

CONSULTATION PAPER ON A VICTIMS' STRATEGY – SUMMARY OF RESPONSES

The Victims Unit issued a consultation paper on a victims' strategy on 7 August 2001 with a closing date for responses of 9 November 2001. A total of 117 responses were received. However, as some of these were joint responses from a number of organisations and individuals the actual number of respondents is considerably higher. As the consultation paper stated that responses would be anonymous, respondents are not listed in this summary.

This document provides a summary of responses to the specific questions asked and of other issues raised in replies.

The consultation paper asked 12 specific questions. The responses to these are summarised as follows:

Q1 How best can the Inter-Departmental Working Group on Victims (IWG) interact with victims and their representatives?

Responses are summarised under headings:

Transparency

- Agendas, minutes, information on the role of the group and update bulletins should be published.
- Names and contact details of members should be available.
- Each Department should have a named person to direct enquiries in a constructive way.

Publicity/awareness raising

- Development of a newsletter and a website which encourages online interaction.
- Leaflets in Post Offices, GP's surgeries, libraries etc.
- A help-line.
- Documentation should be jargon free and use easily understood language.
- Use local newspapers across Northern Ireland.

Membership of the Inter-Departmental Working Group

- Victims, advocates, service providers and funders should be represented on the IWG and any nomination process for victims' representatives should be equality proofed. The model identified in "Partners for Change" – the Government strategy for support of the voluntary and community sector - was cited.

Contact with victims/information gathering

- Link with organisations such as Trauma Advisory Panels, Social Security Advisory Panels, Health Boards and Trusts and voluntary/community organisations and other service providers and use existing fieldworkers working with victims.

- Contact individual victims who do not want to belong to groups via churches, GPs, social workers, primary care staff, psychiatric services and victims' representatives on the Civic Forum.
- Send an information drop/questionnaire to each household.
- Have a register of victims' groups and individual victims.
- Hold a conference to examine how best the IWG can interact with victims and their representatives.
- Develop an umbrella group to represent the range of victims' groups and liaise with the IWG.
- Have focus groups or a Victims' Services Forum in regional/sectoral/District Council areas.
- The IWG could hold informal meetings/information seminars across the country at which individuals who have suffered could meet them at first hand.
- Create a sub-group that would visit victims' groups.
- Liaise with all interested stakeholders and invite presentations from victims and victims' groups.
- The IWG should design a process as to how the Assembly can address issues such as acknowledgement of wrongdoing and suffering, justice and remembrance and integrate them with the evolving strategy.

Q2 Does the draft Action Plan contain meaningful targets, the implementation of which will lead to a noticeable improvement in the services provided for victims?

Responses

Almost all of the responses received were in agreement that most of the targets contained in the draft Action Plan were meaningful and would lead to a noticeable improvement in the services provided for victims, although several responses pointed out that the publication "Lost Lives" contained inaccuracies that had created more distress to relatives and that it should not be given physical expression (Draft Action Point 15). The issue of literacy and numeracy targets for victims was also highlighted as not being particularly well thought through (Draft Action Point 5).

A number of respondents made detailed comments on each individual target and these have been passed to the relevant Department or Departments for consideration. More general points made about the targets in the draft Action Plan are as follows:

- The action plan could be more specific and for each action should show the aims and links to the overall vision, an identification of which Department(s) will take it forward and performance targets and measures.
- The targets set at Departmental level need to be filtered down to local level and monitored to ensure that local agencies are pursuing the agreed target.
- In some of the areas mentioned victims are no different from other disadvantaged sections of society and special selection would isolate victims more.
- Some of the targets have unrealistic timescales.
- Any action plan should be costed and include a statement of how it is to be resourced.

- Regular reports of achievements should be distributed so that the progress of the plan can be monitored.
- Actions taken should be in full consultation with the community and voluntary sector.

Q3 Are there targets or target areas which could be included in the draft Action Plan which currently are not?

Responses

The following is a summary of target areas which were suggested for consideration for inclusion in the Action Plan.

