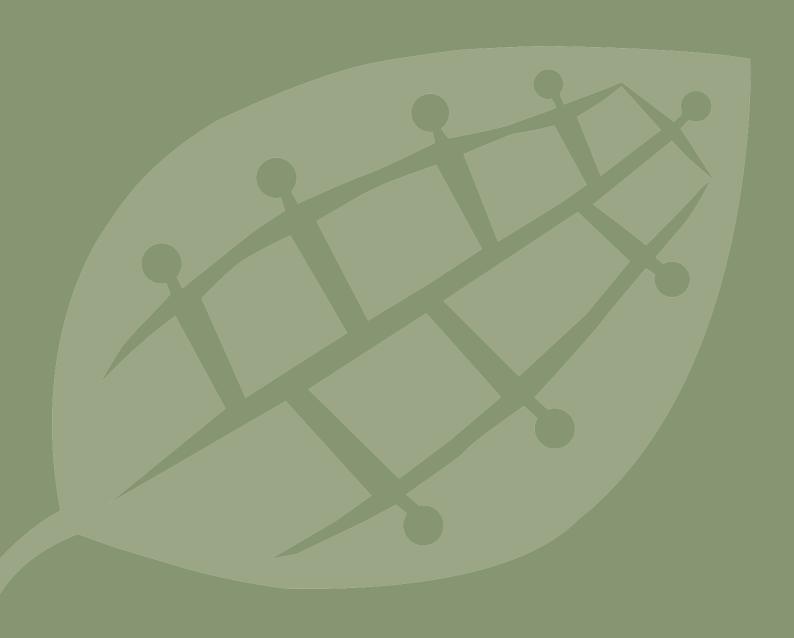




**Annual Report** 2014



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#### **Foreword**

This is the second annual report of the Residential Institutions Statutory Fund, known as Caranua, an independent State body established by the Minister for Education and Skills, under the Residential Institutions Statutory Fund Act. 2012.

The Fund was established to provide support to people who, as children, experienced abuse in institutions run by religious congregations on behalf of the State. Those religious congregations who were part of the Indemnity Agreement in 2002 with the government of the day have pledged €110 million to the Fund to meet the needs of eligible survivors.

Caranua opened for applications on the 6<sup>th</sup> January 2014 and immediately began receiving a large number of applications. Almost 1,300 initial applications were received in January alone, which is testament to the successful awareness campaign in the latter end of 2013.

There were many challenges throughout 2014, and we thank all applicants for their patience as we finalised and refined the application process. It was a busy year for the Board and the Executive, and we learned a huge amount about both the needs of survivors, and how to ensure we provide a fair and equitable service.

I commend my fellow Board members and the Executive for the tremendous commitment and focus that they demonstrated in this work during the year 2014.

A id of. I ball shan

David O'Callaghan

Chairperson



#### Introduction

Caranua was established under the Residential Institutions Statutory Fund Act, 2012 with the aim of providing support to people who, as children, experienced abuse in institutions in Ireland. The institutions were run by religious congregations and funded and regulated by the State.

Those religious congregations are responsible for the provision of funds to Caranua and have pledged €110 million. At the end of 2014, €80 million of this had been received. Caranua is responsible for managing these funds to secure improvements in the wellbeing of eligible survivors, by paying for services for them in the areas of health, education and housing.

To be eligible, individuals must have received compensation through the Residential Institutions Redress Board, settlements or the Irish Courts, and are estimated to number just over 15,000. Almost 60% are thought to live in Ireland, one third in the United Kingdom and the remainder are scattered across the world, with clusters in the United States, Australia and Canada.

The remainder of this document is in four sections. Section two presents information on Caranua, describing its background, broad purpose and approach to working with survivors. Section three reports on our activities during the year, including a report on applications processed and payments made. It also outlines our commitments for 2015. The final section focuses on governance matters, explaining the governance structure and reporting on Board meetings and other relevant activities.

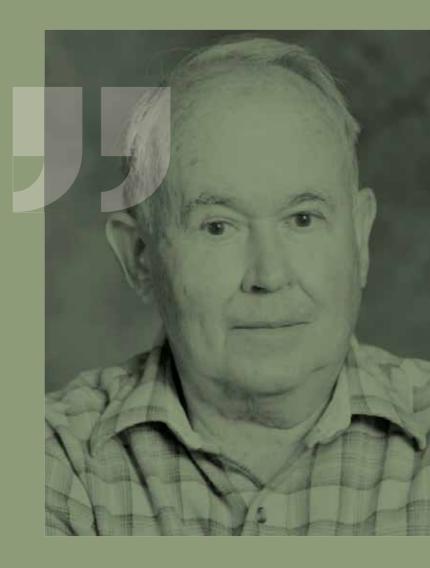
Financial information is not included with this report. Draft accounts for 2014 have been adopted by the Board and are subject to audit by the Comptroller and Auditor General. Once the accounts have been approved and laid before the Houses of the Oireachtas, they will be published separately.

