HOUSE OF COMMONS

Northern Ireland Affairs Committee

Oral evidence: The funding and delivery of public services in Northern Ireland, HC 1165

Tuesday 4 July 2023

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Watch the meeting

Members present: Sir Robert Buckland (in the Chair); Stephen Farry; Claire Hanna; Carla Lockhart; Jim Shannon.

Questions 202 – 213

Witnesses

I: David Babington, Chief Executive, Action Mental Health; Michele Janes, Director, Barnardo's Northern Ireland; Celine McStravick, Chief Executive, Northern Ireland Council for Voluntary Action (NICVA).

Written evidence from witnesses:

– [FPC0018] - Action Mental Health

– [FPC0014] - Barnardo's Northern Ireland

– [FPC0022] - Northern Ireland Council for Voluntary Action (NICVA)

Examination of witnesses

Witnesses: David Babington, Michele Janes and Celine McStravick.

Q202 **Chair:** This is a session of the Northern Ireland Affairs Committee. My name is Sir Robert Buckland and I am acting as Chair of the Committee in the absence of our Chair, Simon Hoare, who, for compelling family reasons, cannot be with us today. I am joined by other members of the Committee from all parties and other colleagues will join us shortly.

It is my pleasure to welcome our first panel to join us for this evidence session this morning. The panel consists of a very wide range of representatives from the voluntary sector in Northern Ireland. We have David Babington, the chief executive of Action Mental Health. We have Michele Janes, the director of Barnardo's Northern Ireland. Last but not least, we have Celine McStravick, who is the CEO of the Northern Ireland Council for Voluntary Action. Welcome to you.

The theme of today's hearing is the impact of the current budgetary situation on the voluntary and community sector in Northern Ireland. I wanted to ask all of you in turn, as a starter, what your view is of the budget 2023-24 and its implications for the voluntary and community sector in Northern Ireland. We know that before the budget was announced, Departments told some organisations that funding for this year could initially only be confirmed for up to three months. I, and the Committee, would like to know what the consequences of that have been and what your general prognosis is of the implications for your sector.

David Babington: Good morning, Committee members. The chaos for this year, in terms of lack of budget and uncertainty, is on the top of years of not having any consistent budget that is planned over multiple years. It is compounding what is already a difficult situation. As you say, some contracts and some funding have not been confirmed for more than three months.

In terms of the area that I work in, mental health, we have had underfunding for a generation. This compounds those issues now. I got a new mental health strategy but, as an example, last year was the first year of funding for that strategy and it did not even achieve a third of that funding. This year, with our chaotic approach to funding, that is not going to happen at all in terms of new funding for this year.

I can quite clearly say that the impact of this is devastating for those people who are receiving services. All of us in our sector are very close to those people who are receiving services. I can assure you that waiting lists are growing. As a result, there is more pressure on our statutory sector partners, which are referring those people to us as well. Ultimately, it is the population of Northern Ireland—those people most in need—who are suffering.

Michele Janes: Good morning. Barnardo's is deeply concerned by the 2023-24 budget proposed by the Secretary of State for Northern Ireland.

We are concerned about not only the level of funding allocated to Departments but also the decision by the Secretary of State to take a hands-off approach to budgetary allocation. Under the legislation that was passed by the House of Commons, if these decisions are left to civil servants, their concerns and considerations are purely financial ones, rather than achieving outcomes and investing in our children and young people, or a longer-term vision for a healthy, happier, safer and more prosperous Northern Ireland.

We do not think that civil servants should be placed in the position of making decisions that should be properly made by our elected representatives, be that our MLAs in Stormont or the Secretary of State in Westminster. You will have seen a few weeks ago that the UN Committee on the Rights of the Child has already outlined its concerns regarding the Northern Ireland budget and has made a strong recommendation to the UK Government that the Northern Ireland budget is withdrawn, that it is fully assessed in relation to the impact on children's rights, and that actions are taken to mitigate the adverse impact on children. This has not happened.

If this budget is implemented as it is, the impacts will not only be felt immediately by children, families, schools and communities, but those impacts will continue in the long term. We will pay the price for these cuts for many years to come. Financially, these cuts will cost more money in the long term than they will save in the short term.

Celine McStravick: Thank you to the Committee for asking me to come and give evidence. I am the chief executive of NICVA. We are the umbrella body for the voluntary and community sector in Northern Ireland. That means that we have over 1,300 members. Some of those organisations can be quite small, run wholly by volunteers, right up to really large organisations. They touch every single part of life in Northern Ireland, whether that is mental health, working with people with learning disabilities, right through to drug and alcohol abuse, families, children, arts, culture or transport. There is not a bit of Northern Ireland that does not involve the voluntary and community sector as a key partner.

