

Services for Victims and Survivors

***Consultation on Next Phase of Policy in relation to services
for Victims and Survivors of the troubles in Northern Ireland
and on the establishment of a Commissioner for Victims and
Survivors***

March 2005

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*Appendix A – Summary of comments arising from consultation to date.
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Introduction

1. This consultation paper is concerned with carrying forward the existing victims strategy *Reshape, Rebuild, Achieve* (RRA) published by the Office of the First Minister and Deputy First Minister in April 2002. It is concerned with the delivery of services to victims and survivors of Northern Ireland's troubles and how these services might be better co-ordinated and planned.
2. A key proposal set out in this paper relates to the establishment of a Commissioner for Victims and Survivors. **Taken as a whole this paper is intended to pave the way for a strategy which will:**
 - **provide a comprehensive approach to the provision of services for victims and survivors;**
 - **ensure, through the appointment of a Commissioner for Victims and Survivors, that services for victims and survivors are directed in a way which promotes the welfare of all those who have suffered as a result of Northern Ireland's troubles.**

In bringing forward detailed proposals account has been taken of work carried out by Angela Smith, the Minister with responsibility for victims.

Building on Reshape, Rebuild, Achieve

3. The foreword to RRA expressed the view that the strategy was to be carried forward in partnership with the voluntary and community sectors and others and that "it is the responsibility of all of us to acknowledge the pain of the past, to learn lessons for the future and ensure that those who have suffered most have their needs addressed". RRA was developed by taking into account the views expressed during consultation and contained a statement that the strategy would be

rolled forward from 2004 and be responsive to emerging needs and developments.

4. It is intended that the process of developing the next phase of policy will also be carried forward in partnership with the voluntary and community sectors and all those with an interest in addressing the needs of victims. As noted in paragraph 17 below, the proposals in this paper are presented as one strand of victims policy which will be developed alongside other key policy areas which impact on victims.
5. RRA set out a set of principles on which the strategy was based; these are expressed in terms of *vision*, *values*, *themes* and *aims*. The central vision was stated in the following terms:

“A society where the suffering of all victims is recognised; a community that acknowledges the pain of the past and learns lessons for the future; and an administration that provides, in conjunction with others, support and services in a proactive and sensitive manner to meet the needs of victims.”

The *values* underpinning RRA were that it should be victim centred and that victims should be afforded dignity and respect, treated sensitively and confidentially, with recognition given to individual circumstances. The values stressed that all actions taken in relation to victims should afford equality of opportunity in relation to services; that the diversity of victims' experience, culture and lifestyles should be recognised and respected. It was also stressed that service delivery needs to be clearly focussed on achieving specific results in a targeted manner within available resources and that services should be co-ordinated in a consistent and effective manner between the relevant statutory, community and voluntary sectors.

6. The *themes* set out in RRA included statements that the strategy should be relevant to both individual victims and groups and that it should be easy for victims to obtain the information, advice and services they need and have a say in the ongoing development of

policy. The strategy also aimed to promote and facilitate an improvement in the standard of services being provided to victims and to seek to address any identified gaps in service provision. Other aims were to increase awareness in the public sector regarding the needs of victims, to encourage a sympathetic and understanding approach to meeting those needs and to ensure that public sector authorities adopt a committed and co-ordinated approach to victim's needs, working, were appropriate, in partnership with voluntary and community organisations.

- 7. It is proposed that in rolling forward RRA that its vision and the associated values themes and aims are substantially retained.**
This is in recognition of the fact that the strategy has only been in place for a short period and permits us to build on what has been achieved so far.
8. In preparation for the next phase of policy, and in the spirit of RRA as regards the involvement of victims in planning developments, a number of steps have been taken during the course of the last 18 months by Angela Smith, the Minister with responsibility for victims issues. These have included a leaflet drop seeking views on victims policy and a series of workshops involving victims, representatives from victims' groups and others. In addition, the Minister has held meetings with representatives of victims' groups, church leaders and experts in the field. As the existing strategy has been in place for only a relatively short period, it is perhaps not surprising that many of the issues which have emerged during the consultation to date on the next phase of policy reflected those made during the development of RRA. Whilst RRA has achieved the vast majority of its objectives, it is clear that there remain strong views that the needs of victims are not being fully met.

Meaning of “victim”

9. A fundamental issue raised in the consultation which has taken place to date relates to the definition of the term “victim” which was provided by RRA. This refers to *“The surviving physically and psychologically injured of violent, conflict related incidents and those close relatives or partners who care for them, along with those close relatives or partners who mourn their dead”*. For some people this definition suggests a rather narrow and stigmatising view of people who have suffered; others would prefer to see a distinction drawn between victims and those whom they perceive not to be innocent of wrongdoing.
10. A view which was expressed is that *anyone* who considers himself or herself to be a victim should be treated as such. This approach places the emphasis on the hurt which an individual has suffered rather than the event or events giving rise to that hurt. It was recognised in RRA that a comprehensive definition of victim is very difficult, particularly as an element of self-definition is involved. The intention underlying the existing definition was that it should be inclusive and should relate to all those affected by the troubles. It is suggested here that the absence of any definition could create difficulties for Departments and other agencies in delivering an appropriate response. Accordingly, **it is proposed that the existing definition of victim is retained**, but that the emphasis in RRA that the term should not be used in a rigid or inflexible manner should be restated. For example, the definition should not be used to exclude people who have coped with the more acute manifestations of loss or injury on the basis that they do not need help. Not all needs are acute, but if they can be addressed at the right time such a course may prevent more serious problems arising later.
11. It is important, of course, to ensure that the language used is not viewed as stigmatising and that it reflects the perception that those to whom the strategy is aimed have of themselves. Many individuals have moved on in their thinking and perception of themselves. Some now view themselves as having become stronger people and have

undergone a level of personal growth which does not accord with the usual understanding of the word “victim”. Other people feel strongly that they are victims. Each person will have his or her very personal feelings and it is important that all can identify with the proposals in this paper. Accordingly, **it is proposed that in the next phase of policy it is made explicit that the policy is designed to address the needs of victims and survivors.**

Timeframe for strategy – looking to the future

12. An additional fundamental issue which arises is the timeframe for the next phase of victims policy. RRA has been in place for around two years. However, it is becoming increasingly apparent that the needs of victims require a long-term approach and that the legacy of more than thirty years of the troubles on those directly affected by violent incidents requires a strategic approach which will span a number of years and which will be capable of addressing changing circumstances.
13. It is also apparent that the needs of victims are changing. For example, in relation to an individual injured or killed several years ago the problems facing relatives, an injured individual or his or her carers, are likely to be very different than at the time of the incident in question. Moreover, many needs are now emerging in relation to children of those directly affected by events in the past, those who were themselves children at the time of violent events and in relation to children for whom intimidation and violence are a present day reality. The Office of the First Minister and Deputy First Minister has recently published a *Draft Strategy for Children and Young People* which recognises the impact of the troubles on this group and the need for their right to live free from intimidation and threat.
14. Over time needs change and it is considered important that the strategy looks forward and ensures that work with victims and survivors does not become locked in time, but plays a part in promoting a more sharing and less divided society in future. Northern Ireland has become

a world leader in dealing with the issue of trauma and it is important that models of best practice are built upon. However it is also important that the *process* of assessing need is dynamic and is capable of addressing current and future needs.

