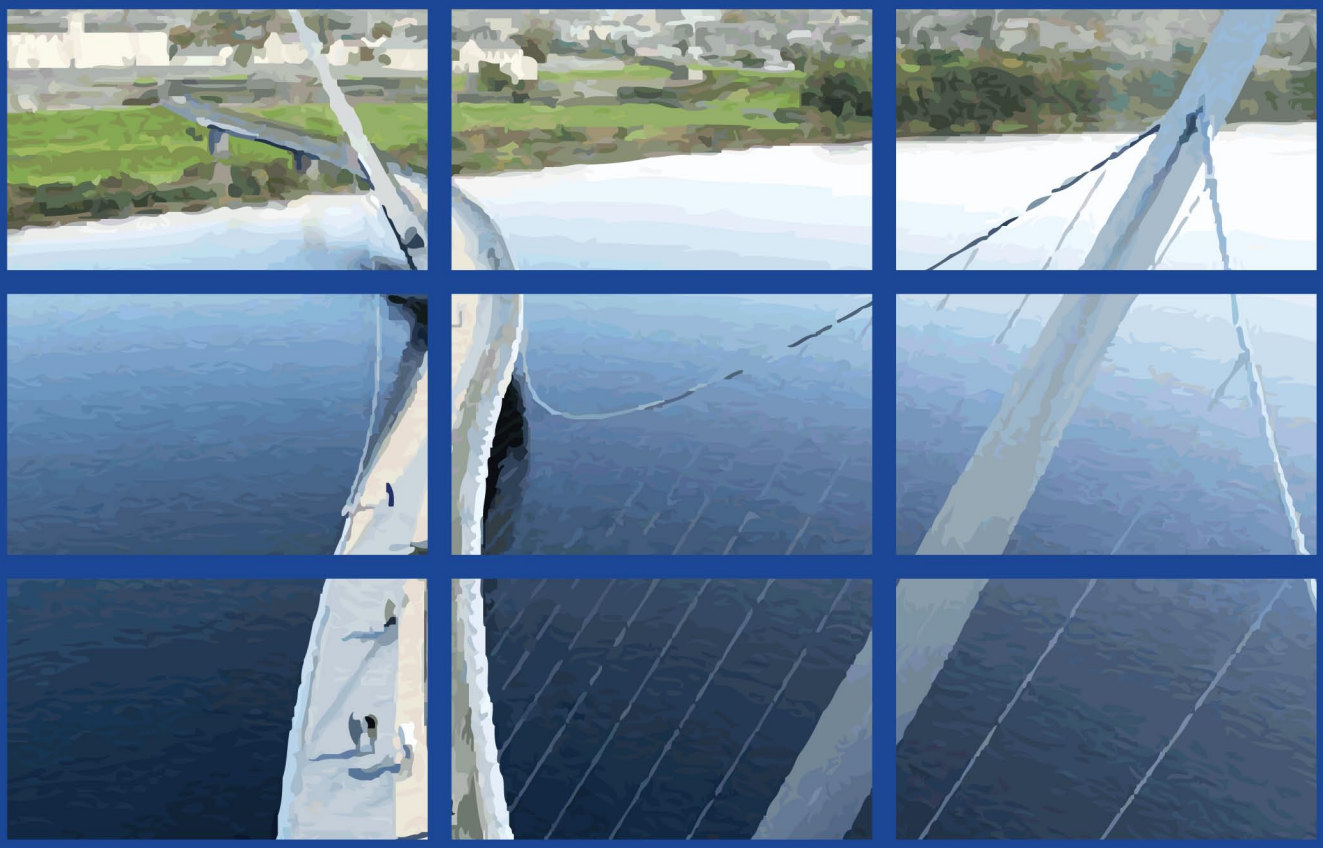

Comprehensive Needs Assessment

February 2012

Commission for
Victims and Survivors

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Foreword

We are pleased to present this comprehensive assessment of the needs of victims and survivors of the Northern Ireland conflict.

The Office of the First and deputy First Minister (OFMDFM) published a ten-year strategy for victims and survivors in 2009. The Strategy envisaged the development of a new infra-structure to serve victims' needs:

- The Commission, acting as an advisory body which influences the development of services and promotes the interests of victims and survivors;
- A Victims Forum as a primary mechanism to ensure that the Commission is informed directly by victims themselves;
- A Victims and Survivors Service to co-ordinate, resource and monitor the provision of services;
- In addition, Government has accepted the Commission's advice on the need for a mechanism for practitioners and others concerned with service delivery. Thus, the Service will convene regular Victims Practice Meetings across Northern Ireland.

All of these mechanisms will be in existence during 2012 and to guide them, the Commission has been charged with producing a Comprehensive Needs Assessment (the CNA).

According to the Victims Strategy the CNA *"will be used to create a sound basis for funding the work of victims and survivors groups and other non-statutory organisations providing services in this area."*

The process of producing this Assessment has gone on over the past two years and we are most grateful to our Commission staff, particularly the Secretary of the Commission and the Policy and Research team, for all of their hard work.

We would also wish to express our thanks to the individuals, organisations and researchers who helped in the formulation of the CNA over the past two years, in particular members of the Pilot Forum for Victims and Survivors.

We commend this document to Ministers and trust that they will find it a most useful guide.

We also commend the CNA to all who work on behalf of victims and survivors of the Northern Ireland conflict. We trust that it will prove to be a coherent reference document which will help improve the quality and effectiveness of all our efforts in the years ahead.

Brendan McAllister / Patricia MacBride / Bertha McDougall

Commissioners for Victims and Survivors

February 2012

Introduction

Overall Aim

The aim of the Comprehensive Needs Assessment (CNA) is to inform Government of the services required to improve the quality of life and create the conditions where victims and survivors can flourish in society. The purpose of the CNA is to examine the current needs of victims and survivors and assess whether the provisions and services that have been put in place since 1998 meet those needs. It also seeks to anticipate the areas of emerging and growing needs that occur over time and in relation to changing social and economic environments.

Context

The development of the CNA has been ongoing over the past two years. The Commission submitted its first phase report to OFMDFM in September 2010. Since then, the Commission has concentrated on gathering further information and evidence in relation to the needs of victims and survivors. This Phase II Report marks a final milestone in the process of developing a needs assessment representing an informed and detailed investigation of the issues affecting the lives of victims and survivors. The Areas of Need examined are complex, inter-connected and continually evolving. These phased reports provide Government with a comprehensive examination of the most pressing needs currently impacting on victims and survivors of the conflict.

The strategic landscape in relation to the provision of services for victims and survivors has been changing since the publication of the Strategy for Victims and Survivors in November 2009. This strategy is built around the three key areas of the Commission, the Forum and a new Victims and Survivors Service. This Comprehensive Needs Assessment has a key role to play in informing the new Service of the needs of victims and survivors and how they should be addressed. The new Service is due to open for business in April 2012, therefore, this CNA document has been timed to provide the new Service with the most up to date information and a set of recommendations that will inform the types of services that are required now to best meet the needs of victims and survivors. For this reason, this document has focused on being as practical and operational as possible in its analysis and advice in order to provide the Service with the most up to date information and advice at this time.

Key Findings

The key findings from this second phase of the CNA are that:

- The seven Areas of Need that were identified within Phase I are confirmed as the accepted Areas of Need and no evidence has been found to change the order of their priority;

- ❖ Health and Wellbeing is still identified as the main priority area of need for victims and survivors and is the area where service delivery is the most complex and expensive. However, the recommendations made within Chapter 1 begin to address these issues;

- ❖ It is recognised that the new Service has a crucial role to play in the delivery of services to address the needs of victims and survivors. This Report, therefore, focuses on informing OFMDFM on the services that are currently required to address the needs in each of the seven areas identified;

- ❖ The Commission is of the opinion that in order for this new Service to function effectively improvements are required in the engagement of the statutory sector. For example there will need to be more cross departmental co-operation. This is particularly important between OFMDFM and DHSSPS on the issues of mental health, physical health and trans-generational issues;

- ❖ The Commission recognises that a significant amount of funding is available on an annual basis to address the needs of victims and survivors. In these current economically difficult times, it is incumbent upon us all to use these resources as effectively and efficiently as possible. Therefore, it is hoped that the advice and information contained within this CNA Phase II Report enables the statutory and community and voluntary sectors to provide the best services possible to meet the current needs of victims and survivors.

Methodology for Phase II

The CNA Phase I Report comprised of a review of the key literature providing commentary and analysis relating to the impact of the conflict on those directly and indirectly affected. The report identified seven areas of need and prioritised their importance based on the research undertaken and the Commission's knowledge and expertise. The CNA Phase I Report was positively received and widely accepted by the sector. The Commission undertook a series of consultation events with the sector during 2010 and 2011 to gauge views on the report and to take on board feedback. The reaction from the sector was overwhelmingly positive for the Phase I Report and it was also accepted by Government.

The CNA Phase II report has sought to build on Phase I by developing a combined methodological approach in attempting to estimate the potential demand for services and treatments from the new Service. This methodology has consisted of:

- Building on the literature identified within Phase I;

- Commissioning specific quantitative analysis;

- Commissioning primary research;

- Developing related work to inform service delivery; and
- Identifying and illustrating qualitative good practice.

This combined methodological approach is outlined in more detail in the paragraphs below.

Literature Review

The Policy and Research Team of the Commission has continued to build upon the extensive literature review that was undertaken as a major element of the Phase I Report. Relevant research and publications have been identified and utilised in informing the development of the Phase II Report. The team has also worked in partnership with researchers who have undertaken or who are currently undertaking relevant research within the identified Areas of Need. For example, the Team are currently working in partnership with the University of Surrey and WAVE Trauma Centre on a major piece of research that will provide evidence in relation to the physical health needs of victims and survivors. The Team are also working in partnership with Journey Towards Healing on research in relation to Spiritual Wellbeing. These studies will provide important primary evidence that will be factored into the relevant Areas of Need.

Quantitative Analysis

The Commission has also worked with the Northern Ireland and Statistics and Research Agency (NISRA) in developing Reports that provide quantitative analysis of the impact of the conflict. This has included undertaking a module of the Northern Ireland Omnibus Survey that contained responses to a number of targeted questions developed by the Commission which were inserted into the Omnibus Survey 2010. One of the key findings from this piece of research revealed that 30% of the population has been directly affected by the conflict either through sustaining a physical injury, bereavement or experiencing a traumatic event (directly or as a carer). Meanwhile, a second Report, “The Analysis of Current Service Providers”, completed in June 2011, contained analysis of services currently delivered to victims and survivors by a range of funded groups within the sector. In addition, the Policy and Research Team has been working closely with Land and Property Services (LPS) to map this quantitative data and provide a series of illustrative maps to inform and provide an aid to the future provision of services.

Primary Research

CVSNI has commissioned primary research in three specific Areas of Need where gaps had been identified within the Phase I approach. To date three major research projects have concluded with reports in the areas of Mental Health, Historical Investigations and Information Recovery and on Trans-generational issues. These reports form the basis of chapters 1, 4 and 6 and are highlighted below.

The research in relation to Mental Health was commissioned to further examine the impact of the conflict on the development of the specific mental health needs of victims and survivors. The commissioning of this particular study was in response to a recognised paucity of epidemiological research relating to the prevalence of mental health disorders directly attributable to the conflict. Significantly, the data contained in this Report relating to mental health disorder prevalence associated with individual experience of the conflict is drawn from a wider international epidemiological study of mental wellbeing. While a number of the key findings relating to condition prevalence are estimates, it is possible to generalize the results to the wider society. Therefore, the Report provides robust data that can inform the commissioning and provision of effective mental health services in the statutory sector and the small number of psychotherapeutic interventions administered by the Victims and Survivors Service. The report entitled, "Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland" was completed by the University of Ulster in late 2011.

The Commission have also completed research in relation to Historical Investigations and Information Recovery and this has informed the development of Chapter 5 in relation to Truth, Justice and Acknowledgement. This research examined the experiences of victims and survivors who have engaged with or are currently engaging with those statutory organisations currently charged with investigating the past. The research also examines the role played by non-governmental organisations (NGO's) in providing advocacy support to individuals and families engaged in these processes and whether this advocacy needs to be made a formal service and provided by the new Service.

CVSNI are currently working in partnership with researchers from Queens University Belfast, to finalise a study examining the definition and enduring impact of trans-generational trauma in the context of the conflict. A significant part of the research project is investigating the impact of conflict-related trauma across the generations who lived throughout the Troubles and the current generation of children and young people living in 'post conflict' Northern Ireland. Currently, the Commission has been presented with a draft Report which underpins a significant part of the analysis within chapter 6. The final report which will highlight the experiences of stakeholders including clinical practitioners and services users accessing adult and child and adolescent trauma-related services will be presented to the Commission in March 2012.

The Commission is aware that utilising academics and experts who are active in this sector can potentially lead to a competing agenda or indeed conflicts of interest, but these concerns have been taken into consideration when forming the main conclusions and recommendations in each of the Areas of Need. These research reports have informed the Commission's knowledge and evidence base regarding the latest developments in these specific areas so that firm recommendations can be made in relation to future service delivery. It is recognised that further research is required in order to be more definitive, but these reports add to the evidential base of the CNA and the Commission will continue to add to this base in subsequent years.

Other Related Work

Over the last eighteen months, the Commission, through its work programme has added to the body of evidence by pursuing projects that have also made a contribution to the evidence base. For example, the Commission has formulated advice to government on a Minimum Standards Framework for organisations that are providing services to victims and survivors. This work complements the advice contained within the CNA as it aims to raise the standards of any services currently being provided. These standards have been accepted by OFMDFM and have been used in the current call for the Strategic Support Fund for funding during the 2012/13 financial year.

The Commission has formulated advice on a draft Monitoring and Evaluation Framework in order to assist the Service and its service provider organisations within the sector to monitor their performance against agreed aims and objectives and to better evaluate the impact of their work across the sector and on a consistent basis. This was identified as a major gap in the Phase I report and the Commission recognises the need for an agreed monitoring and evaluation system that will provide robust data, both quantitative and qualitative, that will help to inform the evidence base in relation to the assessment of needs. Both these initiatives will contribute to an improvement in addressing the needs of victims and survivors in future years.

Use of Examples

Throughout this Phase II Report examples of good practice will be used to illustrate the work that is ongoing throughout the sector. These examples are by no means exhaustive or an endorsement, rather they are used to highlight the type of practice that is being carried out at present.

Outline of Chapters

This combined methodology has enabled the Commission to build a robust evidence base on which informed observations, analysis and recommendations can be made regarding the future focus and direction of service delivery. Therefore, in each chapter that follows, the focus is on analysing each Area of Need with a view to providing useful recommendations for future service delivery by the Victims Service. In order to arrive at this point the information collated is presented and analysed under four headings in each chapter as follows:

- **Description** – This section builds on the definitions used in Phase I and outlines the evolution of the Commission's understanding of each of the Areas of Need;

- **Services** – The Services section provides an analysis of current service provision and an analysis of the current funding being utilised to provide these services;

- **Development** – In the development section the Commission sets out to identify and examine the pertinent issues that are currently effecting each Area of Need;

and

- **Recommendations** – The examination of each area of need concludes with a number of recommendations that are focussed on future service delivery and addressing the issues.

List of Recommendations

In relation to each of the identified areas of needs, the Commission for Victims and Survivors recommends that:

Health and Wellbeing

1. A central concern for the new Victims and Survivors Service will be to ensure there is sufficient capacity to address the assessed mental and physical health needs of victims and survivors in a timely and effective manner. The Commission, therefore, recommends that the Service undertake a capacity building exercise (including audit of existing treatment/services) and subsequently drafts workforce development plans to ensure appropriately qualified practitioners are available at each level of intervention. These plans should be kept under review as data from service providers and experience in commissioning and delivering services progresses.

2. An important recommendation contained within the West Belfast Primary Care Partnership Report is that consideration should be given to developing '*pathways for specific mental health disorders'.*[1] Following the estimation of significant prevalence of clinical depression and posttraumatic stress disorder (PTSD) within the Troubled Consequences Report[2], the Commission recommends that the Service should consider developing a general mental health care pathway to effectively capture and treat these and other mental health disorders. The care pathway should include provision of a package of 'intensive interventions' guided by evidence based practice including those agreed by the National Institute for Health and Clinical Excellence (NICE) and the Clinical Resource Efficiency Support Team (CREST).

3. The mental health care pathway should be guided by key themes that correlate closely with practice in the statutory sector. These are a focus on the recovery ethos, a strong linkage to the stepped care approach to mental health and an assessment model that undertakes a holistic evaluation that diagnoses underlying mental *and* physical health conditions.

4. The Troubled Consequences Report highlighted lengthy delays in help seeking and therefore delays of the earliest point at which intervention can commence, particularly among individuals with anxiety and substance disorders. It is therefore vital that the new Service and service providers encourage victims and survivors with conflict-related mental health conditions to seek help for their emotional problems and raise awareness of available treatments.

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[1] Public Health Agency and Belfast Health Development Unit (2011) *Mental Health and Emotional Wellbeing Services in the West Belfast PCP Area – Service Mapping – Understanding the current position and planning a path for change*, Moore Stephens (Draft, Yet to be published): 84.

[2] Commission for Victims and Survivors (2011) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October.

5. The Commission supports the development of a wide-ranging, yet targeted communication strategy that raises awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma. The Commission also advocates the integration of an approved screening tool for PTSD into the assessment for trauma-related disorders.

6. To address the inequitable provision of trauma-related services within the health and social care system and to establish an effective and sustainable cross-sectoral approach to treating conflict-related trauma, the Commission would encourage consideration of developing a trauma-focused coordinated service network by OFMDFM and DHSSPS. Based on the model of a managed clinical network, the development of a trauma-focused coordinated service network could deliver a comprehensive regional trauma service drawing largely on existing resources and expertise from the statutory, independent and voluntary sectors.

Social Support

7. The Commission recommends that Social Support services should remain as eligible activities for funding and that financial support should be maintained at current levels within the Strategic Support Fund. From the 2013/14 year, Social Support should be funded within a new programme, the 'Support Programme for Victims and Survivors', contributing to core salary costs, running costs and programme costs associated with befriending, respite to carers, art, craft and music therapy, personal development, adult education and social and cultural activities.

8. The Commission will be analysing the Strategic Support Fund and Development Grant Scheme's funding in 2012 with a view to making funding recommendations for the financial years 2013/14 and 2014/15.

9. The expected impacts that would result from funding the 'Support Programme for Victims and Survivors' would be that the quality of life for victims and survivors is improved and maintained and that a contribution is made to a healthier and more cohesive society. The Commission will make recommendations and provide advice on a relevant monitoring and evaluation framework in this regard.

10. The Commission recommends that the Service and the Commission should also liaise closely with the Special EU Programmes Body (SEUPB) on the remainder of the PEACE III Programme in order to avoid the duplication of services and continue to liaise closely with SEUPB in relation to the development of a PEACE IV Programme so that a synergy can be developed in relation to both Programmes.

11. The Commission recommends that OFMDFM should fund a seminar on the Carers of the Troubles during 2012/13, as a stock-taking exercise, with a view to informing OFMDFM and DHSSPS on future development needs.

Individual Financial Needs

12. The Commission proposes that a means test as applied by the Northern Ireland Memorial Fund continues to be used by the Service as an instrument for determining those who are most in need from the following categories:

    - Spouses/Partners who have been bereaved;
    - Parents who have been bereaved;
    - Children and young people who have been bereaved through the loss of a parent, who are currently under the age of 25 and still in education or training;
    - Adult children – those over 18 and not in education or training, or those over 25 – have a diminished financial dependency on their parents and this should be reflected in the level of direct financial assistance.

    We recommend that means testing should not apply to those who have been seriously injured or those who care for individuals who were seriously injured.

13. Grandchildren and siblings of those who died would not, for the most part, have had a financial dependency on their loved one and as such, should no longer be eligible to receive direct financial assistance. Funding made available to groups in the community sector and services in the statutory sector will ensure that services are available to meet other needs of these individuals in terms of health and well-being, advocacy, personal development and social support.

14. In responding to Government's request for advice on meeting Individual Financial Needs in 2012-2013, the Commission made a number of recommendations in October 2011 which recommended that the Northern Ireland Memorial Fund should cease to operate a number of schemes and that those schemes remaining in place be augmented to better meet the needs of victims and survivors. Direct financial assistance as outlined will target those in greatest need. We believe that in streamlining the schemes available, they will better address and meet the needs of individual victims and survivors. Therefore, we recommend that the recommendations contained in Table 1 below should take effect from 1 April 2012.

Table 1: Proposed Schemes To Take Effect From 1 April 2012

SCHEME	NOV 2010-27.02.12 AMOUNT ALLOCATED	2012-2013 REVISED AMOUNT	RECOMMENDED CHANGES
Back to School	£114,975	0	Discontinue
Care for Carers	£105,000	£95,000	Maintain support
Chronic Pain Management	£442,028	£184,000	Maintain programme, cap at £1,000 P.A.
Disability Support	£169,961	£129,000	No changes
Education & Training	£1,691,714	£270,000	Replace with Educational Bursary for bereaved children only
Over 60's Support	£405,750	0	Discontinue
Short Break	£778,150	0	Discontinue
Financial Assistance Extra needs (DLA)	£174,000	0	Discontinue
Financial Assistance Extra Needs	£859,000	0	Discontinue
Financial Assistance Regular allowance	£1,768,880	£2,624,250	Introduce two award levels, exclude siblings
Total	**£6,509,458**	**£3,302,250**	

15. Further interrogation of additional funds allocated by NIMF as a result of a funding call in October 2010 has not altered our position of October 2011. In the financial year ending 21 March 2012, NIMF will likely show significant under-spends in a number of its schemes, most notably in the Education and Training Scheme and the Short Break Scheme. Evidence also suggests that the cap of £2,000 on the Chronic Pain Management Scheme is too high, as less than half the budget has been drawn down. This would lead us to conclude that, whilst attempting to introduce a needs-based approach seeking to fit such an approach into existing schemes did not, in fact, meet need. Rather, it led to a situation where applicants were awarded grants in areas where they qualified for assistance, but could not or did not take up the award.

16. Provision needs to be made to ensure that the new arrangements for funding are ready to be implemented in April 2012 so that there is no gap in assistance for those in

greatest need.

17. The Commission recommends the ending of schemes currently delivered by the NIMF and the implementation from April 2012 of the following financial assistance Programmes:

Carers Programme

18. This programme will provide a payment of £500 per annum to those who care for someone injured as a result of a conflict related injury. This scheme should not be means tested. Carers have, in many cases, given up their own careers to care for a loved-one injured as a result of a conflict-related incident. In addition to the loss of income this creates, they have also lost pension entitlement in later life as a result of an inability to make pension contributions. Carers Allowance only goes some way to meeting their financial needs and a Care for Carers scheme will provide a premium to help address their respite needs.

Chronic Pain Management Support Programme

19. This scheme will provide reimbursement of expenses for chronic pain management treatments for pain arising from a conflict-related injury. It will be based on needs identified via individual assessment by the Victims and Survivors Service. This programme will provide assistance for treatments not otherwise available from the Health Service, or where a significant delay in accessing help impairs the quality of life for the victim. The maximum award under this scheme would be £1,000 per annum and would not be means tested.

Disability Support Programme

20. The Disability Support Scheme will be open to all of those who demonstrate a need arising from a conflict-related injury and will be based on needs identified via individual assessment by the Victims and Survivors Service. The purpose of this scheme is to provide support for those who need assistance with managing a disability arising from the conflict where assistance is not available elsewhere, or were a significant delay in accessing help impairs the quality of life of the victim. The maximum award under this scheme should be £1,000 per annum and it would not be means tested.

Educational Bursary

21. This bursary is designed for children who have been bereaved through loss of a parent and who are still in education and training up to the age of 25. It would provide an annual award to children of £300 whilst still in school, £1,000 whilst in a vocational or technical training course, £2,000 whilst attending university within Northern Ireland and £3,000 whilst attending university outside of Northern Ireland. This scheme should not be means tested.

Financial Assistance Programme – Regular Allowance

22. This programme would provide a regular payment to the following:

    - Those who have been seriously injured;
    - Those bereaved as a result of losing a spouse or partner;
    - Those bereaved as a result of losing a child;
    - Those bereaved as a result of losing a parent.

    For those who have been bereaved, the amount available should be £1,500 per annum to those who have lost a spouse/partner or child and £750 per annum to those who have lost a parent and in these cases awards would be means tested.

23. Those who have been seriously injured and are currently in receipt of both components of Higher Rate Disability Living Allowance (DLA) would not be means tested and would be eligible to receive assistance of £1,500 per annum. The introduction of a Personal Independence Payment to replace DLA will require examination of the eligibility criteria as that benefit scheme is introduced. Those who have been injured and are not in receipt of Higher Rate Disability Living Allowance would, subject to means testing, be eligible to receive assistance of £1,500 per annum. Operation of means testing will ensure that this programme targets those in greatest financial need as a result of their injury or bereavement.

24. Based upon interrogation of the Northern Ireland Memorial Fund database, the Commission estimates that the schemes outlined above would have the following cost:

Table 2: Estimation of NIMF Schemes

Name of Scheme	Potential Applicants	Annual Award	Total Fund
Carers Programme	210	£500	£105,000
Chronic Pain Management Support Programme	237	£1,000	£237,000
Disability Support Programme	159	£1,000	£159,000
Educational Bursary	90	£3,000	£270,000
Financial Assistance – Regular Allowance – loss of partner/ child	848	£1,500	£1,272,000
Financial Assistance – Regular Allowance – Injured	478	£1,500	£717,000
Financial Assistance – Regular Allowance – loss of parent	847	£750	£635,250
Total			**£3,302,250**

25. The NIMF currently operates a means testing model which is based on government benefit rates and adds an additional allowance of £20 per week before income is taken into consideration. We propose retaining this model but increasing this weekly allowance to £30 to allow for the fact that benefits increases and average wages have not kept pace with rising costs of food, home heating, fuel and clothing over the last two years.

26. In determining overall household income, the following benefits and payments would not be included as income under the means testing scheme:

- Disability Living Allowance – Higher Rate;
- Child Benefit;
- Child Tax Credit;
- Pension Credit;
- Attendance Allowance;
- Carers Allowance.

27. In determining essential household expenditure, the following payments would be deducted as essential expenditure in order to arrive at a disposable income figure and determine whether an applicant was eligible for assistance:

    - Rent (or any amount of rent in excess of the amount of housing benefit being received);
    - Rates;
    - Mortgage interest payments but NOT capital repayments on the mortgage;
    - Water charges (where applicable).

28. The Commission recommends that the schemes proposed are monitored over the next two years in terms of their uptake, eligibility and cost so that appropriate bids can be developed in advance of the next comprehensive spending review period.

Truth, Justice And Acknowledgement

29. Based on the research recently undertaken by the Commission on the experiences of individuals and families, and in line with the recent Criminal Justice Inspectorate report entitled “An Inspection of the Care and Treatment of Victims and Witnesses”, the Commission recommends that historical investigations and information recovery services should take steps to improve customer care and understanding. There is a need to bring the concerns of victims and survivors closer to the heart of the overall approach, particularly to front-line service delivery. There is also a need for better inter-agency work to shorten the timeframes involved in accessing information from other service providers.

30. The Commission recommends that the Victims and Survivors Service which becomes operational in April 2012 should develop memoranda of understanding with the statutory historical investigation and information recovery bodies so that a uniform referral system can be put in place across all agencies. This will allow the assessed needs of victims and survivors to be met in a focussed and consistent way around areas of advocacy, social support and health and wellbeing.

31. The evidence presented in this paper also points to the important role of community and voluntary sector organisations working alongside the statutory services. The Commission recommends that families and individuals who are engaging with statutory agencies be offered access to independent support services while they are participating in these processes.

32. Our research has identified the inconsistent development of Non Governmental Organisations (NGOs) providing support to victims and survivors seeking truth,

justice and acknowledgement. There is also a tendency among numbers of victims to use the services of organisations identified with one or other tradition. Therefore, the Commission has a concern that currently victims and survivors may not have access to, or receive, a consistent quality of service. We recommend that the Victims Service take steps to support good practice development across all relevant voluntary and community organisations. In this regard, reference could usefully be made to the Memorandum of Understanding between the Department of Justice and Victim Support Northern Ireland.

33. Therefore, the Commission recommends that the new Victims Service makes specific funding of those groups who wish to provide support or advocacy to this Area of Need as an eligible activity of the Support Programme. (The Support Programme is outlined in detail in Chapter 2). However, further work needs to be carried out in relation to defining the scope of support and establishing benchmarks for good practice.

Welfare Support

34. The Commission recommends that an effective Welfare Advice Service is needed to provide the relevant support and advice to Victims and Survivors, particularly over the next 2 to 3 years.

35. The Commission recommends that the Victims and Survivor Service provides a signposting service for the victims and survivors who require welfare support services. This would facilitate individual queries to be referred on to one of the following:

    1) Local and regional Citizens Advice Bureau (CAB) Offices;

    2) Victims and Survivors Groups with appropriately trained Welfare Advisors; and

    3) Other established and recognised Welfare Support Organistaions.

36. In addition, the Commission recommends that welfare support remains an eligible activity and that funding should continue to be made available for those groups within the victims and survivors sector who provide bespoke Welfare Support services during the financial year 2012/13 and during the period of 2013/2015.

37. The Commission recommends that a further review of Welfare Support Services funded by the Victims and Survivors Service is carried out within 18 to 24 months. This would take into account the phased implementation of the various strands of the Welfare Reform Bill, 2011 and also the transitional development of the new Service.

38. In light of the impending changes and implementation of welfare reform over the next four years, it is important that appropriate consideration is given to victims and survivors. The reduction or removal of current benefits and allowances will potentially affect many individuals and families and will in many instances place an additional financial burden

on them. Within this context, it is clear that there is a pressing need to continue to assist victims and survivors with financial support. Therefore, the Commission recommends that financial support schemes continue to be supported and administered through the Victims and Survivors Service.

Trans-Generational Issues And Young People

39. The Commission proposes to confer with statutory authorities and relevant stakeholders regarding the development of an inter-disciplinary approach to dealing with the trans-generational impact of the Northern Ireland conflict. We intend to convene a series of round-table meetings with key agencies and authorities to facilitate the development proposals for a comprehensive, joined-up approach to tackle the trans-generational legacy of the conflict. We would envisage a report being submitted to Government by autumn of 2012.

40. There is a need to promote greater awareness of trans-generational trauma among professionals including GPs and social workers. The Commission will pursue this matter within the inter-agency process outlined in Recommendation 1.

41. We propose that further research should be commissioned to explore the potential for increased use of family therapy alongside individual psychotherapy for trans-generational trauma. The Commission will pursue this matter within our Work Plan for 2012/13.

42. The new Victims and Survivors Service is expected to develop a care pathway for the victims sector during 2012/13. We recommend that access to family therapy and family-based practice should be included as an option within the care pathway.

