




# Guidance on services, limits and suppliers

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## **SECTION ONE: INTRODUCTION AND OVERVIEW**

### **1.1 Values and consistency**

Caranua aims to provide a service to its applicants that equitable, fair and honest and has a real impact on the wellbeing of people who can benefit from its services. To do this effectively, it is vital that that our Guidelines are applied consistently by all staff (particularly Advisors).

In addition, it is important to note that Caranua is subject to an independent appeals process, Freedom of Information and Ombudsman investigations, judicial review and appeals to the High Court. It is therefore crucially important that everyone is confident that Guidelines and procedures are followed faithfully and consistently.

### **1.2 Changes to rules June 2016**

Some major changes were made to the services that we can provide and the rules relating to applications. These include the expansion of services and the introduction of an upper value limit for each applicant. These changes came into effect on June 1<sup>st</sup> 2016 and apply to everyone who makes an application after this time.

People who had made applications prior to 1<sup>st</sup> June can opt for the new arrangements if they have not yet reached the upper limit. This means that we will be operating two different sets of arrangements. It also means that the upper limit will be taken into account where repeat applications are received.

### **1.3 The Guidance**

This document aims to provide guidance for all staff on the implementation of the criteria and guidelines. It explains in more detail the thinking behind the Guidelines and criteria, and how they are to be interpreted in practice. It should be used in conjunction with the published criteria, application forms and other internal policies and procedures, to ensure that decisions are consistent with all policies and procedures.

Specifically it deals with:

1. Who we can provide services to, and what their needs are
2. The differences between the “old” and “new” arrangements, including the rationale for the changes
3. Items and services we can cover under the new and old arrangements
4. Limits and requirements in terms of quotes and recommendations
5. How preferred suppliers work
6. Approved suppliers and membership of professional bodies

The Guidance describes these in broad terms. Ongoing training will be provided for staff and the guidance will be developed and refined as necessary as time goes on and experience is increased. If there are things in the document that are not clear, please clarify with your manager.

By way of setting a context to the assistance we can provide and explaining why, the document begins with some information on what survivors experienced during their childhood, the effects of those experiences on their later lives, their likely access to services and what we are trying to do improve their lives.

## **SECTION TWO: WHO CAN APPLY?**

### **2.1 Who can apply to Caranua?**

The eligibility criteria are set out in the Residential Institutions Statutory Fund Act, 2012, Section 3. Only those survivors who have received financial compensation for the abuse they experienced as children, in institutions managed by religious congregations on behalf of the Irish State are eligible.

These are:

- Survivors who have received financial compensation from the **Residential Institutions Redress Board**. These are the vast majority of applicants to us
- Survivors who have made **individual settlements** with religious congregations or have taken a case directly to the Irish courts and received a court award. This groups accounts for a small number
- Caranua does not have information on the institutions that its applicants were in, nor how much they received by way of awards. This information is held by the Residential Institutions Redress Board and treated in the strictest of confidence and is not relevant to our work with them
- The **relatives of eligible applicants are not able to apply** to us. This approach is different to previous initiatives for survivors which also supported the needs of relatives. These initiatives, by State and Church, are summarised in the next section.

### **2.2 How many can apply?**

- The number of children who were admitted into institutions is slightly disputed. The CICA estimated that between 1936 and 1974 170,000 children were institutionalised. This appears to be an overestimate since it relates to the total number of children in each institution in each year, rather than the number of individual children admitted over time. According to Dr. Eoin O'Sullivan, this figure is more likely to be in the region of 35,000.

- The number of people who presented to the CICA at just over 1000 is much smaller than the number who received awards from the Redress Board at just over 15,000
- Of these 15,000 who are potentially eligible to apply to Caranua, it is unlikely that we will receive applications from them all. This is because some will not want to make an application, but many of them are likely to have passed away prematurely due to poor health, life style and suicide
- As part of the new arrangements introduced in June 2016, a target for the likely number to wishing to apply to us was set. **This target is 6100.** This was estimated taking the likely number to still be alive (12,200<sup>1</sup>) and estimating that that reaching 50% of these would be reasonable
- At the beginning of June 2016 we had verified eligibility to apply to us of just over **5000** people who had made first stage applications.

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<sup>1</sup> Codd, Mary B. (2016). **Estimated Survival and Additional Years of Life Expected among Registrants to the Residential Institutions Redress Board.** Centre for Support and Training in Analysis and Research (CSTAR), UCD. Dublin.

## **SECTION THREE: OTHER INITIATIVES FOR SURVIVORS**

This section sets out the main initiatives by the State and religious congregations to compensate or support the needs of survivors and their families.

### **3.1 State apology**

The Taoiseach at the time, Mr. Bertie Ahern, T.D. made an apology on behalf of the State to the people who had experienced abuse in institutions managed by the religious congregations on behalf of the State.

This apology was a response to the growing advocacy on behalf of survivors, by survivor groups and others to highlight their experiences. A number of individuals produced books, and there were television documentaries that particularly caught the public mood at the time.

A documentary - Dear Daughter- about Goldenbridge and the life of Christine Buckley, who later went on to found the Aishlinn Education Centre, was the first of these. The State apology was issued after the showing of a three-part documentary, "The States of Fear". This was produced by RTE producer Mary Rafferty, in conjunction with Eoin O'Sullivan of Trinity College Dublin and used personal interviews with survivors to tell the story of their lives.

### **3.2 Commission to Inquire into Child Abuse (CICA)**

The Commission was established at the time of the apology (1999) and heard testimony from former residents of industrial schools. It was chaired initially by Justice Mary Laffoy who resigned and was replaced by Justice Sean Ryan.

The Commission heard testimony from survivors through a Confidential Committee and undertook investigations of the allegations made to it, where the individual complainants wished for this to be done. It published a report in May 2009 which concluded that "neglect and abuse were endemic and systematic in institutions". It made a number of recommendations aimed at improving child protection and preventing future incidences of child abuse.

### **3.3 The Residential Institutions Redress Board**

The Redress Board was established in late 2002, arising from a recommendation from the Commission to Inquire into Child Abuse (CICA). The Redress Board stopped accepting applications in September 2011. By the end of August 2015, it had finished hearing applications and 15562 offers had been accepted. These are the people who can apply to Caranua

The range of awards was between €25,000 and €300,000. 36% were up to €50,000; 48% between €50,000 and €100,000; and 16% between this and €300,000.

Information on awards made to applicants to Caranua is not available to us and is not relevant to the consideration of applications.

### **3.4 Education Finance Board**

Established in 2006 to provide grants for education to survivors and their relatives, the Board managed a fund of €12 million donated by religious congregations. Survivors were represented on the Board.

Eligible applicants made applications for assistance with education, and a wide interpretation of education was allowed. Survivors accounted for a minority of applications and 80% were children grandchildren or other relatives of survivors.

The Fund was spent by November 2011 and the EFB assets and liabilities became those of the Residential Institutions Statutory Fund (Caranua) when it was established in 2013.

### **3.5 Magdalene Laundries compensation scheme**

For women who were incarcerated in Magdalene Laundries, a scheme of compensation was introduced in 2015. This comprised a lump sum financial compensation, pensions and an enhanced medical card for those women in Ireland and private health insurance for those in other countries.



### 3.6 Counselling services for survivors and their relatives

Following the State apology, a number of counselling services were established for survivors and their relatives. These continue to this day and are free to the people who use them. They are:

**Table 1: Counselling services for survivors**

<b>Service</b>	<b>Type</b>	<b>Funding/management</b>
<b>National counselling service</b>	Face to face counselling service in Ireland and other parts of the world	Funded by the state and managed by the HSE
<b>Immigrant Counselling and Psychotherapy (ICAP)</b>	Face to face and telephone service based in the UK and working with people in other parts of the world	Independently managed and funded by the HSE
<b>Connect</b>	Telephone counselling service, with some face to face and group work. Based in Ireland	Part of the National Counselling Service with its own Board of management
<b>Towards Healing</b>	Face to face and telephone counselling based in Ireland and working all over the world for survivors of institutional and clerical abuse	Funded by religious congregations and dioceses

### 3.7 Family tracing services

Alongside the Redress Board and counselling services, Barnardo's were contracted to provide a family tracing service to survivors of institutional abuse. This was an extension of the tracing services they had been providing since the 1970s for adopted children and natural parents. This service is free of charge to survivors and is funded by the Department of Education and Skills.

## **SECTION FOUR: APPLICANT EXPERIENCES & NEEDS**

### **4.1 Introduction**

There is some information on the needs of survivors but not much. Most research into abuse is related to abuse in families, with little on the effects of abuse in institutions. This section brings some of this information together with a view to providing a picture of the experience of children who were placed in institutions as children and their needs as a consequence.

### **4.2 Demographic characteristics**

Only people who have received financial compensation for the abuse they suffered in industrial schools and other institutions are eligible to apply to us. The overwhelming majority of these were compensated through the Redress Board.

The Redress Board provides us with information on eligible applicants, so that we can verify their eligibility. The information shows us that:

- There are 15000 or so eligible applicants
- 60% are based in Ireland, 30% in UK and the remainder scattered around the world, with some clusters in USA, Canada and Australia
- The majority (80%) are aged over 50

Caranua has commissioned two reports on the demographics of our target group. These show that 20% of them are now likely to have passed away<sup>2</sup> and that they live in a high proportion of those living in Ireland are in the most socially and economically disadvantaged areas<sup>3</sup>.

### **4.3 Needs and experiences**

Those survivors who presented to the CICA talked about poor nutrition, and constant hunger and cold; hard physical labour, often outside; ill-fitting shoes

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<sup>2</sup> Codd, Mary B. (2016). **Estimated Survival and Additional Years of Life Expected among Registrants to the Residential Institutions Redress Board.** Centre for Support and Training in Analysis and Research (CSTAR), UCD. Dublin.

<sup>3</sup> Haase, T. (2015). **Socio-economic Mapping of Place of Living of Survivors of Institutional Residential Care in Ireland.** Dublin.

and clothes; no dental hygiene, often no education. In addition to this neglect, physical, psychological, emotional and sexual abuse was widespread.

As part of the CICA, a study into the experience, lives, psychological well-being and resilience of about 250 of the people who presented testimony to the Commission was carried out, led by Dr. Alan Carr of UCD. This study reviewed their current family and employment status and their health and wellbeing, particularly psychological health. The study found that compared to the general population those survivors have:

- Lower than average education attainment
- Experience in unskilled or no employment
- Lower levels of good health
- Higher levels of psychological and mental ill health
- High rates of time in prison
- More likely to be in social, private rented, sheltered or homeless accommodation

The study concluded that this cohort was probably better adjusted than the general population of survivors. Other data shows clear links between institutional care in childhood and homelessness and prison. MIND UK reports that Irish men are twice as likely to commit suicide as rest of men and Irish women 44% higher.

#### **4.4 Evidence on effects of childhood adversity**

There is evidence of the effects of early adversity in later years in terms of physical, mental and emotional health and wellbeing:

- Childhood poverty increases risk for cardiovascular, arthritis, cancer and lung diseases
- Childhood adversity threatens physical and psychological health and wellbeing
- Physical abuse may cause negative emotional states
- Sexual abuse compromises the development of social skills, trust and self-regulation.

Given these factors we can make a number of assumptions about current living, health and other conditions of the people who will apply to Caranua:

*Some disadvantaged with multiple needs*

- Many are likely to be living in social housing, private rented housing or sheltered housing
- A cohort is likely to be very marginal, in homeless, drugs or related services or in prison
- Many are older, four out of five are aged in their late 60s and older
- Some of these will have complex needs arising from age, early experiences and life style
- There is very clear evidence of the link between time in institutional care and addiction, crime and homelessness. This pattern is due to early childhood experiences, including separation and neglect and the impact of weaknesses in services to manage the transition from care. Once someone gets into any of these patterns, it can be difficult for them to get out.

*Some **have done well***

- Many have also had good lives, have had strong and stable relationships and good jobs
- It does seem that those who emigrated may have done better than those who stayed here. This may be because services abroad (particularly in the UK) are better developed or because those that left had better coping skills to begin with
- It is possible that those who are most organised and aware are those who contacted us in the early stages of our existence. This is borne out by the fact that most are home owners, and have the ability to use the system, make multiple applications, repeat applications and to mobilise representation on their behalf from public representatives and organisations.

#### 4.5 Experience with services

We don't really know very much about the experience of survivors with mainstream or indeed other services. This is partly of course because (apart from services like ours) people don't present to services as survivors.

Experience of institutional care is not likely to be one of the first questions asked of someone who presents with some of the disorders that are directly correlated with that experience. We do know from survivors themselves that they do not feel understood by mainstream services and they are often afraid and ashamed to refer to their early experiences<sup>4</sup>

Given that some survivors have underlying problems directly related to their abuse, which may manifest in anger and frustration it is very likely that these are the very people who are barred from services or just "managed" in them, and their experiences are often not positive

Because of their experience, some survivors come to us with a jaundiced and suspicious view of state services and of initiatives for survivors

They may be nervous and hesitant and fearful of what it may be like and this manifests in distrust and aggression. They expect us to be rubbish and unresponsive

If we can engage with them in a way that is **respectful and compassionate**, we may be able to **disrupt this expectation** and give them courage to engage with us and, in turn, with other services.

#### 4.6 What works in services

There is a general consensus that multi-disciplinary, person centred and coordinated services, wrapped around individual needs are most effective in

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<sup>4</sup> Arnesman, E; O'Riordan, M (2007). *Institutional child sexual abuse and suicidal behaviour: Outcomes of a literature review, consultation meetings and a qualitative study*. National Suicide Research Foundation, National Office of Suicide Prevention: Dublin.

addressing needs, particularly those that are complex and multiple. Some progress has been made in moving services towards this model of delivery – and particularly for older people – although possibly more in theory or practice.

There has been some investment in initiatives towards social inclusion and joined up service delivery over the last two decades but there is little evidence that this is the norm of social service delivery and services generally continue to be driven by providers than individual needs and there are pockets of extreme disadvantage which is intergenerational, including among eligible applicants.

It is important to bear these factors in mind, when advising applicants and making decisions on their applications.

## SECTION FIVE: AIMS AND VALUES OF CARANUA SERVICES

When considering applications and discussing needs with individual survivors, it is important to bear in mind what it is that we are trying to achieve in providing assistance to them. This section sets out the key aims and values of the scheme. These apply to both the “new” and “old” arrangements.

- Broadly, we want to **improve the wellbeing** of survivors. What we mean by wellbeing is: **“being physically and mentally well, being socially active, connected and self-fulfilled”** (page 6, “old” Guidelines).
- We could also add to this **“being at home, safe and warm”** so that the measures that we can support under the heading of housing also contribute to building wellbeing by providing a secure and safe base for a sense of wellbeing and being able to engage.
- **How we do what we do is as important as what we do.** We pledge to “put survivors at the heart of everything we do, be fair, honest and open, and we believe that survivors are entitled to respect, dignity and compassion”. These values are core to the way work and we must constantly reality check our interface with applicants against these values.
- We also want to be **needs led** and **person centred**. This means that we respond to each individual, according to his or her needs in a way that is about the individual, and not about what bit of them we want to help with.
- There are limitations on what is that we can do to help, we need to check out that they have what they need from other sources as well – and bear in mind how we might be able to contribute to and add value to other services, particularly holistic services.
- This should be the starting point of all interaction with an application. **Who are they, what do they need, how can we help?**

- What we can do is to firstly **ensure that they are getting everything that they are entitled to get as citizens** from public services, and then to address identified needs in a way that adds value to these services.
- We can help in a number of ways, and the most important of these may not be paying for a service, a piece of equipment or a home improvement. **Listening** to someone, exploring their circumstances and getting to the root of their need, helping them and **encouraging them to make contact** with a more appropriate service or **advocating** on their behalf with a more appropriate service is as important as offering to pay for an intervention through our services.
- **Adding value** means paying for something that will make a difference to their wellbeing and that is not available to them from a public service, or not available in a timely manner. So, we may be improving access to a service, for example by paying for a private medical consultancy, which will enable speedier access to treatment; or for dental treatment or physical therapies that are not covered by the public system but will have a real impact on the person's wellbeing and quality of life.
- Caranua may **not be the only or even the best source of assistance** to every individual. We are temporary, so we won't be here into the future and we are limited in what we are able to do, so we cannot be an applicant's new key worker, significant other, best friend (in spite of our name) or counsellor.
- Where you believe that someone is not well linked in with local health and other services, try and make those links and work through those services. This will ensure that the person is known to the system of mainstream services (health, housing, social and community) **and that their needs will be known and addressed after we are gone.**



## **SECTION SIX: OLD AND NEW ARRANGEMENTS EXPLAINED**

### **61 Background**

The Residential Institutions Statutory Fund Act, 2012 requires that the Board of Caranua set the criteria (rules) that apply to inviting, assessing and making decisions on applications and to decide the range of services that it will consider and approve and that these are all made publicly available, including electronically, free of charge.