The problem I have with this budget is that we are not being treated as a key partner. We are being treated as discretionary spend, as a nice-to-have when times are good, but actually, during covid and now in the cost of living crisis, it is our sector that is holding the fabric of society together. It is really interesting that we are in our 25th year of the Good Friday agreement and our sector was there throughout all of the Troubles and the trauma. We are still trying to deal with the past, yet we are being thrown less money, with higher pressure on services and relentless disrespect for us and the value of what we provide. Every day, my inbox is full with emails from organisations saying, "We cannot tolerate this any more."

What is most interesting about this budget is that, although different Departments are treating their allocation for the voluntary and community sector in a different way, there is no consistency. There are no equality impact assessments. I am dealing with organisations that may only be given a very small cut from each Government Department. When that is added up, that is fundamentally shifting the decision making of that organisation. In fact, some organisations are telling me, "We have to close because we are no longer well governed and we have no certainty over any income." That makes it quite clear. We are deeply concerned.

Chair: The strength of feeling really shines out from your answers thus far.

Q203 **Stephen Farry:** Good morning to our witnesses. It is good to see you all. Picking up from Celine's last point, could each of you talk through in a little more detail the implications of the cuts so far on the respective work that you are involved with in the community and voluntary sector? That is in relation to cuts to statutory services but, in particular, the discretionary, non-statutory area, which has perhaps seen a disproportionate focus. What are the implications and what is the potential long-term damage from the approach taken to date?

Celine McStravick: It is good to see you, Stephen. I have a variety of case studies. Every day, I am out with our members, hearing about the impact on their services. For me, the worrying thing is that our sector is based on values, including the value of wanting to meet the need of the people they are working with. In the current state in Northern Ireland, the need is increasing. Ironically, as need is increasing, funding is decreasing and our organisations are right in the middle there, having to say, "How do we make a pound go even further?"

I know organisations that have had to reduce, for example, home visits to families who really need it. They have had to reduce the opening hours of their centres, particularly for the elderly. They would normally be open three nights but can only open one night. You can imagine the trickle-down effect on communities. Organisations have had to reduce staff and introduce redundancies.

Other organisations are saying, "We now cannot keep staff. We are losing staff," because they are going to perhaps the private or public sector due to the huge uncertainty in our sector. That means that decades of expertise, relationships, links and direct work in the community are being lost because of this terrible pressure on our sector.

For me as well, the impact is showing in terms of the core grants that often come from Government Departments. I can give you two examples. The Department of Health has cut its core grants to over 60 organisations in Northern Ireland. To explain to the Committee, a core grant means that an organisation would then have some money to pay for running costs or maybe a core member of staff. Thereafter, it can lever in other

money for project delivery. Once you remove that small bit of core money, it makes it nearly impossible to run your organisation. Some organisations have said to me, "That might only be £40,000 to the Department of Health, but to us it means we can no longer function, because we no longer have the finance officer that paid for. We cannot pay for our running costs" and so on. It really has a larger, exponential effect.

I want to say something about the cost of living crisis very briefly as well. Here we are. NICVA has just done a series of roadshows across Northern Ireland. We had over 130 people at all of those roadshows. What I am hearing over and over again is that there is a rising pressure on salary costs, fuel and energy costs, insurance costs, rent and so on. All those costs are increasing. In a normal world, you would expect your funding to increase as well to match that.

We are all very aware of the inflationary pressures. Our sector is feeling those inflationary pressures with absolutely no support coming from its funders. We are expected to continue as normal or just find other ways. That leaves me in a really uncomfortable position, because I think that our sector is really well governed but now we cannot continue with this uncertainty.

Michele Janes: Good morning, Stephen. I would echo everything that Celine has said there. The funding and delivery of public services in Northern Ireland is at breaking point. We know that our commissioning environment in Northern Ireland has been operating for years on an annual funding cycle without multi-year Department and commissioning budgets. As Celine has also said, it has been exacerbated by the cost of living crisis and the lack of a functional Executive, which has led to a rollback in investment in early intervention and prevention.

Your question was really around some of the specifics in terms of the impact on our sector, but also in terms of Barnardo's and other organisations that are providing services to children, young people and families across Northern Ireland. The Department for Education made cuts to the school holiday fund grant. I do not know whether you heard Radio Ulster this morning, Stephen, but there were conversations about how families are going to cope with the increasing costs this summer.

There is the Healthy Happy Minds primary school counselling. David will talk at length around the impact on mental health in our communities that covid had, alongside our historical impact. There was a fantastic pilot in relation to getting the help to our children when they need it, at the right time, which has just gone.

The Engage programme is a fund that goes right through all our schools for children also. Schools use that money to provide special educational needs support to children or additional counselling, whether that is play therapy, talking therapies or art therapies. That has all gone. I think that that money also helped with breakfast clubs and wraparound support for

children. The Bookstart Baby is another example. That is only in one Department.