43. There should be increased inter-agency co-operation on trans-generational issues across Northern Ireland. The Commission will pursue this matter within the inter-agency process outlined in recommendation 39.

44. The Commission has encouraged consideration of the development of a trauma-focused co-ordinated service network by OFMDFM and DHSSPS based on the model of a managed clinical network (MCN). This MCN should draw on the existing expertise and experience within the statutory and non-statutory sectors to effectively treat trans-generational trauma among individual victims and their families.

Personal And Professional Development

45. In the current programmes, two models currently exist to provide victims and survivors with Personal and Professional Development services. The Community Relations Council provides direct funding to groups to provide training and courses for victims and survivors wishing to avail of services. The NIMF provides direct

financial support to victims and survivors to pay directly for the courses or training that the victim or survivor identifies themselves. The Commission recommends that a more strategic approach is adopted going forward by the Victims and Survivors Service in the administration of this funding.

46. It is understood that from April 2012 the new Service will assess individually each victim and survivor who has needs. This assessment should identify the best Personal and Professional Development service required for each individual. The Service or individual can then choose how best this service is provided, either via statutory provision, group provision or direct sourcing by the individual. It would be expected that this mechanism would reduce the costs of providing Personal and Professional services in subsequent years. The Commission recommends that any savings identified could be applied to the other areas of need appropriately.

47. The Commission recommends that the Victims and Survivors Service develops an appropriate monitoring and evaluation framework that enables it to articulate the impact that the provision of Personal and Professional Development services has on the lives of individual victims and survivors, on wider society and provides evidence of its value for money.

Chapter 1: Health and Wellbeing

1.1. Introduction

1.1.1. The central aim of this chapter is to build on the commentary and analysis contained in the CNA Phase 1 Report relating to the health and wellbeing needs of victims and survivors. It will provide discussion and recommendations regarding current and future treatments and services in addressing these needs. In particular, the analysis will draw on the findings and recommendations of the Troubled Consequences Report. The Report is the product of a research study commissioned by CVSNI and completed by the University of Ulster and the Northern Ireland Centre for Trauma and Transformation (NICTT) in October 2011.

While the paper seeks to address the health and wellbeing needs of victims and survivors, it will concentrate on mental health. The Commission is working in partnership with WAVE Trauma Centre and the University of Surrey on a significant study examining the needs and service requirements of individuals severely physically injured during the conflict. With the project due for completion in March 2012 it is anticipated that further commentary and advice will follow once this project is completed.

1.2. Description

1.2.1. The World Health Organisation (WHO) have defined mental health as '*a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*.'[3] In defining the wider concept of wellbeing, it is useful to consider the comments of Professor Sarah Stewart-Brown, a wellbeing expert at Warwick University who makes the point that when we talk about mental wellbeing we mean more than just 'happiness'.

> *…It is useful to start with the idea that overall wellbeing involves both the mind and the body. And we know that physical and mental wellbeing are closely related. Of course, feeling happy is a part of mental wellbeing. But it is far from the whole. There is a deeper kind of wellbeing, which is about living in a way that is good for you and good for others around you. Feelings of contentment, enjoyment, confidence and engagement with the world are all a part of mental wellbeing. Self-esteem and self-confidence are, too...Good mental wellbeing does not mean that you never experience feelings or situations that you find difficult. But it does mean that you feel you have the resilience to cope*

[3] Information accessed electronically at: http://www.who.int/features/qa/62/en/index.html

when times are tougher than usual.[4]

Clearly, an important aim of the treatments and services delivered to victims and survivors is to improve their mental and physical wellbeing. Through the provision of a range of psychotherapeutic treatments and social support as well as access to complementary therapies and chronic pain management the health and wellbeing needs of victims are currently being addressed. However, an important argument put forward in this chapter is that the psychological and physical health needs of victims need to be provided in a holistic and integrated manner to ensure both the mental *and* physical health needs of victims are met.

1.2.2. The Comprehensive Needs Assessment (CNA) Phase I Report concluded that health and wellbeing and in particular, mental health and wellbeing is the priority area of need for victims and survivors of the Northern Ireland conflict. Analysis of the considerable literature revealed that the Troubles have '*embedded a legacy of psychological trauma and mental ill-health*'[5] based on the intensity and duration of the conflict. The literature review noted that given the number of devastating and violent incidents throughout the Troubles, a significant mental health burden formed part of the conflict's legacy. With in excess of 3,700 deaths and over 40,000 injured it has been suggested that few individuals, families or communities in Northern Ireland have not been directly or indirectly affected by the conflict.[6]

1.2.3. Findings that emerged from the literature review contained within the Phase I Report reaffirmed the established view that the conflict has left a substantial mental health legacy on the Northern Ireland population. In 2010, DHSSPS highlighted within their *Strategy for the Development of Psychological Therapies* that while there are difficulties in estimating the psychological impact of the conflict, '…*significant numbers of people within the population have been psychologically affected by the conflict*'.[7] The report went on to state that, '*one in five people have suffered multiple experiences relating to the Troubles and one in ten have been bereaved as a result of the Troubles*.'[8] Furthermore, the Strategy followed the reference to the contribution of the conflict on mental health by highlighting that the Bamford Review reported an estimated 25% increased psychological morbidity within Northern Ireland compared

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[4] Information accessed electronically at: http://www.nhs.uk/Livewell/mental-wellbeing/Pages/five-ways-mental-wellbeing.aspx#Sarah

[5] Commission for Victims and Survivors (2010) *Comprehensive Needs Assessment – First Interim Report*, CVSNI: 42.

[6] Muldoon, O, Schmid, K, Downes, C, Kremer, J and Trew, K. (2005) *The Legacy of the Troubles, Mental Health and Social Attitudes*, QUB/UCC: 1.

[7] DHSSPS (2010) *A Strategy for the Development of Psychological Therapy Services*, DHSSPS: 12.

[8] DHSSPS (2010) *A Strategy for the Development of Psychological Therapy Services*, DHSSPS: 12.

to neighbouring jurisdictions.[9]

1.2.4. These figures correlate with the findings that emerged from commissioned research as part of Phase II of the CNA. CVSNI worked with the Northern Ireland Statistics and Research Agency (NISRA) in developing two Reports providing quantitative analysis of the impact of the conflict. The first Report[10] contains responses to a number of targeted questions which were included in the Omnibus Survey 2010. This revealed that 11% of the population has been bereaved as a direct consequence of the conflict. Overall, 30% of the population have been directly affected by the conflict either through sustaining a physical injury, bereavement or experiencing a traumatic event (directly or as a carer). Meanwhile, the Troubled Consequences Report (CVSNI, 2011c) estimated that 39% of the adult population have been exposed to one or more traumatic events associated with the civil conflict. The Report concluded that the events associated with the civil conflict continue to represent '*a major traumatic stressor for the population*.'[11]

1.2.5. There are a number of reasons why health and wellbeing has been identified as the priority area of need within the CNA:

(i) The literature review revealed that the conflict generated a significant impact on the mental health of individuals who have had a conflict related experience e.g. a bombing, a shooting, bereavement, intimidation, displacement etc. On an individual level, victims and survivors diagnosed with mild to moderate and severe mental health disorders as a direct consequence of these experiences often cope with debilitating symptoms that severely impact their daily functioning and quality of life. For example, an individual diagnosed with Post Traumatic Stress Disorder (PTSD) can suffer regular episodes of depression and heightened anxiety, feelings of emotional detachment, flashbacks or nightmares, irritability or anger. Moreover, following a traumatic experience some individuals (both adults and children) can develop one or more co-morbid conditions such as depression, a panic disorder or general anxiety. Sometimes individuals can have several co-morbid conditions and the longer they have a disorder such as PTSD, the greater likelihood they will develop other co-morbid conditions, for example alcohol and/or drug dependence.[12]

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[9] DHSSPS (2010) *A Strategy for the Development of Psychological Therapy Services*, DHSSPS: 13.

[10] Northern Ireland Statistics and Research Agency (2010) *Northern Ireland Omnibus Survey*, NISRA, September.

[11] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 38.

[12] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 15.

(ii) The literature reviewed for the Phase I Report and the Troubled Consequences Report (CVSNI, 2011c) have revealed that the most prevalent disorders among individuals who experienced conflict related trauma were clinical depression, PTSD and alcohol and drug abuse.[13] CVSNI (2011c) discovered that, '*almost 44% of individuals who experienced a conflict-related traumatic event had a 'post-conflict' disorder following their first experience of conflict*'.[14] Further, the Report also concluded that the prevalence of PTSD in Northern Ireland is the highest of all countries that have produced comparable estimates including the USA, other Western European countries and countries that have experienced civil conflict in their recent history.[15]

(iii) In highlighting the nature and prevalence of mental health disorders experienced by individuals directly impacted by the conflict, it is imperative that appropriate counselling and psychotherapy based treatments and services are delivered in an efficacious manner. As illustrated in the next section, a number of victims groups currently deliver a range of psychotherapeutic treatments to address the symptoms of mental health conditions affecting victims of the conflict. In the absence of effective sector-wide evaluation of mental health interventions within the victims sector, the advice that emerges from the CNA will be timely and instrumental in assisting the reconfiguration of these services under the administration of the new Victims and Survivors Service.

(iv) The largest proportion of resources allocated under the Strategic Support Fund (SSF) is awarded to Health and Wellbeing, specifically mental health and wellbeing treatments and services. Approximately 43% of the SSF budget currently finances practitioners including counsellors, psychotherapists and complementary therapists as well as funding mental health and wellbeing programmes. In 2011/12, of the total funding of £1,743,457 allocated to SSF programme activities, £744,112 was awarded to victims groups providing a range of mental health and wellbeing services and treatments.[16]

1.2.6. The impact of the conflict on population health in Northern Ireland should be considered within a wider public health perspective. The overreliance on

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[13] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 43.

[14] This was further explained within the Report as a disorder that 'first developed after their first experience of conflict'. Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 7.

[15] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 6.

[16] Strategic Support Fund 2011/12 figures provided by the Community Relations Council.

medication to treat mental illness is one of a number of indicators reflecting the generally high level of psychological morbidity in Northern Ireland. According to a 2010 report published by the Centre for Social Justice, 10% of the adult population aged between 35-64 years of age (87,800 individuals) use antidepressants on a monthly basis.[17] Meanwhile, the report revealed that nearly 50,000 men and women in Northern Ireland are not working on the grounds of having a mental and/or behavioural disorder. In terms of illness-related out-of-work benefits the report highlights the fact that the majority of claimants record that they have a mental and/or behavioral disorder. This includes over 42,000 people claiming Disability Living Allowance (DLA) and approximately 45,000 people claiming Incapacity Benefit.[18]

1.2.7. One of the most concerning public health trends emerging in Northern Ireland in recent years is the increasing rate of suicide, particularly among young people. In 2010, 313 deaths were registered as suicide, 240 males and 73 females which represented the highest figure ever recorded.[19] While there is a difficulty in drawing a direct causal link between these mental health indicators and the impact of the conflict, they nevertheless reflect a significant level of mental health need in Northern Ireland.

1.3. Services

1.3.1. Community-based victims groups have continued to provide a unique and highly significant source of support and interventions in addressing often complex mental and physical health needs directly and indirectly related to the conflict. The professional and empathetic approach of these groups has been instrumental in treating or signposting individuals with often complex trauma-related conditions including anxiety and depression as well as associated co-morbidities including alcohol and drug misuse. Part of the unique profile of victims groups in encouraging clients to access their treatments and services including those addressing mental and physical health conditions, relates to the issues of trust building and confidentiality. The Interim Commissioner's Report highlighted how the issue of mistrust of the statutory sector can partly explain the notable role of victims groups in building trust among their clients and delivering support services in a confidential and sensitive manner. The Interim Commissioner noted that,

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[17] The Centre for Social Justice (2010) *Breakthrough Northern Ireland*, CSJ: 26.

[18] The Centre for Social Justice (2010) *Breakthrough Northern Ireland*, CSJ: 15.

[19] NISRA (2011) 'Lowest Death Rate Ever Recorded' (Deaths in Northern Ireland 2010), 24th March. Publication can be accessed electronically at: http://www.nisra.gov.uk/archive/demography/publications/births_deaths/deaths_2010.pdf

> *I have spoken to many people who have expressed a lack of trust in dealing with the statutory sector. The reasons behind the mistrust have been related to me continually and are not new. Some individuals feel that they will be dealt with unfairly because of their past. Others feel that the government or the service or individuals acting on behalf of the services have an agenda or a bias to one section of the community. Whatever the reason for the lack of trust, it is clear that it may act as a barrier to some victims' and survivors' willingness or ability to access services.*[20]

1.3.2. In their examination of the intergenerational impact of the conflict and the recovery from exposure to conflict-related trauma in Northern Ireland, Burrows and Keenan highlight the central role of the community and community-based groups. The authors describe how the work of the group can support the reconnection with family, friends and community. In substantiating their argument Burrows and Keenan refer to Herman (2001) who contends that,

> *The restoration of social bonds begins with the discovery that one is not alone. Nowhere is this experience more immediate, powerful or convincing than in a group...because traumatised people feel so alienated by their experience, survivor groups have a special place in the recovery process*.[21]

1.3.3. On a wider level, it is important to recognise the integral role of the community and voluntary sector in the delivery of mental health services. The West Belfast Primary Care Partnership Report, published in October 2011, involved an exercise in mapping mental health services in West Belfast including those delivered by community and voluntary sector providers discovered the following:

- Over 10,000 people or contacts have received counselling and advocacy in the community and voluntary sectors in the last year;
- The services provided by the community and voluntary sectors are valued by the statutory agencies and GPs which refer to the sector;
- Approximately £7 million is provided to community and voluntary organisations for mental health and well-being services [in the West Belfast area]. This equates to 32% of the overall spend on mental health and well-being services (£22 million per annum in West Belfast); and

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[20] McDougall, B. (2007) *Support for Victims and Survivors – Addressing the Human Legacy,* Interim Commissioner for Victims and Survivors: 19.

[21] Burrows, R. and Keenan, B. (2004) *Considering Trauma and recovery 'We'll never be the same again' Learning with children, parents and communities through ongoing political conflict and trauma: a resource*, Barnardos NI: 12.

- Wherever possible, counselling should take place in community and voluntary sector organizations by accredited counsellors.[22]

Counselling and Psychotherapies

1.3.4. The CNA Phase 1 Report highlighted that in addressing the mental health needs of victims and survivors traumatised by the conflict, a significant number of victims groups have delivered access to counselling and other psychological therapies. The 'Review of Funding' Report[23] commissioned by the Community Relations Council (CRC) in 2010 noted that 'counselling and therapy services' were having a 'wide-ranging' impact addressing a spectrum of minor to complex mental health needs of victims and survivors. For the individual, the report highlighted the overall improvement in health and wellbeing and increased service accessibility given victims' unease at seeking mainstream services provision, as well as the lack of resources in the public sector to meet demand.[24]

1.3.5. CRC and PEACE-funded groups currently provide a number of counselling and psychotherapy-based treatments to victims and survivors. Of the 44 victims groups currently receiving Strategic Support Fund (SSF) funding 15 can be identified as delivering counselling and/or other psychotherapeutic treatment or intervention. Currently, across these groups a number of psychological therapy treatments are delivered including 'trauma-related counselling', Cognitive Behaviourial Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR) and Trauma-focused Cognitive Behaviourial Therapy. Additionally, the CRC currently fund two full-time Music Therapists, providing treatment to victims who are affected by a mental health-related condition.[25]

1.3.6. The West Belfast Primary Care Partnership (PCP) Report offers a very partial insight into the level of support provided by a number of victims groups based in West Belfast. As part of the questionnaire that was distributed to participants of the study, organisations were asked to indicate the level of support provided to their clients/patients:

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[22] Public Health Agency and Belfast Health Development Unit (2011) *Mental Health and Emotional Well-being Services in the West Belfast PCP Area – Service Mapping – Understanding the current position and planning a path for change*, Moore Stephens: 17 (publication not yet published).

[23] Community Relations Council (2010) *Review of Community Relations Council's Funding for Victims and Survivors – Final Report*, CRC (Deloitte).

[24] Community Relations Council (2010) *Review of Community Relations Council's Funding for Victims and Survivors – Final Report*, CRC (Deloitte): 81-82.

[25] A brief explanation of Music Therapy and other psychological therapies is located in a Glossary in the Annexe.

- *Tier 1*: universal services aimed at the general population;
- *Tier 2*: early intervention providing supportive environments for generally targeted groups and those at risk;
- *Tier 3*: intensive intervention for more severe or complex issues providing specialist services; and
- *Tier 4*: acute treatment providing very specialist treatment such as day units etc.

In identifying those organisations who participated in the West Belfast PCP study who also receive SSF funding it is possible to highlight that *Holy Trinity Counselling Services, Lenadoon Counselling* and *New Life Counselling* all employ counsellors and therapists who provide support to Tier 3 level.[26]

1.3.7. A lack of a sector-wide set of monitoring and evaluation processes prevents the gathering of data relating to the individual outcomes for those with diagnosed mental health conditions receiving therapy-based treatments. Equally, the absence of these key evaluation mechanisms contribute to a dearth of information relating to the levels of demand for counselling services and the sector-wide capacity to address the mental health needs of victims and survivors.

1.3.8. A more accurate statement relating to the demand for psychological treatments and services can be anticipated once the Victims and Survivors Service has operated for at least 12-24 months. During this formative phase in which key service user data will be recorded and collated a clearer indication of the demand and appropriateness of mental health related interventions will emerge.

1.3.9. One particular area of mental health service delivery where a reduction in funding could have a significant impact on access to treatment for victims and survivors is in the provision of psychological therapies. In 2010, the DHSSPS published the *Strategy for the Development of Psychological Therapy Services.* A central aim of the Regional Psychological Therapies Group tasked with developing the strategy includes compiling a detailed map of current capacity and demand and associated workforce skills required to expand psychological therapy provision throughout primary, community and secondary care settings.

1.3.10. The launch of the strategy has been impacted by a significant reduction in the proposed £7 million budget (to £1 million) to support the strategy's development and implementation. While significant work has continued around the development of

[26] Public Health Agency and Belfast Health Development Unit (2011) *Mental Health and Emotional Well-being Services in the West Belfast PCP Area – Service Mapping – Understanding the current position and planning a path for change*, Moore Stephens: 17 (publication not yet published).

the strategy, the considerable reduction in funding will potentially undermine plans to improve access to psychological therapy provision and reduce reliance on medication. Problems accessing a range of psychological based therapies in the statutory sector, including counselling and cognitive therapy, will extend to victims and survivors. In view of the findings contained within the Troubled Consequences Report, allied to the provision of psychological therapy-based treatment by victims groups, capacity problems within the health service will represent a significant issue for the new Service.

Treatment of PTSD and Major Depressive Disorder (MDD) (Clinical Depression)

1.3.11. The CNA's employment of a combined methological approach has been developed to estimate the potential demand for mental health-related services and treatments from the new Victims and Survivors Service. Firstly, the Phase I Report comprised a literature review providing commentary and analysis relating to the conflict's impact on the mental health and wellbeing of individuals affected by the Troubles. Secondly, working in partnership with NISRA, CVSNI have developed two Reports providing quantitative analysis of the impact of the conflict. Data from these studies provided an indication of the extent of impact of conflict-related events on the population. For example, one of the Reports discovered that 30% of the population has been directly affected by the conflict either through sustaining a physical injury, bereavement or experiencing a traumatic event. Thirdly, as reflected in the completion of the Troubled Consequences Report, CVSNI have commissioned research to further examine how the conflict has contributed to the specific mental health needs of victims and survivors. The commissioning of this particular study was in response to a recognized paucity of epidemiological research relating to the prevalence of mental health disorders directly attributable to the conflict. Significantly, the data contained in this Report relating to mental health disorder prevalence associated with individual experience of the conflict is drawn from a wider international epidemiological study of mental wellbeing. While a number of the key findings relating to condition prevalence are estimates, it is possible to generalize the results to the wider society.

1.3.12. The figures outlined within the Troubled Consequences Report raise a number of significant service delivery issues in addressing the mental health needs of victims and survivors. An important set of findings within the Report relate to the prevalence of clinical depression and PTSD among those identified as having experienced a conflict-related event. In terms of clinical depression (MDD) the 12-month prevalence of the disorder among individuals who experienced any conflict-related trauma corresponded to 57,589 adults in the Northern Ireland population.[27] With regard to PTSD, the Report estimated that approximately 18,000 individuals who had experienced a conflict related event met the criteria for 12-month

[27] Data provided by the Research Team who compiled the Troubled Consequences Report.

PTSD.[2829] In the absence of a clear statement relating to the types and levels of counselling and psychotherapies provided within the victims sector, it is useful to consider existing models employed to treat these mental health conditions. There are a number of existing sources of guidance relating to the treatment of PTSD and clinical depression that are currently utilised by both statutory and non-statutory service providers.

1.3.13. The 2005 NICE guidance recommends that all individuals with PTSD should be offered trauma-focused psychological treatment (Trauma-focused CBT) or Eye Movement Desensitisation and Reprocessing (EMDR) normally provided on an individual outpatient basis. The duration of trauma-focused psychological treatment should normally be 8-12 sessions when PTSD results from a single event. However, if an individual has experienced multiple traumatic events i.e. traumatic bereavement or presence of significant co-morbid disorders, consideration should be given to extending treatment beyond 12 sessions.[30]

Table 3: Sample of Strand 2 Counselling Projects [31]

	Individuals Targeted	Target Sessions Delivered	Average session per individual	Total Cost *	Cost Indicator per Session
Project 1	110	940	8.5	£28,200	£30.00
Project 2	190	2280	12	£76,362	£33.50
Project 3	162	864	5.3	£30,802	£35.70
Project 4	450	4500	10	£131,642	£29.25
Project 5	37	370	10	£21,000	£57.00
Total	**949**	**8954**	**9.43**	**£288,006**	

*these figures include Counsellor Supervision costs but do not include administration/ overheads for counselling services provided.

[28] 12 month figure represents those individuals who met the criteria for PTSD in the 12 months previous to participating in the Northern Ireland Survey of Health and Stress (NISHS) Interview.

[29] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 39.

[30] National Institute for Health and Clinical Excellence (2005) *Post traumatic stress disorder:* The management of PTSD in adults and children in primary and secondary care, NICE.

[31] Table reproduced from original located in SEUPB (2010) *Theme 1.2: Acknowledging and Dealing with the Past - Review of Implementation*, SEUPB (Deloitte): 75.

1.3.14. In undertaking an analysis of funding to victims groups received through the PEACE III Theme 1.2 programme, Deloitte assessed the level of efficiency achieved in the provision of these services. As part of the assessment, the study took a sample of five Strand 2 projects delivering psychotherapy and counselling services through trained psychologists/counsellors.[32] The analysis revealed that the costs per session across the five sample projects ranged from £29.25 to £57 (see Table 3). Moreover, through 'cost indicator' calculations of the data derived from this sample of counselling/psychotherapy projects, the report revealed that the 'cost per person in receipt of counselling' was £303 per person and the 'cost per counselling session was £32.20 per person' (see Table 4)[33]

Table 4: Sample Efficiency Indicators[34]

Indicators	Calculation	Cost Indicator £
Cost per person in receipt of Counselling	288,066 / 949	£303 per person
Cost per person Counselling Session	288,006 / 8954	£32.20 per session

1.3.15. A recent study undertaken by the University of Ulster and the Northern Ireland Centre for Trauma and Transformation (NICTT) has calculated estimated costs associated with providing trauma-focused interventions in the treatment of PTSD. According to the report, estimates provided by the NICTT indicate that an average course of Cognitive Behavioural Therapy is approximately £1,500. Based on the figure contained in the Troubled Consequences Report (CVSNI, 2011c) of approximately 18,000 individuals the estimated cost of treating PTSD using TF-CBT among those identified who had a conflict-related experience is approximately £27 million. While a degree of caution should be applied to these calculations it does provide an indication of the significant cost associated with effectively treating PTSD sufferers who have to some degree been affected by the conflict.

1.3.16. Since the establishment of the Trauma Resource Centre (TRC) in 2005, it has continued to develop Herman's 'phased-orientated model' of treatment for conflict-related trauma. The framework informing the treatment model for complex mental health conditions such as chronic PTSD breaks the treatment of trauma down

[32] SEUPB (2010) *Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation*, SEUPB (Deloitte): 75.

[33] SEUPB (2010) *Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation*, SEUPB (Deloitte): 75.

[34] Table reproduced from original located in SEUPB (2010) *Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation*, SEUPB (Deloitte): 75.

into three stages that move in a forward and backward fashion through stabilisation and symptom reduction (stage 1), memory/trauma work (stage 2) and rehabilitation and reintegration (stage 3).[35] Significantly, in reviewing the work of the TRC in 2008 Dorahy *et al*[36] cautions against the over-generalised application of both the NICE and CREST guidance for the treatment of PTSD. While acknowledging the effectiveness of 'short-term trauma-focused interventions' as outlined within the NICE and CREST guidance, Dorahy *et al* contend that,

> *...in those [individuals] with more severe trauma histories including childhood abuse and difficulties that cut across the broad spectrum of psychological, relational, physical and occupational areas, such focused interventions require additional frameworks of understanding and more complex treatment interventions*.[37]

The implication of making this distinction relating to the implementation of NICE and CREST guidance underscores the centrality of the multi-disciplinary team approach utilising the Herman 'phase-orientated model' in the treatment of complex PTSD operated by the TRC.

1.3.17. In terms of major depressive disorder or clinical depression, CVSNI (2011) highlights the 2010 NICE guidance on the treatment of patients diagnosed with this mental health condition. According to the report,

> *...NICE advises a stepped-care approach to treatment depending on the level of severity of an individual's condition. For individuals with mild to moderate depression, NICE recommends the use of either individual guided self help based on the principles of Cognitive Behavioural Therapy (CBT), computerised CBT or a structured group physical activity programme. For severe cases of depression, NICE recommends the use of CBT or interpersonal therapy in conjunction with an anti-depressant drug treatment*.[38]

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[35] Dorahy, M.J *et al* (2008) *The experiences and consequences of the 'Troubles' in North and West Belfast from the perspective of those attending the Trauma Resource Centre*, Trauma Resource Centre (BHSCT/OFMDFM): 47-48.

[36] Also see M.J. Dorahy (2006) 'Cautions on the Overgeneralised Application of the NICE and CREST Recommendations for the Treatment of PTSD in the UK: A Reflection from Practice in Belfast, Northern Ireland', *Clinical Psychology and Psychotherapy* 13: 313-323.

[37] Dorahy, M.J *et al* (2008) *The experiences and consequences of the 'Troubles' in North and West Belfast from the perspective of those attending the Trauma Resource Centre*, Trauma Resource Centre (BHSCT/OFMDFM): 46-47.

[38] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 17.

In operating the stepped care model in the delivery of mental health services, DHSSPS have endorsed this guidance within both the *Service Framework for Mental Health and Wellbeing* and the *Strategy for the Development of Psychological Therapy Services*. Equally, both these key DHSSPS mental health-related strategies have recommended the employment of CBT and other 'specific evidence-based therapies' in the treatment of depression and PTSD among children and young people.[39][40]

Complementary Therapies

1.3.18. The Phase I Report highlighted that a range of complementary therapies have been routinely funded and provided by a number of victims groups over the past decade. These therapies aim to reduce the mental and physical health symptoms of conflict-related trauma including anxiety and depression as well as underlying musculoskeletal conditions. The complementary treatments provided by victims groups in recent years include reflexology, Indian Head Massage, acupuncture, yoga, aromatherapy and reiki.

1.3.19. The routine provision of complementary therapies to address the health and wellbeing needs of victims and survivors is directly related to the significant resources channelled into the victims sector through CRC and PEACE funded programmes. The demand for these therapies can be explained in part by the fact that a number of health and social care trusts do not routinely offer these therapies in conjunction with conventional treatment for mental and physical health-related conditions. As noted in the Phase I Report, DHSSPS commissioned an evaluation study of complementary and alternative medicine in two primary care health centres in 2006. While the outcomes of this evaluation[41] were positive, albeit the study was based on a pilot project, the Minister decided not to allocate funding to support the routine provision of complementary therapies across the health and social care system. However, it is important to note a small number of victims groups currently deliver complementary therapies to health service patients as part of Service Level Agreements with several Trusts. While representing an example of partnership working between the statutory sector and community-based groups, a perception held by these groups is that the partnership delivers a largely one-sided benefit to the statutory provider with very little gain for the community-based groups.[42]

1.3.20. Similar to the provision of counselling and psychotherapies across the victims sector, it is currently not possible to comment on the specific complementary

[39] DHSSPS (2010) *A Strategy for the Development of Psychological Therapy Services*, DHSSPS: 37.

[40] DHSSPS (2011) *Service Framework for Mental Health and Wellbeing*, DHSSPS: 24.

[41] DHSSPS (2008) *Evaluation of a CAM Pilot Project in Northern Ireland*, DHSSPS (Social Market Research).

[42] Special European Union Projects Body (2010) *Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation*, SEUPB (Deloitte): 54.

therapies provided by each victims group and in particular ascertain the individual impact or outcome they deliver. This is partly explained by the lack of a sector-wide set of monitoring and evaluation processes that would capture the individual outcomes derived from specific treatments. However, it is important to stress that the Commission is aware of a number of victims groups delivering health-related treatments including complementary therapies that employ reputable monitoring and evaluation programmes. Additionally, the complexity in assessing outcomes can be explained by the ways in which funded activities are defined under the broad categories of 'Counselling and Therapy'[43] by CRC and 'Trauma counselling'[44] by SEUPB. In both instances these broad categories include both psychotherapeutic and complementary therapy-based interventions making it difficult to establish the specific outcomes of quite distinct treatments.

1.3.21. A particular issue which undermines the delivery of complementary therapies within the victims sector is the dearth of empirical data relating to their effectiveness in addressing physical and mental health needs. In recognising this significant gap in the evidence base, the South East Fermanagh Foundation (SEFF) working in partnership with CRC commissioned QE5 to undertake a study examining the impact of complementary therapies on victim's physical and psychological health and wellbeing.

1.3.22. The SEFF Report, albeit utilizing a moderately sized sample identifies a number of positive outcomes and the contribution complementary therapies deliver in addressing the health-related needs of victims. Firstly, an important contribution that complementary therapies deliver to the individual and groups is they act as 'a gateway service' in addressing conflict-related trauma. Provision of complementary therapies provide groups with an effective means of introducing victims who may be suffering from conflict-related trauma to other key treatments, notably counselling and psychotherapy. Equally, complementary therapy provision provides an important opportunity to build trust and confidence between the client and the group. This engagement can facilitate the development of an effective treatment plan that will involve accessing psychotherapeutic treatment combined with psycho-social support i.e. listening ear, befriending, social networking etc.[45] Secondly, feedback from service managers, therapists and clients who participated in the study was 'extremely positive' relating to the provision of a range of complementary therapies in relieving the symptoms of physical, emotional

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[43] Community Relations Council (2010) *Review of Community Relations Council Funding for Victims and Survivors – Final Report*, CRC (Deloitte).

