

SUPPORT FOR VICTIMS AND SURVIVORS

ADDRESSING THE HUMAN LEGACY

 Interim
Commissioner for
VictimsSurvivors
WORKING FOR VICTIMS & SURVIVORS

Rt Hon Mr Peter Hain MP
Secretary of State for Northern Ireland
Northern Ireland Office
Stormont Castle
BELFAST

January 2007

Dear Secretary of State

In October 2005 you appointed me as Interim Commissioner for Victims and Survivors to carry out a review of the current support to victims and survivors of the Troubles. I have completed this task and now submit to you my report and recommendations. I feel that it is worthy of note that while there are many issues regarding victims and survivors, there needs to be an acknowledgement of the very positive contribution that many victims and survivors have made to our society over the years and that this is on-going.

People who have suffered as a result of the violent conflict in Northern Ireland are attempting to address a legacy of almost forty years of conflict. Realistically, it must be accepted that the road back to normality will take a long time for us all, but particularly for the many victims and survivors of the Troubles. It is neither fair nor accurate to measure the cost of the Troubles in purely financial terms whether it be funding or service provision. The real cost needs to be considered within the context of human suffering and the physical, emotional and psychological trauma inflicted on individuals and society as a whole.

My emphasis throughout the year has been on individual victims and survivors, whether they are within or remain outside the established groups. I hope that the recommendations emerging from this work will have a positive impact on the quality of life of victims and survivors by ensuring that services and funding provision meet their specific needs. As I have met with individuals and listened to their experiences I have felt privileged that they have shared these with me. It has re-enforced my belief that for many, but particularly the early victims of the Troubles, their needs have evolved and will evolve over time.

Lives have been irretrievably broken and damaged as a result of the conflict. Many of those injured still live in constant pain, while others have a dependency on family members, who lovingly and consistently provide them with practical support and care without complaint or regard to personal cost and the loneliness of caring. These are the silent victims of the Troubles, not reflected in government statistics.

It is therefore essential that there is a commitment from Government to ensure that appropriate and sustained support is given to victims and survivors for an extended period of time, as research suggests that resolution is likely to take as long as the conflict itself.

Chapter 1 of my report outlines my remit and the methodology I adopted in seeking to address it whilst taking account of sensitivities involved.

Chapter 2 sets current provision in context and gives a brief synopsis of key initiatives undertaken to date.

Chapter 3 considers service delivery models, best practice and gaps in provision.

Chapter 4 details the funding available and how it is administered and accessed by individuals and groups.

Chapter 5 outlines the practicalities involved in establishing a Forum for victims and survivors, outlines four options and makes recommendation based on the state of readiness of the community to engage at this time.

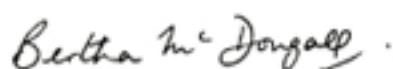
Chapter 6 contains fifteen specific cases which were brought to me. Many of the issues highlighted form the back bone of my report as they are symptomatic of the problems experienced by victims and survivors.

I would urge government in considering my recommendations to take account of the positive impact they will have not just on victims and survivors, but on society as a whole, as we seek to collectively move forward towards a shared future.

I would encourage you to ensure that these recommendations are adopted and that their implementation is undertaken with the utmost urgency to address the ongoing needs of victims and survivors.

In conclusion, in addressing my remit I was constantly aware that for many individuals, wider issues such as recognition, acknowledgement and truth recovery are as important to them as the provision of services and financial assistance and these needs must be equally recognised and acted upon.

Yours sincerely



Bertha McDougall (Mrs)
Interim Commissioner for Victims and Survivors

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ACKNOWLEDGEMENT

This review would not have been possible without the support and encouragement of people across the community. I would like to express my thanks to those individual victims and survivors and representatives of victims' and survivors' groups who were prepared to share their experiences with me and contribute to the report.

The number of people and organisations I met with over the year was numerous and it would be difficult to list them all here but I must mention two groups whose role was significant within this review: the funding bodies and the statutory services and agencies. At all times these groups were welcoming and foremost on their agenda was to contribute to the review of the current provision for victims and survivors. I was also assisted by officials from OFMDFM who provided information on a wide range of issues. My thanks to them all.

I am particularly grateful to the members of my staff, Ray Acheson, Jenny Graham, Vincent Gribbin, Tom Nelis, William Redpath and Selina Quinn without whom this report would have not been possible. They have undertaken the task with enthusiasm and dedication and have throughout the year interacted sensitively with the many people they met.

EXECUTIVE SUMMARY

Introduction

People who have suffered as a result of the violent conflict in Northern Ireland are attempting to address a legacy of almost forty years. It is neither fair nor accurate to measure the cost of the Troubles in purely financial terms whether it be funding or service provision. The real cost needs to be considered within the context of human suffering and the physical, emotional and psychological trauma inflicted on individuals and society as a whole.

Victims and survivors need support. They are individuals who may have suffered an injury; be a carer; or a spouse, partner or dependent of someone who has died as a result of the conflict in Northern Ireland. Throughout my term in office I have listened to their voices and attempted to reflect their concerns in this report. My recommendations were made after evaluating current provision and seeking ways to improve their quality of life.

While there is a definition of a victim in the Victims and Survivors (Northern Ireland) Order 2006 there is no consensus on the definition of a victim and survivor within the community. Throughout the year in carrying out my remit I have adopted a 'needs-based' approach. For me, that means that where an individual has a need arising out of the conflict, be that a need for counselling, befriending or for practical help, that need must be met. I believe that unless this happens the individual continues to suffer as do the immediate family and the wider community.

Context

In the early days of the Troubles there was little practical or emotional support for individuals. What was available came through a few self-help groups. Support expanded in the 1990s as the voluntary sector and self-help groups brought people together to share their experiences and to provide support for one another.

It was only at the end of 1997 that government acknowledged that it was necessary to begin to address the needs' of victims and survivors. Since then there have been many government initiatives. Following the Belfast Agreement there have been many changes in the community affecting all citizens but victims and survivors in particular, and it is within this context that I report.

Remit

In October 2005 I was appointed by the Secretary of State as Interim Commissioner for Victims and Survivors to:

- review current arrangements for service delivery and co-ordination of services for victims and survivors across government departments and agencies, identifying any gaps in service provision;

EXECUTIVE SUMMARY

- review how well the current funding arrangements in relation to victims' and survivors' groups and individual victims and survivors are addressing need; and
- consider the practical issues around establishing a Victims and Survivors Forum.

My Approach

I have sought to listen to victims and survivors across the community both individuals and groups. I met with and received comments from individual victims and survivors, groups, statutory services, funding bodies, political parties, government agencies and officials as information and evidence was gathered. The media was used to raise the profile of the office and to try and reach out to as many victims and survivors as possible. In relation to the practicalities of setting up a Forum I held a series of seminars with group representatives and individuals who had contact with my office, to focus on the role and purpose of a forum. I invited, through advertisements in the local press, anyone from the wider community to contribute to the debate on the Forum. Many individuals that I met with permitted me to use in the report details of their particular circumstances to exemplify some of the issues facing many victims and survivors. All the information was used to analyse the current situation, to identify the gaps and to contribute to the recommendations.

Main Findings

Services

To date there has been no comprehensive needs' analysis for victims and survivors and consequently it is not possible to quantify how many people affected by the conflict require support.

- Service provision for those affected by trauma has been reactive and lacking co-ordination and the provision is patchy across Northern Ireland
- GPs are not sufficiently equipped to identify complex psychological conditions arising from the Troubles.
- There is no requirement for counsellors working with those affected by the Troubles to practice to recognised standards.
- Those suffering from chronic pain as a result of injuries need access to alternative therapies.
- There is considerable evidence of good practice in support for work with victims and survivors, but it is not always shared.

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- Some excellent work has been undertaken with young people but there is inconsistency in funding and therefore the work is not sustainable.
- There is still a lack of trust amongst victims and survivors in the statutory sector
- Despite attempts to make information more widely available, many victims and survivors are unaware of the support that is available.
- There is no evidence of an acknowledgement in the statutory sector that there is a need to raise awareness of victims' and survivors' issues.
- The service delivery model is too complex, is not easily understood and does not appear to be working.

Funding

- Current funding has proved to be inadequate to meet identified needs.
- Financial needs are greatest among those who were injured or bereaved in the earliest years of the Troubles.
- The main source of direct funding for individuals is the Northern Ireland Memorial Fund (NIMF).
- The NIMF has undertaken some very valuable work but does not appear to have addressed the issue of sustainability for individuals and carers
- Many of the recommendations in previous evaluations, of the Northern Ireland Memorial Fund remained unresolved such as the bureaucracy and rigidity of the schemes, Cap Gemini (2001) and Deloitte (2005).
- Trauma has had an adverse impact on some victims and survivors being able to comply within the time limits for making a compensation claim.
- There is a lack of clarity around criteria and the mechanisms for allocating funds.
- Groups have a dependency on non-recurring Peace Funding, and there is a lack of clarity about how their projects with victims and survivors will proceed when Peace Funding is no longer available.

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- Groups are receiving annual funding from the existing Core Funding Scheme based on applications made over four years ago
- The existing Core Funding Scheme does not allow for the long term planning which is necessary for the work.
- In the existing Core Funding Scheme the link between funding and assessment of need is weak.
- While there have been many safeguards regarding the audit of the funds allocated to groups, there has been a lack of monitoring and measurable outcomes of the impact of the projects for victims and survivors.
- Since 1998 government has allocated £36.4 million directly to the victims' and survivors' sector.
- Peace II Funding has been used to deliver many of the services with £7.6 million coming from European Peace Funding and an additional £5.1 million recently allocated from Peace II.

The Forum

A forum would be positively received by victims and survivors.

- Victims and Survivors want a forum to:
 - address a range of practical issues
 - be a platform for victims and survivors to come together and to have a voice on aspects that they believe are not being dealt with
 - be independent, effective, inclusive, accountable and productive
 - share their experiences and co-ordinate good practice.

Overall Conclusions

The purpose of my report is to consider the current provision against the need and evaluate how far that need is being met. My findings have highlighted the lack of co-ordinated information about the extent of the need of victims and survivors. This information has been difficult to collect due to its sensitive nature but without this information it is difficult to undertake a strategic approach to the support required.

Services

There are many examples of good practice in areas such as Primary Care, provision of information and advice, awareness raising, trauma related services and work with young people. However, quite often this work has not been mainstreamed due to lack of resources or competing priorities. There is a need to build on the work that has been undertaken in both the statutory and voluntary/community sector.

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There is not equality of access to health-related services across Northern Ireland. Health-related services are under significant pressure in terms of workload and funding and this must be addressed under the implementation of the Bamford Review. Government needs to recognise the need for these services to be brought under NHS responsibilities.

The current OFMDFM service delivery model does not deliver in a co-ordinated structure to individuals.

My overall conclusion in the area of services is that the provision has been constrained by a lack of funding to services providers and an unco-ordinated and piecemeal approach.

Funding

The existing Northern Ireland Memorial Fund (NIMF) has provided a valuable service. Over the years it has had seventeen different schemes however in conjunction with Deloitte I would query if these schemes adequately reflect the changing needs of victims and survivors. Deloitte noted (2005) 'the evidence gathered indicates that the needs assessment undertaken by the Fund is limited'.

Many victims and survivors have indicated a difficulty and a reluctance to access a fund that they perceive is lacking in sensitivity towards them. Whether the lack of sympathy is a perception or a reality has to be addressed

The needs' of the early victims and survivors are not being adequately addressed. This must be addressed in a sustainable way to improve their quality of life.

I believe that at this stage a new fund is required and this is an opportunity to address the evolving needs of victims and survivors and to ensure that the flexibility that is needed is implemented.

Assistance for applicants via local support services such as victims' and survivors' support groups and Trauma Advisory Panels could assist where victims and survivors are unaware of the fund or may be reluctant to access the fund.

A flexible fund will be a challenge for those addressing the issues for victims and survivors. However, I believe that if needs are to be addressed then a flexible fund is the way this should be undertaken.

My overall conclusion for individuals is that the NIMF is phased out and a new fund established by the end of 2007.

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As the existing Core Funding Scheme for groups does not enable sustainability or long term planning, a review of the scheme is essential as soon as possible. There are many audit checks in the system but no audit of the quality of the projects, their outcomes or evaluation.

The Forum

It was the consensus of those consulted that there should be a forum. The forum could provide the means for victims' and survivors' voices to be heard on relevant issues.

Initially the forum could deal with practical issues relating to victims and survivors and when established consideration could be given to aspects of Truth Recovery. The four models outlined ranged from a formal structure to an informal network with the proposed model assisted and facilitated by the Commissioner for Victims and Survivors. The Commissioner should develop priorities and action plans in consultation with victims and survivors.

Recommendations

My main focus in drawing up the recommendations has been how they will impact on individuals because ultimately, whether an individual is a member of a group or not they should experience a real difference to their quality of life.

I acknowledge that time will be needed for government to consider these recommendations and take appropriate steps for implementation but I believe that for each individual the implementation of my recommendations should:

- improve the practical provision;
- enable sustained financial provision for those with the greatest need;
- co-ordinate the delivery of health-related services;
- provide continued support through the ongoing work of groups;
- acknowledge and recognise individual experiences through setting up a forum to address practical issues and ways of dealing with the past
- continue to promote the needs of young people through the Commissioner for Victims and Survivors in conjunction with the Commissioner for Children and Young People.

EXECUTIVE SUMMARY

My recommendations are as follows.

Services

1. **All aspects of Trauma service arrangements, including both regional and local arrangements, are taken forward in conjunction with the outworking of the recommendations of the Bamford Review.**
2. **The Commissioner for Victims and Survivors monitors closely the impact of the implementation of Bamford on victims and survivors.**
3. **Issues relating to children and young people who have been impacted by the conflict are addressed by the Commissioner for Victims and Survivors in conjunction with the Northern Ireland Commissioner for Children and Young People.**
4. **All counselling services for victims and survivors are accredited to recognised standards, such as British Association of Counselling and Psychotherapy (BACP) or Irish Association of Counselling and Psychotherapy (IACP).**
5. **The evaluation of the Primary Care Link Worker Service is forwarded to DHSSPS and the NI Medical and Dental Training Agency. GP training is provided to assist in the screening for Post Traumatic Stress Disorder.**
6. **Publication of information on services for victims and survivors should be co-ordinated through the office of the Commissioner for Victims and Survivors, taking account of need at local and regional level.**
7. **All previous research through the Strategy Implementation Fund is evaluated and consideration given to how effective findings are incorporated into mainstream services with appropriate funding.**
8. **All Departments and Agencies in the statutory sector should review regularly their staff training and development in relation to victims' and survivors' issues to ensure that those working with this group are appropriately skilled.**

Funding

9. **A new fund for individual victims and survivors of the conflict is set up as a Company Limited by Guarantee.**

EXECUTIVE SUMMARY

10. **The Memorial Fund is phased out in conjunction with the development of the new fund.**
11. **The new fund is established by the end of 2007 and that existing arrangements continue in the interim period.**
12. **A flexible funding structure is established which would be a broad-based scheme designed to have sufficient flexibility to deal with the evolving and complex needs of victims and survivors and those who care for them.**
13. **A task force is set up to examine ways in which the new fund can make sustainable and regular payments without impacting on the other benefits payable or be classified as taxable income.**
14. **The new fund makes an annual payment of £2000 to spouses bereaved prior to 1988.**
15. **An annual payment should also be made to help improve the quality of life for those who have been severely injured.**
16. **Financial profiling is applied to these annual payments.**
17. **The new fund is allocated £8million during the first year, in addition to set-up costs.**
18. **The Office of the First Minister and Deputy First Minister (OFMDFM) meets with the Trustees of the new fund and the Comptroller and Auditor General to agree broad audit requirements in advance of the launch of this fund.**
19. **There is a base-line assessment undertaken at the start-up of the new fund and two years after the fund is set up an impact assessment is carried out.**
20. **The new fund puts performance measures in place in relation to identifying new applicants and a strategy to target those 'hard to reach' individuals.**
21. **The new fund should seek and use all opportunities to work in partnership with intermediaries such as victims' and survivors' support groups and Trauma Advisory Panels to provide all necessary assistance to applicants.**
22. **The new fund should identify ways in which to reduce the requirement on individuals to provide evidence which may be difficult emotionally or practically to access.**

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23. The new fund develops an enhanced IT database which facilitates analysis of data to monitor and plan for evolving needs.
24. The new fund monitors needs and the associated funding required.
25. The new fund focuses on the provision of practical help and support and does not allocate funds in support of cross-community reconciliation projects.
26. Existing arrangements for the Police Fund and Prison Service Trust should continue and they should work collaboratively to identify and minimise duplication of effort in current processes.
27. Further consideration is given to setting up a UDR Fund similar to the Northern Ireland Police Fund.
28. Funding is kept under review to take account of the ageing population of victims and survivors and the additional demands which this will bring.
29. The Intermediary Funding Body (IFB) leads a review of the Core Funding and Development Schemes with all key stakeholders to develop a new scheme.
30. The IFB enhances their monitoring processes to include more meaningful qualitative measures for groups in receipt of the revised core funding.
31. During the transition to the new scheme the £10,000 limit with the Development Grant Scheme for projects promoting joint working between groups is raised.
32. Victims and survivors are represented on the Community Planning Partnerships which will be set up within local councils under the Review of Public Administration.

The Forum

33. The forum should be an integral part of the Office of the Commissioner for Victims and Survivors (Option Three), assisted and facilitated by the Commissioner and leading to the establishment of a full round table forum (Option One).
34. The forum has a key objective of moving towards a fully independent forum consistent with the model described under Option One above.

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- 35. The Trauma Advisory Panels continue in their present role and the important link with statutory services is maintained.**
- 36. The role of TAP Co-ordinator should come under the auspices of the Commissioner for Victims and Survivors. The new role should take account of and be consistent with the work programme of the Commissioner.**

1 INTRODUCTION

1.1 Background

Northern Ireland is currently moving out of a period of devastating violence that has lasted for almost four decades and resulted in economic, structural and social impact on its citizens. A more fundamental impact of the Troubles is the loss of over 3,500 lives due to the conflict (Cost of the Troubles Study, 1999). Upwards of 50,000 people have been physically injured and even more left with psychological damage. The damage caused is played out in private behind closed doors, often never being fully recognised outside the affected individuals and family circles.

Government has promised to address this legacy of the Troubles and is trying to reverse these negative impacts through the implementation of a number of social and economic strategies.

Much work has been progressed by individuals, groups, statutory and voluntary bodies but despite this, there is a recognition that what has been undertaken so far does not adequately address the needs. Much more needs to be done and a strategic, long term approach taken.

1.2 Remit

As Interim Commissioner for Victims and Survivors, I was appointed with a specific remit to look at three key areas:

- (a) to review current arrangements for service delivery and co-ordination of services for victims and survivors across departments and agencies, identifying any gaps in service provision;
- (b) to review how well the current funding arrangements in relation to victims' and survivors' groups and individual victims and survivors are addressing need; and
- (c) to consider the practical issues around establishing a Victims' and Survivors' Forum.

1.3 The Task

On taking up post in December 2005, I was conscious that much preparatory work had already been undertaken in this sector through the publication of numerous reports but it was unclear what recommendations had been accepted, acted upon or ignored and what progression, if any, had been made. There has been no systematic follow through of any previous recommendations. One of my first priorities was therefore to analyse the

1 INTRODUCTION

information relating to services and funding, identify gaps and progress made and from the evidence available make recommendations in relation to my remit. I also met with individuals and groups throughout Northern Ireland seeking their views on the practicalities of setting up a forum. I analysed their feedback to produce options and make recommendations.

1.4 Key Sensitivities

I am aware of the differing views and sensitivities around the definition of a 'victim' However, from the beginning I made it very clear that I would adopt a 'needs based' approach to my remit. This means that regardless of where the need comes from it must be addressed. If we do not begin to address the needs of an individual now, a few years into the future that need, with all the associated trauma, will still be there for the individual, their family and community. I believe that in taking this approach I will progress my remit in a meaningful way for the benefit of all those in need as a result of nearly forty years of conflict.

I am aware that there still exists among victims and survivors a very high level of mistrust in statutory services as well as a high level of mistrust between various groups. There is also a significant lack of trust in government with the perception across the community that government favours one section over the other. While some victim support groups have undertaken work to build trust within and between communities the level of mistrust should not be underestimated.

1.5 Methodology

Bearing in mind the key sensitivities referred to above, the focus of my work was to find out the impact of services and funding on individuals and groups. I felt it was necessary to meet with known groups and listen to the experiences of as many people as possible. This was to ensure that I had knowledge of any problems or difficulties encountered and was aware of what was working well and meeting the needs of victims and survivors.

I also felt that it was essential to reach out to others, particularly individuals who may not have had the opportunity to express their views previously, or had chosen not to join a group, but whose opinions and views are equally valid. I have throughout the year adopted an open door policy, and reinforced this at every opportunity but especially through the media.

Getting feedback from interested parties was essential and it was necessary to have a variety of additional approaches to cover all areas of the remit. These approaches are detailed below and Figure 1.1 illustrates the stages of inquiry that I identified.

1 INTRODUCTION

(i) People

- Individuals.
- Meeting and listening to individuals, groups, representatives of groups, service providers and the Trauma Advisory Panels (TAPs).
- Promoting an open door policy through the media.
- Using a leaflet, distributed to GP surgeries, Translink stations and public libraries, to create awareness of the establishment of the office and its work.
- Meeting and listening to the Political parties.
- Meeting and listening to government officials, both British and Irish.

(ii) Services and Funding

- Identifying relevant reports and studies.
- Analysing the information relating to services and funding, identifying gaps and progress made.
- Publishing an interim report on funding to encourage debate on current funding provision.
- Meeting and listening to the funding bodies.
- Meeting and listening to the health related service providers and other agencies.
- Meeting and listening to the government agencies.

(iii) The Forum

- Fourteen seminars were held throughout Northern Ireland, during the day and in the evening to give people maximum opportunity to attend.
- Core Funded Groups, funded through the Community Relations Council (CRC) and individuals who had contacted this office were invited.

1 INTRODUCTION

- The focus was on the need for a forum, and its role and purpose.
- Responses were collated and placed on the web site.
- Following this, advertisements were placed in the local press giving any interested persons the opportunity to contribute.
- All responses were analysed and four outline proposals for different options developed.
- These outline proposals were presented and discussed at the Community Relations Council's Conference for Victims and Survivors in October 2006.

An analysis of the responses to all aspects of the work influenced my recommendations.

1.6 Case Studies

As already noted throughout the year, I have listened to many individual victims and survivors and have been continually reminded of the pain they are suffering. Along with this is their continued struggle to find support and their frustration when trying to access services to which they are entitled. I have included a number of case studies in the report to help illustrate key points and to emphasise the personal impact on individual victims and survivors of current funding and service provision. These case studies have been reproduced in conjunction with the individuals concerned.

Figure 1.1

Work Areas	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Forum	Literature Review	Seminars	Seminars	Analysis	Consultation	Draft Report
Services		TAP's Gap analysis	TAP's Gap analysis	Interviews	Consultation	
Funding		Secondary analysis	Emerging Findings Report	Interviews	Consultation	
On-going meetings with constituency to gather information on all strands of the work						

2 CONTEXT

2.1 Introduction

This chapter briefly lays out in chronological order, the main policy events that have impacted on victims and survivors. In my view there are two main aspects to this timeline of activity. Firstly there is the response of the voluntary and community sector to meeting the needs of victims and survivors and secondly there is the response by government.

From the start of the conflict, government has offered compensation to those affected by the Troubles. Compensation has been by way of special arrangements for victims and survivors to claim, through the legal system for criminal injuries. Up to 1998, this was government's only targeted policy response to meeting the needs of victims and survivors. In the meantime this gap was filled by the voluntary and community sector. Figure 2.1 is a timeline showing some of the important actions that have had an effect on the development of support to victims and survivors.

2.2 Voluntary and Community Sector Response

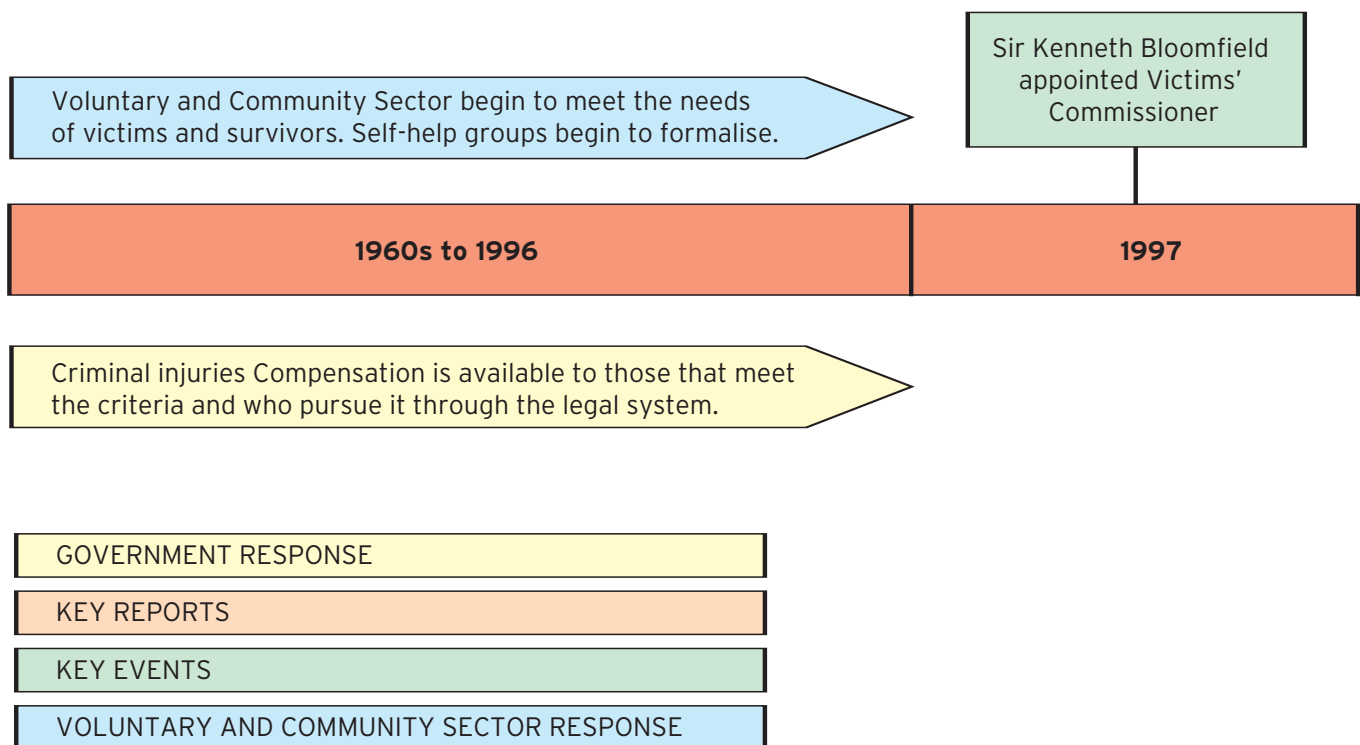
In the absence of support from government, victims had to look elsewhere for help. Their need for support was met in two ways. Firstly 'self-help' groups were established. Victims and survivors began to come together informally to support one another, and on recognising that they had similar needs, they formalised their meetings and opened up membership to others. For example the Cross Group was established in 1975 by a bereaved mother several months after the murder of her son. Other self-help groups were formed as a geographical response to a need for support in particular areas. At the same time community and voluntary organisations began to address the needs of individuals who were presenting themselves with particular conflict related issues.

By the late 1990's there were established voluntary organisations already dealing with victims' issues, and it was due in part to their appeals to government and political representatives for help, on behalf of their members, that the issue began to register on the government's agenda.

These voluntary groups were set up because there was a need for particular services for victims and survivors in the absence of a government strategy. There was extensive lobbying and advocacy from the Voluntary and Community sector and government, although it was not proactive, began to respond to them. With the advent of government funding the number of groups providing support to victims and survivors has grown substantially.

2 CONTEXT

Figure 2.1 Timeline of Events



2.3. Government Response

The Government's first attempt to meet the specific needs of victims of the Northern Ireland conflict came at the end of 1997 when Sir Kenneth Bloomfield was asked to head up a Victims' Commission to 'look at possible ways to recognise the pain and suffering felt by victims of violence arising from the Troubles of the last 30 years, including those who have died or been injured in the service of the community'. The Commission's findings were published in May 1998 in the report entitled 'We

We Will Remember Them

The Secretary of State for Northern Ireland on 24, October 1997, announced the establishment of a Commission 'to look at possible ways to recognise the pain and suffering felt by victims of violence arising from the Troubles of the last 30 years, including those who have died or been injured in the service of the community'. Sir Kenneth Bloomfield was made Commissioner and reported on his terms of reference in April 1998.