The advisor I worked with at Caranua was superb, nothing was too much trouble for her. Everyone I spoke with at Caranua was very sympathetic and understanding.

Successive
Governments have
tried to put right what
was done wrong to us,
but you can't buy a
childhood regardless of
what you get. However,
I found dealing with
Caranua to be a very
different experience
from other past
agencies.

I've had issues with cheques and I had to get them reissued, but my advisor was very polite and understanding and that has been my experience of everyone working at Caranua. God bless all.

Desmond (79), Westmidlands, England







# OUR PURPOSE, AIMS AND APPROACH

#### 2.1 Introduction

This section provides a context for the report of our activities in 2014. It describes the role and purpose of Caranua and locates the Fund in the range of government initiatives for people who experienced neglect and abuse in institutions. It goes on to outline some of what is known about survivors of institutional abuse in Ireland and what survivors told us they wanted from Caranua. Finally, it describes the approach of Caranua in responding to those needs, setting out aims, values, and criteria for the services that we can support. Additional information on the application process is contained in Section three.

#### 2.2 Background

Caranua was set up by legislation - the Residential Institutions Statutory Fund Act, 2012 - and held its inaugural meeting in late March 2013. It is one of a series of State initiatives designed to acknowledge and compensate for the harm caused to people who experienced institutional abuse as children. These include:

- A State apology, and the establishment of the Commission to Inquire into Child Abuse (CICA) in 1999. The commission heard testimony from individuals who had been in institutions and investigated those institutions. The report of the Commission, known as the Ryan Report, after its chairman, was published in 2009
- A scheme of financial compensation, managed by the Residential Institutions Redress Board, was established in 2002 and has made awards to over 15,000 individuals, ranging in value from €10,000 to €300,000. At the end of 2014 the Board almost finished its work in relation to hearing claims and was in the process of winding down its operations
- The provision of grants for survivors and their family members to avail of formal and informal education and development opportunities, through the Education Finance Board established in 2006. The Board provided grants to 12,000 individuals, most of whom

were children and grandchildren of survivors, for a wide range of educational courses, until November 2011

■ A programme of assistance for women who were incarcerated in Magdalene laundries was announced in 2014, and included provision for payment of compensation, social welfare pensions and an enhanced medical card for those living in Ireland, and equivalent provision for those outside Ireland.

In addition, an **investigation into the operation of Mother and Baby Homes** was announced in 2014. It will inquire into the operation of these institutions, where thousands of women pregnant outside marriage were sent to have their babies between 1922 and 1987.

#### 2.3 Purpose and role

The purpose, role and functions of Caranua are set out in the Residential Institutions Statutory Fund Act.
This provides for the creation of a Statutory Fund, to be financed by religious congregations, and a new agency to manage the Fund. The scope of the Fund is limited to those survivors who received financial compensation through settlements, courts or the Residential Institutions Redress Board.

The role of Caranua is described as to devise and manage a system of support that will address the current needs of eligible survivors and improve their wellbeing, by paying for approved services in the areas of health, education and housing, that are not readily available through public bodies.

Specified functions in the legislation are to:

- Decide the range of "approved' services
- Set criteria for decisions on applications
- Ensure information on our supports for survivors is readily available

- Add to rather than duplicate existing public services
- Promote understanding of the effects of abuse
- Evaluate the effectiveness of our interventions
- Be consistent, fair, transparent and equitable
- Use the funds available efficiently.

An important element of the legislation is the coordination of activities with public bodies in Ireland and such bodies are obliged to appoint liaison officers for this purpose. This provision enhances the authority of Caranua in relation to public services in Ireland, a situation that does not apply to other iurisdictions.

### 2.4 What is known about survivors

Just over 15,000 people are estimated to be eligible to apply to Caranua. Information supplied by the Department of Education and Skills in 2013 indicates:

- Four out of five are aged over 50, and the majority are over 60
- Just over half (8,500) are in Ireland, one third (5,000) in the UK and the remainder in every part of the world, with clusters in Canada, Australia and the United States.

While there is some research on the impact of abuse in childhood, there is little that relates specifically to abuse in an institutional setting. However, the Commission to Inquire into Childhood Abuse (CICA) concluded that:

- Emotional and physical neglect, and emotional, psychological, physical and sexual abuse was endemic and systemic in the institutions
- Children were often hungry, involved in manual labour and received little education.

Given this background it is not surprising that many survivors of institutional abuse are socially and economically disadvantaged and with poor levels of mental and physical health.

Many of those who presented to the Commission reported that their adult lives were blighted by childhood memories of fear and abuse.

They gave accounts of troubled relationships and loss of contact with their siblings, extended families and with their own children. They also described lives marked by poverty, social isolation, poor interpersonal skills, emotional and psychological distress, alcohol misuse and chronic health conditions<sup>1</sup>.

While many were in secure and long term relationships, others were unable to make a commitment to marriage, fearing they would be trapped again, as they felt they had been in the institution; or that they would be exposed as being illegitimate and that while they could maintain a veil of secrecy as a single person, this would be lost if they

were to marry<sup>2</sup>.