Scope of strategy covered in this consultation paper

15. A large number of issues have been raised in the consultation which has taken place to date and a detailed summary of the comments is included in the *Appendix A* to this paper. Any analysis of the views which have been expressed holds some inherent dangers, but the summary illustrates the broad *types* of issues which have emerged. It also serves to illustrate the complex and sensitive nature of the issues relating to victims and, at least in some areas, the diversity of views held by individuals, groups and organisations.
16. It is recognised that each person who has suffered as a result of the troubles has his or her own way of dealing with suffering. What is important in the healing process will vary from individual to individual. Calls for a victims commissioner, suggestions for some form of memorial, for recognition and acknowledgement were all put forward in the consultation which has taken place to date. Other consultees advocated some form of truth commission to deal with the past.
17. Those broad policy issues raised in the consultation which has been carried out by the Minister which relate to ways of dealing with the past, fall to be addressed under the wider initiative being carried forward by the Secretary of State. As already noted, **this paper focuses on the issue of delivery of services to victims and how these might be better co-ordinated and planned under the general direction of a Commissioner for Victims and Survivors.**

18. The consultation which has taken place to date identified a range of issues relating to the services provided for victims. For example:

- lack of information about services and difficulties in accessing services;
- lack of trust in statutory services and feeling that statutory authorities do not afford victims recognition;
- services available were inadequate and under-funded;
- statutory services are not co-ordinated;
- GPs not sufficiently aware of trauma issues;
- variety of feelings were expressed about victims' groups – on the positive side some felt that they provided essential support not available elsewhere and that they could trust them more than the statutory authorities, particularly when providing personal details; on the other side some did not wish to become involved with groups;
- perception that funding to victims' groups was inadequate and strong feeling that uncertainty about continuity of funding for groups left them in a vulnerable position;
- any strategy had to take a long-term view and should not be of limited duration as was the case with RRA;
- strategy needed to address community issues alongside individual cases;
- problems of rural isolation;
- there was a need for a “one stop shop” for victims;

- there needed to be more contact between victims and government and more involvement of victims in formulation of policy;
 - suffering of family members not recognised, need for more support for families;
 - transgenerational issues needed to be addressed.
19. A number of specific actions arising from consultation are set out in this paper. In addition, in order to provide a picture of work already in hand, *Appendix B* gives some details of work currently being carried forward under the existing Strategy Implementation Fund. **However, the sheer volume of issues alone suggests a need for a greater emphasis on an overarching strategic approach than has so far been the case.** It is suggested that this approach needs to address:

- the appropriateness of the structures under which services for victims are co-ordinated and planned;
- how services provided by victims' groups or community groups might be brought within a framework which might attract mainstream funding;
- the development of a consistent approach to the assessment of present and future needs of victims;
- the need to provide a planning framework which recognises the role of victims' groups and enables them to develop longer term plans, including joint working with victims' groups, other community groups and the statutory sector;
- the development of some form of "one stop shop" for victims;
- the standards of services provided by all of the agencies involved in work with victims;

- better information as to the outcomes of the various therapies used in relation to work with victims;
 - arrangements which reach out to individuals who are not and do not wish to be affiliated to groups in order that they might have better information about and greater access to services;
 - support for church and faith communities in providing support for victims and survivors.
20. Particular attention is drawn here to the role of victims' groups. For many people these groups represent a key point of contact. They provide opportunities for people to come together for mutual support; some provide a range of services themselves and they can also provide a channel through which individuals may access services provided by the statutory sector and those provided by other voluntary or community groups. In many cases individuals have commented that they believe victims' groups to be better able to handle sensitive personal details or that victims' groups provided the kind of help which they found most valuable.
21. Since the publication of RRA, many victims' groups have developed both their thinking on the problems facing victims and their capacity to address the issues. There is a widespread feeling that new needs are emerging; for example in relation to people who have not hitherto come forward and in relation to continuing paramilitary activity which puts pressure on individual families and communities. All of this suggests the need for an approach which is responsive to changing needs and the changing capacities within victims' groups.
22. There can be no doubt that victims' groups can provide much that the statutory sector cannot offer. The existence of a strong community based sector to address the needs of victims is vital. It is considered equally important that victims' groups form part of a structure which encompasses other community groups together with the voluntary and statutory sectors in order to provide the best possible response to

meeting victims' needs. The arrangements must address issues of sustainability and capacity building to ensure the best outcome for victims and survivors.

23. A major area to be addressed is that of *trust* between the statutory sector, victims' groups and victims. Victims' groups have an important role in lobbying on behalf of victims. This can lead to some friction between the groups and government departments and agencies. Much good work has been done at Trauma Advisory Panel level (see paragraph 26 below) in achieving joint working, but it is important that this is built upon and that all involved have an understanding of each other's position. Where there are differences of view on some of the major strands of victims policy, it is important that statutory agencies and victims' groups remain able to work together in putting in place practical arrangements to help ensure that victims and survivors get the services they need.

24. There is also an important role to be played by the churches and faith communities. Not all needs can be presented in terms of services in any narrow sense and this must be recognised. At the same time clergy and faith workers need help in their work of supporting other people affected by the troubles. A series of eight seminars, held by the Victims Unit in 2003, were designed to address issues such as the effects of trauma, recognising and responding to psychological trauma, how to help in the healing process, self care and services available. Clergy and faith workers have been, and will continue to be, very much in the front line of people dealing with the impact of the troubles. The seminars identified a very wide agenda of issues to be addressed ranging from problems of spiritual development within the context of the troubles, to the need to address the interface between medical professionals, clergy and faith workers.

25. A report of the seminars was published by the Victims Unit in January 2004. Since then work in this area has been taken forward by a small

working group, consisting of representatives from the religious communities, supported by the Victims Unit. It is intended to develop a booklet for members of faith communities, clergy and pastoral care workers which contextualises the impact of the conflict on faith and provides factual information on the effects of trauma and the help available. The booklet will be backed up by a number of training events for faith workers on how to use the document in a first aid capacity with those affected by trauma.

Structures

26. In 1998 a report by the Social Services Inspectorate - *Living with the Trauma of the Troubles* – recommended that each Health and Social Services Board should establish an advisory panel comprising representatives of a range of professionals and voluntary organisations working with people affected by the troubles. Trauma Advisory Panels (TAPs) have been established in each HSS Board area. Each has a TAP Co-ordinator who is supported with funds provided by the Victims Unit in OFMDFM. TAPs have done much valuable work - for example in providing a supportive network for member agencies and facilitating the development of referral systems. Work has also been carried out in relation to assessment of need and in disseminating good practice.
27. One of the strengths of the TAPs is that they form the basis of a partnership between the statutory and voluntary and community sectors. They also provide cross-community fora and hence constitute significant contributions to consensus and peace-building. There are however some difficulties facing TAPs. For example, there is some lack of clarity as to the role of TAPs and uncertainty regarding the funding for TAPs co-ordinators. Although they have the valuable roles already noted, there is some feeling that TAPs lack a focus for their work. It is suggested that there is a need for the roles and responsibilities of all

the statutory and other agencies and groups involved in TAPs to be stated with greater clarity.

28. In putting forward proposals as to the future roles and functions of TAPs, the objective of ensuring a level of consistency across the four HSS Board areas needs to be tempered with a recognition of the diversity of population and geography which exist between each area. Also, each TAP has evolved some methods of working which are effective and which suit its particular area. Accordingly, it is suggested that the significant progress which has been achieved is built upon, but that the role of TAPs is enhanced and the functions clarified. **The changes which are proposed are:**

- (a) That TAPs should be tasked to publish a three-year plan, rolled forward on an annual basis. This would include mapping the relevant services provided in their areas by the statutory sector, victims' groups, voluntary and community organisations; a quantitative and qualitative assessment of gaps in service provision; an assessment of need and a plan as to how needs are to be addressed on a collaborative basis between the statutory, voluntary and community sectors, including, where appropriate, plans for service level agreements between the statutory agencies, victims' groups and voluntary / community groups.
- (b) That the plans referred to at (a) above are integrated, as appropriate, with other key sub-regional arrangements and plans - for example the work of Local Strategy Partnerships, Investing in Health Partnerships, Health Action Zones.
- (c) That steps are taken to ensure that key statutory agencies are represented on and contribute to the work of TAPs, including the development of the three year

plan noted at (a) above. The key statutory agencies are, in addition to HSS Boards and Trusts, the relevant Education and Library Board(s), the NI Housing Executive, the Social Security Agency and such other agencies as each TAP considers relevant bearing in mind its particular area.

- (d) **That the composition of TAPs is kept under regular review to ensure that there is an appropriate balance between statutory bodies, victims' groups and voluntary and community groups, the church and other faith communities.**
- (e) **That funding for TAPs activities, including the salaries of TAPs co-ordinators should be agreed between the Victims Unit and the HSS Boards for three years at a time.**

29. The intention would be to establish a framework within which longer-term planning can occur and to address the criticism that there needs to be greater co-ordination in the delivery of services. The needs of victims and survivors cannot be met by a single agency and the plan would form the basis on which the roles and responsibilities of *all* stakeholders towards meeting the needs of victims and survivors would be set out. It is suggested that the plan could be used to place victims issues within the broader planning arrangements of statutory agencies in developing mainstream services for the general population.

