed from the identification of core issues outlined below from previous work undertaken by SEFF. These remain:

Health and Wellbeing

Health is undoubtedly the most significant issue affecting victims and survivors of the NI Troubles, with repeated reports of chronic pain suffered by those injured, and lack of appropriate and/or accessible services to address this issue (QE5, 2005; McDougal, 2007; Dillenburger, 2007; CRC, 2006). Additionally, there continues to be significant issues in relation to psychological health. It has previously been noted that the psychological effects of trauma tend to be long-lasting in this particular population. Additional studies indicate that contrary to a previous conception of the NI population as being particularly resilient to psychological distress, there are in fact clear indicators of high levels of Post Traumatic Stress for which formal diagnosis and/or treatment is not being sought (CRC, 2006; Dillenburger, 2002; Dillenburger, 2007; NICTT & UU, 2008; QE5, 2008).

A study by Fay et al (1998) found an increase in suicide levels post conflict, whilst studies into former security force personnel indicate significant psychological difficulties and high levels of addiction concurrent with the significant levels of stress encountered (O'Neill, 2008; Steele, 2000; Killick, 2005; QE5, 2008).

Ageing Population

An ageing population in relation to the victims and survivors population is included as relevant here, as studies are increasingly showing this to be a particular issue in relation to health issues (CRC, 2006; QE5, 2008). There is an important added dimension in relation to chronological ageing and victims and survivors of conflict, in that it is difficult to separate aggravation of physical health issues from the impact of psychological trauma. For example, a consequence of trauma can be hypervigilance, and trust issues particularly in allowing “strangers” into one’s home (CRC, 2006). There are also clear correlations between older people and health inequalities, particularly in accessing health and social services (QE5, 2005). Given the starting position of an older victim/survivor, it is reasonable to assume that such inequalities are likely to be exacerbated in this population.

The literature explores the role complementary therapies play in helping Victims/Survivors recover from trauma. There is a considerable base of support for the use of therapies within the Victims Sector (SEFF/QE5, 2012; Dillenburger, 2007; CRC, 2009) and a high level of strategic fit the provision of health and social services. Dillenburger (2008) found that individuals exposed to community violence, and related traumatic-life events often require help in coping with the effects of these experiences. Similarly, research carried out by Kunz and Kunz (2008) illustrated that reflexology has a positive effect on PTSD as well as its common symptoms.

Carer Issues

In 2006, the Community Relations Council published a groundbreaking piece of research into carers of victims and survivors of the Northern Ireland Troubles, the first time such a study had ever been carried out in the history of the Troubles. The research found significant levels of ‘carer burnout’ in the 110 individuals surveyed with the majority of carer’s providing an average of 69 hours of care per week to their (often) family member, and less than a third receiving external help and support. The research identified a ‘knock-on’ effect with many of the issues (financial, welfare-related, social isolation, etc) affecting the victim/survivor also impacting on the carer. With little or no respite from the carer role, the study highlighted the potential ‘ripple’ effect and impact of carer burnout (CRC, 2006).

Social Isolation

McDougal (2007) noted that the real cost of the Troubles needs to be considered within the context of human suffering, and this is particularly evident when looking at social isolation of victims and survivors. As highlighted previously, a particular factor in social isolation is that of trust – of the individual victim/survivor feeling able to trust others – whether this is on a social basis, or in accessing statutory supports (CRC, 2006; McDougal, 2007; QE5, 2008). For the thousands of former members of security forces in Northern Ireland, this is particularly exacerbated as the nature of their employment effectively demanded a level of social isolation to begin with (QE5, 2008).

Employment & Education

Employment is an issue throughout the victims and survivors sector- for individuals affected physically and/or psychologically by the Troubles who are unable to work; for carer's of these individuals for whom there is no external support or respite; for former security force members made redundant through downsizing of military operations; for ex-prisoners of Troubles-related offences. This issue, then, is further exacerbated by wider issues such as the economic downturn and cuts to public sector services (as Northern Ireland's principal source of employment). High levels of unemployment have an obvious impact on income levels, and it is often reported that victims and survivors have significant financial worries (CRC, 2006; McDougal, 2007; QE5, 2008). Financial issues, and costs associated with health problems arising from the Troubles, undoubtedly lead to further disadvantage. In addition, the lack of education and re-skilling to address trans-generational trauma necessitates re-skilling to address a number of problem areas including, Lack of education, Lack of appropriate training, Lack of confidence to contribute to society and Lack of leadership skills.

Welfare Needs

Closely interlinked with employment and financial issues is that of welfare needs of victims and survivors. Since Bloomfield (1998) a wide range of measures have been put in place to alleviate financial hardship of victims and survivors. However, McDougal (2007) noted that the service delivery model was complex, bureaucratic and not easily understood- a finding supported by previous work within this population (CRC, 2006) and since (QE5, 2008). Dillenburger et al (2007), in a study of support services throughout Northern Ireland for victims and survivors, found Advice and Information to be one of the most frequently provided, and accessed support services.

Anger & Justice

There is a high level of anger and a strong sense of injustice amongst victims and survivors which has been well documented throughout the last ten years. Such feelings are particularly directed towards the state, with a commonly reported view that authorities have failed to protect individuals from the impact of the conflict, and have failed to subsequently recognise the suffering and hardships experienced by victims and survivors (CRC, 2006; Kelly and Smyth, 1999; SSI, 1998; QE5, 2008). Killick (2005) refers to the notion of embittered orphans in describing such feelings of abandonment, whilst Kelly and Smyth (1999) highlight the importance for many victims and survivors of the security of 'their own' (i.e. local groups) – such is the level of fear and mistrust of statutory providers.

Strategic Framework

A recent business case developed to examine SEFF's accommodation/facilities within the Lisnaskea area identified a number of key documents that have a direct bearing on how SEFF's work in addressing the identified needs of Victims and Survivors fits within the strategic environment. These include:

- Draft Programme for Government 2016 – 2021 and Outcomes Delivery Plan 2018/19
- Stormont House Agreement 2014
- Fresh Start Framework 2015
- Victims and Survivors Strategy 2009 – 2019
- T:BUC Together: Building a United Community 2013
- PHA Making Life Better 2012 – 2023
- Protect Life Suicide Strategy 2006 and Protect Life 2: 2017
- Take 5 Steps to Wellbeing
- FODC Community Plan 2030

Draft Programme for Government 2016 – 2021 and Outcomes Delivery Plan 2018/19

The draft Programme for Government 2016 – 2021 focuses on the impact on people rather than the amount of money spent or the number of programmes introduced. The focus is on outcomes; indicators show the change the Executive wants to bring about; the measures will be used to determine whether the Executive is succeeding. There are 12 strategic outcomes supported by 48 indicators which are clear statements for change. Each indicator is accompanied by a measure which is largely derived from existing statistics. Some measures are still under development.

The project contributes to the delivery of Outcomes 3, 4, 8 and 9:

- **Outcome 3 We have a more equal society** – it is important that a person's background, identity or ability should not be a barrier to playing a full and constructive role in society, that inequality is eliminated wherever it might be found and that support is given to those who face serious issues as a consequence of it. There are large employment disparities across different geographic areas, reflecting differing demographic and economic conditions, impacted by the differences between urban and rural job opportunities, the population skills mix and the ease of travel. Access to employment is important in combating poverty and is a vital component in building successful communities. Job availability, coupled with a workforce that is properly equipped and ready for employment, with appropriate skills for the marketplace is needed to make a change. With a third of individuals that are economically inactive presenting health conditions and/or disabilities, it is important to address health management issues, engagement with people who are inactive in the labour market needs to undergo a step to change in

order to provide a service which is outward looking, community focused and has wellbeing as its focus. The SEFF project will create employment opportunities as well as contributing to reduce the economic inactivity rate. Its service users will have access to programmes, activities and services that well address their wellbeing and quality of life which will lead to their increased ability to function at work and maintain employment.

- **Outcome 4 We enjoy long, healthy, active lives** – This outcome is about improving the health of everyone, giving them the best opportunity to live longer and healthier lives. It is about ensuring that people get the right care, of excellent quality, at the time of need. It is about keeping people healthy, preventing them from needing health interventions. In part, this means giving people the information and support they need to make healthy lifestyle choices. It also means tackling issues related to deprivation and poverty that are linked to poor health outcomes.