These arrangements are explained and described in the published Guidelines and Application Forms which are available on request and on our website. The first set of arrangements/Guidelines was published in January 2014, to coincide with our opening for applications at that time. These were subsequently re formatted in May 2014, together with an Application Form Part 2

Before applicants can apply for services, under either the new or old systems, they must be deemed eligible to apply. They do this by filling and submitting an Application Form Part 1. Caranua then verifies that they have received an award and that confirms their identity, they are then informed that they are eligible to apply.

### **6.2 Review of old arrangements**

Caranua is committed to reviewing what it does as it goes along, so that it can learn from experience and make improvements in processes and services as far as possible, and we are required under our agreement with the Department of Education and Skills, to review our criteria at least once a year. In Autumn 2015, staff reviewed the operation of its application process with a view to establishing how well it was doing in meeting its aims and the needs of applicants. Arising from this review, a submission was made to the Board recommending changes.

Following this a subcommittee of the Board was established to develop proposals to address weaknesses and gaps in our services. The subcommittee presented to the Board on 22<sup>nd</sup> April 2016 and its recommendations were accepted and formally adopted by the Board. A start date of June 1<sup>st</sup> 2016 from which changes would apply was agreed

## **6.2 The changes and their rationale**

A number of new services have been introduced and some changes made to the rules (criteria). These are all aimed at achieving three key objectives:

1. Ensuring that the Fund is sustainable and can be distributed equitably
2. Responding to the needs that survivors have presented and that we were unable to meet under the old rules
3. Making the application process as simple and easy to use as possible

Alongside these changes some changes to the internal processes were made. These will aim to improve internal controls and reduce paper work and administration.

The following tables provide an overview of the changes that have introduced and why they have been introduced. Section seven explains how they will be put into practice.

**TABLE 2: CHANGES FROM JUNE 2016 AND THEIR PURPOSE AND RATIONALE**

Change	Purpose	Rationale
Introduction of <b>limit</b> on value of services that each applicant can receive	To ensure that the Fund is sustainable and shared equitably among everyone who can apply to it	<ul style="list-style-type: none"> <li>• By the middle of 2016 it was clear that just under <b>one in five (2700)</b> of potential applicants had <b>received almost one half of the Fund (€45million)</b></li> <li>• The implication of this is that the Fund would not be sustainable or available to everyone who could apply</li> <li>• One of the main reasons for this uneven distribution was the fact that there was no limit on the number of applications that could be made, or the value of those applications</li> <li>• This had led to a small number of applicants returning time after time with new applications</li> <li>• Some applicants received supports to the value of over €50,000 and up to €100,000</li> <li>• The limit does not prevent flexibility in how the limit is used</li> </ul>
Introduction of <b>household goods</b>	To respond to the feedback we received from applicants about what was on offer, and to ensure that people in private rented accommodation can benefit from the scheme	<ul style="list-style-type: none"> <li>• <b>Homeowners have benefited disproportionately</b> from the expenditure of the Fund to date. Housing is the highest single area of spend at 70%. Most of this has been on improvements</li> <li>• <b>Private rented tenants</b> have been unable to benefit from the Fund since it is not possible to cover structural works in their homes</li> <li>• <b>Local authority tenants</b> are also disadvantaged, relative to in relation to homeowners, because they are unable to choose</li> </ul>

		<p>what improvements can be made, as they require permission from their landlord</p> <ul style="list-style-type: none"> <li>• A high number of <b>applicants have told us that they really need white goods or want to decorate their homes</b> and we have been unable to address these needs before now.</li> </ul>
Introduction of contribution to <b>funeral costs</b>	To respond to expressed needs of survivors and improve their mental wellbeing by removing worries about not having made provision for funeral expenses	<ul style="list-style-type: none"> <li>• Many applicants have expressed concerns about not being able to pay for their own funerals and potentially leaving a debt to their families, or being buried in a pauper's grave</li> <li>• Pre-Paying a contribution to funeral costs will alleviate this worry for those applicants who wish to avail of it</li> </ul>
Introduction of <b>“connecting to place and family”</b>	To respond to expressed needs by survivors and improve their wellbeing by facilitating their connection with family and place	<ul style="list-style-type: none"> <li>• A number of applicants have also expressed a desire to meet for the first time relatives that they have just discovered or rediscovered</li> <li>• Others have asked for help in visiting the place they grew up in</li> </ul>
Introduction of <b>“telling your story”</b>	To respond to needs and aspirations expressed by survivors, improve their well-being by aiding healing and recovery and contributing to a legacy of telling their stories by survivors	<ul style="list-style-type: none"> <li>• This has been requested by a small number of survivors</li> <li>• It will also contribute to our own intention to leave a legacy that tells the story of institutional abuse so that I can be understood and prevented in the future</li> </ul>
Giving <b>choice</b> in how an application is made and making assessment calls without receiving application from back	To make it as easy as possible for applicants to make an application by not expecting them to fill the application themselves. Assessment calls will be made based on the date	<ul style="list-style-type: none"> <li>• Many of our applicants have difficulty in understanding the application form and filling it</li> <li>• Because of this, we have always committed to providing a dedicated advisor to help people with making applications</li> <li>• This approach was changed in September 2014 by decision of</li> </ul>

	that the application pack is sent	the Board and application forms were sent to applicants at the time they were deemed eligible to apply
<p><b>Making changes to the published application material.</b> These include:</p> <ul style="list-style-type: none"> <li>• Reducing the length of the application materials</li> <li>• Reducing the size of the materials</li> <li>• Incorporating the criteria with terms and conditions which presents concepts of permission from landlord, evidence of tenancy, fraud, receipts and what needs to be in a quote/invoice/receipt</li> </ul>	To ensure that the application process and what people can apply for is clear and easy for them to use	<ul style="list-style-type: none"> <li>• We have identified a number of improvements that could be made to the published materials and information contained in them</li> <li>• An internal audit review of the application process identified the need for written terms and conditions to be made available to each applicant. These are now incorporated into the “Guidelines” that are sent to each applicant (after June 1<sup>st</sup> 2016), available on our website, and as a separate sheet that can be sent to an applicant by Advisors</li> <li>• While the old format was reasonably clear, the new format is smaller and therefore easier to handle. It also uses more graphics which makes it easier to follow</li> </ul>

## **SECTION SEVEN: PUTTING NEW ARRANGEMENTS INTO PRACTICE**

### **7.1 Introduction**

This section provides guidance on putting the new arrangements into practice. It explains the following:

- The general rules that apply to the new arrangements
- The limits that apply
- The services that are covered by the new arrangements
- The scope for flexibility in considering applications

If you are in any doubt about any of the issues covered, seek clarification from your Manager. Staff training will be provided on an ongoing basis as issues and queries arise.

### **7.2 General rules, flexibility and exceptional needs**

*Criteria terms and conditions apply to all services, applicants and payments*

The published booklet “Everything you need to know about making an application to Caranua” sets out the ‘**criteria, terms and conditions**’. These rules apply to all services, all applicants and all payments, after June 1<sup>st</sup> 2016. These are explained in more detail in Table 5.

*Flexibility is a feature of the scheme - decisions by the Deciding Officer*

The Board is keen that the Guidelines and the limits contained in them are **interpreted flexibly**. This potentially allows for the limits to be put aside and for the full personal allocation to be spent on one thing. This is a decision of the **Deciding Officer only** and not one that can be taken by an Advisor.

*Needs are key to all decisions*

**We should always try and match our responses with the needs presented and allow some measure of control by the applicant over what are priority needs and how we can help to meet them.** So, e.g. if someone really wants **an item that is not listed under household goods, this can be considered by the Deciding Officer.**

*Exceptional needs rule still applies*

**The facility of exceptional needs continues to be available under the new rules.** This can be used where there is an urgent need or a life and death situation not covered by the published Guidelines, decided by the CEO.

*Some applicants can choose to opt in to new arrangements*

In the interests of meeting applicant needs we will offer people the opportunity to be considered under the new arrangements, where this will be more beneficial to them. In order for this to happen we require them to confirm in writing by signing an “opt in” form, as described in Table 3.

**Table 3: Situations where applicants can opt in to new arrangements**

<b>Application type</b>	<b>Approach</b>	<b>Activities</b>
<b>Part 2 sent but not returned before 1<sup>st</sup> June 2016</b>	Inform them of new system and offer them choice to be considered under the new arrangements.	Write after 1 <sup>st</sup> June and explain that there is a new scheme.  Send the new application pack  Process application according to new system rules
<b>Eligibility confirmed between 1<sup>st</sup> May and 1<sup>st</sup> June 2016</b>	Explain that we have revised the criteria and the new criteria will apply from 1 <sup>st</sup> June  Explain that they can choose which criteria they wish to apply under	Include a form for them to fill in if they want to opt in to new arrangements, within time limit.  If they opt in, process application under whatever system they choose  If they don't opt in, process under old rules.
<b>Part 2 received before 1<sup>st</sup> June and awaiting assessment</b>	Continue to make assessment calls in date order  From 1 <sup>st</sup> May inform them that there are new criteria being implemented from 1 <sup>st</sup> June	Make assessment call  Send form for them to select which scheme and return within 4 weeks  Process application according to new

	Offer them chance to opt in.	arrangements if they return form, old arrangements if they don't.
<b>Eligibility confirmed after 1<sup>st</sup> June 2016</b>	Send new application pack	Process according to new application process. These applicants are automatically under the new guidelines.
<b>Repeat application received after June 1st</b>	<p>Where someone has been completed and makes another application (repeat application) the application must be reviewed and assessed.</p> <p>Where the application is received after June 1<sup>st</sup> and they have already received assistance of a value in excess of €15,000 then they are not entitled to additional assistance, unless in exceptional circumstances.</p> <p>Where the applicant has received assistance and the value is under €15000, they may be assessed under the 2016 criteria.</p>	If they opt into new arrangements process and complete according to the 2016 criteria.



**TABLE 4: GENERAL RULES/CRITERIA POST JUNE 2016. THESE APPLY TO ALL APPLICATIONS BEING CONSIDERED OR PROCESSED AFTER JUNE 1<sup>st</sup>, REGARDLESS OF WHEN THE APPLICATION WAS RECEIVED**

Rule	Explanation	Flexibility
<b>Eligibility to apply</b>	<ul style="list-style-type: none"> <li>• The rules for eligibility are the same, only those people who have are confirmed as having received an award of compensation through the Redress Board, courts or settlement are eligible to apply.</li> <li>• Relatives of survivors were eligible to apply to the Education Finance Board and are eligible for free counselling services through Towards Healing, Connect, ICAP and the National Counselling service, but are not eligible to apply to Caranua. Although there is a commitment from the Minister to review the eligibility criteria in 2016.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no flexibility. Either someone meets this criterion or doesn't. We have no discretion on this issue. We will however do everything we can to establish that someone is eligible, by checking all possibilities.</li> </ul>
<b>Needs</b>	<ul style="list-style-type: none"> <li>• Decisions by Caranua on what applications to support or not support are informed by the needs and circumstances of each individual. That is why the needs assessment done by Advisors is so crucial to our decisions on what we do and do not support</li> <li>• We therefore <b>require evidence of need</b> for services for medical and housing interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• We <b>do not require evidence of need for household goods</b>, although Advisors must have a conversation about why the goods are required, and be satisfied that they are going to be of benefit and actually used by the applicant, and not given to another person. We do need receipts.</li> <li>• Similarly, <b>we do not require evidence of need for gym membership, classes and other items</b></li> </ul>

	<p>This must be in the form of a professional assessment or recommendation from a Public Health Nurse, Occupational or other therapist, Consultant or similar. GP recommendations are not generally acceptable, except for medical procedures</p> <ul style="list-style-type: none"> <li>• Where there are <b>preferred suppliers, there is no need</b> for a separate professional recommendation of evidence of need. This assessment will be part of the service provided to Caranua by preferred suppliers.</li> </ul>	<p><b>available under socially active and connected.</b> However, it is necessary to ask about the benefits of these items</p> <ul style="list-style-type: none"> <li>• Treatment plans, from audiologists, opticians, dentists and other professionals are acceptable as recommendations</li> </ul>
<p><b>Services</b></p>	<ul style="list-style-type: none"> <li>• In the previous application form, we had listed every possible service that could be included under the Guidelines.</li> <li>• Rather than being helpful, this led to a situation where applicants felt that they were entitled to receive every single thing that was listed.</li> <li>• This was not anticipated and it made it difficult to manage expectations, particularly when there was no limit to the number of applications they could make or the value of services they could receive</li> <li>• The 2016 Guidelines state that only those services listed in the application form can be applied for.</li> </ul>	<ul style="list-style-type: none"> <li>• There is flexibility about this rule. If something is requested that is not on the list but is close to something that is, then this can be considered by the DOS.</li> <li>• Minor home repairs, garden clearance, and like items can be considered under the category of <b>Household Goods</b></li> <li>• We don't list extensions or housing adaptations, but these can be considered, subject to approval from DOS and to the overall personal limit.</li> </ul>

<p><b>Values and limits</b></p>	<ul style="list-style-type: none"> <li>• The <b>overall personal allocation cannot be exceeded</b></li> <li>• There is flexibility however on the limits for each of the service areas. If someone wishes to spend the whole allocation on dentistry or allowable home improvements, then this can be considered but only approved by the DOS</li> <li>• This flexible approach to ensure that our responses can match needs as far as possible, so it is important to establish the needs first and explore how we can best help to meet them, rather than responding to an initial request to use it all on one thing.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Flexibility is allowed</b>, within the overall limit of €15000/£12000. So, if an applicant wishes to use the full allocation on home improvements, or dental work, then this can be done.</li> <li>• However, this will need to be explored to ensure that any proposed works or treatment is appropriate, not available from a public provider, of a reasonable cost and that all tax relief and public grants have been claimed.</li> <li>• The implications of spending all available funds on one item should be explored carefully with the applicant to ensure that they realise that no further applications can be made</li> </ul>
<p><b>Providers and suppliers</b></p>	<ul style="list-style-type: none"> <li>• Where Caranua has a <b>preferred supplier</b>, this is the <b>only</b> company that can be used by applicants. Preferred suppliers will be contracted directly by Caranua. They will provide specified services at a fixed price.</li> <li>• This will help to reduce costs and will also reduce internal administration since preferred suppliers will establish the need for services, inspect the work undertaken and invoice Caranua.</li> <li>• <b>It will not be necessary for applicants to get quotes or provide receipts</b></li> </ul>	<ul style="list-style-type: none"> <li>• There is generally no flexibility on the approved supplier issue. The only potential circumstance would be where an applicant has a long-standing relationship with a dentist or similar. This can be decided by DOS only.</li> </ul>

	<ul style="list-style-type: none"> <li>All other providers and suppliers must be approved by Caranua. To be approved, they must be registered with the appropriate trade or professional body, registered for VAT, compliant with tax and other regulations.</li> </ul>	
<b>Quotes, invoices and receipts</b>	<ul style="list-style-type: none"> <li>Where we have <b>preferred suppliers there is no need for quotes or invoices</b></li> <li>Where there is no preferred supplier, we require <b>1 quote</b> for items up to <b>€1000/£800</b>; <b>2 quotes</b> for anything between <b>€1000/£800</b> and <b>€5000/£4000</b>; and <b>3 quotes</b> for anything <b>above €5000</b>. This is clearly explained in the published Guidelines</li> <li>All quotes and invoices must be <b>typed, itemized, contain registered VAT number, membership of professional body and a statement as to why the proposed work/service is necessary</b></li> <li><b>A supplier can never be a relative of the applicant.</b></li> </ul>	<ul style="list-style-type: none"> <li>There is <b>no flexibility</b> on these requirements. These are good financial and risk management controls and are required by Comptroller and Auditor General, our own accountants and internal audit service.</li> </ul>
<b>Evidence of tenancy or ownership</b>	<ul style="list-style-type: none"> <li>It is important that we are sure that the person we are approving house works for is the owner or tenant of the property in question.</li> <li>Where we have a preferred supplier for housing works, they can check this. Where there is no</li> </ul>	There is <b>no flexibility on this</b> it is required in all cases.