- A target or target areas relating to people who suffer mental illness, their families and carers.
- Availability and adequacy of pain relief and control services in Northern Ireland.
- Impact of trauma on children, including pre-school, particularly in interface areas and a review of bereavement, psychiatric and psychology services for children and adolescents.
- Awareness training should be integrated into all levels of professional training, particularly front line staff and their managers and educational welfare officers, youth officers etc.
- A directory of support services.
- A target relating to the effects of conflict as regards older people and the ever changing needs of people as they grow older.
- A target relating to the establishment of minimum standards of training and experience for people delivering services to victims.
- Additional resources to appoint skilled counsellors to help young people come to terms with injury or bereavement.
- A target relating to third level education for victims of all ages.
- Measures to allow individuals to access information regarding the deaths of their loved ones. A method to address this needs to be explored via all departments.
- Provision for trauma work and training in trauma work and counselling and also therapeutic services which facilitate the empowerment of individuals.
- Courses on promoting citizenship, conflict resolution techniques and problem solving should be included in the school curriculum and promoted in adult and community education.
- Re-integration of security forces and ex-prisoners into society.
- Rural needs are not specifically mentioned or identified.
- The multiple needs of those under threat from paramilitary organisations.
- An objective focused on assisting people to continue living in their homes after they have been subjected to threats, intimidation and violence.
- Ensure that information about the efficacy of certain treatments, both pharmacological and psychotherapeutic, is shared widely and funding identified for effective treatment of severe cases.

- Consideration must be given to the numbers of students training within appropriate disciplines to ensure that there are enough suitably qualified staff to provide services.
- Some research should be carried out to determine the number of injured people, what needs they have and how they are to be met.
- Programmes should be developed which help adults as well as young people to get back into employment.
- A target for including victims in the membership of any suggested groups making policy on victims.
- Initiatives to reach out to individuals who are not associated with any group.
- A review of the services currently available to individuals and families who have been forced to flee the country.
- Models of truth and restorative justice should be examined to produce something that would be right for Northern Ireland.
- Measures to obtain an analysis of the amount and duration of the traumatic effect of the Troubles and its implications to inform subsequent plans and actions.

Q4 How can funders make the funding process easier to understand and access?

Summary of responses

Funding for Individual Victims

- Most funding is for groups- more needs to be done to make the process simpler for individuals- have forms in post offices, doctors' surgeries etc.
- Provide online/disk-based service for those who have hand injuries.
- Northern Ireland Memorial Fund(NIMF) forms should not have to be completed by the same individual over and over again, the criteria are too narrow and processing is too slow. (This comment has been passed to the NIMF which is an independent charity).

Funding for Groups

- Have one central funder/one-stop shop/advocacy service at least initially until purpose and processing of application has been discussed, agreed, implemented and evaluated. It would be helpful if applicants only had to build up a relationship of trust with one funding agency rather than many.
- Include all funds/funders in one booklet/website under headings such as research, service delivery, project support etc. outlining funding objectives and criteria with a named contact for each funder and make booklets available at points of contact.
- Simpler forms and documentation in a range of formats produced after consultation with basic skills experts, proofed by Plain English Society and consumer tested.
- Simpler monitoring and evaluation techniques, clearly laid down, easy to understand criteria and quicker turn around with applicants being kept informed at all times about the progress of their application.
- Cross-agency nature of Awards for All may be a model to follow.

- Skilled, confidential assistance and guidance to fill in forms, advise on sustainability and exit strategies and explain monitoring requirements.
- Workshops and seminars and a help-line.
- Co-ordinated and common approach to information requirements, auditing arrangements and accountability and guidelines and standards.
- Victims need to be involved in setting the criteria for funding.
- Core funding needs to be longer term and groups should be supported through mainstream government funds.
- Funding and decision making processes should be transparent, co-ordinated, fair, and well managed and efficiently administered and funders should employ staff who have an understanding of the needs of victims and issues around this area. Groups who have had an application turned down should be very clear why this has occurred.
- Some groups have to introduce emergency programmes to deal with new increases in local unrest – these are not things that they can specifically apply for funding for.
- More publicity is needed especially in rural areas.
- The amount of information requested in the application process and the audit requirements should be proportional to the size of the grant.
- Internet access to forms is good, but there should be an allowance in funding for computer and web site costs.
- A tiered approach could be used, starting with a simple expression of interest form followed by a telephone interview to identify the appropriate source of funding, criteria and the information required.
- Groups should not be in competition with one another or service providers for funding and groups should be consulted about the areas into which funding should be directed in the immediate and long-term future.
- There should be a Funders' Forum with a shared database, better publicity, and co-ordinated road shows and information days.
- Future funding should be allocated on the basis of needs identified through new research being conducted in partnership with local community groups.
- Funding application procedures and materials need to be equality proofed and made user friendly for people with sensory impairments.
- It is important that criteria and need are aligned and the interests of groups and funders are aligned.
- Funders should help groups to develop their thinking about effectiveness and monitoring and evaluation and groups should undertake to co-operate/account for spending.

Q5 What other methods can be used to raise awareness of victims' issues?