30. It will be necessary to engage victims' groups, not only in identifying areas of need, but also in working through with the statutory sector, other victims' groups, the community and voluntary sector and church and faith communities how these needs might be addressed. The intention would be to promote partnership working between all contributors to the plan and to ensure that the process has a strong local community based dimension. This might include devising interim

arrangements if there are gaps in services which cannot be rectified quickly.

31. A clear planning framework should lead to a more positive engagement by statutory agencies with the voluntary and community sector and to a greater awareness and understanding by all parties of the context in which each is working. Also, it should provide a building block for increasing confidence and trust amongst all those involved in working to a common agenda.

32. Although work on needs analysis has been carried out by a number of the organisations involved, there is a requirement for this to be formalised and made more coherent so that it may inform planning at local and regional level. An agreed assessment of need is also needed to inform Departmental decisions on funding for groups (discussed in paragraphs 54-56 below). **It is proposed that draft guidance on the assessment of need of victims and on the format of the plans referred to at paragraph 27(a) is developed by the Victims Unit in liaison with DHSSPS and TAPs co-ordinators.**

33. A further issue which has arisen is whether TAPs should be renamed. Although trauma remains the focus of much of the work, there is some doubt as to whether this actually describes the totality of the needs of victims. Many of these needs are very significant, but do not amount to trauma; equally many people who feel that they need help may be deterred by the use of the word “trauma”. Also, with the increased planning role proposed above, the panels would not be purely advisory. There is of course an argument that changing the name is unnecessary, particularly as TAPs have become established and many people identify with the existing title. **Views are sought as to whether TAPs panels might be renamed.**

Placing TAPs on statutory basis

34. A question arises as to whether TAPs (under the present title or renamed) should be placed on a statutory basis. In light of the enhanced role suggested in this consultation paper, and as a means of giving enhanced recognition to the needs of victims and survivors, **views are sought as to whether the roles, functions and criteria for membership of TAPs should be set out in legislation.**

Interdepartmental Working Group

35. It is suggested here that there is a requirement for policy to be better informed by needs analysis and to establish formal channels which enable both individual victims and victims' groups to have a more active role in the development of policy. There is a need to improve communication between government and victims and to actively involve victims' groups and individual victims in the future development of policy and practice. At present there is an Interdepartmental Working Group (IDWG) whose current terms of reference are to:

- determine a strategic, policy-led approach to victims' issues across the NI Departments;
- raise awareness of victims' issues throughout the NI Departments and their Agencies and to encourage a sympathetic and understanding approach when dealing with the concerns of victims;
- examine what victims' needs are and how these can best be met through targeted services which are supportive of, and sensitive to, the needs of victims;
- develop a co-ordinated approach to the delivery of services to victims through close liaison with other service providers;

- examine funding issues so that expenditure across NI Departments is co-ordinated in a manner which best meets victims' needs;
- ensure that, subject to broader legislative and policy requirements including the equality provision of the Agreement, and the Northern Ireland Act 1998, relevant policies and practices are periodically reviewed to guarantee that victims receive the highest quality of service at all times.

36. It is proposed that these terms of reference should be retained, but that the functioning of the IDWG would be enhanced by establishing formal links with the TAPs. There are likely to be issues which cannot be addressed, or fully addressed, at TAPs level. These may be issues which require attention at departmental or interdepartmental level; for example in relation to the deployment of services which are provided on a regional, as opposed to an HSS Board area basis. In addition the issue has to be addressed that many victims' groups wish to have a greater say in influencing the future direction of victims policy. Accordingly, **it is proposed that the following should be added to the terms of the IDWG on victims:-**

- **to consider reports from the TAPs highlighting those issues raised in TAP meetings which cannot be addressed at TAP level and to ensure that a response to all issues raised is provided by the relevant Department(s);**
- **to ensure that models of best practice developed at local level are shared between government departments and agencies.**

37. To ensure further that victims issues are communicated effectively to policy makers it is suggested that representatives from the Victims Unit attend TAPs meetings as observers. As the intention would be to facilitate communication (and not to encroach on the independence of the TAP and its decisions) it may be appropriate for the attendance of VU staff to be by invitation. **Views are sought as to whether there are other approaches which might be developed to improve communication between victims, victims' groups and those involved in policy development at departmental level.**

Outcomes

38. A range of therapeutic services are provided by a number of agencies in response to the needs of victims. The impact of violent, troubles related incidents on individuals is varied and complex. Although at an individual level some of the therapeutic approaches may be considered successful, relatively little is known as to the effectiveness of these services at a level which would inform future service development and investment. Whilst work on developing outcome measures for the various therapies may be achievable at a local level, it is suggested that a regional study would be of major benefit in the development of the plans noted at paragraph 28(a) above.

39. Such a study would help place the work of those victims' groups and parallel service providers that provide various therapies on a sounder basis and increase confidence in the approaches being adopted. It may also assist in the area of promoting service level agreements, and interagency work generally, if there was greater empirical evidence as to the success of the different approaches. Accordingly, **it is intended that the Victims Unit will commission a study into the outcomes of the most commonly used therapies.**

Standards for services

40. In paragraph 28(a) above reference is made to service level agreements. To facilitate the development of service level agreements and the partnership approach suggested in this paper, it will be necessary for there to be some accepted standards so that, for example, GPs might be better able to make referrals to groups and organisations providing services such as counselling and befriending. The Department of Health, Social Services and Public Safety is taking forward the recommendations of the Social Services Inspectorate's report on counselling, including developing a regional set of standards

Support for individuals and a “One stop shop”

41. As already noted, consultation to date indicates that victims continue to have difficulties in accessing information about services. An individual may need help from several agencies including those in the voluntary or community sector. To some extent these difficulties are addressed through the provision of directories of services, but it has been suggested that something rather more is required by way of a “one stop shop”. Such an arrangement might help prevent an individual having to approach a range of agencies if his or her needs require input from more than one body and might also help with such matters as the completion of application forms.

42. At the same time it is also suggested that there is a need for an arrangement under which an individual's needs might be considered in a more holistic way. This is to an extent provided for by some victims' groups, but there is no general provision for people who do not belong to any victims' group. By having a dedicated person tasked to work with individual victims and survivors it is suggested that the issue of victims and survivors receiving a more sympathetic and sensitive response from the statutory sector might be more effectively addressed. **It is proposed that there should be a named individual (a Victims and Survivors Advisor) in each HSS Board area tasked**

with providing advice to individual victims on services (both statutory and non-statutory) and to act on their behalf in liaising with statutory and other agencies as required.

43. The Victims and Survivors Advisor (VSA) would work alongside the TAP co-ordinator and contribute through his/her work to the overall assessment of need. The post, which would not necessarily be full time, as the needs of each area vary, would also be required to share some of the existing workload of TAPs co-ordinators in view of the enhanced role for TAPs already discussed. The costs of the post would be met by the Victims Unit.
44. There are many victims who remain unidentified. Some do not require, or may not wish to ask, for assistance. Some individuals may not present themselves as “victims” and would not go to a “one stop shop” in the sense of a high street address. Nevertheless, they may come into contact with a variety of agencies. Staff in Citizens Advice Bureaux are of course likely to come into contact with victims from time to time as will those in Victims Support Northern Ireland (the latter as part of its much wider remit as regards the meaning of victim). However those staff dealing with payment of benefits, housing, compensation, health and social services are also likely, on occasion, to come into contact with people for whom being a victim is a contributory factor to their making an approach for help.
45. It is suggested that, rather than relying on informal communication and bi-lateral arrangements between agencies, which exist in some areas, that arrangements are made to establish a more comprehensive network of key organisations (both voluntary and statutory) sharing a common database of information on services. The intention would be that all those participating in the network (e.g. the proposed VSA, victims’ groups, Citizens Advice Bureaux or other key agencies which a victim or survivor might approach for help) would have access to the same information on services and that the network would, in effect, be a “one stop shop”. In other words, regardless of their point of entry a

victim or survivor would be able to access all relevant information. **It is proposed that the Victims Unit in OFMDFM, in liaison with key statutory agencies and TAPs, develops arrangements for such a one stop shop to be established.**