2 CONTEXT

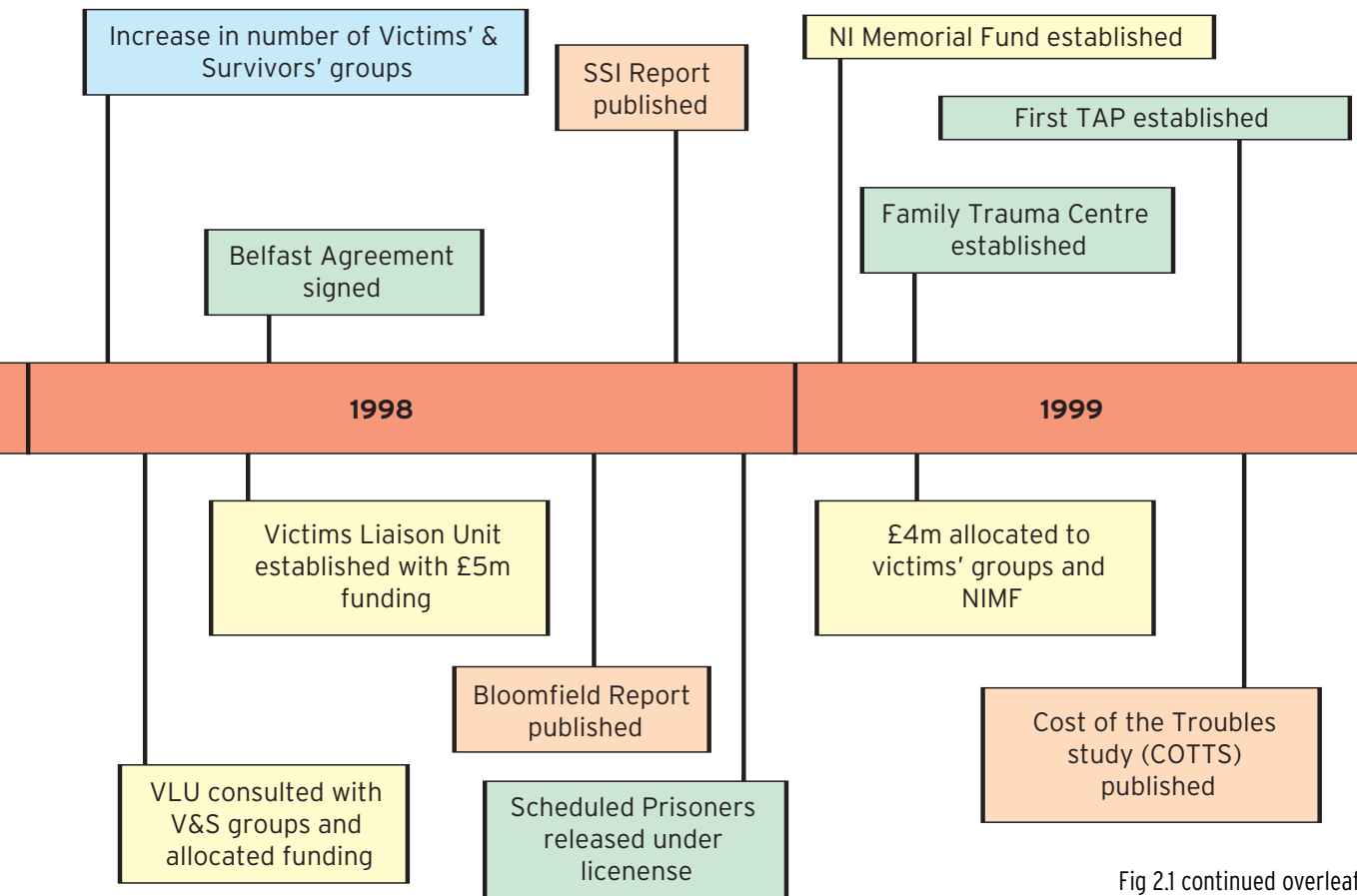


Fig 2.1 continued overleaf

Will Remember Them' (hereafter referred to as the Bloomfield Report).

Bloomfield's consultations led him to the conclusion that the priority for victims and survivors was to have an 'emphasis on practical need' and that recognition of their pain was best evidenced by an acknowledgement of and support for their continuing needs. This conclusion meant that, other than via the Compensation Agency, funding support for individual victims and survivors, through grants, has been limited to and designed for addressing specific needs.

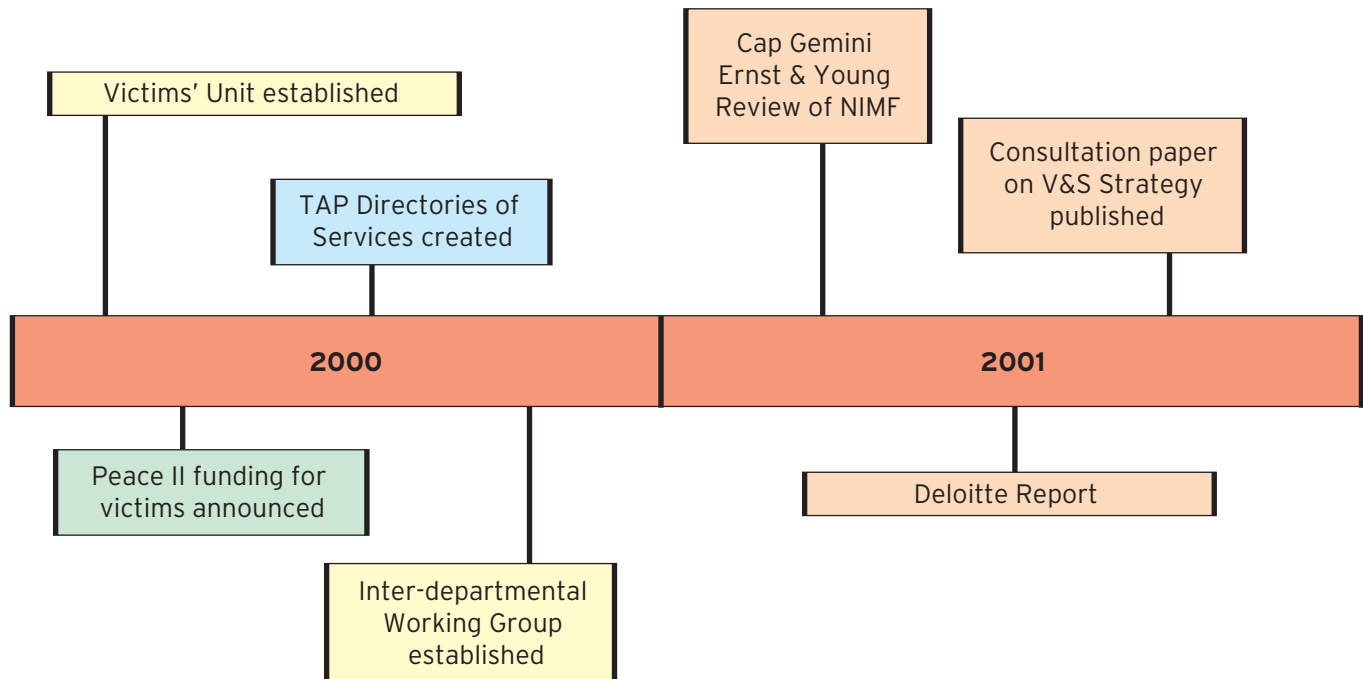
In his report, Bloomfield endorsed the findings of the report published in 1998 by the Department of Health's Social Services Inspectorate (SSI) called 'Living with the Trauma of

Living with the Trauma of the Troubles

The Regional Strategy for Health and Social Wellbeing 1997-2002: Into the next Millennium, acknowledged that there was a need for the Health Service to better support those physically and psychologically injured by the Troubles. The Social Services Inspectorate Report was to help identify good practice and gaps and help improve services and advance the debate.

2 CONTEXT

Fig 2.1 continued



the Troubles'. Also, in the 1998 Belfast Agreement it was acknowledged that there was a need to 'address the suffering of the victims'.

2.4 Victims Liaison Unit

In June 1998 the Victims Liaison Unit (VLU) was set up in the Northern Ireland Office (NIO) to support the implementation of the Bloomfield Report and to establish initiatives and formulate policies in recognition and support of victims and survivors. It was accountable to the Victims'

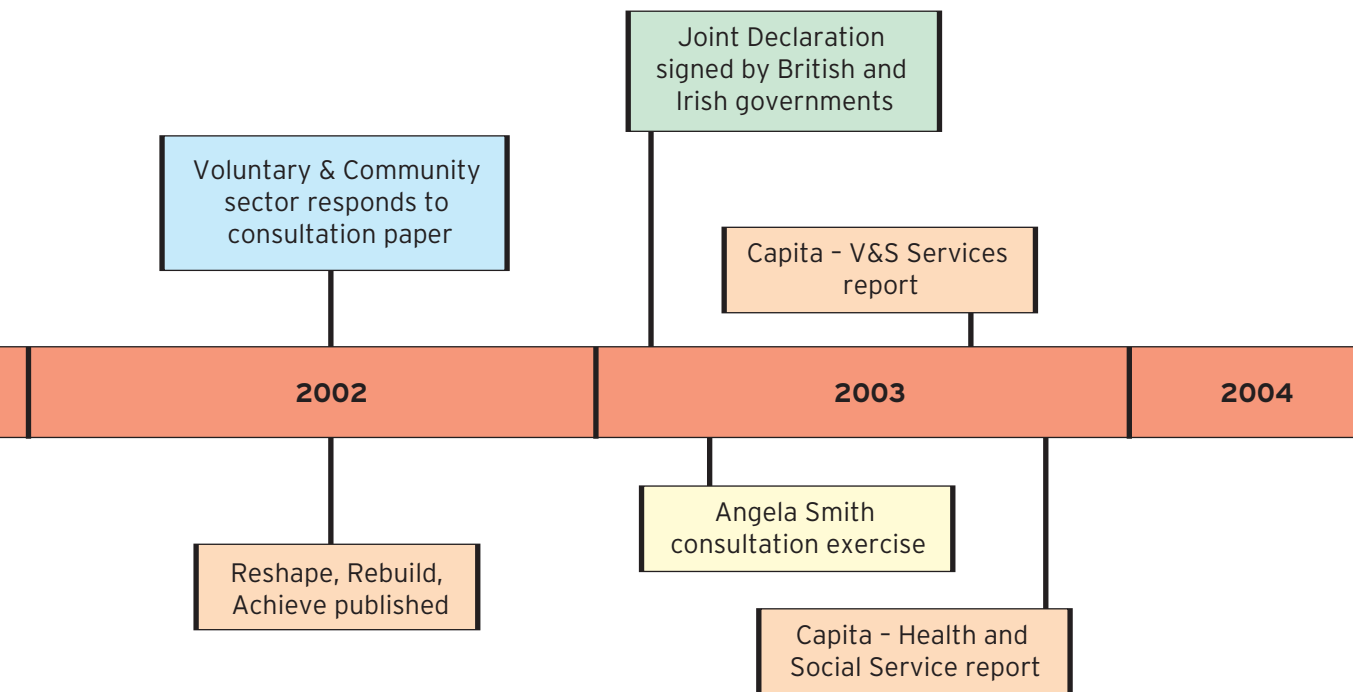
Minister and was allocated a £5 million budget to be used to help meet victims' needs. In its first months, the VLU consulted with groups working on behalf of victims and survivors and in line with the recommendations of the Bloomfield Report a large proportion of its £5 million budget was used to support the work being undertaken by victims' groups.

Victims Liaison Unit

The Victims Liaison Unit was set up within the Northern Ireland Office to deal with victims' issues under direct rule. With the set up of Devolution it remained to deal with those victims' issues that remained the responsibility of NIO such as compensation and Criminal Justice.

As a result of the ceasefires and the Belfast Agreement, the government implemented the Northern Ireland (Remission of Sentences) Act 1995, to allow the release, on license, of prisoners convicted of 'Terrorism'.

2 CONTEXT



A number of other government initiatives were undertaken during and after the VLU's consultation period. These included the establishment of the Northern Ireland Memorial Fund and also the setting up, in February 1999, of the Family Trauma Centre run by the South and East Belfast Trust.

In June 1999 a further grant from the VLU, to be administered by the Community Relations Council (CRC), was allocated to a small grant's scheme for voluntary groups working with victims. In September 1999, there was a further allocation to the VLU of £4 million, of which £3 million was assigned to a new fund for groups working with victims and survivors. This new fund, administered by the Northern Ireland Voluntary Trust (NIVT) later to be renamed the Community

Northern Ireland Memorial Fund

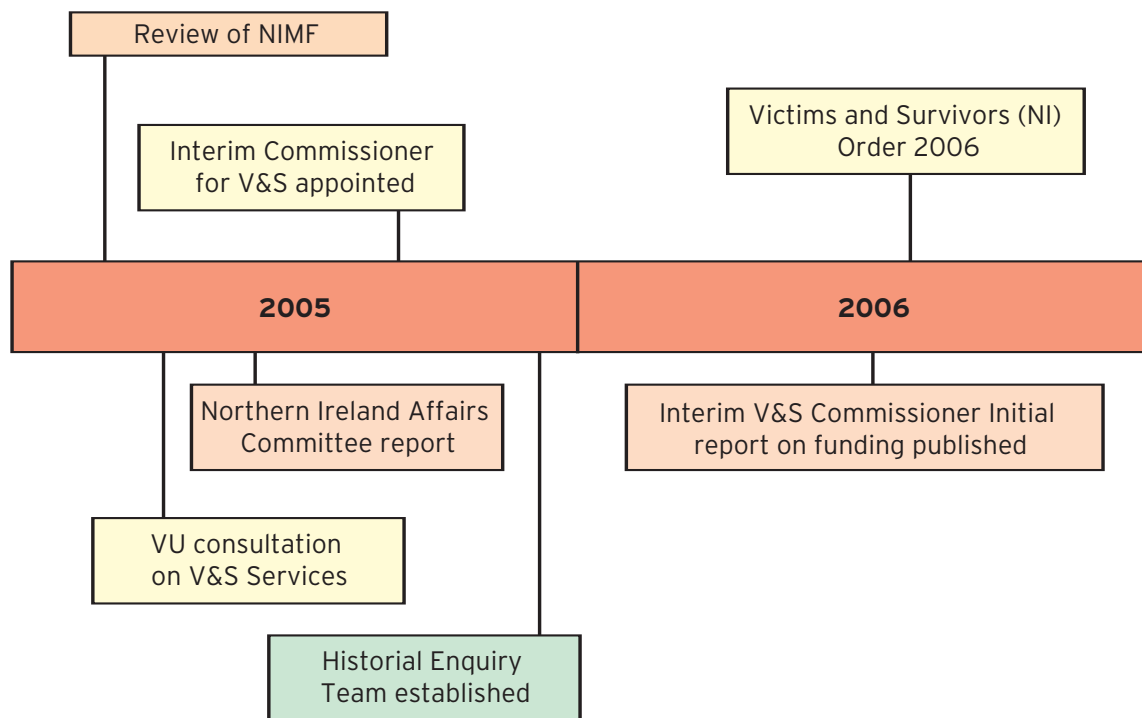
The Northern Ireland Memorial Fund was established in 1999 by the Northern Ireland Office (NIO) in response to the findings of the Bloomfield Report, 'We Will Remember Them'. The Fund seeks to provide help and support in a practical and meaningful way to individuals and families who have suffered as a result of the conflict.

Family Trauma Centre

The Family Trauma Centre is a regional resource service, which works in partnership with statutory agencies, voluntary organisations and community groups, providing a specialist service for psychological assessment and treatment of individuals up to the age of 18 years and families suffering primarily from trauma related to the Troubles.

2 CONTEXT

Fig 2.1 continued



Foundation Northern Ireland (CFNI), was to support the core costs of groups that were working on behalf of victims and survivors. The remainder was given to the Northern Ireland Memorial Fund.

2.5 Victims Unit

In 2000, following devolution of certain powers to the Northern Ireland Assembly, the Victims' Unit was established within the Office of the First Minister and Deputy First Minister (OFMDFM). The unit took over responsibility for victims' and survivors' issues that fell within the responsibility of the devolved administration. The establishment of the Victims Unit meant that at that time there were two arms of government dealing with issues affecting victims and survivors albeit dealing with different aspects depending on whether they were devolved or reserved matters.

Northern Ireland Voluntary Trust Core Funding Scheme

The Core funding scheme was set up in 1999 by the Victims Liaison Unit with the Northern Ireland Voluntary Trust acting as the Intermediate Funding Body (IFB). The financial assistance available was for running costs, administration costs, staff training and salaries.

2 CONTEXT

The initial task of the Victims Unit was to develop a cross-departmental strategy to address the needs of victims' groups and individuals.

It also had a role in working with relevant bodies on the implementation of European Programmes such as the EU Programme for Peace and Reconciliation (Peace II) announced in 2000. This funding is administered by the Special European Union Programmes Body (SEUPB). This was designed to assist with the reconciliation and integration of victims, particularly in areas such as re-training, re-skilling and re-employment.

2.6 The Civic Forum

In July 2000 two victims' representatives were appointed to the Civic Forum. The Forum had been set up as part of the Belfast Agreement, with a membership made up from a wide spectrum of interests across Northern Ireland and a consultative role on government policy. However the forum did not actually meet until October 2000 and has been suspended since 2002.

2.7 Programme for Government

At the same time, the First Minister and the Deputy First Minister presented a draft Programme for Government to the Assembly. This committed government to preparing a victims' strategy by April 2002 and stated that the government 'will address the needs of victims'. It also outlined government's priorities for action on a rolling basis.

Since the establishment of the Victims Unit, victims and survivors have featured as a departmental priority for OFMDFM in each Programme for

Community Relations Council Small Grant's Scheme

The scheme seeks to ensure fair access to support for victims and survivors of the Troubles. The principal aim of the scheme is to support victims and survivors to become active members of society. This scheme is targeted at supporting groups consisting of victims or groups working with victims.

Peace II

The EU Programme for Peace and Reconciliation is an EU funded programme for all of Northern Ireland and the Border Regions of Ireland (Cavan, Donegal, Leitrim, Louth, Monaghan and Sligo). Its main aim is to promote reconciliation and help to build a more peaceful and stable society.

Programme for Government

Priorities and Budget document sets out both policy and spending priorities for the years ahead. The document explains the policy context, the budgetary proposals and the key commitments being made by government, which fall within the remit of the suspended devolved institutions.

2 CONTEXT

Government document, which is the key pillar of the government planning process from which all of its spending priorities flow.

2.8 Inter Departmental Working Group

The Inter Departmental Working Group (IDWG) was established in 2000 to be a key cross-departmental body tasked with taking forward the victims' strategy. Initially the group met on a regular basis, but has not met since early 2004. During consultations by government, views were expressed that the group should interact more with victims. However, there was no clear view as to how this interaction might be achieved.

Trauma Advisory Panels (TAP)

Each panel has a full-time co-ordinator funded by the Victims Unit in OFMDFM to help the panel develop its potential and work effectively with victims and survivors. In addition to the 4 TAP co-ordinators, the Victims Unit has also funded the post of a Community Victim Support Officer in the Sperrin Lakeland Health and Social Care Trust area.

2.9 Trauma Advisory Panels

The first Trauma Advisory Panel (TAP) was set up in 1999 and the rest were established over the next few years as TAP co-ordinator posts were created.

The TAP co-ordinator posts were funded by the Victims Liaison Unit and then later, the Victims Unit. Each TAP was placed within one of the four Health and Social Services Boards to take forward work and develop partnerships in a range of areas as a direct response to the Social Services Inspectorate Report and the Bloomfield Report. Both reports recognised the importance of identifying the needs of people who had been affected by the Troubles and recommended that effective steps were taken to address their needs. TAPs were seen as a way for locally based groups to have the opportunity to work out what was needed in their own areas. Each TAP was to be multi-agency in make-up with a mix of voluntary, community and statutory based representation.

2.10 Strategy Implementation Fund

The Strategy Implementation Fund (SIF) was established by OFMDFM to specifically strengthen the role of government departments working with victims' and survivors' issues. As these issues span a very broad spectrum, it was felt that all government departments needed to be engaged in the programme. Administered by the Victims Unit, the SIF provides funding for government departments to support projects brought forward by other bodies largely in the voluntary and community sector that fall within their departmental responsibility.

2 CONTEXT

The aim of the fund is to encourage new and innovative ways of working with victims' and survivors' issues, with the hope that the work, if successful, will eventually be brought into the programme and priorities of departments.

2.11 Further Initiatives

A further £12 million of funding to victims' groups was announced in February 2001, with 20% of this being allocated to the Northern Ireland Memorial Fund, and some money being made available to smaller projects. The Victims Unit was also allocated money for distribution in 2000-1 and for 2001-2.

The Consultation Paper on a Victims' Strategy was released on 6 August 2001 by OFMDFM. A summary of responses to the document was published in January 2002, and 'Reshape, Rebuild, Achieve' (RRA) was published in April of that year setting out how the Northern Ireland administration proposed to deliver practical help and services to those who had suffered. The strategy contained around 50 actions to be undertaken across government. As the first cross-departmental strategy for victims and survivors, RRA attempted to respond to the identified needs of victims and survivors and address issues raised in earlier reports such as 'Living with the Trauma of the Troubles' and the Bloomfield Report.

It was announced in January 2002 that a further £3 million would be allocated to a second Core Funding Programme administered this time by the Community Relations Council.

In 2003, the Joint Declaration was signed by the British and Irish Governments. This reinforced the commitments made in the Belfast Agreement and both British and Irish governments accepted that acknowledging and addressing the suffering of the victims of violence was a necessary element of reconciliation. The Joint Declaration also sought to

Reshape, Rebuild, Achieve

A strategy to deliver practical help and services to the surviving physically and psychologically injured of violent, conflict related incidents and those close relatives or partners who care for them, along with those close relatives or partners who mourn their dead.

CRC Core Funding Scheme

The Core Funding Scheme for Victims/Survivors aims to help victims/survivors regain fulfilment in their lives and, where appropriate, to help re-integrate them as members of society. The emphasis of core funding is on the benefits it brings to individual victims/survivors and priority is given to organisations/groups which provide support services to victims/survivors which they cannot access elsewhere.

2 CONTEXT

establish what further practical steps could be taken.

During the course of 2003 Angela Smith, the Victims' Minister, consulted with all interested parties on the development of government policies to address the needs of those who had suffered directly as a result of conflict in Northern Ireland. This resulted in a paper dealing with the delivery of services to victims and survivors and how these services might be better co-ordinated and planned. The paper suggested a more needs-based approach to service delivery.

One proposal was for the establishment of a Commissioner for Victims and Survivors. It was proposed that the Commissioner would have a key role in promoting the interests of victims and survivors and ensuring that they have access to services appropriate to their needs.

In September 2005, the Historical Enquiries Team (HET) was established in the Police Service of Northern Ireland (PSNI) with the sole purpose of re-investigating, 'all deaths attributable to the security situation' in Northern Ireland between 1968 and 1998. It is anticipated that the HET will re-open 3,268 cases and try to obtain the 'best resolution' for victims' families.

In December 2005, I was appointed as the Interim Commissioner for Victims and Survivors by the Secretary of State for Northern Ireland, Peter Hain. My role was to report on progress so far and to recommend ways of moving forward.

2.12 Conclusions

It is apparent that government was reactive rather than proactive in meeting the needs of victims and survivors. Over the course of the conflict victims and survivors had established their own formal and informal networks of support. Community and voluntary

Consultation Paper

The paper acknowledged that the needs of victims required a long-term strategic approach, spanning a number of years and should be capable of addressing changing circumstances.

Some other proposals in the paper include:

- the need for a named individual (a Victims and Survivors Advisor) in each HSS Board area tasked with providing advice to individual victims on services (both statutory and non-statutory) and to act on their behalf in liaising with statutory and other agencies as required; and
- the establishment of a one-stop-shop to provide access to information in services for victims.

2 CONTEXT

organisations also began to meet the needs that they were seeing as a result of the Troubles and it was not until 1998 that government began to respond to the increasing requests for statutory help. Some of the initiatives instigated reflect a lack of strategic overview and as a result were allowed to drift, while others progressed and good practice was established.

In the next chapter these issues and structures are discussed in relation to how they worked and to what extent they met the needs of victims and survivors.

3 SERVICES

3.1 Introduction

In chapter 2, I outlined the historical context for the work which I was undertaking. In this chapter I will focus on the first part of the remit that I have been given:

'to review current arrangements for service delivery and co-ordination of services for victims and survivors across departments and agencies, identifying any gaps in service provision.'

A considerable amount of time and effort on the part of many people has been devoted to writing about services for victims and survivors since the publication of the Social Services Inspectorate report, 'Living with the Trauma of the Troubles' (1998). This report examined specifically the health needs of those affected by the conflict. Examination of other reports and consultations has identified a number of recurring themes, which have continued to be identified by the many victims and survivors I have met. I will examine these themes and the issues within them in more detail. The themes addressed in this chapter are as follows:

- Service Delivery;
- Health-related services;
- Information and advice;
- Awareness raising;

3.2 Service Delivery

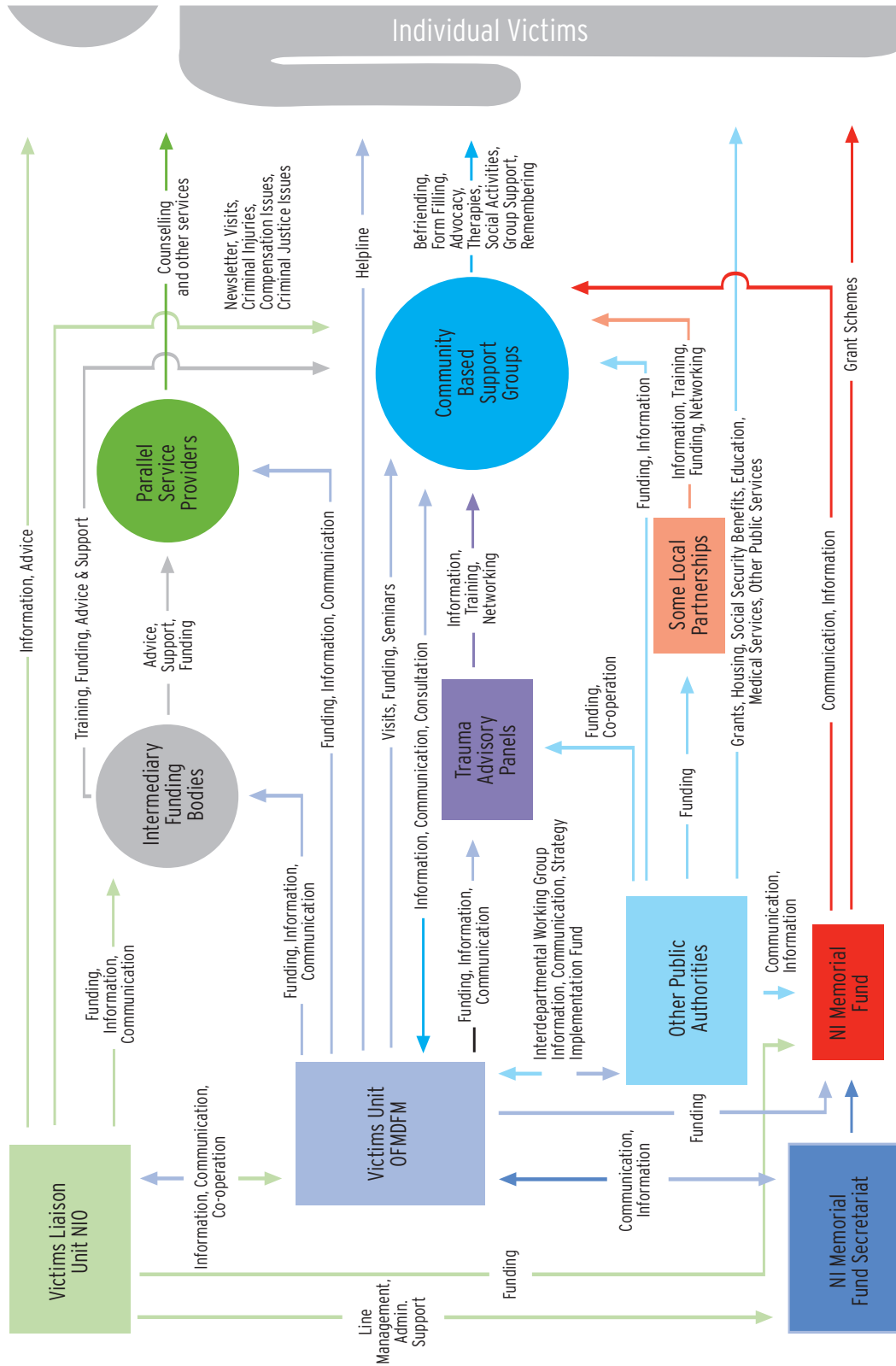
A number of issues arise in regard to the quality and effectiveness of the delivery of services to victims and survivors. Firstly there is the complicated nature of the Service Delivery Model, which illustrates the unco-ordinated nature of the provision. There is also the fact that for some people there is a deep mistrust in the organisations offering support. The coverage of services in rural areas and provision of services for young people have also been raised. Lastly there is the issue of good practice and the fact that there are many examples of good practice, but they are not shared.

Service Delivery Model

Figure 3.1 illustrates the model of service delivery as advocated by the Victims Unit of OFMDFM and published in September 2003. This document attempts to describe the relationships between the various bodies involved in providing services for victims and survivors in order to act as a signpost for those trying to understand these relationships.

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Figure 3.1



(OFMDFM Victims Unit 2003)

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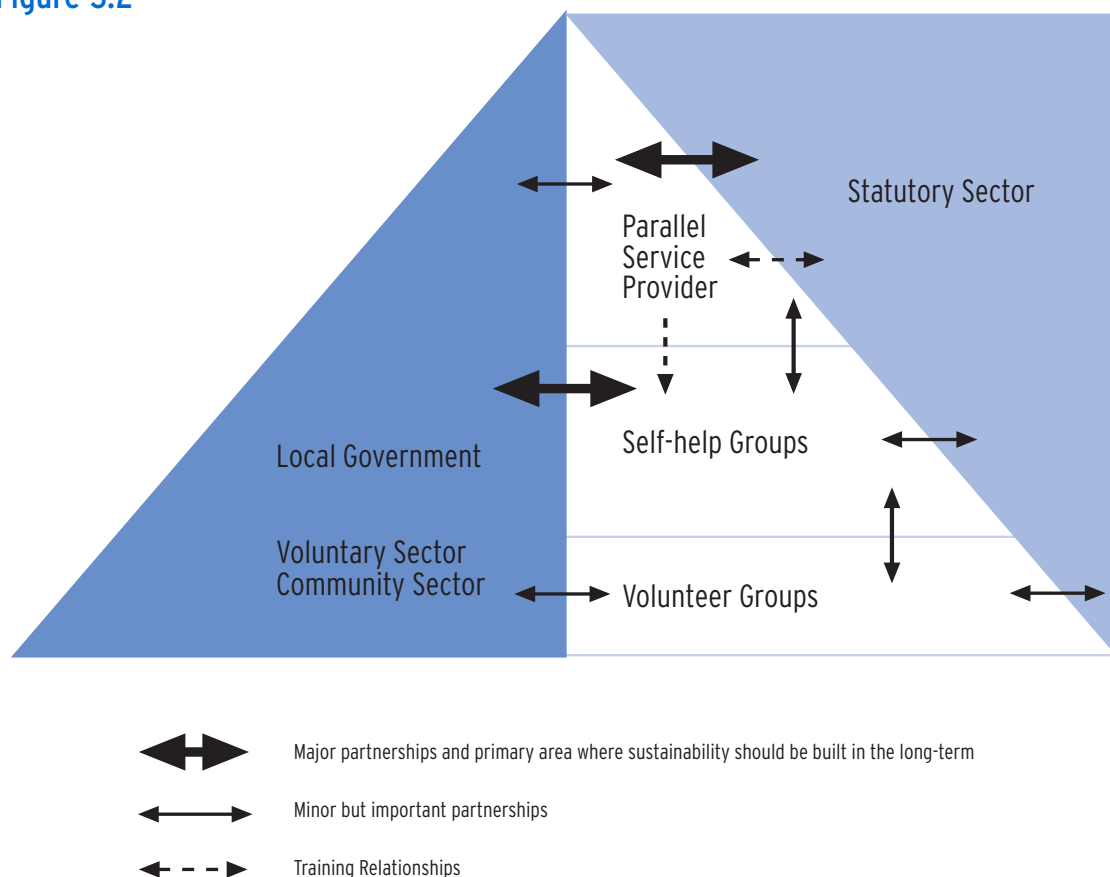
The model confirms the complex nature of the way the sector has been set up and developed. The model emphasises the importance of individuals and that the services are there for the benefit of individuals. However, I have learned that for many victims and survivors something is amiss in that they are finding that the model does not always deliver the services or deliver them consistently.