Evidence suggests people in NI have worse mental health than in other UK jurisdictions; in fact, the Ulster University estimates that approximately 213,000 people in NI are suffering from mental health problems that are directly related to the Troubles. With limited resources and an increasingly challenging budget position, there is a need to focus on developing interventions that will have the greatest impact, and the case studies collected demonstrate how the support and services provided by SEFF positively impact its service users.

- **Outcome 8 We care for others and we help those in need** – which is centred on helping and caring for the most vulnerable in society, ensuring provision is adequate to meet their needs and where appropriate, giving people the opportunity and means to help themselves. Within this context the PfG specifically cites the needs of victims and survivors, and the importance of putting in place services to provide excellent levels of care. In respect of this outcome the draft PfG highlights that Government will work, amongst others, with the voluntary and community sector, the charity sector, vulnerable people and their representatives, and those living in poverty. Therefore, the collaboration between the project promoters (as a charitable organisation) and Government through this project is entirely consistent with this.
- **Outcome 9 We are a shared, welcoming and confident society that respects diversity** – this outcome is about creating a community which promotes mutual respect and understanding, is strengthened by its diversity and where cultural expression is celebrated and embraced. It is about tackling some of the barriers to opportunity that arise for people as a result of particular aspects of their identity – including their religious belief, political opinion, racial group, age, marital status, sexual orientation, gender, disability and whether or not they have dependants. In particular, it means making space for greater sharing between traditionally divided communities.

Increasing respect goes hand in hand with increasing self-confidence of people and communities. Promoting tolerance and building resilience will help remove barriers to participation in society. The services and programmes provided by SEFF improve physical and mental health and wellbeing of victims and survivors, assist in their healing and recovery and improve their quality of life opportunities all of which contribute to increasing respect.

Stormont House Agreement 2014 and Fresh Start Framework 2015

Components of the forward vision/ work-plan for SEFF also respond to the challenges and opportunities presented within the Stormont House Agreement and Fresh Start Framework - namely around the provision of legacy structures and interventions which will in some measure deal with 'the past' and provide for the on-/going needs of victims/survivors

OFMDFM Victims and Survivors Strategy 2009 – 2019

The core focus of the project is consistent with the ten-year Victims & Survivors Strategy – developed by OFMDFM in 2009. In particular it will contribute to the second aim to 'secure through the provision of an appropriate range of services and other initiatives a measurable improvement in the wellbeing of victims and survivors' and the fourth aim to 'assist victim and survivors to contribute to building a shared and better future'. Having access to a fit for purpose base and related facilities to facilitate the forward vision/ growth of SEFF will reinforce both of these aims.

SEFF service delivery is wholly aligned with all seven areas outlined by the Commission for Victims and Survivors (CVS) Comprehensive Needs Assessment in 2012.

T:BUSC Together: Building a United Community 2013

The Together: Building a United Community Strategy reflects the Executive's commitment to improving community relations and continuing the journey towards a more united and shared society. The strategy provides a vision based on equality of opportunity, the desirability of good relations and reconciliation. It also provides the framework for government action in tackling sectarianism, racism and other forms of intolerance while seeking to address division, hate and separation. The Strategy outlines how we in Government, in communities and as individuals will work together to build a united community and facilitate change in the key priorities of:

- Our children and young people
- Our shared community
- Our safe community

- Our cultural expression

The strategy sets out seven strategic headline actions and a range of other actions and commitments that will provide innovative approaches to bringing about the conditions that will help build a united, shared and reconciled community. The strategy and its range of actions and commitments comprehensively demonstrate the Executive's commitment to realising change across the key priorities.

T:BUC acknowledges the importance of voluntary and community sector in contributing to the delivery of the strategy's objectives. The T:BUC Engagement Forum was established in early 2016 and provides a platform for formalised and structured stakeholder engagement; provides a mechanism to engage with and feedback to the sector; and the forum meetings consider each T:BUC priority.

PHA Making Life Better 2012 – 2023

The work of SEFF is centred on supporting improved health and well-being amongst victims and survivors and the community more broadly (e.g. through projects such as FACT). Therefore, their work contributes to policies and actions to improve the health and wellbeing of the people of NI through the auspices of the Public Health Agency (PHA). The PHA strategy, Making Life Better (2012-2023), is the strategic framework for this purpose. It seeks to create the conditions for individuals and communities to take control of their own lives and move towards a vision of Northern Ireland where all people are enabled and supported in achieving their full health and wellbeing potential and to reduce inequalities in health.

The joint working arrangements that exist between the PHA and District Councils in support of health and wellbeing improvement, and the commissioning responsibilities of Local Commissioning Groups of the Health and Social Care Board, are evident in the new community planning responsibilities of councils.

Through strengthened coordination and partnership working in a whole system approach, this framework will seek to create the conditions for individuals and communities to take control of their own lives and move towards a vision for Northern Ireland where:

“All people are enabled and supported in achieving their full health and wellbeing potential”

The aims of the framework are to:

“Achieve better health and wellbeing for everyone and reduce inequalities in health”

The framework acknowledges that there are many good examples of joint working underway amongst key partners such as public sector agencies, local government, the

community and voluntary sector, local communities and the private sector. The framework reaffirms and updates the mandate to strengthen collaboration at all levels, and promote better communication and co-ordination across the system.

Protect Life Suicide Strategy 2006 and Protect Life 2: 2017

The Protect Life Strategy was developed by the DHSSPS in response to the strong representations made by families bereaved by suicide and communities in relation to high rates of suicide and clusters of suicide, especially in socially-deprived areas. The Strategy was launched in 2006, with a Refreshed Protect Life Strategy covering the period 2011-2013 published in June 2012.

The Protect Life Strategy set out an action plan containing 62 actions. The action plan acknowledged the importance of involvement from all sectors and agencies that can impact on suicide prevention and each action set out the range of stakeholders to be involved in implementing the action.

Local academic research has shown the impact of transgenerational trauma and high rates of suicides on communities here who have been exposed to years of violence during the periods of community conflict. Combined with higher levels of mental health need in Northern Ireland, it is clear that a long-term approach to reduce suicide is a priority for our society. While suicide is not exclusive to specific population groups, risk factors provide a clear indication that certain population groups are vulnerable to suicide. A number of priority/vulnerable groups are identified in the strategy for suicide prevention, among which are those with PTSD as a consequence of the conflict in Northern Ireland.

Evidence indicates that Northern Ireland has high levels of, often untreated, PTSD and other mental health disorders as a result of almost 40 years of conflict. Research into the effects of decades of violence has indicated strong evidence that experience of the conflict is associated with poorer mental health, particularly depression and alcohol misuse.

Take 5 Steps to Wellbeing

SEFF's project interventions also directly respond to the 'Take 5 Framework' under the auspices of HSC Trusts designed to address emotional wellbeing. The five principles/stages being; connect, be active, take notice, keep learning and give. The core focus of SEFFs work is about building resilience and empowering individuals to the point where they feel able to live as opposed to merely existing. This ethos of 'living not existing' that underpins their work is entirely consistent with the Take 5 framework.

FODC Community Plan 2030

This document is the overarching Community Plan for the Fermanagh and Omagh district, bringing together the knowledge, expertise and collective resources of a wide range of partners across the public, private and community and voluntary sectors – all working towards a single agreed vision for the area. The plan is structured around three themes and eight shared outcomes. The first theme is ‘People and Communities’ with the following outcomes under this theme areas that the project will strongly contribute to:

- Our people are health and well - physically, mentally and emotionally;
- Older people lead more independent, engaged and socially connected lives; and
- Our communities are safe, resilient and empowered

The holistic approach that SEFF delivers in supporting wellbeing and building resilience amongst victim/ survivors and others who are vulnerable and in need of support in the community will contribute strongly to all of the above outcomes.

DRAFT

5 Consultation Findings

Supporting Victims & Survivors, Strengthening Communities

The following section pulls together the key findings in an extensive consultation period which includes contributions from over 400 individuals across the following sources:

- Contributions from individual members surveyed in NI, ROI and GB;
- Focus group discussions held in a range of locations;
- Input from SEFF's Staff, Volunteers and Board; and
- Consultations with key Stakeholders.