[44] SEUPB (2010) *Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation*, SEUPB (Deloitte).

[45] South East Fermanagh Foundation (2011) *An Evaluation of the Effectiveness of Complementary Therapies on Trauma Related Illness*, SEFF/CRC (QE5): 65.

and psychological pain.[46]

1.3.23. The Report reveals a number of significant concerns related to the effectiveness and sustainability of complementary therapies within the victims sector. It reaffirms the view that further work is required to effectively assess the individual outcomes associated with specific treatments provided by the different groups. Moreover, there needs to be a renewed focus on reducing duplication of treatments and controlling access to prevent individuals receiving similar treatments from different providers. In addition to a number of the findings from the report highlighted, it is useful to consider some of the key conclusions to emerge from the study including the following:[47]

(i) Whilst complementary therapies have had a positive impact on the health of victims and survivors involved in this study, there is nevertheless a lack of integrated working between conventional and holistic methods. This needs to be addressed primarily by the DHSSPS and OFMDFM regarding the responsibility of funding and the integration of both interventions, in health and wellbeing. Ultimately this should be determined by additional comparative research which examines specifically the impact of conventional methods, holistic methods, combined methods and those who have not availed of any treatment. Additionally, a cost benefit analysis on a longitudinal basis to determine the benefits of such methods should be incorporated.

(ii) If complementary therapies are to be funded, it may be beneficial to adopt a more mainstream approach through a primary/community care assessment process. This should be carried out by a qualified practitioner who can diagnose which complementary therapy, rehabilitation programme, self-esteem/confidence building programme, re-education/up-skilling or conventional medicine is most suited for the individual. This may be a more holistic approach in addressing all the issues around a person's physical, emotional and psychological wellbeing.

(iii) The introduction of a monitoring system should be considered in order to ensure all therapists are practicing at a similar level of standard and expertise. Therapists need to be on a register and qualifications need to be standardized.

1.3.24. Following publication of the Consultative Group on the Past Report in 2009,[48] Oscar Daly, Consultant Psychiatrist based in the South Eastern Health and Social Care

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[46] South East Fermanagh Foundation (2011) *An Evaluation of the Effectiveness of Complementary Therapies on Trauma Related Illness*, SEFF/CRC (QE5): 65

[47] South East Fermanagh Foundation (2011) *An Evaluation of the Effectiveness of Complementary Therapies on Trauma Related Illness*, SEFF/CRC (QE5): 72-73.

[48] Consultative Group on the Past (2009) *Report of the Consultative Group on the Past*, Consultative Group on the Past.

Trust published a journal paper commenting on the psychological issues emerging from the conflict and how they should be effectively addressed. According to Daly,

> *While the focus should be on resilience, and not traumatic stress, a balance will need to be struck between the appropriate identification and referral for treatment of those suffering from post-traumatic psychological problems and the risk of medicalisation and misattribution, with over-diagnosis and over-identification of the troubles as being aetiologically relevant to an individual's psychopathology. Violence is best viewed as the result of the conflicting interplay of individual relationships, social, cultural and environmental factors…Consequently, to improve the likelihood of success any process looking at the past should use a public health approach, linking individuals, families, communities and society at large.*[49]

Daly goes on to comment that,

> *One welcomes the recognition by CGPNI [Consultative Group on the Past] that, "conflict-related trauma is a major public health issue with the capacity to pass on a negative legacy to future generations." Trauma needs to be conceptualised in terms of an interaction between these different levels and not as an entity to be located and addressed within the individual or group psychology of those affected. Interventions that address one of these levels while taking account of its effect on other levels are optimal.*[50]

Daly's observations bring an important caveat to our consideration of conflict-related mental health and trauma. The most effective response must go beyond the work of clinicians and psychology-based therapists and embrace a multi-disciplinary approach. In short, the Commission affirms the importance and inter-relatedness of three levels of treatment and/or care:

- Psychiatric treatment or psychological therapy;
- Social Care – involving attention being given to the individual victim by a social worker or other social care practitioner; and
- Social Support – where the individual victim participates in groups, associations or communal activities.

An over reliance on medical or clinical intervention will fail to address the full reality of

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[49] Daly, O. (2009) 'Northern Ireland: dealing with the past', *Irish Journal of Psychological Medicine*, 28 (1): 45-47.

[50] Daly, O. (2009) 'Northern Ireland: dealing with the past', *Irish Journal of Psychological Medicine*, 28 (1): 45-47.

the victim in our situation: as a citizen living in a community which contains both the source of their distress and the seeds of their recovery.

1.4. Development

1.4.1. The wider health and social care system in Northern Ireland has recently been the subject of an extensive review. The product of this review led by John Compton, Chief Executive of the Health and Social Care Board (HSCB) was the publication of a comprehensive report in December 2011. The aim of the Review was '*to provide a strategic assessment across all aspects of health and social care services, examining the present quality and accessibility of services, and the extent to which the needs of patients, clients, carers and communities are being met.*'[51] The Report contains a series of recommendations and implementation plan that will directly reconfigure health and social care services. In relation to the impact of the conflict's legacy on the psychological wellbeing of victims and survivors, the Report highlights the findings of a recent longitudinal study providing evidence of the long-term psychological consequences of conflict-related violence.[52] Furthermore, in the area of mental health services the Report reaffirms the significant role of community and voluntary sector organisations in providing treatments to patients affected by mental illness.[53]

1.4.2. The examination of mental health-related services provided to victims and survivors is occurring within the context of on-going mental health reform within the statutory sector in Northern Ireland. Currently, DHSSPS and the wider health and social care system are presiding over a phased and selective modernisation of mental health services following the completion of the Bamford Review in 2007. The implementation of a significant number of Bamford recommendations modernising the law, policy and practice guiding the delivery of mental health services has been facilitated by a general increase in funding over recent years. For example, total spending on mental health increased by approximately 18% between 2006-07 and 2009-10.[54] However, in reflecting the fiscally challenging environment government departments are currently operating in, there are indications of significant reductions in mental health service funding. The overall mental health budget for 2009-10 was £235 million. According to DHSSPS figures, the planned expenditure on mental health services for 2010-11 represents a

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[51] Health and Social Care Board (2011) *A Review of Health and Social Care in Northern Ireland*, HSCB: 3.

[52] McGuigan, K., & Shevlin, M. (2010) 'Longitudinal changes in posttraumatic stress in relation to political violence (Bloody Sunday)', *Traumatology*, 16, 1–6.

[53] Health and Social Care Board (2011) *A Review of Health and Social Care in Northern Ireland*, HSCB: 91.

[54] Northern Ireland Assembly (2011) 'HSSPS Committee evidence session with DHSSPS Officials relating to the Mental Health Resource Budget', Official Report (Hansard), 28th September.

reduction of 1.3% to approximately £232 million.[55]

1.4.3. A key finding contained within the Trauma-related Services Paper submitted to the Department in March 2011 was that there continues to be an '*inequitable distribution of trauma-related services throughout Northern Ireland*'. This echoes a finding of the Interim Commissioner's Report in 2007 which concluded '*service provision for those affected by trauma is...patchy, reactive and lacking coordination*'.[56] The paper noted that when comparing the provision of specialist trauma-related services across the five Trust areas, there remains a level of inconsistency and purpose in approach. This is reflected in the operation of the Trauma Resource Centre and Family Trauma Centre based within the Belfast HSCT and the Trauma Counselling Service located across the Southern HSCT area. Further, the paper contended that, '*while each specialist service provides a high quality and evidence-based set of interventions to address conflict-related trauma, there remains a need to create a region-wide coordinated service which all victims and survivors (and the general population) can access*'.[57]

1.4.4. Direct engagement between OFMDFM and DHSSPS represents the cornerstone of collective cross-departmental cooperation that will be required to ensure effective delivery of mental health-related treatments within the new Service. Unfortunately, the DHSSPS's strategic focus and preparedness to contribute towards resourcing research and service provision has been scaled back in recent years despite the ongoing implementation of a significant mental health reform programme within the health service.

1.4.5. The cooperation and regular communication between the two Departments and between OFMDFM, the new Service and the wider health and social care system will be critical for a number of reasons. Victims and survivors with mental health needs accessing the Service will in most cases already have been receiving a range of pharmacological and possibly therapy-based treatments from the health service. Further, the health service does not routinely collect data directly relating to 'victims' or the types of services and treatments being accessed. This reinforces the need to ensure that where possible GPs of the client/patient are contacted and kept informed of the mental health treatments provided by the Service. Equally, the GP can ensure that (in the strictest confidence) the specialist clinical assessor working on behalf of the Service is kept fully informed of previous mental health-related treatments

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[55] Northern Ireland Assembly (2011) 'HSSPS Committee evidence session with DHSSPS Officials relating to the Mental Health Resource Budget', Official Report (Hansard), 28th September.

[56] McDougall, B. (2007) *Support for Victims and Survivors – Addressing the Human Legacy*, Interim Commissioner for Victims and Survivors.

[57] Commission for Victims and Survivors (2011a) *Trauma-related Services for Victims and Survivors within the Health and Social Care System – Briefing Paper*, CVSNI, March.

received through the health service.

1.4.6. Mental health services in Northern Ireland are being guided by adherence to the Stepped Care model as outlined within *Delivering the Bamford Vision*[58] published by DHSSPS in 2009. This model (similar to the Tier Approach referred to at 1.3.6) provides a framework for the organisation and delivery of mental health services with the aim of ensuring that individuals receive the level of required support and/or intervention appropriate to their need. To ensure the development of integrated care pathways for victims accessing treatments and services from both the statutory sector and the Victims and Survivors Service, it is clearly important for both Departments to collaborate with each other to maximize the effectiveness of the stepped care model.

Physical Health Research

1.4.7. The main focus of this chapter has been on the mental health-related needs of victims and survivors and an examination of the treatments and services currently provided to address the symptoms associated with conflict-related psychological trauma. CVSNI are currently working with WAVE Trauma Centre and researchers from the University of Surrey in the completion of a study examining the specific needs and service requirements of the severely physically injured which is to be completed in March 2012. Without access to the completed Report, this sub-section will briefly outline the key aims of the study. Also, it will draw on some of the findings from CVSNI (2011c) commenting on the relationship between conflict-related trauma and the development of serious physical health conditions.

1.4.8. The rationale informing the WAVE research is based on the recognition that the needs and service requirements of the physically injured during the conflict have not been adequately understood or addressed. A comprehensive examination of conflict–related physical injury and the effectiveness of current service provision should be viewed within the context of a lack of research examining the impact of the conflict on the physical health of victims and survivors. This study will represent a significant body of research that will improve our understanding of the physical health needs of victims and the types of treatments and services required to reduce their pain and discomfort and generally improve their quality of life. The objectives of the study include undertaking a statistical assessment of injury levels during the conflict; an examination of the physical and psychological effects of injury; an identification of coping mechanisms employed by the injured and their families; and an examination of current service provision in the statutory and non-statutory sectors for individuals and their families.

1.4.9. Drawing on research studies examining the link between psychological trauma and

[58] DHSSPS (2009) *Delivering the Bamford Vision – The Bamford Review of Mental Health and Learning Disability, Action Plan 2009-11*, DHSSPS.

physical health CVSNI (2011c) provides a number of findings and recommendations that could help inform the delivery of treatments/services administered by the new Victims Service. The Report concludes that having '*one or more traumatic experience(s) is associated with having one or more chronic physical health conditions, compared with never having had a traumatic experience*.'[59] In particular, the Report highlighted that, '*the most prevalent chronic conditions among those who experienced a conflict-related traumatic event were back or neck pain, persistent headaches and arthritis or rheumatism*.'[60] The Report also highlights the link between the experience of trauma, PTSD and having a chronic physical health condition. According to Ferry *et al*, '*the physiological...consequences of chronic stress response ('flight or fight' syndrome) which characterises many trauma-related disorders has a significant long term effect on bodily function, particularly in relation to the cardiovascular and immune systems*.'[61] In addition to the link between conflict-related events and development of serious physical health conditions, the Report also notes how some people with PTSD or other trauma-related disorders develop unhealthy lifestyle behaviours which can have a detrimental effect on their physical health.[62]

1.4.10. Based on their analysis of the data generated from the Northern Ireland Study for Health and Stress combined with secondary analysis of other studies undertaken in this area, CVS (2011c) make the following recommendation.

> *Steps should be taken at service commission and service delivery levels to ensure that the mental and physical health needs of people who have had traumatic experiences are properly assessed, that referral processes are in place and that evidence-based therapeutic services for mental health needs are made available.*[63]

Spiritual Wellbeing Research

1.4.11. During consultation with the victims and survivors sector following publication of the CNA Phase 1 Report it became apparent that there was a gap in the analysis

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[59] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 56.

[60] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 55.

[61] CVSNI (2011) cited in E.P. Sarafino (1998) *Health Psychology: Biopsychosocial Interactions*, Third Edition, John Wiley & Sons.

[62] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 55-56.

[63] Commission for Victims and Survivors (2011c) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, University of Ulster/NICCT/Compass, October: 57.

of health and wellbeing relating to the spiritual and religious needs of individuals impacted by the conflict. In addressing this omission, CVSNI are currently working in partnership with *Journey Towards Healing* in the production of research that includes an examination of the local, national and international literature relating to holistic approaches to trauma recovery including the multi-disciplinary nature of post-traumatic growth. The final report which is due to be completed in March 2012 will base its findings and recommendations within the context of Northern Ireland. It is envisaged that the research will assist the Victims and Survivors Service to consider inclusion of spiritual support in the development of a multi-disciplinary approach to treating individuals affected by conflict-related trauma.

1.5. Recommendations

1.5.1. A central concern for the new Victims and Survivors Service will be to ensure there is sufficient capacity to address the assessed mental and physical health needs of victims and survivors in a timely and effective manner. The Commission therefore recommends that the Service undertake a capacity building exercise (including audit of existing treatment and services) and subsequently drafts workforce development plans to ensure appropriately qualified practitioners are available at each level of intervention. These plans should be kept under review as data from service providers and experience in commissioning and delivering services progresses.

1.5.2. An important recommendation contained within the West Belfast Primary Care Partnership Report is that consideration should be given to developing '*pathways for specific mental health disorders'.*[64] Following the estimation of significant prevalence of clinical depression and posttraumatic stress disorder (PTSD) within the Troubled Consequences Report, the Commission recommends that the Service should consider developing a general mental health care pathway to effectively capture and treat these and other mental health disorders. The care pathway should include provision of a package of *'intensive interventions' guided by evidence based practice including those agreed by the National Institute for Health and Clinical Excellence (NICE) and the Clinical Resource Efficiency Support Team (CREST).*

1.5.3. The mental health care pathway should be guided by key themes that correlate closely with practice in the statutory sector. These are a focus on the recovery ethos, a strong linkage to the stepped care approach to mental health and an assessment model that undertakes a holistic evaluation that diagnoses underlying mental *and* physical health conditions.

1.5.4. The Troubled Consequences Report highlighted lengthy delays in help seeking and therefore delays of the earliest point at which intervention can commence,

[64] Public Health Agency and Belfast Health Development Unit (2011) *Mental Health and Emotional Wellbeing Services in the West Belfast PCP Area – Service Mapping – Understanding the current position and planning a path for change*, Moore Stephens (Draft, Yet to be published): 84.

particularly among individuals with anxiety and substance disorders. It is therefore vital that the new Service and service providers encourage victims and survivors with conflict-related mental health conditions to seek help for their emotional problems and raise awareness of available treatments.

1.5.5. The Commission supports the development of a wide-ranging, yet targeted communication strategy that raises awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma. The Commission also advocates the integration of an approved screening tool for PTSD into the assessment for trauma-related disorders.

1.5.6. To address the inequitable provision of trauma-related services within the health and social care system and to establish an effective and sustainable cross-sectoral approach to treating conflict-related trauma, the Commission would encourage consideration of developing a trauma-focused coordinated service network by OFMDFM and DHSSPS. Based on the model of a managed clinical network, the development of a trauma-focused coordinated service network could deliver a comprehensive regional trauma service drawing largely on existing resources and expertise from the statutory, independent and voluntary sectors.

Chapter 2: Social Support

2.1. Description

2.1.1. Social Support refers to the need of many victims and survivors for positive human contact with another individual, group or community. Social interaction lessens isolation and loneliness, enables the individual to experience sympathy and solidarity and thereby, strengthens personal resilience. Social Support involves a range of services and activities, principally: one-to-one, individualised care; befriending; support groups; drop-in facilities; art, craft and music therapy; personal development courses and 'lifelong learning' experiences; social and cultural events and respite breaks.

2.1.2. Beyond considerations which apply to individuals, Social Support is an important dimension of the maintenance of social cohesion at this time in Northern Ireland society. Government policy invariably highlights four characteristics of Community Cohesion:

- There is a common vision and a sense of belonging;
- Diversity of backgrounds is appreciated and positively valued;
- Everyone has similar life opportunities;
- Strong Relationships in the community are encouraged and developed.

2.1.3. Social Support activities by victims groups address all of the above characteristics. Furthermore, the development of OFMDFM policy on Cohesion, Sharing and Integration – though still in formation – affirms the importance of 'single-identity' groups and activities as a means of consolidating positive aspects of the main traditions in our society. A significant number of victims groups are, effectively, single-identity organisations. As such, they serve to uphold a sense of identity and security within individuals who often live with the life-long after effects of violence and endangerment.

2.1.4. Social Support is also an important dimension of mental health and wellbeing. Commenting on research on dealing with the legacy of the past in the former Yugoslavia, Northern Ireland psychiatrist, Oscar Daly, has affirmed the importance of "a broad based approach similar to the Public Health model, bringing the communities' damaged social functioning to a normal level of interpersonal and group relations, thereby renewing the social fabric of the affected community."[65] According to Daly, a Public Health approach to those bearing wounds from the past

[65] Daly, O. (2009) 'Northern Ireland: dealing with the past', *Irish Journal of Psychological Medicine*.

makes links between “individuals, families, communities and society at large”.

2.1.5. Daly also agrees on the importance of emphasising ‘resilience’ rather than focusing on traumatic stress. In other words, effective mental health care should do more than respond clinically to an individual presenting problems. It should also locate the individual within a community and perceive that community within a wider society – in our case, a society recovering from violent conflict and containing enduring divisions.

2.1.6. The provision of Social Support to victims is hugely resourceful to the maintenance (or recovery) of their mental health and wellness and, by extension, to the health of a society made up of wounded communities.

2.1.7. The main funding streams for these services are currently provided by the Community Relations Council’s (CRC) Strategic Support Fund (SSF) and the Development Grant Scheme (DGS) and through the PEACE III Programme.

2.1.8. CRC is currently administering an eighteen month Strategic Support Fund between October 2010 and March 2012. 48 Victims and Survivors Groups have been successful in attracting funding from this Fund to the value of £8.17million. Awards within the SSF programme are divided between the core staff and running costs and the programme activities of the work plans. The overall expenditure in relation to core staff and running costs for the Strategic Support Fund for the 12 months between April 2011 and March 2012 is as follows:

Table 5: Salaries and running costs in relation to SSF 2011/12

Service Category	Total £
Core Staff Salaries	£4,033,810.43
Running Costs	£872,032.35
Total	**£4,905,842.78**

2.1.9. It should be noted that the majority of core staff salaries are for positions that are involved mainly in service delivery. For example, all counsellors, therapists and programme managers are included here alongside administrative positions. For those identified as counsellors/therapists/psychotherapists a total of £776,653.70 has been awarded in salaried positions. Approximately £2.48 million is awarded to managers/directors/administrative staff with the remainder to other service provider salaries like music therapists, crèche workers, co-ordinators and advice workers. This funding supports 121 full time positions and 43 part time positions.

2.1.10. Table 6 below illustrates the amounts awarded to the programme activities of the

Areas of Need identified.

Table 6: Amount Awarded to Programme Activities 2011/12

Service Category	Total £
Mental Health and Well-being	744,112.52 (43%)
Social Support	261,153.80 (15%)
Personal and Professional Development	360,586.43 (21%)
Truth, Justice and Acknowledgement	164,756.00 (9%)
Trans-generational and Young People	158,746.00 (9%)
Organisational Development	54,103.00 (3%)
Total	**£1,743,457.75**

2.1.11. Initial observations would indicate that these amounts are relatively small in comparison to the amounts awarded to Core Staff Salaries and Running Costs as detailed in Table 5 above. However, these programmes are run by and alongside those in the salaried positions.

2.1.12. A significant proportion of SSF Programme cost have been awarded to Health and Well Being (43% of the budget) and this is in line with the findings of the CNA as Health and Well Being has been identified as the number one need for victims and survivors. It is also evident that a significant proportion of the staff salaries are utilised to pay professionals in relation to counselling, therapy and psychotherapy and to deliver these services. 15% of the budget or £261,153.80 has been awarded to Social Support. It is acknowledged by CRC that a high per centage of the Personal and Professional Development budget could also be considered as contributing to Social Support, for example training courses, outreach services, mentoring and supervisory support and networking events.

2.1.13. The PEACE III Programme makes a significant amount of funding available to Victims and Survivors groups through the Theme 1.2 “Acknowledging and Dealing with the Past”. From 2007-2013 up to €50million has been allocated for activities across three separate strands that (i) addresses the past in public memory, (ii) supports participation and (iii) secures the future. Table 7 below presents the current situation in relation to the status of the theme as of December 2011:

Table 7: Current status of Theme 1.2 December 2011

Theme 1.2 – Acknowledging and Dealing with the Past	
Value of Theme	€50,000,000.00
Projects Approved/LoO Issued	58
Value Committed	€24,211,306.85
Expenditure	€18,787,883.51
% committed	48.42%
% Expenditure against allocation	37.57%

2.1.14. In the first phase of this funding 28 projects have been funded to the value of €11million within Strand 2 "to address the suffering of Victims and Survivors of the conflict as an essential element of reconciliation." Projects supported under this strand are implemented by victims and survivor groups and are funded to deliver services in relation to the area of social support.

2.1.15. A wide range of activities are currently funded under Strand 2. These activities include:

- counselling services;
- befriending/outreach services;
- complementary therapies;
- advice services;
- respite services for individuals caring for survivors;
- training and education programmes and events (including accredited training for delivery of counsellors and therapists);
- networking events/facilitated discussions;
- youth peer mentoring training;
- cultural activities; and
- mentoring and supervisory support for volunteer counsellors.

2.1.16. These activities are focused on providing services across a number of the Areas of Need identified in the Comprehensive Needs Assessment. Significant funding is made available for services that specifically relate to Social Support, namely; befriending and outreach services; respite services; mentoring/supervisory support and networking events.

2.1.17. However, across the 28 projects receiving funding, the most commonly provided services include counselling/psychotherapy, social networks of support, befriending, complementary therapies and training/education programmes. Thus funding is available in order to provide services right across the spectrum of the Areas of Need identified within the Phase I Report from Mental Health to Personal and Professional Development.

2.1.18. These projects are currently coming to the end of their three year life cycle and will all end in 2011. The PEACE III Programme is administered in 2 three year tranches. The first tranche was from 2008-2011 and these projects are all within this tranche. The theme opened for new applications during 2011 and these are currently being assessed. It is expected that new Letters of Offer will be issued in early 2012 to those successful applicants for projects to operate between 2012 and 2014 and the Programme will then close in 2015.

2.1.19. Overall, in relation to Theme 1.2 projects to date 2008-2011, the Programme indicators show that almost 2,500 people have received trauma counselling, almost 4,000 individuals attended conflict resolution workshops and just less than 5,000 participants attended events for Victims and Survivors.

2.1.20. The analysis above, in relation to the Strategic Support Fund and the PEACE III Programme, would indicate that currently an annual budget of £9.7million is incurred as expenditure in relation to these activities (£6.6m from SSF and £3.1m from PEACE III). The list of activities and services encompass much more than would be termed Social Support. However, we estimate that Social Support activities make up approximately 20% of these budgets, suggesting that approximately £2 million is spent annually on providing Social Support services across both funding programmes.

2.1.21. In addition, a further £500,000 is made available to a Development Grant Scheme (DGS) administered by CRC. In the last 12 months, 51 groups were successful in attracting this funding to deliver services that are specifically Social Support Services.

2.1.22. In total, across these three funding streams, the Commission estimate that the current level of annual expenditure on Social Support Services is £2.5million. The Commission intends to continue to monitor the level of expenditure on Social Support Services throughout 2012.

2.1.23. CVSNI commissioned the Northern Ireland Statistics and Research Agency (NISRA) in March 2011 to carry out a survey to help establish the level of current service

provision in the Community and Voluntary sector in relation to services provided for Victims and Survivors.[66] During April and May 2011 NISRA contacted 89 identified groups to participate in this survey. 61 organisations completed the survey, with 33 in receipt of CRC funding and a further 22 in receipt of PEACE III funding. Therefore, a large proportion of the groups currently funded in both programmes participated in this survey.

2.1.24. The survey revealed that 44 groups or 72% of those groups surveyed deliver Social Support services. The survey, therefore, indicates that quite a substantial amount of services are being provided through the Community and Voluntary sector in relation to Social Support.

2.1.25. Seventy five per cent of the groups surveyed indicated that they, therefore, had over 100 clients availing of the services that they currently provide. A conservative estimate would be that across the 61 groups surveyed, over 7,000 people are currently availing of the services provided. One could make the assumption from these figures that the average spend per person availing of these services equates to £357 per person (£2.5million/7,000 individuals = £357.15).

2.2. Services

2.2.1. The key questions to be addressed within this CNA is, should this level of activity and services that are currently being provided for Victims and Survivors in Northern Ireland continue to be delivered and at what level? In order to answer these questions it is necessary to examine the current context from the UK and regional perspective.

2.2.2. At the UK level, growing attention has focused on initiatives that empower and support individuals and organisations at local level, thereby offering ways to galvanise additional resources from within a community. These initiatives may help to prevent the emergence of some individual and societal needs, while generally making better use of the totality of resources within a community. A number of approaches, concepts and terms have been used for these initiatives: building community capacity, investing in social capital, neighbourhood renewal, community cohesion and fostering community development are prominent examples.

2.2.3. The emphasis today in the Coalition Government's vision, the Big Society, includes ideas for increasing local involvement, moving the provision of services and decision making closer to local communities. There are key plans to create new neighbourhood groups, especially in deprived areas. Volunteering is strongly encouraged, as is the criterion for social enterprises and other organisations with charitable status which may be able to bid to take over local services currently run

[66] Commission for Victims and Survivors and NISRA (2011) Analysis of Current Service Providers, CVSNI.

by the state.

2.2.4. In Northern Ireland there exists a strong tradition of an active and vibrant community and voluntary sector. This is particularly true of the Victims and Survivors sector which has benefited from PEACE funding since 1995 with additional funding made available from central government. This has led to a unique set of circumstances in the provision of specific streams of funding for Victims and Survivors groups in Northern Ireland.

2.2.5. Developing and supporting a system of social support through local projects has the potential to build community capacity and benefit the community at large, as well as providing personal benefits for the individuals, (recipients and providers) involved in such initiatives. The potential is there to develop services provided by individuals with local knowledge and relationships. The versatility of social support in responding to individuals' needs gives rise potentially to a wide range of benefits, not confined to people needing health and social care support, or to those at risk of needing such support in the near future.

2.2.6. A particular need within the Victims and Survivors Sector is to communicate and socialise with people who have shared a similar experience. Research undertaken by Queens University Belfast for the Commission[67] has found that victims value the importance of speaking to someone else with similar experiences to their own. Importance is attached to being heard by someone who shares similar experiences to ensure that their stories are understood and possibly acknowledged by an individual outside of themselves. The research has found that having an audience of someone who shares your experience may facilitate verbal communication and identification of real needs where it was previously impossible. The network of Victims and Survivor groups and their programmes of social support provide an opportunity for such empathetic communication to take place as well as providing victims and survivors with a safe and creative environment in which they can express their emotions and experiences.

2.2.7. A further benefit of a Community Development approach to victims issues in Northern Ireland is that Social Support initiatives are bottom-up and usually involve discussions among local people to identify issues that need addressing, followed by collaborative working to consider how these might be tackled. Widening participation in decision making in local communities is emphasised as valuable in its own right, with the benefits of better information flows and encouragement of contact and support between individuals. There can be impacts at community, family and individual levels.

2.2.8. The Phase I report of the CNA articulated the reasons why Social Support and Respite

[67] Commission for Victims and Survivors (2012b) *Young People's Trans-generational Issues in Northern Ireland*, Queen's University Belfast.

is integral to the lives of victims and survivors. The evidence presented throughout the chapter articulates why this Area of Need was identified as second on the list of priorities and a strong argument is presented to maintain the level of services already provided. Indeed, the chapter concludes that "a service in relation to social support and respite care should form an integral part of the new Victims Service."

Befriending

2.2.9. Since our Phase I Report some new research has emerged in relation to befriending and its impact and in particular its economic impact. Befriending is a common social support intervention within the victims and survivors sector in Northern Ireland. According to the NISRA Service Providers Survey almost half of funded groups deliver Befriending Services (44% or 27 groups of the 61 surveyed).[68] In addition, the Development Grant Scheme focuses on funding befriending projects and awarded grants to 51 groups during the 2011/12 financial year.

2.2.10. Befriending services are heavily reliant on volunteers and have the aim of alleviating social isolation, as well as preventing or reducing loneliness and depression. Befriending can take many forms, but usually it involves the offer of assistance in a number of ways through conversation, social contact, listening, through helping to think through steps or solutions to identified problems, assisting with basic practical tasks such as reading, writing, shopping or household tasks, through escorting the client on appointments or social outings or helping the client to make contact with other services.

2.2.11. One issue that befriending addresses directly is that of isolation. Victims and Survivors experience this in a number of ways. Victims may feel isolated as an individual, or indeed, live in a community that has a sense of isolation. Recent research (Cacioppo *et al*[69], 2006 and Wilson *et al*[70], 2007) has shown that loneliness, in turn, can lead to depression and cognitive decline, both of which generate high personal and societal costs, for example because of above average service use and negative effects on the physical and mental health of carers.

2.2.12. In 2010, the Personal Social Services Research Unit (PSSRU) of the London School of Economic carried out a systematic review of research studies on befriending and found that, "Compared with usual care and support (which could mean doing

[68] Commission for Victims and Survivors and NISRA (2011) Analysis of Current Service Providers Page 10, CVSNI.

[69] Cacioppo J., Hughes M., Waite L., Hawkley, C. and Thisted, R. (2006) Loneliness as a specific risk factor for Depressive Symptoms: Cross-Sectional and Longitudinal Analyses, Psychology and Aging Vol. 21, No 1, 140-151

[70] Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, Tang Y, Bennett DA (2007) Loneliness and Risk of Alzheimer Disease, Archives of General Psychiatry, 64, 234-240.

nothing), befriending has a modest but significant effect on depressive symptoms, at least in the short term."[71] They also went on to identify a number of benefits of befriending schemes such as a reduced need for health and social care, the prevention of depression (resulting in savings in treatment costs), less risk of falls and other occurrences that often precipitate admission into care homes or hospital and less risk of self care problems emerging.