Then you look into other Departments, such as Justice, which has stopped funding projects in the community that keep families together and provide support in reducing risk where maybe somebody who is a young parent needs a bit of additional support. We know that one risk factor of people going back into prison is their relationship with their children, so we are involved in that. All that has gone.

The money that needs to be invested at the early stage is going. It is a false economy, which means that longer term there is going to be a disproportionate impact, so we are going to be paying for it further downstream.

Celine also touched on the lack of stability and job security. It is impacting the longer-term workforce in the community and voluntary sector. Skilled practitioners are having to make difficult decisions about how the sector they work in impacts on their ability to provide a stable financial and home life for themselves and their families. We already have really difficult workforce challenges in Northern Ireland, so recruitment to post has proven challenging.

We look at the state of our health services, a number of our hospitals and the impact on them. We really need to be thinking more strategically about how we are going to ensure now that we sort these problems. I am really concerned that there is a generation of children who are going to be impacted because of these cuts right now.

Last week, Ray Jones, who was brought into Northern Ireland to do an independent review of children's social care, highlighted the need for workforce investment and development. He also highlighted the need, as Celine talked about, for us as a sector to be seen as partners in delivering health and social care services. We really need to think about how we do things better together. That will save money, but right now these cuts are having an impact on the most vulnerable children, families and communities across Northern Ireland. We need to make some really brave decisions right now.

David Babington: Good morning, Stephen. I would agree with everything that Celine and Michele have already said. Mental health has had a generation of underfunding. We look at this year and say things are bad, but this compounds all the issues of mental health. I suppose that our hopes were all raised last year when we had a mental health strategy issued. Actually, that was in 2021. Even the first year, as I said already, was not able to be funded. Only a third of it was funded and this year it will not be funded either. We are compounding all those problems now by not being able to fund all the solutions.

Interestingly enough, the strategy recognised that we had 25% less funding than England already. That is now probably closer to 30%. All

that early-intervention stuff that Michele was talking about there as well is not going to happen now. All the early-intervention stuff is going to stop those lifetime issues becoming embedded.

In terms of mental health, I am afraid that it is grim yet again. We always were the Cinderella service. It is always the Cinderella sector as well and that is now going to be compounded. The impact is going to be, as I said already, longer waiting lists and issues that are going to fester. People are going to get worse, particularly young people, particularly after covid and with the cost of living crisis as well. You heard already that Healthy Happy Minds, the counselling service at primary school level, is now stopping as well.

Anecdotally, I was with one of our clients last week, a young lady of 20 years old with ASD and mental health issues. She was in tears because her staff sadly had to be made redundant because of various cuts that we had received. It was not just her; her mum was in tears as well. This young lady had spent most of covid in a cupboard in her kitchen, fearful of the outside world, and had not been able to get out. She is really starting to flourish and now she is going backwards. It is not only her mother but also her sister who looks after her as well and the wider neighbourhood, in terms of the community, who know her issues and try to support her.

That is just one isolated incident. It reverberates out. Although we have these vulnerable people who are being impacted now, it reverberates out into the community. I am afraid that that young lady's issues are going to get worse. She is probably going to go back into a cupboard or similar, and not progress and move out into wider society. All that potential is lost. In terms of mental health, I am afraid that it compounds the generation of underfunding that we have had already. I do not see any light at the end of the tunnel in terms of rectifying that.

Q204 **Stephen Farry:** I will ask each of you to pick up on a few themes that were mentioned briefly by, I think, all three of you in the past few minutes. In no particular order, the first is the importance of work around early intervention and prevention and how that can avoid deeper costs elsewhere downstream. Therefore, it is a false economy, in effect. This is damaging long term.

The second aspect is around the practicalities of simply turning things on and off and how that does not work in practice. If someone comes along in the autumn with a wad of cash, there is still damage done there. You cannot simply pick up where you left off previously.

Finally, where would each of you like to be? What is the ideal situation in terms of funding your organisations and the sector more generally? People have referenced multi-year budgets, overall levels of funding and partnerships; where would you ideally like to be?

Celine McStravick: I would like to start by saying that we recognise the need for fiscal prudence and really good financial management. We get

that. We do not expect a blank cheque to our sector. Over the decades, our sector has always stood up, been really innovative and brave, and thought about new ways of doing things. At the minute, we are in a complete no man's land. It is not the way to run a country, never mind an organisation.

We have organisations that do not know where their money is coming from in the next month, never mind the next three months. I was with an organisation yesterday that is waiting on a letter of offer and hoping it comes on Friday, so that it can tell its staff that they can have a summer holiday. That is a ridiculous way to treat people.

