



Commission for
Victims and Survivors



Comprehensive Needs Assessment

First Interim Report - September 2010

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FOREWORD

Over 30 years of violence has created a society where much work needs to be done to deal with the legacy of the Conflict. This is no more clearly manifest than in meeting the needs of victims and survivors; those whose lives have been disproportionately affected by that conflict.

The Commission for Victims and Survivors present this initial Comprehensive Needs Assessment (CNA) as a positive step towards addressing need in a co-ordinated and coherent way. We do so in the context of the adoption of a 10-year strategy for Victims and Survivors by Government and as a new infrastructure in the form of a Victims and Survivors Service is set to be implemented.

We believe that a truly Comprehensive Needs Assessment will evolve over an eighteen month period and that this time will be required to design, establish and embed the new Service. Further advice, based on additional research and on the projects undertaken by the Commission in the current financial year in areas such as physical health and truth, justice and acknowledgement, will be provided in March 2011 as Phase II of the CNA process

The establishment of this Service and the conclusion of European Union Peace funding in 2014 present challenges for those working with victims and survivors. Such a large change management programme needs resourced and it is imperative that OFMDFM does not underestimate this process and the need to support it. In the next financial year, it is essential that the Department ensures that adequate funding and resources are put in place to provide the appropriate assessments to those in need and that appropriate governance issues are addressed. It is also key that there is no interruption in the financial assistance provided to both individuals and groups.

Ultimately, the Commission's vision is of a society that accepts its responsibilities to victims and survivors, provides excellent services to meet their needs, acknowledges the legacy of the past, and addresses it in ways that promote the well-being of this and future generations.

We believe this first stage of the Comprehensive Needs Assessment provides the tools to continue that work.



Patricia MacBride
Chair of the Commission
September 2010

EXECUTIVE SUMMARY

(I) PURPOSE

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

The strategic landscape in relation to the provision of services for victims and survivors is changing with the publication of the Strategy for Victims and Survivors in November 2009. This strategy is built around the three key areas of the Commission, the Forum and a new Service for victims and survivors. This Comprehensive Needs Assessment has a key role to play in informing the new Service of the needs of victims and survivors and how they should be addressed.

Over the past year the Commission's work in relation to need has been informed by the deliberations of the pilot Forum. The pilot Forum agreed that,

"In a wide range of circumstances, there are people whom violence has 'left behind' and who live with some kind of consequence which forms some kind of burden. Many of these people, regardless of the provenance of their suffering, have needs that require attention." (Pilot Forum paper, 2010:2)¹

The Commission for Victims and Survivors affirms the Governments' ten-year strategy that there is an onus on society to provide the services required to meet the needs of those who have suffered most as a result of the Conflict in Northern Ireland, whatever those needs may be. This report sets out to identify those needs in a comprehensive manner.

(II) CONTEXT

With the signing of the Good Friday/Belfast Agreement in 1998, formal recognition of the plight of victims of the Conflict by the two sovereign governments and local political parties in Northern Ireland set in motion a process to develop services to address their multitude of needs. The Agreement stated that in relation to those who suffered as a result of the Conflict in Northern Ireland:

*"It is recognised that victims have a right to remember as well as to contribute to a changed society. The achievement of a peaceful and just society would be the true memorial to the victims of violence. . . . The provision of services that are supportive and sensitive to the needs of victims will also be a critical element and that support will need to be channelled through both statutory and community-based voluntary organisations facilitating locally-based self-help and support networks. This will require the allocation of sufficient resources, including statutory funding as necessary, to meet the needs of victims and to provide for community-based support programmes"*².

¹ Victims and Survivors Pilot Forum (2010) *Defining Victims and Survivors of the Northern Ireland Conflict*, CVSNI June.

² Belfast Agreement, 1998, "Reconciliation and Victims of Violence", Paragraph 12.

The publication of a number of key reports, notably '*We Will Remember Them*' (1998) and '*Living with the Trauma of the Troubles*' (1998) paved the way for the establishment of dedicated services for victims and survivors provided by the statutory and non-statutory sectors.

Between 1998 and the publication of the Interim Commissioner for Victims and Survivors Report in 2007, £44 million of central government and European funding was allocated to a variety of organisations, with the aim of supporting victims and survivors of the Conflict. Of this figure, central government was the main source of funding through both the Northern Ireland Office (NIO) and the OFMDFM providing £36.4 million while the remaining £7.6 million came through European funding under PEACE II (McDougall, 2007b: 6-7). OFMDFM's allocation under the current comprehensive spending review period of 2008-2011 is £36 million.³ Taking just these two figures into account the victims and survivors sector has received in excess of £80 million since the signing of the Good Friday Agreement in 1998.

During that period, the number of organisations and groups representing their interests has proliferated. These groups provide a wide range of interventions and services aiming to improve the quality of life of those most acutely affected by the Troubles (Dillenburg *et al*, 2007: 20).

(III) INTERIM REPORT

The Commission has initiated a process of gathering data and evidence in relation to each area of need. In this report, seven areas are analysed and presented under the following headings:

- Health and Well Being;
- Personal and Professional Development;
- Truth, Justice and Acknowledgement;
- Social Support;
- Trans-generational Issues and Young People;
- Individual Financial Needs; and
- Welfare Support.

³ Figure stated by an OFMDFM official at a meeting with the OFMDFM Committee (10th February 2010) discussing the Revised Departmental Expenditure Plan 2010-11. Official Report (Hansard) of the meeting can be accessed electronically at:
http://www.niassembly.gov.uk/record/committees2009/OFMDFM/100210_RevDeptSpendingPlans.pdf

Physical Health, which is the eighth area of need, will be considered as part of Chapter 1 Health and Well Being in this report. However, physical health will evolve into its own chapter in Phase II of the CNA when primary research has been undertaken by the Commission in this area. The Comprehensive Needs Assessment will also consider organisational development and emerging needs as separate areas in Phase II of the assessment.

The methodology used in this first interim report has been largely dependent on desk-based research, although the deliberations of the pilot Forum and consultation workshops with victims groups have also informed the findings. However, the emphasis in Phase II will shift to more in-depth consultation with the victims and survivors sector and to primary research.

The Phase I report was completed on 30th September 2010. The CNA project will now move into Phase II and will involve the incorporation of the findings of the primary research, further development of each of the areas of need and consultation with the sector as to the findings of Phase I. The Commission will continue to develop the CNA and produce a second Report in March 2011.

(IV) KEY FINDINGS

The following have been identified by the Commission as key points emerging from the research to date:

- The Commission has found evidence that victims and survivors have needs in each of the seven areas of need examined;
- That a wide spectrum of need exists and indeed many of these needs are overlapping and interconnected.
- Based on the evidence contained within this report the Commission can conclude that the priority of these Areas of Need is as follows:
 - 1. Health and Well Being**
 - 2. Social Support**
 - 3. Individual Financial Support**
 - 4. Truth, Justice and Acknowledgement**
 - 5. Welfare Support**
 - 6. Trans-generational Issues and Young People**
 - 7. Personal and Professional Development**
- The Commission would wish to highlight the potential of the area of Trans-generational Issues and Young People to emerge as a significant area of need over the next two to three years;

- Evidence contained within this report points to the fact that substantial investment has been provided to support victims and survivors since 1998. However, a culture of pastoral benevolence, that is a genuine concern to meet the needs of victims and survivors, has characterised this investment with the effect that services are not currently being delivered in an optimum way. Therefore, strategic and operational planning is required by the sector in order to improve the effectiveness and value for money of service delivery;
- Significant investment is being made in victim and survivor services both by Government and the European Union through its PEACE III Programme. The Peace III funding programme will conclude in 2014, therefore there is a need to maximise the impact and benefits of this funding in the immediate future;
- The Commission believes that it is key to the delivery of services for victims and survivors that processes for assessing need in the most appropriate way are put in place as soon as possible. Assessment may include the individual or the communal. It is essential that this process be closely monitored when established as it will provide an accurate indication of the changing levels of demand within each area of need;
- The potential development of partnership arrangements within the sector should be explored in relation to the delivery of services to victims and survivors;
- The Commission has identified the need for the development of consistent standards which govern the delivery of services within the sector. We further find that methods for monitoring the implementation of these standards must be put in place;
- In order to improve service delivery to victims and survivors a robust monitoring and evaluation system must be put in place to track individual progress through each service being delivered. This system should be able to provide data and evidence in relation to outcomes and impacts as well as enabling efficiency, effectiveness and value for money assessments to be undertaken. It should also provide evidence to inform the ongoing needs of victims and survivors.

(V) KEY FINDINGS FROM EACH AREA OF NEED

In relation to each area of need the key findings of this Report are as follows:

HEALTH AND WELL BEING

- The Conflict in Northern Ireland generated a legacy of psychological trauma and mental ill-health as a consequence of decades of division, sectarianism, violence, bereavement, intimidation and displacement. This legacy represents a significant contribution to a recognised 25% higher level of psychological morbidity compared to neighbouring jurisdictions;

- Within the DHSSPS's action plan⁴ to progress the Bamford Review's recommendations modernising mental health services in Northern Ireland, there is no explicit reference to how the health and social care system in Northern Ireland will facilitate the integration of victims and survivors needs in the delivery of mental health services;
- On the other hand, victims and survivors affected by conflict-related mental or physical ill-health routinely access a range of services within the mainstream health and social care sector;
- Services delivered by victims groups represent an important additional source of support to improve health and well-being. However, due to a lack of monitoring and evaluation of the delivery of counselling and therapy services by funded victims groups there is little known about the effectiveness of their services; and
- Given the significant level of expenditure allocated, the lack of individual professional assessment and service evaluation are inherent weaknesses within current service provision.

PERSONAL AND PROFESSIONAL DEVELOPMENT

- The evidence exists to show that victims and survivors have needs in relation to personal and professional development in the areas of education, training and employment;
- The new Victims and Survivors Service should make provision to meet the personal and professional development needs of victims and survivors for at least a period of three years;
- Evidence suggests that individuals who have received assistance with Personal and Professional Development needs have gained health and economic benefits as a result;
- There is a need to develop a further understanding of the educational needs of victims and survivors through additional research; and
- Evidence points to personal and professional development services being popular and in demand. However, statistical analysis regarding the uptake and impact of these services is limited. From this limited statistical analysis, the Commission would estimate that up to 5,000 individuals may wish to avail of personal and professional development services annually.