2.2.13. Other research has complemented these findings. For example, a recent paper by Joe Mulvihill, the Communications Officer with the Mentoring and Befriending Foundation found that,

> *Befrienders can play a vital role in spotting their befreindee's health problems early before they reach a crisis point. They can also provide their befriendee with vital preventative support at an early stage so that they can stay independent for longer, recover from long term illness, manage long term conditions or assist them to undertake daily activities. Befriending can also help to provide the social and emotional support that a person who is isolated or disadvantaged as a result of a long term illness or condition may require. . . It can help to improve mental health and well-being and may help to reduce future dependency on more costly health and social care services.*[72]

Befrienders can help to supplement over burdened and under funded healthcare services, by playing a valuable role in advising their befriendees when they should or should not seek their GP's support. The befriender can help to diagnose certain conditions early before they become more acute and by saving a GP's time when they can prevent an unnecessary visit.

2.2.14. The London School of Economics research has also identified particular befriending projects that have an economic benefit. For example, the Kent Brighter Futures Group project set up specific befriending interventions and the researchers comment that,

> *Using data on average costs of the services combined with robust evidence from previous research on the extent of loneliness and the effects of befriending, a model was developed to estimate some of the economic pay offs from the programme. The costs of running the befriending groups (which were mostly reliant on volunteers) appeared to be smaller than the amount saved by the NHS from not having to treat so*

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[71] Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2010) Building Community Capacity: Making an Economic Case, Personal Social Services Research Unit, PSSRU Discussion Paper 2772

[72] Mulvihill (2011) "Personalised befriending support for older people" in Quality In Ageing and Older Adults, Vol 12 No.3 2011, pp180-183

many older people with depression.[73]

The researchers concluded that befriending schemes generated net economic benefits in quite a short time period.

2.2.15. Befriending services in Northern Ireland are used to support victims and survivors as a personalised form of care for those who may be isolated or lonely; to prevent the onset of mental health conditions; to lead to more active lives and to improve the quality of life. Befriending is an effective response to victims who feel abandoned, forgotten or ignored. It offers those who are isolated and vulnerable a signpost into other formal and informal networks of support. The research above identifies some new thinking in terms of the societal impact and economic impact of providing these services and the contribution this makes in terms of adding to its value for money. Therefore, it can be concluded that befriending services have clear social and economic benefits for victims and survivors in Northern Ireland.

2.2.16. In addition, befriending services in the Victims and Survivors sector have a wider impact across a number of Areas of Need. For example, they can have a trans-generational impact whereby young volunteers and older people help to build trust and respect between generations. Befriending can also be a way of providing respite for carers.

2.2.17. The Commission is of the view that maintaining the current level of support for befriending services is sufficient to meet the current need. However, we are concerned about the ending of the PEACE III funding in 2015 and the implications that this will have for the current level of service provision. PEACE III has contributed £3.4million annually between 2008 and 2011 towards the provision of services for Victims and Survivors. This level of funding is available to victims groups over the period 2012-15 but will then come to an end.

Carers

2.2.18. Carers play an increasingly important part in Community based health and social care and they provide help and support to a family member or friend who may not be able to manage without help because of frailty, illness or disability. Carers make a unique contribution by providing valuable services that complement the statutory care services. Even more so, carers provide a very important role within the victims and survivors sector in Northern Ireland and they provide a considerable amount of unpaid care that leads to savings in the health budget. Carers NI have estimated that the unpaid care work carried out by carers saves the economy £4.4billion per annum

[73] Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2010) Building Community Capacity: Making an Economic Case, Personal Social Services Research Unit, PSSRU Discussion Paper 2772, Page 7

in Northern Ireland in care costs.[74]

2.2.19. At a regional level, the latest figures available from the Department of Social Development indicate that as of February 2011, there were a total of 56,414 claimants of "Carers Allowance" in Northern Ireland (£55.55 per week). Carers NI have stated that they represent 207,000 carers in Northern Ireland.[75] The 2006 report "Who Cares for the Carers"[76] concluded that it was not possible to quantify how many carers were caring for victims and survivors. However, the report stated that Northern Ireland had the highest proportion of Carers in the UK at 18% of the population, along with the highest incidence of heavy care duties. One can make the assumption that the conflict has contributed to these higher figures and it is, therefore, fair to assume that a significant number of carers are currently providing support on a daily basis to victims and survivors as a consequence of the conflict. Specifically, 193 individuals qualified for the NIMF's Care for Carers Awards of £500 during the 2010/11 financial year and CRC has observed that many victims of the conflict who had been injured were being cared for by close relatives who themselves were finding it difficult to cope with little or no support.

2.2.20. The "Who Cares for the Carers" Report also identified a number of problems including: identifying the scale of the carer population; recognising carers at a strategic level; a high level of carer burn out and stress; financial difficulties for both carer and victim; difficulty regarding mobility for those caring for injured/disabled; high levels of social isolation and the need for respite. There is still a need to implement the recommendations of this report.

2.2.21. In many cases, carers have, given up their own careers to care for a loved-one. In addition to loss of income, they have lost pension entitlement in later life as a result of an inability to make pension contributions. The carers in this instance provide the service, either on a voluntary basis or supported through the statutory sector or the NIMF via payments for provision of the service. A Care for Carers scheme provides a premium to help address carer's respite needs. In this respect, our assessment of Individual Financial Needs recommends that a Carers Support scheme should be adopted by the new Victims Service as one of their core financial provisions.

2.2.22. The Commission notes the significance of the report commissioned by the Community Relations Council, 'Who Cares for the Carers?' which was published in 2006. Since that time, the CRC established the Gift of Time scheme to further develop voluntary caring. The DHSSPS 2011 consultation document, 'Living

[74] Carers Northern Ireland (2011), Consultation Response to DHSSPS Living With Long Term Conditions – A Policy Framework (Consultation Document) February 2011.

[75] Carers Northern Ireland (2011), Consultation Response to DHSSPS Living With Long Term Conditions – A Policy Framework (Consultation Document) February 2011.

[76] Community Relations Council (2006) Who Cares for the Carers? A Study into Issues affecting Carers of Victims in the Northern Ireland Conflict, QE5, March

with Long Term Conditions – a Policy Framework' includes a number of relevant development proposals for carers and the establishment of the new Victims and Survivors Service is an opportunity to act on a number of the recommendations within the CRC's 2006 report.

2.2.23. Based on all the available information the Commission considers that it would be timely to take stock of the impact of these and other developments (such as the impact of Welfare Reform). We propose to hold a one-day seminar during the 2012/13 year on the theme of 'Care for the Carers of the Troubles'. The purpose will be to reflect on progress made since the CRC's 2006 report and the implications of the DHSSPS policy developments, specifically for those who care for victims and survivors of the Troubles.

2.2.24. The Commission proposes to hold discussions with the new Victims and Survivors Service, DHSSPS and Carers Northern Ireland with a view to making the seminar a collaborative venture. The intention would be to invite all interested and available carers from across Northern Ireland, along with relevant organisations from the statutory, voluntary and community sector, as well as representatives of the Forum for Victims and Survivors. We would intend compiling a report from the seminar to present to relevant authorities thereafter.

Respite

2.2.25. 'Respite' refers principally, to services which give carers a break, though the person receiving care can also personally benefit from a change of location or company. Respite services include over-night breaks, day-long events or outings; social evenings; periods of residential care; attendance at day centres and participation in personal development activities.

2.2.26. In 2009/10 CRC supported 104 projects that provided respite services and this resulted in 4,331 participants availing of these services. In 2010-11, Short Break awards accounted for 15% of the number of grants administered by NIMF attributing funding totalling £390,500. According to the NISRA Service Providers Survey 30% of funded groups deliver Respite care (18 groups of the 61 surveyed).[77]

2.2.27. Elsewhere in the Comprehensive Needs Assessment, in a paper on Individual Financial Support, the Commission has recommended the discontinuation of the Short Break scheme administered by the Northern Ireland Memorial Fund. This should not infer that the Commission does not value the importance of such breaks. Rather, we are anxious to affirm the dignity of the recipient of financial support by giving them a greater degree of choice regarding how best to address their needs, including the

[77] Commission for Victims and Survivors and NISRA (2011) Analysis of Current Service Providers, CVSNI, Page 10.

option of using money from a grant award to pay for a short break or holiday.

2.2.28. However, we would recommend that Short Breaks should be included as fundable activities within the broad range of respite services provided by victims groups with monies drawn down under the Strategic Support Scheme and the Development Grant Scheme.

2.2.29. 'Respite', by definition, means a short period of rest or relief from something difficult or unpleasant. Therefore, the provision of respite services is a recognition that the condition of victimhood - or, indeed, of survival - from hurt experienced in the conflict, is inherently challenging for individuals and families.

Social Networks

2.2.30. Across the victims sector in Northern Ireland there is a wide range of groups and organisations which maintain important social networks in support of individual victims and survivors. The NISRA Service Providers Survey indicates that over 50% of funded groups deliver services designed to facilitate meeting with others with shared experiences (66% of the 61 groups surveyed). Typically, victims groups are based in offices or buildings which function as places of welcome where the individual victim can participate in organised activities or simply used in an informal manner. Victims groups are mechanisms for social interaction and the experience of community. They are excellent examples of Puttnam's theory of Social Capital: providing 'bonding capital' by which the individual victim feels part of an empathetic community and 'bridging capital' by which our society benefits from disparate victims groups beginning to interact with each other and, thereby, forming bridges across the traditional divide. Therefore, social networking and the wider phenomenon of Social Support are of fundamental importance to the wellbeing of the victim and survivor constituency and to the social cohesion of our 'post settlement society' in Northern Ireland.

2.2.31. The work of organising and maintaining social support is difficult and demanding. It is often carried out by volunteers, particularly by victims themselves. Social Support is a dimension of community living for many victims and survivors. As such, the new Victims and Survivors Service will need to exercise care in monitoring and evaluating Social Support activities. This should involve less scrutiny of the individual recipient and focus more on assessing the wider group or project. An inordinate attention to individual 'recovery' could upset the subtlety and discretion which this area of work demands. Similarly, a focus on value for money and 'recovery' could neglect the more fundamental importance of Social Support in maintaining supportive community in the lives of victims.

2.3. Development

2.3.1. Historically, it has been difficult to capture the extent of the impact of developmental work on individuals and groups on the ground for a number of reasons including:

- Difficulty in identifying appropriate measurement tools;
- Qualitative not quantitative work/quality of targets;
- Difficulty in applying value for money concept;
- Outcomes predominantly soft outcomes; and
- Until recently a lack of information in relation to need and strategic direction contributed to this inability to evidence impact.

In addition, Social Support services have tended in the past to deliver outcomes that are more qualitative in nature and have been traditionally difficult to articulate overall impact. Outputs, outcomes and impacts such as improved relationships, confidence, reduced social exclusion/isolation, social capital, engaging marginalised groups in mainstreaming policy processes have all been well documented. However, most of the impact of social support occurs at an individual level and this also makes it difficult to report impact at a programme or societal level. Recent developments and research are beginning to articulate the impact more clearly and to identify the potential savings to the economy of the “upstream” or “preventative” nature of much of these interventions. Therefore, the Commission would recommend that the activities historically supported in relation to Social Support should continue to be supported in the future by the new Victims and Survivors Service at the same level as currently provided over the next two years.

2.3.2. The Commission has recently submitted advice on a Minimum Practice Framework for Services that has included standards in relation to the provision of Social Support Services. This work addresses concerns in relation to the standards that have been applied within the sector to date. The Commission would recommend that these Standards are applied to the services provided under Social Support so that Victims and Survivors can avail of the best services possible.

2.3.3. In addition the Commission are also working on producing an effective monitoring and evaluation framework. It is important that if funding for Social Support continues that the impact of these services and their value for money is collected and reported effectively.

2.4. Recommendations

2.4.1. The Commission recommends that Social Support services should remain as eligible activities for funding and that financial support should be maintained at current levels within the Strategic Support Fund. From the 2013/14 year, Social Support should be funded within a new programme, the 'Support Programme for Victims and Survivors', contributing to core salary costs, running costs and programme costs associated with befriending, respite to carers, art, craft and music therapy, personal development, adult education and social and cultural activities.

2.4.2. The Commission will be analysing the SSF and DGS funding schemes in 2012 with a view to making funding recommendations for the financial years 2013/14/15.

2.4.3. The expected impacts that would result from funding the 'Support Programme for Victims and Survivors' would be that the quality of life for victims and survivors is improved and maintained and that a contribution is made to a healthier and more cohesive society. The Commission will make recommendations and provide advice on a relevant monitoring and evaluation framework in this regard.

2.4.4. The Commission recommends that the Service and the Commission should also liaise closely with SEUPB on the remainder of the PEACE III Programme in order to avoid the duplication of services and continue to liaise closely with SEUPB in relation to the development of a PEACE IV Programme so that a synergy can be developed in relation to both Programmes.

2.4.5. The Commission recommends that OFMDFM should fund a seminar on the Carers of the Troubles during 2012/13, as a stock-taking exercise, with a view to informing OFMDFM and DHSSPS on future development needs.

Chapter 3: Individual Financial Needs

3.1. Description

3.1.1. In September 2010, the Commission completed Phase I of the Comprehensive Needs Assessment (CNA). This document identified an evident need in terms of financial hardship experienced by victims and survivors.

3.1.2. It is universally accepted that the conflict in Northern Ireland has had harmful effects on the social and economic health of our society. Victims are doubly affected as ordinary citizens living in a society that has been socially and economically damaged by conflict and violence and as individuals who have been directly impacted by violence

3.1.3. In terms of providing financial support to individuals, the Northern Ireland Memorial Fund (NIMF) currently administers financial support to individuals and has performed this function since 2001. The Memorial Fund was established in 2001, seeking to acknowledge and address the suffering of victims, and arising from advice of former Victim's Commissioner Sir Kenneth Bloomfield's report "We Will Remember Them."[78] Over the past twelve years the NIMF states that it has provided practical help and support to over 11,000 victims and survivors of the conflict, awarding £17 million through a number of grant schemes and programmes.

3.1.4. The Northern Ireland Memorial Fund has functioned as a 'benevolent fund' for most of its existence: it provided funding for a range of purposes and applicants simply had to satisfy the Fund that they met NIMF's definition of a victim. In November 2010, the Memorial Fund introduced means –testing for a number of schemes. This marked the beginning of a shift away from unconditional benevolence for all victims to conditional support, with financial assistance awarded only to those considered to be most in need.

3.1.5. There are a number of financial needs which are a more direct consequence of people becoming victims of the Troubles. These include loss of income, loss of pension provision, the extra costs of disability and dependence, the cost of building and maintaining social support and resilience as a consequence of injury or bereavement.

3.1.6. Some of these issues can be addressed by funding services within groups. However, there is also a need to acknowledge and financially support dimensions of victimhood which are specific to the individual.

3.1.7. It is important to differentiate between 'victim-based' financial need and general

[78] Bloomfield, K (1998) 'We Will Remember Them' – Report of the Northern Ireland Victims Commissioner, Belfast: Stationary Office.

social and economic need. In these harsh economic times it is likely that increasing numbers of victims and survivors of the Troubles will experience financial pressure and many will seek welfare support from the State. However, in a time of growing need the Westminster Government's reforms are reducing the size and scope of the welfare system.

3.1.8. The case for providing for those financial needs which victims are experiencing in common with other citizens should be made to the Department of Social Development and to the Secretary of State for Northern Ireland. This matter is addressed in the section of the Comprehensive Needs Assessment which deals with Welfare Support.

3.1.9. Unfortunately, due to inevitable budgetary limitations the same level of provision cannot be made for all victims. There is a necessity to recognise priority of need. Therefore, in the view of the Commission, the Victims and Survivors Service should provide financial assistance to those who have need which arises as a direct consequence of bereavement or injury, and who are adjudged to have the greatest financial need.

3.1.10. Individual financial support should be based upon the following principles:

- Our shared society has a civil responsibility to express compassion to those who live with the consequences of loss from the Troubles – either through bereavement, injury or the demands of caring for the injured;
- This responsibility applies especially to those most directly affected by such loss; and
- It applies most acutely to those with least means.

3.1.11. During 2012-13 and in moving to the new Victims and Survivors Service, funding for individual victims and survivors will be taken over and administered through the new Service. This will entail the Service working in close liaison with the NIMF during the transition period.

3.1.12. The Commission is mindful of the budgetary allocations of the current Comprehensive Spending Review (CSR) period, with funding of approximately £12 million per annum being made available for victims. We commented to OFMDFM in late 2010 on the draft budget for 2011-2015 that it was our view, based on the information available at the time that £50 million over a four year period was a reasonable figure, largely in line with the previous three year spending review. The Commission would therefore seek to set against that situation realistic proposals that can:

- Address the needs of victims and survivors;
- Deliver quality support and services to victims and survivors;
- Contribute to a better society for victims and survivors; and
- Improve the quality of life for victims and survivors.

3.2. Services

3.2.1. The Strategy for Victims and Survivors, the Commission and the development plans for the new Victims and Survivors Service advocate the requirement to move towards a needs-based approach to target resources to the areas of greatest need for victims, as outlined in the Comprehensive Needs Assessment (CNA). All seven areas of need will be addressed by the continuation and development of services by victims' groups, by voluntary organisations and by statutory bodies.

3.2.2. In 2010, the NIMF moved to a 'Needs Based Approach' in the delivery of their current programmes of support. This approach was developed following a request from Government for the Fund to move away from providing help based simply on the applicant meeting general eligibility and towards providing help using a needs based approach.[79] However, the move from acknowledgement and addressing suffering, as espoused by Bloomfield and operated by NIMF for nine years, was neither fully explained to nor completely understood by victims and survivors.

3.2.3. The Northern Ireland Memorial Fund will be replaced by the Victims and Survivors Service in April 2012. With the introduction of new methods of providing support for the benefit of individuals, the policy issue of eligibility to access such support needs to be clarified.

3.2.4. The following paragraphs provide a brief outline of the support schemes currently administered by the NIMF and as revised in November 2010. Figures are for awards which will have expired by 31 March 2012[80]. In terms of processing applications, once an individual was deemed eligible for assistance from NIMF, they may have been awarded grants under a number of funding schemes for which they were eligible, whether they applied for them or not. This issue will be returned to later in the document.

[79] Northern Ireland Memorial Fund (2010) – Move towards an 'Individual needs based approach' June 2010.

[80] Figures outlined in schemes provided by NIMF. They are correct as of 27 February 2012.

Chronic Pain Management Scheme

3.2.5. Between 8 November 2010 and 27 February 2012 a total of 237 applicants were awarded grants within the Chronic Pain Management scheme. The scheme allows for draw-down of funding of up to £2,000 and covers the following treatments:

- A private medical consultation;
- Private subsequent pain management treatments;
- Alternative/complementary therapies.

Over 60's Scheme

3.2.6. Between 8 November 2010 and 27 February 2012, a total of 1,623 awards were made to those qualifying for the Over 60's support scheme. The Fund did not apply a means-testing element to this scheme as they acknowledged that the majority of applicants aged 60 years and over are living on a modest income. An additional winter payment was made to those in receipt of awards in the Over-60's category.

Disability Support scheme

3.2.7. The Disability Support scheme facilitates applicants to apply for financial support up to the amount of £1,000 to cover the cost of disability aids and adaptations that will improve the quality of life for those with serious injuries. The current award scheme requires the applicant to provide estimates and quotes for the aids/adaptations in order to facilitate payment. This scheme made 159 awards in the period 8 November 2010 to 27 February 2012.

Care for Carers Scheme

3.2.8. The NIMF's rationale for the Carers scheme is based on the acknowledgement that carers, due to their caring responsibilities do not have the opportunity to avail of employment and as a result have limited income. The Fund also considered that the role of carers goes unrecognised by many.[81] The current eligibility criterion for this scheme requires the individual to be the registered primary carer of someone who has been seriously physically or psychologically injured, as a direct result of the conflict.

[81] Northern Ireland Memorial Fund (2010) – Move towards an 'Individual needs based approach' June 2010, Pg.6.

Education and Training Scheme

3.2.9. The Education and Training scheme was set up to assist individuals with financial assistance in meeting the costs of educational, vocational and training courses. The scheme provides draw down of financial assistance up to the value of £1,200 per applicant. In the period between 8 November 2010 and 27 February 2012, there were 2,266 awards made under this scheme. Previously in 2009-10 prior to the introduction of the Needs-based approach by NIMF, there were 751 successful awards made to this scheme which totalled £415,765. A possible reason for the increase in applications to the educational and training scheme in 2010-11 may be as a result of its non-means-tested assessment. However, not all monies awarded have been drawn down.

Financial Assistance Scheme

3.2.10. The category of 'Financial Assistance' is open to any victim or survivor meeting the means testing criteria set down by NIMF. It has the largest uptake of the current schemes and accounts for a total of 1,661 awards in respect of a regular payment and 1,718 determined as "extra needs."

Financial Assistance – DLA

3.2.11. Statutory Disability Living Allowance (DLA) has been categorised into three rate levels, i.e. Low, Middle and High Rate. It is not possible to identify the number of individuals who have been injured as a result of the conflict and who are in receipt of DLA across its various components. In the period 8th November 2010 to 27th February 2012 additional Financial Assistance for those in receipt of higher rate DLA was made by NIMF in 174 cases. This applies to those in receipt of both the care and mobility element of higher rate DLA. Some victims and survivors, whilst in receipt of higher rate care component, for example, were ruled out because they did not receive both components.

Back to School scheme

3.2.12. In 2010-11, the qualifying criterion for this scheme changed and was subjected to a means-tested element. As a result of these changes the number of grants awarded in the period 8 November 2010 to 27 February 2012 decreased significantly to 508. In 2009-10 a total of 992 awards were made under the 'Back to School' scheme, which totalled £218,525. The current eligibility criteria for this grant scheme is as follows:

- If you have school age children and are bereaved through the loss of a parent, partner, child or sibling;

- If you have school age children and have ongoing difficulties due to injuries arising from a 'conflict' related incident; and

- This grant is means-tested.

Funds for the Back to School scheme can only be drawn down between June and September so as to facilitate and help with the purchasing of school-uniforms for the new academic year. The award amounts are as follows:

- £75.00 for Primary School children; and

- £150.00 for Secondary School Children.

Short Break Scheme

3.2.13. In the period 8 November 2010 to 27 February 2012 NIMF awarded 1,627 short breaks. The rationale behind the scheme is to provide a break from home and to provide respite for carers[82]. In contrast to the figure above, 367 Short Break awards were made in 2009-10. The current Short Break scheme administered by NIMF is relatively broad in terms of the qualifying criteria and it has not been evaluated in terms of the beneficial impact for those who previously or currently avail of the scheme.

Compensation

3.2.14. Research undertaken in the Commission's Analytical Review of Compensation[83] revealed that prior to changes being made to the compensation legislation in Northern Ireland in 1988, no consideration was given to the next of kin receiving damages in relation to bereavement awards. Many families who were bereaved during the Conflict received no payment in relation to the emotional impact the family endured and many families did not receive any compensation whatsoever. In addition, research and analysis would indicate that those falling within this category prior to the relevant changes in compensation awards brought about in 1988 were disadvantaged in comparison to those qualifying for bereavement awards following these changes.

The McKeown[84] database indicated that 2,775 individuals were killed as a result of violence in Northern Ireland for the period 1969 – 1987. It can therefore be assumed that the figure of 2,775 provides a baseline in terms of the number of families who did

[82] Northern Ireland Memorial Fund (2009) – Individual Assessment Pilot Project, October, 2009, Pg.8.

[83] Commission for Victims and Survivors (2011d) *Analytical Review of Compensation*, CVSNI.

[84] McKeown, Michael. (2009) Database of Deaths Associated with Violence in Northern Ireland, 1969 – 2001, Version 1, dated 16 June 2009, Web: Cain.

not receive an award for a head of claim relating to bereavement damages by way of compensation. The database collated information up to 2005, recording a total of 3,649 deaths. Thus, those families who suffered bereavement prior to changes in Compensation Legislation in 1988 and did not qualify for bereavement awards represent 76% of all deaths during the conflict.

3.2.15. The concluding analysis contained within the Analytical Review of Compensation Payments (Commission for Victims and Survivors, 2011d) identified a number of issues that are of note and are listed below:

- *Cases involving financial loss, that were settled in the 1970's and 1980's, would have had applied to their annual losses multipliers significantly lower than those applied today. This was not unique to criminal injury compensation and applied to personal injury law as well. Part of the reason was the assumptions made regarding investment performance at the time and should, in theory, have provided an award with equal purchasing power, however part of the reason can be attributed to an under-estimating of life expectancies and may have resulted in participants being under-compensated.*

- *Eight of the bereaved participants received no recognition for the bereavement they suffered and had their award been considered under subsequent scheme they would have received substantial payments in respect of bereavement damages.*

- *Two of the bereaved participants had their awards settled under the 1968 Scheme and as such would have had their entitlement to financial dependency reduced significantly on the assumption that they would have remarried. Had their award been settled under subsequent schemes such a discount would not have been permitted.*

- *The 2002 Scheme introduced a tariff scheme for addressing general damages. Part of the tariff was a sliding scale whereby a victim/survivor received 100% compensation for their most serious injury, 30% for the second most serious, reducing down to 10%. This would therefore see people who had suffered serious multiple injuries experiencing a significant reduction in the compensation applicable to certain injuries even if the impact of these injuries did not overlap.*

- *Under the revision of the 2009 Scheme compensation awarded for specific injuries was significantly reduced.*

3.2.16. Having concluded that those bereaved prior to 1988 would have received significantly less compensation, the Commission must also acknowledge that any

proposed reform of the compensation system would require legislation and that this legislation would apply to everyone, not just those who were bereaved as a result of the conflict. Our research indicates that in a significant volume of cases, records do not exist which would permit the re-examination of compensation awards. Further to this, the principle of legality prevents any new legislation from have a retrospective impact. As such, we have concluded that the financial needs of victims and survivors cannot be appropriately addressed through reform of compensation legislation and do not recommend that this should be advanced.

3.2.17. Studies such as the Cost of the Troubles and the CAIN archive project have shown that a high proportion of deaths and injuries occurred in densely populated and economically deprived areas and in border areas. It follows that many of the living victims and survivors of the troubles are people who, in their normal circumstances and regardless of violence, would be living with the effects of social and economic deprivation. It is also the case that, in common with many citizens unaffected by violence, victims and survivors face social and economic hardship unrelated to the troubles. However, the Troubles have had harmful effects on the social and economic health of our society. Victims are doubly affected: as ordinary citizens living in a society that has been socially and economically damaged by conflict and violence and as individuals who have been directly impacted by violence.

3.3. Development

3.3.1. It is not possible to appropriately financially compensate victims and survivors for the material and emotional losses that they have suffered because there is no price that can be put on the life of someone who has been lost to their family, on a life that could have been so different had it not been for terrible physical and emotional injuries: no tariff or scale rate can possibly address that. In seeking to address the individual needs of victims and survivors we must bear in mind that there has been a direct loss of income in most cases because of bereavement or serious injury. These proposals seek to make a measure of restitution to those who have been bereaved and seriously injured. We make the following determinations in respect of the continued need for individual financial support.

3.3.2. At this stage in the evolution of an agreed society in Northern Ireland, there is civic value in expressing compassion to those who live with the social and financial consequences of loss.

3.3.3. Addressing the financial loss that has occurred as the result of a bereavement or serious injury must be done within the constraints of the budget allocation for victims and survivors within the current Comprehensive Spending Review (CSR) period. It is appropriate, therefore, to prioritise those who are in greatest financial need by the use of means-testing. Historic under-spends in budgets can be addressed through providing appropriate and targeted support rather than through funding schemes

which historically have provided a specific service. The ability for applicants to draw down funding throughout the year has also contributed to an under spend.

3.3.4. The Sutton Index of Deaths from the Conflict in Ireland (July 1969-December 2001)[85] states that 3,529 people died of whom 3,207 were male and 322 were female. Almost two thirds of these deaths occurred in the 1970's, a decade in which Northern Ireland society still viewed men as the primary breadwinner in the home. Women, particularly those who were widowed, and who made a decision to go into the workforce would have had to seek employment in jobs which were generally lower paid than men and which offered fewer opportunities for advancement and did not have occupational pensions. In addition to the historical inequality in income for women, there was significantly less childcare provision available for those going out to work, creating further barriers to those in financial hardship.

3.3.5. The financial impact of bereavement may have included not only the loss of income to the family, but also the potential loss of pension provision in later life.

3.3.6. Similarly, those who have been seriously injured and those who care for them have also suffered a financial and social loss.

3.3.7. Assisting those who are in greatest financial need as a result of the conflict should not be seen as charity since this tends to stigmatise the individual seeking support and serves to discourage victims from applying for help.

3.3.8. Financial assistance schemes should be designed to allow individuals to meet their own needs with dignity.

3.3.9. People are likely to have suffered significant trauma and as a result, may have missed out on educational opportunities or been affected in their work and such support may provide an opportunity to address any inequity in their educational and professional lives. It should be noted that no other regular financial assistance scheme is available to adult children who have been bereaved. There is also a concern that in some families where siblings were bereaved, some receive financial support under means testing criteria and some do not. The impact of this will need continued monitoring.

3.3.10. Children and young people under 25 and still in full time education who have lost a parent would normally still be financially dependent on their parents.

3.3.11. There are many instances where bereaved parents have suffered financial consequences from the loss of their child due to trauma and the impact on their employment.

[85] http://cain.ulst.ac.uk/sutton/

3.4. Recommendations

3.4.1. The Commission proposes that a means test as applied by NIMF continues to be used by the Service as an instrument for determining those who are most in need from the following categories:

- Spouses/Partners who have been bereaved;
- Parents who have been bereaved;
- Children and young people who have been bereaved through the loss of a parent, who are currently under the age of 25 and still in education or training;
- Adult children – those over 18 and not in education or training, or those over 25 – have a diminished financial dependency on their parents and this should be reflected in the level of direct financial assistance.

We recommend that means testing should not apply to those who have been seriously injured or those who care for individuals who were seriously injured.

3.4.2. Grandchildren and siblings of those who died would not, for the most part, have had a financial dependency on their loved one and as such, should no longer be eligible to receive direct financial assistance. Funding made available to groups in the community sector and services in the statutory sector will ensure that services are available to meet other needs of these individuals in terms of health and well-being, advocacy, personal development and social support.