The issue of multi-year budgets is definitely where we want to be. We want to be part of making Northern Ireland a better place to live. It is a very simple request. We cannot do that, be strategic, plan, have a workforce plan, train or transform, without budgets that are confirmed in a normal cycle, as you would treat any other sector. This is not the way we would treat the private sector, so I do not understand why, when it comes to our sector, which is picking up the pieces and holding society together, we feel that we are getting the crumbs off the table. If I had a magic wand, I would want multi-year budgets, a seat at the table and some strategic thinking. It is perfectly possible, but I have not seen it yet.

Michele Janes: I will start with your early-intervention question, Stephen. Early intervention and prevention is key to the work that we do at Barnardo's Northern Ireland. It is essential. Why is it essential? It is essential so that we get in early, before problems start to take hold. It is important that we address that issue rather than pay for it years later. Reactive programmes of support are more costly and more challenging to deliver than early intervention and prevention.

The Early Intervention Foundation looked at the cost to the public sector of late intervention. In 2018, it estimated that for Northern Ireland, this added up to £536 million per year. Imagine the difference we could make to children's lives if we invested that money to prevent the problem in the first place. That is £536 million per year. That is the cost to the public sector of late intervention.

Unfortunately, since 2018 the challenges facing Northern Ireland have only increased. We are concerned that we are continuing to take a short-term view on public funding. We will continue to pay the high cost of late intervention. An example is the anti-poverty strategy for Northern Ireland. We have been waiting decades for it—absolutely decades. Despite repeated commitments, it still has not been delivered. Children are more likely to grow up in poverty than any other age group. This not only impacts them throughout their childhoods but can impact upon their opportunities and outcomes later in life. We need to look at how we address that.

In terms of longer-term recommendations, what would be the ideal picture? Celine has already spoken about having longer-term budgets. One of our core values is about working with hope. With that in mind, I go back to a few years ago when we were working with the Department of Finance. We welcomed the introduction of the first three-year budget Bill in the last Assembly mandate. We really want to ensure that any forthcoming budget Bill is multi-year. That would allow the funding and delivery of public services to move on to longer-term commissioning cycles, which is really essential to ensure the stability and sustainability not only of service delivery but of our sector.

We recommend that the minimum contract length for services commissioned by Government Departments is increased to three years. We cannot work with this annual contract basis. Imagine if every year, at Christmas, you were issued notice and told, "We do not know if you are still going to have a job in three months' time." There are implications not only financially for families who are working in this sector but also in terms of their ability to plan. It makes them more vulnerable too.

We previously recommended to the Department of Finance that it ensured successful and consistent implementation of guidance around commissioning of services and programmes across all Departments, because every Department does it differently. As Celine has referenced, there are Departments where organisations are waiting at the moment, such as us, to hear about whether they are going to get more funding.

Some Departments have finally said that yes, there will be funding for the rest of the year. Some Departments are still issuing three-month contracts. How do you keep staff when you only have a three-month contract? As Celine said, there were also staff waiting on Friday—on 30 June—to see whether they still have work this week.

In order for services to be sustainable and to have effective use of public funds, commissioning of services must also be at full cost recovery. We must be treated the same as the private sector. We would be pushing for clear guidance from the Department of Health on how services should be commissioned, along with multi-year, preferably a minimum of three-year, budgets.

David Babington: I can straight away say that I concur with everything that Michele has said. Certainly, we have been pushing as an organisation for a minimum of three years for contracts, if not five years as well. The particular circumstance we find ourselves in is the sudden loss of European social fund funding, which fell off a cliff on 31 March. That is after many years of us warning that this was going to happen.

We only really found out that it was going to happen in the last month or so. We have had to make adjustments to account for that. Clearly, that means reductions in services. What came in and was lauded as its replacement was the UK shared prosperity fund under the levelling-up agenda. I can say quite clearly that it is not a replacement for ESF

funding in terms of the type of programme and the extent and amount of funding available. As a result, we are having to make changes in terms of losing staff. We are losing that expertise you have heard of there already. That is because of lack of thought and lack of thinking through about what the contingency might be.

We appreciate that programmes will change. We will adjust to things, but in terms of finding out on 31 March that on 3 April you are going to be starting a new programme, that is totally unrealistic. In terms of the funding for that new programme under the UK shared prosperity fund, we only got some funding at the end of the first three months. In terms of cash flow and running an organisation, that is a great uncertainty. All this uncertainty as well contributes to making staff feel uneasy about the future.

As we emphasised already, we need core long-term funding, and minimum three-year contracts, if not five years as well. The statutory sector needs to look upon us as genuine partners. We need to collectively sit around a table and say, "This is what collectively we can achieve. Who is best placed to achieve that with the meagre resources we have?" Currently, where we are with this crisis, we should all very much be sitting round that table. It should force us to think differently about how we deliver things, so we can use the innovation and creativity that we have in our sector particularly to help our statutory sector partners to deal with all these waiting lists and problems that a lot of them have not had to face before.