TRUTH, JUSTICE AND ACKNOWLEDGEMENT

- The Commission accepts the importance of truth, justice and acknowledgement for individuals and groups who have been directly affected by the Conflict;

⁴ DHSSPS (2009) *Delivering the Bamford Vision – The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability - Action Plan 2009-2011*.

- The past must be dealt with in ways that are truly sensitive to the particular needs and circumstances of individual victims and their families;
- The concepts of truth, justice and acknowledgement remain contested matters in our society. They also involve varying expectations across the community. While it will be wise to accommodate divergent views and allow for a range of practice across society, victims and survivors would benefit from the evolution of greater levels of consensus about these matters, among political leaders and across the community;
- The Commission believes that victims and survivors need mechanisms to deal with the past which are more independent, financially secure and strategically coherent than the current piecemeal arrangements of the Historical Enquiries Team and the Police Ombudsman's Office;
- We also believe it is in the interests of victims and survivors that initiatives by civic society organisations regarding truth, justice and acknowledgement be properly funded and validated; and
- The Commission does not know the proportion of victims and survivors who want action to deliver justice, truth and acknowledgement. However, from our knowledge of those for whom these issues are important, we observe that they have needs in relation to justice, truth, sensitivity, recognition, acknowledgement and advocacy.

SOCIAL SUPPORT

- There is a considerable proportion of the community who currently avail of support services as a result of the Conflict in Northern Ireland;
- The vast majority of social support and respite services provided to victims and survivors are delivered, primarily by the Voluntary and Community sector;
- The main funding streams for support services are currently co-ordinated through the Community Relations Council (CRC), the Northern Ireland Memorial Fund (NIMF) for individuals and the PEACE III Funding Programme for groups;
- There remains a pressing need for support services to be sustained in order to address the needs of victims and survivors during the development of the new Victims Service and in the development of individual needs assessments; and
- Further research and analysis is required within the sector in order to identify the continued and emerging needs of victims and survivors. This process could be best achieved by the development and implementation of more effective assessments in order to identify the specific needs of individuals and organisations.

TRANS-GENERATIONAL ISSUES AND YOUNG PEOPLE

- The Good Friday Agreement formally recognised the imperative of addressing the needs of young people who lived in the worst affected communities during the Troubles and 'to support the development of community based initiatives based on international best practice';

- Research suggests that children and young people living in areas most affected by the Conflict experience 'multiple deprivation' which impacts on the 'childhood opportunities, self-esteem and relationships';
- Research highlights the fact that the Conflict placed an unequal and devastating burden on young people;
- Certain groups of children and young people including dependents of security force personnel and ex-combatants experienced high levels of emotional and psychological stress throughout the Troubles and since the ceasefires;
- Statutory education partners are currently delivering a range of services which seek to directly and indirectly address trans-generational issues through the promotion of reconciliation and improving community relations;
- Compared to other categories of need there are relatively few groups in the victims sector currently delivering a range of service addressing trans-generational issues and young people; and
- Trans-generational issues including their impact on the lives of young people have the potential to find new expression in the years ahead. There needs to be improved co-ordination of resources to address this issue.

INDIVIDUAL FINANCIAL SUPPORT

FINANCIAL HARDSHIP

- There is an identified need for financial hardship created as a result of the Conflict to be addressed;
- Funding should continue to be distributed as part of the new Service in the form currently provided and at the same rates until a detailed evaluation is carried out;
- A review of the provision of financial assistance for the seriously injured, the bereaved and carers should be carried out, particularly in light of any proposals by Government to amend benefits such as Disability Living Allowance and Child Benefit;
- Those in financial hardship should receive assistance as a priority; and
- Greater co-ordination between funds must be achieved.

FUNDS RECEIVED IN ACKNOWLEDGEMENT

- Funding schemes should be specifically designed for the seriously injured, the bereaved and carers to address their needs in this area;
- An analysis of compensation paid in the early 1970's and 1980's should be carried out to determine if they are equitable with subsequent years payments; and
- An analysis should be carried out on the benefit and cost of providing "financial acknowledgement" across society.

GENERAL

- When considering the establishment of any financial support schemes for victims and survivors, consideration should be given to the unique circumstances of victims and survivors i.e. their lack of trust in discussing their personal situation and the sensitivity attached to their plight.

WELFARE SUPPORT

- The evidence exists to show that victims and survivors have needs in relation to welfare support;
- The benefits and impact of funding welfare support services includes improvement in victims and survivors lives, increased benefit uptake, increased awareness of support and services available and an increase in economic benefits;
- The new Victims and Survivors Service should make arrangements to ensure that victims and survivors receive support with their welfare rights for at least a period of three years;
- When considering the establishment of welfare support services for victims and survivors consideration should be given to the unique circumstances of this constituency particularly in relation to levels of confidence and trust; and
- Lack of data from the sector in relation to numbers, however, makes predictions of future uptake very difficult. Where numbers are available it points to a small level of uptake amongst victims and survivors groups and therefore the Commission would estimate that up to 1,000-2,000 individuals may wish to avail of welfare support services annually.

(VI) ADVICE ON EXPENDITURE 2011-2012

- The Commission believes that circa 60% of the Department's victims budget for the 2011 – 2012 year should be allocated to resourcing work in two Areas of Need, namely, Health and Wellbeing and Social Support. Disbursement should primarily target groups or projects which aim to address those themes.
- The Commission advises that the next fiscal priority should be the creation of a Financial Support Fund geared to the disbursement of monies to individual victims and/or their families. The size of this fund should be determined by February 2011 and take cognizance of the level of expenditure dispensed by the Northern Ireland Memorial Fund by the end of January 2011.
- Moreover, the amount designated for the Financial Support Fund should also take account of the projected launch of the new Victims and Survivors Service in April, 2011 since the attendant publicity is likely to increase the number of applications in the 2011 – 2012 year. At the time of writing, the Commission estimates the necessity of a fund in the region of £3 million for the next financial year. However, the Commission believes there is an urgent need to review the funding schemes currently operated by the Northern Ireland Memorial Fund to ensure that they target need in the most appropriate and effective way.

- While the Commission advises that Truth, Justice and Acknowledgement should receive greater strategic priority in oncoming years we do not believe that programme funding should significantly increase during 2011 – 2012. The Commission will include advice on this matter in the next phase of the CNA.
- The Commission advises that expenditure for Welfare Support should increase slightly by making provision for an audit of welfare work in the sector. The Community Relations Council should commission an audit that identify the issues for skill enhancements and provides sufficient funds to commence a round of training for workers within the 2011 – 2012 year.
- The Commission advises that the precise level of funding for Trans-generational Issues and Young People should be determined in the light of discussions with the CRC, SEUPB and the youth sector.
- The Commission advises that expenditure for Personal and Professional Development should be maintained at the current level and informed by the level of need identified through the individual assessments in the next financial year.
- The Commission advises that the Department set aside sufficient funding to establish the Victims and Survivors Service by April 2011. The Commission cannot identify precise figures ahead of decisions on the organisational model of the new Service and its implementation strategy.

(VII) QUANTITATIVE DATA

Throughout this initial stage of the CNA process, the Commission has been requested to provide analysis in relation to the potential number of individual victims and survivors who will access the new Service. Currently, no uniform system or method exists to collect and collate this specific information, however, the Commission has endeavoured, where possible, to include statistical analysis as part of the evidence contained within each area of need. Collecting and collating numbers as indicators of demand for services represents a complex process in this formative stage of the CNA (these complexities are explored further in Section (VII)). The existing deficiencies within the evidence base undermine attempts to aggregate or disaggregate data from a multitude of sources. Throughout Phase II, the Commission is committed to a number of projects including the employment of quantitative analysis experts that will ameliorate the limitations in data collection.

LIST OF RECOMMENDATIONS

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

HEALTH AND WELLBEING

1. To provide improvements to the quality of information relating to the effectiveness of counselling and therapy services provided by funded victims groups it is recommended that robust monitoring and evaluation mechanisms need to be established. The introduction of monitoring and evaluation mechanisms would ameliorate the current dearth of sound evaluation data;
2. Victims and survivors affected by conflict-related mental or physical ill-health routinely access a range of services within the health and social care sector. Following an earlier DHSSPS evaluation of health and social services for victims in 2003, it is recommended that a similar mapping exercise of services is undertaken. This timely review of the implementation of major structural reforms as part of the Review of Public Administration would provide key data relating to mental health service capacity and how it is being utilised. Additionally, working closely with the Patient Client Council, the review could generate data related to 'service user experience' and how victims felt statutory services were addressing their health related needs;
3. Community sector health-related interventions have been delivered within the context of decades of underinvestment in mainstream mental health services despite a recognised higher level of need generated in part by the impact of the Troubles. It is recommended that funding for counselling and complementary therapy services is maintained at the current level to ensure victims with an identified and assessed mental or physical health need are given access to these treatments where the health service is unable to do so; and
4. A potentially significant development in the research relating to the impact of the Conflict on the health needs of victims and survivors is the link between trauma exposure and serious health conditions including cardiovascular disease, diabetes, chronic fatigue syndrome and musculoskeletal disorders. It is recommended that further research continues into the link between trauma exposure related to the Conflict and the development of serious physical health conditions. This research should continue to raise awareness among health professionals and mental and public health policy planners to inform the treatment of trauma and conflict-related mental ill-health.

PERSONAL AND PROFESSIONAL DEVELOPMENT

5. Provision should be made in relation to education, training and employment, to ensure it forms an integral part of the new Victims Service for at least the next three years. This could be informed by existing models of good practice;
6. A holistic method of assessment is introduced as soon as possible for individual victims and survivors, as the evidence examined in relation to personal and professional development indicates that there are positive benefits to the health and well being of individual victims and survivors when they engage with education, training and employment services (Dillenburg et al, 2007:204/5); and

7. The provision of personal development opportunities leads to individuals being able to play a more productive role in the community. The potential positive economic benefits of individuals gaining employment or better qualifications makes a strong and compelling argument for providing such a service. Even in the current economic climate where employment opportunities are limited, the positive benefits of providing skills and gainful activity can provide an opportunity for victims and survivors to flourish.