	<p>preferred supplier we need to see a mortgage deed or evidence of property tax paid</p> <ul style="list-style-type: none"> <li>• For tenants, proof of tenancy can be in the form of a rent book, tenancy agreement or rent receipt, providing these contain the name of the applicant as tenant, address and that these check out with the information we have on the person</li> </ul>	
<b>Permission from landlord</b>	<ul style="list-style-type: none"> <li>• A landlord is the owner of a property and will have to give permission for any structural work that is carried out</li> <li>• The applicant can seek permission or Caranua can do this on their behalf. It is not necessary for the landlord to be told that Caranua is paying for the works, but most applicants do tell them</li> <li>• This <b>permission may not be necessary where there is a preferred supplier for housing works as the supplier may have the permission directly from the landlord. But this will need to be clarified in each situation.</b></li> </ul>	<ul style="list-style-type: none"> <li>• There is <b>no flexibility</b> on this.</li> </ul>
<b>Claiming grants and tax relief</b>	<ul style="list-style-type: none"> <li>• Our legislation requires that we do not duplicate publicly available services and so we must insist that any grants or tax relief is claimed where these are available</li> </ul>	<p>There is <b>no flexibility</b> on this. If there is a grant or relief it must be claimed. Suppliers often do this on behalf of the applicant.</p>

<p><b>Payment for approved purpose only</b></p>	<ul style="list-style-type: none"> <li>• We can only pay for what we have approved and a payment can only be used for that purpose. Unfortunately we have had experience of people who apply for one thing (say gym membership) and then try and cash the cheque and use it for something else. This is a misuse of the Fund and cannot be allowed. This is clearly explained in the published Guidelines.</li> <li>• If someone changes their mind and comes back to us, and asks for the approved amount to be used for another purpose, then this is something that can be considered by an Advisor. However, it should not be encouraged.</li> </ul>	<p>There is <b>no flexibility</b> on this.</p>
<p><b>Follow up checks/follow the money audits</b></p>	<ul style="list-style-type: none"> <li>• Caranua will be introducing a procedure for “follow the money audits”. These have been recommended by our accountants and internal auditors</li> <li>• These audits will include random follow up calls or visits to an applicant to check that the payments made have been used for the purpose approved.</li> <li>• Audits may also be carried out as part of an investigation into suspected fraud or misuse of the Fund</li> </ul>	<p>These will be mandatory and obviously will be implemented in a sympathetic and sensitive way.</p>
<p><b>Fraud and misinformation</b></p>	<ul style="list-style-type: none"> <li>• There have been a number of instances where we</li> </ul>	<p>There is no flexibility - if fraud is suspected the <b>Fraud</b></p>

	<p>have become aware of suspected or actual fraud. The instances usually involve false quotes (from fictitious companies or falsely using the details of a real company), or collusion between a supplier and an applicant.</p> <ul style="list-style-type: none"> <li>• Obviously, we want to minimize the risk of fraud, but we also need to send out a clear message to applicants that we cannot tolerate misuse of the Fund.</li> <li>• It is important that all members of staff are vigilant about the sort of paper work we receive and where necessary carry out checks where there are suspicions</li> <li>• The risk of fraud will be reduced as we move to preferred suppliers, follow the money audits and improved internal controls</li> <li>• Where fraud is suspected it should be reported to your manager. Fraud will always be investigated internally and if necessary passed on to the local police for formal investigation. This is our stated policy and is provided in our published Guidelines.</li> </ul>	<p><b>Prevention Policy</b> must be invoked. It is everyone's responsibility to be vigilant about the accuracy of information and authenticity of needs, quotes and suppliers.</p>
<p><b>Confidentiality</b></p>	<ul style="list-style-type: none"> <li>• The protection of confidentiality is a cornerstone of our service to applicants and other survivors who contact us.</li> </ul>	<ul style="list-style-type: none"> <li>• We must never share information about an applicant with a third party without their express written permission</li> </ul>

	<ul style="list-style-type: none"> <li>• It is also required under the Data Protection Acts and the Residential Institutions Statutory Fund Act, 2012</li> <li>• People must be assured of our attention to their confidentiality at all times. However, there are some circumstances where we cannot protect confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>• This does not apply where we are informed of an intention to commit crime to harm self or another, where there is evidence of fraud or where we are requested to provide information to a court</li> </ul>
<b>Permission to share</b>	<ul style="list-style-type: none"> <li>• If there is a need to share information with another service or other person, the permission of the applicant must be sought. This must be in writing, through a Permission to Share form which is sent to the applicant, signed by them and returned.</li> </ul>	There is no flexibility about this, if you want to talk to someone else about an applicant, then permission to share must be sought
<b>Declaration in Application Form Part 2</b>	<ul style="list-style-type: none"> <li>• The new Application Form Part 2 contains a declaration at the end of it which each applicant must sign. A similar declaration was contained in the original Form</li> <li>• The declaration states that the information given in the form is true, to the best of the applicant's knowledge and understanding.</li> <li>• In the new form, there are boxes to tick which indicate housing tenure and medical card status, together with permission for Caranua to verify externally that permission given in the form is</li> </ul>	<ul style="list-style-type: none"> <li>• The declaration must be filled and signed by each applicant including the housing tenure and medical card questions</li> <li>• The medical card question applies only to applicants in Ireland. All citizens in the UK have access to medical services regardless of means</li> </ul>



	<p>correct</p> <ul style="list-style-type: none"> <li>• These additions are important points of information for Caranua. We do not have consistent and reliable information on the housing tenure or medical card ownership of applicants.</li> </ul>	
<b>Nominated person</b>	<ul style="list-style-type: none"> <li>• The previous application form contained a nominated person's form to facilitate situations where an applicant did not have the mental or other capability to make an application directly.</li> <li>• However, this facility was used inappropriately, and applicants – and nominated persons - were confused about what it meant. Applicants were able to make applications themselves and contacted Caranua directly, as did the nominated person, so there was massive duplication of effort for everyone</li> <li>• The new Guidelines do not contain a nominated person's form. We can supply one if the need arises in the future. Permission to Share should cover most situations where someone else needs to be involved in making an application.</li> </ul>	<ul style="list-style-type: none"> <li>• Nominated person only in cases in mental incapacity or ward of court</li> </ul>
<b>Advocates</b>	<ul style="list-style-type: none"> <li>• Caranua strives to make the application process as easy as it can be for applicants.</li> <li>• We do this through the design of the system which aims to be person centred, the clarity of our</li> </ul>	<ul style="list-style-type: none"> <li>• There is no flexibility about this rule.</li> </ul>

	<p>publications and the fact that each applicant is appointed an Advisor to guide them through the process and get the best from it</p> <ul style="list-style-type: none"><li>• Notwithstanding this, many applicants will experience difficulties in managing and may have someone advocating on their behalf, often another survivor, relative or survivor support group</li><li>• Our policy is to cooperate as far as possible with these and to try and educate them about the process</li><li>• <b>Under no circumstances do we pay for someone to be advocate for an applicant</b></li></ul>	
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## **SECTION EIGHT: ASSESSING APPLICATIONS UNDER NEW (2016) ARRANGEMENTS**

This section deals with each of the three service areas in the order in which they appear in the new Application Form Part 2. For each area, it provides an overall aim. This is an important reference or test of applications – will the item applied for achieve or contribute the achievement of the aim?

Other questions to consider in assessing applications are:

### **1 Needs and services**

- Are the services relevant and appropriate to the needs of the applicant, taking account of age, health, housing tenure, informal and formal support systems
- How will the service impact on quality of life and wellbeing?
- Do any professional recommendations clearly support the application? Do they identify a need and will the proposed service actually address that need?

### **2 Proposed costs**

- Are all costs reasonable and in keeping with guide rates used by public bodies like health services and local authorities?
- Is the service already available through a public provider like a health service, local authority of education board/authority?
- Are the prices in keeping with our published Guides? If not, is there a good enough reason for making a recommendation to go outside of them?

### **3 Suppliers**

- Are the proposed providers appropriately qualified and registered with the relevant regulatory body or professional/trade body?
- In the case of housing works, is there evidence of ownership or tenancy? Is there permission from the landlord?

## 8.1 Housing support

*In providing housing support we aim to help applicants remain at home safe, warm and secure as they age and avoid residential care in later life.*

Item	Rationale, approach and conditions	Specific services and limits
<p><b>Insulation, draught proofing, heating systems, repairs to or replacement doors and windows</b></p>	<ul style="list-style-type: none"> <li>• Poor insulation, draughty windows and doors and inefficient heating systems or controls result in cold homes and inefficient use of energy, so we want to improve all or any of these where necessary.</li> <li>• As an Advisor, encourage applicants to think about their homes and heating costs and whether there are improvements that can be made to them, in particular get them to think about heating, draught proofing and insulation altogether, as a package.</li> <li>• We now have a contract with Sustainable Energy Authority of Ireland (SEAI) who will take referrals from us, assess needs and make a recommendation to us for works. Once these are approved, SEAI will carry them out, verify the standard of the works and invoice Caranua. There is no need for the home owner to get quotes.</li> <li>• For people outside Ireland, and where there is no preferred supplier, we require an assessment, a quote which explains why the work is necessary and complies with our other requirements (type written,</li> </ul>	<p>We can pay for the following if they have been recommended as necessary and appropriate by a professional:</p> <ul style="list-style-type: none"> <li>• Attic insulation</li> <li>• Internal wall insulation</li> <li>• Lagging jackets</li> <li>• External insulation</li> <li>• Repairs to boilers, radiators, heating controls and related items. Replacement of any of these where they necessary</li> <li>• Draught proofing of internal and external windows and doors. Replacement of these where this is necessary. Please note that national surveys by SEAI indicate that just 8% of homes require replacement doors and windows</li> <li>• The guide limit for all of these together is <b>€8000 or £6300</b>. This should be sufficient to upgrade insulation, heating and draught proofing in an average three-bedroom home.</li> <li>• <b>If an applicant wishes to use the full</b></li> </ul>

	qualified, tax compliant)	<b>personal allocation on home improvements, this can be considered, but must be approved by DOS</b>
<b>House and personal alarms; locks</b>	<ul style="list-style-type: none"> <li>We want to help people to stay in their own homes and to be safe and secure there. Security is important as people get older and we can help people to feel more secure by providing or paying for alarms and making their homes more secure.</li> <li>Personal alarms are helpful for people who are older and living alone. Such people may be entitled to a grant under the <b>Seniors Alert Scheme</b> operated by the Irish Government. Check the availability of this before approving application.</li> <li>House alarms can be considered where there is no alarm at present and where an alarm will make a person feel more secure</li> </ul>	<ul style="list-style-type: none"> <li>Personal alarms</li> <li>House alarms</li> <li>Peep holes for front doors</li> <li>More secure locks (where these are necessary)</li> </ul> <p>The guide limit on these items is <b>€800 or £630</b>. This is estimated to be sufficient to cover these costs and there should be no need for flexibility.</p>
<b>Disability and mobility aids and assistive technologies</b>	<p>People can be helped to remain at home as they get older through various aids and technologies. These must be professionally recommended and provided through registered providers.</p> <p>See <a href="http://www.assistireland.ie">www.assistireland.ie</a> It is important that all equipment is recommended by an Occupational Therapist and that, in the case of</p>	<p>We can consider the following:</p> <ul style="list-style-type: none"> <li>Ramps</li> <li>Rails</li> <li>Personal alarms</li> <li>Amplifiers for telephones and other listening devices</li> <li>Stair lifts</li> <li>Walking frames and related equipment</li> </ul>

	<p>wheelchairs and stair lifts that there is a proper assessment of their suitability to the applicant and their living circumstances. They should never be approved without this.</p> <p>Also important to check why some of the items are not provided by public health services (incontinence products, walking frames, personal alarms, shower stools etc.). If they are needed, they should be provided and in the first instance, referral or advocacy to the local health service should be made.</p>	<ul style="list-style-type: none"> <li>• Garden tools (long reaching tools, easy grip tools, garden kneelers, garden stools)</li> <li>• Incontinence products</li> <li>• Kitchen equipment (taps and tap turners, bottle openers, knob and handle turners)</li> <li>• Beds – adjustable, nursing and hospital beds</li> <li>• Adjustable, recliner, rehab and other chairs</li> <li>• Wheelchairs and accessories</li> <li>• Mobility scooters</li> <li>• Power assisted bicycles</li> <li>• Shower chairs and stools</li> <li>• Car adaptations and accessories</li> </ul> <p><b>The guide limit for the disability aids and supports, including an accessible bathroom is €5000 (£4000) but this can be applied flexibly with the support of DOS.</b></p>
<p><b>Accessible bathroom</b></p>	<p>Being able to access toilet and washing facilities is essential to someone remaining at home. Encourage anyone who is over 65 to think about whether a bathroom adaptation is something that they should be thinking about, and support them in making a decision about it. A walk – in shower for instance is much easier to manage than a bath.</p> <p>For under 65s, accessible bathrooms can be considered where there is a medical reason and a professional</p>	<ul style="list-style-type: none"> <li>• Bathroom adaptations to include walk in shower</li> <li>• Level access and other showers and cubicles</li> <li>• Stepped shower trays</li> <li>• Walk in baths</li> <li>• Necessary tiling and decorating</li> </ul> <p>The guide limit for the disability aids and supports, including an accessible bathroom is €5000 (£4000), so if there are no other aids, the</p>

	recommendation in support of it.	bathroom can be up to this amount, or if the applicant wishes to use a higher proportion of the limit on this, subject to support from DOS.
<b>Home nursing, home help and tenancy support</b>	<p>Home help and tenancy support services can help people to remain in their own homes, by providing support of different types to them.</p> <p>Home help services offer bathing, dressing, possibly shopping and other household help.</p> <p>Tenancy support services are usually provided for people who are moving from institutions (such as homeless services, prison, residential institutions) to help them make the transition and to maintain their tenancies. Assistance will vary but will usually focus on support in getting all utilities connected, paying bills, keeping the rent paid, keeping the place in reasonable order, managing behaviour to prevent complaints from neighbours, linking the person in with local services and household management.</p>	<p>Home nursing and home help, as part of a clear and time limited plan, provided by registered providers and recommended by a GP.</p> <p><b>The full cost of home care/nursing/help must be estimated</b> and this is the amount that the decision will be made on. So, if the care/help/nursing is for twelve weeks, the full cost must be estimated at the outset and this is the amount that will be approved.</p> <p><b>The cost of these services is included in the guide limit of €5000 (£4000)</b>, together with accessible bathroom and disability aids, but again with flexibility rules applying.</p>
<b>Household goods</b>	<p>This is a new category. There is no need for a professional recommendation for these items. For this reason, it is not possible to go beyond the limits.</p> <p>We can be flexible within the range of “household goods” and it can include items that are not on the list, but check with DOS. For example, furniture is not on</p>	<ul style="list-style-type: none"> <li>• Floor covering (carpets, lino, tiles)</li> <li>• White goods (washing machine, dish washer, dryer)</li> <li>• Electrical goods (cooker, microwave, juicer, mixer, coffee grinder, kettle, toaster, TV)</li> <li>• Soft furnishings (blinds, curtains, bedding)</li> <li>• Furniture (beds, chairs, table)</li> </ul>

	<p>the list in the Guidelines, but we can support this.</p> <p>It is accepted that some people would use a PC as a television and where this is the case it can be considered, but it is an either or (TV or PC) and where it has been asked for.</p>	<ul style="list-style-type: none"> <li>• Painting and decorating</li> </ul> <p><b>The limit for household goods is €2000. An additional €2000 can be made available for painting and decoration. Minor repairs can fit into this category, including garden works, again subject to the upper limit of €2000.</b></p> <p>We do require quotes and receipts, and as this is a new category, its operation will be kept under review and any changes will be made as necessary.</p> <p>The guide price limits for household goods are:</p> <p>Cooker €600  Fridge Freezer €500  Washing machine €600  Dryer €400  TV/PC €500  Small appliances (toaster, kettle etc.) €60 each  Vacuum cleaner €300  Bed and mattress €1000  Wardrobe €500  Chest of drawers €300  Three piece suite €1500  Kitchen/dining table and chairs €800</p> <p>This does not mean that no one can go outside</p>
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## 8.2 Health and wellbeing

*In supporting these items, we aim to support and encourage applicants to be well physically and mentally and to be socially active and connected.*

Item	Rationale, approach, considerations	Specific services and limits
<b>Teeth and dental</b>	<p>All institutions provided very poor diets and oral hygiene would not have been practiced, so poor dental and oral health is common among survivors, including missing teeth. In addition, beatings may have caused children to lose teeth.</p> <p>Teeth are important obviously to eating but also to appearance and we want to do what we can help to applicants to feel better about their appearance.</p> <p>Dentistry has moved on and there are now a number of options such as crowns, bridges, dentures and implants. However, not every person is suitable for all of these procedures. For instance, implants require strong bone density and bridges need teeth to be anchored to.</p> <p>While a mouth full of implants might seem like the best solution</p>	<ul style="list-style-type: none"> <li>• Check ups</li> <li>• Scaling and polishing</li> <li>• Extractions</li> <li>• Fillings</li> <li>• Periodontal treatment</li> <li>• Crowns (for front teeth)</li> <li>• Bridges</li> <li>• Dentures (chrome cobalt may be used where there are some teeth and can be a more stable option)</li> <li>• We can support implants where these are (a) for front teeth (b) necessary to support a bridge or dentures, up to 4 implants</li> </ul> <p>The Guide limit for dental treatment is</p>

	<p>for someone who is missing teeth, it may not be feasible for a number of different reasons. People who have poor oral hygiene or have not taken care of their teeth in the past may not good candidates for implants, as the risks of infection are high and their bones may not support implants. In addition, implants require ongoing maintenance by a dentist and this can be expensive and not something that we will be here to provide into the future.</p> <p>In general, we will provide best support to applicants by encouraging them and supporting them to attend a local dentist who will work with them to improve their dental health over time. This in time could lead to interventions such as bridges, crowns and possibly implants.</p> <p>Only approved dentists can be used. Lists of approved dentists are provided on the system and only these should be used. If it states “do not use” then that dentist should not be used.</p> <p>When assessing the dental treatment plan submitted, consider the age of the applicant, his or her general health, what has been taken into account in the development of the plan, and what is going to be involved in it for the applicant. What are the long-term implications of what is being proposed? Is it a good use of the allocation available to the individual applicant, in terms of value for money and improved quality of life?</p>	<p>€5000/£4000.</p> <p>There can be flexibility, obviously up to the personal limit of €15,000, but based on professional recommendation and an assessment of the benefits of the treatment plan.</p> <p>If someone is talking about using their full allocation on dentistry, try and have a good conversation about the implications of this, to help avoid them regretting it later.</p>
<b>Ears and hearing</b>	We want to encourage people to take care of their health and be socially active and connected. Hearing is an important	Hearing tests, hearing aids, and necessary treatment or surgery.