Trauma services

46. The proposals set out at paragraph 28 above are focussed on co-ordination of services at local (TAPs) level. The proposals in paragraphs 35-36 in relation to the IDWG should help promote co-ordination and planning on a wider basis. However, there are particular issues to be addressed in relation to trauma services.
47. The Family Trauma Centre at Wellington Park Belfast provides a regional service and has established partnerships with statutory and voluntary organisations and with voluntary and community groups. It provides a specialist service for psychological assessment and treatment of those aged up to 18 years and for families suffering primarily from trauma which is related to the troubles. The Family Trauma Centre was established by the Victims Liaison Unit in the NIO and is now funded by DHSSPS.
48. The Northern Ireland Centre for Trauma and Transformation (NICTT) is a charitable trust set up in 2002 and is based in Omagh. The Centre provides treatment for post traumatic stress disorder. It was set up to make treatments for trauma available to people affected by the troubles across Northern Ireland and to share the expertise gained as a result of the Omagh atrocity. NICTT also undertakes research into trauma and treatment. It has established international links and provides a range of education and training programmes. NICTT is funded by the Northern Ireland Office.
49. The quality of the services provided by the Family Trauma Centre and NICTT has been favourably commented upon. However, there are questions as to how access to services might be improved, given the

geographic location of these facilities. There have been suggestions that there should be Trauma Centres in each HSS Board area or that there might be a centre of excellence with linked “outreach centres” providing a range of specialist trauma services including services to children, families and adults.

50. There are, within any discussion of specialist services, difficulties to be addressed as to geographic location and as to how the viability of small-scale specialist facilities at local level can be addressed. The relationship between services for victims / survivors and mainstream services has been mentioned in the context of services generally. It is suggested that services for victims / survivors need to be integrated with services for the general population in ways which make the best use of available specialist skills and which ensure optimum sharing of expertise. The structure of trauma services will form a major part of the next phase of strategy, helping to inform the work of TAPs and the proposed planning arrangements set out in paragraph 28 above. It is intended that the future configuration of trauma services will be addressed by a working group established by DHSSPS.

Support for carers

51. Issues have been raised with regard to support for carers looking after victims and survivors. Under the definition of victim noted in paragraph 9 above, some carers may of course be considered as victims in their own right. Certainly support for carers, for example to avail of training or recreational activities, has the potential to alleviate at least some of the problems of isolation and other difficulties facing both carers and those they look after.

52. For some victims and survivors the passage of time will have created an increased need for support from carers. The needs of carers within the general population have been recognised by DHSSPS and measures have been put in place to help ensure that their needs are met and that they have the quality of life they deserve. For example,

the Carers and Direct Payments Act (Northern Ireland), which came fully into operation in 2004 strengthened the rights of carers to an assessment of their needs as carers. This assessment looks at the effect of caring on the health and wellbeing of the carer and concentrates on what is needed to support the carer in his or her role. Where a carer is identified by social services, Trusts are required to offer a carer's assessment. Trusts must also make information available about a carer's right to an assessment.

53. These and other provisions relating to carers, including provisions for direct payments to be made to carers to support the carer in his or her caring role are of general application and are not restricted to victims and survivors. We wish to see victims and survivors avail of these mainstream services, but there is a question as to the degree to which there are special needs relating to carers looking after victims, both in terms of the types of service and how these might be delivered. Some victims' groups do provide support to carers and there may be scope to build on existing schemes to see how they might augment statutory arrangements in ways which meet the particular needs of carers looking after victims and survivors. Accordingly, **it is proposed that OFMDFM should arrange for a study to be carried out into the needs of those carers looking after victims and survivors with a view to making proposals for improvements in this area.**

Funding for victims' groups and projects

54. As already noted, the proposals regarding the functions of TAPs are intended to inform decisions about funding of victims' groups. At present there is a number of funding streams aimed at supporting work with victims. Alongside resources which have been provided under the EU Peace II Victims Measure, there are two main programmes which provide funding for victims' groups and projects. The first of these is the Core Funding Scheme which is essentially designed to allow the work of victims' groups to be sustained. Alongside this there is the Development Grant Scheme which provides grants of up to £10K to

allow groups to carry out specific pieces of work. There are a number of problems with current arrangements, in particular the level of funding and problems of continuity which makes it difficult for groups to plan.

55. The Development Grant Scheme was the subject of a recent evaluation which recommended that it should be continued. The Core Grant Scheme is currently the subject of an evaluation. A commitment has already been given that funding for victims' groups will continue. This is in recognition of the major contribution which the sector makes to work with victims. There is, in addition, a Strategy Implementation Fund (SIF) under which Departments can obtain funds for innovative projects, including some which are conducted from within the voluntary sector. It is considered that SIF has proved useful in engaging Departments in victims work and again it is proposed that funding of this type should continue.

56. However it is also considered important that funds are directed in a way which best addresses the needs of victims and that a balance is struck between project work and core funding. Accordingly it is intended (following completion of the evaluation of the Core Grant Scheme) to draw the Development Scheme and the Core Grant Scheme together so that they are co-ordinated more effectively. In addition, and in order that funding reflects local needs and that duplication of provision is minimised, **it is proposed that all decisions on the funding of victims' groups and other agencies involved in victims work is informed by the plans referred to at paragraph 28 above.**

Northern Ireland Memorial Fund (NIMF)

57. For individual victims and survivors there is the Northern Ireland Memorial Fund (NIMF). The NIMF is an independent charity that aims to promote peace and reconciliation by ensuring that those who have suffered injury or bereavement as a result of the troubles receive help and practical support. The NIMF, which is substantially funded by the UK and Irish Governments, operates a number of schemes, including

assistance in purchasing essential household items and services, together with schemes addressing short breaks for individuals and families, chronic pain management, education and training. The fund has been in operation since May 1999 and it is intended that it will be subject to an independent review to assess its effectiveness in meeting the needs of victims.

Other specific action points

58. Alongside the proposals already made regarding the general strategic approach and to planning there are a number of specific areas, some of which have already been highlighted above, where it is felt that further action is needed. These address matters which have a regional dimension, but which are nevertheless crucial to supporting local planning and support arrangements.

Trauma services

- A working group established by DHSSPS to consider the future configuration of trauma services will publish its findings by October 2005.
- DHSSPS will develop a model of best practice for Trauma Awareness Training for GPs and primary care workers.

Children and transgenerational issues

- A resource pack will be made available on best practice to key staff in the statutory, voluntary and community sectors based on the Barnardos project *Parenting in a Divided Society*. The aim is to develop support for parents / carers most affected by the troubles in order to promote personal family, community and organisational development.
- A pilot project aimed at developing an interagency approach to the educational support of post-primary pupils who are identified as victims of the troubles will be completed by May

2005. This will include encouraging young people to identify, assess and address the educational and emotional consequences of their experiences and to build their confidence, skills and knowledge. Further dimensions of the pilot include - raising awareness of school staff of the emotional and educational consequences of violent, troubles related incidents on young people and the development of curricular resources about the impact of violence and the troubles for all pupils.

Information about services

- TAPs will continue to take steps to ensure that there are directories of services within their areas and ensure that they are kept up to date and readily available in printed form and on their websites;
- OFMDFM Victims Unit will ensure that the list of key contacts for victims and survivors is maintained, updated and readily available in printed form and on the Victims Unit website.

Services

- DHSSPS, in liaison with OFMDFM Victims Unit, will develop quality standards in relation to counselling and befriending services by December 2005.
- On foot of the strategy for children and young people developed by OFMDFM, DHSSPS to publish proposals for a strategy for children in need which will draw attention to the needs of child victims within the broader spectrum of children "in need".
- OFMDFM Victims Unit will disseminate the findings of a research project designed to examine the effectiveness in

terms of outcomes for various therapies deployed in relation to victims.

- NIHE will evaluate a pilot tenancy support (victims) service with a view to determining the housing needs of victims and the potential need for an expanded service throughout Northern Ireland.