3.4.3. In responding to Government's request for advice on meeting Individual Financial Needs in 2012-2013, the Commission made a number of recommendations in October 2011 which recommended that the Northern Ireland Memorial Fund should cease to operate a number of schemes and that those schemes remaining in place be augmented to better meet the needs of victims and survivors. Direct financial assistance as outlined will target those in greatest need. In streamlining the schemes available, they will meet the needs of individual victims and survivors. Therefore, we recommend that the schemes as contained in Table 8 below should take effect from 1 April 2012.

Table 8: Proposed schemes to take effect from 1 April 2012

SCHEME	08.11.11 to 27.02.12 AMOUNT ALLOCATED	2012-2013 REVISED AMOUNT	RECOMMENDED CHANGES
Back to School	£114,975	0	Discontinue
Care for Carers	£105,000	£105,000	Maintain support
Chronic Pain Management	£442,028	£237,000	Maintain programme, cap at £1,000 P.A.
Disability Support	£169,961	£159,000	No changes
Education & Training	£1,691,714	£270,000	Replace with Educational Bursary for bereaved children only
Over 60's Support	£405,750	0	Discontinue
Short Break	£778,150	0	Discontinue
Financial Assistance Extra needs (DLA)	£174,000	0	Discontinue
Financial Assistance Extra Needs	£859,000	0	Discontinue
Financial Assistance Regular allowance	£1,768.880	£2,624,250	Introduce two award levels, exclude siblings
TOTAL	£6,509,458	£3,395,250	

3.4.4. Further interrogation of additional funds allocated by NIMF as a result of a funding call in October 2010 has not altered our position of October 2011. In the financial year ending 21 March 2012, NIMF will likely show significant under-spends in a number of its schemes, most notably in the Education and Training Scheme and the Short Break Scheme. Evidence also suggests that the cap of £2,000 on the Chronic Pain Management Scheme is too high, as less than half the budget has been drawn down. This would lead us to conclude that, whilst attempting to introduce a needs-based approach seeking to fit such an approach into existing schemes did not, in fact, meet need. Rather, it led to a situation where applicants were awarded grants in areas where they qualified for assistance, but could not or did not take up the award.

3.4.5. Provision needs to be made to ensure that the new arrangements for funding are

ready to be implemented in April 2012 so that there is no gap in assistance for those in greatest need.

3.4.6. The Commission recommends the ending of schemes currently delivered by the NIMF and the implementation from April 2012 of the following financial assistance Programmes:

Carers Programme

3.4.7. This programme will provide a payment of £500 per annum to those who care for someone injured as a result of a conflict related injury. This scheme should not be means tested.

Carers have, in many cases, given up their own careers to care for a loved-one injured as a result of a conflict-related incident. In addition to the loss of income this creates, they have also lost pension entitlement in later life as a result of an inability to make pension contributions. Carers Allowance only goes some way to meeting their financial needs and a Care for Carers scheme will provide a premium to help address their respite needs.

Chronic Pain Management Support Programme

3.4.8. This scheme will provide reimbursement of expenses for chronic pain management treatments for pain arising from a conflict-related injury. It will be based on needs identified via individual assessment by the Victims and Survivors Service.

This programme will provide assistance for treatments not otherwise available from the Health Service, or where a significant delay in accessing help impairs the quality of life for the victim. The maximum award under this scheme would be £1,000 per annum and would not be means tested.

Disability Support Programme

3.4.9. The Disability Support Scheme will be open to all of those who demonstrate a need arising from a conflict-related injury and will be based on needs identified via individual assessment by the Victims and Survivors Service.

The purpose of this scheme is to provide support for those who need assistance with managing a disability arising from the conflict where assistance is not available elsewhere, or were a significant delay in accessing help impairs the quality of life of the victim. The maximum award under this scheme should be £1,000 per annum and it would not be means tested.

Educational Bursary

3.4.10. This bursary is designed for children who have been bereaved through loss of a parent and who are still in education and training up to the age of 25. It would provide an annual award to children of £300 whilst still in school, £1,000 whilst in a vocational or technical training course, £2,000 whilst attending university within Northern Ireland and £3,000 whilst attending university outside of Northern Ireland. This scheme should not be means tested.

Financial Assistance Programme – Regular Allowance

3.4.11. This programme would provide a regular payment to the following:

- Those who have been seriously injured;
- Those bereaved as a result of losing a spouse or partner;
- Those bereaved as a result of losing a child; and
- Those bereaved as a result of losing a parent.

For those who have been bereaved, the amount available should be £1,500 per annum to those who have lost a spouse/partner or child and £750 per annum to those who have lost a parent and in these cases awards would be means tested.

3.4.12. Those who have been seriously injured and are currently in receipt of both components of Higher Rate Disability Living Allowance (DLA) would not be means tested and would be eligible to receive assistance of £1,500 per annum. The introduction of a Personal Independence Payment to replace DLA will require examination of the eligibility criteria as that benefit scheme is introduced. Those who have been injured and are not in receipt of Higher Rate Disability Living Allowance would, subject to means testing, be eligible to receive assistance of £1,500 per annum. Operation of means testing will ensure that this programme targets those in greatest financial need as a result of their injury or bereavement.

3.4.13. Based upon interrogation of the NI Memorial Fund database, the Commission estimates the schemes outlined above would have the following cost as outlined in Table 9.

Table 9: Recommended schemes and costings

Name of Scheme	Potential Applicants	Annual Award	Total Fund
Carers Programme	210	£500	£105,000
Chronic Pain Management Support Programme	237	£1,000	£237,000
Disability Support Programme	159	£1,000	£159,000
Educational Bursary	90	£3,000	£270,000
Financial Assistance – Regular Allowance – loss of partner/ child	848	£1,500	£1,272,000
Financial Assistance – Regular Allowance – Injured	478	£1,500	£717,000
Financial Assistance – Regular Allowance – loss of parent	847	£750	£635,250
Total			**£3,395,250**

3.4.14. The NI Memorial Fund currently operates a means testing model which is based upon government benefit rates and adds an additional allowance of £20 per week before income is taken in to consideration. We propose retaining this model but increasing this weekly allowance to £30 to allow for the fact that benefits increases and average wages have not kept pace with rising costs of food, home heating, fuel and clothing over the last two years.

3.4.15. In determining overall household income, the following benefits/payments would not be included as income under the means testing scheme:

- Disability Living Allowance – Higher Rate;
- Child Benefit;
- Child Tax Credit;
- Pension Credit;
- Attendance Allowance and
- Carers Allowance.

3.4.16. In determining essential household expenditure, the following payments would be deducted as essential expenditure in order to arrive at a disposable income figure and determine whether an applicant was eligible for assistance:

- Rent (or any amount of rent in excess of the amount of housing benefit being received);
- Rates;
- Mortgage interest payments but NOT capital repayments on the mortgage; and
- Water charges (where applicable).

3.4.17. The Commission recommends that the schemes proposed are monitored over the next two years in terms of their uptake, eligibility and cost so that appropriate bids can be developed in advance of the next comprehensive spending review period.

Chapter 4: Truth, Justice and Acknowledgement

4.1. Introduction

4.1.1. For victims and survivors of the Troubles, Truth, Justice and Acknowledgement are intense matters concerning their personal experience of violation, loss and indignity. This is a fundamental Area of Need for victims and the most contentious. It concerns the victim's sense of place in a society that can seem eager to get back to normality. It concerns the victim's relationship with those who hurt them in ways that were brutal and deep. For ageing victims and survivors, especially, these are urgent matters that do not allow for the luxury of time. Truth, Justice and Acknowledgement are important to the health and integrity of our whole society and its future.

4.1.2. In June 2010, the Commission submitted advice to Government on dealing with the past in a manner which would promote the interests of victims and survivors. In our view, a comprehensive approach to the past needed to work within four dimensions:

i. Agreeing a civic vision for dealing with the past based upon the need to consolidate peace and promote reconciliation;

ii. Attending to the health and social needs of victims and survivors;

iii. Ensuring that victims have access to justice and that society is informed by truth; and

iv. Addressing the impact of the past on the citizens and communities of today.

4.1.3. For the purpose of the Comprehensive Needs Assessment, this chapter is concerned with the third dimension: 'Truth, Justice and Acknowledgement' as a particular Area of Need for victims. In this regard, we are primarily concerned to identify points of significance for the work of the new Victims and Survivors Service. We also limit ourselves to a consideration of the support required by victims involved with historical investigations and information recovery, rather than the wider context of truth seeking and acknowledgement in our society. We begin with consideration of the meaning of truth, justice and acknowledgement in the context of Northern Ireland in 2012. We then offer our assessment of the current state of relevant services with reference to research undertaken on behalf of the Commission. We identify a number of development issues before concluding with some recommendations.

4.2. Description

Justice

4.2.1. The pursuit of justice on behalf of victims and survivors revolves around three core questions:

- What happened?
- Who was responsible?
- How can they be held to account?

4.2.2. With regard to the criminal justice system, victims need reassurance. They need to know whether there was a proper investigation of the crime committed against them or their loved one. If there was no proper investigation they need to know whether it is possible for one to be undertaken now. If it is, they need to know that such an investigation is rigorous and competently undertaken. If investigation is not feasible, victims need to trust the word of the person or authority who tells them so. For most, at this stage, there is little chance of anyone being brought before a court and convicted. But, as they move on, victims need to see the justice system doing what it can to right historical failings regarding the investigation or non-investigation of serious crime.

4.2.3. However, since historical investigations are limited solely to killings, the much greater number of crimes relating to the Troubles is set to remain unsolved and largely unexplained. Thus, the seriously injured and the traumatised are unlikely to achieve anything more from the justice system.

4.2.4. The investigation or review of historical killings is being conducted by the statutory services which are set out below. Beyond the formal, retributive justice system, two alternative concepts of justice have gained some currency in the Northern Ireland context.

Firstly, Transitional Justice refers to a range of practices adopted across the world in societies emerging from violent conflict. It endeavours to confront widespread abuses while at the same time enabling former protagonists to make the transition to peace and stability. Transitional Justice practices are marked by a degree of pragmatism which enables principles of justice to be upheld while at the same time adapting the justice system to a post-conflict context.

In 2004 the Security Council of the United Nations adopted a definition of Transitional Justice as comprising,

> " *the full range of processes and mechanisms associated with a society's attempts to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation. These may include both judicial and non-judicial mechanisms, with differing levels of international involvement (or none at all) and individual prosecutions, reparations, truth seeking, institutional reform, vetting and dismissals, or a combination thereof ".*[86]

4.2.5. Secondly, Restorative Justice affirms the importance of empowering the victim; engaging the support of the community in holding the offender to account; enabling the offender to make reparation and, ultimately, restoring relationships shattered or damaged by wrongdoing. Like Transitional Justice, Restorative Justice is practised across the world. In Northern Ireland restorative practices have operated within Youth Justice for some years. They have also been developing at grassroots community level, within schools and in family work and in public sector organisations.

4.2.6. There is a body of opinion that believes the principles and methods of Transitional and Restorative Justice have potential in relation to dealing with the past here. Transitional Justice asks how justice can be done in a way that enables a society to continue moving away from destructive patterns of conflict. Restorative justice asks how justice can be done in a way that addresses the relationships that have been violated or destroyed by crime.

Truth

4.2.7. The term 'Information Recovery' is often used to describe efforts to provide information about the circumstances of Troubles-related deaths. The Historical Enquiries Team (HET) has provided many families with a narrative of the death of a loved one. Some families have been disturbed by such information while others have a sense of completion.

4.2.8. However, information about violent and outrageous acts, while being valuable, can stimulate and renew a sense of violation and outrage. Beyond the victim's family, to the watching public, the revelation of the stark facts of the past can irritate old wounds and stir latent enmity in a society still vulnerable to division and conflict. Furthermore, the context that often applied to situations 20 to 40 years ago is not always fully understood when viewed through a twenty-first century lens.

4.2.9. 'Truth' is more than the provision of factual information. It values facts and information but seeks to go further and deeper – examining mindsets and motivations; exploring causes and consequences and developing deeper insight

[86] UN Security Council (2004) The Rule of Law and Transitional Justice in Conflict and Post Conflict Societies: Report of the Secretary General. S/2004/616. New York: United Nations.

about the impact of violence on the human beings involved.

Acknowledgement

4.2.10. Recognition occurs when the victim feels understood by others, especially in relation to their experience and its consequences. Acknowledgement is a process or action which enables recognition of the victim to find expression. In our advice to Government in June, 2010 the Commission described 'acknowledgement' in these terms:

> *"Acknowledgement occurs when the actions of others are informed by recognition of who the victim and survivor really is. Acknowledgement is the working out of recognition in the everyday lives of victims. A society that truly knows and understands the victims and survivors of its own conflict develops sufficient insight to orientate services and make provision for its stricken citizens."*[87]

4.2.11. Contrary to popular understanding, neither recognition nor acknowledgement necessarily involves legitimising the person concerned. This is crucially important in the Northern Ireland situation, where engaging with 'the other' can threaten to undermine a person's integrity. One may recognise how a person views themselves without actually agreeing with that view.

The Northern Ireland Context 2012

4.2.12. It is three years since the Consultative Group on the Past published its report, which did not receive political consensus. The Secretary of State, Owen Paterson, has repeatedly observed that an agreed approach to the past must come from within Northern Ireland. While responsibility for the past is a reserved matter for which the British Government is responsible, the power to take action has been devolved.

4.2.13. In October, 2011, the Northern Ireland Assembly debated an Alliance Party motion which called on the Secretary of State to convene talks between the political parties to broker an agreement on how to deal with the legacy of the past. While the Assembly debate followed predictable lines it was possible to discern a number of themes which could usefully inform efforts to develop political dialogue:

- Safeguarding each party's sense of integrity;
- Differences over the causes of violence;
- Hurt and suffering;

[87] Commission for Victims and Survivors (2010c) *Dealing with the Past*, June

- Justice and Truth; and

- Recognition and Acknowledgement.

4.2.14. Meanwhile, within the Unionist tradition there is a sense that the past has become an uneven playing field where history is being re-written and there is little being done to hold republicans to account in the same way as the forces of the State. Within the Nationalist tradition there is suspicion about arrangements for dealing with the past and a belief that the British Government will protect the State and its agents from being held accountable. However, within the victims sector and beyond, there is a range of grassroots projects which are building with sensitivity the potential for community-based approaches to truth, justice and acknowledgement.

4.2.15. The Victims Commission intends to take cognizance of such projects during 2012 with a view to advising Government on their strategic implications in the years ahead. The rest of this chapter considers the range of statutory and voluntary and community sector based services that are engaged in the work of historical investigations and information recovery.

4.3. Services

The Statutory Sector

The Historical Enquiries Team (HET)

4.3.1. The HET is a special investigative unit which operates independently of the PSNI but reports to the Assistant Chief Constable of Crime Operations and is responsible to the Chief Constable. It was established in 2005 to re-examine all deaths in Northern Ireland which can be directly attributed to the security situation between 1968 and 1998, which equates to 3,259 deaths.

4.3.2. The Northern Ireland Office originally provided the HET with a budget of £30 million to establish the team and undertake enquiries. In 2010 the Department of Justice awarded a further £13 million to extend the work of HET for an additional three years to ensure all cases were reviewed.

4.3.3. HET provides families who engage with the process with a review summary report which summarises in writing the circumstances of the death, details of the investigations which have taken place, including any further HET investigations and seeks to answer families' questions.

The Office of the Police Ombudsman for Northern Ireland

4.3.4. The Office of the Police Ombudsman for Northern Ireland (OPONI) is constituted and operated independently of the Northern Ireland Office, the Northern Ireland Policing Board and the PSNI. The duty of the office is to investigate current complaints against the PSNI and to investigate serious allegations of police wrongdoing during the period 1968 to 1998. OPONI currently has 127 historic cases relating to 137 victims of the conflict.

4.3.5. Following a report of the Criminal Justice Inspectorate which raised a series of concerns over OPONI's handling of historical cases, investigations into these cases were suspended and it is not yet known when they will recommence.

The Police Service of Northern Ireland

4.3.6. The Police Service of Northern Ireland (PSNI) undertakes investigation of historical cases if HET uncover new evidential opportunities. Such cases are treated as new investigations and are re-investigated from the beginning. The PSNI is currently investigating 137 historical cases, of which 80 are linked to HET cases.

The Coroner's Service

4.3.7. The Coroner's Service is a branch of the Northern Ireland Courts Service and deals with matters relating to deaths that may require further investigation to establish the cause of a death and circumstances surrounding it. Case law in respect of inquests into conflict-related deaths in Northern Ireland continues to evolve in respect of the compliance with European legislation, specifically around Article 2 of the European Convention on Human Rights and the scope of Coroner's investigations.

4.3.8. Over the last year, the Attorney General has directed new inquests into a number of conflict related deaths following applications from bereaved families. Currently the Service has a caseload of 29 inquests relating to 50 conflict related deaths.

The Public Prosecution Service

4.3.9. The Public Prosecution Service (PPS) has the role of assessing material collected during an investigation to ascertain whether sufficient evidence exists to pursue prosecution. Conflict- related cases may be referred from the PSNI, Police Ombudsman and Tribunals of Inquiry for examination. To date, only a small number of referrals in respect of conflict-related cases have been referred to the PPS.

The Criminal Cases Review Commission

4.3.10. The Criminal Cases Review Commission (CCRC) is an independent public body, operating throughout the United Kingdom set up to investigate possible miscarriages of justice. The Commission will review the cases of those who feel they have

been wrongly convicted or unfairly sentenced and consider whether new evidence or arguments may cast doubt on the safety of that original decision. It assesses whether convictions or sentences should be referred to a court of appeal and this includes those people in Northern Ireland who have been sentenced for offences relating to the conflict.

4.3.11. Of the 31 convictions for conflict-related offences referred to CCRC, convictions have been quashed or sentences amended in 23 cases, in two convictions have been upheld and the remaining six are still under consideration. CCRC is included here since the re-examination and/or quashing of a conviction in a conflict-related death is likely to impact on the family of the deceased person.

The Independent Commission for the Location of Victims' Remains

4.3.12. The Independent Commission for the Location of Victims Remains (ICLVR) was established in 1999 by an intergovernmental agreement by the British and Irish Governments and by legislation enacted in the two jurisdictions. Its purpose is to obtain information in confidentiality which may lead to the location of the remains of victims of the conflict, the disappeared, who were murdered and buried in secret.

4.3.13. There are sixteen people who have been listed as "disappeared" and to date the ICLVR has located the remains of 9 of those individuals. All information the ICLVR receives is privileged: it cannot be passed on to other agencies or used in a court of law; it can only be used to locate the remains of the disappeared.

The Community and Voluntary Sector

4.3.14. CVSNI commissioned the Northern Ireland Social Research Agency (NISRA) in March 2011 to carry out a survey to help establish the level of current service provision in the community and voluntary sector in relation to services provided for Victims and Survivors.[88] During April and May 2011 NISRA contacted 89 identified groups to participate in this survey: 61 organisations completed the survey, with 33 in receipt of CRC funding and a further 22 in receipt of PEACE III funding, the remainder being funded from other sources.

4.3.15. The survey revealed that 48 groups or 79% of those groups surveyed deliver services that can be defined as truth, justice and acknowledgement services. The survey would, therefore, indicate that quite a substantial amount of services are being provided through the Community and Voluntary sector in relation to truth, justice and acknowledgement.

4.3.16. Of the groups surveyed, 75% indicated that they each had over 100 clients availing of the services that they currently provide. A conservative estimate would be that

[88] Commission for Victims and Survivors (2011b) *Analysis of Current Service Providers*, CVSNI.

across the 61 groups surveyed, over 7,000 people are currently availing of all the services provided.

Analysis of Current Funding

4.3.17. The main funding streams currently provided for truth, justice and acknowledgement services are by the Community Relations Council's (CRC) Strategic Support Fund (SSF) and Development Grant Scheme (DGS) and through the PEACE III Programme. The activities funded are diverse and eligible activities include services that relate to truth recovery/truth telling and justice work, advocacy and campaigning work, remembrance, storytelling and archiving services and cultural diversity work. The services funded are provided by the community and voluntary sector.

4.3.18. CRC is currently administering an eighteen month Strategic Support Fund between October 2010 and March 2012. 48 Victims and Survivors Groups have been successful in attracting funding from this Fund to the value of £8.17million. Awards within the SSF programme are divided between the core staff and running costs and the programme activities of the work plans. The overall expenditure in relation to core staff and running costs for the Strategic Support Fund for the 12 months between April 2011 and March 2012 are as follows:

Table 10: Salaries and running costs in relation to SSF

Service Category	Total £
Core Staff Salaries	£4,033,810.43
Running Costs	£872,032.35
Total	**£4,905,842.78**

4.3.19. It should be noted that the majority of core staff salaries are for positions that are involved mainly in service delivery. For example, programme managers, co-ordinators and advice workers are included here alongside administrative positions. The people in these positions would be involved in providing advocacy and other related services to Victims and Survivors.

4.3.20. Table 11 below illustrates the amounts awarded to the programme activities of the work-plans presented in relation to the areas of need identified.

Table 11: Amount Awarded to Programme Activities

Service Category	Total £
Mental Health and Well-being	744,112.52 (43%)
Personal and Professional Development	360,586.43 (21%)
Social Support	261, 153.80(15%)
Truth, Justice and Acknowledgement	164,756.00 (9%)
Trans-generational and Young People	158,746.00 (9%)
Organisational Development	54,103.00 (3%)
TOTAL	**£1,743,457.75**

4.3.21. The amounts of funding awarded to these areas are for programmes of activity. Initial observations would indicate that these amounts are relatively small in comparison to the amounts awarded to Core Staff Salaries and Running Costs as detailed in Table 10 above. However, these programmes are run by and alongside those in the salaried positions.

4.3.22. Table 11 reflects that 9% or almost £165,000 has been awarded to activities for Truth, Justice and Acknowledgement to 16 different groups. Table 12 below provides a breakdown of this funding:

Table 12: Group Programme funding for Truth, Justice and Acknowledgement

Group	Total Funding £
Wave (Belfast)	53,513
NIAMH	28,200
Ashton Centre	14,575
HURT	10,950
Ely Centre	9,500
Firinne	8,420
Cunamh	5,500
Wave (Omagh)	5,248
Survivors Of Trauma	5,000
Omagh Support and Self Help Group	4,900
West Tyrone Voice	4,500
REACT	4,040
Relatives For Justice	4,000
VAST	3,460
Peace Factory	1,850
Wider Circle	1,100
TOTAL	**£164, 756**

4.3.23. This funding supports a range of activities from funding conferences, the running costs of a regional office to provide support and guidance to assisting individuals and families with specialised legal advice for those interacting with statutory bodies tasked with a truth and justice remit. It also provides funding for storytelling projects and remembrance events.

4.3.24. The groups have identified a number benefits and impacts of this funding to date. In their progress reports groups have stated that the activities and events conducted in the Truth, Justice and Acknowledgement sphere have provided a positive forum within which victims and survivors were able to discuss their experiences and have provided the means by which individuals can seek to recover information about their

loss and trauma, thereby aiding and contributing to the wider truth recovery and healing process. Storytelling activities and events have permitted victims and survivors to discuss their experiences, with groups advising that benefits have been provided at both individual and societal level, through the recording and documenting of individual experiences. This is reported to have assisted in addressing some of the outstanding truth and justice issues and has helped individuals move towards dealing with the legacy of the past.

4.3.25. The Development Grants Scheme, also administered by CRC, provides small scale funding to groups for programmes and events that may include activities such as storytelling, remembrance events and cultural diversity work. The scheme in total administered £486,894 in the last 12 months to 50 groups.

4.3.26. The PEACE III Programme makes a significant amount of funding available to Victims and Survivors groups through the Theme 1.2 Acknowledging and Dealing with the Past. From 2007-2013 up to €50million are available for activities across three separate themes that address the past in public memory, support participation and secure the future. Table 13 below presents the current situation in relation to the status of the theme as of December 2011:

Table 13: Current status of Theme 1.2

Theme 1.2 – Acknowledging and Dealing with the Past	
Value of Theme	€50,000,000.00
Projects Approved/LoO Issued	58
Value Committed to date	€24,211,306.85
Expenditure to date	€18,787,883.51
% committed to date	48.42%
% Expenditure against allocation to date	37.57%

4.3.27. Projects supported under this theme are implemented by victims and survivor groups and eligible activities include advice services, advocacy services, remembrance and storytelling activities and events.

4.3.28. These projects are currently coming to the end of their three year life cycle and will all end in 2011. The PEACE III Programme is administered in two three year tranches, 2009-2011 and 2012-2014. The theme opened for new applications during 2011 and these are currently being assessed. It is expected that new Letters of Offer will be issued in early 2012 to those successful applicants for projects to operate between

2012 and 2014 and the Programme will then close in 2015. The remaining 50% of the Value of Theme 1.2 is expected to be committed in this funding round.

4.3.29. Overall, in relation to Theme 1.2 projects to date, the Programme indicators show that almost 2,500 people have received trauma counselling, almost 4,000 individuals attended conflict resolution workshops and just less than 5,000 participants attended events for victims and survivors.

4.3.30. The key question to be addressed within this CNA is, should this level of activity and services that are currently being provided for victims and survivors in relation to truth, justice and acknowledgement continue to be delivered and at what level? In order to answer this question the Commission decided to undertake specific research into the services provided by the community and voluntary sector in relation to truth, justice and acknowledgement specifically in relation to historical investigation and information recovery.

The findings of the Historical Investigations and Information Recovery Research[89]

4.3.31. In relation to the statutory provision of services for Truth, Justice and Acknowledgement, the Department of Justice has statutory responsibility for most of the areas that provide services in relation to truth and justice. In addition to its statutory functions, the Department provides resources and a legislative framework for its agencies and arms length bodies (which constitute most of the justice system in Northern Ireland). Together with these organisations the department is responsible for ensuring there is a fair and effective justice system in Northern Ireland and for increasing public confidence in that system.

4.3.32. At the time of publication, statutory organisations are dealing with 2,883 cases which are linked to the conflict or termed historical or legacy cases. One case may relate to multiple deaths. Table 14 below presents the number of cases that each organisation is currently dealing with.

[89] Commission for Victims and Survivors (2012a) *Research on Historical Investigations and Information Recovery,* Deliotte

Table 14: Number of historical cases currently live with Organisations

Organisation	Cases	%
HET	2,559	89
OPONI	127	4
PSNI	137	5
Coroners Service	29	1
CCRC	31	1
Total	**2,883**	**100**

4.3.33. With over 3,000 deaths linked to these cases (a case may be in relation to a multiple number of deaths). The 2,559 HET cases are in relation to 3,259 deaths. There are over 3,000 families who have been or are being processed by these organisations. During 2011, CVSNI carried out specific research in relation to such families. (This research is due to be published in March 2012). In relation to the organisations listed above the researchers examined victims' and survivors' experiences of working through the investigative and information recovery processes. In particular, the researchers examined the families' expectations, communications between the organisations and families, the timescales involved, the support available and any practical issues that arose.

4.3.34. In relation to the HET, the researchers found a range of reactions from participants. The majority were satisfied with how they were served, referring to the professionalism, courtesy and empathy of the HET team. This was demonstrated in how the team spoke with them, listened to them and took an interest in their emotional state. On the other hand concerns were also voiced in relation to HET personnel showing lack of sympathy or caring for the position of the family. There was also unease about the independence of the process. A range of views were expressed in relation to the outcome of the process. Several participants spoke about the HET report being helpful in terms of having all the evidence written down in one place and one participant commented that the process, "gave me more after all those years knowing that someone had listened to me and tried to answer some of the questions. It brought me a sense of acknowledgement."[90] Others were not satisfied with the content of their final reports and stated that they were left with more questions than answers and felt that they were still waiting for the truth. For some,

[90] Commission for Victims and Survivors (2012) *Research on Historical Investigations and Information Recovery,* Deliotte, P65, CVSNI.

the process did not go far enough with families wanting convictions.

4.3.35. In relation to OPONI, the majority of those who had been through the process were generally satisfied. However, there was a marked difference between the first and second Ombudsman in terms of communication and satisfaction. The process was a lot longer than most people had expected but the report in the end was considered to be useful.

4.3.36. Participants undergoing the processes of the Coroner's court had become disillusioned with the length of time the processes had taken. Participants expressed concern in relation to justice ever being done or before they passed away. They felt that the Coroner himself was sympathetic. However, participants also perceived that the PSNI and MOD displayed a lack of respect in relation to the Coroner's Service as proceedings were frequently postponed.

4.3.37. Similar criticisms were made in relation to the PSNI's processes and in particular to communication. Families indicated that they felt they were not kept up to date with progress in the case. There was also a lack of information over why cases passed from the HET to the PSNI. There was a sense of mistrust that the PSNI would conduct a thorough investigation and get to the truth of what happened.

4.3.38. Outside of the statutory sector, activities to support families and individuals through historical investigation and information recovery services are provided through a number of community and voluntary groups or non-governmental organisations (NGOs). The research examined the work of six of these groups funded either through the SSF or PEACE III Programmes and identified a number of issues.

4.3.39. A key observation from the NGOs was that individuals and families proceeding through the historical process will not have the same needs. Some families will need emotional support (e.g. counselling, social support), help around legal or advocacy work (e.g. access to a solicitor, or help with understanding the process, or understanding what questions to ask), other practical support (e.g. support with sending a letter or email), while others may not need any support at all. The idea of a package of support, if needed, emerged from these consultations.

4.3.40. Organisations also described the support to families as "voluntary" in nature: individuals and families should be able to access the support if they needed it but not to force it upon people who did not want to avail of it. The voluntary nature of the relationship was often demonstrated in families or individuals turning up at the NGO's office or phoning them to ask for help. Awareness of the NGOs could be through word of mouth within the community, from others who had been supported or from the wider profile of the NGO through the media. NGOs profile their services online and via newsletters, leaflets and conferences.

4.3.41. Each of the NGOs spoke about their relationship with victims and survivors and the importance of trust. NGO's considered themselves to be the "trusted ear" of families. NGOs reported that some victims and survivors had difficulty trusting the State and its agencies. Such mistrust was often deeply embedded. While the NGOs might not seek to resolve this issue, they would be supportive to the victim or survivor if they wanted to engage with the statutory agency but had insufficient confidence or capacity to do so on their own.

4.3.42. A number of the NGO staff had been through these processes themselves and so had first-hand experience and knowledge. This assisted in building trust and relationships with victims and survivors. However, it was deemed important for organisations and individuals to draw professional boundaries between their role and their personal background.

4.3.43. The researchers observed that there was some alignment of NGOs with victims or survivors from one tradition or another. This was observed in discussions with NGO representatives and was also acknowledged indirectly by some NGOs in discussing why they were formed. This suggests that certain victims and survivors will be more likely to access services from certain groups, depending on factors such as whether the deceased was a member of the security forces, a paramilitary group and, to a lesser degree, by religious background.

4.3.44. A major finding of the research is that victims and survivors engaging with these processes found themselves with different levels of need. The research supports a widely held view that each bereaved victim is unique in how they react to the violent death of a loved one. With this core finding in mind it is recognised that a one-size-fits-all approach to supporting an individual or a family who are going through an historical investigation would not be appropriate.