Stephen Farry: We will pick up some of those themes later on in the questioning as well, you will be pleased to know.

Q205 **Claire Hanna:** Thank you very much, folks, for the evidence. Thank you for all that you are doing to keep things going at this very tough time. I have engaged with you all individually and through events you have had. It is clear there and in your answers just how, as you say, creative and prudent the sector is and just how fundamental it is to the delivery of public services more generally.

I wanted to focus particularly on the shared prosperity fund, the impact of that and the loss of the predecessor funds. I will ask an open question on what you have made of the effectiveness of the delivery of that fund. I do not know who would want to start.

David Babington: I wonder whether I am best placed, having had the experience. As I said, the impact has been quite dramatic. All the organisations that previously got ESF funding had been bidding for UK shared prosperity fund. Some got it; some did not. Some organisations are finding it difficult to exist.

Fortunately, as one organisation, we succeeded and got it. As I said, we only heard at the last minute that we were successful, on 31 March, as the ESF funding finished. Suddenly, that next Monday, we are supposed

to be delivering this new programme, the UK shared prosperity fund. We are still trying to work through the operational guidance, three months into the programme. We have only just got some funding for that as well, so there is great uncertainty there.

The other thing is in terms of what the impact is on clients on the ground. For us as an organisation, we will be able to look after only half the number of people we were looking after under ESF. We looked after more than 1,000 people in a given week who had mental health issues; we are down to about 500, we believe. As I say, it is still a work in progress. That means that 50% of people who we were originally looking after under ESF are now parked.

Unfortunately, because of the nature of the UK shared prosperity fund programme, it is a quick programme only over six months. Those people who have the bigger and more complex issues are those who are not on the programme at all. Where are they? The trusts are not able to refer them to us, so they go on to trust waiting lists or are just parked, and those issues get even worse.

Arguably, the most vulnerable people—the people with the biggest issues—are those people who are being ignored by the UK shared prosperity fund. The Secretary of State admitted in a meeting that in policy terms, that is what has happened. It is those people who have the most needs who are being ignored and abandoned by the UK shared prosperity fund.

Q206 **Claire Hanna:** We know that there are more fundamental issues in terms of the quantity of funds and the scope. One thing that the UK Government said was that they were unable to formally work with Departments and civil servants due to the institutional collapse. How do you consider that as a factor?

David Babington: From our experiences, I can certainly say that the local Departments are very much hands off. They want nothing really to do with the UK shared prosperity fund. There is no guidance or support from them. The strange thing is that they are not 100% sure exactly what the UK shared prosperity fund is doing. There may indeed be some overlap with what UK shared prosperity funding is doing with some existing programmes in, for instance, DfC and DfE. That is still at the early stages of being sorted out.

It is very clear from our engagement in the early stage of that that the local Departments wanted nothing to do with the UK shared prosperity fund. We will work with anybody and we wanted them to work collectively together as well. Clearly, there was, effectively, a falling out and they were not able to work collectively together. Ultimately, as I say, that has ended up with the impact on the ground. We are seeing fewer people, and more people on the ground are not getting the service they deserve.

Q207 **Claire Hanna:** That was one concern flagged up about different players

in the same arena overlapping and bumping into each other. What are the key recommendations to improve the effectiveness of delivery of that fund before the next round, which I think is anticipated for 2025?

Celine McStravick: I have a meeting today with UK shared prosperity. I am on the programme board. It is interesting to hear, in terms of the level of communication, that successful applicants were told at the end of March that they had got their money. You have heard some feedback there from David in terms of what it is like from his side of the process. I am currently on the programme board and I have heard nothing. I am going to a meeting this afternoon. I have asked who else is going to be there and I do not know. The first thing for me is an improved communication protocol between the board and then our role as advisers in Northern Ireland.

This UK shared prosperity fund is absolutely vital to Northern Ireland. We cannot say no to the money. Given what Michele and David have both said, making it closer to and more embedded in our existing Government Department needs is fundamental for moving forward. This cannot be a short-term investment. I am now looking at a date of April 2025. Project applicants such as David are going, "What is going to happen then? When do we start the media campaign to say we are on another cliff edge?" I have lost count of the number of cliff edges that we have had to counteract in Northern Ireland, and all from the energy of our sector.

For me, it is about better communication, better integration with our Government Departments and putting our shoulders back a bit and saying, "This is not about who is in control of the money. It is about how we achieve better outcomes with the money." It is public money. It does not belong to one Department. It is taxpayers' money, so how do we use it wisely? I would like to see some more of that strategic, long-term thinking with it.