Summary of responses

- Make more use of the media e.g. awareness weeks, short documentaries or story telling, radio and television productions to illustrate the effects of trauma on individuals, open discussions on

the universal issues victims face, newspaper articles, television and newspaper advertisements, a regular column in the Belfast Telegraph, awareness raising for the media and establishing strategic partnerships with journalists. A central objective of publicity should be promoting the social inclusion of victims into mainstream activities.

- Publicity campaign to every household and business with posters, leaflets and information displays in public places.
- A public health awareness campaign.
- Well publicised conferences and seminars within regional areas.
- Encourage and enable victims' organisations to publicise their work more widely.
- Use BBC and UTV websites as well as Government ones.
- Involve the churches.
- Issue videos and books on how to deal with the issues victims face.
- Use publicity to appreciate difference and break down negative perceptions which form a barrier to healing.
- Through community theatre productions.
- An education programme and projects in schools and youth clubs.
- Creation of a Commissioner for Victims.
- Capacity building and awareness training for facilitators from within the community, service providers, policy makers, community organisations and other organisations working with victims (using an information/awareness raising package).
- An advocate for victims within each large statutory sector organisation to raise awareness within the organisation.
- Via victims'/survivors' networks.
- An annual victims' day or charitable event – perhaps organised by the four main churches.
- Arts events.
- Memorials.
- Research.
- The Civic Forum and the representatives on victims' issues appointed to each political party need to do more awareness raising work.
- Establishment of offices in Washington and Brussels to raise awareness internationally.

Q6 What statutory sector partnerships need to be developed?

Summary of responses

A number of responses to this question dealt with partnerships between the statutory sector and the voluntary and community sectors rather than partnerships between different parts of the statutory sector. These have been included with the responses to Question 7.

Most respondents considered that the Inter-Departmental Working Group approach needed to be reflected at local level whereby statutory providers could regularly discuss the needs of victims, ensure that local services are flexible enough to meet emerging need and share open, speedy accessibility for services to victims.

The key statutory sectors at local level identified were health, education, housing, social security, youth service, employment and police with other service providers included as and when required. Other sectors identified were the Department of Agriculture and Rural Development (in rural areas), the Law Centre, The Probation Board for Northern Ireland, the Community Relations Council, district council representatives, local Strategic Partnerships, GPs and Trauma Centres, Extern and the proposed Children's Commissioner.

Several responses suggested that statutory sector partnerships could be created by expanding the remit of partnerships which currently exist such as Health Action Zones or the partnerships set up by Education and Library Boards to deliver services to marginalized young people rather than establishing new local groups. Others proposed that the Trauma Advisory Panels in the Health Boards should be expanded or extended to Trust level, especially Community Trusts.

A number of responses also suggested that cross-border partnerships need to be established as there are people from Northern Ireland who have been bereaved and injured as a result of the conflict who are now living across the border or in border areas where both the Irish Government and the Northern Ireland devolved administration may have input into addressing their issues.

As well as addressing the needs of victims, one specific issue which could be addressed by statutory sector partnerships was identified as the lack of understanding of trauma and training in victims' needs for psychiatrists, psychologists, social workers, health visitors, GPs, teachers and other professionals.

Q7 How best can the statutory sector work in partnership with the voluntary/community sector?

Summary of responses

A significant number of responses to this question suggested that the best way forward was to make good use of the Trauma Advisory Panels in each Health Board area, making sure that there was a good balance of community/voluntary and statutory sector representation to create an equal partnership with equal relationships, equal respect and increased understanding. It was also suggested that there should be a full-time co-ordinator on each Panel who could foster relationships between Panel members and develop the work to make maximum use of the skills and knowledge that exist. This would enable regular liaison and continual consultation and collaboration at local level and allow contact, information sharing, identifying of need, agreed roles and procedures and the identification of funding requirements.

Summary of other responses

- The necessity of establishing new partnership arrangements is questionable prior to assessing the adequacy of those already in existence.