	<p>component of this and being able to hear properly is important to participating in everyday life and activities.</p> <p>Like eyesight, hearing deteriorates with age and can be very debilitating, making it very difficult for them to communicate, leading to isolation and being cut off from normal social intercourse and interaction.</p> <p>As an Advisor, you should actively encourage anyone who is aged over 65 to consider taking a hearing test, from a reputable audiologist.</p> <p>Where there are preferred suppliers, these are the only ones that can be used. In every case, applicants should be encouraged to use national health services that employ qualified audiologists. Private, High Street companies tend to use technicians who are trained to sell appliances, not qualified audiologists.</p>	<p>The <b>value limit is €2000/£1500</b>. This will secure high end appliances but these are generally regarded by HSE as not any better than the ones supplied by national health services, and applicants should be advised of the advantages of using the public health aids and services. These are:</p> <ul style="list-style-type: none"> <li>• No charge or small charge</li> <li>• Ongoing maintenance</li> <li>• Guaranteed qualified Audiology staff</li> <li>• Adaptations as necessary without incurring costs</li> </ul>
<p><b>Eyes and sight/vision</b></p>	<p>We want to encourage people to take care of their health and be socially active and connected. Eye health is an important component of this and being able to see properly is important to participating in everyday life and activities.</p> <p>Eye sight deteriorates as people get older and it is advisable that older people have regular checks, that their eye glasses are appropriate to the vision.</p> <p>As an Advisor, you should actively encourage applicants who are</p>	<p><b>Eye tests.</b> We can pay for eye tests, although opticians will usually do this free of charge, and absorb the cost into charges for glasses.</p> <p><b>Eye glasses.</b> We can pay for up two sets of glasses, at a maximum cost of €600 or £500.</p> <p>We can pay for eye surgery or treatment. If there is a medical reason and treatment is</p>

	aged 45 or over to consider if they need a test.	not available in a timely way (i.e. in six months) publicly. Surgery <b>does not include laser</b> surgery which is classed as <b>cosmetic</b> , unless there is a specific condition or medical case for it.
<b>Feet and footwear</b>	<p>Again, poor nutrition when young, ill-fitting footwear, standing in cold places, and working will have had an impact on feet and bones.</p> <p>We want to bring about some improvement in the comfort of people who have trouble with their feet. This can be done through proper assessment, and the provision of treatment and equipment which can help to correct gait and other issues specific to feet.</p> <p>It is important to encourage and support applicants to present their problems to their GP in the first instance. A referral is then likely to be made to a physiotherapist who may in turn refer to an orthotist or in Ireland to Cappagh Hospital, which is the national centre for this service.</p>	<p>We can pay for orthotics and footwear, where this has been recommended by a qualified orthotist.</p> <p>We can also pay for private chiropody or podiatry treatments, physiotherapy and other treatments that address foot problems, once there has been a referral from a GP or physiotherapist and a similar service is not available publicly.</p> <p><b>Do not pay for sessions in advance, and don't commit to a series of sessions unless there is a clear treatment plan.</b></p> <p>The maximum we can pay for orthotics, shoes, assessments and any other treatment is <b>€800/£600</b>. This amount will secure good quality shoes (up to 2 sets) and orthotics.</p>
<b>Health management</b>	As a first point of discussion on the services available under this heading (GP, medicines, consultant fees and health screening)	Only approved services providers can be used for any of the services in category. This

	<p>the Advisor must check with the applicant about a medical card (or equivalent in countries outside of Ireland).</p> <p>Where it seems that a person should have or could be entitled to a medical card, an application should be made with or on behalf of the applicant, drawing attention to their particular needs, arising from their experience of institutional abuse. In doing this, bear in mind that we are also a statutory body, be professional not emotive.</p>	<p>means that they must be appropriately qualified, registered and members of the relevant professional body.</p> <p>The limits are €60/£50 per session, up to 6 sessions.</p>
<b>GP visits</b>	<p>Most applicants are registered with a GP and many will also have either medical cards or GP visit cards which entitle them to free GP visits. Where people have these, we do not pay for GP visits.</p> <p>If someone does not have either a medical card or a GP visit card, please explore with them why they do not have one and offer to help</p> <p>These do not normally apply in the UK where they are covered by NHS.</p>	<p>We only pay for GP visits on a temporary basis and where someone is not covered by a public scheme.</p> <p><b>In the UK, GP visits are covered by the NHS and so should not be paid by Caranua</b></p> <p><b>Limit of up to 10 GP visits in a 12-month period. €60/£50 per visit.</b></p>
<b>Prescribed medicines</b>	<p>Prescribed medicines are available on the NHS in the UK and so we should not be considering paying for these.</p> <p>For people in Ireland who do not have a medical card, prescribed medicines may be considered. Take account of the Drugs Repayment Scheme. Under this scheme the maximum that any household should pay for prescribed drugs is €144 per month. If medicines cost more than this, the difference can be reclaimed from the HSE. Advise applicant about this and/or help to apply.</p>	<p>Only to be considered where not available from a public provider. <b>The maximum that can be paid is €100/£80 per month for 12 months.</b></p> <p>Only medicines prescribed by a medical professional can be considered. Medicine does not cover over the counter medication or drugs (pain killers, cough medicines, anti-</p>

	<p><b>Tax relief can also be claimed on the cost of medicines and other health services at the rate of 20%. This should be taken into account in calculating what Caranua can consider paying.</b></p>	<p>histamines etc.) or vitamin supplements.</p> <p>We can only pay for what we have approved in advance, we can reimburse expenditure but only where this was agreed before the expenditure was incurred.</p>
<b>Private consultation</b>	<p>Getting to see a consultant privately can provide quicker access to treatment, as it is the initial assessment that people can be waiting a long time for.</p> <p>We can consider paying consultations where all the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The applicant's GP has referred them for the consultation</li> <li>• The consultation is not available through the public system, in the next six months</li> <li>• The person is suffering pain or discomfort and cannot wait for the public appointment and this is confirmed</li> </ul>	<p>The limit is one consultation in any 12-month period with a maximum value of €250/£200.</p> <p>Where it is necessary, this can be increased to two, subject to there being a new referral from a GP or other professional, and the other conditions being satisfied.</p>
<b>Health screening</b>	<p>We want to encourage applicants to pay attention to their health and wellbeing and to take early action to detect and address any health disorders. Screening can be a way of doing this and if we can pay for health screenings, then we should be happy to do that.</p> <p>We can only pay for screening that is recommended by a GP. The reason for this is that we must encourage people to link in with their community services that will be able to offer ongoing</p>	<p>Health screening in private clinics that are supported by a GP recommendation.</p> <p>The recommendation must set out the reason for the screening.</p> <p>Up to two in any twelve-month period Maximum amount allowed €350/£280 for screening. If someone really wants</p>

	and integrated care to applicants	screening and doesn't have a recommendation from a GP try and emphasise the importance of being linked in with the GP but if they really want this, allow it.
<b>Hospital treatment</b>	<p>Hospital treatment is not included in the list of services in the new Application Form Part 2 but it is important to be able to respond to it if it is brought up by an applicant.</p> <p>Where hospital treatment is necessary but is not available in a timely way and the applicant is in considerable pain or discomfort, then we can look at how we might be able to assist them.</p>	<p>Where the procedure is not available from public hospital, this needs to be considered on an individual basis and discussed with DOS.</p> <p>The costs of any hospital treatment would be part of the overall personal allocation of €15,000/£12000.</p>
<b>Help towards funeral costs</b>	<p>The applicant must apply for this as part of his or her application. We cannot consider an application from another person. The application must be made while the person is alive.</p> <p>Arrangements for the time being will be made with individual Funeral Directors. It will be essential to request a clause in the contract with the Funeral Director that there can be "no cashing in" of the payment and that the funeral is that of the applicant.</p>	<p>The limit on what we will pay is €5000/£4000</p> <p>Can include purchase of grave, cremation and any other funeral costs, up to that limit. Cannot include maintenance of a grave.</p>
<b>Socially active and connected</b>		The overall limit for this section is €2000 or £1500; and this should not be exceeded without the approval of DOS
<b>Clubs, classes and</b>	It is important for mental and physical health and wellbeing that	Club membership and payment for outings

<p><b>activities</b></p>	<p>people are active, and connected with other people. Local activities such as active retirement clubs provide stimulation and contact, help to develop relationships and keep people engaged.</p>	<p>(e.g. Active Retirement, survivor specific activities, exercise classes, walking groups) and gym membership. Hobbies and equipment for hobbies can be considered in this category, with the approval of DOS.</p> <p>We can only pay for one course at a time, so if someone gets annual gym membership, they can't have another club or class.</p> <p>The limit is €400 per year.</p>
<p><b>Local travel to classes, activities and health related appointments</b></p>	<p>For some people, the cost of travel can be a barrier to participation and healthy living. For this reason, we can pay for <b>local travel</b> to classes, clubs and medical appointments.</p> <p>The majority of our applicants are in the 60s. For those in the UK, free travel is available from 60 and in Ireland from 65. Before considering an application for travel costs, check whether they have a travel card and/or help them to apply for one.</p>	<p>The cost of public transport (i.e. bus or train) to local activities, classes, health appointments, where the person does not have free travel.</p> <p>Taxis can be paid for when there is no alternative (as in public transport is not available) and once they are approved in advance.</p> <p><b>We do not pay for petrol.</b></p> <p>The maximum that we will pay is €500/£400 in a twelve-month period</p>
<p><b>Courses that</b></p>		



<p><b>promote healthy life styles</b></p>	<p>We would like to create an awareness of the importance of lifestyle in determining health and to encourage applicants to think about how they live their lives and how they might be able to improve their health and wellbeing.</p> <p>We can pay for courses, talks, and related activities. There is a strong emphasis among health service providers and health authorities on healthy life styles and it is possible that these activities are available free of charge in local areas, so check these first. Providers of such services include the HSE, local community services and clubs for older people such as Active Retirement.</p>	<p>Smoking cessation courses Healthy eating Exercise Mindfulness Meditation Yoga</p> <p>We can only support one course at a time and up to two in any one 12-month period.</p>
<p><b>Family tracing and genealogy</b></p>	<p>Connecting with family or even just understanding that we had ancestors and who they were is very important for all of us. It is even more so for people who as children were snatched away from their families and extended communities and may not have had any contact with their families.</p> <p>The importance of this connection has been recognised by the Irish government and a service “Origins” is available specifically for survivors.</p> <p>It is funded by the Department of Education and Skills and managed by Barnardos. It has strong links with all of the religious congregations and the institutions and therefore can get access to records which the starting point to tracing families.</p> <p>There is a limit to this service and someone who has been</p>	<p>Professional tracing and genealogy services, provided by a qualified and registered company or individual genealogist.</p> <p>Proposals for using a private company should only be considered when the services of Origins have been tried and exhausted.</p> <p>The maximum that can be paid is €600/£500. Payments can only be considered where there is a clear proposal from a professional that will address what it is that the applicant is looking for.</p> <p>Flexibility is allowed for this, providing that there is a clear rationale in the plan for</p>

	<p>through it may wish to extend the search and require additional or different professional assistance in doing this. We want to support this activity and can consider applications for professional genealogy services.</p>	<p>tracing, up to a maximum of 20% over the limit (i.e. €720).</p>
<p><b>Connecting with family and place</b></p>	<p>Many of the children who were admitted to industrial schools were separated from their siblings and often lost touch with them, or just did not know about them.</p> <p>Others may never have met their parents or other relatives. Being able to make some connection with relatives they have found, or with their place of burial, is important for survivors and for their recovery.</p> <p>Many of the people who grew up in institutions know very little about where they grew up and may like to return to this place, even though the institution may no longer be there.</p> <p>If an application is made under this heading, you will need to check that this is not being used as a holiday – that there is a genuine connection between the applicant and the place, so you will need to ask for some evidence of the connection.</p> <p>Evidence It could be that they recently discovered a relative through Origins or another service (or indeed this sometimes happens through survivors support groups) so you could ask about this, and look for a letter or something that connects them, or ask if you have permission to talk to someone from Origins, a parish, a school or similar. If someone is connecting with a</p>	<p>We can pay for the cost of one round trip to a place, up to the value of €500/£400. This can include travel and accommodation, within reason.</p> <p>There can be flexibility, but only where there is a good reason, and with the approval of DOS.</p>

	<p>sibling, ask for copies of the sibling and their birth cert or some other documentation that links them. This needs to be done gently and sensitively.</p> <p>If you are in doubt about what you are being told, bring it to the DOS who can decide if we need to look for further evidence.</p> <p>To approve payment, we will need a proposal (as in a purpose, destination, connection/relationship) with the costs involved in making the trip. Allowable costs are travel and accommodation, up to the limit of €500.</p>	
<p><b>Telling your story</b></p>	<p>It is planned that Caranua will organise some events, in places accessible to survivors, which will facilitate some recounting and gathering of survivors stories. How this will work is not clear yet, as we will need to consult with some people, but if you are talking to survivors about this and they have ideas, please encourage them to share those ideas and record them so we can take them into account.</p> <p>Broadly it is envisaged that we will bring people together in a structured way, possibly using drama, art or some other creative way to get stories out and possibly filming or recording these.</p> <p>Individuals may have their own ideas about telling stories. Some will want to write or publish books. These will have to be considered individually but we will need to introduce some guidelines in terms of quality of things for publication. To do this,</p>	<p>The limit for this €1500/£1200 and is part of the overall limit for socially active and connected of €2000/£1500.</p> <p>We can consider Book publishing – including editing, physical print copies, design costs, music recording. We will need to know that the product is worked through and viable so there will need to be at least an outline of the proposal and costings for that. And some information on where the balance of the costs will come from, if we do not cover it.</p> <p>The general rule of supplier not being a close friend or relative apply to this. Does not include lap top</p>

	<p>we will need to seek some professional advice.</p> <p>We will need to be flexible on this, to see what comes in and be responsive to it, as far as possible.</p>	All must be approved by DOS
<b>Therapies</b>	Just one therapy at a time.	The general rule for therapies is that we require a GP referral, a treatment plan. There are limits on the number of sessions that we can approve in a year, and this is not flexible.
<b>Psychological and psychiatric assessment and treatment</b>	<p>Psychiatric assessment, where medically indicated, should be available as a matter of urgency through the public health services. Psychological assessments are less easy to access as they may not be urgent, but may be necessary to diagnose or eliminate conditions.</p> <p>As with all other services that we support, it is important that we take care not to create either a dependency on Caranua, or to remove the responsibility from the relevant public authority. So, we can consider paying for these where the need is urgent and the applicant cannot wait for a public appointment, and where there is a medical reason for the assessment or treatment.</p>	GP referral, treatment plan, maximum of 10 sessions. Maximum €100/£80 per session.
<b>Stress and behaviour management</b>	These services will probably not be readily accessible through public services but can be very important in helping to manage their lives and to take part in the world.	GP referral, treatment plan, maximum of 10 sessions. Maximum €60/£50 per session

<p><b>Counselling</b></p>	<p>The effects of institutionalisation separation from families and abuse can be deep and life long, and individuals may require counselling on an ongoing basis, some in order to just function in the world. That is why the special services for survivors were established and continue to be available to survivors and their families.</p> <p>These are the services that we should encourage our applicants to use, not least because they will likely be there after we have finished.</p> <p>There are a range of other counselors, outside of those specifically for survivors and there may be good reasons why an applicant wishes to use one of these. In order to support healing, we will consider applications for counselling in these circumstances.</p>	<p>We don't pay for counselling provided by <b>Towards Healing, ICAP, Connect or the National Counselling Service</b> as their services are provided free to survivors.</p> <p>Towards Healing introduced a ceiling on the number of sessions they will cover for free. The limit was 80 sessions up to 2016 and has now been reduced to 40 sessions.</p> <p>If an applicant has been told by Towards Healing that they have reached their limit of sessions with them, but there is a recommendation to continue with their counselling, then Caranua can pay for sessions, if they ask us to do so.</p> <p>We can only do this if we have approved the counselling in advance. This means that we must receive an application from the applicant and approve that.</p> <p>For all counselling, including Towards Healing under these arrangements, the limit is 10 sessions, and maximum €60/£50 per session. There is no flexibility on these limits.</p> <p>We can only do this if we have approved the counselling in advance. This means that we must receive an application from the</p>
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		<p>applicant and approve that.</p> <p>For all counselling, including Towards Healing under these arrangements, the limit is 10 sessions, and maximum €60/£50 per session. <b>There is no flexibility on these limits.</b></p>
<p><b>Physical therapies</b></p>	<p>These are:</p> <p>Physiotherapy, physical therapy  Reflexology  Occupational Therapy (as a therapy, not an assessment)  Speech therapy  Osteopathy  Acupuncture  Massage</p> <p>These may be considered where there is a GP referral only.</p>	<p>Providers must be registered and approved, maximum 6 sessions, €60/£50 per session. No flexibility on these limits.</p>