An in depth study as part of the CICA report by Prof Alan Carr of University College Dublin, shows clinical evidence of life problems -74% mental health problems, 52% unemployment, 38% substance abuse - and of diagnostic criteria for anxiety, mood and alcohol abuse at the time of the study, among 51% of study participants. It was the view of researchers that people presenting to CICA were probably better adjusted than those who did not present as they had acknowledged their experiences, incorporated them into their lives and were able to talk about them.

Other research indicates life long health effects of abuse and neglect in childhood including:

- Childhood poverty increases the risk for cardiovascular, arthritis, cancer and lung diseases
- Childhood adversity threatens physical and psychological health and wellbeing
- Physical abuse may cause negative emotional states

<sup>1.</sup> Report of the Commission to Inquire into Child Abuse, 2009. Volume 3, 19: 16. Commission to Inquire into Child Abuse.

<sup>2.</sup> ibid Volume 3, 11:14.

Sexual abuse compromises the development of social skills, trust and self -regulation.

Service providers in the areas of psychiatric care, homelessness, addiction and older people reported that they were aware of survivors among their service users, as were some community-based providers. They were regarded as often having multiple and complex needs. Individual survivors themselves reported poor experience with services, feeling misunderstood, suspicious and alienated from them<sup>3</sup>.

### 2.5 What survivors identified as needs

Caranua is committed to ensuring that its services are relevant to the needs of survivors. The views of survivors were canvased in 2013 and over 200 individuals were met directly, mainly through survivor support groups and Irish Welfare organisations in the UK. Their views informed the shape and content of our criteria and approved services.

In the consultation, there was unanimity about how survivors wanted the Caranua fund to work. They wanted it to be:

- Easy to use, quick, not bureaucratic, offering respect, dignity, clear information and "no begging"
- Confidential, easy to use, flexible with published time frames and standards.

In terms of the services that should be included, survivors spoke about health needs being their biggest concern, although it is of note that those in the UK felt that they could get most things they needed through the NHS. Formal education was generally not important but "soft skills" development was regarded as a key to continued wellbeing. Specific needs identified were:

Help with remaining at home in order to avoid institutional care in later life, including aids and appliances, home adaptations, extensions, insulation, window replacement, home help and nursing care, help with wheelchairs, other aids, spectacles and hearing aids that are better

<sup>3.</sup> Higgins, M (2010). *Developing a profile of survivors of abuse in Irish religious institutions.* St Stephen's Green Trust, Ireland.

than the HSE or NHS issued ones, and dental treatment

- Speedy access to consultants and specialist medical help
- Respite and other assistance for families caring for survivors with conditions such as Alzheimer's
- Counselling and psychotherapy
- Low level help around the house such as clearing rubbish from the garden, fixing fences and help with transport for people with limited mobility and conditions such as agoraphobia
- Social outings, craft classes, keep fit, computer classes
- Interpreting services for people who are deaf or hard of hearing
- Holistic interventions for those with complex needs, complementary health therapies, physiotherapy, speech and occupational therapy
- Family tracing, information on where they grew up, help with travel for family reunification, free travel and cheap accommodation in Ireland to visit relatives and family graves; funeral costs
- Advocacy for survivors, a "voice"

for survivors

Funding for existing groups providing support and activities for survivors; funding for activities to aid survivor healing and recovery.

#### 2.6 Aims and values

Taking into account the terms of the legislation and the needs of survivors, the Board agreed a set of aims and values to underpin the implementation of Caranua services for survivors, with the intention of ensuring that we would be flexible and as open as possible.

The stated aims of our services for survivors are to:

- Improve the wellbeing of survivors who are eligible for our services
- Make sure anyone using our services feels empowered, enabled and satisfied
- Build understanding of the effects of institutional abuse among policy makers, service providers and the public
- Help other service providers to

recognise and respond effectively to the needs of survivors.

The values, which underpin and drive our responses to survivors are:

- We put the needs of survivors at the heart of everything we do
- We believe survivors are entitled to compassion, respect and dignity
- We respect and promote the right to privacy and confidentiality of anyone in contact with us
- We will be open and fair in our dealings
- We will be honest about what we can and cannot do
- We will ensure high quality in everything we do
- We will work together with public and voluntary bodies to make sure that survivors get services of real benefit, and that we make the best use of the fund
- We are impartial and offer equal access to anyone using our services.

#### 2.7 Services and criteria

As set out in our published Guidelines, there are three areas of services that we can consider and these are summarised below.

These services follow broadly the scope of services provided for in the Residential Institutions Statutory
Fund Act, and those identified by survivors but do not include all of them. Key gaps are funeral costs, family reunification and support for activities that will aid healing and recovery. The legislation does not provide for Caranua to fund support groups.

Criteria for applying for services agreed by the Board are:

- Some services, such as home improvements and medical interventions must be based on a recommendation from a professional
- All service providers must be approved by Caranua and must be qualified, registered and tax compliant

- Only services that are approved in advance can be supported
- Financial limits apply to some services, in keeping with the Guidelines and those imposed by local health or housing authorities.