David Babington: The ESF programmes were in place in Northern Ireland for over 20 or 25 years. There are endless evaluations of the effectiveness of the programme. There are lessons to be learned there about cross-departmental learning, working in collaboration, effectiveness and the quality that was there. That is all there. A good starting point would be to look at those evaluations and ask, "How can we learn from that?"

I do not know whether you are aware, but Northern Ireland in ESF terms was seen as the gold standard for how these community programmes could be delivered. I know that the managing authority went across Europe telling eastern European nations in particular, "This is how it is done." We still have great expertise here in Northern Ireland. I would suggest that the board looks at the evaluations to see what is best from the ESF programme and use that in going forward and thinking about March 2025.

Michele Janes: We do not receive any money under ESF any more, but we have seen the impact of the fear of this funding and its implementations had. I would follow on from what Celine said there about outcomes. We need to keep our eye on the outcomes. That is what we should be focused on. What will make things better? What will make a difference?

The cost of the bureaucracy of the implementation of this funding is huge. The cost of the bureaucracy of people's—how to say this?—noses being nudged out of joint is significant. We could put that funding into the frontline where it needs to go, rather than into all this, "We will have a bit here" and all these people. We need to stop spending money, and our precious time and resources, working to campaign to secure funding. It needs to be focused on frontline delivery, rather than the back room where all the conversations are happening.

Claire Hanna: Those are very fair points.

Q208 **Jim Shannon:** Thank you very much to all three of you. It is nice to see you as well, on the screen if not maybe in person. David, you and I have met a number of times, so it is especially nice, if you do not mind me saying, to see you, and the other two ladies equally. To Michele and Northern Ireland Barnardo's, thank you for all you do. I am aware of some of the incredible work that you do for children's rights, youth justice and disability services as well, and indeed, more importantly probably, for child protection. Celine, your work in NICVA is sometimes underestimated, but it has a significant effect on Northern Ireland, so we thank you for that.

David, we have discussed many times in the past the mental health issues. As an elected representative over this last period of time, I have never seen anything like the numbers of people who have mental health issues, and not just adults, by the way. In many cases, which is quite worrying, it is children. I am not quite sure why that is happening. You are not a doctor, or a practising GP doctor, so I am not quite sure whether it is fair to ask this question, but what are your thoughts on why that is happening?

I am aware that you do great work with Men's Sheds. You do great work with eating disorders as well, something that I have in my constituency, as others have, so I know the importance of that. I had a guy come to see me on Friday. He is involved with one of the Men's Sheds. It is really important for him. He has PTSD and is a veteran. That is another section of the community that is sometimes maybe neglected through whatever it may be. I am keen to know how you would see the mental health services funded and delivered more effectively in Northern Ireland. How long can you afford to fund certain services out of your reserves? I know that your reserves are really squeezed. What are your thoughts, please?

David Babington: Those are big questions. I would remind you—you probably know this already—that we have a higher prevalence of mental

health issues here in Northern Ireland than in the rest of the UK by 25%. It is probably a little bit higher now since covid and the cost of living crisis as well. That is higher also than down south in Ireland as well—20% more. That is the result of our pockets of deprivation and the issues falling out of the Troubles. It is things such as transgenerational trauma, sadly.

We have those greater issues and, because we have not been addressing them in more normal times, they have grown. I have said that there has been a generation of underfunding in Northern Ireland, with a lack of funding for Northern Ireland mental health services. In recent years we have had covid. We have also had the cost of living crisis.

You talk about young people in particular. Covid has had an impact on young people that I do not think we fully understand yet. Some emerging research shows that that cohort of 16 to 19-year-olds have had a particularly bad time. That is a key time for them in developmental terms. They have not had the school interactions and socialisation that they needed and therefore they are coming forward with issues.

Our counselling service is finding that it is younger and younger people who are coming forward. We do counselling down to the age of five and that is helping. Clearly, we are doing it not directly with them but with their parents, family counselling and play therapy with sandpits. It is all done very appropriately. It takes longer, but that early intervention, getting in there earlier with those issues, can help. The key thing is that there are greater waiting lists and greater numbers coming forward at the younger ages.

As you say, it is the older people as well. We have three Men's Sheds. I am delighted to see that you linked in with one of the local Men's Sheds, in Ards I am assuming. We should not forget them. They have had an impact also in terms of covid and the cost of living. We are finding that it is particularly the cost of living with older people. They are more worried about pounds and pennies, and about where the next penny is going to come from.

Overall, in mental health services we are finding it very stretched. Waiting lists are going up. I go back to—I do not want to be boring here—the fact that core, sustainable funding with multi-year budgets is the one way to help us to address that, but particularly focusing on early intervention and prevention. The mental health strategy that I mentioned earlier is now in place. We spent many months and years going through consultations of what is important and how we are going to deliver this.