Throughout the consultation process, the positive impact SEFF has had on supporting its membership was continually highlighted. Members spoke at length of the positive effect SEFF has had in:

- Reducing social isolation and loneliness;
- Providing security and reassurance to members that support and help is available if/when needed;
- Providing recognition and solidarity to those impacted by terrorism, and acknowledgement of their desire for justice and/or being able to tell their story;
- Emotional support and services to address poor emotional and mental health;
- Helping to improve and/or manage physical health issues through provision of therapies and health-based activities;
- Giving practical support, advice and guidance which has helped members' quality of life and access to entitlements;
- Offering opportunities for members to develop skills and knowledge in a range of areas; and
- Keeping members informed on issues important to them, and services/supports available to them, strengthening community connections.

[SEFF has made a difference to me] "...by helping me in the form of counselling, therapies, benefit checks. Also the befriending service is a great life line for us (with) volunteers driving us to hospitals and appointments. SEFF is very much part of the Community."

"I don't feel alone as a victim and it is good to meet with like-minded people who understand what a victim really is. There is also good fellowship between members and leaders."

"I've made a lot of new friends who have shared the same horrible experiences of the Troubles as myself. The therapies are a great help and also the respite breaks are so important to have something to look forward to."

“SEFF are always there for me. I feel strengthened by the care and understanding that is given. I can open up and show my distress without feeling awkward. I am grateful for all the compassionate work they do for Victims and Survivors.”

Stakeholders also spoke very highly of SEFF, with four out of five stating they have an excellent relationship with the organisation. Representing a range of statutory, community and voluntary services, funding organisations and government personnel, stakeholders all reported having at least monthly contact with the organisation and praising the organisation’s professionalism, helpfulness and level of communication.

“I have been very impressed by the organisation’s commitment, presence and strategic intent”

In looking at what SEFF does **best**, members and stakeholders consistently highlighted the efforts of staff and volunteers – their helpfulness, accessibility, empathy and genuine desire to listen and support individuals.

Treating members as individuals is very important to, and valued by, SEFFs membership – recognising that they have unique experiences, needs and desires and are at their own point on the victim-survivor spectrum. This is reflected in members’ reports of being listened to and understood, supported and encouraged, and having access to a wide variety of supports and activities:

[SEFF] “...looks after us as individuals as well as being part of the group. I don’t feel isolated knowing that most of the members have or have had a family member incident with the Troubles” (sic)

“SEFF staff are so understanding of individual needs, sympathetic, patient and willing to offer assistance.”

[SEFF] “...makes you feel you are important and not just another statistic.”

“SEFF is a wonderful organisation that is a true voice to all victims of the Troubles. The staff are lovely and try their best to accommodate and help everyone! Keep up the excellent work!”

“Members are always put first”

“SEFF does a wonderful job with limited resources. They offer a wide choice of help to very many in various locations.”

It is also of note that members highly value the practical advice, guidance and support they receive from SEFF, a view that was echoed by stakeholders. There is a clear perception amongst those consulted that SEFF are meeting a clear need in their community that is not being addressed through more mainstream supports such as Health & Social Care Trusts.

Advocacy/Justice

Focussing specifically on some of the core services and supports of SEFF, Advocacy and giving a voice to Victims and Survivors is undoubtedly highly valued within the organisation's membership. As noted previously, members feel that they are being given a voice and this is significant as there is a clear sentiment of feeling forgotten, ignored and devalued in a post-conflict society – particularly by the government. One member spoke of their experience as a Victim/Survivor as *“a life sentence with no remission and no early release for good behaviour”*. Members consulted from outside Northern Ireland were particularly vocal in the lack of acknowledgement and/or support they have received until they engaged with SEFF.

[SEFF] “...provides a platform for victims/survivors of terrorism and also in a non-sectarian way”

“The fact that victims are rarely acknowledged south of the border...It's like we are invisible”

There was a tangible sense of fear and concern in consultations that efforts are being made on the part of terrorists to “rewrite history” and it is incumbent on organisations such as SEFF to ensure that members' experiences are not forgotten or overlooked. Members spoke of their frustrations with government, particularly with fears that Brexit and the ongoing impasse in Stormont are having an adverse effect on addressing legacy issues. This frustration was echoed by staff who find it difficult to establish networks and information-sharing protocols, particularly across statutory bodies, and feel that the VSS is not prioritising training and development in this area. Staff and stakeholders highlighted the fact that advocacy involves negotiating a highly complex and overly bureaucratic system.

The complexity of cases is also difficult in that no two cases are the same, and members will have different objectives in what they want from the service – some want answers and to know what happened, whilst others don't wish to dredge up the past. This can be challenging where there are differing views within, for example, the same family.

There are also challenges in helping members manage their expectations – most cases tend to be lengthy and protracted with no guarantee of a positive outcome – and the process itself can have an emotional and psychological toll on members.

“You almost feel responsible and apologetic for issues you have little or no influence over”

“It's difficult to ever fully discharge a client”

There was a consensus across staff, stakeholders and members that there is a need for wraparound services, particularly linking with mental health support, to support those engaged with the service. External supervision for staff is highly valued, as well as peer support within the organisation.

There were a number of issues highlighted that SEFF need to address in order to develop its advocacy service more efficiently and effectively. These included:

- The need for a seamless and integrated IT system, where information can be recorded and encrypted to support case management;
- More regular team meetings and coming together of advocacy staff for peer support and shared learning, particularly given the level of outreach work involved in current service delivery;
- The need for effective lobbying of government and statutory agencies, including establishment of information sharing networks and protocols;
- The need to develop legacy activities that give SEFF's members a voice – education, archiving and curation activities;
- The need to integrate advocacy with mental health supports to provide wraparound services to members.

Befriending & Social Support

SEFF's Befriending service was described as a victim of its own success – it is a highly valued and sought-after service which relies on a strong and dedicated team of volunteers, however there is simply insufficient resources to meet demand at this time with the result that a waiting list has had to be developed. Befriending, transportation to hospital appointments, and Morning SEFF Calling, target the most vulnerable and isolated of SEFF's membership. It also acts as a gateway service to SEFF's wider social support programs including breakfast/lunch clubs, coffee mornings and respite activities.

“For some, this service literally means life or death whether through poor mental health of choosing not to go for medical treatment until help was made available”

Members consistently highlighted the importance of social support and addressing isolation in making a positive difference to their lives, and SEFF has recruited a large number of volunteers which has generated considerable social capital within the community. The dedication and commitment of volunteers was frequently recognised in consultations, and it was highlighted that there is a need to further develop SEFF's recruitment, retention and rewarding of volunteers.

Stakeholders similarly spoke highly of SEFF's contribution to addressing social isolation through its Befriending and social support activities. The rurality of SEFF's catchment area was acknowledged by stakeholders, who recognised also that there is a clear deficit in health and social care provision that allows vulnerable individuals to remain in their own homes.

“Coming from a rural area there are a lot of people who can't get access to services. Access to services for older people is difficult...People from Enniskillen have to get their care/treatment in Altnagelvin”

“There is a need to build befriending services to support people living with illness who are socially isolated...”

Rural isolation was also highlighted by members and stakeholders in the increased risk of crime affecting individuals. Increased levels of scams and cold-calling was highlighted, issues that would be much more likely to be picked up and addressed through befriending contact.

It was noted that there is a need for introduction of befriending and social supports into outreach areas where SEFF has expanded its membership. Again, it was highlighted that isolation and loneliness are real issues in these areas, and SEFF has an established reputation for delivering a high quality service.

Moving forward, areas for development suggested included:

- Establishment of a more robust volunteer strategy to recruit, develop and reward SEFF's volunteers;
- Development activities should include training in relevant areas including First Aid, Coping with Bereavement, Mental Health First Aid, Suicide Awareness/Safe Talk. This should also be paced appropriately throughout the year;
- There is scope for better integration across services and supports, such as incorporating health education talks, crime prevention activities, etc into coffee mornings/breakfast clubs;
- Links should be established within communities to develop networks/social capital that members can also link with in addition to SEFF.

Counselling

Counselling is generally perceived to be working well – it is providing an effective service to members, and there is a good range of therapeutic skills and experience available to the organisation to deal with a variety of presenting need.

“Counselling has helped me face my fears and demons”

[SEFF provides] “...prompt access to effective treatment”

Stakeholders spoke of the deficit in provision within the community that is being met by SEFF in its counselling and emotional support services, with a recognition that there is an increasing number of individuals only starting to come forward now to deal with the impact of trauma.