Copies of the Guidelines can be accessed on the Caranua website at www.caranua.ie/useful\_resources/caranua\_publications

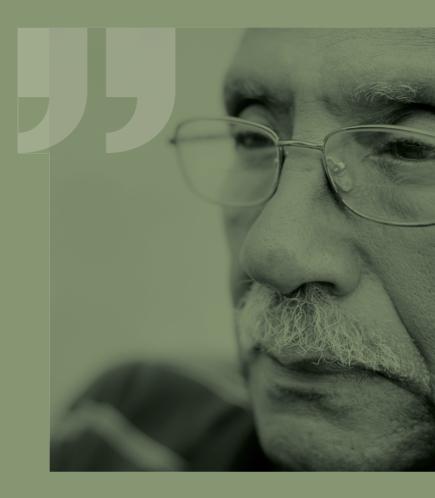
Service area	Aim	Services include
Health and wellbeing	To support survivors to be physically and mentally well and socially active and connected	Health services (screening, GP, consultants, eyes, teeth, feet and ears), alternative therapies, clubs, classes, health promotion, family tracing, counselling, local travel to classes and medical appointments, interpreting services for people who are deaf
Housing supports	To enable survivors to stay at home, safe, secure and warm	Personal care and support, necessary home improvements, disability aids and equipment, minor repairs
Learning, development and education	To encourage further education, skills and self-development	Fees for courses, education support grants for full and part time accredited courses

My early suspicions of Caranua stirred up all kinds of emotions and debate. An awful lot of questions needed answering, but I needn't have worried.

Once I decided to apply, within a short space of time I was allocated an Advisor. Words cannot express my admiration for this gentleman's courtesy, exceptional professional skills, and his unique way for feeling at ease, whilst conversing on the phone.

I'd encourage survivors of institutional abuse who are hesitating to contact Caranua. Have no fear. We are very fortunate to have such dedicated staff working on our behalf. Contact them as soon as possible. They are waiting to assist you.

Pat (Cork)









#### 3.1 Introduction

This section reviews our work in 2014. It provides an overview of activities during the year, reports on the applications received, where they came from and what the money was spent on. It begins with an overview of the key challenges and achievements in 2014 and concludes with an outline of our commitments for 2015.

The initial and biggest challenge was our lack of capacity to manage the volume of applications received after we opened in January 2014. In January we received 1300 applications followed by a further 600 in February and 400 in March, after which there was a gradual fall. By then though we had clearly demonstrated how unprepared we had been to accept applications, and how inadequately staffed. As applications piled up, applicants were understandably disappointed and frustrated with having to wait and wait for responses, leading to additional negative media and political attention.

Additional temporary staff were appointed early in July and this led to a dramatic increase in the number of applications processed and payments made in the second half of the year; and this is evident in the statistical reports that follow. By the end of the year, we had processed hundreds of applications and spent just under €9 million. This rate of spend has intensified in 2015.

While the outturn for the year was reasonable, it was a challenging year. Starting in a deficit position made it difficult to gain proper control of activities and there was constant pressure to process more applications more quickly.

#### 3.2 Our work in 2014

The priority activity for the year was responding to applications received from survivors. Doing this successfully was dependent on a number of other aspects of our operation being functional. These included ensuring that survivors were aware of our existence, strengthening relationships with external stakeholders, securing additional staff resources, and improving our operational effectiveness through continuous improvement and development. This section reports on all of these activities and provides a brief analysis of the applications received and the money spent.

### Raising awareness, encouraging applications

Legislation prevents our making contact with potential applicants and the Board made an early decision that the fund should not be used for expensive (and probably ineffective) advertising. In this context, we are dependent on raising awareness through leaflets and posters, media and word of mouth to reach potential applicants.

A key communication challenge was to make it clear that only survivors who received an award in relation to their time in an institution could apply, and that relatives could not apply. Survivor support groups were crucial in helping us to get the correct messages out to the people they were in contact with.

Key activities and outputs included:

Attracting almost 4000 initial applications over the course of the year, almost half of which were received in the first two months. Of those initial applications, 95% were deemed eligible to apply, although the burden of proof at this stage is low. Almost half of

these applications were received in the first two months.