### 8.3 Learning and education

*By supporting these interventions, we want to encourage those applicants who are interested to engage in further education, skills and self -development.*

Item	Rationale, approach and considerations	
<p><b>Fees for courses leading to qualifications 1-10 on the relevant qualifications framework</b></p>	<p>Education is obviously important for a range of different reasons for survivors, not least that their own education was deficient in the industrial schools. However, many survivors could not bear the thought of going back to school and would not be able to sit in a traditional classroom.</p> <p>For this reason, it is important to explain and encourage applicants to think outside of the traditional and explore the possibilities of new types of education. Linking them with Education Training Board (ETB) Guidance counsellors who are aware of the courses available in their area would be a good way of doing this.</p> <p>The “Free Fees Initiative” covers fees for most courses leading qualifications at levels 6-8 and you need to check if the applicant might be eligible for this. See <a href="http://www.studentfinance.ie">www.studentfinance.ie</a>. Fees for part time courses are not generally covered. Most colleges have a Student Contribution Fee, up to a maximum of €3000. The Student Grant Scheme which provides support for people in education and has a special maintenance grant for disadvantaged students, which would include many of our applicants. <b>See <a href="http://www.susi.ie">www.susi.ie</a></b></p> <p>We should also ensure that the course someone wants to do is appropriate to their needs and level of competence. For anyone</p>	<p>Fees for accredited second, third and further education courses that are part of the relevant national qualifications framework, where there is evidence of the fees cost and acceptance of the applicant on the course.</p> <p>Although the application form states that these must be full time, consideration can be given to part time courses that are accredited levels 1-10. Fees for part time courses will be less than full time ones.</p> <p>Must show evidence of acceptance to the course of the next stage of the course, evidence of fees, evidence that there is no publicly available grant available to cover fees. If</p>

	<p>thinking of a third level course, link them to a counsellor to begin with for an assessment and recommendation. Only then should we consider paying for a course.</p> <p>Aontas, the Adult Education organisation and the ETB (Education Training Boards) are useful resources to get information from on what is available in a local area.  <a href="http://www.aontas.com">www.aontas.com</a>  <a href="http://www.etbi.ie">www.etbi.ie</a></p> <p>SUSI (Student Universal Support Ireland) has information on grants available and QQI has information on all accredited courses.  <a href="http://www.susi.ie">www.susi.ie</a>  <a href="http://www.qqi.ie">www.qqi.ie</a></p>	<p>private institute, evidence that course is not available in any public college within easy reach.</p> <p>Limit of €5000/£4000 per academic year. No flexibility. Expect part time fees, where applicable, to be lower.</p>
<p><b>Fees for adult education, literacy and other part time courses</b></p>	<p>Fees for literacy and other tuition. This can be a one to one tutor, provided that the tutor is registered, qualified and meets all other requirements of suppliers. There would need to be a clear programme for progression for the applicant in this tutoring. Tutor cannot be a friend or relative.</p> <p>Fees for evening classes and part time education. These are not course that lead to a qualification as for the other ones but general courses such as would be available in a local Adult Education Centre, Community centre, ETB evening class. They should be “education”, other courses can be covered by Socially Active and Connected”</p>	<p>One course at a time</p> <p>The “<b>education grant</b>” (i.e. the cost of travel, books and learning support <b>does not apply to these sorts of classes or courses</b>. It applies only to courses leading to academic or professional qualifications.</p> <p>We cannot pay for courses that are funded through public resources.</p>



<p><b>Fees and other charges for courses in private institutions where they are not available in public institutes</b></p>	<p>Sometimes an applicant may want to pursue a particular course of study and this may not be available in a public college or other institution. This is unusual.</p> <p>Where this is the case, the usual rules apply in terms of accreditation, qualified and registered providers, acceptance etc. You will also need to seek verification that the course is not available publicly.</p>	<p>Fees for accredited second, third and further education courses that are part of the relevant national qualifications framework, where there is evidence of the fees cost and acceptance of the applicant on the course, and evidence that it is not available from a public institute.</p> <p><b>A person can only receive one set of fees/charges for a course and one Education Support Grant in any one academic year.</b></p> <p>Maximum of €5000/£4000 per academic year. No flexibility.</p>
<p><b>The cost of travel, books, and learning support leading to academic or professional qualifications.</b></p>	<p>This grant is available in acknowledgement of the fact that travel and books and other expenditure (such as child care) could constitute a barrier to participation in education.</p> <p>This is not something that automatically accompanies the payment of fees. There needs to be a conversation about whether someone actually needs additional help/there are barriers to participation, and what those barriers are; and how they will be addressed. The applicant may not need the full grant, just part of it. Where travel is part of the grant, you should suggest paying for a travel card.</p>	<p>Payment for these costs, to address barriers to participation in education, on presentation of proposal and receipts.</p> <p>The limit is €500 but where necessary can be increased to €750. This is not automatic and must be related to actual spend</p>

		<p>which is used to address potential barriers to someone participation in formal education (such as books, travel, support, childcare). <b>Estimates of costs and receipts are necessary.</b></p> <p><b>This is not available for evening, adult education, literacy or other part time courses.</b></p>
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## **SECTION NINE: ASSESSING APPLICATIONS UNDER OLD (2014) ARRANGEMENTS**

This section deals with each of the three service areas that Caranua can provide assistance with. For each area, it provides an overall aim. This is an important reference or test of applications – will the item applied for achieve or contribute the achievement of the aim?

Other questions to consider in assessing applications are:

### **1 Needs and services**

- Are the services relevant and appropriate to the needs of the applicant, taking account of age, health, housing tenure, informal and formal support systems
- How will the service impact on quality of life and wellbeing?
- Do any professional recommendations clearly support the application? Do they identify a need and will the proposed service actually address that need?

### **2 Proposed costs**

- Are all costs reasonable and in keeping with guide rates used by public bodies like health services and local authorities?
- Is the service already available through a public provider like a health service, local authority of education board/authority?
- Are the prices in keeping with our published Guides? If not, is there a good enough reason for making a recommendation to go outside of them?

### **3 Suppliers**

- Are the proposed providers appropriately qualified and registered with the relevant regulatory body or professional/trade body?
- In the case of housing works, is there evidence of ownership or tenancy? Is there permission from the landlord?

## 9.1 Housing support

*In providing housing support we aim to help applicants remain at home safe, warm and secure as they age and avoid residential care in later life.*

Item	Rationale, approach and conditions	Specific services and limits
<p><b>Insulation, draught proofing, heating systems, repairs to or replacement doors and windows</b></p>	<ul style="list-style-type: none"> <li>• Poor insulation, draughty windows and doors and inefficient heating systems or controls result in cold homes and inefficient use of energy, so we want to improve all or any of these where necessary.</li> <li>• As an Advisor, encourage applicants to think about their homes and heating costs and whether there are improvements that can be made to them, in particular get them to think about heating, draught proofing and insulation altogether, as a package.</li> <li>• We now have a contract with Sustainable Energy Authority of Ireland (SEAI) who will take referrals from us, assess needs and make a recommendation to us for works. Once these are approved, SEAI will carry them out, verify the standard of the works and invoice Caranua. There is no need for the home owner to get quotes.</li> <li>• For people outside Ireland, and where there is no preferred supplier, we require an assessment, a quote which explains why the work is necessary and complies</li> </ul>	<p>We can pay for the following if they have been recommended as necessary and appropriate by a professional:</p> <ul style="list-style-type: none"> <li>• Attic insulation</li> <li>• Internal wall insulation</li> <li>• Lagging jackets</li> <li>• External insulation</li> <li>• Repairs to boilers, radiators, heating controls and related items. Replacement of any of these where they necessary</li> <li>• Draught proofing of internal and external windows and doors. Replacement of these where this is necessary. Please note that national surveys by SEAI indicate that just 8% of homes require replacement doors and windows</li> </ul> <p>• <b>The guide limit for all of these together is €8000 or £6300.</b> This should be sufficient to upgrade insulation, heating and draught proofing in an average 3-bedroom home.</p>

	with our other requirements (type written, qualified, tax compliant)	This limit can apply to all applications after June 1 <sup>st</sup> .
<b>House and personal alarms; locks</b>	<ul style="list-style-type: none"> <li>• We want to help people to stay in their own homes and to be safe and secure there. Security is important as people get older and we can help people to feel more secure by providing or paying for alarms and making their homes more secure.</li> <li>• Personal alarms are helpful for people who are older and living alone. Such people may be entitled to a grant under the <b>Seniors Alert Scheme</b> operated by the Irish Government. Check the availability of this before approving application.</li> <li>• House alarms can be considered where there is no alarm at present and where an alarm will make a person feel more secure</li> </ul>	<ul style="list-style-type: none"> <li>• Personal alarms</li> <li>• House alarms</li> <li>• Peep holes for front doors</li> <li>• More secure locks (where these are necessary)</li> </ul> <p>Alarms should generally be about <del>€300</del>/£630, but with some flexibility.</p>
<b>Disability and mobility aids and assistive technologies</b>	<p>People can be helped to remain at home as they get older through various aids and technologies. These must be professionally recommended and provided through registered providers.</p> <p>See <a href="http://www.assistireland.ie">www.assistireland.ie</a></p> <p>It is important that all equipment is recommended by an Occupational Therapist and that, in the case of wheelchairs and stair lifts that there is a proper assessment of their</p>	<p>We can consider the following, up to a</p> <ul style="list-style-type: none"> <li>• Ramps</li> <li>• Rails</li> <li>• Personal alarms</li> <li>• Amplifiers for telephones and other listening devices</li> <li>• Stair lifts</li> <li>• Walking frames and related equipment</li> <li>• Garden tools (long reaching tools, easy</li> </ul>

	<p>suitability to the applicant and their living circumstances. They should never be approved without this.</p> <p>Also important to check why some of the items are not provided by public health services (incontinence products, walking frames, personal alarms, shower stools etc.). If they are needed, they should be provided and in the first instance, referral or advocacy to the local health service should be made.</p>	<p>grip tools, garden kneelers, garden stools)</p> <ul style="list-style-type: none"> <li>• Incontinence products</li> <li>• Kitchen equipment (taps and tap turners, bottle openers, knob and handle turners)</li> <li>• Beds – adjustable, nursing and hospital beds</li> <li>• Adjustable, recliner, rehab and other chairs</li> <li>• Wheelchairs and accessories</li> <li>• Mobility scooters</li> <li>• Power assisted bicycles</li> <li>• Shower chairs and stools</li> <li>• Car adaptations and accessories</li> </ul> <p>An <b>accessible bathroom should be about €5000</b> or its equivalent and the others will vary.</p>
<p><b>Accessible bathroom</b></p>	<p>Being able to access toilet and washing facilities is essential to someone remaining at home. Encourage anyone who is over 65 to think about whether a bathroom adaptation is something that they should be thinking about, and support them in making a decision about it. A walk – in shower for instance is much easier to manage than a bath.</p> <p>For under 65s, accessible bathrooms can be considered where there is a medical reason and a professional recommendation in support of it.</p>	<ul style="list-style-type: none"> <li>• Bathroom adaptations to include walk in shower</li> <li>• Level access and other showers and cubicles</li> <li>• Stepped shower trays</li> <li>• Walk in baths</li> <li>• Necessary tiling and decorating</li> </ul> <p>A bathroom should be around <b>€5000 maximum</b></p>

<p><b>Home nursing, home help and tenancy support</b></p>	<p>Home help and tenancy support services can help people to remain in their own homes, by providing support of different types to them.</p> <p>Home help services offer bathing, dressing, possibly shopping and other household help.</p> <p>Tenancy support services are usually provided for people who are moving from institutions (such as homeless services, prison, residential institutions) to help them make the transition and to maintain their tenancies. Assistance will vary but will usually focus on support in getting all utilities connected, paying bills, keeping the rent paid, keeping the place in reasonable order, managing behaviour to prevent complaints from neighbours, linking the person in with local services and household management.</p>	<p>Home nursing and home help, as part of a clear and time limited plan, provided by registered providers and recommended by a GP.</p> <p><b>The full cost of home care/nursing/help/tenancy support must be estimated and this is the amount that the decision will be made on (i.e. the cost of total hours being proposed).</b> So, if the proposal is for twelve weeks, the full cost of the care must be estimated at this time for approval.</p>
<p><b>Extensions</b></p>	<p>Home extensions are provided for in the 2014 criteria, where these are necessary for someone to remain in their own home, subject to certain conditions. These are:</p> <ul style="list-style-type: none"> <li>• That the work has been identified as necessary by a professional</li> <li>• That no alternative solutions (e.g. stair lift) are available or viable</li> <li>• That any available grants have been applied for</li> <li>• That any costs are reasonable and in keeping with limits applied for the relevant local authority</li> <li>• That all quotes are in keeping with our acceptable</li> </ul>	

	<p>documents policy</p> <ul style="list-style-type: none"><li>• Where there is preferred supplier that this is the one that is used</li><li>• That the decision is made by the DOS</li></ul>	
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## 9.2 Health and wellbeing

*In supporting these items, we aim to support and encourage applicants to be well physically and mentally and to be socially active and connected.*

Item	Rationale, approach, considerations	Specific services and limits
<p><b>Teeth and dental</b></p>	<p>All institutions provided very poor diets and oral hygiene would not have been practiced, so poor dental and oral health is common among survivors, including missing teeth. In addition beatings may have caused children to loose teeth.</p> <p>Teeth are important obviously to eating but also to appearance and we want to do what we can help to applicants to feel better about their appearance.</p> <p>Dentistry has moved on and there are now a number of options such as crowns, bridges, dentures and implants. However, not every person is suitable for all of these procedures. For instance, implants require strong bone density and bridges need teeth to be anchored to.</p> <p>While a mouth full of implants might seem like the best solution for someone who is missing teeth, it may not be feasible for a number of different reasons. People who have poor oral hygiene or have not taken care of their teeth in the past may not be good candidates for implants, as the risks of infection are high and their bones may not support implants. In addition, implants require ongoing maintenance by a dentist and this can be expensive and</p>	<ul style="list-style-type: none"> <li>• Check ups</li> <li>• Scaling and polishing</li> <li>• Extractions</li> <li>• Fillings</li> <li>• Periodontal treatment</li> <li>• Crowns (for front teeth)</li> <li>• Bridges</li> <li>• Dentures (chrome cobalt may be used where there are some teeth and can be a more stable option</li> <li>• We can support implants where these are (a) for front teeth (b) necessary to support a bridge or dentures, up to 4 implants</li> </ul> <p>A guide limit is €5000.</p>

	<p>not something that we will be here to provide into the future.</p> <p>In general, we will provide best support to applicants by encouraging them and supporting them to attend a local dentist who will work with them to improve their dental health over time. This in time could lead to interventions such as bridges, crowns and possibly implants.</p> <p>Only approved dentists can be used. Lists of approved dentists are provided on the system and only these should be used. If it states “do not use” then that dentist should not be used.</p> <p>When assessing the dental treatment plan submitted, consider the age of the applicant, his or her general health, what has been taken into account in the development of the plan, and what is going to be involved in it for the applicant. What are the long-term implications of what is being proposed? Is it a good use of the allocation available to the individual applicant, in terms of value for money and improved quality of life?</p>	
<p><b>Ears and hearing</b></p>	<p>We want to encourage people to take care of their health and be socially active and connected. Hearing is an important component of this and being able to hear properly is important to participating in everyday life and activities.</p> <p>Like eyesight, hearing deteriorates with age and can be very debilitating, making it very difficult for them to communicate, leading to isolation and being cut off from normal social intercourse</p>	<p>Hearing tests, hearing aids, and necessary treatment or surgery.</p> <p>€2000/£1500. This will secure high end (cost wise) appliances. However these are generally regarded as not any better than the ones supplied by national health services, and</p>

	<p>and interaction.</p> <p>As an Advisor, you should actively encourage anyone who is aged over 65 to consider taking a hearing test, from a reputable audiologist.</p> <p>Where there are preferred suppliers, these are the only ones that can be used. In every case, applicants should be encouraged to use national health services that employ qualified audiologists. Private, High Street companies tend to use technicians who are trained to sell appliances, not qualified audiologists.</p>	<p>applicants should be advised of the advantages of using the public health aids and services. These are:</p> <ul style="list-style-type: none"> <li>• No charge or small charge</li> <li>• Ongoing maintenance</li> <li>• Guaranteed qualified Audiology staff</li> <li>• Adaptations as necessary without incurring costs</li> </ul>
<p><b>Eyes and sight/vision</b></p>	<p>We want to encourage people to take care of their health and be socially active and connected. Eye health is an important component of this and being able to see properly is important to participating in everyday life and activities.</p> <p>Eye sight deteriorates as people get older and it is advisable that older people have regular checks, that their eye glasses are appropriate to the vision.</p> <p>As an Advisor, you should actively encourage applicants who are aged 45 or over to consider if they need a test.</p>	<p><b>Eye tests.</b> We can pay for eye tests, although opticians will usually do this free of charge, and absorb the cost into charges for glasses.</p> <p><b>Eye glasses.</b> We can pay for up two sets of glasses, at a maximum cost of €600 or £500.</p> <p>We can pay for eye surgery or treatment. If there is medically not available in a timely way (i.e. in six months) publicly. Surgery <b>does not include laser</b> surgery which is classed as <b>cosmetic</b>, unless there is a specific condition or medical case for it.</p>