There was a high level of mental and emotional poor health disclosed by members consulted, where they feel there is little to no recognition of the psychological impact of trauma within statutory services, and poor supports to address issues including PTSD and substance misuse.

A key strength of SEFF's service is that members can access services within a short time once they approach the organisation looking for help, and there is flexibility with service delivery including the capacity to link back in with the service if needed. However, there needs to be more work done to support members making this initial approach – they spoke of myths and fears around counselling, and increased vulnerability in asking for help. Practical suggestions

forwarded by members included promoting the service within newsletters, etc to reinforce its accessibility, confidentiality and address myths and misconceptions.

From staff's perspective, there was a need identified for professional development, specifically in working with trauma, and in emerging techniques such as EMDR. It was highlighted that excessive paperwork – particularly in the initial session – can be cumbersome and distracting from the therapeutic process. It was also suggested that if an individual “drops out” of the service, there should be some form of follow up from the organisation to ensure the individual is aware that they can pick this back up when they feel more able to engage, and offer alternative supports.

[Members] “...need a safe space to talk and pragmatic support to deal with everyday tasks”

As noted before, it was felt that counselling and psychological therapies provide an opportunity for wraparound services, particularly integrating with advocacy support and social supports. Specific improvements in this service area for future development included:

- Regular promotion of the service and addressing misconceptions/fears that may be preventing members from accessing support
- Follow up contact in the event that an individual withdraws from the service
- Development of professional skills in trauma treatment, possibly looking into employing a Clinical Lead and introducing internal supervision and support
- Flexibility and responsiveness in treatment provision to maximise members' ability to engage in treatment (eg times, locations, reduced paperwork)

Health & Wellbeing

Health and wellbeing was undoubtedly the most significant concern of stakeholders consulted, who highlighted the role SEFF plays in meeting a clear deficit in public service provision with the NHS in particular described as “underfunded and under-resourced”. It was also noted that SEFF provides a “humanistic side” to delivery of services with flexibility and tailoring that is not perhaps available in public service provision.

Stakeholders spoke of the issues around the rurality of SEFF's catchment area, and difficulties in providing home care and supports that particularly help older people living with illness to remain in their own homes safely and for longer. It was also highlighted that there is a need to focus on primary and secondary illness prevention, with acknowledgment given to the impact of trauma on individuals' overall health and wellbeing.

The services provided by SEFF under the umbrella of health and wellbeing are highly valued by members, as reiterated continuously throughout the consultation process. Complementary therapies, in particular, were highlighted as having a substantial impact on management of chronic health conditions – physical and mental health – and it was

highlighted that without SEFF's support in this area members would simply not be able to afford to access such treatment on their own.

Members spoke of difficulties encountered in their communities in accessing services – some have to wait weeks just for a GP appointment, and there were reports of lengthy delays in accessing medical interventions (long waiting lists, scheduled operations cancelled at the last minute, etc). Where members do not have their own car, they also spoke of transport difficulties in accessing medical appointments and are reliant on family and friends. It was noted that SEFF's assistance with transport has been invaluable in helping with such difficulties.

Members also reiterated stakeholders' concerns as to the lack of home-based supports and services. Whilst the majority those completing questionnaire returns indicated they had received after-care post-discharge where they needed it, this was not the case within focus groups. Members here spoke of being discharged from hospital/health services with no follow up or community support which had an adverse impact on their wellbeing.

Members spoke of a lack of addiction services in their communities, as well as lack of provision in home help, day care and social work services. They spoke of SEFF as being invaluable in helping them to access support that otherwise wouldn't be available to them, and praised the speed at which SEFF is responsive to requests for support. Members highlighted that issues around low self-esteem and lack of confidence can be barriers to asking for help, and they are able to overcome this with having an established relationship and level of trust with the organisation. They spoke of SEFF's service provision as "empowering and encouraging", and personalised to the individual.

"Complementary therapies and gym membership take the monetary burden off my shoulders and give me something to look forward to"

"It makes me feel empowered and confident to know that help is out there"

Members in outreach areas spoke of the need to expand SEFF's core services in health and wellbeing support, and suggestions were also made in respect of integrating a health focus into social activities (eg provision of health education/prevention talks at coffee mornings/breakfast clubs). It was also suggested that there should be development within health activities to address issues around grief, trauma and mindfulness.

Staff consulted reiterated the positive feedback of members and stakeholders, and highlighted the benefits of the new referral system in helping to assess and address need. Flexible and individualised service delivery were also reiterated as key strengths in current provision, as well as existing monitoring and evaluation processes. Staff spoke of the diversity of cases they deal with, and echoed previous suggestions regarding the benefit of liaison with other parts of SEFF's services/activities as well as external supports.

“Addressing the need of the individual means that one to one contact brings about a more in depth understanding of the person and also how other services may be supportive in dealing with their post-traumatic growth”

Difficulties encountered by staff in delivery of this service were highlighted as a lack of coordinated input from the VSS (including lack of contact with staff and lack of promotion of the service within external referral agencies). It was also highlighted that there needs to be better communication about/within the service, and streamlining of the process to reduce duplication and inefficiencies.

[The] “introduction of streamlined referral form with a proper procedure for referrals has been brilliant in modernising the service and ensuring traceability...[it is] far more efficient and professional allowing Health and Wellbeing Caseworkers to be better informed when contacting an individual for the first time...It also means you are better informed on the reason they are being referred”

“For the referral system to work effectively it is important that everyone involved in it is fully aware of the process...feedback to the referrer is important so that they know the person has been seen”

Staff in the health and wellbeing project also highlighted the importance of wraparound services – an example was highlighted where an individual suffering persistent pain may benefit from physiotherapy and therapies, but could also benefit from support with home heating, and social supports to attain improvements in their condition. It was also suggested that a central directory of resources available within communities would be beneficial for signposting purposes.

As with members consulted, staff also highlighted the need to actively promote and educate members on services and supports available, with suggestions including attendance at open days, health fairs, health forums, etc as well as through existing communication methods (eg newsletter).

Finally, staff spoke of a need for better case management within the organisation. Whilst not ideal, current monitoring and evaluation tools are working well, however there was a view that a more robust process, with supportive supervision and management, would have a significant benefit in the delivery of an effective and efficient service to members.

In respect of health and wellbeing activities, the key areas highlighted for future improvement and/or development included:

- Integration of health-based activities (preventative talks, etc) into social supports;

- Wraparound services to provide holistic solutions to identified health and wellbeing issues of members (both through internal referrals and signposting within communities);
- A more robust and streamlined case management system, supported with an appropriate IT infrastructure, supervision and management, to support caseworkers;
- Promotion of the service, particularly within outreach areas and at public events within SEFF's catchment area to ensure those most in need are being targeted;
- Development of home care supports and services to address deficits in public service provision and enable vulnerable individuals to maintain their independence and manage poor health better;
- In line with the above, development of partnerships and service delivery protocols with public services and local community supports; and
- Development of skills and supports to members with a focus on issues around grief and loss, trauma, and mindfulness/relaxation techniques.

Welfare

As noted previously, one in eight members accessed the welfare service in the period between April 2018 and December 2019, highlighting the importance of this support as a key part of SEFF's services. It was evident in consultation with members that it is highly regarded and a key need, and there is a good level of trust established with members who access the service. It was also noted that the service has a high success rate in attaining positive outcomes for members.

Finances and concerns around costs of living was a recurrent theme in consultations with members, who also highlighted barriers in asking for help as embarrassment and lack of knowledge. Members can be embarrassed to admit they are struggling, and this is exacerbated when approaching statutory supports where they feel more comfortable speaking with SEFF staff. They can also be unaware of supports they are entitled to, and a key role of the welfare service is signposting.

It was highlighted that there is a lack of awareness of the service's availability to members in outreach areas, and a need to actively promote this. Against this, there is also a 'catch 22' in that it is a resource limited service which is not always able to meet demand. This is particularly the case where members attend appeal hearings and require support – it was highlighted that this can be a protracted and time-consuming process at times. It was also noted that this can be complex and challenging work at times, and there is sometimes a need to manage members' expectations in regards to possible outcomes.