TRUTH, JUSTICE AND ACKNOWLEDGEMENT

8. The issues of truth, justice and acknowledgement present a number of complex and significant challenges for all sections of society in Northern Ireland. The Commission acknowledges the importance that truth, justice and acknowledgement has for both individuals and groups who have been directly affected by the Conflict and the need to deal with the past in a sensitive way in order to allow victims and survivors to progress;
9. We believe that the process of the examination of truth should be an interdisciplinary one, which looks not just at the input from the justice system but seeks to meet at the same time the health and social needs of victims and survivors;
10. We will undertake further research and consultation on proposed models, training needs for statutory and community/voluntary sector providers and associated costs;
11. The achievement of justice requires robust and effective investigation of unresolved matters and the Department of Justice should continue to fund the Historical Enquiries Team and Office of the Police Ombudsman to continue to undertake this work for the immediate future;
12. The current piecemeal approach to the past is not meeting the current needs of victims and survivors. For those individuals and families who require and pursue truth and justice there is a need for support and advocacy services to be provided in order to secure valuable outcomes for victims and survivors;
13. Advocacy is a cross-cutting support service that applies across a number of areas of need, but has significant impact to make in addressing needs in terms of truth, justice and acknowledgement. Practice development funding should be made available to groups to allow them to develop skills in the principles of advocacy and to implement advocacy services;
14. We reaffirm our analysis of the importance of promoting recognition as a vehicle towards acknowledgement. We believe storytelling is one method which can be positively utilised to promote recognition;
15. The Commission will recommend the adoption of a set of agreed Principles and Standards in respect of those non-statutory organisations or groups who carry out an Advocacy role to their membership. These Principles and Standards would assist in safeguarding the individuals and groups providing the advocacy service and also equally important, the rights of the victims and survivors; and

16. The Commission recommends that the 'Ethical Principles' as developed by the Healing through Remembering Group be adopted as best practice for groups who choose to use storytelling as a medium.⁵

SOCIAL SUPPORT AND RESPITE

17. A service in relation to social support and respite care forms an integral part of the new Victims Service. An example of quality service provision already exists within Northern Ireland in the form of the Community Relations Council. They already provide a network of service supervision in terms of the 'befriending scheme'. This scheme should be advanced to include central co-ordination and the application of thorough operating protocols;
18. The possibilities for the potential development of partnership arrangements within the sector are explored in relation to the delivery of these services;
19. There remains a pressing need for support services to be sustained in order to address the needs of victims and survivors during the development of the new Victims Service; and
20. Further research and analysis is required within the sector in order to identify the best approach to be taken to formulating a consistent and rational method in the development of an 'Individual Needs Assessment' process.

TRANS-GENERATIONAL ISSUES AND YOUNG PEOPLE

21. Further research should be undertaken as a matter of priority examining the longer-term consequences of trans-generational trauma on the lives of young people located within those 'economically marginalised' communities worst affected by the Conflict;
22. Further funding should be made available to meet the growing demand for services addressing trans-generational issues and to sustain existing good practice within those communities severely impacted by the legacy of the Conflict;
23. To ensure the development of activities and services effectively address the trans-generational issues of young people, robust monitoring and evaluation mechanisms should be utilised to measure the impact of existing services delivered by victims groups;
24. Greater focus should be placed on assessing the operational delivery of youth services in both the statutory and non-statutory sectors to ensure previously agreed outcomes are being realised;
25. As an integral part of the process of designing and planning the future delivery of services for young people addressing trans-generational issues, the views and experiences of children and young people should be considered;

⁵ Healing Through Remembering (2009) Ethical Principles – Storytelling and Narrative Work.
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26. In recognising the perceived limitations in the provision of child and adolescent mental health services it is important that DHSSPS funding is prioritised to resource continued service development and address existing deficits in service provision; and
27. Research findings have contended that while there have been advances in the wider political process and in the profile of human rights in Northern Ireland, progress at a political level has not been matched within and between communities (McAlister *et al*, 2010). To mitigate the impact of the Conflict's legacy on the lives of present and future generations of young people, the Ministerial Sub-Committee for Children and Young People should prioritise this issue.

INDIVIDUAL FINANCIAL SUPPORT

28. Funding continues to be distributed as part of the new Service in the form currently provided and at the same rates until a detailed evaluation is carried out;
29. A robust monitoring and evaluation of current schemes is put in place to identify how many victims and survivors are in financial hardship;
30. That those in financial hardship receive assistance as a priority;
31. Greater co-ordination between funds is achieved;
32. An analysis of compensation paid in the early 1970's and 1980's is carried out to determine if they are equitable with subsequent years payments;
33. When considering the establishment of financial support schemes for victims and survivors, that consideration is given to the unique circumstances of victims and survivors i.e. their lack of trust in discussing their personal situation and the sensitivity attached to their plight;
34. An analysis is carried out on the benefit and cost of providing "financial acknowledgement" across society; and
35. A review of the provision of financial assistance is carried out for the seriously injured, the bereaved and carers particularly in light of any proposals by Government to amend benefits such as Disability Living Allowance and Child Benefit.

WELFARE SUPPORT

36. A service in relation to welfare support forms part of the new Victims Service for at least the next three years. Examples of quality service provision in this area of need already exist within Northern Ireland in the form of the Citizens Advice Bureau (CAB), the Aftercare Service and from within the victims and survivors groups. These should be used as templates on which to base the structure of this service;

37. The possibilities for the potential development of partnership arrangements within the sector should be further explored in relation to the delivery of these services;
38. When considering the establishment of welfare support services for victims and survivors, consideration is given to the unique circumstances of this constituency as identified in the analysis below. In particular, two areas were identified in the literature as important for consideration in the provision of service delivery in this sector. The first area is the appointment of the appropriate staff. Within this area it has become evident that welfare support is very dependent on the quality of staff providing the service and on the individual's ability to provide advice and information. Therefore, the requirement for appropriately trained staff and staff development is very important in providing this service;
39. The second area of consideration is the provision of a local or regionally based service. The current service providers, used as examples in this area, the Aftercare Service, WAVE and CAB, all provide local and regional offices. Some place importance on home visits and of carrying out assessments in the client's home. The Aftercare Service employ field teams. This gives the service a local dimension that overcomes the lack of trust that is commonly articulated amongst service users. Therefore, careful consideration needs to be given to the structure and operational planning of any service provided by the Victims Service in the future; and
40. Evidence contained within this chapter indicates a need and a demand for welfare support amongst victims and survivors. Lack of data from the sector in relation to numbers, however, makes predictions of future uptake very difficult. Where numbers are available it points to a small level of uptake amongst victims and survivors groups and therefore the Commission would estimate that up to 1,000-2,000 individuals may wish to avail of welfare support services annually.

INTRODUCTION

(I) BACKGROUND

This section sets out the immediate context in relation to the Commission, the recent strategy for Victims and Survivors 2009-2019 and the Comprehensive Needs Assessment.

THE COMMISSION FOR VICTIMS AND SURVIVORS

The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the Victims and Survivors (Northern Ireland) Order 2006, as amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

The Commission is a Non-departmental Public Body (NDPB) of the Office of the First Minister and deputy First Minister (OFMDFM). The principle aim of the Commission is to promote awareness of the interests of victims and survivors of the Conflict. It has a number of statutory duties that include:

- Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;
- Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;
- Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;
- Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services for victims and survivors on matters concerning the interests of victims and survivors;
- Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions and
- Making arrangements for a forum for consultation and discussion with victims and survivors.

The general powers of the Commission include:

- Undertaking or commissioning research or educational activities concerning the interests of victims and survivors;
- Issuing guidance on best practice in relation to matters concerning the interests of victims and survivors;
- Compiling information, providing advice or information and publishing research or advice on any matter concerning the interests of victims and survivors and
- Making representations to any Body or person concerning the interests of victims and survivors.

THE STRATEGY FOR VICTIMS AND SURVIVORS 2009-2019

The Strategy for Victims and Survivors 2009-2019 was published in November 2009. In the strategy it states that government should adopt a victim and survivor centered approach built around:

- The Commission for Victims and Survivors;
- A Victims and Survivors Forum; and
- A new Victims and Survivors Service.

It is envisaged that the Victims and Survivors Service will replace all current arrangements under which OFMDFM provides funding to the sector. It is also intended that the new Service will be more comprehensive and responsive to the needs of individual victims and survivors and the groups and organisations which work in this area.

THE COMPREHENSIVE NEEDS ASSESSMENT

In relation to the Comprehensive Needs Assessment the strategy states that,

“A Comprehensive Needs Assessment is essential in order that the Commission can comment upon the effectiveness of services for victims and survivors and represent the needs of victims and survivors to government in a coherent fashion. . . .Responsibility to bring forward a needs assessment rests with the Commission. (2009: 10)

Therefore, the aim of the Comprehensive Needs Assessment is to provide the Commission with sufficient evidence and information so that Commissioners are in a position to advise government in relation to the services required to meet the current needs of Victims and Survivors in Northern Ireland. The Victims and Survivors Service will be responsible for providing support to individuals and groups.

(II) THE COMPREHENSIVE NEEDS ASSESSMENT

VISION

The Commission has been tasked with delivering a Comprehensive Needs Assessment (CNA) for Victims and Survivors during 2010 and 2011. The Commission has agreed the following vision for this project:

“A Comprehensive Needs Assessment will be produced that will inform government of the services required to improve the quality of life and create the conditions where victims and survivors can flourish in society”.

AIMS

The aim of the Comprehensive Needs Assessment is to provide the Commission with sufficient evidence and information that will enable the Commission to:

- Comment upon the effectiveness of services for victims and survivors;

- Represent the needs of victims and survivors to government in a coherent fashion and
- Create a sound basis for funding the work of victims and survivors groups and other non statutory organisations providing services in this area.

In the short term, an immediate aim of the CNA is to provide the Commission with sufficient evidence and information so that it is in a position to advise the new Victims Service in relation to the services required to meet the current needs of victims and survivors of the Conflict.

OBJECTIVES

The Comprehensive Needs Assessment will improve the quality of life of victims and survivors by:

- Providing the evidence base to inform what services are required;
- Advising the new Service of the level of services required to meet the needs of victims and survivors;
- Providing ongoing information in relation to the changing needs of victims and survivors;
- Recommending an effective monitoring and evaluation framework that provides ongoing and meaningful data;
- Impacting on a wide range of services; and
- Promoting Integration into mainstream services.