The model (Figure 3.1) demonstrates that the will is there to create a more strategic approach, however what has emerged is too complex and unhelpful.

It is difficult to determine whether this is due to the service model or to the implementation but it is not working as it should and this is likely to be a combination of both these factors.

Figure 3.2 is taken from the Clio Report (2002) and takes a different approach to identifying a model of support for victims and survivors by illustrating the relationship between the various sectors. The model is described as 'a model for future partnerships

Figure 3.2



3 SERVICES

and sustainability relationships.' This is a much more helpful approach in my view because it demonstrates that by building partnerships and relationships, the provision of services is viewed as a collaborative process where the voluntary/community/local government and statutory sectors all have a role to play in addressing need. In this model the victims' sector is represented by three distinct categories, Parallel Service Providers (those organisations in the voluntary/community/private sector providing services similar to the statutory sector), Self Help Groups (groups providing support to victims and survivors with financial support) and Volunteer Groups (groups providing support without financial support). Key relationships are highlighted as major partnerships, minor but important partnerships and training relationships.

The relationship between the statutory sector and parallel providers is a crucial one. The voluntary/community sector has proven its ability to provide high quality services that demonstrate an understanding of needs at a local community level. This knowledge can be built on by statutory agencies by building partnerships through creating service level agreements. If this model functions effectively, then individuals will benefit. So far I am not convinced that the relationship is working as well as it could. This is largely due to the lack of available funding but also due to the lack of strategic overview in relation to victims and survivors.

The model also highlights the importance of training between the sectors and acknowledges the two-way nature of the process.

Summary of Service Delivery Models

Both models offer a different perspective on how services can best be delivered for victims and survivors. The importance of these models partly lies in the acknowledgement that there is a plan for the development of services and that there is a vision for how all of the stakeholders can contribute to the plan, if however the vision is not translated into a strategic operational plan that works the model is obsolete.

Impact of 'Trust' on Service Provision

A lack of trust in services and those providing them is a thread that runs through the whole area of service provision.

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.

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It is estimated that a large number of victims and survivors remain silent. While these individuals may not want or need support, there is no way of determining how much their mistrust in those structures that should be there to support them is a factor in their isolation.

Victim support groups have long been aware of issues around trust and how it affects access to services. Many groups have led the way in developing approaches to building trust. It has been suggested to me that barriers can be overcome by for example, delivering services in alternative venues with which the client is more familiar. In this way confidence in the service can be built. There is a need for statutory services to be more innovative and flexible in their approach where practicable. I believe that by listening to those working with victims and survivors, and by trying together to work out some approaches, some of the barriers to services, either perceived or real, can be overcome.

Rural Issues

I have heard many times this year of particular difficulties facing victims and survivors living in rural areas. A recurring issue is that they have less access to services than those in urban areas and also felt a sense of isolation. Many I have spoken to were more mature people with associated needs. Reshape, Rebuild, Achieve (OFMDFM, 2002) emphasised a need for rural transport initiatives to ensure individuals are not isolated from services. Since the establishment of the Rural Transport Fund in 1998, 18 transport partnerships have been created servicing over 921,000 residents. Another suggestion to alleviate any alienation or lack of provision felt by victims and survivors in rural areas was for service providers to provide outreach workers to visit intermittently, and hold surgeries in rural communities (Deloitte, 2001). There is evidence that service providers are aware of this need and the Family Trauma Centre, for example, has been delivering outreach services in the Sperrin Lakeland Trust area for some time. This as previously stated also contributes to confidence building for victims and survivors. Other providers such as NOVA use the premises of victims' organisations to provide outreach services. In addition the launching of a new Befriending Scheme during 2006 (Case Study 15, Chapter 6) will provide assistance to victim support groups to help maintain contact and provide support for people living in isolated areas.

Summary of Rural Issues

In reviewing what has been done to address rural issues, I am of the view that actions have tended to be absorbed into the broader theme of rural isolation which is a factor for all those who reside in rural areas. A new Rural Development Strategy has been produced to try to tackle generic issues of rural isolation. In terms of specific actions relating to victims and survivors, the recent launch of a Befriending Scheme will I believe have a direct and positive impact. I will return to that subject in Chapter 5 of this report.

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Young People

There are many limitations and gaps in services for young people. Specific recommendations in Bloomfield (1998) referred to the idea of a trust fund for children and young people affected by the death or injury of a parent, and for the need for specific counselling services. An evaluation carried out by Capita Consulting (2003) on health services to victims and survivors emphasised that the service should be one from 'cradle to grave'. Government has identified children and young people as a priority and has produced a Ten Year Strategy for 2006-2016. The strategy quotes the Bamford Review as acknowledging that '...the quality, consistency and accessibility of CAMH (Child and Adolescent Mental Health) services is inadequate'. The Review makes a number of recommendations to improve the situation. It is essential that recommendations arising from the review are considered urgently by government.

In Catherine's Case Study (Case Study No 8, Chapter 6) she indicates that although her children were too young to remember properly or register what happened, they nevertheless missed growing up with two parents. Catherine also believes that her own hurt and anger after the murder impacted adversely on the children.

Often when we think of the effect of the Troubles on people here, we think of those who lived through the worst years of violence and we can overlook the current generation of young people. I am not only referring to those who may have lost a parent or grandparent, but a wider group of our young people who continue to display characteristics of what is known as trans-generational or inter-generational trauma. Many studies of conflict areas have highlighted the effects of such trauma which effectively means that the second generation displays symptoms of Post Traumatic Stress Disorder (PTSD).

I am aware of some very good work in the voluntary sector in support of children and young people by organisations such as Barnardo's, Contact Youth, New Life Counselling, NI Association of Mental Health and others. Notably work supported by funding from the Victims Unit in OFMDFM has enabled the exploration of the impact of intergenerational trauma, in particular on young people in interface areas. The Parenting in a Divided Society project, explored the impact on families of the effects of conflict and suggested ways in which strategies could be developed which would help make a difference to the lives of parents and children and young people. The work carried out was supported by a resource pack and training in its use. Learning has been shared across Northern Ireland with various bodies.

Valuable work has been undertaken in the areas of inter and intra-communal violence. Such projects have focused on the need for practical help to be given in the school environment. Academic underachievement by young people is a feature of areas where

3 SERVICES

there has been significant upheaval due to the conflict here. At Edenbrooke Primary School in Belfast, the school population was affected by the out-working of the Loyalist feud in 2000 and children were demonstrating extreme behaviours in terms of verbal and physical violence. The project has involved teachers, parents and children in developing activities to lessen the impact of the conflict on the children. At Holy Cross School in North Belfast, support was provided to teachers to help the children deal with the events that surrounded them at the time. There is a need more generally to build on what has been learnt so that teachers can be equipped to deal with issues arising from the conflict. Providing such support can place a heavy burden on teachers and on the statutory services, particularly in the areas of Educational Psychology and I note that this is another area highlighted in the Bamford Review as requiring greater collaboration between government departments. At Holy Cross School in North Belfast, support was provided to teachers to help the children deal with the events that surrounded them at the time. There is a need more generally to build on what has been learnt so that teachers can be equipped to deal with issues arising from the conflict.

An important recent development has been the appointment of a Commissioner for Children and Young People in Northern Ireland who is tasked with the role of being a spokesperson for young people generally. I expect issues affecting young people arising from the Troubles to be addressed in conjunction with that office.

I recommend that issues relating to children and young people who have been impacted by the conflict, are addressed by the Commissioner for Victims and Survivors in conjunction with the Northern Ireland Commissioner for Children and Young People.

Good Practice

I refer to examples of some very good work that has been undertaken and evidence of good practice which I feel can be built upon. Given greater exposure and wider coverage, this work could have a very real impact on the lives of victims and survivors. Although there are a number of reports that have called for better and more co-ordinated use of good practice within victims and survivors work, it has not happened yet, and I believe that it is imperative that best practice is collated to enable practitioners to learn from it.

3.3 Current Provision of Health Related Services

Since the SSI Report (1998), various initiatives have ensured that specific services have been put in place for those affected by the conflict. Some of these services I will go on to describe in more detail below. In 2003, a further report commissioned for the Department of Health Social Services and Public Safety, 'Evaluation of Health and Social Services for Victims of the Conflict', confirmed that there remained a number of areas that needed to

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be addressed by the Department in order to improve services for victims and survivors. The Department's response to that report was to establish a working group in late 2004 to consider the points raised.

The group's work has included development of standards for counselling standards, which are being consulted on at present. The group has recently identified a number of key areas for further work to pursue:

- improved recognition of the needs of victims within Health and Personal Social Services (HPSS) policies and strategies;
- the development of a managed clinical network for HPSS services to victims;
- improved training and awareness of victims' needs within the HPSS; and
- development of psychotherapies in addressing victims' needs.

The work of this group is key to development of health related services for victims and survivors over the coming years. I look forward to further outcomes from this important exercise.

The main emphasis in health service provision for victims and survivors has been to try and address the gaps in provision for those suffering from trauma-related conditions. Post Traumatic Stress Disorder (PTSD) is now recognised as a condition which can cause intense and enduring anxiety reactions, manifesting itself in a range of disturbing symptoms, such as flashbacks, nightmares, sleep disturbance and intense emotional reactions. Only as recently as 2005, did the National Institute for Clinical Excellence (NICE) published its 'Guidance on the Management of Post-traumatic Stress Disorder in Adults and Children in Primary and Secondary Care'. The document deals with ways of identifying symptoms of PTSD and the most appropriate interventions to address them. PTSD is not the only outcome after trauma, complex trauma outcomes can lead to co-morbid conditions such as depression and addiction.

There are a range of interventions mentioned in the section, *Services for Those Affected by Trauma*, available for those suffering from trauma as a result of conflict related incidents in Northern Ireland. These treatments are still the subject of debate between health professionals as to their effectiveness and appropriateness and in some cases continue to be the subject of ongoing research. For example, in his article, 'A Reflection from Practice in Belfast, Northern Ireland.' (Journal of Clinical Psychology and Psychotherapy, 2006) Martin J Dorahy cautions on the over-generalised application of the NICE and CREST recommendations for the treatment of PTSD in the United Kingdom.

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In terms of provision of health related services, I have concentrated on the following areas, Primary Care, Services for Those Affected by Trauma, and Standards in Counselling.

Primary Care

GPs are often the first point of contact for people who have been affected by the conflict. In many cases the relationship between patient and doctor may not yield the true reason for the patient's condition. In addition, patients may present at a surgery with symptoms which they may not associate with conflict-related experiences. We also know that symptoms may not emerge for a long period of time after the event or events that caused them and as such the patient's history may not be known to the GP. In many instances victims and survivors have told me that it is difficult for them to give the relevant details to the GP as illustrated by John's case study (9). In cases such as these, it is important that GPs have an awareness of the effects of 'troubles related trauma', and can fully understand the patient's condition.

In 2004 the Northern Health and Social Services Board (NHSSB) Trauma Advisory Panel applied successfully to the Strategy Implementation Fund (SIF) for financial support for a pilot project to run in three sites in the NHSSB area. The project aimed to appoint a primary mental health worker tasked with assessing and treating people who had been traumatised by the Troubles and who had been referred by primary care professionals. The concept of a Primary Care Link Worker Service was based on existing evidence that early intervention in mental health conditions; reduced the numbers of people developing more serious mental health problems, reduced the need for anti-depressant drugs, and reduced referral rates to mental health teams. During the project people presenting with depressive/anxiety conditions were referred directly to the specialist worker by the GP which meant they did not have to be placed on long waiting lists and have need of prescription drugs in the interim. Average therapy sessions were 2-4 per person.

The first year evaluation of the project revealed that outcomes were extremely positive. GPs in the pilot sites indicated clearly that the service had impacted significantly on the quality of life for patients who had been suffering post traumatic stress conditions and co-morbid (e.g. alcohol/drug addiction) or associated conditions. In some cases where the patient had been taking prescription medication for a long time for such conditions, there was evidence that referral and treatment by therapeutic intervention had resulted in a major reduction in the need for prescribed medication.

In order for the project to be successful, it was necessary to provide training for GPs in how to screen for PTSD and the identification and management of appropriate drugs to be prescribed for PTSD conditions. This pilot project was welcomed by GPs as an effective

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response for patients presenting with trauma-related conditions. It also helped to address long standing issues amongst patients that GPs were generally unsympathetic to their condition.

Summary of Primary Care

Primary care is key to the provision of local health and social care and GPs have a central role in referrals to other services. That is why it is imperative that victims and survivors can be confident that this critical point of support is properly resourced to ensure the best treatment for them. I see the resourcing in this area as an essential requirement if service provision overall is to improve. The Bamford Review of Mental Health and Learning Disability was set up in 2002 and is the first ever comprehensive review of policy, services and law for people with mental health needs or learning disability in Northern Ireland. Within the Review, consideration is given to the particular needs of those affected as a result of the Troubles. The Review refers to the importance of those working in primary care having the necessary guidance, training and support in screening, preliminary intervention and appropriate referral of people with trauma-related needs. As I have outlined, there are examples of this happening but this service needs to be available to everyone and not simply to some as a result of a pilot project.

I recommend that the evaluation of the Primary Care Worker Service is forwarded to DHSSPS and the NI Medical and Dental Training Agency. I further recommend that GP training is provided to assist in the screening for PTSD.

Services for Those Affected by Trauma

In this section I will outline services available to those affected by trauma brought about as a result of the conflict, how those services currently operate, and my recommendations for improved co-ordination of these services.

I have referred above to PTSD and that there are various tools or therapeutic interventions that are used to treat traumatic stress. Some of these are considered below.

Counselling can probably best be described as *'an activity where a suitably qualified and professionally supported person engages with a person with a view to either enabling the engaged person to live effectively, to achieve a higher level of functioning and quality of well-being, or treating identified psychological or mental health related conditions.'* (*'Contributing to Well Being' Addressing the Human and Community Consequences of Civil Violence - Standards for Counselling, Listening Ear and Befriending Services: South West LSP Community Victims and Survivors Initiative 2006.*

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Cognitive Behavioural Therapy (CBT) *'is a form of counselling where the focus is on dealing with the current issues, rather than focussing on the past. Ways of thinking are explored to see how they may affect the way someone is feeling. Unhelpful ways of thinking can be modified and more constructive ways are encouraged'*. (ref. *Journey Towards Healing*). While such counselling has been available through the NHS, waiting lists for treatment can be long and lack of access to trained counsellors has been a recurring theme for victims and survivors.

CBT is by no means the only effective intervention for dealing with trauma however its suitability is supported by evidence. Eye Movement Desensitisation and Reprocessing (EMDR) is also commonly used as an effective treatment in this area. Other interventions such as systemic work based on relationships within families and a range of other Psychotherapeutic/counselling approaches/models are in use. However research is required in terms of an evidence base regarding outcomes with trauma work. Most important is the need to take account of the person and their context in a holistic way.

There are two main issues relevant to victims and survivors in terms of trauma related services, these are:

- Access and availability; and
- Standards.

Access and Availability

Victims and survivors suggest that access to counselling has not been equitable in so far as the services tend to be based in locations such as Belfast. I have been repeatedly told that for individuals suffering emotional difficulties, who may be very vulnerable, travelling only serves to exacerbate their condition. Recommendations have been made previously (Capita, HPSSPS, 2003) that there should be outreach programmes for counselling services, where trained counsellors situate in different areas to proactively address any access difficulties but there has been a limited response to this due to personnel and funding restrictions.

In order to ensure protection of the general public, it is important that counsellors are trained to a recognised standard. There are a number of bodies providing accreditation including British Association for Counselling and Psychotherapy (BACP), Irish Association for Counselling and Psychotherapy (IACP), British Association for Behavioural and Cognitive Psychotherapists and UK Council for Psychotherapy.

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The response to the lack of trained counsellors has been patchy and reliant on the non-statutory sector taking the initiative. The TAP in the Western Health and Social Services Board (WHSSB) area established a training programme to train 30 counsellors with a further 30 beginning training in 2006 and the TAP in the Eastern Health and Social Services Board (EHSSB) area has worked closely with the University of Ulster to establish a diploma in Specialist Cognitive Psychotherapy for Trauma Related Disorders.

That there is inequitable distribution of trauma related services throughout Northern Ireland is not in dispute, and a recommendation arising from the Capita report 2003 is that a 'Centre of Excellence' should be established with appropriate outreach services to ensure that services are available to everyone. This recommendation is being considered by the HPSS working group with the objective of exploring how the existing services can work more effectively together to ensure better coverage across Northern Ireland.

I have also been made aware that a forum for organisations involved in providing special therapeutic services for psychological trauma-related disorders has been established. The initiative is based on the recognition that there is a need to improve communication and co-ordination amongst specialist services. I welcome the setting up of such a forum and would encourage the involvement of all stakeholders in its work.

The services outlined below confirm that government has responded to need in this area, however to date this response has been reactive and the current arrangements continue to fail to address need in a consistent way across Northern Ireland. Each of the following services are part of the current arrangements and represent excellent work that is being undertaken with those who have suffered because of the impact of the Troubles on their lives. I have met both staff and clients from these centres and have been very impressed by the dedication of those working there.

Family Trauma Centre

The Family Trauma Centre is a regional resource service, which works in partnership with statutory agencies, voluntary organisations and community groups, providing a specialist service for psychological assessment and treatment of individuals up to the age of 18 years and families suffering primarily from trauma related to the Troubles. The service is open to everyone. Referrals can also be made by social workers based in the community or hospital, GPs, Community Psychiatric Nurses (CPNs), Education services or Voluntary Organisations.

While the Family Trauma Centre provides a valuable service, its location means that it is not easily accessible to all in Northern Ireland. Steps have been taken by the Centre to bring its services closer to communities by providing some outreach services, however this service is limited by available resources. Access to the Family Trauma Centre has

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become an issue for two of the four Health Boards, which have come to the conclusion that, due to the difficulty of access for clients, it is not possible to make full use of the facilities provided by the Family Trauma Centre. As each Board historically has been charged on a pro-rata basis under a formula known as 'capitation' for running costs of the Centre, it could impact on future funding strategy. It was for reasons of accessibility that the Southern Health and Social Services Board decided to devise its own arrangements by developing a Trauma Counselling Service in the three trusts that make up the SHSSB area. This service is currently provided through NOVA which is part of the Barnardos charity. Similarly, in 2003, the Western Health and Social Services Board made the decision to work over a period of 3 years to reduce their contribution to the Centre.

Northern Ireland Centre for Trauma and Transformation

The Northern Ireland Centre for Trauma and Transformation was set up by a charitable trust in 2002 and is based in Omagh. The Centre provides treatment for post traumatic stress disorder (PTSD) and related conditions, and seeks to make the treatments for trauma available to people who have been affected by the Troubles in Northern Ireland.

The Centre undertakes research into trauma and treatment, and provides a range of education and training programmes. The therapeutic approach builds upon the work and experience of local organisations following the Omagh bombing of August 1998. The Centre and patients report favourable outcomes as a result of the treatment given, including those with longstanding needs. The Centre's treatment programme has been the subject of a randomised control trial, which is currently being peer-reviewed with a view to publication.

The Centre was initially funded for three years by the Northern Ireland Office and is now funded by the Department of Health Social Services & Public Safety (DHSSPS).

Trauma Resource Centre - North and West Belfast Trust

The Trauma Resource Centre was established in 2005. The project is not funded from the mainstream health budget, but through the Belfast Regeneration Office as a project overseen by the North and West Belfast Trust. Funding has been secured for three years and will run out at the end of 2007. The Centre was established to address a gap in statutory provision in the North and West Belfast area. The main aim of the project is to improve the accessibility and quality of treatment for those individuals, children and families resident in North and West Belfast who have been affected by Troubles-related trauma. As it is situated at an interface point, clients attend in equal numbers from perceived unionist and nationalist backgrounds. Significantly the centre continues to take referrals from individuals who suffer from trauma due to very recent events. The Centre offers a range of therapies provided by a multi disciplinary team. An important part of the

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work that this Centre is involved in is its collaboration with other organisations engaged in the same kind of work. In particular the Centre co-operates with other local voluntary organisations.

I have already referred to the importance of providing services close to where they are needed. In urban areas such as North and West Belfast for some people, having a service close by is ideal, but for others it is preferable to travel outside their immediate area to a location where they are anonymous. I have heard the case made for both options and it is important that such individual preferences can be accommodated.

Provision of Trauma Related Services in the Voluntary and Community Sector

The response to the needs of those people suffering from Troubles related trauma by the voluntary and community sector has been impressive. Organisations based in the community have been responsible for providing services which offer a flexible and rapid response. Some of these groups have experienced difficulties securing funding to continue the service. Some are funded like much of the voluntary/community sector from a combination of sources which brings with it uncertainty for the future and issues of sustainability (Funding Chapter refers). Currently a number of organisations receive core funding from the Community Relations Council as groups working with victims and survivors and in some cases Service Level Agreements (SLA) have been established with Health Trusts. There are too many such organisations to mention here, but a list of organisations involved in this work is at Appendix 1.

Summary of Services for those Affected by Trauma

Service provision for those affected by trauma is as we can see, patchy, reactive and lacking coordination. In coming to these conclusions, I am acutely aware of the pressures that are on the resources that are available to address these issues. These services cannot be viewed in isolation. That is why I am pleased that the Bamford Review of Mental Health and Disability has made a very clear case for a comprehensive reform and modernisation in the area of mental health. The Bamford Review addresses a number of specific categories of people with particular or special needs including services for those suffering from psychological trauma. The Review recommends that evidence based services to address psychological trauma should be developed and expanded as a priority. In recommending this, the review drew attention to expertise developed in the non-statutory sector and stated that this 'should inform the development of the overall trauma network'. I have met with many providers of services in the non-statutory sector and have been impressed by their commitment to standards and their clients. This recommendation reinforces my perception of the work being carried on in the victims' and survivors' sector by community and voluntary sector to which I have referred earlier.

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Excellent work has been undertaken by the various Trauma Centres and by those with expertise in the non-statutory sector. However, services are already stretched to the limit and there will inevitably be a transition period with the implementation of Bamford. There is, in my view, a very clear role for a Commissioner for Victims and Survivors to monitor the effect that implementation of Bamford will have in the victims' and survivors' sector.

I recommend that all aspects of Trauma service arrangements, including both regional and local arrangements, are taken forward in conjunction with the outworking of the recommendations of the Bamford Review.

I also recommend that the Commissioner for Victims and Survivors monitors closely the impact of the implementation of Bamford on victims and survivors.

Standards in Counselling

While access and availability to counselling services is a key issue, equally as important is that counselling is undertaken to a high standard. The Social Services Inspectorate report (1998) identified the need for the DHSSPS to assure the quality of counselling services with a system of accreditation. I would reiterate how important standards are to protect individuals who are clients and to ensure the best possible services for them. I am pleased to note that work has been undertaken to develop standards, in particular I would acknowledge the work completed by the Sperrin Lakeland Trust Victims Programme, and also the work currently being carried out by the Victims' Working Group under the auspices of the DHSSPS. Both of these exercises are based on the same set of principles which address issues such as information, access, recruitment, training and supervision and indeed many service providers carry on their counselling activities based on these principles. There is a concern however that there is no statutory requirement to adhere to standards and as such there is scope for activity that is completely unregulated. This is particularly true where there is self-referral. However, with the introduction of standards there will be more transparency and understanding of the service being delivered.

It is my understanding through discussions with service providers that there is a strong desire for standards to be introduced in this area because the personnel value the work that they do and are quite rightly proud of the fact that they are experts in their field. Standards also reinforce the quality of services delivered to clients. In addition, the introduction of standards helps to bridge the gap between the voluntary and statutory sectors as envisaged in the service delivery model at figure 3.2.

I recommend that all counselling services for victims and survivors are accredited to recognised standards such as British Association for Counselling and Psychotherapy (BACP) or Irish Association for Counselling and Psychotherapy (IACP).

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Provision for those suffering with Chronic Pain

Many victims and survivors continue to experience chronic pain as a result of their injuries and accessing appropriate therapies has I have found been a source of great support for those who have suffered serious injury and continue to cope with chronic pain. One victim stated that while the therapies 'do not lessen the pain, it helps to manage the pain'. I have met with victim support groups who have successfully applied for funding to offer therapies to their members, and access to these services can be maximised by creating partnerships with other groups who also want to provide such a service. The initial findings of a research project funded by OFMDFM (Dillenburg, QUB, 2006) into the effectiveness of various therapies have indicated that alternative therapies can have a real impact on victims' and survivors' symptoms. It is therefore important to ensure that therapies and other services offered are shown to work and that good practice is identified.

The research mentioned here is amongst a number of projects funded by the Strategy Implementation Fund supported by OFMDFM, some of which I have referred to in this chapter. It is important that this work is not ignored.

I recommend that all previous research through the Strategy Implementation Fund is evaluated and consideration given to how effective findings are incorporated into mainstream services with appropriate funding.

3.4 Current Provision of Information and Advice

The provision of information and advice for victims and survivors is of prime importance and this has been repeatedly identified by victims and survivors I have met. This issue was identified as far back as the Social Services Inspectorate report (1998) (page 11) It was also identified as being important in OFMDFMs 2002 strategy for victims and survivors, Reshape, Rebuild Achieve.

The provision of information and advice is two distinct services. Supplying information is the non-judgemental act of making information available and leaving those who receive it to act on it as they wish. Advice on the other hand is a step beyond providing the information. It entails using the information available and a certain amount of training or expertise to provide advice on how to act in light of the information available.

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When meeting victims and survivors it is crucial that there is appropriate information and advice available:

- Firstly there should be readily available information on what services exist. There are various methods of making information available, from websites and directories to free phone help-lines and published pamphlets. Reshape, Rebuild, Achieve, in response to requests made in their consultation process, undertook a number of steps to increase the availability of information such as collating and publishing available services and groups.
- Secondly there are concerns raised that information needs to be available in the form of advice. This has again been a continuing aspect of working with victims and survivors this year in ensuring that individuals are signposted to someone who can help direct them with the most appropriate information.
- Thirdly individuals should have access to information about how different organisations deliver particular services e.g. those accredited to BACP standards, and organisations should have access to information on relevant monitoring and evaluation techniques.

Colin and Mary's case study (Case Study No 5, Chapter 6) illustrates that they did not know what help was available, or how to access it, and consequently were unable to obtain support, advice and information at the time they fled from Northern Ireland in despair.

In terms of making information about services more widely available, I believe that there have been some considerable achievements in this area. Each of the Trauma Advisory Panels and the Victims Programme in Sperrin Lakeland Trust have developed directories of services which aim to inform victims and survivors about the services that are available in their area. In addition other organisations have tailored their directories to meet the needs of their particular audience. However, most of the individuals contacting my office had no knowledge of services available so there is a significant gap in terms of information provision. The Enabling Young Voices project for example has made available a directory of support and resources aimed at young people and schools. Many of the services included in the directories have been designed specifically to meet the needs of victims and survivors but a number are also generic. This reflects the reality that the needs of victims and survivors cover a wide spectrum amongst which are social security benefits, housing, and health-related services.

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The Victims Unit in OFMDFM established a helpline where messages can be left outside office hours and then contact can be made with each individual. Callers to the helpline can be directed to services or contact points that can help them with individual queries or problems.

I have heard often from those I have met that they were not aware what information was available or how to access it. There appears to be a need for a more proactive effort to publicise what is available. The appointment of a Commissioner for Victims and Survivors offers the opportunity to build on the work that has been undertaken by TAPs and others.

I recommend that publication of information on services for victims and survivors should be co-ordinated through the office of the Commissioner for Victims and Survivors taking account of need at local and regional level.

3.5 Current Provision of Awareness Raising of Victims' Related Issues

I have been repeatedly told of the need to raise awareness of victims' and survivors' issues. Where recognition has to do with acknowledging the wrong that was done to individuals, raising awareness is about acknowledging that individuals may have certain needs as a consequence of their experiences. The Bloomfield Report for instance, recommended that public authorities in dealing with the concerns of victims and survivors, 'should be asked to re-examine their procedures and practices against the yardstick that the most senior officials should satisfy themselves that the approach would be acceptable if it had to be applied to members of their own family'.

Brian's case study (Case Study No 2, Chapter 6) illustrates some of the difficulties experienced by those affected by 'the Troubles' and dealing with the social security system. It highlights the problem of insensitivity by some statutory agencies in dealing with traumatised individuals and illustrates that the current criteria applied by the Memorial Fund do not always address needs.

I have already referred to people presenting at GP surgeries with illnesses, mental and physical, which are caused by their experiences in the Troubles and that GPs are dealing with the illness reported but are failing to note that at times these often recurring illnesses are due to trauma and that referral to a counsellor could prevent further recurrences.

Training should increase understanding and awareness of the impact of the Troubles on the health and wellbeing of individuals. In particular it has been felt that staff working in health and social service settings should undergo this kind of training. There have been

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efforts to address this need, identified in 1998 (SSI), notably by TAPs, although availability of funding for such work has been a constraint.