- information materials accessible
  by securing the National Adult
  Literacy Agency (NALA) "plain
  English" approval, making large
  print versions available on request,
  and ensuring their availability on
  our website and in health, social
  and community services in Ireland,
  and via Irish welfare organisations,
  the Irish embassy and survivors
  support organisations in the UK.
  During 2014, 60,000 leaflets were
  distributed in Ireland, of which
  48,000 were picked up.
- September, so it is easier to navigate and is more complete in the information and resources that it provides about our application process. An important additional feature is a feedback facility that allows people who have gone through our application process to comment on their experiences and hopefully encourage others to apply. The website had 13,518 unique hits in 2014 and 87,000 page views. The most popular

- page was "How to apply", followed by the news section
- Deepening and diversifying our relationship with survivor support groups through the implementation of an outreach programme adopted in March. The aim of the programme was to make contact with relevant voluntary and statutory services in local areas, to enhance our support to survivor groups in helping people to make applications to us, and working with them to organise outreach clinics, where Caranua Advisors were available to help with individual applications. Five such events were held in Cork, Galway, Dublin and Leicester with a plan to continue them during 2015
- accountability to survivors
  support groups to improve
  mutual understanding and
  capacity to work together. In
  Ireland we met with Alliance
  Victim Support Group, Justice
  and Healing for the Institutionally
  Abused, Lámh, Right of Place
  Second Chance, Munster Survivors
  Support Services, and the Aislinn

Centre. The Irish Embassy hosted two update meetings in London and we spoke at both the Irish in Britain and the Irish Women Survivors Network AGMs, attended the official opening of the Whispering Hope Centre and attended an event by the Birmingham Irish Association.

relationships with relevant mainstream organisations. During the year we met with the Irish College of General Practitioners, Irish Dental Association, Irish Medical Organisation, Chartered Institute of Surveyors, Citizens Information Board, Age Action Ireland, and organisations based in the Deaf Village in Dublin.

### Strengthening relationships, improving services

Caranua aims to add value to existing community, voluntary and statutory services and not duplicate what we are already doing. Strong relationships are key to doing this and also help to improve awareness of survivor needs among mainstream providers and enhance their responsiveness to those needs. Our legislation requires the appointment of liaison officers in public bodies to work with us. Our activities were almost exclusively in Ireland, pointing to the need to widen our attention in future years.

Key activities and outputs were:

Working with and through liaison officers in local authorities in relation to individual applicants

and policy queries. Officers have been appointed in each council and this provides an important point of contact for Caranua.

Meetings were held during the year with officers in Dublin,
Galway and Cork, together with other relevant bodies, and contact was made with Liaison Officers in relation to individual applications



- Working with the HSE to enhance access to health services for survivors who suffer particular and significant health difficulties. Caranua has pressed for the extension of an enhanced medical card to its applicants. This card offers automatic access to health and medical services over and above those available under a general medical card and is available to people who contracted Hepatitis C via contaminated blood and, more recently to women who had been in Magdalene Laundries. Having such a card entitles the holder to enhanced services for life, whereas, while Caranua applicants have access to the same range of services, they must apply to us for services and our Fund is limited.
- Working with HSE Oral Health special needs team on a dental needs assessment project for survivors in order to assess their likely treatment and support needs in accessing dental services. Caranua recruited 55 individuals to participate in this project, which included an interview and an initial assessment by a dentist, with recommended treatment

- then arranged by Caranua. The project identified poor oral health among participants generally, with 93% requiring periodontal treatment, and high levels of fear and distrust. It also identified the need for access to sedation services and that a small number would need special care dental treatment, while others required an advocacy service to help them to access and navigate services; and ensure that treatment was sustainable into the future.
- Treatment. The HSE has committed to providing Caranua applicants with a Dental Treatment Services Card (which will grant dental care and treatment at levels equivalent to those in place before reductions in care were introduced in 2010) and this will be progressed in 2015.
- education and training
  boards (ETB) about education
  opportunities generally, and in
  relation to individual applications.
  The number of applications for
  education is low relative to other
  items and this is reflected in the

level of interaction with ETBs.

Completing a baseline study on awareness among public service **providers** to inform a programme of capacity building for those services and provide a baseline against which to measure the impact of the programme. Based on a number of focus groups around the country, the study found low levels of awareness of institutional abuse and the consequent needs of survivors, and identified some existing practice in capacity building in similar areas. Arising from the study, the Board has adopted an outline capacity building programme.

### Building an effective organisation

While there was investment during 2013 in the design and development of organisational structures, processes and systems, it was necessary to continue and expand on this work over the course of 2014, as our experience of processing applications helped to inform and improve our systems.

Activities and outputs included:

- resources to deal with the volume of applications, through contract with a recruitment agency for temporary staff, approved by the Department of Education and Skills in July. The temporary additional resources directly contributed to an increase in our responsiveness and output in the second half of the year and estimating appropriate staffing levels was also a key element of an external review commissioned towards the end of the year
- Supporting staff so that they are able to understand and respond to the needs of survivors, manage their work and self-care, and



uphold the organisation values, through a programme of training, external support, supervision, performance appraisal and staff meetings. Training sessions, amounting to 10 full days for each staff member, included skills (self care, understanding trauma, survivors perspectives, listening, advocacy) and information (housing, social welfare, services for older people)

- Listening, learning, reviewing organisational and service standards and practices in light of experience and feedback from applicants so that we can ensure that these are appropriate and effective. A number of improvements were made. including the revision of guidelines and criteria in May, the publication of an application form part 2 in July, the introduction of free post for applications, the expansion of telephone lines and free phone numbers, the refinement of internal processes and the automation of a number of these.
- reviews of policies and systems, including a review of our payments processes and internal controls, and an organisation review to assess the appropriateness of our structures, systems, processes and staffing given our role, purpose and activities, carried out by consultancy company, Mazars, following a tendering process
- Continuing to develop and adapt our data management system to capture and report on new processes and developments as they occurred. Key developments in this year were the inclusion of the application assessment and decision-making processes, giving an almost end-to-end system.
- Incorporating the formal independent appeals mechanism into our practices, working closely with the Appeals Officer to learn from appeals made and alter approaches where necessary.