KEY DELIVERABLES

The key deliverables expected from this project are as follows:

- An agreed document detailing the needs of victims and survivors and identifying the services required to meet those needs;
- A robust report that provides the evidence base for the future provision of services to victims and survivors;
- A review of the current situation in relation to services currently being provided;
- A review of the current levels of funding available within the sector;
- Identification of gaps in current service provision;
- An estimation of the numbers of victims and survivors currently availing of services where possible;
- A projection of the future uptake of services by victims and survivors;

- A number of research projects that produce new and relevant information that contributes to the evidence base in relation to the identification of need; and
- Recommendations in relation to developing effective monitoring and evaluation tools for the sector.

TIMETABLE

The Comprehensive Needs Assessment for victims and survivors will evolve over a period of eighteen months. The delivery of a Comprehensive Needs Assessment will involve taking forward a number of strands of work in two phases. The first phase will deliver a baseline study and report in September 2010. The second phase will involve more in depth analysis and will operate in parallel to Phase I. Phase II will report in March and September 2011. The reporting timetable for the project is as follows:

- Phase I Report September 2010
- Mid Term Report March 2011
- Phase II Report September 2011

(III) METHODOLOGY

METHODOLOGICAL APPROACH

The Commission has employed a phased approach to the delivery of the Comprehensive Needs Assessment. The areas of need examined are quite varied and wide ranging, therefore the CNA needs to evolve over a period of eighteen months as the Commission continues to add to the evidence base. The development of this process and the methodology is informed by previous work undertaken by the Commission with groups in the victims and survivors sector to scope sectoral services.⁶

Overall, the methodological process consists of three main elements, namely, a phased approach to the production of the needs assessment, a programme of specific research and an inclusive process of consultation with the sector. The theory underpinning this research is that the first phase will concentrate on a desk based analysis and a review of the relevant literature to produce a position in relation to each area of need. This position will then be tested in a number of ways during Phase II. These will include specific commissioned research, survey analysis and extensive consultations with the sector. This Phase will focus on making conclusions and recommendations from the findings collated throughout and conclude with a final report in September 2011. Each of these elements is explained in more detail below.

⁶ The Commission carried out a number of CNA workshop events in early 2010 to gauge the views of the victims and survivors sector on a number of sectoral services including befriending, complimentary therapies, counselling and advocacy.

The Commission has identified a methodology for examining each area of need. This will result in a consistent approach, applied across Phase I to each area. The methodology consists of defining each area of need in relation to the victims and survivors sector, examining the key literature in relation to that area and identifying and analysing current service provision to meet the identified need. Where possible the current numbers of uptake of these services and the current costs of providing these services will be identified. Finally, any gaps in the provision of services will be identified and the Commission will make conclusions and recommendations in relation to each area. This methodology has been applied to each of the eight areas listed above for this first Interim report.

During Phases I and II, formal contacts will be made with the relevant experts to help gather and analyse this information. This body of research will facilitate the Commission to be in a position to report on the identified needs, the priority of that need, any gaps that currently exist and make recommendations in terms of future service provision in each of the sub categories identified in the eight areas of need and outlined in section (IV) below.

PHASED APPROACH

PHASE I

Phase I has operated between June 2010 and September 2010 and concluded with a Phase I Report on 30 September 2010. Phase I focused on delivering the following outputs:

- The areas of need and their relevant sub categories have been identified and defined;
- The methodology for examining each area and sub category has been identified;
- Key documents have been identified and relevant literature analysed from the year 2000;
- Three research projects have been initiated by the end of Phase I (the Service Delivery Survey, the Mental Health Research project and a Trauma Advisory Panel research report);
- A relevant expert/advisor has been appointed to advise the Commission on implementation of the project; and
- A Phase I Report will be completed by 30th September 2010

Phase I builds on the literature review and provides an analysis of the key texts that inform the needs of victims and survivors. This has been a challenging task given the breadth of academic analysis and policy related literature which impacts on the sector. Therefore, the literature review will continue to inform the research as it progresses into Phase II.

PHASE II

The CNA Project will move into its second Phase of operation from October 2010 onwards. An interim Mid Term Report will be produced at the end of March 2011, with Phase II concluding with a final Report in September 2011.

Phase II will build on the evidence produced in Phase I and address any gaps identified. Services will be examined in more detail and further evidence will be gathered by commissioning primary research in certain areas in order to produce the evidence that will be required to make decisions on the further implementation of services. The Commission will identify the relevant areas of research to be undertaken in each of the eight areas.

Phase II will be informed by the Phase I Report and Phase II will essentially take this report further and provide the evidence base for decision making in relation to service provision. During Phase II the new Victim's Service will become operational from April 2011 and this will impact on the delivery of Phase II of this project.

The major outputs from Phase II are as follows:

- Key areas of research will be identified and commissioned throughout Phase II;
- The Board of Reference and its associated Working Groups will become fully operational;
- Final Reports will be produced in relation to the Service Delivery Survey and Mental Health Research;
- Monitoring and Evaluation Frameworks will be examined;
- A Mid Term Report will be produced in March 2011; and
- A Phase II Report will be completed by 30 September 2011.

RESEARCH

An ongoing programme of research will be initiated in Phase I and will continue throughout Phase II. This work commenced with a literature review of existing material⁷ and an invitation by the Commission to all victims and survivor groups to forward any materials that they felt would be useful in providing both quantitative and qualitative materials to inform the process and highlight existing good practice. Work during Phase I will inform the Commission of the current gaps in the evidence base and Phase I will help identify those areas of need that require further analysis and research. Whilst most of this work will be carried out during Phase II, identification and initiation of areas of research will continue throughout Phase I and Phase II. The following areas of research will be initiated in Phase I:

- The Service Delivery Survey as part of the Northern Ireland Omnibus Survey
- Mental Health Research with the University of Ulster
- Trauma Advisory Panel research

⁷ Commission for Victims and Survivors Northern Ireland (Social Research Centre and Associates) (2009) *Final Report – Initial Literature Review of the Needs of Victims and Survivors*, CVSNI, January 2010.

As the project progresses and the Working Groups become operational it is envisaged that areas of research will emerge in each of the eight areas of need. The Commission, in conjunction with the Board of Reference, will proceed with commissioning the relevant research when identified throughout the implementation of the project.

CONSULTATION

The development of the CNA will require extensive consultation with the sector. This will be achieved through a number of vertical and horizontal consultation exercises to include both statutory and community players in the delivery of services to victims and survivors. Firstly, ongoing consultation will take place with the Board of Reference and the Working Groups throughout Phase II of the CNA development process.

Secondly, consultation will also take place with the Forum and the TAPs over the period of Phase I and Phase II. When fully operational, the Forum will be an important element in supporting the Commission with the development of the CNA. Over the lifetime of the project, the Commission will regularly update the Forum on the development and implementation of the CNA and seek advice and comment from the Forum.

Thirdly, a wider consultation process will take place with the sector during the autumn of 2010. The findings of the Phase I report will form the basis of consultation with the sector through a number of regional information sessions. Feedback, views and comments will be sought from the sector on the Commission's findings in Phase I and these will form part of the development of the Phase II report.

(IV) STRATEGIC CONTEXT

STRATEGIC CONTEXT

This section examines the current strategic context in relation to Northern Ireland regarding the victims and survivors sector. It will examine the relevant government strategies over the last twelve years since the Good Friday/Belfast Agreement that have shaped government policy and the strategic context within which the victims and survivors sector has functioned. It will also examine the current strategic infrastructure in relation to the sector. Finally, it will highlight the role of the major funders who currently provide the resources for the sector.

RELEVANT GOVERNMENT STRATEGIES IN NORTHERN IRELAND

Over the past twelve years a number of key government strategies have been published in relation to victims and survivors and these have been instrumental in informing, influencing and guiding the development of the sector to date. The paragraphs below outline the main elements of each of these key strategies:

RESHAPE, REBUILD, ACHIEVE - DEVELOPING PRACTICAL HELP AND SERVICES TO VICTIMS OF THE CONFLICT IN NORTHERN IRELAND (2002)

The Belfast Agreement of April 1998 stated that it was essential to acknowledge and address the suffering of victims as a necessary element of reconciliation. In 2000 the Victims Unit was established within the Office of the First Minister and Deputy First Minister following the recognition that over the previous 30 years and more the needs of the victims of the Conflict had not been addressed. When the Victims Unit was set up, a cross-departmental strategy was developed to address the needs of victims' groups and individuals.

The resulting publication of "Reshape, Rebuild, Achieve" was highlighted as a key step forward in articulating how this should take place, setting out how the Northern Ireland administration would deliver practical help and services to those who have suffered most over the Troubles. Central to the delivery of the strategy was the vision:

*"A society where the suffering of all Victims is recognised; a community that acknowledges the pain of the past and learns from the lessons for the future; and an administration that provides; in conjunction with others, support and services in a proactive and sensitive manner to meet the needs of victims."*⁸
(2002: 1).

The strategy contained a number of elements with almost fifty action points spread across Government departments and agencies to deliver practical help and services. Underpinning the strategy was a series of values:

- Victim-centred;
- Equitable;
- Inclusive;
- Focused; and
- Integrated.

The strategy also recognised that funding was a key issue for victims and victims' groups. Specific concerns related to, simplicity and variety of funding, as well as ensuring that those seeking funding are kept informed about future funding.

A SHARED FUTURE (2005)

A Shared Future, Policy and Strategic Framework for Good Relations in Northern Ireland was published in March 2005. In stating the need for ensuring a voice is given to victims the associated consultation to *A Shared Future* included focus on the establishment of a Commissioner for Victims and Survivors. Taken as a whole this strategy was to pave the way for a strategy which will:

- provide a comprehensive approach to the provision of services for victims and survivors; and

⁸ OFMDFM (2002) *Reshape, Rebuild, Achieve – Developing Practical Help and Services to Victims of the Conflict in Northern Ireland*

- ensure, through the appointment of a Commissioner for Victims and Survivors and the establishment of a victims and survivors forum, that services for victims and survivors are directed in a way which promotes the welfare of all those who have suffered as a result of the Conflict in Northern Ireland.

