

Services for Victims and Survivors

**Alliance Party response
to consultation paper by the
Office of the First Minister and Deputy First Minister**



30 June 2005

SUMMARY

- Alliance supports an over-arching strategic approach to providing services for victims and survivors, but one which must be focused on them and led so that services and needs can seen as being delivered.
- Alliance objects to the proposal that draft guidance on the assessment of need of victims, etc., is developed by the Victims Unit in liaison with DHSSPS and TAP co-ordinators; rather this may be better developed within the office of a Commissioner for Victims and Survivors (¶32).
- Alliance proposes that the issues of TAP naming, roles, and functions be reviewed while drawing up the remit of a Commissioner for Victims and Survivors (¶33-34).
- Alliance supports the proposal for improved communication between an Interdepartmental Working Group, victims, and victims' groups.
- Alliance proposes that any study of outcomes of therapeutic services must be victim-led.
- Alliance objects to the proposal that there should be a named individual in each HSS Board area, to consider an individual's needs; rather, a Victims and Survivors Advisor would be better placed within the office of the Commissioner for Victims and Survivors (¶42).
- Alliance supports the proposal for a study to be carried out into the needs of carers who look after victims and survivors.
- Alliance supports an urgent management review of the Northern Ireland Memorial Fund.
- Alliance supports the appointment of a Commissioner for Victims and Survivors; we have done so for some time.
- The Commissioner should be independent of both Government and any other statutory authority, yet appointed after consultation with the people that the Commissioner would deal with, i.e. victims and survivors.
- The Commissioner's office must be adequately furnished, to be fully able to deal with the many needs of victims and survivors.

1 Background

- 1.1.1 The Alliance Party welcomes the opportunity to respond to the consultation on services for victims and survivors.
- 1.1.2 It has become apparent that the general feeling among this vulnerable section of our society is that they have not had the acknowledgement or attention that they feel they need.
- 1.1.3 Victims' organisations have grown to the extent that there is now a virtual victims industry, which may not, for a number of reasons, improve their clients' life in any way. There is also general cynicism as to the value and work of government initiatives: too much bureaucracy and not enough feeling.
- 1.1.4 There are complex and sensitive issues to be dealt with. The list outline in paragraph 18 on pages 9-10 is clearly indicative of the views express to Alliance, by victims in organisations or as individuals.
- 1.1.5 Alliance supports an over-arching strategic approach to providing services for victims and survivors, but one which must be focused on them and led so that services and needs can seen as being delivered.

2 Alliance response

2.1 TAPs (Trauma Advisory Panels)

- 2.1.1 The proposed changes in TAPs have to be implemented under the umbrella of a Commissioner for Victims.
- 2.1.2 There has been much good work done by TAPs, but there is still an impression that the procedures, etc., are still too formal and 'top-down' led. TAPs working in liaison with the Commissioner's Office would contribute towards a 'greater co-ordination in the delivery of services'.
- 2.1.3 Alliance objects to the proposal that draft guidance on the assessment of need of victims, etc., is developed by the Victims Unit in liaison with DHSSPS and TAP co-ordinators; rather this may be better developed within the office of a Commissioner for Victims and Survivors (¶32).
- 2.1.4 Alliance proposes that the issues of TAP naming, roles, and functions be reviewed while drawing up the remit of a Commissioner for Victims and Survivors (¶33-34).

2.2 Interdepartmental Working Group (IDWG)

- 2.2.1 Alliance supports the proposal for improved communication between an Interdepartmental Working Group, victims, and victims' groups. It can be very difficult to deal with victims on a policy level. Policy makers must listen clearly as to what the actual needs are in health, education, etc., so that there is ownership at all levels.

2.3 Outcomes

2.3.1 Alliance proposes that any study of outcomes of therapeutic services must be victim-led. The effectiveness of commonly used therapies should be determined by the people they are supposed to impact on.

2.4 'One Stop Shop'

2.4.1 Alliance objects to the proposal that there should be a named individual in each HSS Board area, to consider an individual's needs; rather, a Victims and Survivors Advisor would be better placed within the office of the Commissioner for Victims and Survivors (¶42). The appointment of further posts within HSS areas and TAPs may well lead to further confusion and worse communication.

2.4.2 If the proposal is that the current Victims Unit is to be replaced by a Commission for Victims and Survivors, then it may be more effective to make the new office the one stop shop that will work with other service providers and areas of communication.

2.5 Support for Carers

2.5.1 Alliance supports the proposal for a study to be carried out into the needs of carers who look after victims and survivors.

2.5.2 Carers generally have been largely left to themselves to improve their situation, and it is high time that they were provided greater assistance.

2.6 Funding

2.6.1 Funding for victims' groups and projects is a major problem. It is vital that all funding sources, processes, and procedures are carefully examined and sustained.

2.7 Northern Ireland Memorial Fund (NIMF)

2.7.1 Alliance supports an urgent management review of the Northern Ireland Memorial Fund, especially in regards to the criteria and procedures used in meeting needs.

2.8 Commissioner for Victims and Survivors

2.8.1 Alliance supports the appointment of a Commissioner for Victims and Survivors; we have done so for some time. Alliance support for such a commissioner came after our consultation with victims' groups and individuals, who have felt that there is a need for a specific focus on this issue, covering a large number of sensitive concerns. We do not in principle disagree with the proposed remit of a Commissioner.

2.8.2 The Commissioner should be independent of both Government and any other statutory authority, yet appointed after consultation with the people that the Commissioner would deal with, i.e. victims and survivors. An independent commissioner would help improve communication and minimise formality, so that services can be effectively and sensitively delivered.

- 2.8.3 The Commissioner's office must be adequately furnished, to be fully able to deal with the many needs of victims and survivors, e.g. legal, economic, psychological.
- 2.8.4 The appointment of the Commissioner should be similar in regards to independence and authority, as the Commissioner for Children and Young People, and should have the ability to undertake, commission, or provide financial support for research into all matters relating to victims and survivors.