### Responding to applications, meeting needs

As described in Section two, the intention of our interventions for survivors is to bring about improvements in their wellbeing by providing access to existing services and/or paying for necessary services where these are not readily available from a public service, provided that the services requested fitted with our published criteria.

We designed our application process around what we know about potential needs and based it on the principle that if it works for the most vulnerable, it will work for everyone, so it was broken into a number of stages, as described below:

- Submission of initial application form
- Verification of eligibility to apply and request for identification documentation. Where a person is deemed ineligible to apply they are informed of this in writing, together with advice on appealing this decision
- Applicants are then sent the

Information and guidelines on making an application booklet, and from July Application form part 2 was included with the Guidelines

- Once a completed application form is received, each applicant is appointed an Advisor. The role of the Advisor is to help the applicant through the application process and to discuss their needs and how we might help to address them
- Based on this conversation, the Advisor either makes a decision on the application, asks for additional information, liaises with a professional body, or advocates with a public service on behalf of the applicant, as appropriate, in order to make a decision
- Once a decision is made and an application approved, it is passed onto the finance section for processing and payment. To protect confidentiality, cheques are issued by a third party so that no connection can be made with Caranua
- Where is it is not possible for



Caranua to support an application the person is informed of this. A formal letter is then sent, advising the applicant of their right to appeal the decision and how to do this.

#### How many applied?

Over the course of the year, we received **3825** initial or Part 1 application forms. Almost all (96%) were deemed to have received an award from the Redress Board or court and therefore eligible to apply to Caranua, once identity was confirmed. By the end of the year, **3088** individuals had sent us identity documents and were verified as eligible, 81% of those who had made initial applications.

Initially, the practice was that when someone was deemed eligible to apply for services that they were appointed an Application Advisor who made a telephone call to help them through the process. The Board made a decision in September to change this process and to send out application forms at this stage, rather than make a phone call.

By the end of the year, 3081 "Part 2 application forms" had been sent out and 1845 (60%) had been returned. The remainder of this section provides information on the people who returned forms and made applications for services.

#### Where do they live?

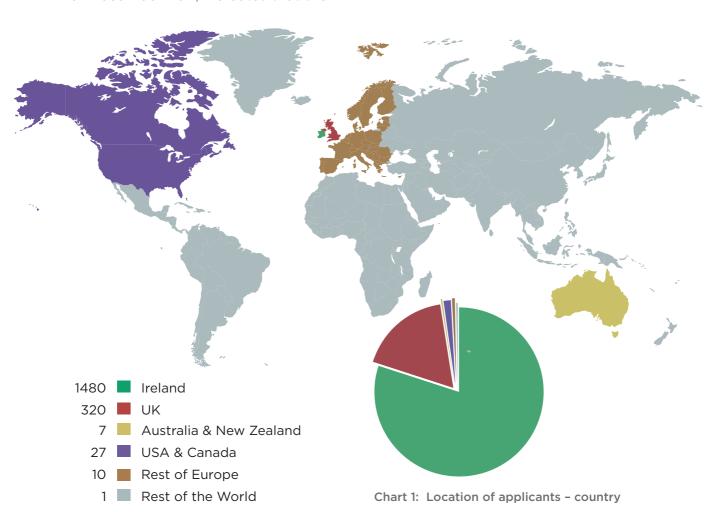
Our applicants live in many countries around the world, although most are based in Ireland and the UK.

During the year, our Advisors dealt with applications from 18 different countries offering a consistent service, regardless of location.

The data from the Redress Board, as of December 2011, indicates that the

proportion of potential applicants is 60% in Ireland, 34% in the UK and the balance (6%) in other parts of the world, with small clusters in Australia, Canada and the USA.

This distribution is somewhat different from that of the people who actually made applications in 2014, as can be seen from Chart 1. This shows that a large proportion (80%) of applicants



were living in Ireland and fewer than 20% in the UK, and just under 3% in other parts of the world.

	Applicants	%
Ireland	1480	80
United Kingdom	320	17
Australia and	7	0
New Zealand		
United States and	27	1.5
Canada		
Rest of Europe	10	0
Rest of the world	1	0

Table 1: Location of applicants - country

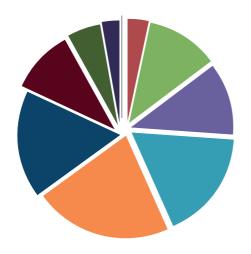
There are probably a few reasons for the different profile in terms of location. It is possible that the number of potential applicants in Ireland is greater than the Redress Board data indicates and we are aware of a number of people who have returned to Ireland since they received awards. However, the most likely reason for the difference is that Caranua has a stronger profile in Ireland and is able to build on existing networks to reach potential applicants. Addressing this imbalance is a priority for the coming year.