PROGRAMME FOR GOVERNMENT 2008-2011

Under Public Service Agreement 7 entitled Making People's Lives Better, is a programme across Government to reduce poverty and address inequality and disadvantage. Objective 6 of this PSA is "*working with the Commissioner for Victims and Survivors, to develop and implement a new, comprehensive strategy approach to Victims and Survivors*".

Specific actions recorded are to:

- Publish a new strategy for victims and survivors and establish a Victims and Survivors Forum; and
- Establish a new scheme to provide support, assistance and advice for groups and individuals and agree arrangements for the sponsorship of the office of the Commissioner for Victims and Survivors.

STRATEGY FOR VICTIMS AND SURVIVORS (2009)

In November 2009, OFMDFM published the new strategy for Victims and Survivors. The strategy recognised that in taking forward a comprehensive approach, cognisance should be given to the complexity and numeracy of the issues relating to victims and survivors. The strategy aimed to build upon the existing "Reshape, Rebuild, Achieve" strategy of 2002. The approach is victim and survivor centred and built around three key areas:

- The Commission for Victims and Survivors;
- A Victims and Survivors Forum; and
- A new Victims and Survivors Service.

The strategy recognised:

- The pain and suffering that occurred;
- The long term impact of violence on victims and survivors;
- The need to adopt an approach specific to individual needs and not implement a 'one approach fits all' methodology;
- The need to include the victims and survivors in the building of a more peaceful future;
- The provision of funds responsive to identified and changing needs of victims and survivors;

- The work carried out to date by victim and survivor groups and build upon such valuable work; and
- That not everyone affected by conflict needs or wants additional support.

The overall aims of the strategy are to:

- Put in place comprehensive arrangements to ensure that the voice of victims and survivors is represented and acted upon at a governmental and policy level;
- Secure through the provision of an appropriate range of support services and other initiatives a measurable improvement in the wellbeing of victims and survivors;
- Assist victims and survivors, where this is consistent with their wishes and wellbeing, to play a central role, as part of wider society in addressing the legacy of the past; and
- Assist victims and survivors to contribute to building a shared and better future.

The strategy highlights action being required in three areas:

- A comprehensive needs assessment to inform the development of services (linked to the provision of long-term funding and support services for victims/survivors);
- Dealing with the past; and
- Building for the future.

The strategy makes specific reference to the CNA in paragraphs 30-33, stating that the CNA will be used to,

“Create a sound basis for funding the work of victims and survivors groups and other non-statutory organisations providing services in this area. . . . The process of needs assessment will be carried out with the assistance of the Forum and this needs assessment will be used to underpin the work of the new Victims and Survivors Service.”⁹ (2009: 10)

PROGRAMME FOR COHESION, SHARING AND INTEGRATION

The aim of the Programme for Cohesion, Sharing and Integration (CSI) is to bring about real changes for people and places across our society. To build a strong community where everyone, regardless of race, colour, religious or political opinion, age, gender, disability or sexual orientation can live, work and socialise in a context of fairness, equality, rights, responsibilities and respect.

⁹ OFMDFM (2009) *Strategy for Victims and Survivors*, OFMDFM (p10-11, paragraphs 30-33)

The key themes contained within the document are developing shared space, crises intervention, young people, interfaces, reducing segregation, expression of cultural identity, racial equality, hate crime and secure communities. The draft document is currently out to consultation until the end of October 2010.

KEY REPORTS

A number of key reports were produced on behalf of government during this period that were influential in shaping the strategies highlighted above. The most significant of these reports included:

SUPPORT FOR VICTIMS AND SURVIVORS: ADDRESSING THE HUMAN LEGACY, (REPORT OF THE INTERIM COMMISSIONER FOR VICTIMS AND SURVIVORS), 2007

The Interim Commissioner was appointed in 2005 to carry out a review across key areas relating to services for victims and survivors including funding arrangements (both in relation to services and grants paid to victims and survivors groups and individual victims and survivors). The Interim Commissioner was also tasked with looking at how a victims and survivors Forum might be established to provide a focus for discussion on issues affecting those who have suffered.

Within the overall conclusions of the report the Interim Commissioner highlighted the lack of co-ordinated information about the extent of the need of victims and survivors suggesting that a strategic approach to the support would be difficult in its absence. The final report produced in 2007 set out 36 recommendations relating to services, funding and the forum.

These recommendations aimed to:

- Improve 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; and
- 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.

WE WILL REMEMBER THEM (1998)

Sir Kenneth Bloomfield was appointed to lead a six month consultation process with a range of groups and organisations throughout the region to ascertain victim's needs. The Bloomfield Report entitled "We Will Remember Them" marked the first government initiative in relation to victims. Notably many of the issues it raised were to become an integral part of policy over subsequent years.

STRATEGIC INFRASTRUCTURE

The subsections below provide an overview of the strategic infrastructure for Victims and Survivors.

THE VICTIMS LIAISON UNIT AND THE VICTIMS UNIT

The Victims Liaison Unit was established within the Northern Ireland Office (NIO) in June 1998 to take forward recommendations contained in the Bloomfield Report. In 2000, a dedicated Victims Unit was also established within OFMDFM to raise awareness of, and co-ordinate activity on, issues affecting victims of the Troubles across the devolved administration and throughout Northern Ireland in general. The Victims Liaison Unit initially worked alongside the Victims Unit, however, areas of responsibility were gradually passed to the Victims Unit and the Victims Liaison Unit closed at the end of January 2005.

The Victims Unit has been responsible for:

- Development of the next phase of the Victims' policy/strategy;
- Implementing the victims' strategy, "Reshape, Rebuild, Achieve";
- Managing the Victims and Survivors Groups' Core Funding Scheme;
- Managing the Development Grants Scheme for Victims;
- Managing the Strategy Implementation Fund;
- Contributing to the development and management of the victim-specific measures of the EU Peace Programme;
- Working with Trauma Advisory Panels and other relevant statutory organisations;
- Working with churches and others to assess individual victims needs;
- Working with self-help groups;
- Operating a helpdesk, maintaining a website and producing a periodical newsletter for victims and survivors;
- Supporting the Minister and organising visits to victims groups and organisations; and
- Sitting on Core Funding selection committee and various steering/advisory groups.

TRAUMA ADVISORY PANELS

Trauma Advisory Panels (TAPs) were established in each Health and Social Services Board area in response to recommendations made by the Bloomfield Report (1998) 'We Will Remember Them' and the Social Services' Inspectorate Report (1998) 'Living with the Trauma of the Troubles'. Their role was further developed in the victims' strategy 'Reshape, Rebuild, Achieve' launched in April 2002.

The Panels brought together victims and survivors groups, voluntary sector groups, statutory sector organisations and churches.

The aims of the TAPs were to:-

- Provide a forum where the impact of the Troubles on the whole community is acknowledged;
- Represent the needs and views of groups and individuals affected by the Troubles;
- Make statutory bodies more aware of and responsive to these needs through the participation of their representatives on the Panel;
- Improve service delivery to people affected by the Troubles in a sustained and focused way;
- Make the views of those who have no other voice known to agencies and policy makers;
- Develop an effective communications strategy; and
- Provide networking and training opportunities for Panel members.

Following advice submitted by the Commission to the Office of the First Minister and Deputy First Minister (OFMDFM) in respect of Trauma Advisory Panels (TAPs), the First and Deputy First Minister invited the Commission to convene a Working Group to consider how the work of TAP's can be built upon. OFMDFM also outlined the need to ensure a smooth transition to the new arrangements outlined in the Victims' Strategy. In order to carry out this work, the Commission has convened a Working Group in partnership with the TAP's and OFMDFM. This working group is due to report to the Commission in September 2010.

THE COMMISSION FOR VICTIMS AND SURVIVORS

The roles and responsibilities of the Commission have been outlined above.

VICTIMS AND SURVIVORS PILOT FORUM

The Commission for Victims and Survivors established a pilot Forum for victims and survivors, as obligated by the Victims and Survivors (Northern Ireland) Order, 2006 (duly amended by the Victims and Survivors Act (Northern Ireland) 2008).

The pilot Forum met regularly during an initial trial period, from September 2009 – June 2010, in order to test the design and effectiveness of this model as part of the overall infrastructure for victims and survivors.

The aim of the Forum is to facilitate consultation and discussion with and between victims and survivors of the Northern Ireland Conflict with the specific purpose of:

- Facilitating consultation between the Forum and individuals and bodies relevant to the interests of victims and survivors;
- Providing for discussion between victims and survivors; and
- Inform the work of the Commission for Victims and Survivors.

The pilot Forum will continue to meet during the period of September 2010 to February 2011 and will play a key role in the consultation process of the sharing the initial findings of the CNA with the victims and survivors sector. This will help the Forum fulfil its role in relation to the CNA as envisaged in the 2009 Strategy document which states that,

“The Commission will issue guidance to the Forum on how it intends to develop a comprehensive needs assessment and how the Forum will contribute to this assessment. . . . A key element of the work of the Commission and the Forum will be to ensure that victims and survivors and the services provided for them do not become isolated, but are increasingly integrated with services provided for the population as a whole generally.”¹⁰ (2009: 10).

VICTIMS AND SURVIVORS SERVICE

In August 2009, a consultation paper on a Victims and Survivors Service was released by OFMDFM. This Service is intended to be the focal point for funding work with Victims and Survivors replacing all current arrangements under which OFMDFM provides funding to the victims and survivors sector which includes the Core and Development Grant funding administered through the Community Relations Council and the Northern Ireland Memorial Fund. It will be responsible for the provision of support for both individual victims and survivors and groups working with victims and survivors. The consultation on the service closed in October 2009 and since then OFMDFM officials have drafted a Project Initiation Document and identified the strands of work that need to be taken forward in order to establish the Service.

The Vision Statement for the Service outlined within the consultation paper is as follows:

“The Victims and Survivors Service will provide support for all victims in a co-ordinated and efficient manner. It will listen and be responsive to the needs of victims, and, will work closely with the Commission for Victims and Survivors and the Forum, to improve the lives of Victims and Survivors”¹¹ (2009: 13).

A key part of the vision identified within the consultation paper is to build upon the work already carried out by practitioners with victims and survivors within the voluntary and community sector.