4.3.45. The case studies with victims and survivors provided a mechanism for direct engagement with individuals and families going through the processes who articulated their needs in relation to truth, justice and acknowledgment. In terms of truth, participants spoke about wanting answers to questions they had had for years, including the question of who killed their father or brother. There was an appreciation of the opportunity to ask questions which the process would seek to answer. The gathering of facts and the description of what happened to a loved one was valued, indeed even by some who could not bring themselves to read it.

4.3.46. A minority of those interviewed explicitly spoke about getting justice. They spoke of fighting to get the perpetrator to go through due process for what they had done and for the perpetrator to have to face a court. It was understood that this was one end of a spectrum in terms of outcomes that can be achieved. Of those seeking justice, some recognised that the current processes may struggle to deliver it.

4.3.47. In terms of acknowledgement, families and individuals appreciated that effort was being applied to examine the case. Some had reconciled themselves to this never happening, so someone taking the time to do so after all these years was unexpected and welcomed. Others valued the facts surrounding the case of their deceased family member being written down in an "official" report. Individuals spoke about the process helping the family remember, speak about it and acknowledge their deceased relative.

4.4. Development

4.4.1. Our research on truth, justice and acknowledgement has identified a number of substantial challenges facing the statutory and community services for victims and survivors in this area.

4.4.2. At a basic level, the sheer volume of cases and complex nature of investigations has led to delays. The HET has had to be extended as it became evident that the original timeframe to complete the 2,559 cases was not achievable. Similarly, OPONI has experienced delays and due to the recommendations of the Criminal Justice Inspectorate Report in September 2011 has now suspended its historical investigations, with no date as yet known for recommencing them. The inquest hearings going through the Coroners Service have also proved to be slow, due largely to difficulties in getting access to information and to witnesses.

4.4.3. Indeed, the nature of many historical cases means that there are difficulties in accessing information and witnesses given that quite a long time may have elapsed since the events took place. In addition, the investigations are sometimes complicated by inter-related deaths, leading to further delays to the process. It has been the experience of victims and survivors that inter-agency work between the statutory agencies has been slow and has led to delays in the process.

4.4.4. The research also found that there is a major challenge for the processes to be demonstrably independent and for careful management of perceived conflicts of interest. This is critical in regard to conflict related deaths linked to the police and army. Additionally, the statutory providers have found communication challenging for example, knowing when and how best to engage with families and how often. The communication issue is complex given the varying levels of trust families have in the process and their levels of expectations.

4.4.5. In relation to the needs of victims and survivors it is clear from the research that a range of needs have been identified and that a single blanket approach will not suffice. Currently a spectrum of support exists for individuals who are engaged with historical investigations and information recovery. This support can be from family members and friends, directly from the service provider, from solicitors, from the Commission or from the range of organisations in the community and voluntary

sector.

4.4.6. In relation to the statutory organisations, the research concluded that there were some examples of good practice regarding support to individuals and families. For example, a tailored approach to each case was seen as positive, in allowing the family concerned to choose how they wanted to be communicated with throughout the process, ranging from not participating at all to being given regular updates on progress. The personal touch was also seen as important. Positive observations were made about the first Police Ombudsman because she came across as very empathic and contacted the families herself. Similar praise was also given to HET officers. This approach created trust, rapport and confidence in the services being provided. Providing encouragement to the families to ask questions and the role of the family liaison officers were also identified as positive steps in the process.

4.4.7. In identifying shortcomings in the process, families reported that signposting by statutory agencies to other support services was not sufficient. Generally, families felt the onus was on them to seek out support as is demonstrated in the numbers who seek help from NGOs. Families also identified inconsistent communication as a shortcoming of the organisations. Whether this was in relation to the gaps in communication caused by delays or the medium of communication being insensitive or the constant changes in the personnel with whom they were dealing. These issues led to a certain amount of frustration for victims and survivors with the processes.

4.4.8. In relation to the NGOs the support that is available to families who are going through these processes includes social and emotional support (providing access to befriending, counselling and therapeutic services), practical support around communications (assistance in making a call or composing a letter or email), advice in relation to the process (explaining the process, awareness raising, information on legal matters), advice in relation to what questions may be useful to ask and accompanying and attending critical meetings along with the family.

4.4.9. The participants in the research clearly valued the services provided by the NGOs. It helped that the NGOs had a clear understanding of the processes and could advise the families accordingly, particularly in relation to the type of questions to ask. Others felt that the NGO's gave the case a profile which was helpful in putting the focus on the investigation.

4.4.10. The researchers commented that individuals and families were more involved as a result of NGO support. Some families may not have participated without the support of the NGOs. In terms of the bigger picture of addressing the past, participation of individuals and families would appear to be a more desired outcome to the process

4.4.11. The research indicated that NGOs who participated in this study are at quite different levels of skills, experience, scale and breadth of capabilities. Clearly, families' experiences are linked to the competence level of the NGO with whom they

choose to work. The recent Criminal Justice Inspectorate report, "An Inspection of the Care and Treatment of Victims and Witnesses" acknowledged the emotional and practical support provided by NGOs and recognised the need for voluntary and community sector advocacy to address the needs of victims.[91] This confirms the value that the NGOs in the Victims and Survivors can bring to the process, that they are providing an essential service to individuals and families and that this service needs to continue in future.

4.4.12. The Commission has recognised the importance of the service the NGOs provide, but is aware of different levels of skills, experience, and capacity. The Commission has begun to address this issue by providing advice on standards and principles in this Area of Need. However, further work is required to provide consistency of service to all victims and survivors seeking this help. The new Victims and Survivors Service will provide an opportunity to address this issue in the next two to three years.

4.4.13. The Commission notes the Joint Submission by the Committee on the Administration of Justice and the Pat Finucane Centre in February 2012 to the Council of Ministers of Europe. This submission relates to the State's duty to ensure investigations into conflict-related deaths are in compliance with Article 2 of the ECHR.[92] The submission contends that it is premature to close examination of the issues because of a number of concerns that have been raised in relation to the HET and OPONI. The Commission will monitor the response of government and the Council of Ministers in the coming months and will respond as appropriate.

4.4.14. The Commission notes with concern that the historical investigations within the Office of the Police Ombudsman have been suspended as a result of a critical report by the Criminal Justice Inspectorate. We will continue to liaise with victims and survivors, OPONI, the Department of Justice and CJINI in pursuing a recommencement of investigations as soon as possible. However, the CJI's challenge about the independence of OPONI is also significant. The Commission will monitor developments at OPONI in response to the CJI report and engage with the Justice Minister accordingly.

4.4.15. The Commission is concerned that a number of conflict-related deaths attributed to the Police are considered by OPONI to be outside of their remit to investigate because a previous investigation may have taken place. Our concern is rooted in the fact that around 50 families who were bereaved and could reasonably have expected to have a HET review or OPONI investigation of their loved-ones deaths, will not now have access to an investigation or information recovery as the law stands. We will continue to press the Minister for Justice to address this anomaly in the legislation

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[91] Criminal Justice Inspectorate Northern Ireland (2011) *An Inspection of the Care and Treatment of Victims and Witnesses*, CJINI.

[92] http://www.caj.org.uk/files/2011/03/11/S296_CAJ_PFC_Submission_to_the_Committee_of_Ministers_February_2011.pdf

and ensure that all families have access to these processes.

4.4.16. In June 2010 the Commission set out comprehensively its advice to Government on "Dealing with the Past"[93]. This paper has focused on one area of that advice, namely truth and justice. The services currently in place to deliver historical investigations and information recovery are a significant part of acknowledging and dealing with the past. The issues and processes involved are complex and in some cases lengthy and expensive. While the combination of services provided will never meet all the expectations of all victims and survivors, it is fair to conclude that the current arrangements are struggling to undertake the cases assigned to them. There is an urgent need to consider how realistic their current timelines, resource arrangements and processes are. Both the Commission and the Consultative Group on the Past have advocated a more comprehensive approach by Government to deaing with the past and based on the current evidence provided by reviewing these processes, it would indicate that the need for a more comprehensive approach to dealing with the past is still required. The Commission urges all parties to the talks process to engage in a spirit of seeking resolution for victims and survivors to difficult matters.

4.4.17. The Commission believes that any processes designed to deal with the past need to have the support and input of many stakeholders if they are to be successful in delivering truth, justice and acknowledgement for families. Dialogue in addition to what is being undertaken in respect of political parties should be broadened to include Republicans, Loyalists, agencies of the state and victims and survivors to examine what level of co-operation and participation is realistic and achievable and what outcomes can be met. Unless all parties to the conflict subscribe to a process or processes designed to deal with the past, it cannot succeed in meeting the needs of victims and survivors. We reiterate our analysis in the "Northern Ireland Context" section above.

4.5. Recommendations

4.5.1. Based on the research recently undertaken by the Commission on the experiences of individuals and families, and in line with the recent Criminal Justice Inspectorate report *An Inspection of the Care and Treatment of Victims and Witnesses*, the Commission recommends that historical investigations and information recovery services should take steps to improve customer care and understanding. There is a need to bring the concerns of victims and survivors closer to the heart of the overall approach, particularly to front-line service delivery. There is also a need for better inter-agency work to shorten the timeframes involved in accessing information from other service providers.

4.5.2. The Commission recommends that the Victims and Survivors Service which

[93] Commission for Victims and Survivors (2010c) *Dealing with the Past,* CVSNI.

commences operations in April 2012 should develop memoranda of understanding with the statutory historical investigation and information recovery bodies so that a uniform referral system can be put in place across all agencies. This will allow the assessed needs of victims and survivors to be met in a focussed and consistent way around areas of advocacy, social support and health and well-being.

4.5.3. The evidence presented in this paper also points to the important role of community and voluntary sector organisations working alongside the statutory services. The Commission recommends that families and individuals who are engaging with statutory agencies be offered access to independent support services while they are participating in these processes.

4.5.4. Our research has identified the inconsistent development of NGOs providing support to victims and survivors seeking truth, justice and acknowledgement. There is also a tendency among numbers of victims to use the services of organisations identified with one or other tradition. Therefore, the Commission has a concern that currently victims and survivors may not have access to, or receive, a consistent quality of service. We recommend that the Victims Service take steps to support good practice development across all relevant voluntary/community organisations. In this regard, reference could usefully be made to the Memorandum of Understanding between the Department of Justice and Victim Support Northern Ireland.

4.5.5. Therefore, the Commission recommends that the new Victims Service makes specific funding available for those groups who wish to provide support or advocacy in this Area of Need as an eligible activity of the Support Programme. (The Support Programme is outlined in detail in Chapter 2 Social Support). However, further work needs to be carried out in relation to defining the scope of support and establishing benchmarks for good practice.

Chapter 5: Welfare Support

5.1. Description

5.1.1. The CNA Phase I Report defined welfare support as:

> *The provision of services, advice and information in relation to accessing the various benefits that are available through statutory provision in Northern Ireland.*[94]

5.1.2. In terms of welfare support offered to individuals within Northern Ireland, a comprehensive service is currently available to the wider public through statutory provision and the Department for Social Development (DSD) have the remit to provide these services. Within this context, the Social Security Agency provide a comprehensive range of welfare support through the delivery of a broad range of benefits and allowances.

5.1.3. Services such as those delivered by the Citizens Advice Bureau (CAB) and other organisations and groups through Advice NI, offer free advice in areas relating to money, family, daily life and rights. In terms of the Victims and Survivors Sector, a number of victims groups also provide advice and support to individuals in relation to welfare. Given the unique circumstances of victims and survivors, there are also a number of individuals who choose to access welfare support advice from victims and survivors groups as opposed to sharing their personal details with strangers. This is largely driven by issues relating to levels of confidence and trust.

5.1.4. The importance of welfare support and the need to ensure that relevant support is available to those citizens who require help is reinforced by Governments ongoing commitment to promoting benefit uptake. This is aimed at ensuring that the people of Northern Ireland receive the financial assistance and services to which they are entitled.[95]

5.1.5. In August 2010 the CAB was awarded a new contract by Government to encourage increased benefits uptake for vulnerable people in Northern Ireland. This programme helped vulnerable people identify and claim £3.7 million in annual benefits and arrears. The Citizens Advice Bureau Chief Executive commented that:

> *This money which will be spent locally in Northern Ireland and will help address the very real issues of poverty faced by some of the most*

[94] Commission for Victims and Survivors (2010a) *Comprehensive Needs Assessment, First Interim Report*, CVSNI September; Page 155

[95] http://www.dsdni.gov.uk/print/index/ssa/ssani-pbe-promoting-benefit-entitlement.htm 11/01/2012.

vulnerable in society.[96]

5.1.6. The current economic situation within Northern Ireland coupled with rising unemployment creates a greater reliance on welfare support for victims and survivors within the wider community. The timing and implementation of welfare reform together with the fragile state of the economy also presents a number of significant concerns for those who rely on the support provided through state benefits and allowances.

5.1.7. The needs of victims and survivors are wide and varying due to their differing circumstances. In many instances their normal progression through educational, training or employment paths may have been interrupted by many years of conflict. As a result of these acute circumstances, many victims and survivors have needed to turn to the welfare system for financial assistance.

5.2. Services

5.2.1. Welfare support services provided to victims and survivors are delivered by the following providers:

- Statutory Services;
- Community/Voluntary Services; and
- Other Service Providers.

Statutory Services

5.2.2. The Department for Social Development (DSD) has the statutory responsibility for providing services in relation to welfare support in Northern Ireland. Within this department the Social Security Agency (SSA) deliver the following main areas of business:

- Assess and pay social security benefits accurately and securely;
- Give advice and information about these benefits;
- Support people by helping them move closer to work;
- Processes benefit reviews and appeals;
- Prevent and detect benefit fraud, prosecute offenders and recover any

[96] Citizens Advice Bureau (2011) Annual Report and Statistics, 2011: 8.

benefit which has been paid incorrectly;

- Recover benefit which has been paid in compensation cases;
- Assess people's financial circumstances if they are applying for legal aid; and
- Provide services to clients in Great Britain on behalf of the Department for Work and Pensions (DWP).[97]

5.2.3. The Agency is responsible for the delivery of an extensive range of benefits and services to clients and delivers its services to the people of Northern Ireland, with a population of some 1.7m.

5.2.4. Tackling poverty is a key issue for Government in Northern Ireland. This has been included within the Northern Ireland Executive's draft Programme for Government (PfG) 2011-15 as a 'Key Commitment'. In particular, it includes a range of measures to tackle poverty and social exclusion.[98]

5.2.5. In attempting to deal with many of the related issues, the Social Security Agency (SSA) promotes a programme of benefit uptake, to ensure that people in Northern Ireland receive the financial assistance and services to which they are entitled. This programme is now in its seventh year and the main focus is currently on older people.

5.2.6. The 2011-12 Programme consists of four distinct strands and they are:

- Targeted exercises;
- Outreach to Older People;
- A province wide 'Advertising Campaign aimed at Older People; and
- An Innovation Fund of £250,000 (projects led by community /voluntary sector partners).

5.2.7. These targeted exercises will by their very nature have an impact on older people who are victims and survivors, given that they are concentrated on reaching out to those who may be entitled to Attendance Allowance, Carers Allowance and State Pension Credit.

5.2.8. The SSA also provide a range of leaflet publications which provide help and guidance into the following areas; Appeals and complaints, Disability and Caring for someone, Ill or Injured, Looking for work, Low income and Pensions and retirement planning.

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[97] Department for Social Development website: http://www.dsdni.gov.uk/index/ssa.htm January 2012.

[98] Northern Ireland Executive (2011) Draft Programme for Government [2011-15], 2011:37.

Community / Voluntary Services

5.2.9. The community and voluntary sectors offer a range of welfare support services to victims and survivors. The types of services offered range from financial advice through to information and guidance in relation to entitlement and making application for statutory benefits.

5.2.10. Previously, the Community Relations Council (CRC) provided funding to victims and survivors groups in order to facilitate the delivery of welfare support. In financial year 2011-12, a limited budget was made available by CRC for this specific programme of support. A number of groups continued to provide welfare support to their clients by delivering the services through the Social Support programmes. However, feedback from groups would indicate that the demand for such services has grown in 2010-11.

5.2.11. An example of this would be the provision of funding to assist Family support and Advice Officers to carry out their work with clients.

5.2.12. Previous research has reinforced the value of welfare support being delivered within the victims and survivors sector. This was previously illustrated in phase I of the CNA, with the following points being highlighted:

- Vulnerability and sensitivity of the sector;
- Individuals turn to groups within the community and voluntary sector whom they trust;
- Welfare support provided by groups is not restricted and can facilitate the onward referral of the client to other support programmes dependent on the individuals needs.[99]

Other Service Providers

5.2.13. There is a range of other organisations within Northern Ireland who provide welfare support such as Carers NI and Age NI. The following paragraphs provide a brief synopsis of the welfare support currently provided by Citizens Advice Bureau and Advice NI.

Citizens Advice Bureau (CAB)

5.2.14. The CAB is the largest charity in Northern Ireland, working against poverty. In recent years CAB in Northern Ireland has come through a period of considerable growth and development. Citizens Advice has pioneered the use of computers in advice work, implemented the accreditation of advice training, the development of outreach work

[99] Commission for Victims and Survivors (2010) – Comprehensive Needs Assessment, First Interim Report – September 2010, Page 159-160.

and the development of cross-border advice. In addition CAB represents at some 1,200 social security tribunals per year and is the largest single source of help for appellants in Northern Ireland.

5.2.15. In 2010-11, CAB reported that 90,055 clients sought advice and information throughout their offices in Northern Ireland. The number of associated client enquiries recorded over this 12 month period reached 202,373 which in turn resulted in 326,875 issues being dealt with by advisors.

5.2.16. Further information contained within the CAB Annual Report 2010-11 revealed a break-down of their areas of work as follows:

- Benefit queries are the single largest area of work and represent 55.8% of total issues, followed by;
- Debt at 19.8%; and
- *Employment at 6%.*[100]

5.2.17. Citizens Advice works in partnership with many different organisations to provide a comprehensive advice and information service. Their services in Northern Ireland are delivered through a Regional Office in Belfast, 28 local offices and 120 other outlets.

Advice NI

5.2.18. Advice NI is a membership organisation that exists to provide leadership, representation and support for independent advice organisations to facilitate the delivery of high quality sustainable advice service. Advice NI exists to provide its members with the capacity and tools to ensure the effective delivery of advice services.

5.2.19. Membership of Advice NI is normally for organisations that provide significant advice and information services to the public. Advice NI has over 65 member organisations operating throughout Northern Ireland and providing information and advocacy services to over 117,000 people each year dealing with almost 250,000 enquiries on an extensive range of matters including: social security, housing, debt, and consumer and employment issues.

[100] Citizens Advice Bureau (2011) Annual Report and Statistics, 2011: 35.

5.3. Developments

5.3.1. The main developments in the area of welfare support are related to the Governments current programme of Welfare Reform. This is not limited to Northern Ireland, but is taking place throughout the United Kingdom. The overall aim of Government is to achieve over £18 billion in cuts, savings and reforms to the Welfare budget. In Northern Ireland, Advice NI estimates that cuts will be as high as £600 million per annum.

5.3.2. In terms of the potential impact of welfare reforms on victims and survivors, WAVE Trauma Services carried out a process of consultation with their client group. A total of 50 clients attended the consultation events that were held in Armagh (2), Belfast and Omagh. The majority of clients who attended the events were in the age range of 40 to 50 years and most were in receipt of state benefits and allowances.[101] WAVE reported:

- A large proportion of victims and survivors of the Northern Ireland Troubles rely on state benefits or live in low income households;
- The majority of WAVE clients group who have been bereaved, injured or traumatised are in their 50's and 60's with long-term health problems.

5.3.3. In 2009, the Joseph Rowntree Foundation conducted research into monitoring poverty and social exclusion in Northern Ireland. The findings revealed a rise in worklessness being sharper in Northern Ireland (30% to 34%) than in Great Britain (25% to 27%). They further reported that:

The impact of the recession on employment appears more severe in Northern Ireland than Great Britain.[102]

5.3.4. Research published by the Institute for Fiscal Studies (IFS), and commissioned by the Law Centre of Northern Ireland (December 2010), shows how incomes will be affected across different regions. Whilst differences are not dramatic these reforms will reduce incomes in Northern Ireland by more than those in any other region of the UK except London.

5.3.5. James Browne, senior research economist at the Institute for Fiscal Studies and author of the new report, said

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[101] Creelman, A. (2011) *Welfare Reform and the effects on Victims and Survivors of the NI Conflict*. Welfare Advisor, WAVE Trauma Centre, December, 2011.

[102] Joseph Rowntree Foundation (2009) Monitoring poverty and social exclusion in Northern Ireland – New Policy Institute, September, 2009: 4

"Tax and benefit reforms to come into force over the next few years will reduce incomes in London and Northern Ireland by more than in other regions of the UK. London is particularly affected by the tax increases and cuts to housing benefit, while Northern Ireland contains relatively more Disability Living Allowance claimants and families with children, both of whom will see their benefits cut".[103]

5.3.6. The new Victims and Survivors Service will provide assistance for victims and survivors requiring welfare support services; this will build upon the good practice already established by service providers within the sector.

Welfare Reform

5.3.7. The following paragraphs will highlight some of the main changes which are currently proposed or underway as a result of the Welfare Reform Bill 2011. The Commission has identified a number of issues that will be relevant to victims and survivors in consideration of the current and future implementation of this Bill. These areas are therefore further examined below:

- Migration of Incapacity Benefit to Employment Support Allowance (ESA);
- Disability Living Allowance (DLA) moving to Personal Independence Payment (PIP);
- Changes to Housing Benefits;
- Changes to benefit up-rating;
- Changes to Winter Fuel Assistance and
- Abolition of Discretionary Social Fund.

Migration of Incapacity Benefit to Employment Support Allowance

5.3.8. Employment Support Allowance (ESA) replaced Incapacity Benefit for new claimants from October 2008. The original ESA test introduced in 2008 is reportedly more difficult to satisfy compared to incapacity benefit. Once someone passes the 'Work Capability Assessment' (WCA) and qualifies for ESA, those deemed to have potential to return to work have conditions imposed on them to continue to receive sickness benefit, and are placed in a "Work Related Activity Group." They have to attend a series of interviews with a personal adviser, discuss obstacles in rejoining

[103] Institute for Fiscal Studies (2010) Press Release Report – Northern Ireland to be hit more than average by tax and benefit changes, December 2010:1

the work force and are offered a number of work focused courses or advice to get back to work e.g. in pain management. Others who are deemed too unfit to work are placed in a "Support Group" with no conditions placed on them to continue to receive benefit.

5.3.9. The WCA is the main assessment for ESA claims and is made up of three different parts although not all clients will have all three assessments. When a claim for ESA is made the client has to complete a questionnaire about how their illness or disability affects their ability to complete everyday tasks. An approved healthcare professional will then consider the questionnaire and any medical evidence, along with any other information the client has provided. In most cases a claimant will be asked to attend a medical assessment to determine if they have limited capability for work.

5.3.10. Citizens Advice Bureau NI reported that their advisors are noting that the new WCA is more rigid than the previous Personal Capability Assessment and that clients with genuine disabilities are being judged as fit for work through the new WCA.[104] This is further evidenced by their colleagues in National Citizens Advice who published a report highlighting concerns in relation to the WCA for ESA. The report's main findings concern problems with each of the following aspects of the ESA assessment:

- Seriously ill people are inappropriately subjected to the WCA;
- The assessment does not effectively measure fitness for work and
- Application of the assessment is producing inappropriate outcomes.[105]

5.3.11. In February 2011, the Government began a process of migrating those receiving Incapacity Benefit, or Income Support on grounds of incapacity, Severe Disablement Allowance or who receive credits only Incapacity Benefit over to ESA. The revised stricter 'Work Capability Assessment' introduced in March 2010, affects all new and existing ESA claimants and existing Incapacity Benefit claimants migrating over to ESA from September 2011.

5.3.12. The WAVE Trauma Centre have indicated that large portions of their client group are in receipt of Incapacity Benefit due to injuries sustained in the Northern Ireland conflict. They further reported that these changes will have a major impact on them. The text used by government in explanatory material relating to these new schemes has also caused concern among many welfare advisors and disability charities, who

[104] Citizens Advice Bureau NI (2010) – CAB Evidence Briefing Report, Employment and Support Allowance, July 2010:21

[105] Citizens Advice Bureau (2010) - Not Working, CAB evidence on the ESA work capability assessment, NACAB, March 2010.

have described it as harsh.

5.3.13. In reinforcing the number of concerns relating to the proposed welfare reforms the Northern Ireland Welfare Reform Group (NIWRG), facilitated by the Law Review Centre, submitted a briefing to the House of Lords in July 2011, highlighting some of the impending adverse impacts on particular groups such as disabled people, lone parents, children, women and older people contained within the Welfare Reform Bill.[106]

5.3.14. An independent review of the Work Capability Assessment was launched by Government in June 2010 with Professor Malcolm Harrington being appointed to lead the review. Professor Harrington is an occupational health specialist and Professor Emeritus of Occupational Health at the University of Birmingham.

5.3.15. Professor Harrington published his first review in November 2010. He found that the system was not broken but set out a series of recommendations to improve its fairness and effectiveness. The Government fully endorsed his review and set out in their response how they would take the recommendations forward. The Government then reappointed Professor Harrington to conduct a second independent review into the Work Capability Assessment.[107]

5.3.16. In November 2011, Professor Harrington published his second Independent Review of the Work Capability Assessment in which he made the following points;

> *Whilst real progress has been made this year, I would not for one minute claim that things are perfect. Much criticism about the assessment – particularly from individuals – remains. This criticism should certainly not be ignored and the '**Call for Evidence**' this year was particularly helpful in getting views about the assessment and how it could be improved.*
>
> *The major charities and the clinicians who support their work have a considerable wealth of knowledge at their disposal relating to the disabilities and illnesses that they represent. Their assistance in making recommendations for improvements to the descriptors has, I believe, been a successful process. Their involvement in developing and updating guidance and support materials for those undertaking the assessments would also be helpful.*
>
> *There is a need to move away from the view of the assessment as*

[106] Northern Ireland Council for Voluntary Action (NICVA) (2011) Welfare reform to pose significant challenges for Northern Ireland. www.nicva.org/news/welfare-reform (28/10/2011)

[107] Government's Response to Professor Malcolm Harrington's Second Independent Review of the Work Capability Assessment, November 2011.

something that people either 'pass' or 'fail'. And finally there appears to be a need to improve communications between DWP Operations and the Work Programme providers to ensure that people who can work are given the opportunity to do so at the earliest opportunity.[108]

5.3.17. Concerns in relation to the Work Capability Assessment (WCA) are widespread and remain the focus of many support organisations. In November 2011, Paul Farmer, Chief Executive of Mind (Mental Health Charity) posted a briefing paper reiterating some of these concerns. The report highlighted issues about WCA and its ability to accurately assess whether or not people with mental health problems are able to work. It further commented that,

The test remains too focused on people's ability to function, disregarding the question of whether they can cope with the more subjective stresses and strains associated with the workplace.[109]

5.3.18. Based on the research above, the Commission has concerns regarding the migration from Incapacity Benefit to Employment Support Allowance. It is fair to assume that those who are disabled and chronically ill are already at a disadvantage in trying to obtain a job in the average work place, and are usually more disadvantaged in educational achievement. They already face challenges in not only obtaining employment, but also in coping with their illness or disability on a day to day basis.

5.3.19. Many victims and survivors have been dealing with long term injuries sustained during the conflict, including amputees and those with serious gunshot wounds and bomb injuries, whose both physical and mental health have been affected.

5.3.20. Other victims and survivors suffer from depression, anxiety and symptoms of Post Traumatic Stress Disorder (PTSD) due to what they witnessed, endured or because of the loss of a loved one. At the time of most of the incidents there were no victims groups or support available. Their trauma affected not only their mental health but also their family life. In many instances their careers were cut short at a young age.

5.3.21. Despite previous medical assessments over a number of years determining that they were eligible to receive benefits, claimants are now facing potential cuts in those benefits, not because their health has improved but because of changes in the benefits system. This raises concerns in relation to victims and survivors who may be ruled out of entitlement for assistance by the new assessment process and who

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[108] An Independent Review of the Work Capability Assessment – year two. Professor Malcolm Harrington, November 2011.

[109] Briefing paper by Mind (2011) – Mind voices concerns with Work Capability Assessment, Posted Thursday 24 November, 2011. http://www.mind.org.uk/news/6079 - (10/02/2012)

would not be able to keep down a job or find someone willing to employ them.

5.3.22. Recent research undertaken by the WAVE Trauma Centre states that the ESA assessment will be problematic for victims and survivors with long-term physical and mental health problems. They contend that the process is focused towards a quick turnaround and does not consider the long-term affects endured by victims and survivors. Additionally, they highlight that the proposed policy changes ignore the treatment and management of long-term health conditions, the effects of pain and issues of fatigue suffered on a daily basis.[110]

Proposed Disability Living Allowance (DLA) move to Personal Independence Payment (PIP)

5.3.23. From April 2013 the Government is proposing to introduce a new benefit called Personal Independence Payment for eligible working age people aged 16 to 64 to replace Disability Living Allowance (DLA). The intention is that Personal Independence Payment will focus support to those individuals who experience the greatest challenges to remaining independent and leading full, active and independent lives. As an indication, the NIMF currently provide support to 168 seriously injured individuals.[111] These individuals would also be in receipt of high rate DLA. It is not possible to provide the number of victims and survivors who are in receipt of middle or low rate DLA due to non-availability of data relating specifically to victims and survivors.

5.3.24. Disability Living Allowance was introduced in 1992 and has not been fundamentally reviewed or reformed since. There is confusion about the purpose of the benefit, it is complex to claim and there is no systematic way of checking that awards remain correct. Government would argue that they are putting disabled people at the heart of the development of Personal Independence Payment. This includes:

- Working with disabled people and their organisations in developing the new claims and assessment processes; and
- Seeking feedback on the proposals for the draft assessment criteria, which consider an individual's circumstances and the impact of their health condition or impairment on their everyday life.

5.3.25. From April 2013 to March 2016 everyone aged 16 to 64 receiving DLA will be reassessed to see whether they are entitled to the new Personal Independence

[110] Creelman, A. (2011) *Welfare Reform and the effects on Victims and Survivors of the NI Conflict*. Welfare Advisor, WAVE Trauma Centre, December, 2011.

[111] Northern Ireland Memorial Fund (2012) – Figures confirmed by NIMF in relation to those victims and survivors who are supported by the fund and are categorised as being seriously injured. 22/02/2012.

Payment. People entitled to Personal Independence Payment will have their claims transferred over and their DLA will stop.