#### What ages are they?

As can be seen from Table 2, the majority, 85% of people who made applications to us are aged over 50 and almost one in five (18%) are over 70. This is not surprising, given that we know that survivors are ageing and this age profile is in keeping with that supplied by the Redress Board. It is always our practice to review applications when they are received and to prioritise anyone aged over 70.

Age	No.	%
Under 30	1	0%
30-39	65	4%
40-49	208	11%
50-54	209	11%
55-59	319	17%
60-64	398	22%
65-69	315	17%
70-74	184	10%
75-79	96	5%
Over 80	50	3%
TOTAL	1845	100%

Table 2: What age are they?



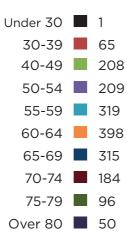


Chart 2: What age are they?

## How many received payments?

By the end of 2014, 1067 individuals had received payments for services, with an average of €8000.

#### What did we spend?

By the end of 2014, we had spent just under €9 million. As the Table show, spend in the first two quarters was under €500,000. In the third quarter it rose to almost €2.5 million and in the final quarter was just over €6 million.

This pattern of expenditure is directly related to the increase in resources available to us - in July our quota of Application Advisors was increased from four to 10 through the employment of temporary staff and this had an immediate impact on the number of applications that could be assessed and approved. As the year progressed, we also made changes to our processes, which also accelerated the times between approval and payments.



Expenditure by Quarter 2014			
Q1	€59,730		
Q2	€399,750		
Q3	€2,452,657		
Q4	€6,023,486		
TOTAL €8,935,623			

Table 3: Expenditure by Quarter 2014



Chart 3: Expenditure by Quarter 2014

#### What did we spend it on?

There are three broad areas in which we can support applicants. These are housing, education and health and wellbeing. Table 4 shows the total spend on each category. As can be seen from the Table, housing is by far the area of highest spend. Typically, housing payments are for alarms, insulation, heating, replacement doors and windows to improve warmth and security. Payments in health are more varied but include payment for dental treatment. hearing aids, eye tests and glasses and orthopeadic aids and footwear. The demand and spend on education is relatively lower and is usually in respect of formal accredited third level courses.

	Health	Housing	Education
January			
February			€10,985
March	€5,907	€26,462	€16,376
	€5,907	€26,462	€27,361
April	€11,842	€36,054	€6,050
May	€22,923	€57,702	€5,959
June	€62,437	€177,051	€19,732
	€97,202	€270,807	€31,741
July	€84,507	€191,607	€7,856
August	€272,773	€691,047	€67,590
September	€229,363	€819,301	€88,613
	€586,643	€1,701,955	€164,059
October	€564,434	€2,172,235	€62,451
November	€359,547	€956,835	€40,008
December	€551,720	€1,290,663	€25,593
	€1,475,701	€4,419,733	€128,052
<b>Grand Total</b>	€2,165,453	€6,418,957	€351,213

Table 4: Expenditure by category 2014



#### Refusals and appeals

There are two grounds on which Caranua can refuse to consider an application. The first is where a person is not eligible to apply because they do not meet the criterion of having received an award of compensation. The other is when a service is refused. This could be because it does not fit with our Guidelines or it does not comply with our criteria. In all cases, Caranua writes to applicants informing them of the decision, the reason for it and their right to appeal.

An independent Appeals Officer was appointed by the Minister for Education and Skills in February 2014. He reviews and adjudicates on all appeals. The first annual report of the Appeals Officer is available on the Caranua website at www.caranua.ie. It is important to note that the period covered by the report is February 2014 to the end of January 2015.

In 2014 Caranua issued 67 decisions that an applicant was not eligible to apply to us. Sixteen of these resulted in an appeal. The Appeals officer upheld all of Caranua decisions with regard to eligibility. We also issued

34 refusals for services applied for which resulted in 28 appeals. Of 26 that had been completed by the end of 2014, the Appeals Officer upheld the original decision in 23, and referred three back to Caranua for further information. On the basis of new information provided to the Appeals Officer Caranua revised its own decision in three cases.

4

#### **GOVERNANCE MATTERS**

#### 4.1 Introduction

As an independent state body,
Caranua is subject to the
requirements of its founding
legislation, other legislation and
regulations and the Code of Practice
for State Boards. This section
provides information on structure,
activities and outputs in relation to
governance during 2014.

Financial information is not included with this report. Draft accounts have been adopted for the year and are subject to audit by the Comptroller and Auditor General and this process has yet to be completed. Once the accounts have been approved and laid before the Houses of the Oireachtas, they will be published.