- Use should be made of compulsory participatory local partnerships involving cross sectoral representation that are subject to strict funding criteria depending on the viability of the partnership.
- The statutory sector needs to recognise and value the important role being played by the voluntary/community sector in supporting victims and the latter should recognise the knowledge and expertise already available within the statutory sector. The emphasis should be on effective means of service delivery and on promoting co-operation rather than competition. Each should play to their strengths – the voluntary and community sectors are often in touch with people in a deeper way than the statutory sector but the latter has greater skills and resources in the co-ordination and servicing of projects.
- The centrality of groups must be established and liaisons with Local Strategy Partnerships and others who administer victims' programmes at local as well as at regional level must form part of the interaction.
- Victims' representatives on the Civic Forum should attend Inter-departmental Working Group meetings and be assisted in putting into place the mechanisms for communicating information to the community/voluntary sector.
- Maybe this should be discussed in a consultative conference.
- Research through, and continued partnership with, the churches to make sure that nobody is missed out.
- There are many flaws in the current approach by the statutory sector when dealing with victims. The community/voluntary sector is not being consulted in plans from the ground up, but is being used to fill the gaps after all the important decisions have been made.
- The voluntary and community sector must be seen more as complementary to the statutory sector rather than intruding on their territory and working procedures between these groups must be seen to evolve from this process. There should be value given to the benefits and effectiveness of complementary treatments in the healing process and it is essential that relationships between GPs and the community sector should be developed.
- Assist voluntary/community organisations to develop a shared standard of best practice and give consideration to the partnership between members of the voluntary/community sector themselves, which would help a spirit of collaboration rather than competition.
- The sharing of expertise, access to training and resources in communities so that a wide range of services can be accessed in one-stop shops.
- The statutory sector must be aware of, and sensitive to, the various lines of division within victim/survivor groups.
- The remoteness of government bodies to victims is a big problem and there is a distrust of them by victims who are afraid that their personal details will be passed into the hands of terrorist groups. A two-way referral system could be put in place to enable victims to get the help they need. If, however, GPs are going to refer victims to victims' group counsellors, any saving for the trusts should be reallocated to group funds to help sustainability.
- Key to good relationships will be the provision of clear definition and procedures in relation to funding.
- The document Partners for Change has a crucial role to play in developing this partnership.

- Capacity building projects need to be set up to develop good and trusting relationships and maximise the benefits of partnership working.
- A strategy paper should be developed to help inform the roles, obligations and responsibilities of each sector in the partnership.
- To prevent gaps in representation there should not be undue reliance on 'community' groups who do not represent the interests of people who are 'punished' for 'anti-social behaviour' or those who live in 'middle-class' areas or professionals.
- The peace sector is a relevant partner in victims' work since it has a symbolic role in making connections between listening to victims and improving community relations.

Q8 How best can those who carry out or commission research engage with victims to ensure that relevant research is carried out and followed up on?

Summary of Responses

- There needs to be an easily accessible database of all past, current and future planned research available. This could possibly be achieved through further development and promotion of the CAIN website at Queen's University.
- There should be open discussion about the purpose of the research, the research agenda and what can be expected of all parties before it begins. Where possible, research should be done in partnership with, and be empowering for, those involved.
- Those who take part in the research should be given full and easy access to any findings and conclusions drawn from the research by sponsors and written permission should be sought from victims before information is published.
- Research should be locally sensitive, with less emphasis on the purely empirical and more on action research, ideally conducted with, rather than on, groups and individuals, consulting with workers/groups to build up the questions and at all stages of the process.
- There should be a centralised body regarding research to avoid duplication and ensure that research findings are implemented. Any results should be reported to Trauma Advisory Panels and Trusts and the Inter-departmental Working Group to ensure the necessary action. Recommendations should be time bound and implementation and outcomes should be monitored and audited.
- Groups working with victims should be assisted to carry out research themselves and they could feed back to a central body to collate the information.
- It is important not to "over research" the more visible and vocal groups and to include the smaller, quieter groups which have emerged more recently and it is vital that victims who do not belong to groups are consulted via the media, GPs, churches and a free-phone research line.
- There should be agreed criteria that consultants should follow, researchers skills should be validated, research should be conducted independent of vested interests and research should comply with recognised ethical standards of practice. The Consultation Paper identifies a set of values that should underpin the Strategy. Most of these could be adapted to cover research in this field – Victim centred, Equitable, Inclusive, Focused and Integrated.
- Research assistants could be recruited from within the victim population.

- All projects receiving funding should be obliged to implement a standard information gathering exercise about need and the use of services. This information could be centrally collated and could help the understanding of need and identify factors that help and services that are and are not useful. Troubles related trauma should also be recorded by health centres, social workers in schools, employers, the unemployed, youth clubs, hospitals and voluntary centre groups etc.
- Research reports should be in simple language and could be accessed through websites or a regular bulletin. They could be launched with workshop discussions.
- Those who commission research can best engage with victims through the development of a victims' Forum or representation on Inter-departmental bodies to identify relevant pieces of research.
- Those researching in this area should receive specific training in ethical research methods, the context and impacts of the conflict and psychologically sensitive interviewing skills and should be equipped with contact lists of support agencies for themselves and those they are interacting with.
- A research partnership between the Assembly, Human Rights Commission, Universities, Audit Office, private and voluntary/community sectors may need to be established.

