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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;
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• 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.
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.
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.
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.


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.
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.
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.