In 2002 a study (Hamilton, J. Smyth, M and Morrissey, M. Caring Through the Troubles.) was carried out into the impact of the Troubles and the 'additional' associated cost with the delivery of health and social care in North and West Belfast. Awareness raising was taken a step further by the TAPs in both the Southern Health and Social Services Board (SHSSB) area and the Western Board area. In the SHSSB area, training was successfully developed and delivered training to staff in 2004-2005.

The training was delivered by staff from the Family Trauma Centre and has subsequently been evaluated. The training had a secondary purpose, by raising awareness amongst staff of issues affecting victims and survivors, steps could be taken to try to address the perceived lack of trust among some victims and survivors of statutory services as previously mentioned. The project, run as a pilot, reinforced the value of this type of training for staff. The training also proved helpful in giving attendees the opportunity to talk about issues that had been regarded as taboo and also to understand how they themselves had been directly affected by the Troubles.

Tony's case study (Case Study No 7, Chapter 6) illustrates once again the lack of support for victims during the worst days of 'the Troubles' and the 'rigidity' of some statutory bodies when dealing with victims. It also highlights the recurring problem of victims being time-barred from compensation for PTSD when it is not diagnosed until many years after the event that triggered it. Many government agencies and other public service staff suffered substantial trauma and injury in the course of their normal day to day duties, and Tony's story is typical of the experiences they encountered.

In Ann's case study (Case Study No 3, Chapter 6) she contends that the Housing Executive points system should make some allowance, concession or recognition for victims. She feels badly let down by 'the system' as she believes that she is still suffering and that 'the public sector lacks sympathy, flexibility and understanding of this country's biggest tragedy'.

It is not just the statutory sector where there has been an identified need for more training and awareness of issues associated with trauma. Those working in faith communities during the conflict in Northern Ireland were often in the front line in terms of trying to deal with the repercussions from violent incidents. I have heard criticism during this year of the response offered by the Churches during that time. However many people have also commented on the invaluable support they received from individual clergy.

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Previous consultations had highlighted the need for Churches to do more. In response, a working group drawn from a wide range of faith communities, produced a booklet which sets in context the impact of the conflict on faith and provides factual information on the effects of trauma and the help available. The booklet was supported by a series of training events for faith workers on how to use the resource in a first aid capacity with those affected by trauma. The booklet and associated training also acts as a self-help guide for those working with individuals affected by trauma. In 2005, the resource, Journey Towards Healing, was launched by OFMDFM and can be accessed at the website, www.journeytowardshealing.org.

Summary of Awareness raising of Victims' Related Issues

Some organisations have recognised the importance of raising awareness among staff and the contribution that this can make to building trust and the well-being of individuals. I commend those bodies that have taken the initiative. There is however no evidence that there is a widespread acknowledgment among statutory services that there is a need to deliver such training as part of for example, normal staff induction processes or continued professional development.

Despite recommendations made in the Bloomfield Report (1998) concerning the need to raise awareness of the special needs of those affected by the Troubles, the feedback that I have received leads me to conclude that there remains a lack of sensitivity shown to some who come into contact with statutory bodies.

In the WAVE Case Study No 9 (Chapter 6) when John explained that due to his mental health he finds that he is very absent minded, the doctor appeared dismissive of this and stated that he himself had forgotten his stethoscope and tie the previous Friday.

In the WAVE Case Study No 9 (Chapter 6) reflect some person's experience. 'I was not enamoured at the doctor's derogatory remark about pain. He stated in front of a witness, "sure we all have pain", sorry, but I was a nine year old bomb victim and was not born like this. It was humiliating, as this doctor was invited into my home and to insult me, and make light of my injury was, and is, not acceptable.'

In the WAVE Case Study No 10 (Chapter 6) gives a further insight into a personal experience. 'Before someone tried to kill me in 1999 which left me with severe injuries, I had very few dealings with the DHSS. However, this has now changed and I am one of the many victims who are treated abysmally by the DHSS . . . each time I feel like I am being victimised all over again. I have been made to relive the horror of what happened to me over and over again . . . I realise that they have to assess people, but they could do it in a more dignified manner.'

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I think it would be unreasonable to suggest that everyone, who through the course of their work may come into contact with someone affected by the conflict, is trained in trauma awareness. However provision has to be made to ensure that staff who need these skills can access them. Lessons should be learned from the work that has been carried out to date.

I recommend that all Departments and Agencies in the statutory sector should review regularly their staff training and development in relation to victims' and survivors' issues to ensure that those working with this group are appropriately skilled.

3.6 Conclusions

This chapter looked at the Service Delivery Models in place at present, health-related services from the statutory, voluntary and community sectors, other public services and other issues such as information and advice, awareness raising, training, trust, research issues affecting young people and rural concerns.

The Service Delivery Model does not appear to deliver to individuals in a co-ordinated structure.

The health-related services are under significant pressure both in terms of workload and funding. This area must be appropriately addressed under the Bamford Review.

I have highlighted examples of good practice in the areas of primary care, provision of information and advice, awareness raising, trauma related services and work with young people. These are recurring themes that concerned victims and survivors in terms of service delivery and have been brought to me repeatedly this year. Steps have been taken, to try and address some of these issues however, much of what has been implemented has been piecemeal, unco-ordinated and with no real strategic direction.

In the following chapter I will consider how funding arrangements can be developed to ensure that practical help is targetted to where it is needed and that the needs of individuals are really being addressed.

4 FUNDING

4.1 Introduction

In Chapter 3 I looked at service provision across the statutory and voluntary and community sector for victims and survivors, and made a number of recommendations aimed at making significant improvements to the coordination of services. Those recommendations will not be implemented without cost implications.

Funding for those services comes from government according to priorities which are defined and published in the Priorities and Budget document.

This chapter will focus on the various sources of funding which are allocated either directly to individuals or through victims' and survivors' groups.

For both individuals and victims' and survivors' groups, I will examine the processes through which funding is accessed by those in need of it. Gaps in the processes are then identified and recommendations are made to improve the way in which funds for victims and survivors are co-ordinated and accessed.

This is consistent with my remit in relation to funding issues:

'to review how well the current funding arrangements are addressing need in relation to victims and survivors groups and individual victims and survivors'

The chapter is in two parts:

- (a) Providing Support for Individuals; and
- (b) Providing Support for Victims' and Survivors' Groups.

Understanding government funding is never straight forward. All eleven Northern Ireland government departments have their own budgets, as does the Northern Ireland Office, and each of these spends its budget allocation, not surprisingly, on issues that directly impact on its particular agenda. However, providing support to victims and survivors does not sit neatly within the remit of a single department and it can be difficult to get a clear picture of the funding landscape.

Priorities and Budget Document

The Priorities and Budget document sets out the government's final priorities and spending plans for Northern Ireland over a two year period (the current document covers the period 2006-07 to 2007-08). Its purpose is to provide a summary of the government's key objectives for Northern Ireland by highlighting the key strategic priority outcomes agreed by Ministers, and included in departmental Public Service Agreements (PSAs).

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There is a risk that cross-departmental issues such as those relating to victims and survivors may lose out on funding because each department assumes that another department should take the lead.

Funding for victims and survivors includes:

- Government funding of statutory services such as those that fall under the remit of the DHSSPS;
- Government funding for parallel providers, individuals, groups and voluntary and community organisations allocated through NIO and OFMDFM, and administered by CRC; and
- European (Peace) Funding.

The conflict has left a significant legacy of hurt, and easing ongoing financial hardship is one way of helping to address that legacy in a practical and positive way. If we are to maximise the benefits from the resources available, it is essential that available funds are channelled efficiently and effectively to those whose needs are greatest.

Issues

The House of Commons Northern Ireland Affairs Committee in its report 'Ways of dealing with Northern Ireland's Past: Interim Report - Victims and Survivors' (2005) stated that 'The government needs to examine further whether sufficient funding is available for victims: in our view it is not'.

This is also the view of individuals and many of the voluntary and community organisations dealing with victims and survivors. Based on the evidence I have gathered this year, I agree with this.

Beyond the major issue of whether current funding to victims and survivors is sufficient, there are also a number of issues about how funding is used and how it is distributed.

As Interim Commissioner, I have had the opportunity to listen to the views of a range of people with an interest in funding, including individuals, groups and service providers. This confirmed that:

- there is no clear overview of funding for victims and survivors;

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- there is a lack of clarity around the criteria applied in determining the allocation of funding;
- victims and survivors are often unaware of what funding is available;
- funding is not always provided in a straightforward and accessible way;
- there is a perception that the Northern Ireland Memorial Fund is unsympathetic to applicants; and
- current funding is inadequate to meet identified needs.

4.2 Providing support for individuals

There are a variety of funds designed to provide financial assistance to those who have been affected by the conflict. The main funds which provide financial support directly to individuals are:

- The Northern Ireland Memorial Fund
- The Northern Ireland Police Fund
- The Northern Ireland Prison Service Trust.

In addition, there is the Prison Service Benevolent Fund and the UDR Benevolent Fund.

4.3 Northern Ireland Memorial Fund

The Northern Ireland Memorial Fund was incorporated as a Company limited by guarantee in 1999. It was established by the Northern Ireland Office (NIO) in response to the findings of the Bloomfield Report.

By its nature, the Memorial Fund is open to the greatest number of potential applicants, and I have spent a considerable amount of time reviewing its ongoing capacity to meet constantly changing needs.

The Northern Ireland Memorial Fund

The Northern Ireland Memorial Fund seeks to provide help and support in a practical and meaningful way to individuals and families that have suffered as a result of the conflict. The Memorial Fund website currently details that assistance is provided through six schemes:

Short Break Scheme;
Education and Training Scheme;
Back to School Scheme;
Discretionary Hardship Fund;
Chronic Pain Management Scheme;
Over 60's Support Scheme.

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Evaluations carried out by the Memorial Fund itself and by two external evaluations in 2001 (Cap Gemini Ernst & Young) and 2005 (Deloitte MCS) provided useful information.

It is clear from both anecdotal evidence and the review of the Memorial Fund carried out by Deloitte in September 2005 that the Fund has been a very welcome and useful source of economic support to many victims and survivors since it was established. The efforts which the Memorial Fund has made in terms of training staff to deal with victims of trauma have played an important part in that and should be acknowledged.

I have looked closely at the recommendations made in CAP Gemini's evaluation in 2001 and in Deloitte's 2005 evaluation. It is clear that many of the issues which were originally raised in 2001 remained unresolved in 2005, and continue to be relevant today.

These relate to:

- the need for a more co-ordinated approach in overall provision of support to victims;
- the need for ongoing review of schemes and eligibility criteria;
- whether their current schemes for reconciliation should be a priority of the Memorial Fund;
- the effectiveness of the Memorial Fund to reach all potential applicants.

In my many meetings with individual victims and survivors this year and representatives from groups I have frequently heard those views reiterated.

Identifying Where the Greatest Needs Lie

Since 1998 the Memorial Fund's expenditure has reached over £8 million, with the latest figures indicating that 31,831 applications have been processed from a total of 9426 individuals.

Some estimates of the scale of the problem in relation to victims of the Troubles may be in the region of 120,000 people so it is clear that a large percentage of those whom the Fund aims to support are not availing of the schemes.

Identifying potential applicants is an acknowledged difficulty which the Memorial Fund has tried to address, and it is also fair to conclude that a large number of victims and survivors may not feel the need to access the Fund. Nonetheless, it is important that all those who are eligible for the Fund are made aware of it.

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Evolving Needs

My meetings with numerous victims and survivors this year have highlighted the importance of keeping an ongoing record of their changing needs in order to tailor schemes to meet them.

The Deloitte Report in 2005 concluded that 'the evidence gathered indicates that the needs assessment undertaken by the Fund is limited'. It is worth noting that the data which the Memorial Fund builds up over a period of time could in itself be a very useful indicator of where the greatest needs lie.

Currently, the Memorial Fund's database cannot be interrogated to provide detailed information to assist in monitoring many aspects of the Fund's work and which could be used to inform evolving needs. For example, when I wanted to identify how many individuals the Memorial Fund had assisted, they were unable to provide me with detailed information relating to the number of grants paid per individual applicant. Consequently this work has to be undertaken manually, which is costly in terms of manpower and management.

Tackling bureaucracy

There is evidence, through consultation responses received by Deloitte and in my meetings with many people this year, which indicates that some potential applicants find the degree of bureaucracy involved in making an application to the Memorial Fund to be off-putting. The range of schemes and differing criteria for them add to the bureaucracy.

In looking in detail at the schemes in place, Deloitte's Report commented that 'the differences in both eligibility criteria and procedural guidance (including evidence needed) for each scheme highlights the complexity of the application system. There may be potential to simplify the system to make it more accessible and to enable applicants to understand it fully'.

I recognise that audit requirements are essential for those with responsibility for spending public money, but this does not preclude the flexibility which I believe is required. In my meetings with the Comptroller & Auditor General, it was confirmed that his office (the Northern Ireland Audit Office) were keen to encourage a more risk-based approach by those accountable for public funds, with proportionate checking as required. He stressed that auditors are looking at the application of the rules but with a sensible approach. Perhaps because of the complexity of some of the schemes and the bureaucracy which comes with that, there is a perception that the Memorial Fund lacks sympathy in dealing with individual victims and survivors.

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In Sydney's Case Study (case study No 1, Chapter 6), he and his family were excluded from the Northern Ireland Memorial Fund (Discretionary Hardship Fund) due to the definition that funding was only available to 'those who have lost their spouse or partner and main breadwinner.' As Sydney was perceived to be the main breadwinner he was outside of the criteria. However, Sydney himself was no longer able to continue to fulfil the role of main breadwinner as a result of having to act as mother to his children.

After discussions with it, the Memorial Fund advised this office that they have now removed the condition relating to main breadwinner from their criteria and that Sydney could re-apply. However, this critical information was not relayed to Sydney by the Memorial Fund.

In addition, the policy of sending payments for education and training directly to the third parties providing it leaves many feeling unfairly treated and labelled as victims. This displays a lack of sensitivity on behalf of the Memorial Fund toward applicants, with priority given to the Fund's perception of audit requirements, over individual's sensitivities.

I am aware that Memorial Fund staff have recently completed additional training in dealing with people suffering from trauma, but this may be too late to change the ingrained negative perception held by some applicants to the Fund.

Other issues of concern in relation to the bureaucratic nature of the Memorial Fund relate to the policy of including payments made to individuals under Disability Living Allowance (DLA) in their means-testing calculations for the Discretionary Hardship Fund, and their criteria in relation to Post Traumatic Stress Disorder (PTSD).

In relation to means testing, many groups and individuals have often pointed to the inconsistency of this approach which no other government body adopts. It is only recently that the Memorial Fund has indicated a willingness to address this issue.

In relation to PTSD medical experts acknowledge that there can be difficulties in diagnosing the disorder. In January 2006 this was accepted by the Memorial Fund who advised that their Board was reviewing their psychological injuries criteria. By the December 2006 Board meeting there was no change to their policy but the GP pro-forma had been revised to take account of the complexities of diagnosing PTSD.

The issues of PTSD and DLA are ones which should have been addressed prior to inclusion in criteria for accessing the Fund. The Deloitte Report noted that 'There is limited evidence

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of a proactive and sustained strategy for identifying key stakeholders' and the issues of PTSD and DLA are areas where consultation with key stakeholders would have identified the issue and not caused unnecessary distress.

Effective engagement with stakeholders would enable the Memorial Fund to address changing needs more effectively, but it is my view that there is limited evidence of the Memorial Fund having been fully effective in responding quickly and efficiently to evolving needs of victims and survivors.

Another example of this is the research funded by the Community Relations Council (CRC) and carried out by HRS Consultancy Services and QE5 earlier this year in relation to carers. (Who Cares for the Carers? A study into issues affecting carers of victims of the Northern Ireland conflict).

That research recommended 'respite in the form of short breaks for all the family on an annual basis', and found that current Memorial Fund provision in relation to short breaks failed to recognise the longevity of need.

In general, The Memorial Fund's response to changing needs has been to bring in some new schemes while removing others, but that has not improved the flexibility of the schemes themselves.

4.4 Recommendations relating to financial support for individuals

My key recommendation in relation to a fund for individuals is that a new fund is established by the end of 2007, with the Northern Ireland Memorial Fund being phased out by then. Consideration will need to be given to the timing of closing one fund and the commencement of a new fund to ensure victims and survivors are not disadvantaged.

I have considered the data protection implications of transferring information currently held by the Memorial Fund to the new fund and I am advised that there are no legal barriers to this as there will be no change to the purpose for which the information is being used.

I accept that often it is easier to make changes to something which is already in existence than to make a new start, and I have given much thought to whether the Memorial Fund could be retained and tasked with implementing the recommendations which I outline below for a new fund for individuals.

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However for the reasons above I am of the view that a fresh start is required in this area. A fresh impetus can only be achieved through a newly constituted fund which can best deliver a more coordinated, flexible, accessible and sensitive approach, in balance with criteria and audit requirements. A new fund will be challenging to deliver but the overriding concern is to address the evolving needs of victims and survivors.

I recommend that a new fund for individual victims and survivors of the conflict is set up as a Company Limited by Guarantee.

I recommend that the new fund is established by the end of 2007 and that existing arrangements continue in the interim period.

I recommend that the Memorial Fund is phased out in conjunction with the development of the new fund.

I recommend that a flexible funding structure is established which would be a broad-based scheme designed to have sufficient flexibility to deal with the evolving and complex needs of victims and survivors and those who care for them.

A new fund must be designed in a sustainable and ongoing way to focus on those who have the greatest financial needs. To this end, I see merit in making a new annual payment to spouses bereaved prior to 1988.

Of those killed in the Troubles 91% were male and 74% were under 39 (COTT study), so it is reasonable to conclude that there are a significant number of surviving females who are likely to be approaching the age of retirement. Many of those surviving women had their earning capacity and/or general household income impacted upon by the loss of a partner, and it is reasonable to conclude that their pension provision has been similarly impacted.

Many of those I have met are currently suffering financial hardship. An annual payment of £2000, less than £40 per week, will enable them to address their needs and help improve their quality of life.

Such a payment runs the risk of course of embedding victimhood and a perceived dependence on state handouts, but on balance the benefits to be gained from sustainable funding for individuals outweigh the risks of embedding victimhood in this way.

In developing these new annual payments, consideration should be given to financial profiling. I recognise the sensitivities involved in financial profiling and I accept that some people feel that is unfair, given what they have already suffered. However, it should be considered as one way to achieve maximum impact from available funds.

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Sustainable funding for individuals should not interfere with other benefits. I note that the London Bombing Relief Charitable Fund was established in such a way as to ensure that funds allocated by it did not interfere with other benefits, and I see no reason why this cannot be replicated in Northern Ireland. Also in relation to the 7 July London bombings, it would appear that victims of these incidents have been treated better by the statutory authorities than victims of the Troubles in Northern Ireland. The tariff within the compensation scheme has been doubled, and quite generous amounts have been paid from the London Bombings Relief Charitable Fund.

I recommend that the new fund makes an annual payment of £2000 to spouses bereaved prior to 1988¹.

I recommend that an annual payment should also be made to help improve the quality of life for those who have been severely injured.

I recommend that financial profiling is applied to these annual payments.

I recommend that a task force is set up to examine ways in which the new fund can make sustainable and regular payments without impacting on the other benefits payable or be classified as taxable income.

I have noted above that any fund must have sufficient flexibility to recognise and address the wide range of victims and survivors, and I have concluded that a rigid criteria-driven scheme is not the most effective vehicle to achieve that.

It is evident that the Memorial Fund's education and school uniform schemes are meeting an identified need and consequently this need should be addressed within the new fund. An important consideration is to ensure that existing mainstream provision is not duplicated by the new fund.

I have noted above the need to ensure that audit requirements do not make the schemes unduly bureaucratic, and there are opportunities to reduce that risk.

I recommend that the Office of the First Minister and Deputy First Minister (OFMDFM) meets with Trustees of the new fund and the Comptroller and Auditor General to agree broad audit requirements in advance of the launch of this fund.

¹ If this recommendation is accepted, I will not be availing of any entitlement to the fund

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The needs of victims and survivors are diverse and evolving. Any fund must be designed to address these needs.

This flexible approach needs to be complemented by a policy which deals with applicants in an enabling and supportive environment and redirects ineligible applicants to other appropriate sources of support or assistance. The 2001 Cap Gemini evaluation highlighted a need for a more co-ordinated approach in overall provision of support to victims, and the need to co-ordinate existing and new schemes between agencies. In 2005 Deloitte noted that this was still an issue, and in my view it still remains unaddressed and should be progressed as a priority by the new fund.

I recommend that there is a base-line assessment undertaken at the start-up of the new fund and two years after the scheme is set up an impact assessment is carried out.

I recommend that the new fund develops an enhanced IT database which facilitates analysis of data to monitor and plan for evolving needs.

I have noted above that there is evidence to show that, despite a PR campaign, the Memorial Fund has had some difficulty in identifying potential applicants.

Making enhanced use of local support services will assist victims and survivors to access the new fund. In practice this will mean that applicants deal initially with a local network of approved scheme intermediaries (by the new fund) who would promote the scheme within their community and provide practical assistance. Confidence in the new fund can be further achieved through the implementation of an open and independent appeals procedure.

I recommend that the new fund puts performance measures in place in relation to identifying new applicants and a strategy to target those 'hard to reach' individuals.

I recommend that the new fund should seek and use all opportunities to work in partnership with intermediaries such as victims' and survivors' support groups and Trauma Advisory Panels to provide all necessary assistance to applicants.

Deloitte's Report noted that there was limited risk assessment of the impact of the administration of schemes. I have heard repeatedly of the practical and emotional difficulties which applicants have experienced in trying to provide the necessary evidence of a specific incident in which they were involved, injured or traumatised or a relative had died.

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The Scheme of Remembrance operating within the Republic of Ireland adopts a policy of acquiring any evidence deemed necessary in support of an application and in so doing minimises the possibility of re-traumatising applicants. I would strongly advocate that a similar approach is adopted in Northern Ireland.

I recommend that the new fund should identify ways in which to reduce the requirement on individuals to provide evidence which may be difficult emotionally or practically to access.

A key theme running through all my recommendations in relation to funding is that it must focus on areas of identified greatest need. I consider that it is only in this way that we can try to maximise the benefits from available resources. To that end, I have considered the Northern Ireland Memorial Fund's current policy of allocating money in support of reconciliation projects. Both the Gap Gemini Ernst and Young evaluation in 2001 and the Deloitte Report evaluation in 2005 questioned whether this should be a focus for the Memorial Fund, and I share those concerns.

The Memorial Fund seems to have defined support for reconciliation as support for cross community activity. This is a narrow definition as we must acknowledge that many people in our community still need to reconcile on both an individual level and within their own community before they will be ready for cross community activity.

I recommend that the new fund focuses on the provision of practical help and support and does not allocate funds in support of cross community reconciliation projects.

I recommend that the new fund is allocated £8m during the first year, in addition to set up costs.

I recommend that the new fund monitors needs and the associated funding required.

4.5 Compensation

The issue of compensation has come up many times as it continues to impact on some individual's financial situation.

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Although compensation is complex, it is fair to say that most of the issues have related to:

- relatively small amounts of compensation paid in the 1970s and early 1980s;
- rigid timescales for applying for compensation; and
- late diagnosis of some injuries which prevent further compensation being paid.

Background

A particular difficulty is the meaning of the word 'compensation' itself. In theory, a person who has suffered a criminal injury can bring a civil action against the offender - only the offender is legally liable to pay compensation. It is recognised that it is unlikely that offenders will pay compensation so, although under no legal obligation, the State makes special arrangements to make payment of criminal injuries compensation.

The payment made by the State however, could more appropriately be called a recognition payment rather than a compensation payment, and is aimed at ensuring that the pain and distress felt by victims is not compounded by a decline in economic circumstances as well.

Associated with the use of the word compensation is the implication that the loss felt by victims and their families can be recompensed financially, thus creating an impression that a monetary value is placed on human life. Up to 1988, compensation payments were only for loss of earnings with no consideration of the emotional pain of bereavement.

Legislation relating to Compensation

The legislation relating to criminal injuries compensation and introduced in 2002 implemented many of the recommendations of Sir Kenneth Bloomfield's review, including the implementation of a tariff scheme.

Compensation legislation is not retrospective, except in relation to victims of child sexual abuse where the three-year timescale requirement has been removed.

The Select Committee on N Ireland Affairs has looked at the issue of compensation in relation to child sexual abuse cases and noted that *'no changes were made to any other provisions of the earlier legislation and we believe this has resulted in a serious flaw in the legislation. In effect if a victim claims to have been abused before 1988, but lived in the same household as the perpetrator at the time of the abuse, he or she is barred from claiming compensation'*.

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The Report went on to comment that:

'We recognise that many victims of child sexual abuse only come to terms with that abuse years later. It is, therefore, important that when they do come to terms with it they are not debarred from claiming compensation.'

Victims of the conflict and late diagnosis of PTSD

I am aware that issues in relation to compensation as it relates to victims of child sexual abuse are currently under review. As part of that review, I see merit in considering whether there is correlation between the experiences of victims of child sexual abuse and those of victims of the conflict here. This year, I have seen clear evidence where individuals have failed to make a claim within the time limits because they were either unaware of the capping rule or too traumatized to make rational judgements in relation to the issue at the time.

In Tony's case study, (case study No 7, Chapter 6).... he was time barred from obtaining compensation because the incidents that caused his trauma occurred early in the Troubles but he was not diagnosed until the 1990s highlights the recurring problem of victims being time barred from compensation for PTSD when it is not diagnosed until many years after the event that triggered it.

While I am aware that applying any element of retrospection to compensation legislation is a highly complex issue, it is my view that the impact of trauma on an individual's ability to make a compensation claim within prescribed time limits needs to be re-examined. I consider that trauma resulting from an incident during the Troubles should be accepted as reasonable grounds for making an exception to current time limits, as is the case for victims of child sexual abuse.

Much has been learnt in the last forty years about PTSD. There are differing views about PTSD within the medical profession, and I cannot comment on these. However what I have learned from both professionals and individuals leads me to the view that late diagnosis of PTSD, which often comes much later than the incident(s) which caused it, should be examined as part of any review to extend the three year rule for victims and survivors of the conflict.

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4.6 The Northern Ireland Police Fund

The Patten Report (para 10.20) recommended that a substantial fund be set up to help serving Police officers and ex officers injured 'as a result of terrorist attacks' and their families².

That recommendation has been taken forward through the Northern Ireland Police Fund which provides a holistic service covering all aspects of the care of Police officers and their families, who have been directly affected by the conflict.

Carers of those injured are also covered by the Fund and can access respite breaks. The Fund, a Company Limited by Guarantee, is fully supported by funding from central government, and has received £8.2m from the NIO since 2002.

From its creation the Police Fund has worked to maximize its co-ordinating role with other groups. This approach is to be commended.

4.7 Northern Ireland Prison Service Trust

The Northern Ireland Prison Service Trust was established in 2002, to address the needs of the Prison Service family. Since 2002 the Trust has received funding of £689,364 from the NIO.

The Trust offers a range of support services in healthcare, life planning and support and welfare service, these areas were identified by users as gaps in mainstream service provision.

Having identified gaps in service provision, the fund is well placed to deliver support on the basis of identified need.

4.8 The Northern Ireland Prison Service Central Benevolent Fund

The Northern Ireland Prison Service Central Benevolent Fund was established in 1980. It provides a range of services to support beneficiaries, including widows, retired and serving staff. The Benevolent Fund is funded by subscriptions from both serving and retired staff.

² I should declare an interest at this point in that I am a recipient of some financial assistance annually from the Fund. The relevant sum is paid to myself, and other individuals widowed before 1982, in order to remedy an imbalance in Pension entitlement highlighted within the Independent Commission on Policing for Northern Ireland (Patten) and the Steele Review.

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It is important that these two prison funds work closely together to ensure that there is no duplication of effort, and that maximum benefit is made of the resources available.

4.9 UDR Benevolent Fund

The UDR Benevolent Fund is a charity established in the early 1980s in order to be able to react immediately to the needs of victims and fills in gaps not covered by statutory bodies. As the fund is an internal private regimental fund I have not considered it within my remit to review or comment on its operation.

I have met with UDR widows who have told me that they think that there should be a government fund for UDR widows comparable to the Police Fund. I am aware that the Ministry of Defence (MOD) has rejected this proposal, but I see merit in this issue being examined again.

I recommend that further consideration is given to setting up a UDR Fund similar to the Northern Ireland Police Fund.

4.10 Issues for the Funds

In looking at the Northern Ireland Police Fund, the Northern Ireland Prison Service Trust, the Northern Ireland Prison Service Central Benevolent Fund and the UDR benevolent Fund, I have concluded that they are currently delivering services in a way which meets identified needs.

The financial resources available to all funds should be kept under review as each will face growing demands from the ageing population of victims and survivors.

There may be opportunities for these organisations to review their operations in a joined-up way with a view to minimising the potential for duplication of effort or process.

In discussions about the issue of a potential UDR Widows Fund, much comment about the lump sums which were paid to pre-1982 RUC widows is consistently raised. In 1982 pension legislation changed for the police and as a consequence, the lump sum which had been paid to widows prior to 1982 was less than payments made after 1982. The pre-1982 widows had therefore been treated differently and a case was made. This resulted in lump sums being paid to them. As there has been no change in pension provision for UDR widows, payment of a lump sum does not arise.

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I recommend that existing arrangements for the Police Fund and Prison Service Trust continue and they should work collaboratively to identify and minimise duplication of effort in current processes.

I recommend that funding is kept under review to take account of the ageing population of victims and survivors and the additional demands which this will bring.

4.11 Providing Support for Victims' and Survivors' groups

I have spoken with many representatives of victims' and survivors' groups and witnessed some of the excellent work that they carry out on behalf of their members.

One particularly noteworthy initiative which explains how funds flow through the Core Funding Scheme to groups is the Befriending Scheme.

This scheme highlights the capacity building which is going on in some groups and recognises the need for proper training and comprehensive policies and procedures. Capacity building will help groups deliver a professional, safe and ethical service to their members. I have included at Chapter 6 extracts from CRC's summary report in respect of the befriending programme.

Sustainability of the Voluntary Sector

Evaluations carried out have pointed to the difficulty of short-term grants that do not allow for long term planning (Capita OFMDFM 2003, Capita DHSSPS 2003) which is exacerbated by the necessarily long-term nature of much of the work with victims.