Suggested research topics

- What treatment is effective for what condition?
- Research into the availability and efficacy of the various counselling services and alternative therapies leading to a directory of these services, what they entail and reputable practitioners.
- Locally based research into the psychological needs of victims exposed to chronic and prolonged exposure to trauma.
- Research on whether exposure to troubles related trauma within the home magnifies the impact of the event.
- Pain relief, prosthesis, trauma and children, the impact of paramilitary attacks on children.
- It would be more useful and cost and time effective to commission one large piece of research to encompass all the victims' issues. To do this a cross-representative focus group should be established.

Q9 What steps, if any, do OFMDFM and the NIO need to take to ensure that victims know the relevant part of Government to access for help?

Responses

Almost all of the responses to this question suggested that information leaflets, in user-friendly language and different formats, on who does what in all Government Departments should be produced and should include practical examples of the sorts of help and advice available. These could be made available through primary care workers, police stations, accident and emergency departments, churches, libraries, health centres, post offices, social security offices, Northern Ireland Housing Executive, Citizens' Advice Bureaux, Samaritans, Relate, the Parents' Advice Centre, victim support officers and victims' organisations. It was also suggested that a more detailed briefing guide for service providers and helping agencies would be useful to ensure that professionals are able to help victims and give proper support.

A number of responses also suggested a publicity campaign using all broadcasting media including local press and a mail drop to every household in Northern Ireland.

Other ideas for ensuring that victims know the relevant part of government to access for help were as follows:

- Newsletters
- Regular meetings with all victims' groups.
- Amalgamate the victims' units in the OFMDFM and NIO.
- A central one-stop shop or liaison officer located within OFMDFM for referral and transfer of issues from victims to the relevant Government Departments with a Freephone number and a website with a Directory of services and links to Health Boards, Government bodies and Citizens' Advice Bureaux.
- Staff who provide 'initial point of contact' services should be trained to process relevant information and 'refer on' appropriately. They should be able to lead the person seeking help to clarify his/her needs and people with low expectations of their rights in housing, health and education over the years will need special help.
- Enquiries should be properly acknowledged and the relevant person should be open to meetings with individuals and groups. Regional offices should be resourced to assist those living in rural areas who may be disabled and who do not have access to transport.
- The Victims Unit and Victims Liaison Unit need to have named contacts for the victims' group representatives to talk to at any time.
- Active listening, together with corresponding action to address identified issues is paramount.
- Any information should also include a cross-border dimension to include those affected who are living in the Republic of Ireland, particularly in border areas.

Q10 If seminars or conferences were held that would allow an exchange of information and views which could be fed through to service providers, what subjects should they address?

Responses are summarised under headings

Health Issues

- Pain relief and management, understanding Post Traumatic Stress Disorder, dealing with trauma, mental health, the role of alternative/complementary therapies, standards, training and new approaches in counselling (including the Social Services Inspectorate report "Guidelines for Counselling"), clinical topics about the effectiveness of various approaches, aspects of healing (medical, spiritual, religious, psychological), helping your GP to understand your difficulties, holistic healing, stress/anxiety management/coping strategies, depression induced drug/alcohol addiction, Health Model not Disease Model.

Services

- What help is available from different agencies and how to access it.
- New actions in relation to victims.

- Practical issues of service delivery and best practice.
- Review of current service provision including the strategy and the Victims Unit and Victims Liaison Unit.
- The Way Forward.

Practical Issues

- Transport/mobility difficulties.
- Access to financial and practical help.
- Support networks.
- Education and training opportunities.
- Support and help for young people.
- Problems and solutions for carers of victims/care packages.
- Being married to a traumatised person.
- Effects on the elderly.
- Housing.
- Employment issues.
- Intimidation- moving home, securing property etc.

Group Management

- Sustainability
- Funding and new funding opportunities including Peace II and how to make good funding applications.
- Monitoring and evaluation.
- Good group management.
- Sharing of good practice and resources/common areas of work/Networking.
- A guide to the structures, systems and grant making processes.
- Capacity Building.
- Skills focused training.
- Handling conflict and pressure.
- Using your time profitably.

Other

- The make-up and role of a victims consultative forum/inclusion of groups within the structure/partnership.
- Compensation
- Healing, recovery and moving on/moving from victim to survivor and practical ways of achieving this/empowerment and movement on a personal level.