Suggestions highlighted for future focus of the service included:

- Additional resources (including ongoing training and development), and promotion and development of the service in outreach areas;

- Networks and partnerships with statutory agencies and within local communities for signposting;
- Promotion of the service to address identified barriers to accessing, and linking in with other services and supports within SEFF (particularly where there are mental health issues identified).

Youth/Transgenerational Issues

Just over one in seven of SEFF's membership is under 18 and, as noted previously, the majority of additional small grants secured on the last three years have been focussed in youth-based activities through summer schools, drama clubs, etc. These are over and above youth-based activities under SEFF's VSS core funding, and family-focussed activities including family respite. Young people consulted spoke of how their insight and understanding of the NI Conflict has been shaped by their family's experiences, attending church-based and/or remembrance events, and media (both social media and programs such as Derry Girls). They spoke of contradictory messages around political and religious beliefs at a time when they face considerable stresses in other areas of their lives. These were identified as bullying (linked with social media concerns), self-esteem, exams and substances.

Adult members spoke at length about their fears for the younger generation, particularly in the context of current political uncertainty. There was a fear expressed repeatedly of a potential return to violence should the current political climate in NI deteriorate further, as well as concerns regarding the impact of transgenerational trauma.

Young people themselves expressed a desire for personal development and support such as peer to peer mentoring, and areas around health and wellbeing.

Members spoke of their desire for SEFF to engage in educating young people – from primary school level through to university with age appropriate materials – developing insight and understanding into the Conflict and its impacts. Suggestions for ways in which this could be facilitated included:

- Recruitment of staff with relevant experience in youth work, and also peace and reconciliation work and trauma to develop age appropriate materials;
- Use of modern technology – social media, apps, etc – in delivery of materials;
- Educating the educators – working with schools, youth groups and the main churches to build collaborative partnerships;
- Lobbying policy makers to ensure that transgenerational trauma is recognised and addressed appropriately;
- Development of family-based activities and supports to address the impact of transgenerational trauma.

Underpinning Issues

In addition to the core service areas, a number of further issues were raised throughout the consultation process which are highly relevant to SEFF meeting members' needs, and future development. These are summarised as follows:

Premises

Across the board there was a clear consensus that SEFF's current office base in Lisnaskea is no longer fit for purpose. Issues were raised in respect of its location, accessibility, lack of natural light, poor layout, and lack of suitable space for delivery of its services and activities.

As indicated at the outset of this report, work is currently ongoing to address this, and it is hoped that SEFF will be in a strong position to secure purpose built premises on the site of the High School in the coming year.

Stakeholders also commented on the limitations of SEFF's current premises, and suggested that any new facility should be fit for purpose, taking into account the vulnerabilities and complexities of SEFF's membership.

"They have done excellent with what they have, but the building doesn't lend itself with what they are trying to deliver"

"An industrial estate is not the environment you need for sensitive issues. When you go to Firinne, they have a lovely purpose-built house with sensory gardens within the premises and then you go to SEFF down the back of an industrial estate. For people with mobility problems this is also an issue"

Staff and members also strongly voiced their unhappiness with the current facilities, highlighting a range of issues including the lack of availability of confidential spaces to carry out supports/activities, access difficulties for people with mobility issues, and issues around the state of repair of current premises.

Accessibility

As noted, there were issues raised regarding accessibility for people with mobility issues both within SEFF's Lisnaskea office and some outreach locations. Accessibility was also highlighted in terms of timing of events/services – for example, those who work full time are limited in what is available outside office hours, there is no transport service at weekends.

Management & Staffing Infrastructure

Whilst there is support for SEFF to grow and expand, there is also concern that the organisation does not currently have sufficient foundations on which to do this successfully. It was highlighted that there are insufficient resources to meet existing need, and concerns that additional expansion/change will not be feasible without addressing this.

Specific issues highlighted included a fear of SEFF losing its focus on victims if it moves too much towards community development. There were also concerns raised regarding a lack of integration and communications across services (e.g. counselling, advocacy, social support,

welfare), and across teams (particularly with the increased level of outreach work which has been taken on).

It is considered that work needs to be carried out around governance, with existing policies and procedures updated in line with SEFF's evolution in recent years and planned development. In addition, there is a need for comprehensive and fit-for-purpose management information systems. This was also highlighted under Advocacy, with a need for a proper integrated IT system.

Information Sharing

It was highlighted that the recent referral introduced has been very beneficial and positive for staff across SEFF's service areas, and overall individual services report to be managing well and meeting monitoring and evaluation requirements. What has been a common thread throughout consultations, however, is a need for services to communicate better with each other – liaising to provide a wraparound service to members that gives them the right support at the right time. Specific examples included mental health and/or complementary therapies for those engaging with Advocacy, or referrals into the Welfare service from other areas including befriending/counselling. Again, this links back to governance and management within the organisation to ensure that this would be managed appropriately.

Volunteers

With increased outreach activity, and increasing demand for SEFF's services, there is a clear need to develop its volunteer base further. As stated previously, there is a need for a robust volunteer policy that supports recruitment, development and rewarding volunteers within the organisation, and to secure sufficient resources to facilitate this.

It was also suggested in consultations that there is scope for SEFF to develop social capital networks within the communities in which it is currently operating – ways of signposting its members locally so that dependence is not being created, and that develops strong and connected communities.

Communication

There were mixed sentiments in relation to SEFF's communication – overall members and stakeholders are happy with the level of contact and communication they have with SEFF, however some felt there was too much! A common complaint was in relation to the newsletter coming out with insufficient time to engage in services/activities scheduled (in some cases, events had already occurred by the time individuals received their newsletter).

Suggestions were made regarding use of more digital forms of communication where possible – email, apps, social media – as well as using existing communication methods to further develop information and awareness regarding services and supports (as noted previously, it was suggested that there could be 'mythbusting' articles to promote counselling, for example). Communication is also a core issue for those in outreach areas, where it is more difficult to access information on SEFF's services and how to access them.

Also under the theme of communication is a clear desire on the part of members that SEFF take on an active lobbying role, representing their issues with influencers and decision-makers and making sure their stories are told.

Future Priorities

Following on from the last point, when asked to articulate main concerns in relation to the next four years, many members spoke of their fears and concerns around justice/acknowledgement. There is a distinct fear that apathy and indifference will result in people's stories, experiences and pain being ignored. The ongoing political uncertainty – both with Brexit and the impasse within Stormont – is generating a feeling amongst members that they are increasingly being 'forgotten' and they rely on SEFF now more than ever to speak on their behalf.

Ageing and poor health are also key areas of concern for members consulted, particularly taking into account the rurality of their environment and lack of services. Many older members in particular spoke of their fears and concerns regarding deteriorating health and how this will negatively impact their mobility and wellbeing. Conversely, those older members who are actively engaged with SEFF's activities and/or volunteers presented as positive, energetic and much more optimistic. There is a clear parallel between isolation and loneliness and deteriorating health and wellbeing.

Finally, members spoke of their concerns for young people – both in terms of transgenerational impact of trauma, and fears of a return to conflict should the current political environment deteriorate further. It is this concern that underpins a strong desire to educate and inform young people so that the past won't be repeated.

Conclusion

The review of the strategic and political environment underpinning this Needs Analysis reinforces concerns of members that we are currently in a situation which is very insecure and uncertain. The continued impasse in Stormont, and looming Brexit deadline, have the potential to act as significant destabilisers within the Northern Ireland community which will have even greater potential for detriment to Victims and Survivors. Conversely, there is also scope for opportunity and a fresh impetus – leaving the European Union may free the UK government to adopt new, creative ways of dealing with historic issues. Unfortunately for SEFF and its membership, only time will tell.

What is clear from the various strategic papers reviewed, is that irrespective of Brexit and Stormont, there is a clear focus emerging across the spectrum seeking to build on social connectedness, community empowerment, positive health and wellbeing. There is a commitment to address inequalities in health, restore resilience and connections within communities, and promote a proactive approach to health and wellbeing that is more preventative in terms of illness.

Within SEFF's membership, as with the Victims and Survivors sector generally, there are a number of key issues of concern:

- Trauma and Psychological/Emotional wellbeing
- Loneliness & Social Isolation
- Physical Health/Chronic illness
- Ageing
- Finances
- Justice

We have taken these issues and findings from the consultation and developed five key Strategic Goals for SEFF to implement through strategic objectives in the next five years. The Goals are:

1. Improve Health & Social Well Being
2. Address Legacy Issues
3. Provide Troubles Related Education
4. Increase Effectiveness of Service Development
5. Governance.