Befriending Scheme

Having identified that there were many carers known to staff within groups that were feeling isolated, lonely, forgotten and unsupported, the Community Relations Council (CRC) funded a study 'Who cares for the carers - what next?'

A befriending service was identified as the appropriate way to meet that identified need, and at the launch of the research in March 2006, it was announced that the Victims Unit would allocate £400,000 to develop befriending across the victims sector.

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Short-term funding is a generic problem for the voluntary and community sector, and one of the problems attached to short-term funding is a high turnover of staff resulting in loss of expertise. This issue has continually been highlighted to me by groups, and linked to the issue of sustainability is the need to plan ahead.

North Ulster Victim Support Network (case study No 14, Chapter 6) highlights the requirement to continually re-apply for small grants, with no guarantee of success or even assured availability of funding, means that the group, like many others, has a hand to mouth existence. They feel there is much more they could do for victims if only they could attract sustained funding to enable them to develop, employ full-time staff and provide much needed services.

Work being led by the Department of Social Development (DSD) under the Investing Together initiative, acknowledged the valuable role of the voluntary and community sector in Northern Ireland and is looking at ways to strengthen the sector by improving the sustainability of organisations.

4.12 The Voluntary and Community Sector (VCS) and Support for Victims and Survivors

The VCS in Northern Ireland is about to undergo significant change as a result of 'Investing Together' and the government response, 'Positive Steps'. Key issues such as restructuring the sector to make best use of available resources to avoid duplication and overlap are at the forefront of government thinking.

These issues are very relevant to the current victims' and survivors' sector. Equally important is the effect the Review of Public Administration (RPA) will have on services currently delivered by VCS.

Support Services

One of the areas under scrutiny is that of support services. This refers to organisations which provide generic and thematic support to usually smaller groups in the VCS.

Government wants to reduce the number of groups providing these services and has commissioned Deloitte to work with all stakeholders to make recommendations, 'to deliver an infrastructure which is in keeping with the outcome of RPA, is sustainable, provides a model for government and other funding, and compliments the differing and equally valuable roles of local and central government and VCS organisations.'

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Community Support Programme

The Community Support Programme is a collaborative initiative involving DSD, the 26 District Councils, local community and voluntary groups and local advice organisations.

Each of the 26 district councils are obliged to draw up a Community Support Plan to identify existing patterns of community provision from council and other statutory and non-statutory sources.

The plans analyse and prioritise community needs and action plans are devised to meet those needs. Need is identified by analysing statistical information and through consultation with the community and other statutory partners. Work carried out by groups working with victims and survivors is acknowledged in at least some of the Community Support Plans produced to date.

The RPA will put a focus on the role of the district councils in community planning and DSD are currently exploring how the Community Support Programme can integrate with other government policies on community relations and community safety.

Given the role of government in supporting the victims' and survivors' sector through the Core Funding Scheme and the Development Grant Scheme, it is essential to acknowledge the existing work that is being done at a community level in terms of identifying needs to inform funding policies.

In June 2006 a Local Government Taskforce Community Planning Sub-Group published its recommendations for the implementation of Community Planning in Northern Ireland in anticipation of the roll-out of RPA and the establishment of 'Seven Super Councils'. The document emphasises

Community Support programme

The annual value of the programme is around £17 million with £3.5 million of this from DSD. The remainder comes from district councils through rate income.

The aim of the programme is 'to strengthen local communities, increase community participation and promote social inclusion through the stimulation and support of community groups, community activity and local advice services'.

The document states, *'The planning for, and the process of, Community Planning and the Power of Well Being should be brought forward with full regard to 'A Shared Future' and all the challenges and opportunities that that presents.'* The government's strategy for good relations in Northern Ireland as outlined in 'A Shared Future' makes clear that the next phase of victims' policy should dovetail with that policy.

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the potential that Community Planning and the power of Well Being has in enhancing the role of Councils in Northern Ireland after 2009.

The triennial action plan published during 2006 states that government will '*address the issue of reconciliation and the needs of victims.*' As I have already noted, there is a need in some cases for reconciliation to happen within communities before we can expect communities to be reconciled with each other. As each stage of the RPA is implemented it is important that there is ongoing communication with stakeholders in the victims' and survivors' sector.

There are obvious sensitivities surrounding victims' issues which I have already discussed. Foremost among these is trust, making it essential that whatever planning process is put in place to ensure that victims' and survivors' needs are properly considered is free from political intervention.

Some might argue that if responsibility for assessing the needs of victims and survivors rests with a community planning process that is under the control of local authorities, then they will be at the mercy of political debate. I believe that sufficient safeguards can be put in place to ensure that this is not the case.

In addition, the Commissioner for Victims and Survivors will have an oversight role which should ensure that the needs of victims are taken into account in a Community Planning Process.

I believe that the Community Planning Partnerships will offer significant opportunities for victims' and survivors' needs to be identified and incorporated into plans.

I recommend that that victims and survivors are represented on the community planning partnerships which will be set up within local councils under the Review of Public Administration

4.13 Implications for Funding Victims' and Survivors' Groups

The funding picture for groups is not straightforward. Primary funding for victims' and survivors' groups is currently provided through the Core Funding Scheme operated by the Community Relations Council (CRC), an Intermediary Funding Body (IFB) on behalf of OFMDFM.

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Core funding gives groups the support to exist and to a certain degree carry out work on behalf of the members. This work is limited by the capacity of the core worker. A lot of time is spent applying for funds from other sources to support additional workers and running to keep the organisation. Some groups have many sources of funds, with one organisation in particular having more than forty bodies providing some level of financial support.

One important example of this additional funding is European Funding. The Special EU Programmes Body (SEUPB) is the managing authority for the current Peace programme, a number of measures of which are administered by Community Foundation for Northern Ireland (CFNI) as one of a number of Intermediary Funding Bodies appointed. There has been a reliance, perhaps an over reliance from groups on European funding. It could be argued that this funding has introduced competition into the area of support for victims and survivors.

While Peace Funding has provided tremendous support and given groups the opportunity to carry on programs, the fact that it is non-recurring has led to uncertainty in planning the work and staffing. This has led to, amongst other things, a high turnover in workers.

In addition to this the specific measure under which victims' groups are encouraged to make applications to is European Social Fund (ESF) monies with accompanying regulations that relate to training which may not always be the most appropriate activity for group needs. ESF funding also carries very rigorous audit and accounting requirements which can be particularly onerous on new, small and/or self-help groups.

Lessons Learned

There are other lessons to be learned from the allocation of Peace funding. The key ones are:

- criteria needs to be very specific
- aspects of any scheme should not be changed during the process
- expert views should be in an advisory capacity, rather than part of assessment panels (subject to SEUPB guidance)
- timeframes for the work needs to be published, be realistic and adhered to
- applicants need to be kept fully informed throughout the application process

The Core Funding Scheme was launched in 2002, and was initially intended to run for two years until 2004. It has subsequently been extended over the last three years in anticipation of a strategy for victims and survivors and a new scheme being established. Groups are therefore receiving funding based on an application that was made over four years ago.

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It is therefore essential that the existing scheme is reviewed and a new scheme developed. That work should be carried out with the involvement of all stakeholders, and will need to explore the relationship between Core Funding and the Development Grant Scheme.

The new scheme must provide for three separate categories of groups i.e. Self Help, Volunteering, and Parallel Providers. I recommended in Chapter 3 that Parallel Providers who meet accredited standards should come under the Bamford Review, but this will require a transition stage.

The new scheme will be open to applications from those groups which have formed since the current scheme has been in existence, and to other groups who are able to demonstrate compliance with the new scheme's requirements.

The new scheme should highlight the importance of building a relationship with the new fund that will replace the Northern Ireland Memorial Fund to ensure that the new fund has a local network through which it can promote its programmes.

In addition, the funding for each new programme should initially be for a period of three years to support sustainability and effective, longer-term planning for groups. It must be a key element of the new scheme that the three-year funding is matched to a planned programme of delivery by recipients of the funding.

The programme will have to be based on demonstrable needs, and must incorporate performance indicators to allow for monitoring and evaluation of outcomes.

4.14 Assessing Need

The main weakness in the existing core funding scheme, as acknowledged in the draft strategy document published in 2005 by the Victims Unit, OFMDFM, is that the link between funding and assessment of need is weak. The new scheme should have sufficiently robust criteria to allow for monitoring and evaluation which will inform to what extent groups are meeting the needs of individual victims and survivors.

Development Grant Scheme

The Development Grant Scheme seeks to ensure fair access to support for victims and survivors of the Troubles. This scheme is targeted at supporting groups which are made up of victims, or are working with victims resident in Northern Ireland. This scheme is available to all groups including those in receipt of Core Funding. The purpose of this scheme is to support groups with individual programmes that they have developed.

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The draft strategy published by the Victims' Unit proposes that the best way to deal with this is to establish a 3 year planning cycle based around the Trauma Advisory Panels (TAPs). The proposal makes the TAPs responsible for carrying out the needs analysis.

While it is essential to base funding decisions on clearly defined need, there appears to me to be an inherent conflict of interest in this approach given that the main recipients of the funding are also likely to be members of the TAP. Decisions relating to the allocation of funding have to be removed from those in receipt of the funding. Instead, groups should quantify the need in the community for the services that they provide.

A review of the Core Funding scheme carried out by Capita for the CRC in 2004 highlighted the lack of measurable outcomes associated with the grant funding. Capita's review of the Core Funding scheme reinforces the need to look seriously at assessing the impact that the work of groups is having.

As the review observed, qualitative data has not been routinely gathered - in terms of core funding, the primary aim of monitoring groups has been to account for expenditure. Many of the recommendations made in that evaluation relating to measuring soft outcomes, enhancing the use of available IT and promoting networking across the sector remain pertinent today.

4.15 Groups, Funding and Monitoring

There has been much sensitivity around monitoring outcomes achieved through the funding allocated to groups, yet a fundamental question which needs to be asked in relation to this work is 'has it made a difference for victims and survivors?'

I have no doubt that without the ongoing support of victims' and survivors' groups, individuals' needs would be even greater than those identified in this review but I agree with Capita's view that 'The IFB should promote the idea that detailed qualitative explanations of what is being done are welcomed and valued. We also believe that this recommendation should be applied to future applications for Core Funding'.

This approach should improve the IFB's understanding of the 'softer' outcomes achieved by groups. In order to measure 'soft outcomes' there needs to be agreement on what sort of outcomes are envisaged by funders and those being funded.

Groups need to be helped to design the indicators by which they will be measured, and these need to be agreed by all concerned. Clarity about what needs to be achieved from money allocated to groups is a necessary pre-requisite for effective evaluation at a later date.

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The process of monitoring progress against the indicators will also provide opportunities to refine them.

In developing these indicators, I see opportunities for the IFB to facilitate and encourage linkages between groups working on common issues.

The application should also be capable of providing IFBs with information on outcomes that will assist with the analysis of need in the sector. Again I see merit in a recommendation in Capita's 2004 evaluation that 'as the monitoring information provides the IFB with a general overview of the sector, the IFB is in a position to facilitate the active engagement of groups in networking activities with other groups in the sector'.

Having agreed a process by which indicators can be developed, there needs to be a tool for capturing the data. This should ideally be a tried and tested IT application which can help groups to capture information relating to their client base and the impact that the impact of the work they are doing.

There are examples of some groups moving in this direction and seeing it as the way forward in helping to demonstrate the evidence base in their work. Currently there are groups involved in a pilot study using the monitoring software developed by Cunamh, and this could be adapted to meet individual user's requirements. While some groups may prefer to keep manual records such a computer system will enable the input information to be printed in a format for the IFB reports.

This engagement should also be supported by maximising the use of technology to support the activities of groups, along the lines recommended by Capita's evaluation.

I recommend that the Intermediary Funding Body (IFB) enhances their monitoring processes to include more meaningful qualitative measures for groups in receipt of the revised Core Funding.

I recommend that the IFB leads a review of the Core Funding and Development Schemes with all key stakeholders to develop a new scheme.

I have also considered the current limit of £10,000 which applies for schemes aimed at promoting more effective joint working between groups. More effective joint working between groups is one way to support sustainability and capacity building and I see merit in raising the £10,000 limit where there are identified benefits in doing so.

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I recommend that during the transition to the new scheme the £10,000 limit with the Development Grant Scheme for projects promoting joint working between groups is raised.

The transition from the current scheme to the new scheme will commence in 2007-2008. That transition will need to be managed with interim payments to groups, and should include an appropriate uplift in funding to take account of the fact that the scheme commenced in 2002 and there have been no adjustments to funding since then.

As much of the transition work will identify the resources required it is not possible to quantify funding at this stage. However, given the reduction in Peace Funding it is likely that an increase in funding will be required. Government must be prepared to provide adequate resources to meet the needs which an effective planning process will identify.

5 FORUM

PRACTICAL ISSUES AROUND ESTABLISHING A VICTIMS' & SURVIVORS' FORUM

5.1 Introduction

The idea of a forum for victims and survivors of the conflict in Northern Ireland was mentioned in 2003 in the Joint Declaration by the British and Irish governments. They accepted that acknowledging and addressing the suffering of the victims of violence was a necessary element of reconciliation

The need for a long term approach was acknowledged and consideration of the establishment of a Victims' and Survivors' Forum was mooted as a practical step to recognize and address victims' issues whilst taking account of the 'state of readiness of the community as a whole to engage'. (Joint Declaration)

Consideration was not given in the Joint Declaration to issues such as the type of forum needed, its role or purpose, who would sit on it, or to whom it would be accountable.

5.2 Consultation

Given the lack of a clear and shared understanding of the role and purpose of a forum prior to consultation I adopted a broad interpretation of the term. Using the definition of a forum as a platform for open discussion of subjects relating to victims, I embarked on a programme of consultation.

The purpose of this initial consultation was to seek views on the usefulness of a forum and what its role and purpose might be.

The consultation process itself involved:

- fourteen seminars across Northern Ireland;
- representation from victims' groups, individuals and statutory and voluntary bodies;
- separate consultation with political parties; and
- advertisements in the local press inviting interested parties to participate.

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From this process emerged a range of practical issues and concerns which victims and survivors wanted to see delivered. These were:

- Funding
- Accountability
- Bureaucracy
- Health
- Truth Recovery
- Education, skills and training
- Compensation and entitlements
- Justice
- Transport in rural areas
- The role of the Churches.

In further discussions in relation to the role and purpose of a forum victims and survivors identified four broad areas for which they felt the forum could take responsibility. These are:

Information A forum could collate information that is already available but not easily accessible, effectively acting as a one-stop shop for access to information.

Research A forum could have a research role to continually assess, evaluate and prioritise the needs of victims and survivors.

Lobbying A forum could have a role in lobbying for change to ensure that victims' issues are embedded in government policy considerations.

Governance A forum needs appropriate authority to enable it to influence policy-makers and to hold service providers and government to account.

A summary of the findings was published on our website www.cvsni.org

I analysed the feedback generated by the consultation process and developed four possible models for a Victims' and Survivors' Forum. The outline models were necessary to enable me to address my remit to 'consider the practical issues around establishing a Victims' and Survivors' Forum'.

During the course of my deliberations I was conscious of the uniqueness of the Northern Ireland situation and the fact that we need to develop a forum which will best meet current needs and conditions but allow for flexibility as society evolves and the needs of victims and survivors change.

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In developing the four models, I also identified some key guiding principles which had been highlighted by consultees during the seminars as being critical to the success of any forum.

5.3 Guiding Principles

The guiding principles are:

Independence

A Victims' and Survivors' Forum needs to be sufficiently independent to enable it to critically and constructively assess the work of government.

Accountability

A Victims and Survivors Forum needs to be accountable to all in the victims and survivors sector, groups and individuals. A forum also needs to be accountable to the wider society.

Effectiveness

A Victims and Survivors Forum needs to be effective in working for victims and survivors to influence government policy and the policies and practices of the sector.

Inclusiveness

A Victims' and Survivors' Forum needs to include the views of all victims and survivors and others who have an interest in their welfare. They should be able to access the forum and participate and have their say on issues affecting them.

Productivity

A Victims' and Survivors' Forum needs to be productive in representing the needs of victims and survivors. The forum should not be too bureaucratic and should be able to gather views and respond quickly to issues raised by victims.

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5.4 Presenting and Evaluating Options for a Victims' and Survivors' Forum

I presented four outline models for a forum at the Community Relations Council's annual conference for Victims and Survivors of the Troubles on 25 October 2006. Delegates at the conference were asked to:

- examine the advantages and disadvantages of each option against the guiding principles; and
- identify which option was likely to work and command most support with victims and survivors at this time.

Each model is described below along with feedback from the consultation process.

Option One : An independent round table forum of individuals and representatives from victims' and survivors' groups

- This would be a constituted body, representative of victims and survivors and would have a specific venue, a secretariat to support it, and a defined structure.
- It would be responsible for representing the views of victims and survivors, for trying to reach consensus on priorities, and for bringing identified priorities to the Commissioner for Victims and Survivors for action under the work programme.

Feedback on this option

Advantages	Disadvantages
Independent of government.	Potential difficulties reaching consensus on issues.
Open and transparent.	Potential to lack focus due to large membership.
High profile.	Potentially high running costs.
Accountable to victims and survivors.	Risk of becoming a talking shop.
Formally constituted.	May be difficulties (cost and time) in reaching agreement on participants.
Inclusive of individuals and groups.	
Hard for government to ignore.	

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Option Two : A round table forum that would build on the experiences and structures already in place

- This would incorporate a reconvened Interdepartmental Working Group (IWG), members from both the Trauma Advisory Panels and victims' and survivors' groups.

Feedback on this option

Advantages	Disadvantages
Experience and structures already in place.	Perceived lack of confidence and trust in statutory bodies.
Direct interface with decision makers across government departments.	May be difficult for individuals to access.
Victims' and survivors' groups would be represented.	Could lack a 'champion'.
	Concerns with transparency and focus.
	Loss of continuity due to transfer of IWG staff.

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Option Three: A forum co-ordinated and driven by the Commissioner for Victims and Survivors and constituted as an integral part of the Commissioner's office

In this model the Commissioner would:

- develop priorities and action plans with the involvement of victims;
- consult with experts and stakeholders such as victims' and survivors' groups, members of Trauma Advisory Panels and individuals on specific matters; and
- set up working groups with the expertise to respond to issues affecting victims.

Feedback on this option

Advantages	Disadvantages
Legislation is already in place to facilitate the creation of a forum model.	This option may give too much influence to one person - i.e. the Commissioner.
Similar status to other established Commissions.	Success or failure of this option is too dependent on whoever is appointed Commissioner.
Individual victims not associated with a group may easily access the services available.	May create another unaccountable quango.
Commissioner could lobby government and champion victims' issues.	

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Option Four: A forum using the Trauma Advisory Panels (TAPs) as its basis

- In this model the TAPs would feed into OFMDFM which would have links with the Commissioner for Victims and Survivors.

Feedback on this option

Advantages	Disadvantages
Would be inexpensive to set up and could build on structures already in place.	Difficulties could arise in choosing a chairperson i.e. from voluntary or statutory sector.
Specific local concerns could be addressed within this framework as well as wider issues.	May be too heavily weighted toward statutory bodies thereby compromising its independence.
Key players have proven experience and commitment in the field which could provide the basis for moving forward.	Lacks transparency in decision making. Potential difficulties with accountability.
	Agreement may not be readily reached in decision making thereby rendering it a 'talking shop'.
	TAPs currently adopt different approaches.
	Might not be representative of all victims and survivors, particularly individuals.

5.5 Summary of feedback

One key point that has been repeatedly made to me, not just by delegates at the Community Relations Council conference but by many of the victims and survivors I have met over the past year, is that there is an overriding imperative not to lose this opportunity to establish a forum.

As can be seen from the range of perceived advantages and disadvantages of each of the options, there was a wide range of views. No one option emerged as the universal choice and all attracted a variety of positive and negative comments.

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One viewpoint was that whilst Option One was the preferred option, realistically it would be difficult to envisage how it could be constituted in the short term.

Another view was to aim for Option One as the ideal solution, but with Option Three as the fallback position if the anticipated difficulties, such as getting a disparate group of individuals to sit down together around the table as envisaged in Option One, proved insurmountable. When questioned, many agreed that victims and survivors and the community as a whole were not yet ready to fully embrace Option One to allow it to function effectively.

While Options Two and Four were not without support they nevertheless did not command widespread confidence.

One suggestion was that the forum envisaged in Option Three could be 'assisted and facilitated', rather than 'coordinated and driven' by the Commissioner for Victims and Survivors.

The option that drew the most support and was considered to have the least disadvantages was a hybrid model of Option One and Option Three. There was however no clear or shared view as how this would operate, what form it would take or even which elements from the individual options would be included.

5.6 Conclusions about the Forum

In formulating my views on a forum I have been acutely aware of the need to ensure that this opportunity is not lost, and to select the best option to take account of the 'state of readiness of the community as a whole to engage'.

There is a concern that the entire forum process could be irreparably damaged by premature attempts to coerce people, who are not yet ready, to work together in an open forum.

I certainly see merit in Option One (an independent round table forum), however I feel that the time may not be quite right for implementation and it is an option to which we should aspire.

Ideally, a round table forum incorporating as wide a representation as possible is the best way forward and is an aspiration to be worked towards rather than the best option for now.

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Therefore I believe that Option Three should be adopted as the initial model, with the objective of working towards Option One as soon as possible. This would have the advantage of giving victims and survivors a workable forum or platform in the short term through the Office of the Commissioner for Victims and Survivors, whilst also putting in place the mechanisms necessary, which may include a consultation, to facilitate the optimum solution represented by Option One.

I recommend that the forum should be an integral part of the Office of the Commissioner for Victims and Survivors (Option Three) assisted and facilitated by the Commissioner and leading to the establishment of a full round table forum (Option One).

The length of time before this can happen will depend primarily on how long it is likely to take for those representing all victims, as defined in legislation, to be able to work effectively together and achieve an acceptable degree of consensus on priorities.

Any work programme for a forum is likely to incorporate tasks relating to ongoing and new issues affecting both individuals and groups. It is however essential that this model incorporates, as one of its key objectives, a clear pathway of progression to Option One and clearly defined tasks, processes and responsibilities along the path.

If this is not built in, there is the very real risk that realisation of Option One will always remain just beyond the horizon. There is however a very fine line between attempting to achieve Option One before people are ready for it, and allowing the process to drift along too long under Option Three.

The management and timing of this transition will be crucial, and political progress, as well as trust and goodwill will have a bearing on the overall timescale.

I recommend that the forum has a key objective of moving towards a fully independent forum consistent with the model described under Option One.

5.7 Trauma Advisory Panels (TAPs)

Options Two and Four above are based on the existing Trauma Advisory Panels (TAPs). While I have discounted these as options for the forum, I do not wish to suggest that I do not see a role for the TAPs going forward.

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The TAPs were set up in each of the four Health and Social Services Board areas to take forward work and develop partnerships in a range of areas as a direct response to the SSI Report and 'We Will Remember Them'.

Both reports recognised the importance of identifying the needs of people who had been affected by the Troubles and to ensure that effective steps were taken to address their needs. Each TAP is multi-agency in its make-up and where possible has a mix of voluntary, community and statutory based bodies represented.

The role which the panels have had in bringing the wide range of groups together to discuss areas of common interest should not be underestimated, and I believe that they continue to have a role to play, and can complement some of the work which the forum will take forward. The role of TAPs is likely to evolve and change as the forum is developed.

I recommend that Trauma Advisory Panels continue in their present role and the important link with statutory services is maintained.

In Chapter 6 I look in greater detail at the work which I have taken forward with individual victims and survivors. In undertaking this kind of work, I am very aware of the importance of adhering to principles of practice that ensure a safe environment for those who come forward seeking help, and I have enjoyed useful support from the TAP coordinators in assisting with the delivery of the advocacy role undertaken by this office in the past year.

TAP Co-ordinators have been able to provide a link between this office and individuals who have come with a wide range of issues for support, guidance, information and advice. While this link has been on an informal basis up to now with individuals being offered the support of the coordinator if they want to accept the offer, there is potential to develop this model.

The draft strategy for victims and survivors published in March 2005, contained a proposal that a post of Victims' and Survivors' Advisor should be created in each TAP area to act as a contact point for individuals who choose not to contact a victims group. These arrangements and linkages have the potential to develop a 'one stop shop' approach for dealing with victims and survivors.

I recommend that the role of TAP Co-ordinator should come under the auspices of the Commissioner for Victims and Survivors. The new role should take account of and be consistent with the work programme of the Commissioner.

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5.8 Other Aspects of a Forum

Story-telling and the Forum

The key areas identified in the seminars on the forum addressed mainly the practical issues. Two other areas which were mentioned were Story Telling and Truth Recovery.

Story Telling enables people to tell their story and for individuals to feel that there is an acknowledgement and recognition of their unique experience in the telling of it. Many victims' and survivors' groups have been involved in this and approximately thirty projects have been progressed such as those undertaken by Healing Through Remembering, Cunamh, Saver Naver, One Small Step and Community Dialogue. The Eastern and Southern TAPs have also done useful work in this area.

The forum was considered by many as a means to expand the story telling platform for individuals who may wish to avail of it but have not yet had the opportunity to do so.

The forum could benefit from the expertise and lessons learnt by groups during their work on story telling and could be slowly and sensitively expanded for the benefit of victims and survivors.

Recognition and the Forum

In a number of the reports I reviewed, especially those reporting the findings of public consultations, and in my discussions with numerous individuals throughout this year, 'recognition' and 'acknowledgement' were frequently used terms. For many victims and survivors recognition or acknowledgement was at the centre of their concerns. There were some variations in what was meant by recognition but in general there was a consensus that victims wanted the wrong that had been inflicted on them and the subsequent hardship that was caused to be acknowledged. This call for recognition was largely focused on government.

The literature, in highlighting the views of victims and survivors, indicates that victims and survivors feel ignored by government or feel dismissed or unimportant. Alan McBride sums up the point in his contribution to 'Recognition and Reckoning' (Democratic Dialogue, 2003). 'Recognition' he says 'is a huge issue for those who have suffered in the 'Troubles' - that is, 'that their suffering and the suffering of their loved ones will not be forgotten'.

Again, I believe that, as with story-telling, the forum can provide a platform to enable individuals to have their suffering recognized and acknowledged. In this way we have an opportunity to ensure that the suffering of those impacted by the Troubles is not ignored or forgotten.

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Truth Recovery and the Forum

While the majority of people did not mention Truth Recovery during my consultation process, it was highlighted as an issue and as such, needs to be addressed in the future.

The House of Commons Northern Ireland Affairs Committee Interim Report (Tenth Report of Session 2004-05) 'Ways of Dealing with Northern Ireland's Past' recognised the importance of an 'official' version of history and truth which might be a key feature of any truth recovery commission but concluded that:

'The Northern Ireland communities must be fully ready and able to accept and share that official version of historical truth, and it is our view, based on the evidence we have been given, that this stage has yet to be reached'.

My work in considering the possible role and purpose of a Victims' and Survivors' Forum has provided an opportunity to look again at the issue of dealing with the past in Northern Ireland.

Conflict in every country will have its own unique features, and Northern Ireland is no exception to that. 'Eolas (2004) Truth and Justice: A Discussion Document' from Relatives for Justice discusses in useful detail how a truth commission could be designed. Nonetheless, we can look at how other post conflict countries have addressed the healing process and see what can be learnt from their situations.

The solutions we develop here may draw on best practice from elsewhere, but must fit within, and meet the requirements of our own unique situation. Perhaps one of the key considerations in this area is the need to effectively manage individuals' expectations of what can be achieved through any formal public process, such as a Truth Commission.

Truth Commissions

Priscilla B Hayner in 'Unspeakable Truths: Confronting State Terror and Atrocity' provides a comprehensive analysis of truth commissions across the world, and her work has been useful in analysing their potential to make an effective contribution to transitional societies.

While sceptical of some of the more extravagant claims about the therapeutic 'healing' power of truth commissions, she accepts that they can make a contribution to national reconciliation. She also notes that often people have expectations far in excess of what is reasonably possible, and that the potential for a truth commission to enable healing on an individual level is limited.

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Despite highlighting the limitations of truth commissions, Hayner does agree with the view that an unaddressed past can fester. She cautions against pressuring states to create them, suggesting instead that societal wishes should be respected.

This is also a point emphasized by Judy Barsalou 'Trauma and Transitional Justice in Divided Societies', who highlights ambiguity about who the beneficiaries of what she terms 'transitional justice intervention' are meant to be, saying that 'the needs of individual victims must be balanced against the society's larger short and long-term goals'.

Northern Ireland Context

As indicated through research, I believe that a key element of any truth process is the close involvement of victims and survivors at every stage. It is also imperative that someone independent leads the process - perhaps an influential and respected figure from outside the conflict here.

Whilst I favour an external dimension it should be compact and relevant to the needs of victims and survivors in Northern Ireland.

The conflict has left a legacy of significant hurt and distrust in our society. We do not want to re-live those experiences but we need to find ways to remember and acknowledge individual experiences of the conflict, to learn the truth and to learn lessons for future generations.

Part of learning lessons for future generations must involve acknowledging the conflict through the medium of education. One notable initiative which has taken that aspect forward recently is the 'Enabling Young Voices' (EYV) project.

The primary aim of the project was to 'develop an interagency and multi-strategy approach to the educational support of post-primary pupils who are identified as victims of violence in the context of the recent Northern Ireland conflict.'

The project was piloted in the SELB area which covers some of the areas most affected by the conflict in Northern Ireland. Its aims were to:

- enable young people to discuss their experiences of how the Northern Ireland conflict had affected them and their community;

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- enable young people to gain knowledge about how to deal with issues relating to the Northern Ireland conflict;
- enable young people to develop methods of resolving conflict which may occur in their lives.

Subsequent evaluation of the project by the EYV Project Team (Co-ordinated by Queen's University, SELB and WAVE) confirmed the willingness of both teachers and young people to examine issues relating to the conflict in Northern Ireland while being aware of the hurt, anger and pain that had been passed from one generation to another.

The EYV Project Team felt that the work could be successfully transferred to other Education and Library Board areas and the learning from it applied to other areas of the curriculum, such as citizenship. It is clear that a Victims' and Survivors' Forum could have a role in supporting this type of project and promoting lessons learned from them.