- The label "victim" and victimhood.
- Best practice-local and international - and understanding of victims' issues in other countries.
- Support for tackling poverty and disadvantage/financial and social issues.
- Truth processes and story telling.
- Recognition.
- Emotional needs and dealing with hurtful memories.
- Release of prisoners and the effect on victims and their families.
- Justice.
- Identity.
- Innocence.
- Equality.
- Forgiveness and reconciliation.
- Reintegrating victims/survivors into the wider community and how the wider community can support them.
- Cross-border co-operation on victims' issues.
- Options for the construction of an appropriate memorial.
- Arts focused residential.
- Crises management- including the community and voluntary sector.
- New models of training and acquisition of user-sensitive skills.
- Seminars sharing research findings.
- Policy and procedures for all sectors dealing with victims.
- How to respond to consultations.
- The rising incidence of sectarian attacks, particularly in North Belfast.
- Non-participative events with no opportunity for conflict e.g. exhibitions, musical, drama or arts events.

As well as these suggestions for subjects which should be addressed by seminars and conferences, the following points were made:

- Seminars and conferences will only be of use to victims if they are freely available to all victims and advertised as such, free or of low cost, and the programme addresses issues of real concern identified by the victims.
- It will be important to convene events at times and in places which suit people and supporting documentation should be in plain English and accessible to all.
- Not everyone has access to Belfast.
- Such events would require thorough evaluation.
- The re-traumatising effects of mixed gatherings on victims is incalculable and sets them back considerably.

- It may be an idea to develop with victims a kind of "code of conduct" suitable for tailoring to the needs of particular conferences/meetings. This in itself might be a confidence-building measure which improves relationships between victims.
- While recognising that not all victims are comfortable with being present in situations where certain others are present, it is felt that victims' groups need to meet together, focussing on needs.
- Politicians can talk in Stormont – so we must all be able to voice and hear each others' views together.
- In the past there have been instances of self-exclusion in specific cases, and it is important not to reinforce past perceptions but to have sensitivity around this.
- Some people exclude themselves from moving forward and we should explore ways of disseminating the same information to them, an opportunity for inclusion.

Q11 If the Touchstone group is to be replaced, what should replace it? Who would be on any new group and how would they be selected?

Responses

Those who responded to this question were in agreement that there needed to be a mechanism for victims, victims' groups and people who work with victims to make their views known to Government. There were various suggestions for what this should be, who should be on any new group and how they would be selected. These are summarised below.

What should replace the Touchstone Group?

- A small group of around 12 people.
- Devolved locally based structures or regional groups to support a central group.
- A group structured on a thematic basis along common themes e.g. psychological issues; access to services with individuals experienced in these areas to advise government.
- A central group with informal sub-groups with particular expertise.
- A standing forum to meet three times a year.
- The four Trauma Advisory Panels should fill this role and influence any policy, but they would need to be equality proofed with cross-sectoral representation and be fully representational of victims and victims' groups.
- More than one representative group may have to be formed if some groups are not willing to come together.
- A number of responses made the point that the need for clarity and transparency as to the role, function, terms of reference and working of any group or groups is essential and several suggested that it would be wrong to concentrate on only one format for hearing the views of victims and that several methods should operate simultaneously.

Who would be on any new group?

- Equal representation of the perceived victims' groupings and representatives of a good cross-section of groups (large, small, urban, rural, long established and more recent groups).

- Multi-faith groupings, actual victims (not just those who represent them) statutory (Health Trusts, trauma teams, Heads of Victims Unit and Victims Liaison Unit, Inter-departmental Working Group), voluntary/community representatives (including grass-roots workers), carers, young people, either no politicians or a balanced political representation, Civic Forum victims' representatives, individual victims who do not belong to groups including permanently disabled victims, business.
- A neutral chair is essential and should not be a Government Minister or civil servant.

How would members be selected?

- It is important that both the recruitment process and group progress is transparent.
- Selection could be handled in much the same way as that of the Civic Forum, using an independent recruitment agency so that there would be no accusations of bias and the group should be constituted subject to equality legislation.
- Places should be reserved for victims who are independent of any groups.
- Membership could involve a combination of elected and selected personnel.
- People should be invited to apply to sit on the forum through newspaper advertisements and the selections made by the Victims Unit.
- Nominations should be made by the public and should be representative of the whole community.
- Nominations should be sought consistent with the categories identified by the Equality legislation.
- Half of the group should be made up of permanently disabled victims.
- Victims' representatives should be selected from an AGM or Forum made up solely of victims without interference from Government.
- Any new group should be formed under the auspices of the OFMDFM.
- Victims' representatives should be drawn from umbrella groups across the province.
- Possibly one representative per district council area.
- Set criteria for participation to be adhered to and a selection procedure openly agreed to.
- 60% of the group should be bereaved and/or injured.
- There should be a rotating mechanism for representatives and an annual review of membership.
- It may be necessary to have a small number of representative groups.

Q12 Should a Victims Commissioner be appointed? If yes, what should their role and remit be and how would a Commissioner fit with the other potential structures outlined in Chapter 5 of the Consultation Paper?