A Commissioner for Victims and Survivors

59. In order to provide a clear focus to the work with victims and survivors which has been outlined above, this consultation paper proposes the establishment of a Commissioner for Victims and Survivors. In general, it is **envisioned that the Commissioner will have a key role in promoting the interests of victims and survivors and ensuring that they have access to services appropriate to their needs.**

60. The concept of a Commissioner was supported by a number of those who responded to the consultation exercise on victims' issues carried out by the Victims Minister Angela Smith during 2003 / 04. A variety of views have been expressed as to the benefits to be gained from having a Commissioner and the range of functions that he or she might exercise.

61. While some people may see advantages in providing the Commissioner with a very wide ranging remit, there remain some concerns that the costs of establishing the post of Commissioner should become disproportionate to the potential benefits. Indeed, there is a danger that, if the remit of the Commissioner is drawn too widely, resources which might be deployed more effectively in meeting the needs of victims and survivors might be lost to administration, bureaucracy and duplication of existing provisions. What is needed is a model that **ensures practical help to victims and survivors and which provides leadership and focus for work in this area.**

62. The proposals set out in this paper reflect the view that the Commissioner should have a clear role in promoting the interests of victims and survivors, in co-ordinating action between government departments and agencies and in improving access to services by victims and survivors. It is also proposed that the Commissioner should have a role in relation to the financial support provided to individual victims and to victims and survivors groups. In particular, it is intended that the Commissioner will have a major role in monitoring and ensuring the implementation of the next phase of policy on services for victims and survivors for which proposals have been outlined in this paper.

The potential contribution of a Commissioner

63. It is considered that whilst the existing arrangements have contributed much to promoting the interests of victims and survivors, the establishment of a Commissioner for Victims and Survivors would create a **clearer focus on meeting their needs**. It is envisaged that the Commissioner should have a key role in ensuring co-ordination of activities at local and regional level by overseeing the work of the TAPs and by chairing the IDWG, or other appropriate fora, on Victims and Survivors. The Commissioner would be able, through close liaison with individual victims and survivors and their representative groups, to **ensure that the views of victims and survivors are taken into account by policy makers**.

64. In relation to funding issues it is proposed that the Commissioner should have the lead role in **advising government as to the resources required** for funding of victims groups and should also be able to initiate and fund innovative projects within the statutory sector. He or she would, in effect, take over the role of the Victims Unit in OFMDFM in this regard and provide a **strong independent voice** for victims and survivors. Subject to the review of the NIMF referred to above, to which the Commissioner may contribute, it is envisaged that

the Commissioner would also have the **lead responsibility in advising as to the resources required for the Fund**. Again the intention would be to create a strong independent voice for victims and survivors.

65. Some of those who responded to the consultation carried out by the Victims' Minister suggested that the functions of a Commissioner for victims and survivors should be analogous to those of the Commissioner for Children and Young People. The principal aim of the latter is to safeguard and promote the welfare of children and young people. His specific duties include promoting awareness of their rights and best interests; keeping under review the adequacy and effectiveness of the law affecting them and the services provided for them by relevant authorities; advising the Secretary of State and the Executive Committee of the Assembly and others on matters concerning their interests; ensuring that their views are sought in relation to the exercise by the Commissioner of his functions and that they are encouraged to communicate with the Commissioner.
66. In addition to these duties the Commissioner for Children and Young People has a range of powers which include commissioning research and conducting investigations. Investigations may be carried out in relation to any of the Commissioner's functions or (where the matter raises a question of principle and falls outside an existing statutory complaints system) in response to a complaint by an individual child or young person.
67. Many of the functions of the Commissioner for Children and Young People are not of relevance to work with victims and survivors. For example, in relation to handling individual complaints there are existing processes and for the Commissioner to take on a wide ranging role in this area would lead to duplication and a use of resources which would be better deployed in providing direct help.

68. However, it does seem entirely appropriate that the Commissioner should have a role in **assisting individuals in accessing existing complaints procedures** where they have indicated that they need help. Also it seems appropriate that the Commissioner should have a range of powers in relation to **promoting awareness of issues** affecting victims and survivors and in monitoring the strategies and plans produced by Departments and agencies.

Proposed remit of a Commissioner for Victims and Survivors

69. **Taking into consideration what has been outlined above it is proposed that a position of Commissioner for Victims and Survivors should be created and placed on a statutory basis. The Commissioner would have a general role to promote the interests of victims and survivors. In particular it is proposed that the Commissioner would have a duty to:**

- **promote awareness of matters relating to victims and survivors;**
- **ensure that the views of victims groups and individual victims and survivors are sought in relation to the exercise by the Commissioner of any of his or her functions;**
- **take forward the establishment of the Victims and Survivors Forum envisaged in the Joint Declaration;**
- **ensure effective co-ordination in the planning and administration of services across Departments and agencies;**
- **advise government as to the funds required to support work with victims and survivors, including that required by**

victims and survivors groups and (subject to the outcome of the review referred to at paragraph 57 above) the NIMF;

- allocate resources to support victims and survivors groups and resources designed to promote innovative projects to support victims and survivors within the statutory sector;
- keep under review the adequacy of services to victims and survivors provided by relevant authorities;
- monitor the implementation of strategies produced by relevant authorities in relation to victims and survivors, including the next phase of policy on services for victims and survivors produced by OFMDFM;
- advise the Secretary of State, the Executive Committee of the Assembly and any other relevant authority on matters affecting victims / survivors, including draft legislation;
- Publish an annual report on his or her activities.

In addition it is proposed that the Commissioner should be provided with powers to:

- carry out consultation in relation to best practice and issue guidance as appropriate;
- undertake, commission or provide financial support for research into matters relating to victims and survivors;
- provide advice to individual victims in relation to complaints procedures operated by relevant authorities.

Responses to this Consultation Paper

Comments on this paper must be received by 30 June 2005 at the latest and should be forwarded to:

Office of the First Minister and Deputy First Minister
Victims Unit
Room B3
Castle Buildings
Stormont Estate
BELFAST BT4 3SR

Comments may also be forwarded by e-mail to:info@victimsni.gov.uk

EQUALITY STATEMENT

Background

1. Section 75 of the Northern Ireland Act 1998, which came into force on 1st January 2000, states:

“(1) A public authority shall in carrying out its functions relating to Northern Ireland, have due regard to the need to promote equality of opportunity:

 - (a) between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;*
 - (b) between men and women generally;*
 - (c) between persons with a disability and persons without; and*
 - (d) between persons with dependants and persons without.*

(2) Without prejudice to its obligations above, a public authority shall in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.”
2. In line with commitments in its approved Equality Scheme, the Office of the First Minister and Deputy First Minister (OFMDFM) is committed to adhering to the principles of section 75 of the Northern Ireland Act 1998 when reviewing and developing policy.

Aims of the consultation document

3. The proposals in this consultation document are concerned with building on what has been achieved for victims & survivors through “Reshape, Rebuild, Achieve” published by OFMDFM in April 2002. The proposals are intended to:
 - provide a comprehensive approach to the provision of services for victims & survivors; and
 - ensure, through the appointment of a Commissioner for Victims and Survivors, that services for victims & survivors are directed in a way which promotes the welfare of all those who have suffered as a result of Northern Ireland’s troubles.

Consideration of available data and research

4. Statistics exist in publications, such as, “Cost of the Troubles”¹ and “Lost Lives”² on those who lost their lives in the ‘Troubles’ but there is no reliable data on those ‘victims & survivors’ who either survived an incident or who had a relative or friend killed or injured and were affected by that or, as a result of an incident, became a ‘carer’. In paragraph 2.12 of Sir Kenneth Bloomfield’s April 1998 report, “We will Remember Them” he states, "... Work by COTT [Cost of the Troubles] and others indicate between forty and fifty thousand were injured.". In terms of the nine section 75 categories listed in paragraph 2 above it is likely that victims & survivors will be found in the majority of them.

Assessment of impacts

5. The strategy is concerned with the delivery of services to victims & survivors and how these services might be better co-ordinated and planned. In broad terms the strategy is demand led, it has to serve the ‘constituency’ that exists. Any differential impact between the section 75 categories, or groups within them, is not an equality issue in terms of the Act, the differential impact occurs because the need is greater.