<p><b>Feet and footwear</b></p>	<p>Again, poor nutrition when young, ill-fitting footwear, standing in cold places, and working will have had an impact on feet and bones.</p> <p>We want to bring about some improvement in the comfort of people who have trouble with their feet. This can be done through proper assessment, and the provision of treatment and equipment which can help to correct gait and other issues specific to feet.</p> <p>It is important to encourage and support applicants to present their problems to their GP in the first instance. A referral is then likely to be made to a physiotherapist who may in turn refer to an orthotist or in Ireland to Cappagh Hospital, which is the national centre for this service.</p>	<p>We can pay for orthotics and footwear, where this has been recommended by a qualified orthotist.</p> <p>We can also pay for private chiropody or podiatry treatments, physiotherapy and other treatments that address foot problems, once there has been a referral from a GP or physiotherapist and a similar service is not available publicly.</p> <p>Do not pay for sessions in advance, and don't commit to a series of sessions unless there is a clear treatment plan.</p> <p>We can pay for up to 6 chiropody sessions, and two sets of shoes, on set of orthotics.</p>
<p><b>Health management</b></p>	<p>As a first point of discussion on the services available under this heading (GP, medicines, consultant fees and health screening) the Advisor must check with the applicant about a medical card (or equivalent in countries outside of Ireland).</p> <p>Where it seems that a person should have or could be entitled to a</p>	<p>Only approved services providers can be used for any of the services in category. This means that they must be appropriately qualified, registered and members of the relevant professional body.</p>

	<p>medical card, an application should be made with or on behalf of the applicant, using our contacts in the medical card section of the HSE, drawing attention to their particular needs, arising from their experience of institutional abuse.</p>	<p>The limits are €60/£50 per session, up to 6 sessions.</p>
<b>GP visits</b>	<p>Most applicants are registered with a GP and many will also have either medical cards or GP visit cards which entitle them to free GP visits. Where people have these, we do not pay for GP visits.</p> <p>If someone does not have either a medical card or a GP visit card, please explore with them why they do not have one and offer to help These do not normally apply in the UK where they are covered by the NHS.</p>	<p>We only pay for GP visits on a temporary basis and where someone is not covered by a public scheme.</p> <p>In the UK, GP visits are covered by the NHS and so should not be paid by Caranua</p> <p>Limit of up to 10 GP visits in a 12-month period. €60/£50 per visit.</p>
<b>Prescribed medicines</b>	<p>Prescribed medicines are available on the NHS in the UK and so we should not be considering paying for these.</p> <p>For people in Ireland who do not have a medical card, prescribed medicines may be considered. Take account of the Drugs Repayment Scheme. Under this scheme the maximum that any household should pay for prescribed drugs is €144 per month. If medicines cost more than this, the difference can be reclaimed from the HSE. Advise applicant about this and/or help to apply.</p> <p>Tax relief can also be claimed on the cost of medicines and other health services at the rate of 20%. This should be taken into account in calculating what Caranua can consider paying.</p>	<p>Only to be considered where not available from a public provider. The maximum that can be paid is €100/£80 per month for 12 months.</p> <p>Only medicines prescribed by a medical professional can be considered. Medicine does not cover over the counter medication or drugs (pain killers, cough medicines, anti-histamines etc.) or vitamin supplements.</p>

		We can only pay for what we have approved in advance, we can reimburse expenditure but only where this was agreed before the expenditure was incurred.
<b>Private consultation</b>	<p>Getting to see a consultant privately can provide quicker access to treatment, as it is the initial assessment that people can be waiting a long time for.</p> <p>We can consider paying consultations where all the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The applicant's GP has referred them for the consultation</li> <li>• The consultation is not available through the public system, in the next six months</li> <li>• The person is suffering pain or discomfort and cannot wait for the public appointment and this is confirmed</li> </ul>	<p>The limit is one consultation in any 12 month period with a maximum value of €250/£200.</p> <p>Where it is necessary, this can be increased to two, subject to there being a new referral from a GP or other professional, and the other conditions being satisfied.</p>
<b>Health screening</b>	<p>We want to encourage applicants to pay attention to their health and wellbeing and to take early action to detect and address any health disorders. Screening can be a way of doing this and if we can pay for health screenings, then we should be happy to do that.</p> <p>We can only pay for screening that is recommended by a GP. The reason for this is that we must encourage people to link in with their community services that will be able to offer ongoing and integrated care to applicants</p>	<p>Health screening in private clinics that are supported by a GP recommendation.</p> <p>The recommendation must set out the reason for the screening.</p> <p>Up to two in any twelve month period Maximum amount allowed €350/£280 for screening</p>

<b>Hospital treatment</b>	<p>Hospital treatment is not included in the list of services in the new Application Form Part 2 but it is important to be able to respond to it if it is brought up by an applicant.</p> <p>Where hospital treatment is necessary but is not available in a timely way and the applicant is in considerable pain or discomfort, then we can look at how we might be able to assist them.</p>	<p>Where the procedure is not available from public hospital, this needs to be considered on an individual basis and discussed with DOS.</p>
<b>Socially active and connected</b>		<p>The overall limit for this section is €1200 in a twelve-month period. This cannot be exceeded.</p>
<b>Clubs, classes and activities</b>	<p>It is important for mental and physical health and wellbeing that people are active, and connected with other people. Local activities such as active retirement clubs provide stimulation and contact, help to develop relationships and keep people engaged.</p>	<p>Club membership and payment for outings (e.g. Active Retirement, survivor specific activities, exercise classes, walking groups) and gym membership. Hobbies and equipment for hobbies can be included in this, with approval from DOS.</p> <p>We can only pay for one course at a time, so if someone gets annual gym membership, they can't have another club or class.</p> <p>This is part of the €1200 limit for socially active and connected.</p>

<p><b>Local travel to classes, activities and health related appointments</b></p>	<p>For some people, the cost of travel can be a barrier to participation and healthy living. For this reason, we can pay for <b>local travel</b> to classes, clubs and medical appointments.</p> <p>The majority of our applicants are in the 60s. For those in the UK, free travel is available from 60 and in Ireland from 65. Before considering an application for travel costs, check whether they have a travel card and/or help them to apply for one.</p>	<p>The cost of public transport (i.e. bus or train) to local activities, classes, health appointments, where the person does not have free travel.</p> <p>Taxis can be paid for when there is no alternative (as in public transport is not available) and once they are approved in advance.</p> <p><b>We do not pay for petrol.</b></p> <p>This is part of the €1200 limit for socially active and connected.</p>
<p><b>Courses that promote healthy life styles</b></p>	<p>We would like to create an awareness of the importance of lifestyle in determining health and to encourage applicants to think about how they live their lives and how they might be able to improve their health and wellbeing.</p> <p>We can pay for courses, talks, and related activities. There is a strong emphasis among health service providers and health authorities on healthy life styles and it is possible that these activities are available free of charge in local areas, so check these first. Providers of such services include the HSE, local community services and clubs for older people such as Active Retirement.</p>	<p>Smoking cessation courses  Healthy eating  Exercise  Mindfulness  Meditation  Yoga</p> <p>We can only support one course at a time and up to two in any one 12-month period.</p>



<p><b>Family tracing and genealogy</b></p>	<p>Connecting with family or even just understanding that we had ancestors and who they were is very important for all of us. It is even more so for people who as children were snatched away from their families and extended communities and may not have had any contact with their families.</p> <p>The importance of this connection has been recognised by the Irish government and a service “Origins” is available specifically for survivors.</p> <p>It is funded by the Department of Education and Skills and managed by Barnardos. It has strong links with all of the religious congregations and the institutions and therefore can get access to records which the starting point to tracing families.</p> <p>There is a limit to this service and someone who has been through it may wish to extend the search and require additional or different professional assistance in doing this. We want to support this activity and can consider applications for professional genealogy services.</p>	<p>Professional tracing and genealogy services, provided by a qualified and registered company or individual genealogist.</p> <p>Proposals for using a private company should only be considered when the services of Origins have been tried and exhausted.</p> <p>Payments can only be considered where there is a clear proposal from a professional that will address what it is that the applicant is looking for.</p> <p>Guide limit of €500.</p>
<p><b>Therapies</b></p>	<p>Just one therapy at a time.</p>	<p>The general rule for therapies is that we require a GP referral, a treatment plan. There are limits on the number of sessions that we can approve in a year, and this is not flexible.</p>

<p><b>Psychological and psychiatric assessment and treatment</b></p>	<p>Psychiatric assessment, where medically indicated, should be available as a matter of urgency through the public health services. Psychological assessments are less easy to access as they may not be urgent, but may be necessary to diagnose or eliminate conditions.</p> <p>As with all other services that we support, it is important that we take care not to create either a dependency on Caranua, or to remove the responsibility from the relevant public authority. So, we can consider paying for these where the need is urgent and the applicant cannot wait for a public appointment, and where there is a medical reason for the assessment or treatment.</p>	<p>GP referral, treatment plan, maximum of 10 sessions, normal fees, €60/£50.</p>
<p><b>Stress and behaviour management</b></p>	<p>These services will probably not be readily accessible through public services but can be very important in helping to manage their lives and to take part in the world.</p>	<p>GP referral, treatment plan, maximum of 10 sessions. Maximum €60/£50 per session</p>
<p><b>Counselling</b></p>	<p>The effects of institutionalisation separation from families and abuse can be deep and life long, and individuals may require counselling on an ongoing basis, some in order to just function in the world. That is why the special services for survivors were established and continue to be available to survivors and their families.</p> <p>These are the services that we should encourage our applicants to use, not least because they will likely be there after we have finished.</p>	<p>We don't pay for counselling provided by Towards Healing, ICAP, Connect or the National Counselling Service as their services are provided free to survivors.</p> <p>Towards Healing introduced a ceiling on the number of sessions they will cover for free. The limit was 80 sessions up to 2016 and has now been reduced to 40 sessions.</p>

	<p>There are a range of other counselors, outside of those specifically for survivors and there may be good reasons why an applicant wishes to use one of these. In order to support healing, we will consider applications for counselling in these circumstances.</p>	<p>If an applicant has been told by Towards Healing that they have reached their limit of sessions with them, but there is a recommendation to continue with their counselling, then Caranua can pay for sessions, if they ask us to do so.</p> <p>We can only do this if we have approved the counselling in advance. This means that we must receive an application from the applicant and approve that.</p> <p>For all counselling, including Towards Healing under these arrangements, the limit is 10 sessions, and maximum €60/£50 per session. There is no flexibility on these limits.</p>
<p><b>Physical therapies</b></p>	<p>These are:</p> <ul style="list-style-type: none"> <li>• Physiotherapy, physical therapy</li> <li>• Reflexology</li> <li>• Occupational Therapy (as a therapy, not an assessment)</li> <li>• Speech therapy</li> <li>• Osteopathy</li> <li>• Acupuncture</li> <li>• Massage</li> </ul> <p>These may be considered where there is a GP referral only.</p>	<p>Providers must be registered and approved, maximum 6 sessions, €60/£50 per session. No flexibility on these limits.</p>

### 6.3 Learning and education

*By supporting these interventions, we want to encourage those applicants who are interested to engage in further education, skills and self -development.*

Item	Rationale, approach and considerations	
<p><b>Fees for courses leading to qualifications 1-10 on the relevant qualifications framework</b></p>	<p>Education is obviously important for a range of different reasons for survivors, not least that their own education was deficient in the industrial schools. However, many survivors could not bear the thought of going back to school and would not be able to sit in a traditional classroom.</p> <p>For this reason, it is important to explain and encourage applicants to think outside of the traditional and explore the possibilities of new types of education. Linking them with Education Training Board (ETB) Guidance counsellors who are aware of the courses available in their area would be a good way of doing this.</p> <p>The “Free Fees Initiative” covers fees for most courses leading qualifications at levels 6-8 and you need to check if the applicant might be eligible for this. See <a href="http://www.studentfinance.ie">www.studentfinance.ie</a>. Fees for part time courses are not generally covered. Most colleges have a Student Contribution Fee, up to a maximum of €3000. The Student Grant Scheme which provides support for people in education and has a special maintenance grant for disadvantaged students, which would include many of our applicants. See <a href="http://www.susi.ie">www.susi.ie</a></p> <p>We should also ensure that the course someone wants to do is appropriate to their needs and level of competence. For anyone thinking of a third level course, link them to a counsellor to begin with</p>	<p>Fees for accredited second, third and further education courses that are part of the relevant national qualifications framework, where there is evidence of the fees cost and acceptance of the applicant on the course.</p> <p>Although the application form states that these must be full time, consideration can be given to part time courses that are accredited levels 1-10. Fees for part time courses will be less than full time ones.</p> <p>Must show evidence of acceptance to the course of the next stage of the course, evidence of fees, evidence that there is no publicly available grant available to cover fees. If private institute, evidence that course is not available in any</p>

	<p>for an assessment and recommendation. Only then should we consider paying for a course.</p> <p>Aontas, the Adult Education organisation and the ETB are useful resources to get information from on what is available in a local area.  <a href="http://www.aontas.com">www.aontas.com</a>  <a href="http://www.etbi.ie">www.etbi.ie</a></p> <p>SUSI (Student Universal Support Ireland) has information on grants available and QQI has information on all accredited courses.  <a href="http://www.susi.ie">www.susi.ie</a>  <a href="http://www.qqi.ie">www.qqi.ie</a></p>	<p>public college within easy reach.</p> <p>Limit of €5000/£4000 per academic year. No flexibility. Expect part time fees, where applicable to be lower.</p>
<p><b>Fees for adult education, literacy and other part time courses</b></p>	<p>Fees for literacy and other tuition. This can be a one to one tutor, provided that the tutor is registered, qualified and meets all other requirements of suppliers. There would need to be a clear programme for progression for the applicant in this tutoring. Tutor cannot be a friend or relative.</p> <p>Fees for evening classes and part time education. These are not course that lead to a qualification as for the other ones but general courses such as would be available in a local Adult Education Centre, Community centre, ETB evening class. They should be “education”, other courses can be covered by Socially Active and Connected”</p>	<p>One course at a time</p> <p>The “<b>education grant</b>” (i.e. the cost of travel, books and learning support <b>does not apply to these sorts of classes or courses</b>. It applies only to courses leading to academic or professional qualifications. It includes full time, part time and distance learning courses.</p>
<p><b>Fees and other charges for courses in private</b></p>	<p>Sometimes an applicant may want to pursue a particular course of study and this may not be available in a public college or other institution. This is unusual.</p>	<p>Fees for accredited second, third and further education courses that are part of the relevant national qualifications framework,</p>

<p><b>institutions where they are not available in public institutes</b></p>	<p>Where this is the case, the usual rules apply in terms of accreditation, qualified and registered providers, acceptance etc. You will also need to seek verification that the course is not available publicly.</p>	<p>where there is evidence of the fees cost and acceptance of the applicant on the course, and evidence that it is not available from a public institute.</p> <p><b>A person can only receive one set of fees/charges for a course and one Education Support Grant in any one academic year.</b></p> <p>Maximum of €5000/£4000 per academic year. No flexibility.</p>
<p><b>The cost of travel, books, and learning support leading to academic or professional qualifications.</b></p>	<p>This grant is available in acknowledgement of the fact that travel and books and other expenditure (such as child care) could constitute a barrier to participation in education.</p> <p>This is not something that automatically accompanies the payment of fees. There needs to be a conversation about whether someone actually needs additional help/there are barriers to participation, and what those barriers are; and how they will be addressed. The applicant may not need the full grant, just part of it. Where travel is part of the grant, you should suggest paying for a travel card.</p>	<p>Payment for these costs, to address barriers to participation in education, on presentation of proposal and receipts.</p> <p>The limit is €1200 for full time and €500 for part time courses. This is not automatic and must be related to actual spend which is used to address potential barriers to someone participation in formal education (such as books, travel, support, childcare). Receipts are necessary.</p>

		<b>This is not available for evening, adult education, literacy or other part time courses.</b>
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## SECTION TEN: WHAT WE CANNOT PAY FOR AND FLEXIBILITY

Item	Reason for refusal	Scope for flexibility
<b>Accessible or adapted bathroom for under 65's without medical recommendation</b>	We cannot consider an accessible bathroom or bathroom unless there is a medical or other professional recommendation to support it.	Where someone is over 65, there is no need for a recommendation.
<b>Attic conversion, attic stairs</b>	We cannot pay for an attic conversion or attic stairs as these items are not covered in our Guidelines. We can consider attic insulation only.	None
<b>Bathroom remodeling and renovation</b>	We cannot pay for bathroom renovation and remodeling, outside of making it accessible	None
<b>Beds</b>	<p>Beds can be paid for as part of "household goods" under the 2016 Guidelines.</p> <p>Beds are not covered in the 2014 Guidelines as these are considered to be furniture and are excluded from the scope of our scheme, as described in on page 14.</p> <p>We can consider an application for a bed that is necessary to address mobility and medical conditions, provided there is a medical recommendation and the bed is purchased from a medical supplier.</p>	The exception to this is where there is a genuine medical recommendation for an orthopedic bed from a consultant or similar; and that bed is sourced from a medical suppliers
<b>Bed linen</b>	Bed linen can be covered under "household goods" in the 2016 Guidelines. It cannot be paid for under the 2014 Guidelines as it is excluded from the scope of our scheme.	Incontinence products can be considered under either Guidelines



<b>Bicycles</b>	We cannot pay for a bicycle as it is outside of the scope of our scheme, whether 2014 or 2016.	None.
<b>Book publishing</b>	We are unable to pay towards the publication of a book under the 2014 Guidelines.  Book publishing is included in the 2016 Guidelines.	Under the 2014 Guidelines, the yearly amount allowable for being socially active and connected could be put towards the cost, but there would need to be some indication that the book is suitable for publication. DOS must approve.
<b>Cars, motorbikes, motorised scooters</b>	We are unable to pay for a car as it does not fit into any of the categories of health, education or housing and is therefore outside the scope of our scheme.  In some circumstances, it may be possible for a car to be secured from health services if there is a need and this should be explored.	Where someone claims that they need a car because they suffer agoraphobia or arthritis, this can be addressed through the provision of payment for local travel.
<b>Camper van, caravan</b>	We are unable to pay for a camper van/caravan as it does not fit into any of the categories of health, education or housing and is therefore outside the scope of our scheme.	No scope for flexibility
<b>CCTV monitoring system</b>	We are unable to pay for CCTV monitoring as this is not covered by the scope of our scheme.	Guide applicant to general alarm system. Recommend “door peep hole” for those who want to see who is at the door.