Responses

The number of responses for and against the appointment of a Victims Commissioner were fairly evenly divided while a number of other respondents thought that the idea needed more investigation

and consideration before they could make a decision. However, the majority of individual victims and victims' organisations who responded were against the appointment of a Victims Commissioner.

The points made for and against the appointment of a Victims Commissioner were as follows:

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- A Victims Commissioner would provide a focus for victims' issues to be heard by the Assembly, Funders, Statutory Bodies and Support Services, but remain independent of the Victims Unit and the VLU and would publicly promote development but also investigate system failures for victims.
- This person or persons should provide recognition and a public voice for victims, raise awareness of victims' issues and act as a watchdog over the implementation of policy and service delivery.
- If victims' issues are not to be lost a Victims Commissioner should be appointed.
- While the Victims Unit in OFMDFM may be co-ordinating this multi-agency response, with the inevitable clash of interests which can emerge between departments, it would be a positive step to have someone who can be objective and independent of Government. A Commissioner may be one possible method of ensuring an effective overall strategy.
- A Commissioner could be a champion for victims' interests and rights and a focus for complaints, recommendations and requests from relevant interests.
- A Commissioner could give some co-ordination to the diversity of victims and victims' groups and try to achieve action from Government on those things which would benefit all victims as well as those which may benefit some groups more than others.
- A Commissioner could act as a point of contact and focus for individual victims who are not involved in specific groups.
- A Commissioner should be appointed who is from Northern Ireland and who has no affiliation with a political party or any history of political or cultural links associated with Northern Ireland or the Republic of Ireland.
- Welcome the idea of a Victims Commissioner but stress that the person would have to come from outside Great Britain or Ireland so the he or she would be truly independent.
- The person chosen would have to have the knowledge to act as a voice and the authority to act as a watchdog.
- A Commissioner could ensure that victims are considered in all the appropriate areas of legislation.
- A Victims Commissioner who co-ordinated support services and was accessible to individual victims would eliminate the need for high paid posts in victims' groups and return the victims' groups to a voluntary basis.
- A Victims Commission outside Government would be an independent champion to replace the Victims Unit and the VLU, advise the authorities and challenge them when necessary.
- The appointment of a Victims Commissioner would be a definite sign of public acknowledgement about how important this issue is.

- A Commissioner is needed to oversee the complex, multiple and changing needs of victims and the radical change that is required.
- A Commissioner would be a central mediator and contact point between all bodies dealing with victims' interests.

AGAINST

- Money would be wasted on a high profile post that does not reflect the feelings at 'grass-roots' level.
- Who would the post holder be accountable to and how would the cost be justified?
- Any new post would only add to the bureaucratic confusion and reduce further the funding available for victims' needs.
- A Victims Commissioner could not relate to victims in the way a truly representative victims forum would.
- Such a specific Commissioner post could mitigate against the integration of victims into a genuinely inclusive society.
- Getting someone who is truly independent and acceptable to all victims is an impossibility. The appointment itself would serve to cause further division as one person could not represent the diversity of victims' experiences.
- Who would be involved in writing the job description and interviewing candidates?
- There are concerns about how much power a Commissioner would have and how cost-effective the position would be. There is also the fear that the person could be used as a scapegoat by government departments as responsibility could be shifted to the Commissioner.
- The services that a Commissioner might provide could be taken on by OFMDFM and the NIO but overseen by some sort of committee so as to be impartial to all the issues.
- With the Victims Unit and the VLU up and running well, would there really be a great need for a Victims Commissioner? The money which would be needed to fund that office would be better spent elsewhere.
- We would like to give the politicians and civil servants a chance to prove themselves, keeping to the forefront of their minds the concepts of accountability, transparency and good practice.
- Establishing a sound strategy, a practical working plan and good working practices should make the role of a Commissioner superfluous.
- The appointment of a Victims Commissioner would help cement forms of 'victimhood' and become another controversial issue within the debate, creating further division rather than ameliorating it.
- The Assembly, as the representative body of the people, should be seen as a whole to be prioritising and dealing with this issue, not an individual.
- To appoint a Commissioner would be disempowering for groups, individuals and families and extremely contentious. Deep suspicions exist about such a post and the past track record of appointees to previous positions for 'victims' has clearly been in the interests of one section of the community. Additionally, those appointed brought a particular and simplified analysis of the conflict which is not reflective or accurate.

- The proliferation of commissioners for various interest groups is likely to detract from their overall status and ultimately their influence and effectiveness in achieving results.
- We are concerned that such an appointment could reduce the profile and priority the issue receives if it were to pass from the OFMDFM.