Consideration of mitigating measures or alternative policies

6. Given the view expressed at paragraph 5 above mitigating measures or alternative policies have not been considered at this point. However, consideration will be given to any relevant views on foot of this consultation.

Consultation

7. To enable us to complete an Equality Impact Assessment (EQIA) on the proposals in this document we are seeking views on their equality impact through this consultation process.

¹ Cost of The Troubles Study 1999: Marie Therese Fay, Mike Morrisey, Marie Smyth and Tracy Wong

² Lost Lives 2004 Edition: David McKittrick, Seamus Kelters, Brian Feeney and Chris Thornton

Decisions and publication

8. Taking into account this public consultation the EQIA will be completed and taken into account in formulating the new strategy. The completed EQIA will be made available.

Responses

Comments regarding equality issues should be sent to the address given on page 33 and may also be sent to the e-mail address shown on that page.

CONSULTATION ON THE NEXT PHASE OF VICTIMS POLICY – SUMMARY OF RESPONSES

During the course of the last year, Angela Smith, Minister with responsibility for victims' issues, sought views and opinions from all interested parties on the development of the next phase of Government policies to address the needs of those who have suffered directly as a result of conflict in Northern Ireland.

This document provides a summary of the responses, views and opinions expressed during the period of the consultation. These have been gathered from a range of sources including:

- a leaflet drop through the 3 main newspapers which drew 112 responses from individuals,
- the outputs from a series of 7 workshops involving victims, representatives from victims groups, children and young people and others,
- meetings which the Minister had with representatives of victims groups, church leaders, service providers, academics, experts and practitioners in the victims' field,
- outputs from a series of 5 workshops (one in each Health Board area and the Sperrin Lakeland Trust area) which fed into the 3 day international conference, "Towards a Better Future...Building Healthy Communities" held in Belfast in October 2003,
- needs analysis exercises carried out in both the Northern and Eastern Health and Social Services Board areas, and
- the report of a series of 8 seminars held across Northern Ireland for Churches and Faith Communities.

Due to the very wide range of issues raised and views put forward, this document is presented as a series of themes arising from consultation. Inevitably, there are some areas where the themes overlap. However, and although it is not possible to present all of the views expressed in detail, it is hoped that the summary presented here reflects the major issues and provides a picture of the diversity of views expressed. The document reflects the range rather than the volume or frequency of comments gathered under each heading and includes some conflicting views. It will be used to inform Government in the further development of victims' policies, but is not to be taken as a statement of Government policy.

To preserve anonymity, respondents are not listed in this summary.

October 2004

1. Terminology and Definition of 'victim'

- 1.1. Many preferred to see themselves as "survivors". Some felt that those they regarded as "perpetrators" should not be viewed as victims while others felt that such people were just as much victims of the Troubles as anyone else.

2. Statutory Sector

- 2.1. Statutory agencies needed to have a sympathetic approach to victims' needs and training programmes should include an element to cover awareness of victims' issues. Some victims were reluctant to use statutory services because they were concerned how staff might use confidential information.
- 2.2. It was felt that a "one-stop shop" or some type of assistance to access services, statutory and voluntary, would be helpful. This might include help with practical things such as completion of forms. There should be Trauma Centres in each HSS Board area. Trauma Advisory Panels (TAPs) could be more proactive in developing services and a mechanism for victims/victims' groups to communicate with the Interdepartmental Working Group on Victims was suggested.
- 2.3. Victims' issues need to be part of the core business of statutory agencies and not just something which gets attention at certain times as a political issue. Need a long-term joined-up strategy which takes account of current needs and which provides for voluntary and statutory bodies to work more closely together.

3. Voluntary & Community Sector

- 3.1. The view was expressed that there were many areas where the voluntary/community sector staff can act more quickly and go into areas which would be difficult for statutory agencies' staff. Although recognition was given to support from the statutory sector, views were expressed that the approach taken by the voluntary and community sectors was better in that an individual was treated as a person rather than a problem. Another view was expressed was that there was no need for any more organisations as availability of funds had led to a proliferation of organisations, with overheads of offices, phones etc consuming much of the available funds; rather the need was for higher levels of funding for existing organisations, with the voluntary and community sector being adequately financed for any service delivered to statutory sector.
- 3.2. With regard to victims groups, some felt that theirs was the most valuable help, for example their self development programmes. Concern was expressed that the funding arrangements for victims groups were excessively bureaucratic and that there was a need for the work of the groups to be strategically funded over many years. Some expressed a view that funding should go to those victims groups which were encouraging their members to move forward, while still remembering the past. It was commented that some individual victims did not wish to be associated with groups at all, regarding membership of some groups as stigmatising.

4. Information about services and identification of need

- 4.1. A number of comments was made to the effect that more information on services should be available to victims. Suggestions were made that directories of services and / or Web pages at TAPs level might help, as might a regional and local awareness campaign. It was suggested that, identification of need, including baseline information, should be an ongoing activity.
- 4.2. At an individual level it was proposed that there should be someone to speak to a victim, or his or her family, to establish needs.

5. Services

- 5.1. A substantial number of detailed comments was made regarding the provision of services to victims. These included a call for the review of the Special Purchase of Evacuated Dwelling Scheme, financial help with the purchase of a new home and the need to ensure that a victim with disabilities had accommodation appropriate to their needs. The idea of "fast tracking" of victims by the Social Security Agency was also put forward. In relation to education it was suggested that trauma awareness training should be provided for teachers and that financial assistance should be available for "educational catch-up" for those who had lost out as a result of the Troubles. Funding for the re-establishment of businesses which had to close and to help victims set up new businesses was also proposed.
- 5.2. Very many comments were made regarding health and social services. These included the need for victims to be "fast-tracked" for help such as orthopaedic surgery; a review of trauma services; more training for statutory and voluntary groups in Cognitive Behavioural Therapy; more help for carers; better awareness of victims issues and collection of data on victims by social services; more specialist psychiatric services. It was commented that there was need for GPs to be better educated regarding victims' issues and for them to be more aware of the services which are available and to which their patients might be referred. Some felt that more use could be made of health visitors and community practice nurses in meeting the needs of victims.
- 5.3. The Trauma Counselling Service available to victims / survivors was seen by some to be a positive step. However, suggestions were made that there ought to be centres of excellence for individual and family counselling and that counselling service providers should give clear statements as to the standards of services, qualifications and accreditation of counsellors. Waiting lists for counselling and chronic pain management services needed to be reduced. Some felt that there should be free access to alternative therapies (e.g. reflexology) as part of a broad spectrum of services and that an exploration of the benefits of alternative therapy services was required.

6. Funding

- 6.1. A number of calls were made for increased funding. Some felt that long-term funding to secure services and to reduce the competition and insecurity that exists within the victims sector was required. Some felt that different groups such as ex-prisoners and bereaved families should not be competing for the same funding. The application form for Peace II funding was considered to be unduly complex and the emphasis placed on training by European Union funding programmes was

considered unhelpful, given that the age profile of members of victims / survivors groups was rising and retraining for employment was considered by some to be of decreasing importance.

- 6.2. The additional money provided through the OFMDFM Strategy Implementation Fund was welcomed. However, many felt that the overall level of funding was inadequate. Some commented that any additional funding should not be directed into the Health Service as victims' groups were better qualified to address the issues. In general the main issue relating to funding was that of sustainability and the difficulties encountered by groups in operating under current short-term funding arrangements.

7. Research

- 7.1. A variety of comments was made regarding research in relation to mental health, bereavement therapy, Post Traumatic Stress Disorder, Personality Disorder Specialist Services and the need to look at techniques used elsewhere which might be adapted for Northern Ireland. Research was also needed regarding the high suicide rate and its relationship to the conflict.

8. General views on consultation process

- 8.1. There was some appreciation of the efforts being made by the Victims Minister to consult and involve a wide range of individuals, groups and organisations in the next phase of victims' policy. However, views were expressed that more or less the same ground had been covered in previous consultations over the last few years.

9. Community Issues

- 9.1. A range of views was expressed that the power of paramilitaries needed to be broken; that people were still living in fear and that fear of moving outside one's own locality would leave a legacy for future generations; that there was a need for more long-term funding for communities and for cross-community work; that people were misled by some local politicians who took a sectarian view; that slogans and flags are perpetuating hatred and that integrated schooling and housing were important. Some commented that there needed to be more police on the ground and that "terrorists seem to get everything". It was also commented that the wives and members of the security forces felt that they had been forgotten.