A victims and survivors forum is ideally placed to begin the process of taking this work forward in a planned, safe and ethical way.

I have had many views expressed to me about Truth Recovery and much scepticism has been expressed as to whether or not the truth will be told. This point has been borne out in research, including the Truth Commission's June 2006 Report. 'Attitudes Towards a Truth Commission for Northern Ireland. 'People, it seems generally want to know the truth about the conflict, they just don't agree on how to get it....they are also fairly sure that they may not get the truth at all.' However I believe that while this process will be complex, painful and difficult it should nevertheless commence.

I would suggest that initially the work of the forum deals with practical issues but when established, consideration should be given to aspects of Truth Recovery.

In conclusion, I would urge all citizens in Northern Ireland, but particularly victims and survivors, to seize this opportunity to have a forum established as soon as possible. I have stated throughout my year in office that there will be no perfect solution for a Victims' and Survivors' Forum. However, I believe that a forum developed along the lines described under Option Three above offers the prospect of delivering real benefits and results in the short term and will provide the basis to move forward towards Option One at the appropriate time.

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If tackled with sensitivity, I believe that the forum can make a constructive difference to the lives of victims and survivors and begin the process of leaving a positive legacy for future generations in Northern Ireland.

6 ADVOCACY AND CASE STUDIES

6.1 Introduction

As a society moving out of conflict, we must attempt to address a legacy of almost forty years of hurt and division. It must be accepted that the road to normality will take a long time for many victims and survivors of the conflict.

There is no typical 'victim'. Need can include some or all of a range of issues such as practical help, acknowledgement of pain, recognition of their individual story and finding out the truth.

Within that context, my emphasis throughout the year has been on individual victims and survivors. In delivering the terms of my remit, my key purpose has been to make recommendations which should impact positively on their quality of life by improving services and funding provision to target their current specific needs, whilst conscious that for many, these needs will evolve over time.

Since I was appointed Interim Commissioner in December 2005 public awareness of the office has continued to grow. That growing awareness brought with it a corresponding increase in individuals seventy-four of whom approached the office seeking help or advice on a particular conflict-related issue. It was clear that they did so in the belief that they had nowhere else to turn to for help.

In this chapter I intend to outline the protocols which I adopted for dealing with those individuals, and to summarise the main issues which emerged. I have also included in this chapter a sample selection of the case studies dealt with by my office, together with case studies provided by other sources.

The purpose of the advocacy role which my office has delivered has been to:

- Provide information;
- Refer users to appropriate sources of help as appropriate;
- Provide assistance in accessing services or benefits; and
- Support people to make their own decisions

I took an inclusive view and tried, whilst mindful that it is not always possible to reach the outcomes people are seeking, to help everyone who approached the office.

The first stage in delivering that support involved a meeting with each individual. Those meetings proved useful in explaining clearly what the advocacy service can provide, and importantly what it cannot do - this is a critical stage in managing expectations.

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For each individual it was important to reach a clear and shared understanding of what the office could undertake, as this is a critical stage in managing expectations.

I have had regular and useful support from each of the Trauma Advisory Panel (TAP) Co-ordinators and I believe that this shows the merit in having a presence on the ground across Northern Ireland.

6.2 Range of issues raised

While I acknowledge that there is no typical victim, it is clear that key themes do emerge from the stories which I have been privileged to hear.

For many who were seriously injured in the early days of the Troubles it was often anticipated that their life expectancy would be limited but with advances in medicine their life expectancy has increased and so too has their everyday needs.

It is evident that many widows are now of retirement age and whilst they may appear to be 'capital' rich, they have not the financial security to maintain properties, or often a basic lifestyle.

Many husbands and wives, or family members, have faithfully dedicated their lives to looking after relatives injured as a result of the Troubles. This 'invisible' group of people are not paid for their devotion nor has their contribution been readily acknowledged.

However, it has been shown that their sacrifice often results in emotional exhaustion, depersonalisation and a feeling of isolation and social exclusion. To date, little consideration has been given to this, but recent research has quantified the toll this takes, particularly on the injured and their carers as they become older. (Who cares for the Carers? - A Study into Issues Affecting Carers of Victims of the Northern Ireland Conflict - HRS Consultancy, QE5 and Community Relations Council).

As the conflict has gone on for so long the early victims and survivors have additional issues as well as the concerns of old age. Primary health and support facilities caring for the elderly need to be conscious of these and the impact on individual lives.

For some people awareness of Post Traumatic Stress Disorder (PTSD) and psychological damage were not considered or addressed either at the time or in subsequent years.

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As the conflict moved into the 1990s there was the beginning of support for emotional issues. This support came, not through government but through victims' groups which had set up to try to address needs in their communities. For later victims, these issues began to be more openly addressed, and victims and survivors support groups have provided some very good support to their members.

All of those I have met have emphasised the need to be treated with dignity, respect and sensitivity by officials in government departments and agencies. To date, for many, their experiences appear to have fallen short of that reasonable expectation.

In order to emphasise the human legacy of the conflict examples have been used from individual cases to illustrate weaknesses or strengths in services or funding and the impact on the lives of individuals, families and communities.

It is clear that many of the individuals who approached my office did so in the belief that they had nowhere else to turn to for help.

The particular difficulties which some victims and survivors have in relation to accessing services are best illustrated through their own stories. These also highlight areas for improvement.

6.3 Summary of individuals' issues

Figure 6.1 below depicts the breakdown, by category, of the individual cases taken forward by my office over the past year. These are also summarised by category below. In addition there were a number of specific cases that have not been included in the summary due to the sensitivity of the issues concerned.

Issues relating to dealing with the past

Sixteen individuals raised issues relating to the past. Some of these wanted assistance with specific cases where no-one had ever been brought to justice. Some wanted their story heard and acknowledged, while others mentioned the idea of a memorial.

Sir Kenneth Bloomfield (1998) commented that 'the idea of a Memorial and Reconciliation Day could only be profitably pursued in a more stable atmosphere, and with the approval and commitment of the churches', I feel that there is still a considerable way to go, and healing to take place, before we reach the stage he suggests. However, I would suggest that serious consideration is given to the Healing Through Remembering proposal for a Day of Reflection. I know that for those who have suffered losses in the conflict, either through bereavement or injury, the remembering is every day. The proposed Day of

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Reflection, to allow individuals to reflect in their own way with dignity, could act as a reminder for the whole community of the terrible human suffering as a consequence of the Troubles.

Issues relating to how to access health or social services support

Sixteen individuals sought information and advice to help them access health services, including a parent who sought help in accessing counselling services for a six-year old child.

Issues relating to NI Memorial Fund

Twelve individuals raised aspects relating to the Memorial Fund, mainly concerning uncertainty about Memorial Fund criteria and why applications had been refused.

Issues relating to compensation

Eleven individuals raised issues relating to compensation, including complaints about the low levels of awards in the earlier years, the problems associated with the three year capping rule and late diagnosis and on-set of PTSD.

Issues relating to accessing funds and entitlements

Seven individuals raised issues about access to benefits or other matters relating to accessing funding. Groups also identified a need for an advocacy role and some are delivering a very effective service to meet local needs.

Issues relating to housing

Four individuals brought issues in relation to the criteria which the Housing Executive applies as part of their Housing Selection Scheme and this issue should be pursued by the Commissioner for Victims and Survivors.

Issues relating to the Disappeared

I have also had contact this year with relatives of some of those individuals who are known as 'the disappeared'. While the focus for this is currently with Sir Kenneth Bloomfield, as one of the Commissioners for the Disappeared, my thoughts are with the suffering families and I would join with others in attempting to persuade anyone with information which may help ease the suffering of the families involved to come forward with it.

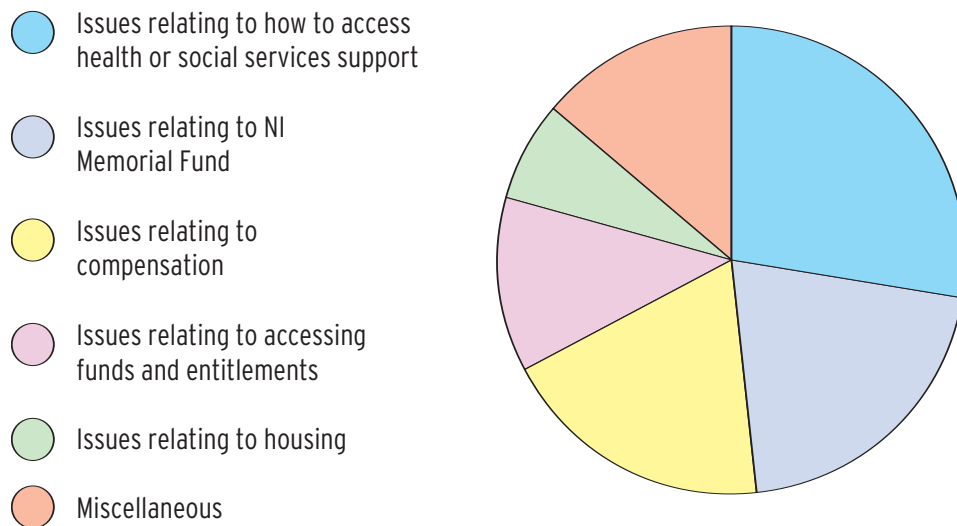
Issues relating to Legacy

Three people currently living in England contacted my office pointing out that my remit does not extend beyond Northern Ireland. Many people who have been impacted by the conflict no longer live in Northern Ireland. The Legacy project in Warrington carried out a

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needs analysis of victims and survivors in Great Britain. It is important that support is provided for these individuals in a way which is most appropriate for them. This aspect will come under the remit of the Victims' Commissioner in England and Wales, and it will be important that there is appropriate consultation between the Victims' Commissioner in England and Wales and the Commissioner for Victims and Survivors in Northern Ireland.

Figure 6.1: Cases taken forward by IVC Office during 2006



6.4 Other Issues

Representations were made to me during the year by those concerned about the operation of the Northern Ireland Housing Executive's Special Purchase of Designated Properties (SPED) Scheme. The scheme is designed to provide alternative accommodation for individuals deemed by the Police Service to be at risk. I have concerns that the scheme requires individuals to ensure the property they have left is secure. This has the potential to re-traumatise or put individuals at risk. I believe however that the Commissioner for Victims and Survivors should continue to raise this particular issue with NIHE.

In addition to receiving representations from individuals, I have been approached by organisations to raise issues on their behalf. The Orange Order believes that the current legislation regarding compensation for damage to Orange halls discriminates against them, making it difficult to provide insurance cover for properties in isolated areas. Agricultural buildings are not subject to such stringent provisions. This issue was raised in Parliament in May 2006 and the Minister rejected any change to the legislation.

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6.5 Case Studies

Each of the individual case studies in this chapter represents a small cross-section of the actual cases that have been raised with my office over the past year. In some cases, the names and some other details, such as locations and dates, have been changed to help preserve the anonymity and security of those involved. In others, those involved are happy for their real names to be used. However, these are all real cases with real victims and survivors who have suffered and are still suffering, as a result of the conflict in Northern Ireland. I am most grateful to all those who have kindly agreed to let me use their stories as an illustration of the range of problems still being faced by victims and survivors in our society.

Often the individuals concerned have tried every possible avenue to resolve their difficulties, but have been repeatedly rebuffed. Many of the people who have brought their cases to my office are in a state of deep despair and frustration that nothing has been done for them. They have come to my office in the hope that their voice may be heard and their problems resolved.

Criticism of the intransigence and inflexibility of the rules and criteria applied by the statutory bodies and the insensitivity of those dealing with their cases, are common threads in many of the stories. In some cases my office has been able to make progress, whilst in others it has not been possible to resolve issues or provide the answers people want, due to existing legislation and regulatory constraints. There is on-going dialogue with Ministers, officials and various statutory and voluntary organisations on a number of outstanding cases.

In addition to the individual stories prepared by my office, (**case study nos 1-8**), I have also included several case studies compiled by Widows Against Violence Empower (WAVE) Belfast, (**case study nos 9-11**) which illustrate some of the many issues facing victims and survivors.

The case studies from the South East Fermanagh Foundation (**case study nos 12 and 13**) within this chapter help illustrate the valuable and practical work being done on the ground by some support groups. The original wording and format of these case studies has been retained. It is clear that projects such as these reflect the work that groups are addressing to resolve the problems encountered by individuals on the ground.

This group received funding through the Community Relations Council (CRC) Development Grant Scheme. Two members received training through the Citizen's Advice Bureau (CAB) and were then in a position to offer a referral service to their members. The group reviewed the benefits being paid to their members and found that only two individuals out

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of 148 were receiving the correct entitlements. Most of their members do not trust CAB and statutory agency staff and if they go to them do not give a full picture of their circumstances. When working on this project, the group found that CAB offer an excellent service; however, there is an issue with statutory agencies in that they appear to work in silos, and if forms are completed incorrectly it is very difficult to redress the situation. Another issue is individuals not telling their GPs the entire story - and the impact this has on Disability Living Allowance (DLA) and incapacity benefit. One longer term objective of the project is to build trust between their members, CAB and the statutory services.

I have included a case study from the North Ulster Victim Support Network (**case study no 14**) illustrating the sort of problems encountered by embryonic victim support groups in getting established and attracting core funding.

Finally, (**case study no 15**) provided by the Community Relations Council (CRC), contains some information in relation to the Befriending Scheme.

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INDIVIDUAL CASE STUDIES (IVC OFFICE CASES)

Case Study 1 (IVC Office) - The problems of a victim who needed help and support, but was let down by 'the system' because his circumstances did not fit the criteria.

Sydney is in his early sixties and is the father of two grown up sons. His wife was killed when she was caught up in crossfire between the army and paramilitaries almost 25 years ago.

The two children were aged two and five at the time. Sydney feels extremely bitter and let down by the system, which he believes left him to struggle on alone to try to rear the children, as well as run a house and hold down a job at the same time.

It took two years for the inquest to be held and during that time Sydney was not able to claim insurance, but was pressurised and threatened with court proceedings to pay bills that he did not have sufficient funds to cover. Sydney suffered severe depression and was suicidal at times.

After the inquest, Sydney received what he felt was an insulting, nominal, retrospective payment to help cover the funeral expenses. He had difficulty combining work with the role of mother and father and was in and out of work due to the difficulty in getting reliable childminders. Throughout, Sydney tried to earn a living rather than resort to benefits, but eventually lost his house as he could not afford to keep up the payments on it.

Sydney moved to England where he was able to obtain work, but he was reported to Social Services for leaving the children off too early at the school playground (less than 30 minutes before start of school) and had to give up the job and return to Northern Ireland to prevent his children being taken from him.

Since the death of his wife, Sydney has never enjoyed good health, and suffered a massive heart attack just before his fiftieth birthday. His two sons have also never really recovered from the loss of their mother. Sydney felt devastated when he learned that funding was being given to paramilitary prisoners and that some of them were receiving large sums of money on their release from prison.

Sydney and his family were excluded under the Northern Ireland Memorial Fund (Discretionary Hardship Fund) due to the definition that funding was only available to 'those who have lost their spouse or partner and main breadwinner.' As Sydney was perceived to be the main breadwinner he was outside of the criteria. However, Sydney himself was no longer able to continue to fulfil the role of main breadwinner as a result of having to act as mother to his children.

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I met recently with representatives of the Fund and was able to advise Sydney that interpretation of the scheme criteria has now been revised. Whilst nothing can ever truly compensate Sydney and his sons for the loss of their loved one, there is at least the possibility that they may now finally be entitled to some consideration under the revised scheme.

Case Study 2 (IVC Office) - The frustration and dissatisfaction experienced by a victim in dealing with the Social Security system

Brian was employed in a job for many years that resulted in him being at the scene of countless atrocities. He had direct contact with numerous casualties and victims of the Troubles and experienced at first hand the horrors of the carnage and the human tragedy involved.

Eventually the trauma of what he had witnessed took its toll on Brian's health and he was diagnosed as having Post Traumatic Stress Disorder (PTSD). Brian has suffered a range of symptoms including panic attacks, depression, general lethargy, loss of concentration, short term memory loss, alcohol dependency, inability to deal with stress and suicidal tendencies. As a result of his ill health, Brian was unable to continue in his job and had to take early retirement. He received valuable help and counselling from his GP, social workers and therapists.

Due to his ongoing ill health, Brian has applied for Disability Living Allowance and has found the whole process extremely distressing and traumatic. He has become involved in a protracted (and ongoing) appeals process that he has described as degrading and humiliating. Brian feels that he has been subjected to sustained and deliberate humiliation by DLA tribunal members who seem to him to be intent on disallowing his application despite what he feels is substantial medical advice and evidence in his favour.

Brian also applied to the Northern Ireland Memorial Fund (NIMF) but was unable to get recognition of his mental injury, despite submitting medical evidence. He feels that the Fund discounted his mental illness and rejected his application because he had no physical injuries.

Although he has had adverse experiences with DLA and NIMF, Brian is complimentary about the excellent support he received from his GP, Mental Health Team, and counsellor. He also believes that he was treated with dignity and courtesy by the Industrial Injuries Board, contrasting this with the humiliation he feels he has suffered in his dealings with DLA.

Brian's story illustrates some of the difficulties experienced by those affected by the Troubles and dealing with the social security system. It highlights the problem of insensitivity by some statutory agencies in dealing with traumatised individuals and illustrates the fact that the current criteria applied by the Memorial Fund do not always address needs.

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The current three year time limit on compensation claims, particularly for those affected by PTSD, is another key issue highlighted by Brian's story. There are many individuals who, like Brian, did not manifest the symptoms of PTSD or were not diagnosed at the time they suffered the trauma. By the time PTSD symptoms appeared or were diagnosed it was too late to apply for compensation. This is a major source of dissatisfaction amongst many victims and victim support groups. The associated financial hardship and the need to raise awareness of mental health problems as a public health issue are highlighted by Brian's story. These issues are addressed in more detail elsewhere in my report.

Case Study 3 (IVC Office) - The ongoing trauma being faced by a victim who, despite the loss of a loved one, does not meet statutory agency criteria.

Ann's husband was killed by a no warning bomb on his way home from work in 1980. Subsequent revelation that the bomb went off prematurely and accidentally was no consolation to Ann who was left a widow with three young children aged five and under.

The fact that her family is of mixed religious and mixed ethnic background has compounded her problems in attempting to find a safe area in which to live and cope as a widow and single parent. Over the past ten years, she has had to move house on no fewer than eighteen occasions. The family have suffered repeated racist abuse and have also had their car damaged.

Ann suffers from Post Traumatic Stress Disorder (PTSD) and all three of her daughters have suffered, and continue to suffer, ill health problems which Ann believes stem from the death of their father. One daughter is attending hospital due to ongoing severe trauma symptoms and Ann's seven year old grandchild also lives with her.

The family have now found an area they consider to be reasonably safe. However, they are currently living in private rented accommodation and cannot afford to pay any more rent. They have in the recent past had to endure accommodation that they felt was substandard, with both public health and health and safety concerns. They have also had major problems with their landlord and were living in fear of harassment and under threat of eviction.

Despite cataloguing all their problems and appealing repeatedly, the family have been unable to make any headway in their attempts to get Housing Executive accommodation in the area. Under the existing Housing Executive criteria, Ann and her family fall a long way short of the points total they would need to secure a Housing Executive dwelling. Their predicament remains unresolved and there is no immediate likelihood of a favourable outcome.

Ann's story illustrates the fact that although she and her family were (and still are) victims of the Troubles, this is not a factor that is taken into account per se in the Housing Executive criteria or scoring. Neither do the problems of mixed religious and ethnic background appear to have been

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factored in. Recent bereavement and/or actual paramilitary attack (as opposed to threat) would qualify for points under the Housing Executive scheme, but Ann's circumstances fall outside those parameters.

Ann contends that the Housing Executive points system should make some allowance, concession or recognition for victims. She feels badly let down by 'the system' as she believes that she is still suffering and that the public sector lacks sympathy, flexibility and understanding of this country's biggest tragedy.

Case Study 4 (IVC Office) - The plight of a victim who suffered severe injuries in the Troubles but is unable to access compensation.

As a young man, Tommy became involved with a paramilitary organisation in the 1970s. He was convicted of a paramilitary related offence over 30 years ago and was sentenced to imprisonment in 1976. Having served his sentence and paid his debt to society, Tommy severed his links with the illegal organisation and attempted to rebuild his life.

In 1992, Tommy was the innocent victim of a shooting incident. He and a friend were in the street when gunmen opened fire on a man they had targeted. Neither Tommy, nor his friend, had any association with the target of the shooting but were in the wrong place at the wrong time. As the gunmen fled the scene of the attack in a car, they fired a further volley of indiscriminate shots and Tommy and his friend were both hit and injured.

A bullet severed Tommy's spinal cord and he was left paralysed from the waist down and wheelchair-bound. Tommy was 35 years old, with a wife and two young children. His entire life changed irrevocably.

On discharge from hospital, Tommy found that his home was totally unsuitable for a wheelchair. He applied for a grant to build an extension but was informed that the driveway was too steep. Tommy had to sell the house and move to more suitable accommodation. Being confined to a wheelchair deprived Tommy of a normal family life and he felt completely worthless and useless for his family. He has never seen his children's bedrooms or indeed even the upstairs of his home.

Tommy has repeatedly been refused compensation by the Compensation Agency because he served a prison sentence as far back as 1976. Despite widespread cross-community political support for his case, extensive legal action (including an abortive Judicial Review), and appeals to successive Secretaries of State, he has failed to make any progress. He is bitterly disappointed for himself, but particularly for his family, who he feels are being unfairly penalised.

Tommy has also been refused assistance by the Northern Ireland Memorial Fund (NIMF) on several fronts. His request for money for a microwave oven was rejected on the grounds that it is a luxury

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item - although Tommy considers a microwave a necessity, given the dangers of trying to access a conventional cooker from his wheelchair. He has not been able to get the NIMF to pay for repairs to his wheelchair and cannot get funding for a lightweight wheelchair. Whilst Tommy has received funding for pain management, he is disappointed that he has had to pay for medical consultation fees out of this and also feels that he needs additional funding for complementary therapies to help him cope with the ongoing pain.

This story illustrates the problems faced by Tommy and other victims who do not meet the specific criteria of agencies such as the Compensation Agency and the NIMF. In Tommy's case, despite repeated attempts, he has failed to make any progress and he contends that the inflexibility and intransigence of the system has penalised his wife and family as well as himself. Tommy is angry that even though he was no longer involved with any paramilitary organisation at the time of the shooting, and although his wife and children have committed no crime, they are still deprived of any financial compensation.

Case Study 5 (IVC Office) - The problems caused by lack of knowledge about support or how to access it, and the delayed effects of Post Traumatic Stress Disorder (PTSD).

Colin had been a policeman since the mid 1980s. His wife Mary came from an area in which there was hostility towards the police. Mary's family were well known in the area and, because of her association with Colin, she was the subject of death threats by word of mouth and by telephone, and was warned not to visit her family. Mary and Colin became disassociated and shunned by family and friends, who were frightened to be seen in their company.

Colin and Mary were aware that they were being watched and followed on a number of occasions, but Colin was afraid that he would make matters worse by advising his supervisors.

Colin was suffering severe psychological stress at the time, and was seeing a psychologist, although the full extent of his illness only became apparent much later. Eventually things became so stressful that Colin resigned his job in the police in 1998, but did not subsequently apply for any police pension. He and Mary felt they had no alternative but to sell their house and leave Northern Ireland altogether. They bought a remote rural property in the Republic of Ireland and effectively disappeared off the radar.

Isolated from family and friends, Colin and Mary were reluctant to trust anyone, so they lived on a small pension and their savings, which eventually ran out. Despite their impoverished state they were apprehensive about asking for assistance, because to do would have meant disclosing personal information and details of employment. That would have meant automatically revealing Colin's former profession.

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The couple attempted to build a new life for themselves but, less than two years later, Mary received the devastating news that her son, who lived in Belfast and was under paramilitary threat, had been shot and killed. Colin and Mary's worst fears had been realised. The threats had become a reality. They were now even more profoundly traumatised and isolated than before.

Colin and Mary withdrew further into themselves and closed themselves away from the world and life outside. They did not claim any benefits, nor did they see a doctor about their condition. Years later, still haunted by their past, they were persuaded to make contact with my Office. I was able to put them in contact with the Police Federation Rehabilitation Centre, for assistance.

Medical help and counselling has now been recommended for Colin and Mary. In order to avail of the assistance they need, the couple intend to try and sell their house in the Republic of Ireland to assist their move back to Northern Ireland for their rehabilitation. As they were living in the Republic the Remembrance Commission in Dublin also became involved in looking at ways to assist their return to Northern Ireland.

This case illustrates how Colin and Mary (and many others) did not know what help was available, or how to access it, and consequently were unable to obtain, support, advice and information at the time they fled Northern Ireland in despair. It also again reinforces the message that Post Traumatic Stress Disorder (PTSD) is often not fully recognised or diagnosed at the time the trauma occurred, but resurfaces and requires treatment many years later.

On a positive note, the Police Federation Rehabilitation Centre has been able to offer practical assistance, the Remembrance Commission in Dublin has approved a Displacement Grant to assist Colin and Mary to sell their house in the Republic of Ireland, and valuable links have been established with the Remembrance Commission.

Case Study 6 (IVC Office) - The experiences of a victim who remained traumatised for many years before seeking help, recognition and acknowledgement of what happened.

Julie's case is one that is similar to many victims of the Troubles in Northern Ireland. She is a forgotten victim who has bottled up her feelings for almost twenty years. Only recently has she started to come to terms with the past as her story has begun to emerge, following initial contact with my office.

During much of the 1970s and into the early 1980s Julie's husband James had been a member of a paramilitary organisation. He had however moved on from his paramilitary involvement after being cleared by a court in the mid 1980s. James was beginning to follow a political path when he was shot and killed in a sectarian attack.

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The illegal organisation that murdered James claimed that he was still an active member of a rival group. This however was denied by the organisation to which he was alleged to belong and the police also confirmed that there was no evidence to suggest that he was any longer associated with an illegal organisation.

Since James's murder almost twenty years ago his widow Julie has silently borne her grief and trauma. She did not become involved in, or sought assistance from, any victim support groups. Julie only spoke publicly about her circumstances for the first time earlier this year at a Victims and Survivors event organised by my office. Whilst Julie's full story has yet to emerge, those enlightening fragments she has chosen to share help to highlight the trauma, frustration and sense of isolation that she has experienced.

Julie has explained that her inclination is to keep away from the limelight. Nevertheless, she felt she had to express her resentment and anger at the lack of acknowledgement of her husband's murder. She considers that other victims at the time, had a higher profile and received substantial publicity and media coverage, while James's death was quickly glossed over and he was soon forgotten by everyone except herself.

Approaching my office was a courageous first step for Julie, but she felt that she was unable to move on and had to tell her story before she could hope to come to terms with the past. Julie has now been put in touch with the co-ordinator for the Trauma Advisory Panel for her area, to enable her to access trauma counselling and other services.

This story illustrates the hurt and anger felt by Julie at the way her husband has simply become a statistic of the conflict. Like many other victims and survivors, Julie needs to tell her story. She needs recognition and acknowledgement of what happened before she can move on.

Julie's case also illustrates that, many years after the incident that caused their trauma, countless victims still need help. Often they find it difficult to identify themselves as victims, to make the initial approach to seek assistance or, due to lack of co-ordination of services, they do not know how to access the services they need. I have no doubt that there are many more individuals like Julie with stories they need to tell, and I hope that Julie's brave step in coming forward will encourage others who have suffered silently to follow her example.

Case Study 7 (IVC Office) - The lack of support available during the early years of the Troubles and the long term effects of Post Traumatic Stress Disorder (PTSD).

Tony worked for a public service organisation for almost three decades, spanning the worst years of the Troubles. He witnessed a number of terrible atrocities and was subjected to threats and intimidation whilst carrying out his duties. A number of Tony's colleagues were killed in Troubles-

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related incidents in the 1970s. Tony himself was diagnosed with Post Traumatic Stress Disorder (PTSD) and medically retired from his job in the 1990s.

Whilst Tony's PTSD was only eventually diagnosed many years after the incidents that caused it, he feels that not enough support was given to himself and other public service workers during the Troubles and no counselling service was available at the time to staff affected by the conflict.

Tony is frustrated by what he perceives as the inflexibility and injustice of a system which forced him to endure regular medical examinations and intrusive questions, or alternatively to 'sign on' in order to safeguard his pension. He became so angry, frustrated and distressed that he finally 'opted out'. Tony feels that his story demonstrates the inability of the system to adapt to the needs of individuals and highlights the lack of flexibility by statutory bodies in dealing with victims. He considers that statutory agencies did not take cognisance of the circumstances that created his predicament. This is highlighted by the fact that he was time barred from obtaining compensation because the incidents that caused his trauma occurred early in the Troubles but he was not diagnosed until the 1990s.

Had it not been for the incidents he encountered whilst on official duty, Tony believes that he would still be employed as a public servant, doing a job which he enjoyed. He would also have reasonably expected career progression within his department, leaving him in a better financial position. Tony considers that he has suffered the double blow of illness due to the Troubles and the failure of the system to deal with his situation. He feels totally let down by government rules that do not cover people like himself - people who did their jobs and worked to contribute to make our society normal. He is bitterly disappointed that he and many others find themselves in this position, with statutory agencies looking only at their current situation and making no allowance for 'what might have been' had the Troubles not impacted so adversely on them.

Tony's story illustrates once again the lack of support for victims during the worst days of the Troubles and the rigidity of some statutory bodies when dealing with victims. It also highlights the recurring problem of victims being time barred from compensation for PTSD when it is not diagnosed until many years after the event that triggered it. Many public service staff suffered substantial trauma and injury in the course of their normal day to day duties and Tony's story is typical of the experiences they encountered. Others are in a similar position, and Tony believes that many would benefit from access to more flexible and realistic financial compensation arrangements.

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Case study 8 (IVC Office) - The loss of a loved one, compounded by insensitive and unsympathetic treatment by statutory agencies.

Catherine and her husband and two young children aged one and three lived in a remote area in Northern Ireland. Her husband was active in local politics. He was murdered by gunmen after being lured to the door by a loud bang outside the house.