5.3.26. Those not found to be entitled to Personal Independence Payment will be informed and their DLA will stop. They may be able to claim other benefits. There are no current plans to replace DLA with Personal Independence Payment for children aged under 16 and people over the age of 65 who are already receiving DLA. Government want to see how the assessment for the new benefit works for people of working age before deciding if children under 16 or people over the age of 65, and getting DLA, should undertake a new assessment. Therefore, DLA will continue to be paid to those children under 16 yrs and those adults over 65 years so long as they continue to satisfy the qualifying conditions.

5.3.27. It is not possible to identify the number of individuals, who have been injured as a result of the conflict from the Department of Social Development (DSD) database, and who are in receipt of Disability Living Allowance (DLA) across its various components, however, Table 15 provides indicative numbers of the total DLA awards made in Northern Ireland for the period 2008 to 2010.[112]

Table 15: Disability Living Allowance (High Rate Care Component) for Northern Ireland 2008 to 2010.

Disability Living Allowance Care Component			
Year	**2008**	**2009**	**2010**
All components:	**176,758**	**181,450**	**185,457**
Higher rate care only	2,274	2,384	2,506
Middle rate care only	10,268	10,283	10,603
Lower rate care only	11,411	11,454	11,672

5.3.28. Data contained in the 2010 Omnibus Survey[113] estimated that the number of individuals who suffered injury as a result of the conflict in Northern Ireland is in the region of 107,000. This figure provides an indication of the maximum number of

[112] Department for Social Development, Web-site: www.dsdni.gov.uk/dla , June 2011.

[113] Northern Ireland Statistics and Research Agency (2010b) *NI Omnibus Survey*, CVSNI, September 2010, Page 5.

individuals who have suffered some degree of injury during the period of conflict.

5.3.29. There have been a number of concerns already raised within the caring sector especially in relation to the proposed assessment procedure for the Personal Independence Payment, the details of which have yet to be confirmed. In a recent paper 'Rethinking Disability Policy'[114] completed in November 2011 by the Joseph Rowntree Foundation, Jenny Morris commented on the eligibility criteria for the new Personal Independence Payment (PIP). There was unease about the proposed assessment process with the impression being that the new eligibility criteria may exclude someone who cannot walk but who uses a wheelchair to get around.

5.3.30. The Simon Community NI in their response to DSD's draft Equality Impact Assessment on the Northern Ireland Welfare Reform Bill, commented that consideration as to the impact of Welfare Reform on older people is required. They further stated the following;

> *"It is important that the introduction of PIP ensures adequate support for disabled people aged 50 and over. We recommend that the new claimant commitment under Universal Credit takes into account the needs of people over 50 to help older workers remain and re-enter employment".*[115]

5.3.31. The details of the new Personal Independence Payment benefit, eligibility criterion and assessment processes have yet to be confirmed. It is therefore too early to speculate on the full impact it will have for victims and survivors in moving from DLA to PIP. Further information in this area will become available in the coming months and the Commission will monitor this.

Changes to Housing Benefit

5.3.32. A number of changes to Housing Benefit were introduced during 2011 and will continue to be phased in during the next two years. A brief explanation of the changes is as follows:

Changes from April 2011 to April 2014

5.3.33. The deductions made from Housing Benefit will be gradually increased if there is an adult living in your household for whom there is no benefit claim. An example would be a grown up child.

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[114] Morris, J. (2011) Rethinking Disability Policy – Joseph Rowntree Foundation, November 2011.

[115] Simon Community NI (2011) Response to DSD's Draft Equality Impact Assessment on the Northern Ireland Welfare Reform Bill. http://www.simoncommunity.org/fs/doc/welfare

Changes from January 2012

5.3.34. The shared accommodation rate currently applies to single people under the age of 25 living in accommodation that they rent from a private landlord. This will be extended to people aged less than 35. This means that single people under 35 will no longer receive Housing Benefit based on one bedroom self-contained accommodation. There is no way of knowing the impact this change will have on victims and survivors due to the unknown number of victims and survivors falling into this age category.

Changes from April 2013

Housing Benefit will be restricted for some people who are living in a property that is larger than their household size. This will apply to working-age customers renting from a social landlord.[116]

5.3.35. Concerns within the sector would stem from the knowledge that most housing benefit claimants in the private rented sector already pay extra money towards their weekly rent from other benefits as Housing Benefit alone does not cover the full cost. In terms of victims and survivors, there is further concern in relation to older clients whose families have left home. The impact of these changes may result in a number of victims and survivors who wish to stay in the family home having to pay more money from their weekly benefit to plug the gap. Some may have to move away from family, friends and their neighbourhood to find smaller accommodation. This could have a negative impact on the levels of social isolation and exclusion felt by many victims and survivors

Changes to benefit up-rating

5.3.36. In April 2011, the tool used to decide benefits increases in April each year changed to Consumer Price Index (CPI) which replaced the Retail Price Index (RPI). This change saves the Government the most money out of all changes emanating from the Welfare Reform. For example CPI was just 3.1% in September 2010 and this is the figure that was used for up-rating benefits in April 2011. At this same time RPI was 4.6%, meaning in essence that the purchasing power of benefits received was reduced by 1.5% in cash terms, set against escalating prices for essential items such as food and fuel. In common with the wider population who are in receipt of benefits, this has had a dramatic effect on victims and survivors.

[116] Social rented housing is provided by the Housing Executive and housing associations - together they are known as social landlords. Each social landlord is an independent organisation and can offer different services. http://www.nihe.gov.uk/index/advice/apply_for_a_home/application_process.htm

Changes to Winter Fuel Allowance

5.3.37. The Winter Fuel Payment is a tax-free annual payment to help older people meet the cost of their winter fuel bills. The 'standard' rate is £200 per eligible household where the oldest person is under 80 years. For households containing a person aged 80 years or over, the standard rate is £300. For years 2008-09, 2009-10 and 2010-11, additional payments worth £50 to eligible households where the oldest person was under 80 years, and £100 to those with someone aged 80 years or over, were made alongside the standard Winter Fuel Payment. These additional payments were not however repeated for Winter 2011/2012.

5.3.38. There are fears by pensioners that there will be cuts to this allowance in future years. However, in December 2011 the Northern Ireland Executive announced a one off fuel allowance of £100 for those over pension age who claim Pension Credit (Payments were also made to people receiving cancer treatment and £75 was paid to claimants in receipt of Income support, income based employment and support allowance and income based jobseekers allowance). If this benefit was cut a considerable number of victims and survivors would be directly impacted. The NIMF currently support 1439 individuals who are aged 65 years and over.[117]

Abolition of Discretionary Fund

5.3.39. The Discretionary Social Fund is open to those on means tested benefits such as Income-based Employment Support Allowance, Income-based Job Seekers Allowance, and Income Support and Guaranteed element of Pension Credit. The Discretionary Social Fund consists of Community Care Grants, Budgeting Loans and Crisis Loans.

5.3.40. The Social Fund is currently under review but planned policy changes include cuts to the assistance provided by crisis loans and a cap on the amount of loans permitted per year. Current plans include transferring the responsibility for this type of assistance to local authorities within the UK, but it is not yet clear what the changes will be in Northern Ireland. The NIMF currently provides support funding to 1,637 victims and survivors through their 'Extra Needs' scheme.[118] As these individuals fall within the means-testing threshold applied by the fund, we can conclude that their current income is insufficient to meet all their needs. Abolition of this fund has the potential to impact on 1,637 victims and survivors who may not be able to meet the cost of an unforeseen expense.

[117] Northern Ireland Memorial Fund (2012) – Figures confirmed by NIMF in relation to those victims and survivors supported by the fund who are aged 65 years and over. 22/02/2012.

[118] Northern Ireland Memorial Fund (2012) – Figures confirmed by NIMF in relation to those victims and survivors who meet the means-testing threshold. 22/02/2012

5.3.41. The previous paragraphs provide a brief outline of the central changes to benefits and allowances following the implementation of the Welfare Reform Bill 2011. The impact of these changes will have a direct impact on many victims and survivors, and especially for those who are dealing with the day to day trauma of physical and mental health issues, many of whom are in receipt of welfare benefits and allowances. These changes will also raise concerns in relation to the aging population within the victims and survivors sector and the impact on their personal finances.

5.3.42. It is not possible to identify the full extent of the many changes being implemented as a result of the 2011 Welfare Reform Bill, due to the transitional and phased approach being adopted by Government. Many parts of this Bill are still to be accepted through Parliament and this is proving to be in some instances a difficult and protracted passage. Within this context, it is prudent that a watchful eye continues to be made in regard to these reforms. Therefore, future monitoring and review of the changing situation must take place with a view to ensuring that the needs of victims and survivors are appropriately considered.

5.4. Recommendations

5.4.1. The Commission recognises the important role which welfare support provides to victims and survivors. It is also acutely aware of the impending changes that are currently underway as a result of the welfare reform occurring throughout the UK and of the impact they will have on the victims and survivors sector.

5.4.2. The evidence contained within this paper clearly identifies the crucial support which must be in place in order to meet and support the welfare needs of victims and survivors. It further highlights issues of dependency in terms of victims and survivors reliance on statutory benefits and allowances. This is corroborated by the fact that 1,637 victims and survivors qualify for the 'Extra Needs Payment' scheme administered by the NIMF.[119] Those making application to this scheme are subjected to means-testing qualifying criteria.

5.4.3. The research carried out by WAVE Trauma Centre highlights that a common theme of fear and apprehension exists amongst victims and survivors in relation to the many forthcoming changes. This encompasses those changes which have already taken place in moving from the long established Incapacity Benefit and its migration to the new Employment Allowance (ESA) which also included the introduction of a new Work Capability Assessment (WCA).

5.4.4. Additionally, the Commission would contend that these anxieties experienced by victims and survivors also extend to various proposals contained within the draft

[119] Northern Ireland Memorial Fund (2012) – Figures confirmed by NIMF in relation to those victims and survivors who meet the means-testing threshold. 22/02/2012

Welfare Reform Bill, 2011. This is especially so for those victims and survivors who are currently in receipt of Disability Living Allowance (DLA) and who will be directly impacted by the proposed move to the new Personal Independence Payment (PIP).

5.4.5. In consideration of the current and impending changes, the Commission would wish to promote the following three strands as being of utmost importance:

i. **Benefits** – In terms of ensuring that those victims and survivors who are currently in receipt of statutory benefits are not disadvantaged with as a result of the impending welfare reforms;

ii. **Advice** – The importance of providing good advice to the victims and survivors sector given the confusing situation brought about by the impending welfare reforms; and

iii. **Advocacy** – The significance of ensuring that there is knowledgeable and trained advocates working on behalf of victims and survivors. This may present training needs for the sector to be considered by the Service.

5.4.6. The Commission recognises that the Department for Social Development (DSD) has the strategic responsibility for social welfare related legislation including housing and for social security benefits. The Commission would wish to emphasize to DSD that we are concerned about the impact of those elements of the proposed Welfare Reform Bill 2011 on many victims and survivors. Furthermore, we will be keeping this impact under review as changes and reforms are implemented. It is also equally important to highlight the fact that this constituency have already endured many years of trauma and hardship.

5.4.7. It is very likely that over the next four years, the proposed changes and implementation of welfare reform within Northern Ireland will create additional anxiety and stress among victims and survivors. There will be further hurdles for victims and survivors to deal with as the various elements of this Bill are introduced. The next key element to be implemented will be the transfer of DLA to PIP which will take place between April 2013 and March 2016.

5.4.8. It is within this context that the Commission would make the following recommendations:

Recommendation 1

5.4.9. The Commission recommends that an effective Welfare Advice Service is needed to provide the relevant support and advice to Victims and Survivors, particularly over the next 2 to 3 years.

Recommendation 2

5.4.10. The Commission recommends that the Victims and Survivor Service provides a signposting service for the victims and survivors who require welfare support services. This would facilitate individual queries to be referred on to one of the following:

- Local and regional Citizens Advice Bureau (CAB) Offices;
- Victims and Survivors Groups with appropriately trained Welfare Advisors; and
- Other established and recognised Welfare Support Organisations.

Recommendation 3

5.4.11. In addition, the Commission recommends that welfare support remains an eligible activity and that funding should continue to be made available for those groups within the victims and survivors sector who provide bespoke Welfare Support services during the financial year 2012-13 and in 2013-2015.

Recommendation 4

5.4.12. The Commission recommends that a further review of Welfare Support Services funded by the Victims and Survivors Service is carried out within 18 to 24 months. This would take into account the phased implementation of the various strands of the Welfare Reform Bill, 2011 and also the transitional development of the new Service.

Recommendation 5

5.4.13. In light of the impending changes and implementation of welfare reform over the next four years, it is important that appropriate consideration is given to victims and survivors. The reduction or removal of current benefits and allowances will potentially affect many individuals and families and will in many instances place an additional financial burden on them. Within this context, it is clear that there is a pressing need to continue to assist victims and survivors with financial support. Therefore, the Commission recommends that financial support schemes continue to be supported and administered through the Victims and Survivors Service.

Chapter 6: Trans-generational Issues And Young People

6.1. Introduction

6.1.1. The aim of this chapter is to provide commentary and analysis relating to the trans-generational impact of conflict on the lives of victims and survivors of the Northern Ireland conflict. The chapter begins by outlining the Commission's understanding of the impact of trans-generational issues and presents a brief overview of the trans-generational context affecting victims and survivors in Northern Ireland. It then gives particular attention to trans-generational trauma with reference to research[120] which was undertaken for the Commission by Queens University Belfast. We also make observations about current services and make recommendations for further development.

6.2. Description

6.2.1. The Commission defines trans-generational issues as those which pass from one generation to another within families and communities. We can assume that much of what is passed on is positive: knowledge, skills and expertise; cultural traditions; family values; social capital; oral history and identity. However, trans-generational issues also refer to the negative influence of conflict across generations. Conflict on the island of Ireland has gone on over hundreds of years and is, therefore, 'cross-generational' in nature. The Troubles themselves stretched over a period in excess of 40 years. Consequently, several generations have been affected.

6.2.2. Morrisey and Smyth reported that, "*of all age groupings, the 18-23 age range contains the highest number of deaths, at 898... an age group (accounting) for 25 per cent of all deaths in the Troubles.*"[121] Meanwhile, the Troubled Consequences Report (2011)[122] commissioned by CVSNI, conducted a survey and found that,

> *The majority of the sample experienced their first conflict-related trauma between the ages of 10 and 19, while almost a quarter first experienced conflict as young children (aged 0 to 9). The experience of conflict-related trauma among younger age groups is further highlighted by*

[120] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February.

[121] Morrisey, M. and Smyth, M. (2002) *Northern Ireland After the Good Friday Agreement – Victims, Grievance and Blame*, London: Pluto Press: 64-65.

[122] Ferry, F, Bolton, D, Bunting, B, O'Neill, S, Murphy, S. (2011) *The experience and psychological impact of 'Troubles' related trauma in Northern Ireland: A Review*, University of Ulster and Northern Ireland Centre for Trauma and Transformation.

the fact that 80% of those who experienced their first conflict-related traumatic event did so between the ages of 0 and 29.[123]

6.2.3. Therefore, in Northern Ireland today there is at least one generation of citizens who were adversely affected by the Troubles when they were children or young people – by direct experiences of injury and trauma; through bereavement of parents, siblings, friends and neighbours or by the inherent stress of living in violent situations.

6.2.4. The Harvard academic, Kaethe Weingarten, has written extensively about those who are 'witnesses' to the victimisation or traumatic experiences of others. Therefore, older generations in Northern Ireland have, in their time, been infused by childhood experiences – as victims or as witnesses. The Commission assumes that needs and issues arising out of such experiences are being addressed across other Areas of Need.

6.2.5. In relation to the trans-generational impact of the conflict on young people as a distinct Area of Need, we particularly refer to those currently under the age of 30 who have been affected by their parents' or grandparents' experiences of conflict, especially of victimisation and survival. The trans-generational impact of the conflict on young people is concerned with how these individuals have been significantly influenced by older generations who have direct experience of violence and conflict. The Commission's concern applies to the victim and survivor as receiver and transmitter of the negative impact of conflict.

6.2.6. The trans-generational impact on wider society is, of course, relevant to the wellbeing of victims. As citizens, victims and survivors live in families, neighbourhoods and communities which are trans-generational contexts and mechanisms. Therefore, the Commission is concerned to promote a coherent, strategic response across a number of policy areas, namely:

- Health – addressing issues such as adolescent and young adult suicide; alcohol and drug abuse and vicarious trauma;
- Education – regarding civics, history and the school as community;
- Crime – regarding patterns of offending in families and in neighbourhoods, especially public disorder and behavioural offending;
- Youth and Community work – including challenges relating to segregation; sectarianism; social and economic deprivation; paramilitarism/gangs; and
- Culture – including story-telling/oral history, music and the arts, sport, social

[123] Morrisey, M. and Smyth, M. (2002) *Northern Ireland After the Good Friday Agreement – Victims, Grievance and Blame*, London: Pluto Press: 64-65.

networking, churches and faith traditions.

6.2.7. The Commission is aware of widespread concern about the trans-generational impact of conflict in all of the above areas. People worry about the effect of the Troubles, if not on this generation of young people then perhaps the next. However, there is little by way of data and an evidence base. Therefore, at the end of this chapter the Commission will propose an inter-agency initiative.

6.2.8. One particular area where the Commission has sought to develop a greater understanding of the transmission of the conflict's legacy across the generation is in the area of trans-generational trauma – how the traumatic impact of victimisation/ survival passes vicariously to the next generation.

6.2.9. Since the signing of the Belfast Agreement in 1998, a number of research studies have been completed that have examined the continuing impact of the conflict's legacy on the lives of the so-called 'post-ceasefire generation'. Compared to their peers who grew up in Northern Ireland throughout the conflict, these young people have experienced relative peace and stability. Yet the findings which are emerging from the research suggest that children and young people, in particular the lives of those who live in communities worst affected by the conflict continue to be blighted by deprivation, segregation and the on-going threat of paramilitary activity. McAlister *et al* concluded that given that poverty remains pervasive in areas most affected by the conflict, children and young people in these areas continue to experience multiple deprivation affecting their opportunities, self-esteem and relationships.[124]

6.2.10. Despite the cessation of intense violence over the past decade a number of children and young people living in 'interface areas' continue to engage in sporadic outbreaks of civil unrest. Leonard (2004) indicated that young people in both Loyalist and Nationalist interface areas engaged in these activities illustrate the durability of sectarianism and the consolidation of physical boundaries characterized by continuing hostility.[125] Moreover, a significant factor fuelling the 'durability of sectarianism' in areas deeply impacted by the conflict is the continuing threat of dissident republican groupings. The continuing threat of dissident republican groups in recent years continues to represent a destabilizing influence on the normalization of life, particularly for those young people living in areas deeply impacted throughout the Troubles.

6.2.11. According to the latest PSNI figures, there is no immediate indication that paramilitary violence orchestrated by dissident republican groups is about to come to an end. For example, of the 72 shooting incidents recorded in 2010/11, 61 were

[124] McAlister, S. Scraton, P. and Haydon, D. (2009) *Childhood in Transition – Experiencing Marginalisation and Conflict in Northern Ireland*, Queen's University Belfast, Save the Children, The Prince's Trust: 28.

[125] Cited in McAlister *et al*, 2009: 26.

attributed to Republicans including 31 paramilitary-style shootings. Meanwhile, of the 99 bombing incidents, 59 were attributed to Republicans while Loyalists were responsible for 28. The escalation of bomb attacks is concerning when we consider that there was a marked increase in the number of incidents in 2010/11 compared to the previous year.[126] Equally concerning within the context of this chapter is a finding contained in The Policing Boards 7th Human Rights Annual Report. According to the Report published in February 2012, '*almost half of paramilitary style attacks between April 2010 and September 2011 were perpetrated against children and young people aged between 16 and 24 years of age*'.[127]

6.2.12. In addition to the continuing threat of paramilitary activity and the pervasiveness of poverty and socio-economic deprivation, the transmission of conflict-related psychological trauma represents one of the most complex and potentially enduring legacies of the conflict. As outlined within the Health and Wellbeing Chapter, the mental health impact of exposure to conflict-related events has embedded a significant legacy of psychological morbidity and mental illness among victims and survivors. The Troubled Consequences Report revealed significant prevalence rates relating to posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) or clinical depression.

6.2.13. With regard to PTSD, the Report estimated that approximately 18,000 individuals who had experienced a conflict-related event met the criteria for 12-month PTSD. Meanwhile, in terms of clinical depression the 12-month prevalence of the disorder among individuals who experienced any conflict-related trauma corresponded to 57,589 adults in the Northern Ireland population.[128] These estimated prevalence rates provide a clear indication of the link between exposure to conflict-related trauma and the development of serious mental health conditions. However, what is less clear is how exposure to conflict-related trauma and suffering associated with living with these mental health disorders and related co-morbidities impacts the health and well-being of victims and survivors children and their children's children.

What is trans-generational trauma?

6.2.14. Before considering the main findings that emerged from the QUB Draft Report (Commission for Victims and Survivors (2012b), it is worth highlighting how the limited research undertaken in Northern Ireland has attempted to define the concept

[126] Police Service of Northern Ireland (PSNI) (2011) *Police Recorded Security Situation Statistics 2010/11 (1st April to 31st March 2011)*, PSNI/NISRA, May: 3.

[127] The Policing Board (NI) (2012) *Human Right Annual Report 2011- Monitoring the compliance of the Police Service of Northern Ireland with the Human Rights Act 1998*, Policing Board Northern Ireland: 122.

[128] Data provided by the UU/NICTT/Compass Research Team who compiled the Troubled Consequences Report.

of trans-generational trauma. In their study exploring trauma and recovery within the context of the Northern Ireland conflict Burrows and Keenan (2004) describe 'intergenerational trauma' as '*the emergence in subsequent generations of the unresolved traumas*[129] *of previous generations, in other words, the way that children experience the trauma of their parents, grandparents and other relatives*'.[130]

6.2.15. In recognizing the significance of trans-generational trauma Smyth *et al* commented that, '*adults on whom children and young people could ordinarily turn to for support or protection are more often than not exposed to the same traumatic events that the children are, and are themselves traumatized and sometimes incapacitated – either in the short or long-term*'.[131] Meanwhile, in an environment where the conceptual understanding and impact of trans-generational trauma continues to be examined, the following remarks by a 'children's caseworker' assisting young people in communities worst affected by the conflict are useful to consider.

> *When you're raising mental health care for this generation, post-conflict, we're dealing with a huge age range of people who've been bereaved, the injured, been the children of those who were killed. And another generation who are the children of the children…the impact of the trauma, which they're calling trans-generational trauma…it's affecting children's education, their mental health and their ability to participate in society*.[132]

QUB Draft Report[133]

6.2.16. The CNA Phase 1 Report reaffirmed the view that while the issues relating to trans-generational trauma have been addressed explicitly in international

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[129] Burrows and Keenan explain 'unresolved traumas' as those where the severe shock and associated symptoms that develops through exposure to conflict-related trauma remains 'locked inside' the individual. The authors state that the result of unresolved trauma for the individual is suffering from all or a number of the following symptoms including 'hyper-arousal, intrusion and interruption in daily life, disconnection/dissociation and self-medication of regular use of alcohol and/or drugs (2004: 3-5).

[130] Burrows, R. and Keenan, B (2004) *Considering trauma and recovery – 'We'll never be the same' Learning with children, parents and communities through ongoing political conflict and trauma: a resource*, Barnardos Northern Ireland: 14.

[131] Smyth, M, Fay, M, Brough, E, Hamilton, J. (2004) *The Impact of Conflict on Children in Northern Ireland*, Institute for Conflict Research, March: 96-98.

[132] Kilkelly, U., Kilpatrick, R., Lundy, L., Moore, L., Scraton, P., Davey, C., Dwyer, C., McAllister, C., (2004) *Children's Rights in Northern Ireland*, Belfast: NICCY.

[133] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February.

literature,[134] less attention has been given to consideration of trans-generational need in Northern Ireland. In ameliorating the limited data relating to this area of need, the Commission appointed researchers from the School of Psychology at Queens University to conduct a research study. The central aim of the project was to undertake a conceptual analysis of 'trans-generational trauma' through a comprehensive examination of the existing international literature, placing the findings within the context of the Northern Ireland conflict. The research report will inform the wider debate relating to the transmission and reception of conflict-related trauma and the enduring legacy of the Troubles within a so-called 'post-conflict' society. A significant component of this study is the appraisal of treatments and services currently provided in the health service and by victims groups that directly and indirectly address trans-generational trauma.

6.2.17. As a working definition of trans-generational trauma, the QUB report indicates that the concept can be defined as, '*the poor psychological health of children that appears to result (at least partially) from the 'consequences' of the trauma experienced by parents, resulting in detrimental effects on the interaction between parents and children*.' The Report goes on to state that, '*there is no "automatic" transmission of trauma…rather the experience of trauma by the parent might have an impact on the psychological health of their children, but this impact is probably mediated by a number of social and psychological factors*'.[135]

6.2.18. One of the main conclusions to emerge from the study was that 'trans-generational trauma' proved to be a difficult topic to research because there is no clear definition of the concept. The report continues,

> *…it is clear that children of people who have experienced traumatic events 'sometimes' experience high levels of poor psychological function. However there is not irrefutable evidence (and it is unlikely that such evidence could be generated) to show that poor psychological functioning experienced by the children of those who were exposed to traumatic events is directly caused by the trauma experienced by their parents. Rather, other factors (such as social environment) have either been shown to be as important as the direct consequences of the traumatic experience, or*

[134] In a research paper produced by the Irish Peace Centres examining intergenerational aspects of the conflict in Northern Ireland, it was highlighted that significant academic work has been completed on the transmission and manifestation of intergenerational trauma in and around other conflict zones and traumatic events. These include the Holocaust, World War II, the Vietnam War, genocides (e.g. in Cambodia and Armenia), the fall of Communism in Eastern Europe, the repression of indigenous peoples such as the Australian Aboriginal People and American Indians, and descendants of African American slaves (Irish Peace Centres, 2010: 6).

[135] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 88.

totally inseparable from these consequences.[136]

Transmission

6.2.19. Two primary objectives of the QUB study were firstly, to examine the nature of trans-generational trauma in Northern Ireland and secondly, to identify the mechanisms through which trauma may be transmitted across the generations. In addressing these questions the QUB research project conducted a literature review and employed semi-structured interviews[137] to capture the experiences of 3 adults and 3 related 'adult children' (individuals who were children at the time their parents had their conflict-related experience(s)) who lived in Derry/Londonderry throughout the conflict. In terms of understanding the nature of trans-generational trauma experienced by the interviewees, all three children of survivors interviewed indicated that they had 'experienced problems' related to their parent's experiences of the conflict. The problems referred to by the adult children in the study included suffering from anxiety, signs of hyper-vigilance and in one case depression. According to the report, '*this shows that trans-generational trauma is a very real issue in Northern Ireland with very significant consequences*.'[138]

6.2.20. One of the key mechanisms identified within the study that it is argued partly contributes to the transmission of trauma-related issues was 'silence'. The report notes that generally speaking, *'silence regarding the Troubles is pervasive in Northern Ireland*'. On this particular issue Healey (2008)[139] highlights the pervasiveness of the cultural silence that existed during the height of the conflict. According to Healey, as a social worker in Belfast throughout the conflict and who witnessed children being taken into care because of the threat of paramilitary punishment beatings or shootings, '*the system stayed silent...The silence extended to all levels of society in Northern Ireland from the street to the Department of Health, the universities, the health professionals; no one acknowledged what was*

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[136] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 87.

[137] 'All 6 semi-structured interviews were transcribed and the data analysed using the method of Interpretative Phenomenological Analysis (IPA). According to the authors of the Report, IPA was chosen because it is particularly well suited to complex issues and questions of process, such as in this investigation in which the research focuses on the multifaceted issue of trans-generational trauma and the process of how it is passed from one generation to the next...IPA prescribes the use of a small, homogenous sample for which the particular research issue is significant. A sample of 6 participants is common in IPA studies' (Commission for Victims and Survivors, 2012b).

[138] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 89.

[139] Cited in Irish Peace Centres (2010: 15).

happening'.[140]

6.2.21. Meanwhile, among the reasons identified by the interviewees contributing to this culture of silence within families were the personal dangers associated with talking about Troubles-related issues during the conflict. Furthermore, in sharing their emotional issues directly related to the impact of the conflict, interviewees commented that it could be construed as 'a sign of weakness'. Silence was also employed as an 'avoidance tactic' or coping strategy pushing traumatic experiences back into the past to avoid dealing with them and to 'protect and shield' their children. One of the consequences of engendering this 'culture of silence' is an impact on 'parenting style' that not only pervades the lives of the survivor generation but is 'learned' by their children. Subsequently, despite this not being an effective strategy, the 'adult children' as parents continue this culture of silence into their own approach to what can be construed as a 'potentially maladaptive parenting style'.[141]

6.2.22. In continuing the examination of the impact of conflict-related trauma on the development of potentially maladaptive parenting styles it is useful to outline briefly a number of the other findings to emerge from the literature review. One of the four hypotheses[142] presented within the QUB study to explain how trauma may be transmitted down the generations is how conflict-related trauma can impact on 'normal family interactions'. The report notes that, '*survivor parents do not just seem to communicate their "life lessons" verbally but through their patterns of interaction with their children.*' One interesting observation commented on is that disruption to family interaction can be due to either a disruption of parenting due to a parent having died or due to a change in the parenting style or ability of the victim due to the traumatic event. Further, the report reveals that, '*whether a child physically loses a parent due to bereavement or loses a parent figure due to the trauma victim no longer being able to function effectively as a parent, responses can be surprisingly similar.*' In illustrating this point, the report highlights a comment made by a 'second generation trauma victim' who was a brother of an individual killed on Bloody Sunday: "*when it affected my mother, it affected me deeply*".[143]

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[140] Cited in Irish Peace Centres (2010: 15).

[141] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 30..

[142] The full description of the four hypotheses presented in the literature review section of the QUB Report are as follows: (i) the transmission of trauma through the communication of the traumatic event from parent to child; (ii) the child's identification with the parent and thus their trauma also; (iii) the negative physical and psychological consequences of the traumatic event disrupting normal family interactions; and (iv) the biological view of the generational transmission of trauma.

[143] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 8.

6.3. Services

6.3.1. The CNA Phase I Report revealed that while 'trans-generational issues and young people' represents an emerging area of need in terms of developing an understanding of its complex, multi-dimensional and evolving character, a range of services and activities have been provided by victims groups in recent years. These services have been designed and operated by a number of the established community-based victim's groups including WAVE and Coiste na n-Iarchimi to address the needs of young people impacted by the conflict in their local area. Activities delivered by these groups engaged in youth work have ranged from youth-led volunteering, cross-community residentials as well as the facilitation of group therapy sessions for young people presenting with trans-generational related issues. Equally, the Phase I Report highlighted the range of support services directly and indirectly addressing trans-generational issues among young people delivered by statutory agencies within the health and education sectors.