These are now outlined in the following Action Plan.

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
Improve Health & Social Well Being I. Counselling • Target No's xx	1. Promoting the service	A. Regular promotion of the service and addressing misconceptions/fears that may be preventing members from accessing support	Clinical Lead & IT Sub-group	October 2019-ongoing	VSS/SEFF		Monitoring & Evaluation
	2. Service Development	B. Develop standardised protocols and templates for referral, assessment and recording.	Clinical Lead	October 2019-December 2019	VSS		Documentation Audit Monitoring & Evaluation
		C. Develop follow-up protocols in the event that an individual withdraws from the service	Clinical Lead	October 2019-December 2019	VSS		Documentation Client Feedback Exit Strategy
		D. Develop IT database to include CORE/ Psychometric testing for monitoring and evaluation purposes.	Clinical Lead	October 2019-December 2019	VSS		Information capture Monitoring & Evaluation
	3. Professional Development	1. Development of professional skills in trauma treatment, to include employing a	Director & Recruitment Sub-Committee	Oct 2019-Nov 2019	VSS		Management Supervision Monitoring & Evaluation Performance Appraisal

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
2. Complementary Therapies • Target No's xx		Clinical Lead such as a Clinical Psychologist.					Skills Audit
		2. Introducing internal supervision and support to the Counselling Staff	Clinical Lead	Dec 2019-ongoing	VSS		Monitoring & Evaluation
	4. Review Service Delivery	A. Ensure there is flexibility and responsiveness in treatment provision to maximise members' ability to engage in treatment (e.g. times and locations)	Clinical Lead & Counselling Staff	October 2019-ongoing	VSS		Monitoring & Evaluation
	1. Service Development	A. Develop standardised Referral for Complementary Therapies and same to be reviewed and directed to appropriate Therapist by Clinical Lead	Clinical Lead	Jan 2019-Mar 2020	VSS		Monitoring & Evaluation
		B. Recruitment of Therapist with appropriate qualifications for Outreach Work	Clinical Lead & Recruitment Sub-Group	Nov 2019-Dec 2019	VSS & BLF		Monitoring & Evaluation
	2. Assessment & Recording	A. Ensuring MyMop is completed pre and post	Clinical Lead & Therapists	Nov 2019-Dec 2019	VSS		Monitoring & Evaluation

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
3. Befriending • Target No's xx		treatment and same analysed and reported.					
	3. Management Support	A. Provide support to Therapists through group and individual meetings bi-monthly or as issues arise during therapy.	Clinical Lead	Jan 2020-ongoing	VSS		Monitoring & Evaluation Therapist Feedback
	1. Service Development	A. Recruit new Befrienders/Co-Ordinator's	Recruitment Sub-Group Befriending Co-ordinators Oct 2019-Mar 2020		BLF & VSS & HSCT		Evaluation Audit
		B. Expand the service to support elderly individuals in the community who require social based support	Co-ordinators Oct 2019-Mar 2020		BLF & HSCT		Monitoring & Evaluation
		C. Monitoring returns to be completed monthly and forwarded to QE5	Befriending Co-ordinators Oct 2019-Ongoing		VSS		Supervision Monitoring & Evaluation
	D. Client Reviews to be inputted into Survey Monkey quarterly, for all new referrals, discharges, deaths and set review schedules i.e. annual.	Befriending Co-ordinators Oct 2019-Ongoing		VSS		Supervision Monitoring & Evaluation	

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
4. Welfare • Target No's xx		E. Database to be updated with all Befriender/Befriender changes	Befriending Co-ordinators	Oct 2019-Ongoing	VSS		Supervision Monitoring & Evaluation Audit
	1. IT Integrated System & Client Database	A. Review of ISArc for suitability for bespoke programming of Befriending Database.	Co-ordinators & IT Sub- Group	September 2019	VSS Funding/S EFF Funding		Evaluation Audit
	2. Skills Development	A. Annual Refresher Training	Befriending Co-ordinators	April 2013-Mar 2015	VSS		Post Training Evaluations Skills audit with Befrienders
	3. Supervision & Support	A. Co-ordinators to attend Monthly Supervision which covers, support & general supervision, reviews, monitoring, database updates, documentation audit.	Befriending Co-ordinators & External Supervisor	Sep 2019-Ongoing	VSS		Documentation Audit Monitoring & Evaluation
	1. Service Development	A. Develop standardised Recording systems and review of ISArc for suitability for bespoke programming of Welfare Recording.	Project Officer & Welfare Advice Workers & IT Sub- Group	Jan 2019-Mar 2020	VSS		Monitoring & Evaluation
		B. Develop a service delivery plan for all clinics based on appointments	Project Officer & Welfare Advice Workers	Jan 2019-Mar 2020	VSS		Monitoring & Evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		B. Provide administration support to welfare officers	Project Officer	Jan 2019-Mar 2020	VSS& BLF		Monitoring & Evaluation Staff feedback
		C. Recruitment of Welfare Officers with appropriate qualifications for Outreach Work	Director & Recruitment Sub-Group	Nov 2019-Dec 2019	VSS & BLF		Monitoring & Evaluation
		D. Develop, networks and partnerships with statutory agencies and within local communities for signposting	Director, Project Officer & Welfare Officers	Nov 2019-Dec 2019	VSS & BLF		Monitoring & Evaluation No. of Networks developed
		E. Develop monthly internal referral meetings to discuss client cases that require multi-team interventions.	Director, Project Officer & Team Managers/Leads	Nov 2019-Ongoing	VSS & BLF		Documentation Minutes of Meetings No. of cases co-worked
	2. Professional Development	A. Provide ongoing continuous Professional Development through training and skills development	Project Officer	Jan 2019-Mar 2020	VSS& BLF		Skills Audit Monitoring & Evaluation Training Records
	3. Management Support	A. Provide support to Welfare Officers through group and individual meetings bi-monthly or as issues arise.	Project Co-ordinator	Jan 2020-ongoing	VSS		Monitoring & Evaluation Documentation Welfare Officers Feedback

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
Health & Well- being Case Workers • Target No's xx	I. Service Development	A. Maintain standardised recording systems and review of ISArc for suitability for bespoke programming of referral, assessment, progress notes and review of client records.	Project Officer & Welfare Advice Workers & IT Sub- Group	Jan 2019- Mar 2020	VSS		Monitoring & Evaluation
		2. Develop a service delivery plan for all outreach services based on appointments	Project Officer & H&WBCW	Jan 2019- Mar 2020	VSS		Monitoring & Evaluation
		3. Regular promotion of the service to community and statutory services to raise awareness of the scope and delivery model	H&WBCW	Jan 2019- ongoing	VSS		Monitoring & Evaluation
		4. Develop professional working relationships with the National Trauma Network Team to improve services for clients with trauma related illnesses	Director & Clinical Lead	Oct 2019- ongoing	VSS		No of referrals Case Studies Documentation Evaluation
		5. Develop relationships with other Case Workers in the area to share	H&WBCW	Jan 2019- ongoing	VSS		Monitoring & Evaluation

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		experience and best practice.					
		6. Additional Support to be provided to UK Based worker	Director & External Supervisor	Oct 19-ongoing	VSS		Staff Feedback Developmental milestones Evaluation
	2. Supervision & Support	A. Introduce monthly external supervision and support to Health Well Being Case Workers	Director & External Supervisor	Oct 19-ongoing	VSS		Documentation Audit Monitoring & Evaluation
	3. Training & Practice Development	A. Provide training in health-related subjects based on TNA	Director & External Supervisor	Oct 19-ongoing	VSS		Training Needs Analysis Training Records
		B. Develop Case Presentations to demonstrate impact and to present to the team and at external events	H&WBCW & External Supervisor	Oct 19-ongoing	VSS		Monitoring & Evaluation
Physiotherapy • Target No's xx	1. Service Development	A. Referral protocols to be developed based on VSS Criteria	Clinical Lead & H&WBCW	Oct-Dec 19	VSS		Monitoring & Evaluation
		B. Development of Needs Criteria to assist with Assessment	Clinical Lead & H&WBCW	Oct-Dec 19	VSS		Documentation Audit