		In rare circumstances consideration could be given to supporting this. Such circumstances could include where there has been some threat to the person or where he or she is particularly vulnerable. A police report would be required to support it.
<b>Clothing</b>	We are unable to pay for clothing as this is outside the scope of our scheme.	None. Clothing is an ongoing cost and therefore is not paid for. There are a number of organisations that provide clothing (such as SVP) for people who are in need.
<b>Conservatories</b>	We are unable to pay for the renovation, repair or construction of a conservatory, as conservatories are not covered by our scheme.	None. These are not covered in the Guidelines and do not qualify as an “extension”
<b>Cooker</b>	We are unable to pay for a cooker as it is outside the scope of our 2014 Guidelines, as explained on page 14. But a cooker can be part of “household goods” under the 2016 Guidelines.	None.
<b>Cosmetic surgery and dentistry</b>	We cannot pay for cosmetic procedures because they are excluded from the scope of our scheme under both 2014 and 2016 rules.	While we don’t cover cosmetic surgery, we should also be sympathetic and the particular needs of each individual should

		<p>be considered.</p> <p>See “dental implants” and “laser eye surgery”</p>
<b>Debts, outstanding loans, mortgages or rent</b>	We cannot pay for your loans, debts, rent or mortgages as these are specifically excluded from the scope of our scheme under our legislation, as stated in Section 8(1) (d).	No flexibility
<b>Dental implants</b>	We cannot generally pay for dental implants as these are considered to be cosmetic and are outside the scope of our scheme, as explained on page 11.	Implants could be approved where they are for front teeth, or where they are needed to hold a bridge. A maximum of four teeth can be covered.
<b>Disability aids without a recommendation</b>	<p>We cannot pay for disability aids unless we have a medical recommendation in support of these items from a consultant or occupational therapist.</p> <p>Even where there is a recommendation, this does not automatically result in approval as all other requirements must also be met.</p>	<p>Where someone is aged 65 and over, we should be encouraging them to consider an accessible bathroom, and there is no need for a professional recommendation.</p> <p>In rented accommodation though, need permission from landlord</p>
<b>Drugs, medicines available from a</b>	We cannot refund the cost of prescribed medicines which are available from a public scheme. We can pay for prescribed	None

<b>public provider</b>	medicines that are not available to the applicant from a public provider.	
<b>Education courses started or completed before making an application</b>	We cannot pay for or refund costs of course that has begun or completed before someone applies to us. We must approve them in advance.	No flexibility
<b>Education courses that do not lead to accreditation</b>	We cannot pay for education courses, full or part time, that do not lead to qualification, as set out in our Guidelines.	No flexibility, but socially active and connected can cover some non-accredited courses.
<b>Equipment related to hobbies (e.g. fishing rod)</b>	We cannot pay for a guitar, fishing rod, other hobby material, as these are not covered in our Guidelines.	Only available through flexibility, for instance if it seems that it will really make a significant difference to the person's wellbeing. Approval from DOS
<b>Exceeded annual limit for grant under "socially active and connected"</b>	We cannot pay for any more classes, memberships or local travel if the limit for a twelve month period is exceeded.	No flexibility. But €1200 available in following twelve month period. For 2016 rules, once the maximum personal limit has been reached, no renewals of socially active and connected.
<b>Fees for courses where grants area available through</b>	We cannot pay for the fees for courses where these are already covered by another public body. This includes bodies that are funded by public funds to provide education and training. Some	No flexibility

<b>SUSI or equivalent body</b>	community based groups and survivor support groups receive funding for this purpose.	
<b>Financial assistance</b>	We are unable to provide financial assistance as this is outside the scope of all our Guidelines.	No flexibility.
<b>Fitness equipment (e.g. tread mill, exercise bike)</b>	We cannot pay for fitness equipment as it is outside the scope of our scheme. We are able to pay for classes and gym membership.	No. Gym membership, even personal trainers, can be covered but not personal equipment.
<b>Fridges and other electrical and white goods</b>	We cannot pay for these items under the 2014 Guidelines but these are available under 2016 “household goods” in the 2016 Guidelines.	No flexibility
<b>Funeral costs</b>	<p>We are unable to pay for funeral costs as this is outside the scope of the 2014 Guidelines.</p> <p>These up to a value of €5000 are available under the 2016 Guidelines.</p>	<p>We can consider paying for them under 2014 rules, under exceptional circumstances.</p> <p>To qualify in this category the circumstances must be exceptional (e.g. if the person was dying and applied for it, a pauper’s funeral would be the only option available to them otherwise). <b>Payments in this category must be approved by CEO.</b></p>

<b>Garages, garage repairs, garage doors</b>	We cannot pay for repairs to a garage, as this is outside the scope of our scheme, which does not include outhouses.	No flexibility
<b>Garden clearance and related work for able bodied people</b>	<p>We can only pay for garden works, clearance that are:</p> <ul style="list-style-type: none"> <li>• Minor – not extensive landscaping, but minor improvements like cutting down unwieldy trees, replacing the odd paving stone, mending a broken fence</li> <li>• For people who are ageing or disabled and cannot manage minor repairs themselves</li> </ul> <p>These can be considered under both Guidelines (under “household goods” for the 2016 ones)</p>	<p>No flexibility where there is no evidence of disablement or age.</p> <p>Examples of what can be done are: paving can be replaced where there is evidence that a person may fall or trip because of damaged paths; gardens can be cleared if they are overgrown and rubbish could be cleared from either/or a garden or a house.</p> <p>However, once this clearance has been done then the Advisor should ensure that the applicant is linked into an ongoing service for maintenance. This should preferably be a service provided by a public or voluntary body.</p> <p>Where no such service exists, consideration could be given to paying someone to do regular maintenance. The rules of relationship, need and cost</p>

		need to be applied.
<b>Garden driveway</b>	We are unable to pay for repairs or replacement of driveways as this is outside the scope of our Guidelines.	If there is a person with a disability or who is older and the drive way is damaged such that it prevents mobility or threatens safety, then repair of the part of the driveway that is dangerous could be considered
<b>Garden fence</b>	We are unable to pay for a replacement garden fence as this is outside the scope of our Guidelines. We can pay for minor repairs in circumstances where person is old or disabled and there is a safety risk. Fences in rented homes are the responsibility of the landlord.	No flexibility, unless the person is elderly and there is a security or other risk. Then it can be considered in reason. It cannot be a whole reworking of their fence.
<b>Garden landscaping</b>	We cannot pay for garden landscaping as this is outside the scope of our scheme.	No flexibility
<b>Garden leveling</b>	We cannot pay for garden leveling unless there are access or mobility issues	We would only consider this where a person is elderly or with a disability and there is a risk to safety from unlevel surfaces – and then you will need very clear evidence of the need
<b>Garden Shed</b>	We cannot pay for these items under the 2014 Guidelines but	No flexibility

	these are available in the 2016 Guidelines.	
<b>Garden gates</b>	We are unable to pay for gates as these are outside the scope of our Guidelines.	No
<b>Garden wall</b>	We are unable to pay for a garden wall as this is outside the scope of our Guidelines.	No flexibility
<b>Garden paving</b>	We are unable to pay for replacement garden paving as this is outside of our Guidelines. We can consider repairs to paving where there is mobility or disability issues only	Only where disability issues
<b>Gutters and pipes, fascia and soffits</b>	We are unable to pay for replacement gutters and pipes as these are outside the scope of our scheme.  We can consider minor repairs and clearance of gutters and pipes, where an applicant is unable to carry out these routine tasks themselves, due to age or disability	Where someone is elderly, disabled or infirm and the work has been recommended as necessary, and there is no handyman service available to the person, under the 2014 and 2016 rules.
<b>Holidays</b>	We are unable to pay for holidays and international travel as these are outside of our scheme and published Guidelines	No flexibility here
<b>Home improvements (internal doors, fireplaces, stoves, flooring)</b>	We are unable to pay for any of these items as they are outside of the 2014 Guidelines, but they can be allowed under “household goods” in the 2016 ones.	No flexibility
<b>House clearance</b>	We can help with house clearance where someone has mobility	No flexibility



<b>where no disability</b>	or disability issues and cannot do this themselves, under 2014 criteria and those of 2016. But we can do this once only.	
<b>House extensions or adaptations without medical recommendation and evidence of need</b>	We can only consider adaptations or extensions, where there is strong medical recommendation.	<p>Where they are deemed to be necessary, all public grants and assistance must be applied for and our Fund used to add value to these only.</p> <p>Extensions should only be considered where there are strong medical recommendations (such as someone becoming confined to a wheelchair and therefore requiring additional space). A recommendation must come from an OT, a GP letter is not acceptable.</p> <p><b>Under 2016 Guidelines, could be considered but within the personal allocation.</b></p>
<b>House extensions, adaptations or improvements without landlord consent</b>	We are unable to support works on property where we do not have evidence of approval by the landlord	No flexibility

<b>House improvements in private rented housing</b>	We are unable to carry out structural work on private rented housing, even with the landlord permission	No flexibility
<b>House extensions or improvements where legal ownership and occupation not verified</b>	We can only pay for repairs and improvements where the applicant is the legal tenant/owner and occupier.	No flexibility
<b>Household bills (gas, electricity, oil, other heating, property tax, groceries, rent, rates, mortgage etc.)</b>	We are unable to pay for household bills as such payments are outside the scope of our scheme, as stated on page 14 of our Guidelines.	No flexibility
<b>Laptop</b>	<p>Laptops are not covered by Guidelines, but can be considered as part of the Education Support Grant, for people who are studying for academic or professional accredited courses.</p> <p>Possibly can be considered as an alternative to a TV under 2016 Guidelines. This would mean that the applicant could not have both.</p>	Under 2014 Guidelines, could be considered where someone has a particular need or condition and is dependent on a computer for communication, up to a limit of €500, and covered under socially active and connected. Must be approved by DOS

<b>Laser eye surgery</b>	We are unable to pay for laser eye surgery as this is considered to be a cosmetic procedure and as such is outside the scope of our scheme, as stated on page 11 of our Guidelines.	This could be covered if recommended by a medical consultant, not the person providing the surgery. Must be approved by DOS
<b>Kitchens</b>	<p>We are unable to support kitchen renovation or replacement as this work is outside the scope of our 2014 Guidelines.</p> <p>Kitchens are possible under the “household goods” in 2016 Guidelines, subject to the limit of €2000.</p>	Under 2014 Guidelines, where an extension has been approved, it may provide for kitchen, or where a kitchen has been damaged as a result of some mishap. In such circumstances the question of insurance cover on the house should be raised with the applicant
<b>Mobility scooter without professional recommendation</b>	We are unable to pay for a mobility scooter without a recommendation from an OT or consultant.	<p>No flexibility on the professional recommendation and care should be taken to ensure that the recommendation is from someone other than a GP such as OT or specialist.</p> <p>In considering paying for a scooter, all aspects of someone’s living arrangements need to be taken into account as well as what is the most</p>

		appropriate response to the needs that are being presented. Also, be aware of potential contradictions in approving payments. For example, if you have paid for gym membership, it is unlikely that the person needs a mobility scooter.
<b>Monitoring of alarms</b>	We are unable to pay for the monitoring of a house alarm as this is in an ongoing household cost and is outside the scope of our scheme.	No flexibility
<b>Mortgage or rent payments and arrears of these</b>	We cannot pay for mortgages, rent or arrears of these as stated in our Guidelines on page 14, and in Section 8. 1 (d) of the Residential Institutions Statutory Fund Act, 2012, our founding legislation.	We have no flexibility in relation to these, as it is the law
<b>National travel</b>	We are unable to pay for the cost of national travel as it is outside the scope of both our Guidelines.  Can be covered under “connecting with family and place” under 2016 Guidelines, assuming other conditions met.	If there is a medical need this can be considered, but only if you have satisfied yourself that there is no other alternative. Usually the health service will provide an ambulance or taxi where someone has to travel for hospital appointments or treatment.

<b>Orthopaedic footwear without a recommendation</b>	We cannot pay for footwear unless it has been recommended by a qualified professional such as a physiotherapist or orthotist	No flexibility
<b>Painting and Decoration</b>	We are unable to pay for painting and decoration under 2014 Guidelines but this is covered under the 2016 ones.	None
<b>Pointing and repointing</b>	We are unable to pay for repointing as this is outside the scope of all our Guidelines.	No flexibility
<b>Porches</b>	We are unable to pay for repairs or installation of a porch, as this is outside the scope of all our Guidelines.	No flexibility
<b>Prescription charges</b>	We are unable to pay for prescription charges as these are outside all our Guidelines.	No flexibility
<b>Prescribed medicines available on medical card, NHS or Drug Refund Scheme</b>	We cannot pay the cost of prescribed medicines that are already covered by a public scheme.	No flexibility. Where someone looking for this need, offer to try and get medical card for them.
<b>Provider of service not approved by us</b>	We can only pay for services where the provider is approved by us. For some suppliers we have a list of criteria that they must meet, for others we actually have a list of suppliers. These will change from time to time.	No flexibility.
<b>Replacement windows and doors without evidence of need</b>	We cannot pay for replacement windows and doors without evidence that these are necessary.	No flexibility

<b>Roof repairs, roofing generally</b>	We cannot pay for repairs to a roof as they are outside the scope of all our Guidelines.	Flexibility where part of insulation improvements, or where absolutely necessary (leak etc.)
<b>Septic tank and repairs to</b>	We are unable to pay for repairs or installation of a septic tank as this is outside the scope of our scheme.	No flexibility
<b>Service for someone other than a survivor</b>	We are unable to pay for the service for someone other than an eligible survivor. We are prevented by law (the Residential Institutions Statutory Fund Act, 2012) from providing assistance to anyone other than those who are deemed eligible to apply to us.	No flexibility, we cannot provide services to relatives of applicants. This means that we cannot pay for fertility treatment for instance for an applicant's partner, or make adaptations to a house which are needed by an applicant's partner or child
<b>Service already available from a public body</b>	We are unable to pay for a service or goods that are readily available from a public provider.	If its availability is not timely, and the wait will cause undue hardship, then we can consider it for it. As always, preferably in cooperation with the relevant public body. Approval from DOS
<b>Service or goods already purchased, started or completed</b>	We are unable to pay for goods or services that have been purchased before an application was made to Caranua. As stated in our Guidelines, we must approve all services and	No flexibility