- 9.2. It was suggested that it was important to listen to the views and fears of young people as they were suffering the repercussions of the conflict.

10. Families/Children

- 10.1. The importance of the family to society was noted. It was pointed out that many men and women had lost partners through the troubles and have been left to raise children alone. Some of these parents had to give up work. It was suggested that any barriers to childcare for these parents should be lifted. The problems of isolation of ex-UDR members who could not tell their neighbours about their job was were commented upon.

- 10.2. Some felt that money should be put into a trust for children of victims and that the suffering of siblings should be recognised and a fund set up specifically to help them. Reference was made to young people being drawn into paramilitary acts at

a very young age as “invisible victims” and to the trans-generational impact on families affected by the conflict.

11. Rural Issues

11.1. The problems of rural isolation were commented upon, particularly in relation to difficulties in accessing services, problems with transport and the need for outreach services. People who were forced to move away from property along the border needed financial assistance to re-establish farms; this included people who had suffered in the early stages of the Troubles.

12. Clergy/Pastoral Care Workers

12.1. Clergy and faith workers identified a need for personal and spiritual support, pastoral care and supervision to prevent burn out and overcome feelings of isolation. There is a need to develop a networking system for clergy and faith workers and to provide opportunities for cross-community clergy/ministry contact. More contact with psychological therapy groups and an exchange of dialogue and learning would also be useful as would in-service practical training, e.g. as expert counsellors.

12.2. It was suggested that there was a need for representatives of the clergy / faith workers to be involved in the work of government through a forum or similar body and that the way forward should be for the Victims Unit, the Victims Liaison Unit, the Health Service and Churches to work together.

13. Victims Commissioner

13.1. There was a divergence of views on the need for a Victims Commissioner or Ombudsman. Some felt that he / she should be appointed on a dedicated long-term basis; should not be a civil servant and should come from grass roots level. The Children's Commissioner was put forward as a possible model. There should be one central agency dealing with victims. Others questioned the need for a Commissioner given that all the required structures are in place.

14. Recognition and Acknowledgement

14.1. A wide range of proposals regarding the attention that ought to be paid to victims were put forward. These covered such matters as a call for the UDR / RIR to receive some recognition equivalent to the George Cross given to the RUC and for other organisations such as the Fire Brigade and Customs and Excise to be given some form of recognition.

14.2. Some views were expressed that all victims should have equal recognition and that it was not right that larger atrocities attracted all the publicity. Concerns were also expressed as to the role of the media in that victims could be re-traumatised and perpetrators glorified. It was noted that the Government had given recognition to some extent, but some felt there should be some form of written acknowledgement of the price paid by those who have been injured or killed as a result of the Troubles. It was suggested that more attention ought to be paid to those who had been injured as opposed to those killed.

15. Memorials

- 15.1. Various views were put forward as to a memorial to victims. These included proposals for a memorial garden to cover Crown Forces and civilians. The idea of separate memorials to civilian victims was also proposed. Some were opposed to any memorial which included both innocent victims and perpetrators.
- 15.2. Some who would have liked to see some type of memorial recognised that it would be contentious. Others felt that resources would be better spent on a pain clinic for victims instead of a garden of remembrance, or other such form of memorial.

16. Remembering / Storytelling

- 16.1. A number of views was expressed that victims needed an opportunity to tell their individual stories, perhaps in the form of a book, and to share their experiences.

17. Truth and Justice

- 17.1. This subject received substantial attention and a very wide variety of views was expressed. These included comments that all participants in the conflict, including the British and Irish governments should admit their roles and responsibilities. The view was expressed that not enough was being done to help victims' families find out more information about how the death of relatives was investigated or to help them understand why no one had been prosecuted.
- 17.2. It was suggested that before the people of Northern Ireland can be properly reconciled, they must be content that the truth regarding various matters becomes common knowledge and that justice has been done. Some thought that if acknowledgements of wrongdoing were offered, perhaps people could then move on. However, it was also stated that not everyone will be happy with whatever version of the truth they are given. A matter of concern was whether the truth could be obtained when individuals feared the consequences. There were objections to an amnesty forming a part of any truth and justice process.
- 17.3. While the view was expressed that all murderers should be jailed for life, others felt that the emphasis should be on truth and healing. The problem of separating truth and justice was discussed, with the view being expressed that separating truth and justice would cause pain to the victim or his / her family; it would be a very delicate matter to determine whether the benefits arising from the separation of truth and justice were for the greater good. Some expressed the view that it was unclear how a truth and justice process would work.

18. Inquiries

- 18.1. Views expressed ranged from concerns that open inquiries are not always in the best interests of victims and their families; that inquiries forced individuals to relive trauma and that public inquiries were a waste of money. However, some took the view that a specialist team to investigate what happened to their loved ones would be a good idea.

19. Truth Commission

- 19.1. It was suggested that a small committee should be appointed to take forward the truth and reconciliation agenda and that politicians should not be included on this

committee. The idea of some form of Commission led by three people not from Northern Ireland was put forward.

19.2. Criticism was expressed that Truth courts, South African style, would not be appropriate in Northern Ireland while some opposed the whole concept of a Truth and Reconciliation Commission being set up. It was suggested that, without a complete end to terrorist activities it is premature to establish a commission type forum and that too much is still disputed to enable a satisfactory 'truth' to be accepted by all parties. There was some feeling that victims wanted to move on and that a Truth and Reconciliation Commission would not bring healing as different people take different roads in order to cope. Others felt that a Truth Commission entailed some form of amnesty and that they would have difficulty with that.

20. Reconciliation & Healing

20.1. It was suggested that reconciliation and healing cannot be taken forward before Truth and Justice is achieved and that public apologies might be a way forward. Others felt that reconciliation could not be achieved while paramilitaries still exist and without a stronger attack by government on terrorism. Some felt that reconciliation, though a laudable objective, was over ambitious for the moment; unless progress on closure for the victims and relatives happens. It was suggested that it might well take one or two generations to pass before the rawness of recent events can even begin to heal. Views were expressed that reconciliation would remain difficult before the conflict ceased and all the arms were in.

21. Compensation

21.1. Many comments were made to the effect that the compensation system should be reviewed. These comments related to detailed matters relating to the legislation and administrative processes. For example it was argued that the system should be speeded up; that compensation for loss of business was inadequate; that the system treated certain members of the security forces unfairly and that recent changes to the compensation arrangements should be made retrospective so that victims of earlier incidents would benefit. Some people found the concept of compensation irrelevant or even distasteful: they took the view that the loss of a loved one can never be truly compensated.

21.2. It was suggested that the compensation system was easier for victims of non-troubles related incidents and that earlier victims have not received equitable treatment. The compensation and associated court processes were regarded as undignified for victims with no compensation for "loss of love".

22. Justice System, Law & Order

22.1. Concern was expressed that people did not know how cases were investigated and how decisions not to reopen certain cases were made. People needed to know why no one has been brought to justice and why the investigation has never been reopened. Some felt that the PSNI needed more resources to pursue unsolved murder cases and that if the authorities tackled terrorism and

racketeering more effectively this would bring solice to victims. Greater police protection in the workplace was an issue for some.

22.2. Some complaints were made about the costs involved in obtaining details of the inquest for each person involved and that relatives were not informed when the inquest was to be held and had great trouble getting information released. In relation to the courts, some felt that victims were made to feel like perpetrators and that judges should be accountable to some form or governing body. Calls were also made for a review of judicial sentencing and for free and rapid access to legal services to be available.

23. Northern Ireland Memorial Fund

23.1. Some aspects of the Fund were praised, e.g. that it had been helpful with home adaptations and is generally a good vehicle for small amounts of government funding to be given to victims. However some felt that there was a need to review criteria and change rules. For example, people should be able to apply more than once under the same scheme and siblings of victims should be able to access the Fund.

24. Great Britain

24.1. It was suggested that victims in Great Britain should receive equal treatment to all other victims and that they needed an embryonic support group.