In support of this vision statement the aims of the Service include:

- Better co-ordination of funding;
- Clearer links between support provided and actual needs;
- More efficient use of resources;
- Sustainability;
- To make use of and improve upon good practice in the sector;

¹⁰ OFMDFM (2009) Strategy for Victims and Survivors, OFMDFM (p10-11, paragraphs 30,32)

¹¹ OFMDFM (2009) Consultation Paper on a Victims and Survivors Service

- To obtain better information on outputs;
- To collate information on individual needs; and
- Better evaluation of services provided.

The objectives for the service are that victims and survivors will have:

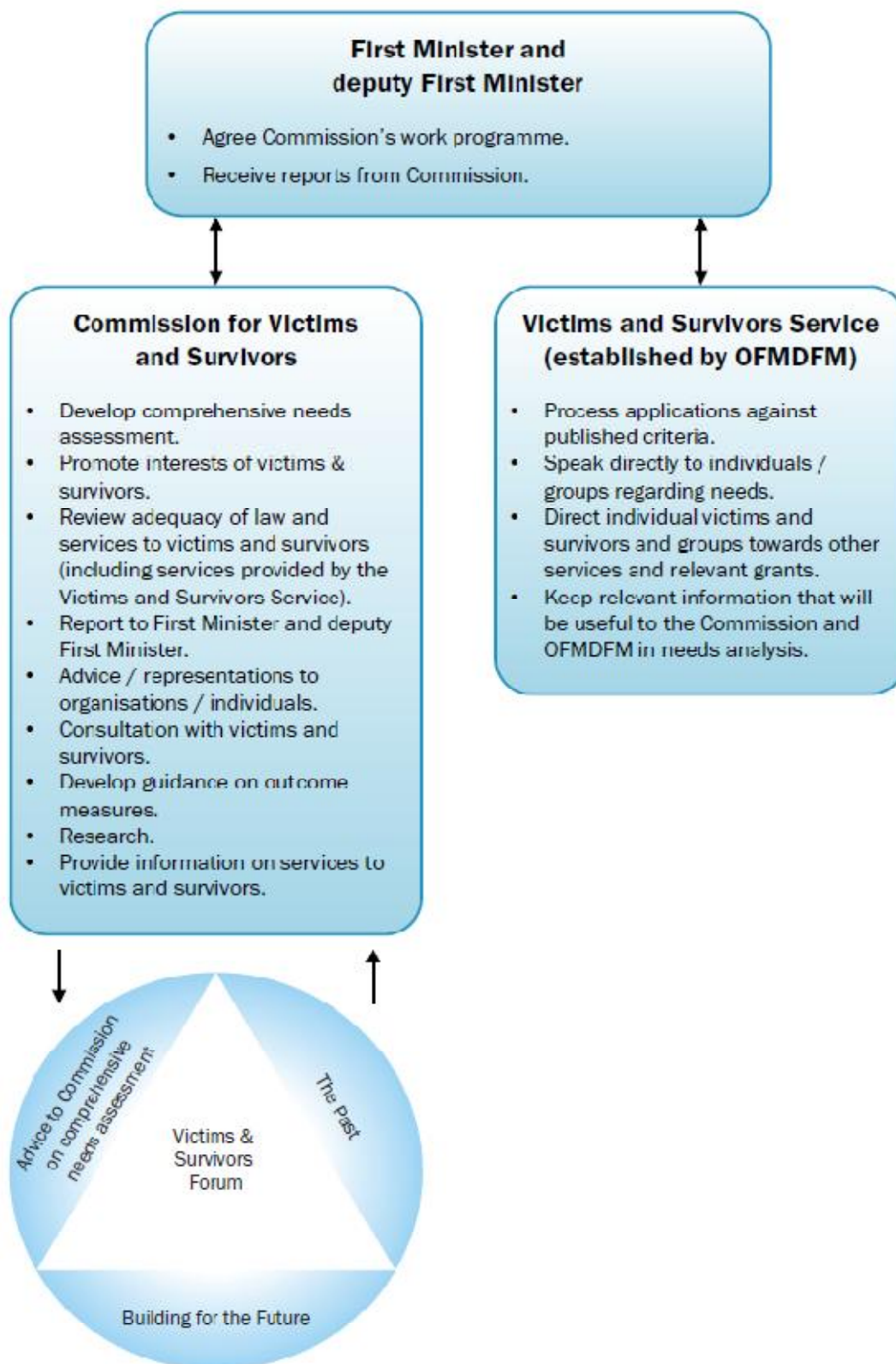
- Access to high quality services;
- Support relevant to their needs;
- Services delivered in appropriate locations; and
- A commitment to the long term if required.

It is envisaged that the Service will become operational from April 2011 and that the Comprehensive Needs Assessment will play a key role in informing the Service in relation to the needs of victims and survivors

OVERVIEW OF INFRASTRUCTURE

An overview of the infrastructure in relation to the sector is illustrated in the Strategy for Victims and Survivors and is presented in Figure 1.2 below. This diagram illustrates the roles and relationships between the various structures within the sector.

The roles and relationship between the Commission, the Victims and Survivors Forum and the new Victims and Survivors Service.



(V) CURRENT FUNDING ARRANGEMENTS

OVERVIEW

Current public funding for the victims and survivors sector is available from a number of sources. OFMDFM provides the majority of the mainstream support and this is complemented by funding from Europe in the form of the PEACE III Programme. Between 1998 and the publication of the Interim Commissioner's Report in 2007, £44 million of central government and European funding has been allocated to a variety of organisations, with the aim of supporting victims and survivors of the Conflict. Of this figure, central government was the main source of funding through both the Northern Ireland Office (NIO) and the OFMDFM providing £36.4 million while the remaining £7.6 million came through European funding under PEACE II (McDougall, 2007b: 6-7). OFMDFM's allocation under the current comprehensive spending review period of 2008-2011 is £36 million.¹² Taking just these two figures into account the victims and survivors sector has received in excess of £80 million since the signing of the Belfast Agreement in 1998.

The paragraphs below detail the current levels of funding available and the schemes through which this is administered.

FUNDING PROVIDED BY OFMDFM

OFMDFM currently provides for victims and survivors via three main funding streams, namely:

- The Core Funding Scheme
- The Development Grant Scheme
- The Northern Ireland Memorial Fund

The Core Funding and Development Grant Schemes are operated on behalf of OFMDFM by the Community Relations Council which acts as an Intermediate Funding Body. The Northern Ireland Memorial Fund is an independent charity. The general position with regard to all three funding streams is discussed below.

THE COMMUNITY RELATIONS COUNCIL – THE CORE FUNDING SCHEME

The Core Funding Scheme aims to help victims and survivors regain fulfilment in their lives and, where appropriate, to help re-integrate them as members of society. The scheme was designed to practically assist non-statutory organisations based in Northern Ireland, who support victims and survivors of the Troubles. The organisations funded under the core scheme can be categorised as:

¹² Figure stated by an OFMDFM official at a meeting with the OFMDFM Committee (10th February 2010) discussing the Revised Departmental Expenditure Plan 2010-11. Official Report (Hansard) of the meeting can be accessed electronically at:

http://www.niassembly.gov.uk/record/committees2009/OFMDFM/100210_RevDeptSpendingPlans.pdf

- Voluntary groups with low costs and no paid staff. Typical costs are for monthly meetings and small events. They often principally, though not exclusively, provide local befriending services;
- Self-help groups that have normally grown from a voluntary background but now have staffing and office costs. These groups often provide community based training support, advocacy and advice and alternative/complementary therapies and are often used by clients and members to sign post on to other services; and
- Parallel service providers, that is organisations providing professional counselling support services and clinical and state registered therapeutic interventions and support services. Typical costs for which support is provided are rent, heat, light, insurance, co-ordinators and administrative support.

Funding of £3.3 million was allocated to this Scheme and was available to distribute over the period 2003-05. The Core Funding Scheme was originally due to end in March 2005, however, funding has been extended without change on a yearly basis for the past five years pending a new victims and survivors strategy. The value of the Core Funding Scheme is currently £2.3 million, and in 2008-09, a total of 48 groups were funded.

COMMUNITY RELATIONS COUNCIL – THE DEVELOPMENT GRANT SCHEME

The Development Grant Scheme aims to support victims and survivors to become active members of society. A further aim of the scheme is to ensure fair access to support for victims and survivors of the Troubles. It was launched in tandem with the Core Funding Scheme in order to provide the resources for groups to deliver projects and programmes with the security of having their core costs met by the Core Funding Scheme.

The recent review of CRC's funding schemes by Deloitte commented that,

*"The Core and Development programmes have increased the capacity and quality of the sector, which in turn has improved the quality of support to Victims and Survivors. The programmes however have not been refreshed in several years. Hence the opportunity to challenge and stretch the sector through refined programmes' processes has not been maximised. This has likely had some impact on the extent to which the quality, scope and quantum of services have met the needs of victims and survivors. . . While difficult to quantify and complex to define, there is evidence that needs amongst Victims and Survivors remain substantial and some degree of tailored services and activities are required to engage and support Victims and Survivors."*¹³ (2010: 12).

Originally, the scheme had a budget of £750,000 over two years and groups were assessed against set criteria. In recent years the budget for the scheme has increased to cover the introduction of new strands of funding. In the financial year 2009-10 the scheme had a budget of £1.6 million that has funded 122 groups. In addition to the Core and Development Grant schemes in 2009-10, CRC also administered a capital grant award to the value of £439,667.

¹³ Community Relations Council (2010) Review of Community Relations Council's Funding for Victims and Survivors, CRC (p 2, paragraphs 15-16)

NORTHERN IRELAND MEMORIAL FUND

The Northern Ireland Memorial Fund is an independent charitable fund that seeks to promote peace and reconciliation by ensuring that those who have suffered injury or bereavement and those who care for the injured are remembered and provided with practical help and support. The Fund was established by the NIO in 1998 in response to the findings of the Bloomfield Report.