ROLE AND REMIT

- A focus for victims' issues to be heard by the Assembly, Funders, Statutory Bodies and Support Services, but remain independent of the Victims Unit and the VLU and would publicly promote development but also investigate system failures for victims.
- Provide recognition and a public voice for victims, raise awareness of victims' issues and act as a watchdog over the implementation of policy and service delivery, ensuring that duplicating only occurs if it is of benefit.
- A central mediator and contact point between all bodies dealing with victims' interests.
- A contact point for individual victims who do not belong to groups.
- Ensure that victims are included in all appropriate legislation.
- Monitor and promote better co-ordination of existing functions and ensure that they are accessible to victims and add value by: monitoring the victims' strategy; advising public authorities on promoting equality for victims; developing mechanisms for consulting with victims; reviewing and collating information and acting as a resource library; promoting policy initiatives; ensuring there is a wider awareness of victims' rights; ensuring that complaints procedures work effectively; and carrying out investigations into matters affecting victims' rights.
- Co-ordinate use of funds and ensure equality of practice throughout agencies applying for such funds.
- Provide a forum for victims to meet with their aggressors and find means of closure.
- Help create the right conditions for discussing the effects of the troubles at government level so that meaningful, workable policies on how best to help survivors can be developed.

GENERAL COMMENTS ON OTHER ISSUES

As well as responses to specific questions, the consultation paper also welcomed general comments. The following comments not already covered in the summaries of responses to specific questions are summarised under headings.

Definition of "victim" used in the Consultation Paper

Many responses welcomed the broad definition used, commending that it recognised those who have been psychologically injured and is more inclusive than previous restrictive definitions. The comment was also made that it provided a very useful tool in a complex area of work. Some responses wished a distinction to be made between 'innocent victims' and 'self-inflicted victims' and others felt that the definition should be expanded to specify particular sectors or to include the victims of crime that may be indirectly influenced by the conflict, victims of indirect violence and friends and colleagues. While some respondents wished to be known as 'victims' others felt that the terms

'survivor' or 'casualty' were more appropriate. It was also pointed out that caution should be exercised in having too many – potentially contradictory- definitions.

Achievements

A number of responses pointed out that many victims have overcome great odds and displayed virtues and their contribution should be recognised and esteemed as their achievements could be an inspiration to other victims.

Finances

There were some suggestions that a victims' pension scheme should be developed and that Government should get resources directly to victims and their families rather than to groups.

Groups

Several responses highlighted a concern among victims that some of the groups purporting to represent them had a highly visible and unwelcome political agenda and that a means must be found whereby individuals can express their needs directly and not through victims' groups. It was suggested that groups which represent victims should be openly and publicly transparent and be seen to represent the needs and views of genuine victims, perhaps by some form of registration in line with clearly set down criteria and should be evaluated more closely. There were also concerns that the development of victims' groups might encourage a sub-culture and that there should be attempts at wider social inclusion rather than just with other victims' organisations so that victims can move on. It was commented that the success of the strategy should be judged on whether the innovations raise the living standards and quality of life of victims, not victims' committees or spokespersons.

Churches/Faith communities

It was pointed out that there must be a role for the Churches and Faith communities alongside the other sectors in any strategy and that greater emphasis must be placed on the spiritual dimension of the care of victims as well as the material needs to ensure holistic and total healing.

Victimhood

Responses mentioned that caution is necessary to avoid categorising and treating people in such a way that it further reinforces the victim role and that victims must be steered away from adopting positions where their plight is used to exclude failure in themselves, their families and their situations.

Single-identity and cross-community work

Some respondents considered that there is a need for single-identity work and work in groups that are becoming cross-community to build confidence and self-esteem, while others felt that capacity building needs to be on a cross-community basis as all communities have to recognise that grief and hurt does not belong exclusively to one person/persons/group or community and that this way barriers can be broken and trust begin to develop.

Other points

Caution on absolute confidentiality because requirements and responsibilities, such as child protection issues, can often restrict it.

Local government should be taking responsibility and addressing victims' issues.

There should be a move from the highlighting of issues in respect of victims to the identification and addressing of needs.

"Communal victimhood" is relevant.

It is important that the strategy is responsive to emerging findings and research.

The report "We will Remember them" caused deep hurt to many victims.

It may be that the Action Plan should be reviewed to determine what policy issues, or programmes are underway elsewhere which while not entirely victim-centred, have a direct significance for future work with and for victims.

A statement should be included in the Victims' Strategy which would reflect what could be done for victims of state violence if responsibility for criminal justice issues etc. is transferred to the devolved administration in 2003.