<b>before application is made</b>	suppliers and cannot pay for work or services that have been commenced or completed before you applied to us.	
<b>Stove</b>	We are unable to pay for a stove under 2014 rules but could be considered as part of “household goods” if it is within limits under 2016 Guidelines.	If it is part of a heating upgrade there may be some scope for flexibility. Approval by DOS
<b>Structural work on private rented housing</b>	We are unable to pay for structural work on homes rented from a private landlord as it is outside of all our rules.	No flexibility
<b>Solar heating systems</b>	We are unable to pay for a solar heating system as it is outside the scope of our Guidelines.	These are not covered in the Guidelines. The reason is that they are considered to be not cost effective as they are expensive to install and take many years to see a return  If someone is in a sunny country like Australia can be considered
<b>Teeth whitening</b>	We consider that teeth whitening is a cosmetic procedure and we do not support this, under all Guidelines.	No flexibility
<b>Temporary Accommodation</b>	We are unable to pay for the cost of temporary accommodation as it is considered to be “rent” and this is outside the scope of the legislation.	Where someone must stay overnight for a hospital appointment or treatment and accommodation not available from HSE can be considered, or where necessary repairs are

		being carried out and it is not possible for someone to remain at home. Need approval from DOS.
<b>Three-piece suite</b>	We are unable to pay for furniture under 2014 Guidelines but it can be paid under 2016 rules.	The only flexibility for 2014 Guidelines is in relation to medically necessary orthopedic furniture which requires a recommendation and is supplied by specialist medical suppliers.
<b>Travel costs for family reunification</b>	We are unable to pay for family reunification under 2014 rules but this is covered under 2016 ones.	There may be circumstances in which the €1200 under health and wellbeing could be used under 2014 rules, with approval from DOS
<b>Travel in Ireland</b>	We can pay for local travel to classes and medical appointments, under 2014 rules. Could be covered under “family reunification” under 2016 rules.	Only flexibility would be for medical reasons, with approval of DOS.
<b>Triple glazing</b>	Not covered by either rules.	People in very cold climates maybe. DOS approval
<b>White goods</b>	See under “fridge”	No flexibility
<b>Wiring/rewiring</b>	We are unable to pay rewiring under either rules	If there is a risk to life because of the condition of the wiring this could be considered as



		<p>exceptional. However there will need to be strong evidence from someone other than the electrician who stands to benefit from the work (fire officer for instance).</p> <p>This could not be allowed in rented accommodation as it is the landlord's responsibility.</p>
<b>Veneers</b>	We are unable to pay for veneers for your teeth as these are considered to be cosmetic. As such they are excluded from the scope of our scheme, as stated on page 11 of our published Guidelines.	No flexibility

## SECTION ELEVEN: GUIDANCE ON QUOTES, RECOMMENDATIONS AND APPROVED SUPPLIERS

### 11.1 Being well physically and mentally

Service	Recommendation	Quotes and limits	Supplier approval
<p><b>Counselling, addiction, stress and behaviour management</b></p>	<p>There are free counselling services for survivors in place. These are Connect, Towards Healing and ICAP and these will be recommended in the first place.</p> <p>We can pay for assessments where this is necessary.</p>	<p>Requirement is for a time limited plan, with a schedule of costs from a psychotherapist, counsellor or the body providing other interventions.</p> <p>The maximum number of counselling sessions allowable in one twelve month period is 10 and €80/£60 (or equivalent in other currencies) is the upper limit per session.</p>	<p>Registration with:</p> <ul style="list-style-type: none"> <li>Association of professional counsellors <a href="http://www.acpcp.ie">www.acpcp.ie</a></li> <li><a href="http://www.counsellingdirectory.ie">www.counsellingdirectory.ie</a></li> <li>Irish Association for counselling and psychotherapy <a href="http://www.iacp.ie">www.iacp.ie</a></li> <li>Irish Association of Humanistic and Integrative Psychotherapy <a href="http://www.iahip.org">www.iahip.org</a></li> </ul> <p>SEE ALSO: <a href="http://www.hse.ie/mentalhealthprofessionals">www.hse.ie/mentalhealthprofessionals</a></p> <ul style="list-style-type: none"> <li>British Association for counselling and psychotherapy <a href="http://www.bacp.org.uk">www.bacp.org.uk</a></li> <li>UK council for psychotherapy <a href="http://www.ukcp.org.uk">www.ukcp.org.uk</a></li> <li>National register of Psychotherapists and counsellors <a href="http://www.nrpc.org.uk">www.nrpc.org.uk</a></li> </ul>

<p><b>Dental treatment</b></p>	<p>A treatment plan, following assessment, from a dentist. We can pay for the assessment but usually, an assessment will be carried out free of charge by the dentist.</p>	<p>If the treatment plan contains costs for each item, this is acceptable as a quote, as long as it fits with the requirements of a quote.</p> <p>If the works are over €1,000 or £750 we need three quotes.</p>	<p>Dentist and related practitioners must be on the HSE or DSP panel in Ireland, the General Dental Council in the UK and equivalent in other countries.</p>
<p><b>Eye tests and glasses</b></p>	<p>A report of the optician or ophthalmologist with recommended treatment and equipment (eye glasses).</p> <p>Most opticians don't charge for tests, but we can pay for these if necessary.</p>	<p>If costs are included, in the proposed treatment plan, this will be accepted, as long as it fits with the requirements for quotes.</p> <p>Limits on eye tests and glasses apply. These are: one test and two sets of glasses in any two-year period.</p>	<p>Optician or ophthalmologist must be on DSP or HSE panel in Ireland, the General Optical Council in the UK and equivalent regulatory body in other countries.</p>

<b>GP (doctor)</b>	We do not require a recommendation for a GP visit.	We do not require a quote but can only pay for GP visits where this has been approved in advance.  The limit to pay for GP visit is €60 in Ireland and £30 in the UK, but GP visits are covered by the NHS.	GP must be registered with the Medical Council in Ireland, the General Medical Council in the UK and equivalent regulatory bodies in other countries.
<b>Health screening</b>	A referral from a GP, setting out the recommended screening and the proposed clinic or hospital.	A separate statement or quote of the cost of the screening will be needed from the hospital or clinic doing the screening.	Clinics or hospitals approved by private insurers.  See: <a href="http://www.vhi.ie">www.vhi.ie</a> ; <a href="http://www.layahealthcare.ie">www.layahealthcare.ie</a> ; <a href="http://www.avivahealth.ie">www.avivahealth.ie</a>
<b>Hearing tests and aids</b>	A report of the audiologist assessment and proposed equipment with estimated cost.  We can pay for the assessment if this is necessary.	If the recommendation contains costs, this is acceptable as a quote. If there are no costs with the recommendation, a separate quote is necessary.  If the cost is higher than	In Ireland, a member of the DSP or HSE panel, in the UK a member of the Health and Care Professions Council (HCPC) and the equivalent in other countries.

		<p>€1000 or £750, three quotes are necessary.</p> <p>The limits applying to hearing aids are €1500 for each hearing aid in Ireland, and equivalent in other jurisdictions.</p> <p>A maximum of two hearing aids in any two-year period allowed.</p>	
<b>Orthotics and orthopaedic footwear</b>	<p>A recommendation for orthotics, footwear and other equipment from chiropodist, podiatrist or other relevant specialist.</p> <p>We can pay for assessments as necessary.</p> <p>We will not accept a recommendation from a GP or a supplier of footwear.</p>	<p>We need a quote for orthotics, footwear and other equipment or treatment.</p> <p>The limit is for two pairs of shoes in a two-year period.</p>	<p>The provider should be a qualified orthotist. In the UK registered with the Health and Care Professions Council or the equivalent in other countries.</p> <p>Check <a href="http://www.assistireland.ie">www.assistireland.ie</a></p> <p><a href="http://www.whatclinic.com/physiotherapy/ireland/orthotics">www.whatclinic.com/physiotherapy/ireland/orthotics</a></p>
<b>Podiatry/</b>	A treatment plan from a	If the number and cost of	In Ireland, member of Society of Chiropodists &

<b>Chiropody</b>	chiropodist or podiatrist.	<p>sessions and other recommended treatments are clearly set out in the treatment plan, this can be accepted as a quote.</p> <p>The maximum number of sessions in one year is six. The maximum limit on the cost of a session is €50/£35 or the equivalent in other currencies.</p>	<p>Podiatrists (ROI), Irish Chiropodist/Podiatrists Organisation Ltd, or Institute of Chiropodists &amp; Podiatrists (ROI).</p> <p>In UK registered with Health and Care Professions Council (HCPC) and equivalent regulatory body in other countries.</p>
<b>Psychological and psychiatric</b>	<p>For an assessment, we require a referral from a GP for the assessment, which we can pay for.</p> <p>For treatment, we require a time limited treatment plan, following assessment, explaining the purpose of the treatment, how long it will last, expected outcome.</p>	If the treatment plan contains costs, this is acceptable. If not, we require a quote from the psychologist or psychiatrist.	<p>Must be a member of:  College of psychiatrists of Ireland <a href="http://www.irishpsychiatry.ie">www.irishpsychiatry.ie</a></p> <p>Psychological society of Ireland <a href="http://www.psychologicalsociety.ie">www.psychologicalsociety.ie</a></p> <p>British Psychological Society <a href="http://www.bps.org.uk">www.bps.org.uk</a>  Royal College of Psychiatrists <a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a></p>
<b>Surgery and</b>	A letter from your GP or	The letter will do as a	The hospital must be in the public system, unless

<b>hospital treatment</b>	consultant explaining the treatment and the cost of the treatment	quote if it contains costs.	the procedure is not available in a timely way.
<b>Therapies such as physiotherapy, occupational therapy, speech therapy, complementary therapies such as reflexology, acupuncture, osteopathy, physical therapy, chiropractic.</b>	A time limited plan, following assessment by a therapist, with a schedule of costs.	<p>The plan is acceptable as a quote if it contains itemised costs. Otherwise we need a separate quote.</p> <p>The limits on these therapies will be 6 in any twelve-month period. Repeat sessions over and above that agreed with an advisor may be considered where the need is clear.</p> <p>The maximum amount allowed per session is €55/£40.</p>	<p>In Ireland dieticians, occupational therapists and speech and language therapists must be registered with CORU.</p> <p>In the UK, they and physiotherapists must be registered with the HCPC (Health and Care Professionals Council).</p> <p>All other therapists must be a member of one of the national professional bodies for that therapy.</p> <p><i>Reflexology</i> Association of Irish Reflexologists, the Irish Reflexologists' Institute or the National Register of Reflexologists</p> <p><i>Physical therapy</i> Current member of the Register of Physical Therapists of Ireland, the Irish Association of Physical Therapists, or the Irish Institute of Physical Therapists</p> <p><i>Osteopath</i> Irish Osteopathic Association of the Association of</p>

		Osteopaths in Ireland
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## 11.2 Being socially active and connected

Service	Recommendation or evidence	Quote	Supplier
<b>Family tracing and genealogy</b>	A free service is provided to survivors by Origins, run by Barnardos. If there is a reason for not using this service, we will require a recommendation from Origins for additional or other services.	A quote from a qualified individual or agency for specified and individually costed activities.	Affiliated to Accredited Genealogists Ireland.  Society of Genealogists, Association of Genealogists and Researchers in Archives (UK).
<b>Clubs, classes and other activities</b>	Information on the club or course, addressed to applicant, on official paper, with start and finish dates, number of classes or events and costs for each.	Information with costs acceptable as quote.  For gym membership, membership of golf clubs and other annual membership fees, a quote or invoice on official paper and signed is necessary. The limit for gym membership is €450 per year.	Clubs and classes must be provided by reputable individuals or organisations, usually part of national network such as Active Retirement clubs.
<b>Courses that promote healthy life styles</b>	Information on the course, on official paper, and accepting applicant (named) on to the course.	Information on the cost of the course, per session. Can be same document as acceptance letter.	Provider must be appropriately qualified (e.g. qualified life or wellness coach) and the course must be professional and

			preferably accredited by a professional body or reputable organisation.
<b>Local travel to clubs, classes and activities</b>	We will need evidence of the courses, classes or activities to which the travel relates.	<p>We will usually pay for a travel card for a period, in advance.</p> <p>We may reimburse expenditure for travel, if we have approved it in advance and we receive receipts for the expenditure.</p>	<p>Provision will be through public transport provider.</p> <p>This can include taxis but only where there is a good reason for not using bus services.</p>

### 11.3 Housing support

Service	Recommendation	Quote	Supplier
<b>Aids and appliances such as ramps, grab rails, stair lifts, wheelchairs, car adaptations, accessible bathrooms</b>	<p>A recommendation from an occupational therapist, public health nurse or specialist professional for appliances, wheelchair and car adaptations.</p> <p>We do not require a recommendation for an accessible bathroom if you are aged over 65. For applicants under this age, we require a recommendation from an occupational therapist explaining why it is necessary.</p>	<p>Quote from supplier for the installation of the ramps, rails, stair lift, or car adaptation, including costs of materials and labour. If the cost is more than €1000/£750, three quotes are needed.</p> <p>Three quotes from builders or specialist supplier for adaptable bathroom, including materials, equipment and labour.</p>	<p>Builders/contractors must be bona fide, registered with CIF or equivalent in other countries, registered and tax compliant. Quotes need to be carefully checked for authenticity.</p> <p>Check:  <a href="http://www.assistireland.ie">www.assistireland.ie</a>  <a href="http://www.cif.ie">www.cif.ie</a></p>
<b>Assistive technologies</b>	<p>A proposal for relevant technologies and aids from a relevant professional such as a public health nurse or occupational therapist. We can pay for the assessment if this is necessary.</p>	<p>A quote from a recommended supplier for the services and/or equipment, including any installation costs, labour and equipment.</p>	<p>Must be a registered supplier.</p> <p>Check <a href="http://www.assistireland.ie">www.assistireland.ie</a></p>

<p><b>Home help and tenancy support</b></p>	<p>Recommendation from occupational therapist or public health nurse for home help services, including number of hours per week, and recommended supplier.</p> <p>For tenancy support, a recommendation from a relevant professional explaining why the support is necessary, how long it will be necessary for, and recommending suppliers.</p>	<p>Quote from home help provider showing the hourly cost, the number of hours per week and the services to be provided.</p> <p>Quote from suitably qualified organisations for the provision of services, including description of services, number of hours per week and cost per hour.</p>	<p>Home Help services to be approved by HSE in Ireland, the Care quality commission UK and equivalent in other countries.</p> <p>Check:  <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>  <a href="http://www.hse.ie/eng/services/list/1LHO">www.hse.ie/eng/services/list/1LHO</a></p> <p>For tenancy support services, provider must be registered as provider with relevant government body (public funding for the body may suffice and it is most likely to be a homeless or disability related service).</p>
<p><b>Insulation, draught proofing, heating systems, replacement windows and doors</b></p>	<p>An assessment of your home in terms of draughts, insulation and heating is necessary, with recommendations. This can be by an occupational therapist, surveyor or other building professional.</p>	<p>Quotes from building contractors for the recommended work, including the purpose of the work, the items to be included, materials, labour and other items.</p>	<p>In Ireland, contractors should be either approved by SEAI or the CIF (which has a register of contractors)</p>

	Recommendations must be based on an inspection of your home and explain why the work is necessary.		Check: <a href="http://www.seai.ie">www.seai.ie</a> <a href="http://www.cif.ie">www.cif.ie</a>
<b>Locks, alarms and personal alarms</b>	No recommendation necessary	Quote for cost of items and installation, including labour. If the cost is more than €1000/£750, three quotes are needed.	Quotes need to be authenticated and installers tax compliant etc.

## 11.4 Education and learning

Service	Recommendation or evidence	Quote	Supplier
<b>Fees for courses leading to qualifications 1-10 or equivalent</b>	A letter to the applicant from the college or other institution confirming acceptance.	<p>Confirmation from the college or institute on the fees payable for the course for the current academic year, addressed to the applicant.</p> <p>If this information is contained in the letter there is no need for a separate quote or letter.</p>	<p>Course and provider must be approved by the relevant government body- QQI in Ireland and accredited qualifications in UK.</p> <p>Check <a href="http://www.qqi.ie">www.qqi.ie</a> and <a href="http://www.accreditedqualifications.org.uk">www.accreditedqualifications.org.uk</a></p>
<b>Fees for evening, adult education, literacy and other courses</b>	Confirmation in writing to the applicant, containing of the name of the course, its duration and applicant's acceptance on to the course.	Confirmation of the fees and charges due from the college, organisation or institute. This must be addressed to you. If this information is contained in the letter confirming acceptance, there is no need for a separate quote or letter.	As above
<b>Fees for private courses where not available in</b>	Confirmation in writing to the applicant from the	Confirmation of the fees and charges due from the college,	Institute and qualification must be approved by relevant

<p><b>public institutes</b></p>	<p>college or other institute that confirming acceptance on the course.</p> <p>We will need to be satisfied that this or similar courses are not available through public institutes.</p>	<p>organisation or institute. This must be addressed to the applicant. If this information is contained in the letter confirming acceptance, there is no need for a separate quote or letter.</p>	<p>government body.</p>
<p><b>Learning support – books, travel and extra tuition</b></p>	<p>Evidence that any grants available through SUSI or equivalent in other countries have been applied for and refused.</p>	<p>Quotes for the items being applied for (books, travel, extra tuition) from reputable book supplier or from individual tutor. Tutor must supply study/class plan.</p> <p>The need for travel must be explained, with frequency etc.</p> <p>This assistance only applies for accredited courses. Receipts must be provided for all costs.</p> <p>The payments should be paid on a semester basis. Thus, divide the costs per semester. Pay the first up front, and do not pay</p>	<p>Tutor must be qualified in the subject being studied.</p>

		balance until receipts for previous semester received and so on.	
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