SEFF Action Plan 2019-2024

Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		C. Development of pre and post psychometric measurement to be incorporated into ISArc	Clinical Lead & Physiotherapists & IT Sub-Group	Jan 19-Mar 2020	VSS		Monitoring & Evaluation Qualitative feedback from clients. Case Studies
Health & Social Care • Target No's xx	1. Service Development	A. Development of home care supports and services to address deficits in public service provision and enable vulnerable individuals to maintain their independence and manage poor health better	Befriending Co-ordiantors & Health & Social Care Sub-Group	Oct 19-onwards	BLF/ WHSCT		Evaluation
		B. Development of partnerships and service delivery protocols with public services and local community supports	Director/Clinical Lead/External Supervisor	Oct-Dec 2019			No's engaged Evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
	2. Develop Health Promotion and Health prevention programmes	A. Development of skills and supports to members with a focus on issues around health education & prevention, grief and loss, trauma, and mindfulness/relaxation techniques.	Clinical Lead/Befriending Co-ordinators & Health & Social Care Sub-Group	Oct 2019-ongoing	BLF/VSS		No's engaged Evaluation Pre & Post Testing (Linked to development of Psychometrics)
Social Support • Target No's xx	1. Programme Development	A. Develop a Social Support Programme based on the findings of this evaluation and which enhances Health & Well-Being	Project Worker, Befriending Co-ordinators & Volunteers	Oct 2019-ongoing	VSS		Evaluations
	2. Allocation of Resources	B. Develop referral and assessment criteria which target those most in need.	Project Worker, Befriending Co-ordinators & Volunteers	Oct 2019-ongoing	VSS		Evaluations Case Studies
Transgenerational/Youth	1. Service Development	A. Recruit Education Liaison Officer with experience in peace and reconciliation programme delivery	Director & Recruitment Sub-Group	Oct -Dec 2019-	xx		Documentation Performance Appraisal

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
	1. Develop Youth Education Programme	B. Programme to target awareness of the past, myth busting, address narratives, social & political awareness, sociological and historical based themes, ideologies of leadership and link into Advocacy programme development.	Education Liaison Worker, Advocate Manager & Youth Forum	Feb 2020- Ongoing	xx		No. of courses delivered Evaluation
		B. Develop an App and social media profile to assist with engagement in collaboration with Advocacy Team	Education Liaison Worker, Advocate Manager & Youth Forum	Mar -Jun 2020	xx		Google Analytics Feedback
	2. Build collaborative partnerships	A. Develop Working Relationships in schools & Churches in NI & ROI to educate the educators	Education Liaison Worker, Advocate Manager & Youth Forum	Sep 2019- Ongoing	xx		No. Schools actively engaged No of participants engaging Evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
	3. Highlight awareness of Transgenerational Trauma	A. Develop a Lobbying strategy to target policy makers to ensure that transgenerational trauma is recognised and addressed appropriately	Director Education Liaison Worker & Youth Forum	Oct 19-onwards	xx		No. of Policy makers engaged Objectives achieved Evaluation
Address Legacy Issues	1. Advocacy: Staff Mentoring & Supervision	A. Team Meeting & Individual meetings with Manager	Advocacy Manager	Monthly	VSS Funding	Mileage	Documentation/ Evaluation
		B. Advice and Guidance	Advocacy Manager	Ongoing	VSS Funding	Mileage	Evaluation/Staff Feedback
		C. External Supervision	QE5	Monthly	VSS Direct Funding	n/a	Documentation/Evaluation
	2. Advocacy: Volunteer Recruitment & Management	A. Geographical recruitment of Volunteers in line with Volunteer Strategy and Policy.	Director & Advocate Managers	By 30th October 2019	VSS Funding	n/a	No. Recruited and retained
		B. Induction of Volunteers	Director & Advocate Managers	By 15th November 2019	VSS Funding	Mileage	Documentation/feedback
		C. Training of Volunteers	Procurement	By 15th December 2019	VSS Funding	Mileage	Evaluation
		D. Support & Supervision of Volunteers	Advocate Managers	Bi-Monthly	VSS Funding	Mileage	Documentation and Evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
	3. Advocacy: IT Integrated System & Client Database	A. Review of ISArc for suitability for bespoke programming and associated costs.	Advocacy Manager	By 30th September 2019	VSS Funding/S EFF Funding	N/A	Level of improvement measured in feedback and quality of information generated.
		B. Ensure accessibility to all staff through security PIN identification and encryption.	IT Provider	By 7th October 2019	VSS Funding/S EFF Funding	N/A	Documentation
		C. System to have a seamless integrated case management which captures the client journey and sets staff tasks and reviews.	Advocacy Manager	By 30th October 2019	VSS Funding/S EFF Funding	N/A	Level of improvement measured in feedback and quality of information generated.
Address Legacy Issues	4. Advocacy: Lobbying	A. Definition of a victim. <ul style="list-style-type: none"> • Force links with partners • Lobby Politicians in N. Ireland and UK • Develop and produce articles in social media and media outlets. • Force relationships with local and international press. • Develop recurring media soundbites to reinforce the message. 	Director and Advocacy Manager	30th October 2019 & Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation
		B. Pension for Disabled	Director and Advocacy Manager	Ongoing	VSS Funding	Mileage	Output and Outcome

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		<ul style="list-style-type: none"> • Lobby Politicians in N. Ireland and UK • Develop and produce articles in social media and media outlets. • Develop recurring media soundbites to reinforce the message. • Continue to highlight the impact of the Victims Commissioner's stance • Highlight the impact on Innocent Victim's 					measurement via numbers, results, media coverage and evaluation
		C. Widow's Pension	Director and Advocacy Manager	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation
		D. International Co-operation Bill	Director and Advocacy Manager	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation
	5. Advocacy: Research	A. Displacement & Forced Relocation	Advocacy Manager & Researcher	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		B. Education & Explanation <ul style="list-style-type: none"> • Research to support the development of Narratives for digital recordings 	Advocacy Manager & ROI Advocate Researcher	Ongoing	VSS Funding	Mileage	
		C. Kew Gardens & Release of documentation <ul style="list-style-type: none"> • Planned visits to Kew Gardens to research case and event specific information 	Advocacy Manager & Case Advocates Researcher	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation
		D. Lost Generation <ul style="list-style-type: none"> • 	Advocacy Manager & Advocate Researcher & Health & Well Being Workers	To commence on the 1st April 2020	VSS Funding	Mileage	
Address Legacy Issues	6. Legacy Activities: Oral History	A. Capture the impact of individual and event incidents on individual family members through digital/visual recordings edited to 30 minutes each <ul style="list-style-type: none"> • Procure the purchase of Equipment to facilitate recordings. • Contact Groups & Individuals regarding the purpose content, use and process. • Gain informed consent for recordings and use of 	Director Advocate Manager & ROI Advocate	To commence 1st October 2019 & Ongoing	VSS Funding/S EFF Funding	Mileage/Equipment	Documentation/Evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		information in education & App					
		B. Staff Training in Media recording and Editing	Advocate Manager & ROI Advocate	October 2019 – Mar 2020	VSS Funding	Mileage/Training	Evaluation
		C. Documentary Production by Independent Journalist <ul style="list-style-type: none"> • Focus on the Innocent Victims experience and the impact on their lives. • Choose specific- cases and incidents • Research cases and events • Digital narratives to complement above. 	Director and Advocacy Team	To commence by 1st April 2020	VSS Funding/S EFF Funding	Mileage/Hospitality	Outcome and impact measurement. Qualitative and quantitative measurement tools. Evaluation
	7. Legacy Activities: Education	A. Develop information and samples of key issues to be included in educational App.	Advocacy Team & Education Liaison Officer	Oct 2019-ongoing	VSS Funding/S EFF Funding	Mileage/Materials	Documentataion/evaluation
		B. Implement a rota of visits to meet School Principals, Education Boards, History Curriculum Developers etc.	Advocacy Team & Education Liaison Officer	Oct 2019-ongoing	VSS Funding/S EFF Funding	Mileage	No's engaged, stakeholder evaluation
		C. Procure IT Web Developer to help develop Educational App for use in School Curriculum.	Director & Advocate Managers	Jan 2020-Mar 2020	VSS Funding/S EFF Funding	Materials	Engagement numbers, google analytics and evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
	8. Legacy Activities: Archiving & Curating	A. Development of Border Trail Map and itinerary to encapsulate the entire border area. This to be developed into an app to depict the trail, scene locations and eyewitnesses' testimonies.	Director & Advocate Managers	Nov 2019-ongoing	VSS/Tourism Ni/SEFF	Materials and procurement of external expertise	No's engaged, evaluation feedback.
		B. Development of an Interpretive Centre/Museum with exhibitions, interactive story telling with victims/survivors digital/visual impact narratives.	Director & Advocate Managers	When relocated to new premises	VSS/Tourism Ni/DFA/Councils/SEFF	Materials and procurement of external expertise	No's engaged, evaluation feedback. Quantitative quizzes to gauge attitudinal change.
		C. Development of Travelling Exhibitions to schools, Community Groups, Community events, Conferences. Workshops also be facilitated for all of the above.	Director & Advocate Managers	April 2020-ongoing	Tourism Ni/DFA/Councils/SEFF	Materials and Transport .	No's engaged, evaluation feedback.
		D. Consider a feasibility and cost benefit analysis study on the purchasing of a bus/vehicle to support the operation of the above objectives.	Director	January 2020-Mar 2020	TBD as part of feasibility study	Purchasing of the bus/vehicle	Documentation/Options appraisal.
Address Legacy Issues	9. Legacy Activities: Border Trail	A. Development of Website page to support PR and marketing of the Tours in the Media and social media	Administration /Research Officer	October 2019-December 2019	VSS/SEFF	Additional costs of web development.	Engagement numbers, google analytics and evaluation