The aims and objectives of the Northern Ireland Memorial Fund are as follows:

- To acknowledge and address the suffering of victims and survivors;
- To promote peace and reconciliation by demonstrating recognition of the needs of victims and survivors as an important part of the healing process in Northern Ireland;
- To understand the very specific needs of victims and survivors, identify the gaps in current provision, and develop and introduce measures that address those needs in a practical and meaningful way;
- To relieve some of the worry and pressure facing those who continue to experience financial or other difficulties as a result of shortfalls in the compensation process, or their personal experiences;
- To help victims and survivors to build a better future for themselves by providing them with support which alleviates immediate needs;
- To reach those whose needs have not been previously embraced or have not received help with existing support groups and organisations working with victims and survivors;
- To develop an international network of individuals and organisations to provide funding to support and sustain the work of the Northern Ireland Memorial Fund; and
- To raise awareness of the needs of victims and survivors so as to provide the wider community with the opportunity to support and contribute to the development of initiatives that will help those who have suffered and continue to suffer as a consequence of the conflict in Northern Ireland.

The Northern Ireland Memorial Fund provides grant assistance for individuals who, as a result of the Troubles, have lost family members, have themselves been injured, or are a registered primary carer of an immediate family member who has an ongoing need for care as a result of a troubles-related physical injury. It provides this grant assistance through a number of schemes that include: short breaks, small grants, education and training, back to school, discretionary hardship fund, chronic pain management, wheelchair assessment, amputee assessment and winter assistance. The Schemes are open to those who have lost a close family member or have suffered from serious physical or psychological injury as a result of the Troubles and also to those who are carers for someone who has been injured as a result of the Troubles.

Over the past ten years the Fund has provided £12.5 million of support through a series of grant programmes to approximately 10,200 individuals. During 2009-10 the Fund awarded £2,064,744 through its various schemes.

PEACE III

In addition to OFMDFM funded schemes, victims and survivor groups can also apply for European funding through the Peace III programme (2007-2013). Under the Reconciling Communities priority of the Peace III programme there is a specific theme for *“Acknowledging and Dealing with the Past”*.

This theme is aimed at providing advice, counselling and support services for victims, their relatives and those who care for them. With a view to developing a comprehensive approach to the provision of services, the Theme provides support for improving the accessibility of conflict related services including, counselling, befriending and other community based services. This Theme also seeks to build the capacity of individuals to deal with the transition to peace and reconciliation and ensure that victims and survivors of the Conflict are able to deal with the past on their own terms. In this regard, the Theme seeks to complement the work of the Commission for Victims and Survivors and the Victims and Survivors pilot Forum.

In addition, the Theme aims to exchange different views of history, culture and identity and different conflict and post-conflict experiences among relevant groups and individuals at the local level. This may include provision for a forum for testimonials which explores legacy and memory of the Conflict through truth recovery, documentation, story-telling and the recording of complex history and experience. The Theme will target those not already pre-disposed to reconciliation.

In the period 2007-2014 an amount of €50 million has been allocated to this Theme. To date, approximately half of this amount has been awarded to groups and projects are currently being implemented. Deloitte have been appointed to evaluate this first tranche of funding and they are due to report in the autumn of 2010. A second call for proposals is due to open again in autumn 2010 seeking projects in the victims and survivors sector. These projects will be implemented over a three year period from 2011 to 2014. At this stage it is expected that this will be the final significant injection of funding from Europe in relation to the Programme for Peace and Reconciliation.

Historically the sector has received support from previous European Peace programmes. Through the PEACE I (€500 million) and PEACE II (€994 million) Programmes, victims groups were eligible for funding under a range of measures. Both programmes were highly important and innovative with regards to funding for victims and survivors groups in Northern Ireland. Specifically under PEACE I the social inclusion objective was projected as being directly linked to the aim of promoting reconciliation, particularly by engaging with marginalised individuals, groups and communities and providing a pathway to reconciliation. Although Victims and Survivors groups accounted for a relatively small share of the allocations by primary target group (between one and two per cent each) this still represented a substantial injection of support for organisations in the sector raising the profile of the groups, enhancing awareness of their needs and supporting capacity development.

The Peace II Programme intended to carry forward distinctive aspects of Peace I. Victims and survivors of the Conflict were identified as a key target group for the Programme and specific measures were designed to address their needs. For example Measure 2.4 Pathways to Inclusion, Integration and Reconciliation was specifically ring fenced for victims groups.

The potential ending of PEACE funding in 2014 will have a significant impact on the victims and survivors sector in terms of the scale of public funding available to victims and survivors groups and the services that they currently provide. PEACE III has made just over £20,000,000 available to projects in its first three years of operation, therefore an estimate of £7,000,000 per annum to date.

Table 1 below provides an illustration of where the public funding made available to the sector has been awarded to by the three main providers of public funds against the areas of need that have been identified. The funding reflects the analysis of the Community Relations Council's Development Grant Scheme awards over the last four years from 2005-2009, analysis of awards made to date in the PEACE III Programme from 2008 to Theme 1.2 Acknowledging and Dealing with the Past and the Northern Ireland Memorial Fund awards in relation to 2009-10 awards.

TABLE 1: CRC, NIMF AND PEACE III FUNDING BY AREA OF NEED

	CRC Funding 2005-2009	PEACE III Funding 2007-09	NIMF 2009-10
Mental Health	21%	46%	0%
Social Support	46%	22%	52%
Organisational Development	13%	0%	0%
Personal Development	11%	4%	18%
Truth, Justice and Acknowledgement	7%	17%	0%
Trans-generational	3%	11%	0%
Welfare Support	0%	0%	29%
Physical injury	0%	0%	1%

Table 1 provides an indication of the areas of need and the amounts of funding that are currently being directed towards that need. It reflects that all three funders have provided significant financial support for the category of Social Support and this category emerges as the area of need that is currently mostly funded. Mental Health also receives significant support and this would be reflective of the funding made available for counselling services by both CRC and PEACE III. Personal and Professional Development is the other category of need that emerges, for which significant amounts of funding is being made available.

The Community Relations Council's Core Funding Scheme is not taken into consideration here, but it is assumed that this funding would contribute to increasing the percentages for activities in Truth, Justice and Acknowledgement and Welfare Support.

OTHER SOURCES OF FUNDING

A number of other Funds and Trusts for members and ex-members of the security forces make available public funding for victims and survivors services. These include the Northern Ireland Police Fund, the Police Dependents Fund, the Police Rehabilitation and Retraining Trust, the Northern Ireland Prison Service Trust and the UDR/RIR Aftercare Service. In addition to these, OFMDFM make funds available for specialist services like the Trauma Advisory Panels and the Northern Ireland Centre for Trauma and Transformation. Annex 1 provides a list of all of these organisations and a summary of the schemes and services they provide.

Table 2 below provides a list of these funders and the amount of funding that was made available to victims and survivors for the financial year 2009-10:

TABLE 2: PUBLIC FUNDING EXPENDITURE ON VICTIMS AND SURVIVORS SERVICES DURING 2009-10

Source of Funding	Amount £
CRC Core Funding	2,330,450
CRC Development Funding	1,632,336
CRC Capital Funding	439,667
NI Memorial Fund	2,064,744
OFMDFM Funding	4,050,000
PEACE III ¹⁴	7,000,000
Commission for Victims and Survivors Northern Ireland	1,400,000
NI Police Fund	1,014,136
Police Dependents Trust ¹⁵	417,693
Police Rehabilitation and Retraining Trust	2,940,768
NI Prison Services Trust	289,311
Trauma Advisory Panels	400,000
The UDR/RIR Aftercare Service	2,000,000
Historical Enquires Team	6,400,000
PONI (historical investigations)	931,000
Total	33,310,105

¹⁴ PEACE III made €22.3m available to projects during 2008-2010. Over three years this averages out at approximately £7,000,000 per annum.

¹⁵ This figure has been sourced from the Police Dependents Trust Annual Report for 2008/9. The figure is for 322 awards to Northern Ireland in the financial year 2008/9.

(VI) AREAS OF NEED

IDENTIFICATION OF THE AREAS OF NEED

During 2009-10 OFMDFM, the Community Relations Council and the Commission examined the areas of need in relation to victims and survivors. They agreed to categorise these areas of need into eight separate areas. These areas will be utilised by this report. The identified areas of need are as follows:

- Mental Health and Well Being
- Physical Health
- Personal and Professional Development
- Truth, Justice and Acknowledgement
- Social Support
- Trans-generational and Young people
- Individual Financial Support
- Welfare Support

This Report examines each of these areas of need in turn, however Physical Health will be taken into consideration in conjunction with Mental Health and these areas are considered together in a paper on Health and Well Being. In addition to the eight areas identified above, two other areas will also be examined in relation to organisational development and the emerging or unmet needs that will be identified and reported on during Phase II of the Comprehensive Needs Assessment process.

A key theme to emerge throughout this report is the complexity and diversity of need throughout the victims and survivors sector. Indeed, the list of needs above is evidence that a wide spectrum of need exists. Every victim or survivor has differing needs and for every individual, their need is the priority. Quite often individuals have multiple needs that are not confined to one of the areas of need. Due to this individualistic nature of needs, it is difficult to analyse the data or evaluate the evidence on a sectoral basis to draw overarching conclusions.

In addition to this, the victims and survivors constituency is an ageing one and the ageing profile has an impact on needs. As victims and survivors get older their needs change and they are more likely to require more support with both physical and mental health.

The following papers examine each area of need in turn, but apply a consistent methodology in order to bring uniformity to the analysis of each area.

(VII) NUMBERS

The Commission has been requested, where possible, throughout this process, to collate numbers in relation to the uptake of services or indeed the number of victims and survivors that the new Service may need to cater for. Where numbers have been available, the Commission has included them as part of the evidence and analysis within each area of need. Annex 3 illustrates where numbers have been collated as part of this research.

The gathering of numbers, however, has been a difficult process due to a number of reasons and the analysis of numbers is complex. First of all, across the victims and survivors sector no uniform method of data collection exists. In addition, no uniform electronic system to collect data exists either. Therefore, as individuals are not “tracked” in any way, they could be availing of multiple services, through multiple groups and through statutory providers and leading to duplication in any statistical analysis that may be produced.

Secondly, statutory service providers do collect statistics in relation to service users. However, across the statutory sector, victims and survivors are not differentiated in any way from other mainstream provision users. Therefore, it is not possible to collect numbers in relation to victims and survivors accessing mainstream services.

In order to address these issues, the Commission has instigated a number of initiatives. As stated above, where possible, numbers of current service users have been identified and included in Annex 3 and have been used as evidence in the analysis of each area of need below. The Commission has also worked in partnership with NISRA, to design a number of questions that have been included in this year’s Northern Ireland Omnibus Survey. The Survey is due to report at the end of October 2010 and analysis of the survey will provide numbers in relation to potential users of the new service and the types of services that those users would expect to access through this new service. It is anticipated that these statistics will be useful in predicting the numbers that may avail of the services provided by the new Victims and Survivors Service.