It was a bit of a high point back in 2021 when we said, "This has now been launched and we have a funding plan." The sad thing, as I said already, is that we have fallen at the first hurdle. We have not even been able to fund the first year. We need to get all that funded. That should be the main show in town for Northern Ireland for mental health: funding those services and that strategy.

Q209 **Jim Shannon:** The Government have advised that there could be a range of local stakeholders in the development. Maybe changes are afoot, or changes could be afoot—that may be a better way of looking at it—which could bring greater local involvement for local government and other Departments in that money and that interaction.

One thing that you and I have discussed in the past is how, for instance, we could work better with the local councils, for example. I know that that is something that you and I were keen to pursue, but maybe the local government thought that it could not because it was restricted. What are your thoughts, please?

David Babington: I think you are aware that something called the integrated care system is now being looked at across the whole of health and social care. That is a good thing. That has to bring us all together collaboratively, including local councils.

Specifically within mental health, there is something called the regional mental health service, which is going to be set up soon, with a collaborative board. On that board, there will be everyone from every part of society, so us as equal partners with the health trust, but also, as you say, local councils and the whole range of agencies. There are grounds for hope that at least we will get around the table and there is funding for that to be set up and to start talking about what needs to be done.

The problem is that they can talk all they want, but having the funds to be able to deliver what needs to be done is the important thing. That is not there. There are positive signs. I would congratulate the Department of Health for pushing and saying that we need this regional mental health service specifically for mental health alongside the wider CS. It needs to have the funding to be able to deliver what is on the ground. Otherwise, we are just going to march people up to the top of the hill and say, "We have great expectations, but the funding is not there." It will lose credibility and people lose interest.

Q210 **Jim Shannon:** Michele and Celine, I am keenly interested, as an elected representative, in children's services and how they are delivered. In the last period of time there has been a question mark over the nursery roll-out partnerships. It got a reprieve and that was good news. We all, as elected representatives, were very pleased about that.

We are very much aware that one of the most horrendous things that happens, and it is very difficult to read about, is when young children are abused and, in some cases, murdered by one of their—not necessarily biological, but they may be—parents. I am wondering, when it comes to looking forward, how we can protect the children better and how that can be done. One thing to make that happen has to be in relation to how we do that in a period of budgetary reductions.

Northern Ireland's independent review of children's social care was published earlier this month. The review recommended setting up a

separate arm's-length body for children's social care services. How much of a difference could this make to the delivery of children's social care? I always believe that it is for the best that they are trying to achieve these things, but I would like some of your practical experience on how you see that rolling out.

Michele Janes: There are loads of questions in there. The first thing to say is that the death of any child is absolutely horrific. My condolences go to the family most recently impacted. It has been all over the news here.

On your second question around the Sure Starts, we are delighted that the Sure Starts here in Northern Ireland have been given a reprieve. However, that is short term. It is an annual budget and we may be in this position again next year.

On the third part in relation to Professor Jones's review, the recommendations were launched, as I said earlier on, a week ago. Children's social care services in Northern Ireland are not delivering for children and families and many cannot get the support they need when they need it.

I will link back to your point there that you made with David about local councils. We were very successful during covid at working alongside our health and social care trust and our local council—it was actually Ards and North Down—to ensure that we got the help and support to families when and where they needed it. It is possible. In terms of the ICS, I am not sure that they have considered where children and families sit in that. That is something to think about.

In terms of the review, there is a lot of intention to deliver real and meaningful change if Ray's recommendations are actioned. I have a big concern that this review will become another report that sits on a shelf if it is not resourced and driven forward by a Minister and an Executive.

It is really important to note, though, that not all of Ray Jones's recommendations would require a Minister to implement them and not all of them require significant budgetary allocation. We talked earlier about the development of partnership working between the statutory agencies and the community and voluntary sector; that does not cost anything. It is also important to note that many of the issues highlighted by Professor Jones will only get worse if the budgetary cuts to early intervention and prevention are progressed.

If we do not implement them and we do not have any additional funding, it is not going to make any difference. The report touches on this and highlights the fear that many in the sector feel right now. For the big-ticket recommendations, that will require really brave leadership, investment and collaboration across Departments and sectors.

The launch of the recommendations is the start. I have not seen as many passionate, motivated people in one room in a very long time. There is a

real opportunity. This is the start of a journey, not the end point. Now is the time to start implementing these new ways of working that we all need to adopt if we are to see real change. We need everybody to be brave and get back in the room to start making a difference for our children.

Celine McStravick: I want to add a few comments to what Michele and David have said. There is something about transformation in our health and social care system. We all know that it is needed. Although Michele has said that some of those recommendations do not cost anything, I would argue that there is no such thing as a cost-neutral strategy. From my conversations in the Department of Health, I can say that the Permanent Secretary and the senior staff there really want to see transformation and change. That is almost the first battle. We have got there. We have people on the same page.

