Contact NI Response to Department of Justice Voluntary, Community and Social Enterprise Sector Funding Model.

September 2016.

Contact is a charity specialising in crisis counselling and suicide prevention providing the free-phone regional Lifeline crisis response helpline and wraparound counselling service 0808 808 8000 for NI, under license to the NI Public Health Agency and currently do not receive any core funding from the Department of Justice.

Over the past five years Contact annual International Suicide Prevention: What Works? Conference series, have showcased suicide prevention research and best practice.

October 2016 will see the 10th anniversary of NI Protect Life Suicide Prevention strategy. Lifeline, the regional crisis counselling helpline, is a core strand to the suicide prevention strategy, led by Contact since establishing the pilot service for North and West Belfast in 2006, rolled out regionally since 2008.

More than 50,000 people have accessed Lifeline support through more than 90,000 annual crisis calls. Lifeline callers suffer great personal suicidal distress and most achieve full recovery. Sadly, more than 150 callers lost their lives to suicide over the decade, more than thirty last year alone. It should be immediately clear our ambition to eliminate suicide for people in our care.

The Contact vision aspires to 'society free from suicide' with a mission of 'getting you through the most difficult times' based on zero suicide as a culture of innovation and discipline. As outlined in Contact Manifesto 2016 (1), the commitment to driving suicide to zero in relation to perfect crisis care requires 100% commitment to a 'no blame culture', championed by accessible, visible and competent leadership accountability.

General Comments on the proposed VCSE Funding Model.

Contact broadly welcome Department of Justice's commitment to the following within the proposals:

- The high value given to the importance of collaborative longer term business relationships across the sector
- Placing outcomes accountability systems at the core of the funding model right across the spectrum ranging from planning, implementation and evaluation determining 'new approaches focuses on the impact on our people rather than the actions we take within Government.'
- Commitment to co-production/ co-design approach within the commissioning process actively involving key stakeholders in the design process should better

enable the targeting of previously unmet need encouraging and facilitating consortia proposals.

- Two new streams of proposed funding are welcome potentially better enabling organisations to provide a specific service over an agreed longer term period (full cost recovery), while also having access to specific shorter term funding to trial new ideas or services (innovation fund), although detailed specifics an these proposed models in relation to implementation and measurement are further required.
- The commitment to and increased potential for working across Departments particularly with health to develop more effective and integrated pathways in the areas of commissioning, co-design, continuity of care and innovation

Overall Contact welcome the commitment of the Department to developing a revised system of funding ensuring that '..resources are targeted towards.. top priorities ' and that through securing potential additional sources of income through external sectors and cross Departmental collaboration has a commitment to '..encourage collaborative working across the VCSE and, the use of consortia or other cross sector arrangements in delivering effective outcomes.'

Further questions and points for clarification

Full Cost Recovery Innovation Fund

It is unclear from the proposals outline as to exactly how the Department will measure that every organisation is using full cost recovery to the same degree and more details on the proposed monitoring system for this is necessary for a better sense of transparency and fairness.

The proposed innovation fund, though welcome, is scant on details especially in relation to what is meant by 'innovation' and how the innovation projects will be evaluated and then potentially mainstreamed/sustained as core work.

Joint Commissioning/Co-Design

In relation to the commitment of the Programme for Government to cross departmental working and joint commissioning it is not evident from the draft proposals how such matched funding will be rolled out and evaluated.

Similarly in relation to the commitment to co-design/co-production within the commissioning process no parameters have been outlined for how this will be developed when another Department is involved.

We note within the proposals the Department's commitment to working with VCSE organisations, with no direct reference to the private sector and any potential

commissioning. However we note the Probation Board have made a commitment to commission primarily within the community and voluntary sector. Could the Department clarify its position on possibilities with this regard to facilitate more transparency within the revised funding framework?

Outcomes Based Approach

Contact very much welcome an outcomes based approach committed to measuring impacts of services on individuals and communities which should require the setting of clear targets on this basis.

However clarification is required within the draft proposals on:

- How outcomes measures will be identified and measured and also how realistic timeframes will be applied in relation to shorter term and longer term outcomes.
- How outcomes measures will be benchmarked
- That within the full cost recovery model adequate attention will be given to the full time and investment implications required to report on an outcomes model, welcome though it is across the sector generally.
- How the most effective engagement of service users, carers and families will be incorporated within the outcomes measurement framework to include equality of approaches across all areas of commissioned service provision.

Zero Suicide the only target to aim for, a commitment to patient safety, commencing with NI health and justice systems.

We have also attached, in addition to our overall response, Contact Manifesto (2016) outlining how zero suicide culture and practice relating to both justice and health systems can better effect crisis care through critical information sharing at crisis point, ' warm handovers', alternative safe places, service user/lived experience engagement and referral pathways/Memoranda of Understanding (MoUs) affirming the conviction that ' no one should die alone, in despair, by suicide.'

Building on and extending the practice of cross departmental commissioning and/or working protocols can better enable a commitment and practice to 'no wrong doors in times of crisis'. Crisis service excellence requires maximum cross service liaison where no one should 'fall through the cracks' or get lost in the system as every partner commits to real-time bridge building and the eradication of silo working mentality and practice from the care pathway.

People who came to the attention of police, prison and probation services in particular require systematic networked support. This means formal agreement by Memorandum of

Understanding between all justice and health providers to guarantee integrated support at traditional high-risk points.

Reliance on incremental improvement will never deliver the ambitious zero suicide goal that perfect crisis care demands. For justice and health systems to accept suicide as a preventable harm, leaders must be prepared to design 'stretch goals' and commitment to critical information at crisis point will make a strong start.

Paula Beattie

Contact

1st Floor, Lanyon Building

North Derby Street

Belfast

BT15 3HL