6.3.2. To improve understanding of how treatments and services currently provided by statutory and non-statutory agencies are addressing trans-generational trauma, the QUB study was asked to undertake a qualitative and quantitative assessment of service delivery and development. In collecting and collating the data relating to the identification and appraisal of current service provision directly and indirectly addressing trans-generational trauma, the research study employed a combined methodological approach. This comprised of documentary analysis of service literature from statutory and non-statutory providers of trauma-related services to ascertain how therapy-based interventions directly or indirectly address trans-generational issues relating to the conflict. In complementing the findings from the service literature review, a set of interviews were held with service managers and therapists from statutory and non-statutory providers. These individuals and their organisations were also asked to complete a survey which sought to elicit information relating to how treatments and services directly or indirectly address trans-generational issues related to the conflict; how effective the stakeholders believe existing service provision achieved this aim and what future service developments would be useful in achieving this aim.[144]

6.3.3. An initial observation of the literature published by statutory and non-statutory service providers alluded to in the Phase I Report, is that 'trans-generational trauma' or 'trans-generational work' are terms employed by only a minority of groups and agencies operating in this area. However, the study makes the point that while there are limited references to the trans-generational impact of the conflict, many agencies 'recognise the existence and nature of trans-generational

[144] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 39.

trauma in targeting of services, aims, values and mission statements'.[145] Significantly, the reviewed literature 'acknowledged and appreciated that traumatic troubles related events do not just impact those who actually directly experience the event, but through these survivors and their families as well'.[146]

6.3.4. The Report categorises the activities (treatments and services) delivered by victims and survivors groups and other agencies into those which 'directly' or 'indirectly' address trans-generational trauma. According to the Report, 'the work was characterised as either working with trans-generational trauma directly i.e. with the young people who may be experiencing it, or indirectly i.e. working with first generation survivors in attempting to prevent further transmission of trauma. An example of the 'direct work' provided by Groups and Agencies identified by the research team is 'psychotherapy for young people' which is often specifically targeted at young people who have family experience of trauma due to the conflict. Meanwhile, in terms of 'indirect work' the analysis of service literature revealed the practice of 'individual therapy' and 'aiding survivors to communicate their experiences andtrauma'. Equally, it was discovered that many services offer survivors either some form of psychotherapy and/or complementary therapy'.[147]

6.3.5. The types of services delivered by statutory agencies, notably the Family Trauma Centre (FTC) including individual psychotherapeutic interventions (e.g. Cognitive Behaviour Therapy, Psychoanalytic Psychotherapy and Eye Movement Desensitisation and Reprocessing (EMDR)) combined with Family Therapy recognize that trans-generational trauma is not limited to the individual who has suffered potentially multiple exposures to conflict-related events but also their families. The provision of psychotherapies and complementary therapies by the FTC and Police Rehabilitation and Retraining Trust (PRRT) as well as community-based groups such as Cunamh and WAVE demonstrate 'an understanding of trauma transmission.' While these treatments are provided to parents and families, there is also an evident focus on providing for the 'second generation' i.e. children of victims and survivors of the conflict. According to the QUB study, this demonstrates that, '*trauma services in the region recognize that trans-generational trauma does have mental health consequences*

[145] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 90.

[146] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 90.

[147] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 90.

for the children of trauma survivors'.[148]

6.3.6. Most psychological therapists who were interviewed acknowledged that a large proportion of their practice in addressing trans-generational trauma is of an 'indirect' nature i.e. working with first generation survivors to reduce or prevent further transmission of trauma. In achieving these, two main areas of work were highlighted by the therapists, namely helping trauma survivors to heal from their experiences and aiding the survivors to reconnect with their family and the wider world.

6.3.7. Responses from service managers and practicing psychotherapists indicated that in working with trans-generational trauma 'directly' there is a need to 'uncover the trans-generational trauma' and there was recognition of the 'utility of family work'. According to the Report, '*therapists whose main focus of work is the family unit stressed that as the trauma experiences of each family member is interconnected to the other members of that family, the work on trauma in families also needs to be interconnected*'.[149] The importance of complementarity in treating underlying trans-generational trauma was reaffirmed by a consultant family therapist, who remarked that,

> *As a consultant family therapist [I] will be providing the family therapy for the whole family and [my colleague] as a consultant clinical psychologist will be providing the individual treatment for that particular child and you do both simultaneously or one before the other.*[150]

6.3.8. Service Managers and practicing psychotherapists who responded to the interview study highlighted a number of barriers impacting on access to treatments and continued service delivery. Firstly, therapists maintained that both their 'direct' and 'indirect' work with trans-generational issues have contributed to improvements in survivors and their families in terms of 'symptom reductions' and the ability to function and ability to cope. However, they also contended that their treatment of complex trauma was complicated by the existence of trauma-related co-morbidities including depression, anxiety, drug and alcohol dependence/ addiction.

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[148] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 47.

[149] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 92.

[150] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 52.

6.3.9. Secondly, service managers and practitioners from the statutory and non-statutory sectors targeted the lack of funding as a significant constraint on the capacity of their organisation to address trans-generational trauma. A general feeling expressed by the participants in the interview study was,

> *…the mental health aspect of the Troubles was not sufficiently acknowledged in previous years and the problem has a history of being under resourced. This late recognition of the need for mental health services for those affected by the Troubles has consequences for the service provision of today in terms of levels of infrastructure, skills and knowledge.*[151]

6.4. Development

6.4.1. As outlined within the Health and Wellbeing chapter, the examination of trauma-related services provided to victims and services is occurring within the context of on-going mental health reform within the statutory sector in Northern Ireland. In the years ahead, DHSSPS and the wider health and social care system will continue to preside over a phased and selective modernisation of mental health services following the completion of the Bamford Review in 2007. The Phase I report noted that the potential impact of the Troubles on the mental health of children and young people is particularly concerning given the serious deficiencies in service provision identified within the Bamford Review. According to the 2006 report, the conditions in which Child and Adolescent Mental Health Services (CAMHS) were being delivered at the time were described as '*wholly inadequate... characterised by overwhelming need and chronic underinvestment*.'[152] Despite additional investment in CAMHS in recent years, there are clearly significant issues that need to be addressed[153] to ensure young people, particularly those

[151] Commission for Victims and Survivors (2012b) *Draft Trans-generational Trauma Report*, QUB School of Psychology, Belfast, February: 59.

[152] The Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2006) *A Vision of a Comprehensive Child and Adolescent Mental Health Service*, The Bamford Review of Mental Health and Learning Disability (Northern Ireland): 8.

[153] In February 2011 The Regulation and Quality Improvement Authority (RQIA) published a report which contained a number of serious issues relating to the provision of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland. The key issues of concern included the following: an absence of policy guidance and model of service provision for CAMHS; a significant number of young people were being admitted to adult wards; underdevelopment of access to community and early intervention services especially in provision of Community CAMHS at Tier 2 (CAMHS Specialists working in the primary care setting); children and young people did not have access to any crisis intervention or alcohol services in the Northern Health and Social Care Trust; and the involvement of young people and their families in the planning and evaluation of services is limited and ad hoc (The Regulation and Quality Improvement Authority, 2011: 4-7).

impacted by the legacy of the conflict access effective specialist outpatient and community-based services in a timely manner.

6.4.2. An important finding contained within the QUB Draft Report identified as potentially a significant factor in the transmission of trauma from the initial survivor generation to their children and their children's children is 'silence'. From the literature review and the interviews with service managers and therapists it is clear that there are a number of potential reasons explaining why parents employed this avoidance tactic to 'shield and protect' their offspring. Equally, the research revealed that outside of the immediate family environment, there was a culture of silence around the conflict that pervaded community life and wider society.

6.4.3. One of the negative effects of insufficient recognition of the profound psychological impact of trans-generational trauma on the mental wellbeing of children and young people is that they may not have received the necessary counselling or other therapeutic intervention during the conflict. Consequently, 'adult children' who suffered a conflict-related bereavement during their childhood could continue to carry unresolved trauma in their adulthood which can impact on their mental health and wellbeing and that of their own children. Burrows and Keenan stressed the importance for those who inhabit the environment of children to be aware of how children are developmentally affected by trauma and of the mechanisms by which inter-generational trauma moves from the survivor generation to their children and their children's children.[154]

6.4.4. In reinforcing their argument Burrows and Keenan refer to the work of Danieli who remarked that, '*Inter-generational trauma is not yet officially recognised as victimization-related pathology...Until it is...the behaviour of some children of survivors may be misdiagnosed, its etiology misunderstood, and its treatment, at best, incomplete*'.[155] It therefore is incumbent upon key individuals who work with children including healthand social care professionals and teachers and youth workers to become more aware of the 'indicators of unresolved conflict' and ensure they receive the appropriate trauma-related service in the statutory and/or non-statutory sector. Equally, part of this recognition of seriously addressing the complex mental health related needs of individuals impacted by trans-generational trauma is ensuring the allocation of sufficient funding to those statutory agencies and victims groups which are delivering

[154] Burrows, R. and Keenan, B (2004) *Considering trauma and recovery – 'We'll never be the same' Learning with children, parents and communities through ongoing political conflict and trauma: a resource*, Barnardos Northern Ireland 15.

[155] Burrows, R. and Keenan, B (2004) *Considering trauma and recovery – 'We'll never be the same' Learning with children, parents and communities through ongoing political conflict and trauma: a resource*, Barnardos Northern Ireland 15.

psychotherapeutic interventions to victims of the conflict.

6.4.5. The QUB study commissioned by CVSNI is a significant and timely piece of research examining the concept of trans-generational trauma, the possible modes of transmission from one generation to the next and commentary on the existing statutory and non-statutory services directly and indirectly addressing the issue. Despite still being at draft stage, the Report provides important findings and clarity relating to the definition of trans-generational trauma and the impact of the conflict on the mental wellbeing of 'adult children' as well as among the young people of the 'post-ceasefire generation'. Given the limited amount of significant empirical research examining the transmission of conflict-related trauma in the Northern Ireland context, the study represents an essential exploratory examination of the trauma-related issues affecting individuals and their families arising from the conflict. However, this particular study was focused on the concept of trans-generational trauma and trauma-related services and the perception of young people relating to the availability of these treatments and services.

6.4.6. Building on the findings of this research, there is a need to continue to explore the trans-generational impact of the Troubles specifically on those communities' worst affected during the conflict and where its legacy continues to permeate the lives of young people. The CNA Phase I Report recommended that further examination of the longer-term trans-generational impact of the conflict should be undertaken into the lives of young people growing up in these economically disadvantaged communities. Equally, in exploring the socio-economic impact on the lives of victims and their families, the research will need to examine the effectiveness of a range of education and health sector-based initiatives including the PEACE funded YESIP programme.

6.5. Recommendations

6.5.1. The Commission proposes to confer with statutory authorities and relevant stakeholders regarding the development of an inter-disciplinary approach to dealing with the trans-generational impact of the Northern Ireland conflict. We intend to convene a series of round-table meetings with key agencies and authorities to facilitate the development proposals for a comprehensive, joined-up approach to tackle the trans-generational legacy of the conflict. We would envisage a report being submitted to Government by the autumn of 2012.

6.5.2. There is a need to promote greater awareness of trans-generational trauma among professionals including GPs and social workers. The Commission will pursue this matter within the inter-agency process outlined in Recommendation 1.

6.5.3. We propose that further research should be commissioned to explore the potential for increased use of family therapy alongside individual psychotherapy for

trans-generational trauma. The Commission will pursue this matter within our Work Plan for 2012/13.

6.5.4. The new Victims and Survivors Service is expected to develop a care pathway for the victims sector during 2012/13. We recommend that access to family therapy and family-based practice should be included as an option within the care pathway.

6.5.5. There should be increased inter-agency cooperation on trans-generational issues across Northern Ireland. The Commission will pursue this matter within the inter-agency process outlined in recommendation 1.

6.5.6. The Commission has encouraged consideration of the development of a trauma-focused coordinated service network by OFMDFM and DHSSPS based on the model of a managed clinical network (MCN). This MCN should draw on the existing expertise and experience within the statutory and non-statutory sectors to effectively treat trans-generational trauma among individual victims and their families.

Chapter 7: Personal And Professional Development

7.1. Description

7.1.1. In the Phase I CNA Report, Personal and Professional Development was identified as seventh in the Areas of Need. The rationale for this decision was that whilst this area of need is still very important for some victims and survivors, the high level of statutory provision available to resource personal and professional development made it less of a priority in relation to the other needs identified. Therefore, this paper focuses on re-examining the current resources available from both the statutory sector and the funding invested in this area through the Strategic Support Fund and the Northern Ireland Memorial Fund, in particular, over the past twelve months.

7.1.2. It was made clear in the Phase I analysis that the conflict has embedded a specific legacy of needs in relation to personal development, education, employment and training of victims and survivors. Due to the individual circumstances of victims and survivors, needs are wide and varying across these four areas. Normal progression along personal development, educational, training or employment paths may have been interrupted by thirty years of conflict and there may have been financial loss as a result of this. For example, someone injured or bereaved or a full time carer, as a consequence of the conflict, may not have been able to progress along their chosen academic or professional path because of their physical or mental injuries or because of their responsibilities as a carer.

7.1.3. Consideration needs to be given to victims and survivors who are fearful and reluctant to travel outside of their communities to access services and prefer to rely on services provided locally by community and voluntary service providers. Equally, consideration needs to be given to ex-members of the security forces accessing these services in environments where they feel safe and secure.

7.1.4. In the Commission's Phase I report, personal and professional development was defined as an individual's needs in relation to four areas, namely, personal development, education, training and employment. In terms of providing services to meet these needs, current provision would include examples such as:

Personal Development Needs – includes developing personal awareness of self, others and community, enhancing social skills, self-confidence and life skills, all of which can be an outcome in of themselves or contribute to laying the foundation for accessing education, training and employment needs.

Educational Needs – includes the provision of advice, guidance and information in relation to the availability of courses, academic advice and the provision of academic courses, funding, exam advice and guidance and assistance with enrolment forms in order to advance progression along the chosen

educational path.

Training Needs – includes the provision of advice, guidance and information on a host of training courses, for example business and self employment training, computer skills, trades and skills, access to and the provision of courses in order to facilitate progress in the chosen career or facilitate the return to work.

Employment needs – includes the provision of information, advice and guidance in relation to careers advice, identifying skills, abilities and aptitudes, job searches, interview techniques, CV production, pursuing an active career, provision of information on employers, sign posting to professional bodies and assistance in completing employment application forms in order to facilitate employment progress.

7.2. Services

Analysis of current funding

7.2.1. The main funding streams currently provided to groups for personal and professional development services are by the Community Relations Council's (CRC) Strategic Support Fund (SSF) and Development Grant Scheme (DGS) and through the PEACE III Programme. The services funded are provided by the community and voluntary sector. In terms of individual victims and survivors, the Northern Ireland Memorial Fund (NIMF) also administers a grant support scheme for personal and professional development.

CRC Funding

7.2.2. Between 2010 and 2012, the Community Relations Council was requested by the Office of the First Minister and Deputy First Minister (OFMDFM) to manage the transitional funding arrangements for groups working with individual victims and survivors, until the establishment of the Victims and Survivors Service. The transitional arrangements included a merger of the Core and Development Grant Schemes to form the Strategic Support Fund for groups delivering services to victims and survivors and a separate Development Grant Scheme (which do not require staffing and running costs) for volunteer based groups providing services to individual victims.

7.2.3. CRC is currently administering an eighteen month Strategic Support Fund between October 2010 and March 2012 and 48 Victims and Survivors Groups have been successful in attracting funding from this Fund to the value of £8.17million. Awards within the SSF programme are divided between the core staff and running costs and the programme activities of the work plans. This funding supports 121 full time positions and 43 part time positions which deliver the various programmes of activity. Table 16 below illustrates the amounts awarded to the programme activities of the

Areas of Need identified.

Table 16: Amount Awarded to Programme Activities 2011/12

Service Category	Total £
Mental Health and Well-being	744,112.52 (43%)
Personal and Professional Development	360,586.43 (21%)
Social Support	261,153.80 (15%)
Truth, Justice and Acknowledgement	164,756.00 (9%)
Trans-generational and Young People	158,746.00 (9%)
Organisational Development	54,103.00 (3%)
Total	**£1,743,457.75**

7.2.4. A significant proportion of the SSF Programme has been awarded to Personal and Professional Development for this period. A total of £360,586 or 21% of the budget has been awarded to this area, which represents the second highest area of funding. The types services supported include:

- Professional or vocational training or education/learning opportunities for individual victims and survivors to provide support towards employment or careers development, learning new skills; and

- Non-professional or non-vocational training/education/learning opportunities for end beneficiaries to assist in learning/skills development, employment or careers development.

7.2.5. It is acknowledged by CRC that a high percentage of the Personal and Professional Development activities could also be considered as overlapping or contributing to Social Support. For example training courses, outreach services, mentoring support and networking events could be considered as Social Support activities and have similar outcomes.

7.2.6. Analysis of the SSF has identified a number of impacts of this funding that include improved levels of social integration through participants taking part in group based activities. There is also evidence of victims and survivors getting involved with volunteering work within organisations and utilising the new skills they have acquired through undertaking these programmes.

The Development Grant Scheme

7.2.7. The Community Relations Council also administers the Development Grant Scheme. This scheme provides funding to support the healing and recovery work with victims and survivors of the conflict. The scheme seeks to ensure fair access to support for victims and survivors and the principal aim is to support victims and survivors to become active members of society.

7.2.8. A total of fifty groups are currently being supported through this scheme for the period October 2010 to March 2012 to undertake similar activities that are supported by the SSF scheme and that may include activities that can be classified as personal and professional development. However, the information is not available at this time to analyse the scheme further, other than state that in total, £486,894 has been administered in the last 12 months.

Northern Ireland Memorial Fund

7.2.9. For the past twelve years the Northern Ireland Memorial Fund (NIMF) has provided financial support to individual victims and survivors of the Northern Ireland conflict through a number of grant schemes and programmes. During this period, the Fund has assisted and administered funding to individuals with the following schemes being considered as Personal and Professional Development:

- The Education and Training scheme;
- Support for Learning;
- Youth Projects; and
- Adult reconciliation projects.

7.2.10. In 2010, the NIMF moved to a 'needs based approach', and in doing so they revised and introduced means testing to a number of their grant schemes. Included within the revised schemes was the 'Education and Training scheme'.

7.2.11. The eligibility criteria for individuals making applications for support through the Education and Training scheme is as follows:

- Lost a grandparent, parent, partner, child, or sibling, or;
- Has sustained a serious physical or psychological injury and has not recovered (child or spouse of injured can also apply), or;
- Have become the registered primary carer of someone who has been seriously physically or psychologically injured.

7.2.12. In 2011, the NIMF provided a total of £931,066 which resulted in 2,342 successful awards being administered via the Educational and Training scheme. Table 17 below, provides a brief outline of the types of education and training activities supported through this grant scheme and of the amounts of funding allocated for year 2011.[156]

Table 17: NIMF Education and Training scheme with allocated funding for 2011

Education and Training Activity	Number of Awards	Percentage of Awards %	Funding £	Percentage of Funding %
Personal development	300	13	62,419	7
Vocational Training	225	10	157,504	17
University fees	189	8	198,685	21
Extra tuition	104	4	31,736	3
Course fees	451	19	257,264	28
Books and equipment	98	4	10,695	1
Driving lessons	916	39	184,804	20
Conventional treatment	1	0	30	0
Physiotherapy	2	1	240	0
Other	35	1	20,783	2
NULL – Cancelled	21	1	6,906	1
Total	**2,342**	**100**	**931,066**	**100**

7.2.13. Table 17 highlights the most popular personal and professional activities being driving lessons which accounted for 39% of the total number of awards made during 2011. This was followed by course fees accounting for 19% of awards made during this period. NIMF does not gather evidence of the contribution made by the provision of driving lessons to improving employability or employment or any other benefit accruing. In respect of course fees, this would include activities such as college courses or other vocational training.

7.2.14. In terms of the amount of funding awarded to each of the categories, the top three areas were Course fees totalling £257,264 or 28% of funding, University fees totalling £198,685 or 21% of funding and driving lessons totalling £184,804,

[156] Break-down of Northern Ireland Memorial Fund Education and Training Scheme (2011) extracted from Data-base provided by NIMF on 27 February 2012.

representing 20% of funding.

7.2.15. In moving towards a needs based approach in November 2010, the NIMF introduced means testing for a number of its programmes. The Education and Training programme was not means tested. It is therefore possible that the rise in number of applications and the amount of funding in this programme in 2011 is due to it being accessible to all victims and survivors, not just those below the means testing threshold. The fact that a significant amount of awards were not drawn down in this category would give rise to queries regarding the suitability of the schemes.

Statutory Services

7.2.16. The Phase I Report identified the numerous programmes and schemes provided by the statutory sector in relation to Personal and Professional Development. In the main, it focused on the provision made by the Departments of Education (DE) and Employment and Learning (DEL). The next few paragraphs focus on providing an update on the provision available from these departments.

7.2.17. The Departments of Education (DE) and Employment and Learning (DEL) have statutory responsibility for providing services in relation to education, training and employment in Northern Ireland. A comprehensive service currently exists to meet the needs of the wider public and all individuals. Staff members are involved in the provision of services which are accessed by victims and survivors but there are no dedicated staff providing direct services to victims.

7.2.18. The Department of Education has the remit for the education of children and young people. DE does not have any specific protocols or initiatives in place to deal with children and young people who are victims of the conflict, but can and does deliver support to these young people under mainstream Departmental support services, which are available for any child, irrespective of the cause of their need. The Department states that there is a range of Departmental services available to children needing practical support, including those who may have been affected by the conflict.[157]

7.2.19. The role of DEL is to promote learning and skills and to prepare people for work in support of the economy. DEL does not have specific programmes of support or services dedicated to victims of the conflict. However, there is a multitude of schemes available to help individuals with employment and training opportunities. These include job centres, jobs and benefit offices and the availability of personal advisers. Such work in the current economic climate where unemployment is high carries with it significant challenges, as there is a dearth of jobs individuals to apply for.

[157] From the Department of Education website www.deni.gov.uk

7.2.20. The Department states that it also delivers a Disablement Advisory Service that provides guidance, training, assessment and placing of services for people with disabilities who wish to obtain or retain employment. The Pathways to Work Programme is an innovative and new approach to help people with health conditions and disabilities to consider their options for returning to work. Participants are allocated their own specially trained Pathways Personal Adviser who will arrange a series of meetings to discuss difficulties encountered which make it difficult to work and provide advice on a range of choices which may provide the practical, health and financial support individuals need to make decisions about work.[158]

7.2.21. An example of another scheme supported by DEL is the 'Jobs on the Move' programme. It is funded by through DEL Local Employment Intermediary Service (LEMIS) and is a community based employment programme which aims to assist those furthest from the labour market who are defined as the hardest to reach and hardest to help.

Other Services

7.2.22. The CNA Phase I Report also outlined the details of other services funded by the Department of Justice and the Ministry of Defence for current and retired members of the RUC/PSNI and for those retired from the UDR/RIR. These occupational based specialist services relating to personal and professional development can have an impact on victims and survivors who are former members of the security forces. They continue to be delivered to eligible clients.

7.3. Development

7.3.1. The current economic climate has the potential to impact on the benefits of undertaking personal and professional development work in the short to medium term, given that victims and survivors will be in a contracting job market and where opportunities for education also have increased demand.

7.3.2. The research on Personal and Professional Development has not identified any major gaps in relation to service delivery. The statutory sector provides a wide range of services to all individuals within Northern Ireland and the current funding programmes provides sufficient resources for victims and survivors to access personal and professional development services in a number of ways.

7.3.3. The Department for Employment and Learning[159] (DEL) provide a wide range of financial support and assistance for individuals wishing to undertake educational,

[158] Taken from the Department of Employment's website www.delni.gov.uk

[159] Department for Employment and Learning Website (2011). www.delni.gov.uk

vocational and training courses. This support is subject to means-testing and caters for the following categories:

- Student Finance;
- Higher Education; and
- Looking for Work.

7.3.4. The CNA Phase I concluded that Personal and Professional Development was placed seventh out of the seven identified areas of need. However, the analysis above highlights that in 2010/11 Personal and Professional Development has been identified as the second highest area of spend in terms of the amount of funding administered to individuals. A similar situation is found in the analysis of the programmes of activities administered to groups by CRC through the SSF. Personal and Professional Development was again second highest in terms of the amount of funding allocated to activities delivered by groups. Therefore, as a minimum, over £1million of the victims and survivors budget is spent per annum on providing direct Personal and Professional Development services (£360,586 from SSF and £701,629 from the NIMF, totalling £1,062,215). Analysis of funding, specifically of NIMF's Education and Training Scheme shows an average award across all education and training activities of £400, illustrating a relatively high cost per intervention, as we would expect with one-to-one assistance. However, based on the analysis of all the available information the Commission considers that it is not necessary to re-prioritise the order of need.

7.3.5. It is difficult to speculate on why the funding allocations are so high for this area of need in comparison to those identified as a higher priority in Phase I CNA.[160] It may be as a consequence of the eligibility criteria applied to other schemes within the NIMF (i.e. means-testing) that has resulted in the Education and Training scheme being so popular.

7.3.6. It would also appear that the provision of Personal and Professional Development services is a valuable activity and service provided by the groups availing of SSF funding. Certainly the groups, via their applications to SSF identify this area as an important area of need with the victim and survivors sector. The Commission recognise the important role which victims and survivors groups play in delivering personal and professional development services. There is evidence that a level of trust that has been built up over a number years between the groups providing the services and the clients receiving these services. This may be as a result of working with different groupings of victims and survivors or with those at different levels of

[160] Commission for Victims and Survivors (2010) *Comprehensive Needs Assessment – First Interim Report*, CVSNI: 5.

personal development.

7.3.7. In November 2011, the Commission submitted advice on 'Individual Financial Needs'. In providing this advice, the Commission was mindful of the budgetary constraints of the current Comprehensive Spending Review period and available funding for victims and sought to set against this situation realistic proposals that could:

- Effectively address the needs of victims and survivors;
- Deliver quality support and services to victims and survivors; and
- Contribute to a better society for victims and survivors.

7.3.8. This advice recommended a revision of the Education and Training scheme currently administered by the Northern Ireland Memorial Fund (NIMF). The recommendation was for an 'Education Bursary' scheme to be administered by the Victims and Survivors Service. This bursary is designed for children who have been bereaved through loss of a parent and who are still in education and training up to the age of 25. It would provide an annual award to children of £300 whilst still in school, £1,000 whilst in a vocational or technical training course, £2,000 whilst attending university within Northern Ireland and £3,000 whilst attending university outside of Northern Ireland. It also recommended that the revised scheme should not be means-tested.

7.3.9. Based on the analysis of the current data the Commission has concluded that the activities outlined in Table 17 of this document currently funded via NIMF's Education and Training Scheme can be met in other ways. The education bursary would replace university fees, extra tuition, books and equipment and some vocational training. Personal development activities can be addressed through the funding of service provision to groups. Course fees and driving lessons could be covered by the Financial Assistance - Regular Payment scheme to those in greatest financial need, allowing individuals to meet their needs with dignity.

7.4. Recommendations

7.4.1. In the current programmes, two models currently exist to provide victims and survivors with Personal and Professional Development services. The CRC provides direct funding to groups to provide training and courses for victims and survivors wishing to avail of services. The NIMF provides direct financial support to victims and survivors to pay directly for the courses or training that the victim or survivor identifies themselves. The Commission recommends that a more strategic approach is adopted going forward by the Victims and Survivors Service in the administration

of this funding.

7.4.2. It is understood that from April 2012 the new Service will assess individually each victim and survivor who has needs. This assessment should identify the best Personal and Professional Development service required for each individual. The Service or individual can then choose how best this service is provided, either via statutory provision, group provision or direct sourcing by the individual. It would be expected that this mechanism would reduce the costs of providing Personal and Professional services in subsequent years. The Commission recommends that any savings identified could be applied to the other areas of need appropriately.

7.4.3. The Commission recommends that the Victims and Survivors Service develops an appropriate monitoring and evaluation framework that enables it to articulate the impact that the provision of Personal and Professional Development services has on the lives of individual victims and survivors, on wider society and provides evidence of its value for money.

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Annexe A – Glossary for Health And Wellbeing Chapter

Glossary[161]

Art Therapy

A form of psychotherapeutic practice that uses such media as paintings, drawings, crayons and clay for therapeutic purposes.

Cognitive Therapy

A range of therapeutic practices that try to produce change by directly influencing thinking.

Cognitive Behaviourial Therapy (CBT)

A range of techniques and therapies that try to produce change by directly influencing thinking, behavior, or both.

Co-morbidity

The presence of more than one form of severe psychological distress in an individual at the same time.

Depression

A mood disorder characterised by the existence of one or more depressive episodes, in which the person experiences low mood or loss of interest, accompanied by such symptoms as low energy, changes in appetite, poor concentration, feelings of guilt or worthlessness, and suicidal ideation.

Eye Movement Desensitisation and Reprocessing (EMDR)

A psychological treatment aimed to help clients overcome distress associated with traumatic experiences, in which clients are invited to focus on an external stimulus, such as a moving object in front of their eyes, while attending to emotionally disturbing material.

Family Therapy

A set of therapeutic practices which focus on ‘treating’ the family rather than any one specific individual.

Music Therapy

Music Therapy is a psychological intervention which uses expressive elements of music as the primary means of interaction between therapist and client. Music therapy is an effective alternative to more standard forms of counselling and psychotherapy for clients who find it

[161] Glossary references from the following source unless otherwise stated: Cooper, M (2008) *Essential Research Findings in Counselling and Psychotherapy: The Facts are Friendly*, Sage Publications.

difficult to connect with, express or differentiate between their emotions.[162]

Post Traumatic Stress Disorder (PTSD)

An anxiety disorder that follows from the experiencing of a traumatic or highly stressful event, characterised by intrusive and distressing memories of the event, jumpiness, numbness, and attempts to avoid anything associated with memories of the event.

Qualitative research

Language-based research, in which experiences, perceptions, observations, etc, are not reduced to numerical form.

Quantitative research

Number-based research, generally incorporating statistical analysis.

Psychodynamic therapy

A family of psychological therapies which aim to help clients develop a greater awareness and understanding of the unconscious forces determining their thoughts, feelings and behaviours.

Psycho-education

A range of education strategies used to inform people about their problems and how to overcome them.

Trauma-focused Cognitive Behaviourial Therapy (TF-CBT)

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is a components-based model of psychotherapy that addresses the unique needs of [individuals] with PTSD symptoms, depression, behaviour problems, and other difficulties related to traumatic life experiences.[163]

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[162] Information accessed electronically at: http://www.bamt.org/Private/2170/Live/download/Mental%20Health.pdf

[163] Information accessed electronically at: http://www.nctsnet.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf

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