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
Address Legacy Issues		B. Recruit & train Volunteers to reach out to wider community and support the delivery of the trails.	Advocate Manager	October 2019-ongoing	VSS	In House/in kind/ Advocacy training for volunteers.	No's engaged, evaluation feedback.
		C. Identify target Constituents to facilitate cross border/cross community delivery	Advocate Manager/ Research Officer/Volunteers	January 2020-ongoing	VSS	Mileage	No's engaged, evaluation feedback.
		10. Advocacy: Media-Communication Protocols	A. To ensure adherence to SEFF Social Media Policy	Director/Advocate Managers	September 2019-ongoing	n/a	n/a
	B. Maintain and develop relationships with media outlets, local, national and international.	Director/Advocate Managers	September 2019-ongoing	n/a	n/a	Review of social media and media activity on a weekly basis.	
11. Advocacy: Media-PR Policy & Strategy	A. Develop and produce articles in social media and media outlets.	Director and Advocacy Manager	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation	
	B. Develop recurring media soundbites to reinforce the	Director and Advocacy Manager	Ongoing	VSS Funding	Mileage	Output and Outcome	

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
Address Legacy Issues		message and highlight the impact on Innocent Victim's					measurement via numbers, results, media coverage and evaluation
	12. Advocacy: Outreach Development NI	A. Review and develop relationships with current outreach partners, local councils, schools, youth education programmes.	Advocacy Manager & NI based Advocates	October 2019-ongoing	n/a	Mileage	Documentation, feedback, numbers actively engaged and evaluation.
		B. Implement Advocacy PR as outlined above focusing the on winning hearts and minds	Advocacy Manager & NI based Advocates	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation
		C. Utilise existing activities such as border trails and digital recordings, to build relationships.	Advocacy Manager & NI based Advocates	Ongoing	VSS Funding	Mileage	Output and Outcome measurement via numbers, results, media coverage and evaluation
	13. Advocacy: Outreach Development ROI	A. Organised initial contact meetings with key stakeholders i.e. Garda Widows, Prison Officers, Dept of education, individuals impacted by the troubles.	Advocacy Manager & ROI based Advocate	September 2019-ongoing	VSS Funding	Mileage	Documentation, feedback, numbers actively engaged and evaluation.
		B. Engage in to establish numbers who wish to partake in oral testimony.	Advocacy Manager & ROI based Advocate	September 2019-ongoing	VSS Funding	Mileage	Documentation, feedback, numbers

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
Address Legacy Issues							actively engaged and evaluation.
		C. Open Office in ROI to give a base for individuals to contact.	Advocacy Manager & ROI based Advocate	October 2019-ongoing	VSS Funding	Office rent and running costs	Numbers actively engaged and records of office use, evaluation.
		D. Develop a media and social media campaign to raise awareness and organise a local conference/seminar to provide an overview of the project and the services provided by the advocacy service.	Advocacy Manager & ROI based Advocate	November 2019 to September 2020	VSS Funding	Seminar costs	Numbers actively engaged with the service, number attending seminar, evaluation.
	14. Advocacy: Outreach Development UK	A. Build relationships with network of groups i.e. Regimental Associations, Help the Hero's, SAFFA, other Victim's Groups etc	Advocacy Manager & UK based Advocate	October 2019-ongoing	VSS Funding	Mileage/Accommodation	Output and Outcome measurement via numbers, results, media coverage and evaluation
		D. Implement Advocacy PR focusing on particular regions on a rota basis	Advocacy Manager & UK based Advocate	October 2019-ongoing	VSS Funding	Mileage/Accommodation	Output and Outcome measurement via numbers, results, media coverage and evaluation
B. Research individual attacks and linkages		Advocacy Manager & UK based Advocate	October 2019-ongoing	VSS Funding	Mileage/Accommodation	Output and Outcome measurement via numbers, results,	

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
							media coverage and evaluation
Address Legacy Issues	15. Advocacy: Dissemination of Information and Practice	A. Gain consent from individual clients to feature their testimony of impact in the Newsletter. Highlight the journey from their perspective	Advocacy Manager	October 2019-ongoing	VSS Funding	N/A	Feedback and evaluation
		B. Presentation of Cases, research to Board, Membership meetings, staff meetings and at conferences	Advocacy Team	October 2019-ongoing	VSS Funding	N/A	Feedback and evaluation
		C. Highlight best practice in Advocacy achievements through media outlets.	Director/ Advocacy Manager	October 2019-ongoing	VSS	N/A	Feedback and evaluation
Increase Effectiveness of Service Development	1. Evaluate effectiveness of outreach office-based work	A. Review referral numbers & service uptake B. Conduct a cost benefit analysis C. Review Partnership arrangements and develop new partnerships	Director & Project Worker	Oct -Nov 19	VSS		Evaluation Staff Feedback Stakeholder Feedback
	2. Consolidate & build on Service development to date	A. Provide additional support to existing outreach work in terms of supervision, administrative support and inclusion in team meetings.	Director & Team Managers	Oct -Nov 19	VSS		Evaluation Staff Feedback
		3. Address Resource Issues	A. Ensure staff have all necessary equipment and	Director & Team Managers	Oct -Nov 19	VSS	

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
		Office space to conduct their work effectively B. Review existing Office accommodation C. Ensure staff have access to supervision and support for lone working D. Provide additional development support for new staff E. Weekly contact support to UK and ROI staff F. Ensure there is remote access to ISArc					
Governance	1. Secure New Office Facility in Lisnaskea	A. Business Plan B. Resource Funding C. Project Plan	Director & Board	Oct 2019-Mar 2022	xxx		
	2. Develop IT Infrastructure	A. Review Effectiveness of ISArc B. Develop Comprehensive Dashboard C. Ensure accurate and timely report generation D. Enhance staff training on system	Director & Board	Sep 2019-Dec 2019	xxx		
	3. Review Resource Requirements	A. Manpower Review B. Skills Audit C. Financial Projection Profile	Director & Board	Jan 2020-Mar 2020	xxx		

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Strategic Goals & Targets	Strategic Objectives	Actions	Who	When	Funding Source	Cost	Monitoring
	4. Build sustainability	A. Develop a Volunteer Strategy B. Develop a funding Strategy based on Financial Projections C. Develop SLA's with Public bodies e.g. Health	Director & Board	Jan 2020-Sep 2021	xxx		
	2. Review & Manage Organisational Culture	A. Undertake a Cultural Audit B. Develop an Action Plan based on the audit.	Director & Board	Mar 2020-Jun 2021	xxx		

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Strategic Objectives

- a) New bespoke offices for delivery of our diverse services
- b) Grass area/pitch for outdoor sports, cultural and other activities
- c) Area of reflection
- d) Respite and Rehabilitation complex to support the furtherance of support for victims and survivors but also older people, carers and servicing broad mental health needs.

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