Although the murder took place in the mid 1970s, Catherine still vividly recalls the hail of bullets striking the walls in the hallway of her home. She lay on the floor of the kitchen until the gunfire subsided, before running to a neighbour's house for help.

For several weeks prior to the attack, Catherine was aware that her husband seemed preoccupied and worried about something, although he reassured her that nothing was the matter. In retrospect, Catherine believes that he may have received some sort of warnings or threats prior to his murder.

Catherine has the highest regard for the young police officer who was first on the scene. However, she feels that the investigating detective team who called periodically with her to elicit information, were unsympathetic and insensitive.

In the aftermath of the attack, Catherine moved into her mother's house with her young children. She feels she was badly treated and discriminated against by the Housing Executive in her attempts to get a suitable replacement dwelling. Catherine was finally re-housed in accommodation that was in very poor condition and is aggrieved that she was left on her own to restore the property, without any real support.

Shortly after her husband's murder, Catherine was put on medication for her trauma. Some thirty years later she is still nervous in certain circumstances and remains on medication. Although her children were too young to remember properly or register what happened, they nevertheless missed growing up with two parents. Catherine also believes that her own hurt and anger after the murder impacted adversely on the children.

Although she received compensation Catherine considers that she was treated with disdain and made to feel like a criminal by the Senior Counsel for the NIO. She is aggrieved at the overall poor levels of compensation she and others received during the 1970s and at the inconsistency in the amounts allocated to different victims. Catherine also feels that there is inconsistency, in that some categories of victim have their pensions taxed, while others do not.

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Catherine believes that some police widows got a top-up on their original compensation and feels that there should be an overall review and top-up of compensation payments - particularly those made during the early years of the Troubles. Whilst she feels that the NIMF initially provided a beneficial service Catherine feels that it is no longer aligned with victims' needs. She is also critical of means testing for NIMF grants and the interpretation of the grant criteria.

Catherine's story illustrates a wide range of issues that not only affected her, but also featured in many other victims' stories. These include: insensitive and unsympathetic treatment by people in positions of power and by statutory bodies such as the Housing Executive and the Northern Ireland Memorial Fund; issues surrounding inadequate compensation and inequity of treatment and interpretation of criteria. These recurring themes and my recommendations to address some of the issues that come within my remit are highlighted elsewhere in this report.

WAVE CASE STUDY

Case Study 9 - The insensitive treatment of a victim when he attended a medical examination at the Social Security Office.

The following is a case study which is based on the experiences of a gentleman called John.

John was injured in the Troubles in the mid 1980's and relates his experience of attending a Medical Examination at the Social Security Office in his local town in relation to his Incapacity Benefit.

John has suffered from trauma, stemming from three serious events within the context of the Troubles which took place during his working life. When he described the symptoms affecting him to the Doctor, he appeared to be unsympathetic and dismissive. John reports feeling misunderstood, undermined and very stressed leaving the medical examination. He outlined a series of issues in relation to the Doctor's attitude which typifies the process individuals often go through in respect of Incapacity and Disability Living Allowance Reviews.

- When John explained that due to his mental health he finds that he is very absent minded, the doctor appeared dismissive of this and stated that he himself had forgotten his stethoscope and tie the previous Friday.
- During the course of the examination, John described how his concentration was impaired and that he found ordinary activities stressful, such as driving and he mentioned that he had burned the steamer at home as he had forgotten about it on the cooker, but the Doctor replied '...oh I've done that several times'.

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- John described how, on two occasions, he had received serious threats in the line of his work from paramilitaries, who presented him with the fact that they knew of his family, schools the children went to, religion, job, home address and work duties he could and could not do. The Police at that time considered the threats to be very real and serious threats to his life. However, the doctor retorted that 'everybody in every walk of life gets death threats...its neighbour against neighbour...' John states that the doctor's reply was extremely dismissive and patronising over a serious issue which concerned not only his own safety, but that of his wife and young family and which led him to have to work in Scotland for a period of time, away from his family. It was naturally a highly traumatic event and caused a lot of distress to him and his family. Moreover, the doctor would have been aware from John's notes that years earlier, John had witnessed the death of a work colleague who was shot dead and that, on that occasion, a gun had been put in John's mouth. The trauma therefore, of later death threats were very much aggravated by this background of previous highly traumatic events. In view of this, John feels that the doctor's comments were astounding and shocking.
- During the course of the examination, John mentioned other stressful incidences which he found difficult to cope with. He stated that in January 2006, he received no sick pay from employers to pay bills and direct debits as there was a mix up in the pay system administered by his employer. At that time, John was unsure as to whether his contractual sick pay was ceasing and it was a very stressful time for him, as he had no other resources. However, the Doctor replied that this sort of thing happened to himself all the time. John felt that the doctor was inferring that it was not such a big concern. However, this is quite a serious issue to anyone who has no other resources and when a client is suffering from a mental health problem, it is much worse, as his/her ability to cope and to make phone calls and get such problems sorted out is reduced.
- John confided in the Doctor that he had enjoyed his work and had only ever been off twelve days in twenty-five years before he had suffered his trauma. The doctor asked him 'What are you going to do for the next twenty years?' The Doctor should have been aware through John's notes, that he is currently attending a Psychologist on a weekly basis and his main concern is gradually improving his health and, in taking one day at a time. John felt that in view of his circumstances, this was an inappropriate question and pressurising. Moreover, it is difficult to understand the relevance of this question to the actual medical assessment for the activities and descriptors under the Incapacity Benefit Scheme.
- During the Examination, the doctor stated that PTSD was so widely used it had lost its impact. The doctor also mentioned that he had had a meeting with other doctors concerning mental health, but it had been a waste of time. John was not quite sure why the doctor had said this and again did not feel that these comments were appropriate. He

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felt that the doctor was inferring that John did not have Post Traumatic Stress Disorder, nor believed how this mental condition had and could affect him.

On leaving the Medical Examination, John stated that he felt more stressed than before he went in. He understands why Incapacity claimants have to be assessed for eligibility for benefit. However, he questions why patients should leave so highly stressed, particularly if they have presented with a condition which affects their mental health. John concludes that the doctor had no empathy or understanding as to how his mental health problems affected him and that he was dismissive of the traumatic events which John had experienced. The Doctor also appeared not to have an understanding of Post Traumatic Stress Disorder (PTSD) which can affect people many years after a trauma has occurred.

While the above experiences are reported by John, there is commonality with the issues identified by others who have had Incapacity or Disability Living Allowance Reviews. In summary, the key issues are: firstly, the attitude of those undertaking the review which can often appear dismissive or questioning in respect of the validity of the symptoms being reported. Secondly, the wider awareness and acceptance by Doctors of conditions such as PTSD and also an understanding of how traumatic incidents within a politically framed environment can have a longer term residue effect in respect of symptoms. Thirdly, is the lack of awareness of the longer term impact of trauma on individuals overall level of functioning within the ever changing complexities and demands of daily living. For this reason, support service provision and specific guidance in the case of Welfare services is vital to assist individuals through any welfare process and also in those cases, provide representation as appropriate.

The value of Support - the response of a Welfare Support Worker

In regard to the reference John makes of the stress caused by the mix up and fears regarding his pay, this is when he first contacted me and I assisted him to get the issues sorted out, making the relevant phone calls to his employer etc and carrying out the paperwork. Due to his misunderstanding of the procedures around Incapacity benefit, that benefit had been stopped. (John had thought sending sick-lines to his employer sufficed and that he did not have to continue sending them to Incapacity benefit branch as well). Consequently his benefit was stopped and again I got this sorted out, discovering the reasons why his benefit had ceased, making relevant phone calls and then explaining the rules to him. I further advised him to claim Industrial Injuries Benefit, due to the Incidents that had occurred at his work and assisted him with this claim.

Having worked all his life, John had no knowledge of the complex benefit system and although a very educated man, due to the trauma and stress he was under at the time he came to me, could not deal with making the phone calls, nor deal with the paperwork necessary to resolve his case.

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Strictly speaking, the doctors in the Medical Support Services are independent of the Social Security Agency. However, the SSA ultimately pays them, and therefore it could be said that they act on behalf of the Agency. At the Law Centre meetings, it would often come up that someone is complaining about the doctors, so I do not know if it could be said that the poor treatment of victims of the 'troubles' is unique to victims. A lot of people, particularly with mental health problems would have issues with the doctors from the Medical Support Services. However, I do feel that there is a lack of awareness around trauma as highlighted in the case study, particularly regarding the time lapse that can occur between the traumatic event and the symptoms or consequences which often remain buried until they 'catch up' with people, and also in regard to addiction and trauma.

WAVE CASE STUDY

Case Study 10 - Disabled Living Allowance - The trauma and suffering experienced by a victim of the Troubles in dealing with statutory bodies.

It is important to have some idea of my history and background so as to understand why I have submitted a claim under the above mentioned scheme.

Unfortunately I suffered severe injuries to my right leg in July 1972 in a day known as 'Bloody Friday'. My leg was severed from the knee down and I was apparently being taken to the Ulster Hospital where unfortunately my limb would be removed. Due to the amount of bomb blasts etc in Belfast on that day, I was diverted to the Royal Victoria Hospital where Mr John Robb, to a degree, was successful in saving my limb. It was noted as the first microsurgery carried out here and in many ways was a prototype to later advancements.

Here lies part of my difficulties, I do not want to labour on all the details, but prefer to highlight the following:

- My right foot is approx size 5, where my left foot is a size 6, this means I have to buy two pair of shoes to get one pair I can wear. So, if a decent pair of shoes cost approximately fifty pounds (depending on sales), I will need to spend one hundred pounds. as one size of shoe is adult and the other one juvenile it makes it even harder to get two corresponding sizes in the same style.
- My right foot has limited movement (practically no movement) and indeed is a different shape.
- I get severe pains in and around my foot.

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- I need aides, which are not only comfortable, but also practicable, they need to be suitable and sufficient, both to the environment and to where I work and live.

From a health and pain free perspective, I have little choice to keep on purchasing numerous shoes over any given year (approx six to eight pairs of shoes per year). Sometimes I can get a good pair of shoes and stuff the toecap with paper, apart from this -surely this is no way to live and eventually this gives way. But, if I did not make alterations myself, the price would be even more and as a family man, even with a full-time job, I would find this very expensive.

I currently attend the Gait clinic where they have produced aides (foot splints) for me to use, these are not always the most comfortable.

Medication is another issue and I presently use gels upon my limb and foot but these are less effective to the tablets which I was receiving. Unfortunately, I was taken into hospital in July 2006 with a heart condition. The original medication was not recommended with this condition and indeed may have accelerated the blood pressure problems which I now have. The result of this is that I now take four more tablets daily and there is no end envisaged to this medication.

The added cost of a prescription approx £6.75 x 5 x 12 = a lot of money (approximately £400). Add this to the shoes, aides etc and you can quickly see the bill quickly adds up.

So what did I do?

I became aware of the Disability Living Allowance. However, as an employed person I was sceptical of whether or not I would be entitled. As most allowances in society are means tested and it does not matter if you have a family with the average outgoings on top of your disability, you will not receive any assistance. I was quite surprised to find I could be employed and submit a claim.

On 13 December 2005, I contacted the Social Security Agency (SSA) and requested a form, at this stage any claim was activated from this date. Quite a lengthy, and to some people, quite a complicated form was completed and returned through my own doctor. I accept this system can take some time and it was not until March 2006 that a reply was received.

The SSA wanted more information and decided to send a doctor to see me to which I readily agreed. I was eager for a medical person to look at my limb because I had no doubt they would be surprised at how I coped and indeed would support any claim. I have to say I was not enamoured at the doctor's derogatory remark about pain. He stated in front of a witness, 'sure we all have pain', sorry, but I was a nine year old bomb victim and was not born like this. It was humiliating, as this doctor was invited into my home and to insult me and make light of my injury was, and is, not acceptable.

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At present I still attend the Gait clinics, who unlike the doctor sent by the SSA, are specialists in walking problems. As these government quangos and sister departments feel fit to recognise my difficulties with living i.e. walking, moving, climbing into baths due to balance and the list could go on; I was quietly confident that the SSA would assist me in some small way.

I heard nothing for quite sometime and indeed was taken into hospital in July 2006 with a heart condition. While recuperating at home, I received a letter informing me that my claim was not successful. I immediately appealed and was given the correct Proforma to do so. This information which was required by the SSA was submitted within the time frame before September 2006. While submitting my appeal, the SSA gave me the option of a written appeal which would be seen by a panel and they would arrive at a conclusion. Alternatively, I could have an interview and see the panel face to face and put my case to them.

I opted for the interview; this will of course put more stress upon me and indeed could be quite traumatic. However, I feel a disservice has been done and this may be my best opportunity to impress upon this panel why I feel I should receive assistance. Though, once again I have done nothing wrong and as a child was injured and yet, I have to go cap in hand. If I had committed some political crime, would I be treated in such a degrading manner?

To date, over a year later, I have received no more information as to when my verbal hearing is scheduled.

WAVE CASE STUDY

Case Study 11 - A Victim's experience of Benefits Agencies - Lack of sensitivity by statutory agencies in dealing with a victim. (In this case study the individual refers to the government office in charge of Social Security benefits as the DHSS.)

Before someone tried to kill me in 1999 which left me with severe injuries, I had very few dealings with the DHSS. However, this has now changed and I am one of the many victims who are treated abysmally by the DHSS.

From my initial application to the DHSS to the present day, it has been a struggle. I continually have to prove how ill I am to not one, but three different departments of the DHSS. Having to have medicals on a more than regular basis. In the last seven years I have had fifteen medicals either in Royston House or when a doctor has come to my home. Throughout each of these medicals I have been put through the wringer and each time, I feel as if my honesty and integrity is being questioned.

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I suffer from a compilation of problems, but because on the forms I tick the little box saying I suffer from a mental illness, it seems that the powers that be do not believe me. I am made to feel like a second-class citizen each time I have to go through a medical. The stress and anxiety I go through before and during each medical is phenomenal. Each time I feel like I am being victimised all over again. I have been made to relive the horror of what happened to me over and over again.

If I were able to go back to work I would do so. However, it was not my decision that I cannot work. This decision was made for me by my doctor and four consultants, two Psychiatrists, a Gastric specialist and a Neurologist. However, the opinion of these specialists does not seem to count when it comes to the DHSS. Many of the doctors I have seen over the last seven years, appointed by the DHSS, have left me feeling abused and violated. Most of the time they are just downright rude.

The list of ailments that afflict me is long, from depression, panic attacks, Irritable Bowel Syndrome aggravated by what has happened to me, loss of strength and mobility to the left side of my body and, due to my head injuries, Paralegic Migraines of which I suffer between 10 to 15 per month. Paralegic migraines leave me unable to use the left side of my body. The right side of my face goes numb and distorts out of shape, my vision is blurred, and my tongue swells up and that is all before the blinding headache.

How can the DHSS justify what they have put me through over the last seven years. I realise that they have to assess people, but they could do it in a more dignified manner. In March 2001, a doctor in Royston House decided that I no longer met the criteria to qualify for Incapacity Benefit. How he came to this conclusion is beyond me and in the opinion of my GP and Consultant he was wrong. Because of this decision, Disability Living Allowance decided that I no longer met their criteria either, this was without any contact or consultation with myself, or the medical people who look after me. I appealed this decision, and thanks generally to a supervisor in the Incapacity Benefit Office, who decided to look at my case again, my Incapacity Benefit was reinstated. However, only part of my Disability Living Allowance was reinstated, and to this day I have never received an explanation why.

I approach the start of each year with trepidation, as that is when the forms start to arrive through my letterbox and I then have to endure going through the whole process once again. Each year I will have to continue ticking that little box saying that I suffer from a mental illness and because of this, I will be treated terribly by the DHSS. I did not ask to be a victim but I am, so I have to try to cope with life as best I can. A little bit of compassion and understanding from the DHSS would make my life that little bit more bearable.

In conclusion, I have spoken to many victims of the Troubles over the last seven years and have not met many who have not suffered the same trials and tribulations as myself. Most of the

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victims I have spoken to feel a total loss of dignity and feel that they are being victimised again. The DHSS needs to consider how it treats victims, and needs to remember that we are people, not just forms to be assessed. As I said before, none of us asked to be a victim and I think we have the right to expect to be treated with dignity and understanding, instead of suspicion and scepticism. The DHSS needs to remember that we did nothing wrong but become ill after we were victimised.

SOUTH EAST FERMANAGH FOUNDATION CASE STUDY

Case Study 12 - Financial benefits of accessing correct entitlement.

Brief Background

A former security force member who was injured by an explosion and also had a brother killed through terrorism was left to survive with little money or support after the incident. He was on industrial injury benefit but was not aware of his full entitlement and therefore did not apply for all benefits. Consequently his income was not at the correct level. It has taken several years to rectify the original omissions, and this is still ongoing.

Due to severe PTSD and physical injuries this individual finds it very hard to remember things; therefore when he goes to appointments with Citizen's Advice Bureau (CAB) and statutory agencies he does not give the full picture. When people are distressed and under emotional pressure, dealing with bureaucracy adds to their trauma.

His experience of contact with statutory agencies left him confused and not receiving the correct entitlements, as the agencies tend to operate in silos and do not provide a co-ordinated service across all entitlements. He was not paying National Insurance Contributions because his employer did not make it clear that he had to pay it himself from his awarded industrial injury payment or apply for an additional underlying benefit to meet this cost.

His wife is entitled to carer's allowance but as she was unaware of this and did not apply for it she has lost out in over 8 years' income and stamps, which will have a detrimental effect on her pension unless a back payment is made.

No overall treatment plan was drawn up for this individual, just ad-hoc counselling sessions. He suffers from PTSD and his family members show high stress levels. The only treatment he receives is sessions of cognitive counselling. It is not felt that this is working as the problem never subsides or goes away. He cannot receive physiotherapy as he has metal plates throughout his body. He has to wait several months before seeing a specialist and in the interim his GP only uses the medical option of pain killers.

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Help given

- We are currently rectifying the national Insurance issue for him.
- He received a medical card to entitle him to free prescriptions through referral to another voluntary group based in Belfast
- We helped him to get an increased DLA allowance.
- We assisted him in getting a mobility badge (Blue Badge Scheme) to ensure that he can use the disabled parking spaces when he is out.
- We helped him access benevolent funds for improvements around the house.
- We provided five sessions of Complimentary Therapy for both himself and his wife. This proved very successful but was limited because of funding availability. As a consequence we informed them that they could apply to his previous employing body and the Northern Ireland Memorial Fund for further treatment.
- He was referred to occupational therapy via his previous employing body.

He accessed full grant for Chronic Pain Management Scheme through the Northern Ireland Memorial Fund.

- We offered several social activities for him and his family; this was the first time that the entire family got away together. As a consequence he gained self esteem and became involved in the work of the group.

To help to maximise co-ordination of all services :

- GPs need specialist training to sensitively retrieve relevant information from clients who suffer from such complex problems;
- statutory agencies/CAB should be given the capacity to deal with such cases. Also, there is a need for employers to liaise with Statutory agencies and CAB;
- relationships should be developed and strengthened between voluntary and statutory agencies; and.

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- a multi-discipline treatment plan agreed between relevant health sectors should be discussed and explained to this individual with a view to a long term managed treatment.

In summary, this individual was experiencing unnecessary hardship as he was not aware of the health related services and benefit entitlements available to him and was unable to deal with the bureaucracy of the statutory agencies.

As a result of our intervention and referral to other organisations he is now financially better off by £82.56 per month

DLA - Increased by	£26.95
Carers allowance (includes Nat Ins Class 1 Contribution)	£46.95
Prescriptions	£ 8.66
Better Off monthly	£82.56

SOUTH EAST FERMANAGH FOUNDATION CASE STUDY

Case Study 13 - Financial hardship issues resulting from ill health caused by 'Troubles' related trauma.

Brief Background

This civilian witnessed his father along with several others being murdered in a terrorist bomb. His mother also sustained injuries in a bomb attack before he was born.

He was diagnosed with a serious disease brought on by stress. His specialist confirmed that the events he witnessed were the main reason for the stress. This illness cannot be cured and if he does not receive a specialised treatment plan which is expensive, he will be confined to a wheelchair. His work is now being affected and as he recently married and bought a house, he may have difficulty paying his mortgage.

What we found out and how we helped him.

Entitlement

- Working tax credit (WTC) - helped him by making sure he had all the correct allowances awarded to him.

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- Disability Living Allowance (DLA) - We help him with reviews and increases.

Social

- He participated in social events, building self esteem and confidence.
- He helps as a volunteer with this organisation

Future Benefits

- Agreed that if he is forced to stop work we will help him with all benefits and allowances.

Specialist Treatment

- We are currently trying to access various funds to meet the cost of specialised treatment which is not available through the health service, to delay his confinement to a wheelchair.
- A specialist will review his case to see if it can be prioritised to avoid joining an 18 month waiting list. This is necessary in view of the severity of his condition.

What would help

- Greater capacity within the health service and CAB.
- Acknowledgement within the health service of the unique nature of this and each individual case.
- Medical funding for illness resulting from the Troubles.
- GPs given training to deal with those affected by the Troubles.
- A multi-discipline treatment plan offered to the individual.

The calculations below clearly illustrate the difficulties experienced by this individual, who was in full time employment but, due to a disability as a result of the Troubles, is unable to work and is forced to apply for benefits. Similar problems have been experienced by many of those who have approached South East Fermanagh Foundation for help and advice.

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Recent Income

DLA	£ 16.50
Working Tax Credits (WTC)	£ 7.00
Wages	£196.00
Total	£219.50 pw net

We have asked for a review on his DLA. He has recently been put on Statutory Sick Pay (SSP) and his Working Tax Credit has become very complicated. CAB has personnel with the knowledge to address all aspects of benefits/entitlement. They are however under pressure due to the demand on their services.

Currently (Now on SSP due to ill-health)

WTC - Disablement premium (Wife working)	£ 42.00
DLA	£ 7.00
SSP	£70.05
Total	£ 119.05

As he is now on SSP he is worse off by £100.45 per week

Within 52 weeks, we estimate

WTC - Disability element - (Wife working)	£ 42.00
DLA - If our new appeal is successful	£ 58.15
Incapacity Long term (with age addition)	£ 86.75
Total	£186.90

(£32.60 worse off per week)

We would also envisage that his wife will have to stop work at some stage to look after him. This will result in a change in benefits and entitlement and will have further impact on long term income.

The case illustrates the extent to which income and quality of life are affected as a result of conflict related illness, dependence on social security benefits and entitlements, and the complexity of ensuring that people receive their full entitlements.

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NORTH ULSTER VICTIM SUPPORT NETWORK CASE STUDY

Case Study 14 - Problems experienced by a new group in attracting funding and achieving sustainability.

One example of the difficulties faced by new groups in attracting funding is that of the North Ulster Victim Support Network.

This group started up about one and a half years ago and is based in the Ballymena area. Their aim was to give a voice to victims and survivors across quite a wide geographical area around Ballymena, where there were no other victim support groups.

The group has membership of approximately thirty, a committee of eight which meets once or twice per month. They initially contacted other support groups and the Community Relations Council (CRC) for advice on getting set up and constituted.

The current core funding scheme is closed to new applicants and the group are therefore unable to apply for core funding. With assistance from CRC in the application process, they did however apply for a number of small grants for set-up, organisational and structural costs. All of these small grant applications were rejected initially as there were no funds left.

North Ulster Victim Support Network re-submitted their applications when funding became available again. They received approximately £6k, which helped towards key set-up costs such as completing a needs analysis and a strategic plan, networking, volunteer support and obtaining training on policy and procedures. However, they are trapped in a vicious circle, through having only part-time, unpaid volunteers and it took them longer than anticipated to arrange training etc and spend the funds they received.

All their volunteers give up their spare time to work with victims who need help and advice and a voice to express their problems and concerns. However, they are frustrated at their continuing inability to attract core funding under the existing scheme. The requirement to continually re-apply for small grants, with no guarantee of success or even assured availability of funding, means that the group, like many others, has a hand to mouth existence. They feel there is much more they could do for victims if only they could attract sustained funding to enable them to develop, employ full-time staff and provide much needed services.

Meantime the North Ulster Victim Support Network continue to work within their existing voluntary resource and funding limitations, to provide as effective a service as possible to victims and survivors in the Ballymena area. However, they are in the same position as many other newly

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constituted groups, facing an uphill struggle to exist, in order to provide a service for victims and survivors in their area. This is symptomatic of the problems facing many new groups which cannot attract core funding. It highlights the need for a new core funding scheme, with clearly defined criteria, which will be available to all existing core funded and new groups.

COMMUNITY RELATIONS COUNCIL CASE STUDY

Case Study 15 - Befriending Scheme

Background

In carrying out support work with funded victims/survivors groups, CRC staff identified that there were many carers known to staff within groups that were feeling very isolated, lonely, forgotten and finding it difficult to cope with the routine of daily life.

The Council provided funding for a study 'Who Cares for the Carers - What Next?' which looked into the needs of carers working with family members that have suffered as a result of the troubles in NI. The Carers Report was launched in Omagh on 1st March 2006.

The findings of this report showed that the carers involved in the study displayed:

- High levels of burn out and stress.
- Levels of emotional exhaustion found to be 43% higher than the threshold for high burn out.
- Financial difficulties for both carer and victim and physical difficulties regarding mobility for those caring for injured/disabled.

At the launch it was announced by the Victims Unit (OFMDFM) that there would be £400,000 to develop befriending and volunteering across the victims sector using the Victims/Survivors Groups Development Grant Scheme (VSGDGS).

The Council's Victims Team have been working with victims/survivors groups to identify where support can be provided within the scheme to support and assist carers, those injured/bereaved and those lonely and feeling isolated and/or forgotten.

To date the Scheme has provided 68 grants to groups with a total expenditure of £215,000.

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The grants have been allocated under 5 main headings:

1. Development of Volunteer Befriending;
2. Support and training for Volunteers;
3. Other Volunteer Schemes;
4. Provision of Respite Support to volunteers to members of groups working with Victims/Survivors who are carers, have been injured or bereaved or otherwise affected by the troubles in NI; and
5. Financial, Recognition, Advice and Support.

Development of Volunteer Befriending Scheme

Introduction

Within the Carers study 'Who Cares for the Carer?' findings demonstrated that the development of a volunteer befriending scheme could address some of the needs, for example, isolation, loneliness and assist with the high level of burn out. However it cannot address the need for professional support and lack of specialised service provision within the statutory sector.

Befriending

Befriending is a service aimed at reducing social isolation and to enhance the quality of life.

What is a Befriender?

A befriender is a trained volunteer who offers their friendship within agreed limits and boundaries to someone who is isolated, lonely or vulnerable.

Why Befriending? (the difference in friendships and befriending)

Friendships are private and mutual arrangements. Befriending on the other hand is a supportive relationship offered to vulnerable people finding living in their community difficult. This is the main difference between friendships and befriending. Befriending is a service which provides companionship, the chance to develop a new relationship and opportunities to participate in social activities. This is the emphasis that staff within CRC are seeking to promote in the development of the befriending scheme.

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The Process

The application process is the same for applicants to the Victims/Survivors Groups Development Grant Scheme. Once an application form is completed, it will then be assessed and processed by CRC staff member.

The Training Process

It is necessary to provide training for volunteer befrienders to ensure they are providing best practice to individual victims and survivors.

CRC has supported groups to undertake training with the Institute of Leadership & Management (ILM).

A two day course for co-ordinators accredited by the Institute of Leadership & Management provides an overview of management and co-ordination skills required as well as a focus on practical issues arising within policies and procedures.

A four day course accredited by the Institute of Leadership & Management has been designed to provide further learning and practical application within small groups. The four day course is offered in a flexible, user-friendly way. Each group with a maximum of 10 participants can choose from the following: four single days, residential and single or half-days, eight evenings/mornings/afternoons or a combination of the aforementioned.

Content of Training for Volunteer Befrienders

- What is befriending
- Becoming a befriender - what is involved.
- Qualities needed to be a befriender.
- Relationship and types of relationship.
- Communication and listening.
- Boundaries.
- Knowing your limits.
- Attitudes and values.
- Discrimination.
- Endings, types of ending, links between endings and loss ending relationships.
- Policies and guidelines.
- Accountability.
- Standards.
- Support after training.
- Supervision.

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A comprehensive training manual is provided to each volunteer undertaking training and this can be used to revisit any issues arising.

Support after Training

Each group, as part of the training package will decide on a level of support they require, both individually and as a group.

Standards

'Contributing to Well Being - Addressing the Human and Community Consequences of Civil Violence - Standards for Counselling, Listening Ear and Befriending Services': Fermanagh, Omagh & Strabane LSP with Sperrin Lakeland Health & Social Care Trust states that -

'The need for standards is important to ensure that all processes are open and fair and that practices that promote inclusion and good relationships are used in all aspects of the services'.

The guidance also states that -

Befrienders need to:

- Know what is expected of them.
- Have clear lines of support.
- Are trained for duties they are required to undertake.
- Are effectively supervised.
- Have safe working conditions.
- Are insured.
- Know rights and responsibilities if something goes wrong.
- Are paid reasonable expenses.

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Council staff have used these standards in providing support to groups working with victims and survivors when advising about befriending.

The training has been comprehensive and Sean Coll, Community Victims Support Officer has attended and participated in providing training in respect of standards. One key standard is for training to be provided for Volunteer Befrienders and of equal importance is the need for support for Volunteer Befrienders and Co-ordinators.

Support and Training for Volunteers

Supervision

Whilst there has been an emphasis upon befriending and training of volunteer befrienders within the Scheme there has also been support provided to a range of other voluntary workers with victims' and survivors' groups.

'Contributing to Well Being Standards and Good Practice for Counselling Services', published in 2006, stated that: 'As counselling becomes an increasingly important activity in the lives of people, the greater the need for standards and soundly based services.' As part of the organisational responsibilities for standards they must ensure that they should have in place 'a training and development plan to ensure that all their practitioners possess or are pursuing appropriate qualifications together with accreditation with a professional organisation.'

The standards also state that 'counsellors must be provided with regular supervision and those providing counselling in needs associated with the troubles should receive specific supervisory support.'

During support work with some groups working with victims and survivors it became apparent that whilst counsellors were available and offering their time on a voluntary basis whilst working towards accreditation, many had no money available for supervision and support..