#### 4.2 Structure

The governance and management structure of Caranua is determined by legislation, which sets out the roles and functions of the Board and Chief Executive Officer. While it is an independent body, Caranua has a strong relationship with officials in the Department of Education and

Skills, particularly the Residential Institutions Redress Unit, which has oversight of initiatives for survivors of Irish institutions.

The Minister for Education and Skills sets the boundaries of the legislation, appoints members of the Board and must approve all contracts, consultancies and staff appointments. The relationship with the Department of Education and Skills is subject to a three year Performance Delivery Agreement.

The role of the **Board** is to set strategy, hold the executive to account and be responsible for determining the range of services that Caranua will support, any financial limits that may apply, and the criteria for deciding applications to it. There are nine members of the Board, including four survivors.

The **Chief Executive Officer** is not a member of the Board but attends all Board meetings. She is responsible for implementing strategy as agreed by the Board, leading and managing the organisation and its day to day operation. The CEO is accountable to the Public Accounts and other Oireachtas committees.

#### 4.3 The Board

Board membership is unremunerated and no member receives payment. Travel expenses, where they apply, are made at the rates approved by the Department of Finance. The Board met 10 times during 2014 and attendance, together with individual expenses paid, is presented in Table 1. Two Board members are resident in the United Kingdom. The first Chair of Caranua resigned for personal reasons in February and was replaced in March. Another member resigned in April and was not replaced during the year.

#### **Sub committees**

There is one subcommittee of the Board, the Audit and Risk committee, which has three members and reports to each Board meeting. Members of the committee are Damian Casey (Chair), Katherine Finn and Tom Daly.

#### Other meetings

Six meetings were held between
Caranua and the Department of
Education and Skills in relation to the
Performance Delivery Agreement
and other operational issues. One
meeting was held between the Chair
and the Minister.

Board Member	Meetings attended of 10	Expenses €
Ms Sylda Langford (Chair) (until February 2014)	2	0
Mr David O'Callaghan (Chair) from March 2014	8	0
Mr Damian Casey	7	142.30
Mr Austin Currie	10	0
Mr Tom Daly	8	2011.14
Ms Bernadette Fahy (until April 2014)	4	581.48
Ms Katherine Finn	7	0
Ms Frances Harrington (from 20th February 2014)	9	1,690.85
Mr David Lane	9	5,503.54
Ms Phyllis Morgan	10	4,315.11

Table 5: Attendance at Board meetings 2014

#### **Board policies**

The Board agreed a number of policies towards the end of 2013 (Data Protection, Confidentiality, Freedom of Information, Internal Complaints, Records Management and Travel and Subsistence) and these were implemented during the year. At the meeting in February 2014, the Board agreed its reserved functions and delegated functions to the CEO.

#### 4.4 Staff

Caranua has approval from the Departments of Education and Skills and Public Expenditure for 10 full time staff. At the beginning of 2014, five of the ten was in place and the remaining five were recruited in 2014, through the Public Appointments Service. All posts are equivalent to civil service grades as shown in Table 2.

Although the full complement of approved staff was in place by end of May 2014 this proved to be insufficient to respond to the applications received. The Board sought and received approval from the Department of Education and Skills for a contract with a recruitment agency, CPL Healthcare,

No	Position	Grade
1	Chief Executive Officer	Principal Officer
1	Director of Services	Assistant Principal Officer
1	Head of Finance & Administration	Higher Executive Officer
1	Head of Communications & Engagement	Higher Executive Officer
2	Administrative Assistant	Clerical Officer
4	Application Advisor	Executive Officer

Table 6: Staff positions 2014

to provide temporary staff to deal with calls and assess applications.

The Chief Executive Officer salary for 2014 was €76,571 and expenses were €4,060.

#### 4.5 **Data protection**

We are committed to protecting the right of everyone who contacts us to privacy and confidentiality and have organised many of our policies and procedures around ensuring that this happens. However, mistakes are sometimes made and there were seven breaches of Data Protection in 2014.

These all occurred in the context of large mailings where information intended for an individual was put into the wrong envelope and delivered to another person. In these cases, we talk to the person whose data protection has been breached, ensure that the document sent in error is returned to us and inform the Data Protection Commissioner.

The importance of data protection is consistently highlighted with staff and additional training was provided in December 2014.

I want to thank Caranua for their wonderful help while studying for my exams in college. I received one-to-one tuition at home which played a crucial role in me passing exams and gave me the confidence to pursue a career in IT.

My Caranua Advisor was always helpful and willing to explore all avenues to help me qualify. She would take the time and call me to make sure everything was going well. She advised me to take up a fitness course to help release stress. She was spot on with that advice and Caranua gave me a grant towards my fitness club.

I'm really satisfied with all the help I've received from Caranua and I would strongly encourage people who want the most from this, to use it for educational purposes.

Anonymous (age 39), Dublin







- PO Box 12477 Dublin 1
- Freephone 1800 212477 (from Ireland) Freephone 0808 234 1303 (from UK) Charges may apply from some mobile networks
- Email: apply@caranua.ie

www.caranua.ie