On the next stage, for example around the integrated care system and wanting our sector to contribute to that, I would say that our sector may not be there in September. It is back to Stephen Farry's point: you cannot expect our sector to attend partnership meetings and be involved in transformation if it has no money to run its organisations. The two things do not make sense. We need to invest in our sector to transform the other sectors; we need to be purposeful in that and not just hope for the best.

Recent conversations with me have been that all these partnerships will involve the voluntary and community sector. I am going, "Who?" Who has the time and capacity to give freely their time when costs are increasing? They need to focus, as Michele rightly said, on continually having a media campaign and a fundraising campaign. That is where our energies are.

I would also use an illustration of a bit of a mismatch between things we are saying about what we need in Northern Ireland and the actions we are taking. For example, this morning we heard about the release of the ending violence against women and girls framework, which we welcomed. It is absolutely fantastic to see that happening. We have had 42 women murdered in Northern Ireland over the past 10 years. That is ridiculous.

That is absolutely unacceptable, but, at the same time, we are cutting funding to Women's Aid. It makes no sense. No person acting reasonably would look at Northern Ireland—we are not a huge place—and think that those two things are not connected. We ran several workshops at NICVA over the past couple of months and we heard increasingly about the waiting list for Women's Aid increasing. It is a voluntary sector organisation that is spending a huge amount of time trying to bring in the pennies to deliver for the women who need their services.

For me, that goes back to whether we can think about this in a better way. We need some more strategic thinking and joining of the dots, please. When times are tight, sometimes you have to be more creative.

At the same time, let us acknowledge that there is no such thing as a cost-neutral transformation programme.

Q211 **Jim Shannon:** You are right to underline the issue of domestic abuse and the murders of women in Northern Ireland. It is second only to Romania in the whole of Europe. That tells you just how bad it is.

Celine McStravick: It is not something to be proud of.

Jim Shannon: No, you are right, so your focus on that there is very welcome.

Q212 **Carla Lockhart:** It is nice to see you all again, particularly David there, who I have engaged with before several times. Obviously there have been a lot of conversations around the Barnett formula and the changes needed in terms of that more needs-based contribution to Northern Ireland, as opposed to, "There is your block" and it is not so much needs based. Have you any thoughts around how that would actually benefit your organisations?

Have there been any recent conversations around service-level agreements with trusts? I am always very keen that the voluntary and community sector can do things sometimes more quickly and sometimes more cost-effectively because it does not have the bureaucracy around it. Are there any ongoing conversations around service level agreements with trusts and potentially offloading some of the waiting lists, particularly around, say, mental health? David, I am thinking specifically of your services in Upper Bann and the trust using them more extensively to try to get a handle on the waiting lists that do exist.

David Babington: Good morning. All the services we provide with trust funding have been reduced because of the loss of ESF funding. However, the matched funding that the trust itself provides as part of the ESF package has remained, but it is certainly not increasing. In meetings, the trust itself admits to enormous pressures that it is under in terms of delivering its own services. Although the mental health needs are going up, we do not foresee us being able to do anything in terms of dealing with its waiting lists or those people who are now effectively parked or abandoned, as I said earlier, because of the loss of ESF funding.

One thing that is frustrating is that when we hear of funding in England—for example, for mental health services—and there is a Barnett consequential, the money of course comes across to Northern Ireland and goes into big pots. It does not go into mental health services in Northern Ireland. As a result, as I say, for a generation we have continually been falling behind what is being delivered in England, best practice there and in terms of investment and delivery of new services. It is an enduring frustration across the whole of the sector that that money seems to get lost somewhere.

Q213 **Carla Lockhart:** Suicide is, very unfortunately, increasing and very prevalent even in my own constituency. What more can we be doing

around trying to tackle that situation and helping those most in need to try to support them through their mental health journey?

David Babington: I am sorry to hear about those tragic stories in your constituency recently. Sadly, they are too common across the whole region. We have horribly high levels here in Northern Ireland. There is a "Protect Life" strategy in place, aiming to deliver that in terms of supporting people and building resilience.

This is where our sector can provide its worth in reaching those parts that other sectors cannot reach, in terms of resilience building and providing wellbeing services for, particularly, schools. That is all now being rolled back because of cuts. People can also be supported in things such as Men's Sheds, as we heard earlier from Jim. There is social prescribing as well, reaching out to people who are hard to reach, helping them and giving them the coping skills as well to be able to live a fulfilling life.

We know what needs to be done, but the resources are not there. Indeed, they are being rolled back, sadly. I hope that that does not lead to an increase in our suicide rates, but that could happen.

Chair: Can I think the panel for being with us for a good hour? It has been an extremely useful session. We are very grateful to you all. On behalf of the Committee, I thank all of you for the huge work that you do for the voluntary and community sector in Northern Ireland. My thanks and praise to you all.