The scheme has provided grants to support groups working with victims and survivors to provide supervision for their volunteer counsellors in order to ensure that they are working in accordance with best practice.

Examples include:

New Life Counselling, Derry Well Woman and the Koram Centre.

7 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In carrying out my work throughout this year I have been conscious of the complexities and rewards associated with it. Complexities associated with the lack of strategic approach evident in the victims' and survivors' sector and the reward of being part of a process aimed at improving the quality of life for victims and survivors of the Troubles. Improving individual victims' and survivors' quality of life has been my main objective when evaluating my conclusions and making my recommendations.

Government has been largely reactive rather than proactive in meeting the needs of victims and survivors. Prior to the political momentum created by the paramilitary ceasefires and the subsequent talks culminating in the Belfast Agreement, victims and survivors had established their own formal and informal networks of support. By 1997 government began to respond to their increasing requests for support, however this lacked strategic direction.

I recognise that some excellent support is available to individuals in spite of the financial and logistical difficulties faced by many providers. Government's service delivery model for providing services to victims and survivors is too complex and is not meeting needs appropriately. Provision of services for those suffering from trauma related conditions is fragmented, lacking overall co-ordination and varies across Northern Ireland and the attempts by DHSSPS to deal with these issues have not yet borne fruit. It is essential that government now recognises the need for these services to be brought under NHS responsibilities.

Health-related services are under significant pressure in terms of workload and funding and this must be addressed under the implementation of the Bamford Review. For example, GPs are not sufficiently equipped to identify complex psychological conditions arising from the Troubles. Although there is evidence of projects where this has been tackled effectively, the good practice learned has not been shared. This is true of many aspects of the work with victims and survivors. Some excellent work has been carried out in dealing with trauma-related conditions, however service provision across Northern Ireland is patchy. A similar situation exists in some excellent work which has been undertaken with young people but there is inconsistency in funding and therefore the work is not sustainable.

There are a number of problems which I believe could be easily and effectively solved. For example, improved access to alternative therapies for those suffering from chronic pain as a result of injuries sustained and the requirement to meet professional standards as a condition of funding for providers of counselling and other services.

7 CONCLUSIONS AND RECOMMENDATIONS

Provision of information and advice is unco-ordinated. Despite attempts to make information more widely available, many victims and survivors are unaware of the support that is available. There is no evidence of an acknowledgement in the statutory sector that there is a need to address the issue of awareness raising of victims' and survivors' issues. Compounding this is the fact that there is still a lack of trust of the statutory sector amongst victims and survivors.

Easing ongoing financial hardship is one way of helping to address, in a practical and positive way, the issues that victims and survivors face. If we are to maximise the benefits from the resources available, it is essential that available funds are channelled efficiently and effectively to those whose needs are greatest. I have stated my view and that of many in the sector that funding has been insufficient however, I have also pointed out that there is an issue of how effectively current funding is used.

Given the overall lack of co-ordination and complexity of service provision to victims and survivors it is not surprising that the funding processes mirrored this. There is a lack of clarity around the criteria applied in determining the allocation of funding. Funding must be provided in a straightforward and accessible way.

The evidence that I have gathered has led me to conclude that a fresh fund for individuals should be established and the Memorial Fund phased out. I believe that this is necessary to gain support for new funding arrangements and to address the future needs for victims and survivors.

I have found that financial hardship is greatest among those who were injured or bereaved in the earlier years of the Troubles. For this reason I feel that these individuals should have specific funding arrangements which support them on an annual basis.

In reviewing the activities of groups I am aware of some very good work. However the lack of a government strategy leaves many groups unfocused and with no clear aims and agreed objectives. Consequently it is difficult both for the groups and government to monitor and evaluate their success.

The four models for a Victim's and Survivor's Forum which I put to victims and survivors were four points on a continuum of how a forum could look and operate. This continuum ranged from a formal structure to an informal network. Victims and survivors entered into this debate with open minds and gave generously of themselves in offering their suggestions. Although their views varied most believed that a forum was needed.

7 CONCLUSIONS AND RECOMMENDATIONS

Most of the victims and survivors I spoke with acknowledged that there would be difficulty getting agreement on matters such as who would participate, and that there needed to be some flexibility built into a forum to enable it to work effectively. The model I recommend is one which, initially at least, is assisted and facilitated by a Commissioner for Victims and Survivors who would develop priorities and action plans with the involvement of victims; consult with experts and stakeholders; and set up working groups with the expertise to respond to issues affecting victims.

Recommendations

In my recommendations which follow I acknowledge that time will be needed for their implementation but I believe that for each individual victim and survivor their implementation should:

- improve the practical provision;
- enable sustained financial provision for those with the greatest need;
- co-ordinate the delivery of health-related services;
- provide continued support through the ongoing work of groups;
- acknowledge and recognise individual experiences through setting up a forum to address practical issues and ways of dealing with the past
- continue to promote the needs of young people through the Commissioner for Victims and Survivors in conjunction with the Commissioner for Children and Young People.

List of Recommendations

Services

- 1. All aspects of Trauma service arrangements, including both regional and local arrangements, are taken forward in conjunction with the outworking of the recommendations of the Bamford Review.**
- 2. The Commissioner for Victims and Survivors monitors closely the impact of the implementation of Bamford on victims and survivors.**
- 3. Issues relating to children and young people who have been impacted by the conflict, are addressed by the Commissioner for Victims and Survivors in conjunction with the Northern Ireland Commissioner for Children and Young People.**
- 4. All counselling services for victims and survivors are accredited to recognised standards, such as British Association of Counselling and Psychotherapy (BACP) or Irish Association of Counselling and Psychotherapy (IACP).**

7 CONCLUSIONS AND RECOMMENDATIONS

5. **The evaluation of the Primary Care Link Worker Service is forwarded to DHSSPS and the NI Medical and Dental Training Agency. GP training is provided to assist in the screening for Post Traumatic Stress Disorder.**
6. **Publication of information on services for victims and survivors should be co-ordinated through the office of the Commissioner for Victims and Survivors, taking account of need at local and regional level.**
7. **All previous research through the Strategy Implementation Fund is evaluated and consideration given to how effective findings are incorporated into mainstream services with appropriate funding.**
8. **All Departments and Agencies in the statutory sector should regularly review their staff training and development in relation to victims' and survivors' issues to ensure that those working with this group are appropriately skilled.**

Funding

9. **A new fund for individual victims and survivors of the conflict is set up as a Company Limited by Guarantee.**
10. **The Memorial Fund is phased out in conjunction with the development of the new fund.**
11. **The new fund is established by the end of 2007 and that existing arrangements continue in the interim period.**
12. **A flexible funding structure is established which would be a broad-based scheme designed to have sufficient flexibility to deal with the evolving and complex needs of victims and survivors and those who care for them.**
13. **A task force is set up to examine ways in which the new fund can make sustainable and regular payments without impacting on the other benefits payable or be classified as taxable income.**
14. **The new fund makes an annual payment of £2000 to spouses bereaved prior to 1988.**
15. **An annual payment should also be made to help improve the quality of life for those who have been severely injured.**

7 CONCLUSIONS AND RECOMMENDATIONS

16. **Financial profiling is applied to these annual payments.**
17. **The new fund is allocated £8million during the first year, in addition to set-up costs.**
18. **The Office of the First Minister and Deputy First Minister (OFMDFM) meets with the Trustees of the new fund and the Comptroller and Auditor General to agree broad audit requirements in advance of the launch of this fund.**
19. **There is a base-line assessment undertaken at the start-up of the new fund and two years after the fund is set up an impact assessment is carried out.**
20. **The new fund puts performance measures in place in relation to identifying new applicants and a strategy to target those 'hard to reach' individuals.**
21. **The new fund should seek and use all opportunities to work in partnership with intermediaries such as victims' and survivors' support groups and Trauma Advisory Panels to provide all necessary assistance to applicants.**
22. **The new fund should identify ways in which to reduce the requirement on individuals to provide evidence which may be difficult emotionally or practically to access.**
23. **The new fund develops an enhanced IT database which facilitates analysis of data to monitor and plan for evolving needs.**
24. **The new fund monitors needs and the associated funding required.**
25. **The new fund focuses on the provision of practical help and support and does not allocate funds in support of cross-community reconciliation projects.**
26. **Existing arrangements for the Police Fund and Prison Service Trust should continue and they should work collaboratively to identify and minimise duplication of effort in current processes.**
27. **Further consideration is given to setting up a UDR Fund similar to the Northern Ireland Police Fund.**
28. **Funding is kept under review to take account of the ageing population of victims and survivors and the additional demands which this will bring.**

7 CONCLUSIONS AND RECOMMENDATIONS

29. **The Intermediary Funding Body (IFB) leads a review of the Core Funding and Development Schemes with all key stakeholders to develop a new scheme.**
30. **The IFB enhances their monitoring processes to include more meaningful qualitative measures for groups in receipt of the revised core funding.**
31. **During the transition to the new scheme the £10,000 limit with the Development Grant Scheme for projects promoting joint working between groups is raised.**
32. **Victims and survivors are represented on the Community Planning Partnerships which will be set up within local councils under the Review of Public Administration.**

The Forum

33. **The forum should be an integral part of the Office of the Commissioner for Victims and Survivors (Option Three), assisted and facilitated by the Commissioner and leading to the establishment of a full round table forum (Option One).**
34. **The forum has a key objective of moving towards a fully independent forum consistent with the model described under Option One.**
35. **The Trauma Advisory Panels continue in their present role and the important link with statutory services is maintained.**
36. **The role of TAP Co-ordinator should come under the auspices of the Commissioner for Victims and Survivors. The new role should take account of and be consistent with the work programme of the Commissioner.**

APPENDIX 1

DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

Organisations involved in work with Victims and survivors. This information has been extracted from websites and directories of services compiled by the four Trauma Advisory Panels and the Sperrin Lakeland Trust Victims' and Survivors' programme.

Ballymurphy Women's Centre	To promote and improve the lives of the community within the greater Ballymurphy area.
Base 2	Is a crisis intervention service for individuals and families at risk from paramilitary violence.
Belfast Cognitive Therapy Centre	To provide excellence in standards of training and practice of trauma therapies.
Bloody Sunday Trust	A Derry based history and educational project established to commemorate the events of Bloody Sunday
CALMs (Community Action for Locally Managing Stress)	The central aim of CALMs is to empower individuals and groups within the local community through confidence building procedures and stress management techniques especially for those who suffer from general stress and stress related to political conflict.
Coiste na n-Irchimi	Equality, Inclusion, Full citizenship and Emotional well-being for Republican Ex-Prisoners and their families.
Combat Stress (Ex-Services Mental Welfare Society)	Combat Stress is a national charitable organisation which offers welfare support and clinical treatment to any ex-service (ex-RN, Army, RAF or Merchant Navy) person in need, who has a stress condition related to their service.
Community Relations Council	To help the people of Northern Ireland to recognise and counter the effects of communal division.
Conflict Trauma Resource Centre	To contribute to alleviating the pain, suffering and trauma experienced as a result of the violent conflict in and about Northern Ireland by way of co-operation and partnership across and between many boundaries to improve the quality of peoples lives.

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Corpus Christi Services	To provide one to one and group counselling and support to those bereaved, traumatised or injured as a result of the 'Troubles'.
Cumann na Meirleach	Aims to assist in the creation of a positive and egalitarian climate for ex-prisoners and their families.
Cunamh	A community led mental health project based in Derry
Derry Well Woman	Provides women with a choice of a comprehensive and accessible women-centred service in a relaxed non-clinical warm and friendly atmosphere.
Disabled Police Officers' Association	To provide welfare and recreational services to injured police officers (who meet core criteria) and their families.
Drothead an Dochais (Bridge of Hope)	To assist the North Belfast community towards better mental health, with a particular emphasis on those who are suffering stress and trauma as a result of the political conflict in the North of Ireland.
EHSSB Trauma Advisory Panel	The panel's mission is to advise and influence the EHSSB in improving the development and co-ordination of quality services to address the needs of those affected by the Troubles.
Expac	Provides an independent service for all ex-prisoners and their families and has considerable experience in dealing with prison related issues north and south.
Ex-Prisoners Interpretive Centre (E.P.I.C.)	To identify the needs of political prisoners and prisoners families' during the post release period and provide resources and facilities that will help the process of integration into family and community.

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DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

Families Acting for Innocent Relatives (FAIR)	FAIR represents and serves the interests of innocent victims of terrorism in the South Armagh border areas.
Family Trauma Centre, South & East Belfast HSS Trust	To provide a therapeutic service to individuals and families who have been affected by trauma, primarily 'Troubles' related trauma
Fear Fermanagh Ltd	Mutual support seeking to deal with issues affecting the innocent victims of terrorist violence such as recognition and justice. Part of the programme for the group is to access funding to upgrade farm holdings held by some of the victims in the group.
Firinne	Represents and support all victims of state violence throughout County Fermanagh. We assist families in pursuit of legal cases in seeking the 'Truth' about injustices perpetrated by British State policy in Ireland. We also offer support for individual's emotional needs.
H A V E N	To give help and advice to those who have suffered as a result of the conflict.
Healing Through Remembering	The project seeks to identify and document possible mechanisms and realisable options for healing through remembering for those people affected by the conflict in and about Northern Ireland.
HURT (Homes United against Ruthless Terrorism)	The work is targeted at the immediate families of the bereaved. The core aims and objectives of the group are to help those who have suffered as a result of the conflict in Northern Ireland.
Justice for the Forgotten	The organisation is comprised of Victims and Relatives seeking justice for the Dublin and Monaghan bombings.
Lenadoon Counselling Project	To provide professional counselling to parents and young people living in Lenadoon and surrounding areas. We offer counselling to those who have suffered in one way or another as a result of the 'Troubles'.

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DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

<p>Let's Involve the Victim's Experience (LIVE)</p>	<p>The LIVE programme brings together participants from Northern Ireland, Republic of Ireland and Great Britain and seeks to build trusting relationships between people so that they may contribute to peace, reconciliation and new beginnings. Participants share experiences with each other in a safe and supportive atmosphere.</p>
<p>MAST (Mourne Action for Survivors of Terrorism)</p>	<p>The objective of MAST is to raise awareness of the various services available. They offer counselling, befriending, education, respite care, short breaks and assistance with applications to the Northern Ireland Memorial Fund.</p>
<p>Mediation Northern Ireland</p>	<p>Offers creative approaches to better relations. The organisation provides services to enable individuals, groups and communities to maintain good relations, manage disputes, foster understanding and work towards reconciliation.</p>
<p>New Life Counselling Service</p>	<p>New Life Counselling Service is a dynamic voluntary Counselling Service that is committed to meeting the emotional and psychological needs of individuals and families. It supports, guides and enables them in their journey to reach their full potential. The service supports people managing the effects of the Troubles, Trauma, Relationship breakdown, depression, bullying, domestic violence, bereavement, self harm and issues of abuse.</p>
<p>New Voices</p>	<p>To understand how conflict and peace affect us; to network with other individuals, groups and organisations in the community to promote wider tolerance and understanding.</p>
<p>NHSSB Trauma Advisory Panel</p>	<p>The Northern Area Trauma Advisory Panel exists to provide an inter-agency forum to assist in the co-ordination of locally accessible services for people affected by the conflict</p>

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DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

NHSSB Trauma Advisory Panel	<p>The Northern Area Trauma Advisory Panel exists to provide an inter-agency forum to assist in the co-ordination of locally accessible services for people affected by the conflict</p>
Northern Ireland Association for Mental Health (NIAMH)	<p>Our aim, as an organisation is to help hold out the beacon or lamp of hope for those who are vulnerable due to their mental health needs. We also aim to reduce the incidence of mental health problems where possible, by the promotion of positive mental health in a range of different settings. The Mission of the Northern Ireland Association for Mental Health is to strive to provide services to the highest possible standard of excellence to people with mental health needs; press for high standards in the provision of mental health services; promote mental health through the provision of information, education and other initiatives; and partner with other interested agencies and parties, nationally and internationally.</p>
Northern Ireland Centre for Trauma and Transformation	<p>Treating people who have developed trauma related grief and illnesses, including post traumatic stress disorder primarily as a result of the Troubles.</p>
Northern Ireland Memorial Fund Grants Office	<p>To provide help and support to those who have suffered as a result of the 'Troubles' in Northern Ireland in a practical and meaningful way.</p>
Northern Ireland Music Therapy Trust	<p>To provide a music therapy service to various schools, units, individuals and organisations in the community</p>
Northern Ireland Police Fund	<p>To cover all aspects of the care of Police Officers in Northern Ireland and their families, who have been directly affected by terrorist violence.</p>

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DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

<p>North & West HSS Trust Trauma Resource Centre</p>	<p>The Trauma Resource Centre is a multi-disciplinary team of professional staff who provide a person-centred, holistic range of services for victims and survivors of the Troubles who are aged 18 years and over. A community development approach will be used by the team, who will work in collaboration with voluntary and community partners to provide co-ordinated services for victims and survivors in North & West Belfast.</p>
<p>NOVA</p>	<p>To directly provide therapeutic services to children and their families suffering trauma as a result of the Northern Ireland 'Troubles', and to assist groups within communities in developing the capacities to meet their own needs in this area.</p>
<p>Omagh Support and Self Help Group</p>	<p>We act as a signpost to those affected by the Omagh bomb and support the families most affected.</p>
<p>Police Rehabilitation and Retraining Trust (PRRT)</p>	<p>To provide evidence based psychological treatment to retiring/retired police officers and their family members.</p>
<p>Prison Service Trust (PST)</p>	<p>The Prison Service Trust has been established to address the needs of the wider Prison Service family.</p>
<p>Rainbow's End Project</p>	<p>The aims of the project are to provide a safe and welcoming environment for people from areas experiencing conflict or who are in need of time out from stressful situations. Special efforts are made to encourage groups or individuals from both traditions as reconciliation is a vital aspect of the work.</p>
<p>Relatives For Justice</p>	<p>We provide support for people affected through the conflict either being bereaved, injured or imprisoned. We mainly deal with people affected by state and state sponsored violence.</p>

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Restorative Action Following on the Troubles (RAFT)	Aims to provide opportunities for growth, self esteem, confidence building and appreciating 'otherness'. Coping skills to deal with depression, guilt and trauma are enhanced, allowing and assisting participants to move from the role of victim to that of survivor.
SAVER/NAVER (South/North Armagh Victims Encouraging Recognition)	SAVER/NAVER exists for the care and support of innocent victims of the conflict of the Troubles in Northern Ireland.
SDAHW (South Down Action for Healing Wounds)	The aim is to improve the quality of life for victims and their families.
Shankill Stress and Trauma Group	To provide a service locally for those who suffer any manifestation of Post Traumatic Stress Disorder; mental ill-health; stress or trauma.
SHSSB Trauma Advisory Panel	The Trauma Advisory Panel strives to enhance the quality of life for victims/survivors of the conflict in the Southern Health and Social Service's Board area, by recognising, acknowledging and respecting their varied needs and seeking to promote the provision of appropriate support services.
Solas NI	To provide a variety of services and activities for bereaved and injured victims of the conflict in Belfast and the Greater Belfast area.
South Armagh Overcoming Loss (SAOL)	The aim is to access and address the needs of those affected by the conflict in the border regions of South Armagh which are not currently being met by any of the mainstream services in the area.
Sub-Committee for Victims/Survivors on Behalf of South Tyrone Area Partnership	The aim is to support individuals and organisations committed to addressing the legacy of the conflict.

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DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

South East Fermanagh Foundation	An established drop-in centre for advice and assistance to victims of paramilitary terrorism.
Survivors Of Trauma	A Victims group to help those who have been directly affected by the conflict through education and holistic therapies.
Trauma Management & Recovery opportunity to live a fulfilled life.	To help people overcome their limiting thoughts, emotions and behaviours that deny them the
The Aisling Centre	Provides a range of services throughout Fermanagh and surrounding areas.
The Cross Group	To befriend those people who have lost a loved one through bomb or bullet.
The Ely Centre	The Ely Centre adheres to the principles of conflict resolution and our main aims are hostile attitude reduction, disarming behaviours, trust building, prejudice reduction and cross-community engagement.
The Koram Centre	The Koram Centre provides a listening ear support service+B18
The Pat Finucane Centre	Campaigning for human rights and social change
The Tara Centre	Provides counselling/psychotherapy, complementary therapy etc to the entire community.
The Wider Circle	To reduce the impact of Post Traumatic Stress and to facilitate a process of self healing. This process will enable people to heal themselves and others and in doing so, raise their self esteem and confidence to a level that empowers them to make a positive contribution to the communities in which they live and to the peace process in Northern Ireland.

APPENDIX 1

DESCRIPTION OF VICTIMS' AND SURVIVORS' GROUPS

Towards Healing and Understanding (TUH)	Offers a safe place for people to begin to articulate their experiences of the Troubles.
Victims/Survivors Rural Network	The aim is to provide a forum for groups in rural areas representing the needs of victims/survivors; encouraging the development and formation of good practice; and offering opportunities to represent a common view to policy makers and funders.
Victims & Survivors Trust (VAST)	Aim to remove isolation and address related health problems for victims and survivors. Provide a mechanism to enable people to tell their stories and rebuild self-esteem and their sense of identity.
WAVE Trauma Centre	To provide help and support to people bereaved or traumatised as a result of the 'Troubles' in Northern Ireland.
West Tyrone Voice	The services provided are individual and group counselling, befriending, home visits, social events, personal support, advocacy and welfare assistance.
WHSSB Trauma Advisory Panel	The aim is to endeavour to meet the needs of the people who have been directly affected by the 'Troubles'.

APPENDIX 2

FUNDING

Table of Main Structures

Funding Sources from 1998	Government funding - closed and current from 1998	Activities	Contact details
<p>Northern Ireland Memorial Fund (an additional £4 million has been allocated from other sources)</p>	<p>£7.3 million with a further commitment of up to £1.5 million</p>	<ul style="list-style-type: none"> - eight grant schemes to victims to meet individual need; and - providing services such as pain management. 	<p>1st Floor Albany House 73-75 Great Victoria Street Belfast, BT2 7AF Tel : (028) 9024-5965 www.nimemorialfund.org</p>
<p>Northern Ireland Police Fund</p>	<p>£8.2 million.</p>	<ul style="list-style-type: none"> - grant schemes to meet individual need; - co-ordinating role of other Police organisations working in this area; and - provide access to services such as counselling. 	<p>Maryfield Complex 100 Belfast Road Holywood, BT8 9QY Tel : (028) 9039-3556 www.nipolicefund.org</p>
<p>Community Relations Council Core Funding Scheme</p>	<p>£7 million. An additional £3 million went to the NIVT scheme 00/03.</p>	<p>Funds fifty groups working on behalf of victims to assist with their staffing and running costs.</p>	<p>6 Murray Street Belfast, BT1 6DN Tel : (028) 9022-7500 www.community-relations.org.uk</p>
<p>Community Relations Council Development Scheme</p>	<p>£2.5 million.</p>	<p>Grants to support the needs of groups in carrying out project related work on behalf of victims, up to a maximum of £10,000.</p>	<p>6 Murray Street Belfast, BT1 6DN (028) 9022-7500 www.community-relations.org.uk</p>

APPENDIX 2

FUNDING

Table of Main Structures

Funding Sources from 1998	Government funding - closed and current from 1998	Activities	Contact details
<p>Community Foundation Northern Ireland Peace II funding</p>	<p>£7.6 million - £5.1 million of Peace II extension not yet included.</p>	<p>The IFB responsible for the administration of Peace II money designated to Measures 2.4b and 2.8. Forty-eight groups providing support for Victims and survivors have received funding.</p>	<p>Community House Citylink Business Park Albert Street Belfast BT12 4HQ (028) 9024-5927 www.communityfoundationni.org</p>
<p>Northern Ireland Centre for Trauma and Transformation</p>	<p>£1.5 million initially, now funded through DHSSPS.</p>	<ul style="list-style-type: none"> - Provides treatment for trauma. - Carries out trauma related research. - Training to those dealing with victims of trauma 	<p>2 Retreat Close Killyclogher Road Omagh BT79 0HW (028) 8225-1500 www.nictt.org/index.html</p>
<p>Strategy Implementation Fund</p>	<p>£2.5 million</p>	<p>Financing government department initiatives related to victims such as evaluating victims projects and carrying out research</p>	<p>Victims Unit OFMDFM Castle Buildings Stormont BELFAST BT4 3SR 0808 127 3333 www.victimsnri.gov.uk/index.htm</p>

APPENDIX 3

LIST OF ORGANISATIONS AND REPRESENTATIVES I HAVE MET

Alliance Party

American Consul General

Ashton Centre

Ballymurphy Stress Management Centre

Barnardos/NOVA

Basque Government Representatives

British Irish Intergovernmental Council/Secretariat

Care Call

Community Action for Locally Managing Stress (CALMs)

Children's Commissioner

Church of Ireland (Lord Eames)

Citizens Advice Bureau

Cloona Oasis Centre

Colin Community Counselling

Community Foundation for Northern Ireland - CFNI (+ October Board Meeting)

Combat Stress

Community Relations Council

Compensation Agency (The)

Conservative Party (Mr David Liddington)

Community Relations Council

Crossfire Trust

APPENDIX 3

LIST OF ORGANISATIONS AND REPRESENTATIVES I HAVE MET

Cunamh

Derry Well Woman

Department of Health, Social Services and Personal Services - DHSSPS

Department of Foreign Affairs - ROI

Derry Raphoe Action Group

Directorate General Justice, Freedom & Security in Brussels - Joaquin De Almeida

Ely Centre (The)

Enabling Young Voices (Victims Of Inter-community Conflict Educationally Supported (VOICES)

European Regional Development Fund personnel in Brussels - (ERDF)
Jonathan Denness and Kyriacos Charalambous

European Social Fund personnel in Brussels (ESF) - Franz Pointer

Families Acting for innocent Relatives - FAIR

Family Trauma Centre

Firinne

Families of the Dispersed, Displaced and Disappeared - FODDD

Grand Orange Lodge of Ireland

GB Parliamentary and Health Service Ombudsman

Help and Advice with Victims Every Need - H.A.V.E.N.

Healing Through Remembering

Historical Enquiries Team

Human Rights Commission

APPENDIX 3

LIST OF ORGANISATIONS AND REPRESENTATIVES I HAVE MET

Homes United by Ruthless Terrorism - HURT

Institute of counselling and Personnel Development

Koram Centre (The)

Legacy Project

Lord Ashdown

Members of the European Parliament - Jim Allister
Bairbre de Brun
Jim Nicholson

Methodist Church (Rev Ian McIlhinney)

Mourne Action for Survivors of Terrorism - MAST

New Life Counselling

Northern Ireland Association for Mental Health

Northern Ireland Audit Office (NIAO)

Northern Ireland Centre for Trauma and Transformation - NICTT

Northern Ireland Housing Executive - NIHE

Northern Ireland Human Rights Commission

Northern Ireland Medical and Dental Training Authority - NIMDTA

Northern Ireland Memorial Fund - NIMF

Northern Ireland Ombudsman's Office

Northern Ireland Police Fund

Northern Ireland Police Ombudsman

Northern Ireland Prison Service

APPENDIX 3

LIST OF ORGANISATIONS AND REPRESENTATIVES I HAVE MET

Northern Ireland Prison Service Trust Board

Northern Ireland Prison Service Central Benevolent Fund

North Ulster Victim Support Network

North and West Belfast Trust

Omagh Support and Self Help Group

Parliamentary Ombudsman

Pat Finucaine Centre

Police Federation

Police Fund

Police Rehabilitation and Re-Training Trust - PRRT

Police Service of Northern Ireland including Chief Constable

Presbyterian Church Sub-Group of The Church & Society Committee

Progressive Unionist Party

RCJSA (Regional Assessment Centre for Justice Sector Awards)

Relatives for Justice - RFJ

Review of Public Administration - RPA

Roman Catholic Church (Rev Sean Brady)

Royal Irish Regiment Benevolment Fund

RIR Memorials (Royal Irish Regiment Memorials)

Samaritans

South/North Armagh Victims Empowering Recognition - SAVER/NAVER

APPENDIX 3

LIST OF ORGANISATIONS AND REPRESENTATIVES I HAVE MET

Social Democratic and Labour party

Shankill Stress

Sinn Fein

South Down Action for Healing Wounds - SDAHW

Shadow Secretary of State

Shankill Stress & Trauma

Sir Kenneth Bloomfield

South East Fermanagh Foundation

Spanish Press - Begona Cortina

Special European Programmes Body - SEUPB

Sperrin Lakeland Trust

Survivors of Trauma

Trauma Advisory Panels - Eastern
- Northern
- Southern
- Western

Taoiseach

Together Encouraging and Remembering Victims of the Troubles - TEAR

Trauma Recovery Network

Towards Understanding and Healing - TUH

Ulster Defence Regiment Widows

Ulster Unionist Party - UUP

APPENDIX 3

LIST OF ORGANISATIONS AND REPRESENTATIVES I HAVE MET

Unionist Group

United Services Club

Victim Support

WAVE - Armagh/Belfast
- Injured Group

Well Woman Centre

West Tyrone Voice

This list does not include individuals who have sought our assistance.

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ABBREVIATIONS

CFNI	Community Foundation Northern Ireland
CPNI	Community Practitioner Nurse
CRC	Community Relations Council
DHSSPS	Department of Health, Social Services and Public Safety
DSD	Department for Social Development
FTC	Family Trauma Centre
GP	General Practitioner
HSS	Health and Social Services
IDG	Inter Departmental Working Group
IFB	Independent Funding Body
NICTT	Northern Ireland Centre for Trauma and Transformation
NIMF	Northern Ireland Memorial Fund
NIO	Northern Ireland Office
NIVT	Northern Ireland Voluntary Trust
OFM/DFM	Office of First Minister/Deputy First Minister
PEACE I/II	EU Programme for Peace and Reconciliation
PFG	Programme for Government
RIR	Royal Irish Regiment
RPA	Review of Public Administration

ABBREVIATIONS

SIF	Strategy Implementation Fund
TAP(s)	Trauma Advisory Panel(s)
TMR	Trauma
UDR	Ulster Defence Regiment
VCS	Voluntary Community Sector
VLU	Victims Liaison Unit
WAVE	Women Against Violence Empower



**This report may be accessed on the website at www.cvsni.org.
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