STRATEGY IMPLEMENTATION FUND – SYNOPSIS OF FUNDED PROJECTS 2002-05

The following paragraphs provide a brief illustrative summary of the types of projects being undertaken under the current Strategy Implementation Fund.

Western Education and Library Board

The purpose of this project is to organise, index and store material relating to the Omagh bomb to provide a comprehensive, easily accessible collection of material for use by victims and their families, academics, researchers and historians. Members of the Omagh Self Help Group will be engaged in the project.

Tollymore Mountain Centre

This is a pilot project which will initially train 12 leaders from Victim Support Groups as accredited 'Walking Group Leaders'. The project will provide National Governing Body formal skills training, leadership and group management and skills training and assessment. The aim is to enable walking in rural and hill areas to be used as a tool for victims' support and therapy, conflict resolution and mutual understanding.

Southern Education and Library Board/WAVE/Queens University of Belfast

This is a pilot project Pilot project intended to develop an interagency and multi-strategy approach to the educational support of post-primary pupils who are identified as victims of the conflict. There will be four main strands: Schools and Young People; Teacher Development; Curriculum Initiatives; and Research, Evaluation and Dissemination. The project, if effective, will offer a model which can be replicated across all Education and Library Boards and have tangible products with curriculum materials and website.

Southern Health and Social Services Board

Awareness raising training for all levels and disciplines within Health and Social Services staff around the needs of victims/survivors of the conflict. More specific skills training for frontline staff and inclusion of those needs in future training and professional education. Outcomes will be monitored and training could be 'rolled out' to other Boards.

Threshold

To measure the prevalence and severity levels of post-traumatic stress disorder, train mental health allied professionals and community workers to deliver a 20 week psychotherapeutic group intervention to traumatised individuals over 4 sites (one in each Health Board area), evaluate effectiveness and disseminate findings.

North and West Belfast Trust

To provide a range of training for counsellors and also counselling and therapeutic services to victims via 4 voluntary organisations with a proven successful track record – Institute for Counselling and Personal Development (ICPD), New Life Counselling service, Corpus Christi Services Community Counselling Service and Psychotherapy and Counselling Network (PCN). It is proposed that over 2,200 people in North and West Belfast will receive counselling and over 120 will receive accredited training in counselling skills. If future needs assessment indicates that the service element of the project is required beyond 2005, the Trust will be able to access funding from the Eastern Board.

The Cedar Foundation

To provide innovative, socio-vocational rehabilitation services which will enable survivors of Traumatic Brain Injury (TBI), acquired as a result of the conflict in Northern Ireland, to live and work productively. Includes cascade

of training and use of volunteers and will allow the development of a model which can then be mainstreamed.

Southern Health and Social Services Board

This is a training and Development Programme for Trauma Advisory Panel members to improve skills and awareness, develop meaningful partnerships with Local Strategy Partnerships to the benefit of victims and survivors and to enhance communication with the public sector.

Southern Health and Social Services Board

Analysis and evaluation of the work of the Trauma Counselling Services within the Southern Health and Social Services Board to identify best practice in counselling service for people adversely affected by exposure to trauma. Research on the effectiveness of interventions in this area is welcome and will be of regional value and the Victims Unit is happy to support this bid. However, we would wish to see the Department for Health, Social Services and Public Safety giving a much higher priority to mental health research in its own research budget.

Northern Ireland Music Therapy Trust

A project to use clinical music therapy to express and work through the painful experiences of victims and survivors and help to bring them towards healing.

Barnardos

To work with parents, children, teachers and relevant others in the community to create a non-conflict environment and alleviate inequality and disadvantage for children and parents from Edenbrooke Primary School in the lower Shankill area of Belfast where the trauma produced by the “Loyalist Feud” is manifest in the behaviours exhibited by many of the children. Activities will be aimed at encouraging local parents and children to identify their needs and aspirations and become involved in planning

and implementing activities aimed at alleviating the impacts of the conflict on the children, parents/carers and teaching staff at the school.

MAGNI – Conflict Exhibition

Ulster Museum Conflict Exhibition aimed at increasing awareness of the particular circumstances of victims of conflict and facilitating future learning.

Seminars for Clergy, Faith Workers and Pastoral Care Workers

A series of one-day seminars for clergy, faith leaders and pastoral care workers to be held at 8 different locations across Northern Ireland to help them in their work in supporting others affected by the conflict.

Tinderbox Theatre Company Production of “REVENGE”

REVENGE is a theatre production and an Outreach Programme focusing on the experience of victims in Northern Ireland, with two distinct workshop programmes providing access and participation for young people, youth groups and adult community groups. The production has themes of

- Articulating grief and associated emotions
- Remembrance
- Respecting the dignity of victims and their close families
- Reconciliation with the past
- Moving forward to the future
- Community relations

These themes underpin the play and the work undertaken in the workshop programme for schools, youth groups and adult community groups. REVENGE is written from a neutral point of view, with no characters identifiable as being from any particular religious or political persuasion so that the play and its associated events are open and available to all sections of the community.

Northern Area Board: TAP Co-ordinator Trauma Awareness Training Programme

The project will provide a suite of training programmes on trauma and its effects on communities through workshops; awareness raising road shows; seminars and mentoring for key stakeholders in the work of the Northern Area Trauma Advisory Panel. It will assist in the consolidation of skills for professional primary care workers, advocates in the field of victim support and will also aid the recognition of trauma symptoms and how to deal with them appropriately.

Northern Area Board: TAP Information Resource Pack

The pack will contain information on a broad range of topics including understanding trauma and its effects, self care, care for carers, contact details on main service providers, role of the Trauma Advisory Panel, clinical and complementary therapies available, community support services available, etc. A dedicated website will also be established to carry this information. The pack will be targeted at the local population of the Northern Area, professionals working in communities, community and project leaders, statutory/voluntary organisations, pastoral care workers, primary and secondary care workers, libraries, etc.

Establishment of British Association for Counselling and Psychotherapy (BACP) accredited counselling course

The project aims to train 30 people as BACP accredited counsellors providing a recognised accredited professional qualification in counselling to those who deliver a service to victims/survivors in the WHSSB Trauma Advisory Panel area. The course has been designed by CPPD Counselling School Ltd and will run for 2 years.

NHSSB : Psychological interventions

The need for the project was identified through a needs assessment within the NHSSB area. Studies undertaken by Homefirst Community Trust mental health professionals have identified an absence of specialist services for 'troubles related' trauma. The proposal will apply CREST

guidelines on the effective management of posttraumatic anxiety to a population that has been neglected in terms of access to psychological interventions. If successful the project has the potential to influence the practice of mental health professionals not only within Northern Ireland, but further afield.

Eastern Area Board TAP: Accredited Trauma Training

The project will provide specialist accredited trauma training for 18 suitably qualified key EHSSB and voluntary sector workers to enhance service provision for victims and survivors and provide two trauma specialists in each Trust trained to work with Post Traumatic Stress Disorder using CREST recommended treatment.

Eastern Board TAP: Trauma Interventions – Psychosocial & Psychotherapeutic Standards & Quality Assurance

The project is part of a three-strand initiative based on findings of research on the Health and Social Care needs of Victims in the Eastern Board area. The aim is to quality assure the product and services delivered by groups and parallel services providers. The outcome will be to provide support to organisations working with victims and survivors by improving standards and assisting them in accreditation.

Extension of therapeutic services provided to children and their families by the NOVA project in the Craigavon & Banbridge Health & Social Services Trust area across the whole of the Southern Health Board area

NOVA works directly with children and families and also with groups. It offers therapeutic/counselling services and outreach visits, and works with local victims groups to help them develop their own capacity. The Project runs a Drop-In facility as part of Craigavon Healthy Living Centre and offers initial consultations for stress, anxiety, panic attacks etc. It has also developed short programmes on stress and anxiety reduction which can

be used with groups. NOVA tries to reach people who wouldn't normally come through the normal mental health channels.

If you would like further copies of this document contact:

The Victims Unit
Office of the First Minister and Deputy First Minister
Room B3
Castle Buildings
Stormont Estate
BELFAST
BT4 3SR

Freephone: 0808 127 3333

Textphone: 028 9052 2343

e-mail: info@victimsni.gov.uk

Website: www.victimsni.gov.uk