The Commission also intends to continue to collect numbers, wherever possible, throughout Phase II and to explore this data with the aid of quantitative analysis experts or statisticians to examine the potential merits and ways of making use of this data.

CHAPTER 1

HEALTH AND WELL-BEING

1.1. INTRODUCTION

The aim of this chapter is to analyse and comment on the literature relating to the identified needs and services provided to victims and survivors of the Northern Ireland Conflict in the area of health and wellbeing. The paper will identify, assess and comment on the current services provided to support victims and survivors affected by mental and physical ill-health. It is important to note, however, that consideration of services addressing the physical health needs of victims and survivors will extend only to the impact of complementary therapies and chronic pain management schemes. Phase 2 of the CNA will involve undertaking a specific piece of research examining the experiences of victims and survivors accessing statutory and non-statutory services to address their physical health needs.

1.2. SUMMARY OF KEY FINDINGS

- The Conflict in Northern Ireland embedded a legacy of psychological trauma and mental ill-health as a consequence of decades of violence, bereavement, intimidation and displacement. This legacy represents a significant contribution to a recognised 25% higher level of psychological morbidity compared to neighbouring jurisdictions;
- Within the DHSSPS's action plan¹⁶ to progress the Bamford Review's recommendations to modernise mental health services in Northern Ireland, there is no explicit reference to how the health and social care system in Northern Ireland will facilitate the integration of victims and survivors needs in the delivery of mental health services;
- Victims and survivors affected by conflict-related mental or physical ill-health routinely access a range of services within the mainstream health and social care sector;
- Services delivered by victims groups represent an important complementary source of support to improve health and well-being, however, due to a lack of monitoring and evaluation of the delivery of counselling and therapy services by funded victims groups there is little known about the effectiveness of services delivered by these organisations; and
- Given the significant level of expenditure allocated to counselling and therapies in the community and voluntary sector over this period allied to the complexity and sensitivity in addressing the psychological needs of victims, the lack of individual professional assessment and service evaluation are inherent weaknesses within current service provision.

¹⁶ DHSSPS (2009) *Delivering the Bamford Vision – The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability - Action Plan 2009-2011*.

1.3. BACKGROUND

Those who have suffered so much already must be treated with dignity and respect by all in this delicate and sensitive area. They all have a story to tell but they must be allowed to decide for themselves if, when and how they tell it. The remainder of the population of Northern Ireland who have not been so directly touched by the 'Troubles' must recognise the needs of those most affected and must continue to offer them support and understanding, demonstrating that they have not been forgotten (DHSS, 1998: 24).

Since the signing of the Good Friday/Belfast Agreement in April 1998, a significant body of research has emerged examining the impact of the Troubles on the health and wellbeing of individuals and communities in Northern Ireland. In marking a watershed in the wider political process, the Agreement highlighted the need to '*acknowledge and address the suffering of the victims of violence as a necessary element of reconciliation [and that]...the provision of services that are supportive and sensitive to the needs of victims will also be a critical element*' (NIO, 1998: 18). The inclusion of this important commitment has led both sovereign governments and the devolved administration in Northern Ireland to formulate and implement policies to address the mental and physical health needs of victims.

1.3.1. DEFINING THE AREA OF NEED

While it is important to caution against prioritising one area of need over another before undertaking a systematic and evidential assessment of the available qualitative and quantitative data, the Troubles have undeniably embedded a legacy of psychological trauma and mental ill-health. Equally, given the number of devastating and violent incidents throughout the duration of the Troubles, a significant number of individuals have been left with debilitating, life-changing physical injuries. With exposure to several decades of political violence, in excess of 3,500 deaths, over 35,000 injuries, 16,000 charged with offences, 34,000 shootings and 14,000 bombings, it has been suggested that there are few individuals, families or communities in Northern Ireland who have not been directly or indirectly affected by the Conflict.¹⁷

In their own review of the literature within the victims and survivor sector, Templer and Radford (2007: 16-17) indicate that 'two broad schools of thought' emerged around consideration of psychological impact studies. On the one hand, an early opinion expressed by researchers was that the majority of the population in Northern Ireland felt that the Troubles did not have much impact on their lives and that people coped very well – usually by denying the existence of its impact (Cairns & Wilson, 1989). Meanwhile, the other position contended that everyone was touched in some way by the Conflict (Ruane & Todd, 1999). Templer and Radford go on to argue that this latter view has provided the basis for current practice based work and research that focuses particularly on the psychological effects of the Conflict (ibid.).

¹⁷ Figures obtained from Muldoon *et al*, 2005: 1.

Since the 1990s a considerable body of work has been undertaken within both academia and the statutory sector focussing on the psychological impact of the Conflict and acknowledgement of its adverse affects on the mental health and wellbeing of its citizens (O'Reilly & Stevenson, 2003; Curran *et al*, 1990; Hough and Vega, 1990; Dillenburg, 1992; Smyth and Hayes, 1994; Bolton, 1996; Fay *et al*, 1997). The publication of this substantial research followed on from a degree of contention among psychiatrists and psychologists about the impact of the Troubles on the individual and the collective health and wellbeing of communities.

In relation to the 'level of need' the *Cost of the Troubles Study* (COTT) (1999) strongly dispelled the assumption that people simply 'get over' the impact of exposure to a conflict-related event. In addition to pointing out the permanent impact on health and wellbeing of those physically injured during the Conflict, the COTT report revealed that, '*roughly 50 per cent of people still had symptoms of emotional distress and things like sleep disturbance over 20 years after they have been bereaved in the troubles*'. From these findings, the COTT study contended that if 'only immediate family members' are counted, there could be over 41,400 people in the population whose immediate family death or injury in the Troubles has been directly affected and who suffer distress or emotional disturbance as a result (Fay *et al*, 1999b: 38).

In commenting on the level, scale or scope of health-related needs of victims and survivors, particularly in the area of mental wellbeing, it is important to acknowledge some of the complexities involved with identification and assessment. Issues contributing to the difficulty in estimating the scale and scope of need include the stigma associated with mental illness and the tendency for some individuals to 'bury their trauma' as a coping mechanism or through not wanting to be defined as a victim. In addition to contending with these influences on 'hidden need', it is worth making the general point that victim's needs are often complex, multidimensional and interconnected requiring access to a number of services in both the statutory and non-statutory sectors. In the absence of universal and robust monitoring and evaluation frameworks, it is potentially quite difficult to comment definitively on the efficacy and effectiveness of patient/client user experience relating to service provision.

Despite these challenges and as the review of literature throughout this paper reveals the decades of conflict have contributed towards a comparatively high level of psychiatric morbidity in Northern Ireland relative to other parts of the UK. The recognition of conflict-related trauma and prevalence of psychological illness due to the Troubles has occurred within the context of underfunding in mental health services despite a widely recognised higher level of health need of around 25% compared to neighbouring jurisdictions. (Appleby, 2005; also see Bamford, 2007).

An important aspect of defining this area of need is the potential interrelationship between conflict-related mental and physical health problems and how the diagnosis of one could lead to the development of the other. For example, according to Bolton *et al* (2008: 14) in recent years a growing body of evidence has emerged pointing to the association between physical health problems and trauma related disorders including Post-traumatic Stress Disorder (PTSD). Bolton *et al* refer to a number of studies including Boscarino (2004) which linked traumatic stress exposure and PTSD to such conditions as cardiovascular disease, diabetes, gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, musculoskeletal disorders, and other diseases (ibid.). Bolton *et al* concluded that while a number of studies have identified associations between PTSD and adverse physical health more work needs to be undertaken in this area. Another argument identified by Bolton *et al* is the impact of negative coping strategies including the poor health behaviours of those victims and survivors affected by conflict-related trauma on their physical health including alcohol consumption and smoking (ibid.).

1.4. METHODOLOGY

In conducting a review of the key literature associated with the design and delivery of services to address the impact of the Troubles on the mental and physical wellbeing of victims and survivors, the primary research methodology employed was documentary analysis. This involved a four month desk-based assessment of a broad range of documentary material from a multitude of statutory and non-statutory sources published over the last decade.

Critically, the methods employed in this paper are integrated into the overarching methodological framework supporting the needs assessment report. The extensive evaluation of relevant literature and identification of key findings relating to the specific mental and physical health needs of victims and survivors will facilitate the prioritisation of these needs and inform evidence-based recommendations designed to address current gaps in service provision. Additionally, the completion of the literature review comprising Phase 1 of the CNA will provide a solid basis for further analysis throughout the forthcoming consultation process in Phase 2 due to commence in October 2010.

1.5. PREVIOUS RESEARCH

This section outlines a number of the key policy documents and related reports that have directly informed the development of services for victims and survivors in the areas of mental and physical health and wellbeing.

1.5.1. LIVING WITH THE TRAUMA OF THE TROUBLES – SOCIAL SERVICES INSPECTORATE REPORT (1998)

The DHSSPS's Social Services Inspectorate (SSI) undertook a project 'to examine and promote the further development of services to meet the social and psychological needs of individuals affected by the Conflict including those currently identified and those who may be identified in the future' (DHSS, 1998: 6). The developmental project was led by a Project Reference Group comprising representatives from the health and social care sector and key figures from the community and voluntary sector who work with victims.

Published in 1998, the SSI report provided a summary of key issues and makes a number of recommendations with particular emphasis upon training and supervision of those who offer counselling, arguments for a register/directory of available services and the availability to legal representatives of information on supportive services for use of those who seek compensation (CRC, 2010: 23).

One of the key overarching recommendations was that:

...support should be given to all traumatised individuals, regardless of the scale of the incident in which they were involved [and that] the location of services must be carefully considered to ensure that they are accessible to those who need them (DHSS, 1998).

1.5.2. EVALUATION OF HEALTH AND SOCIAL SERVICES FOR VICTIMS OF THE CONFLICT – FINAL REPORT (2003)

This evaluation presented an important milestone in the evolution of health and social services to support victims of the Conflict. The formal context for this evaluation can be traced back to 1995 when the DHSSPS suggested that services to victims would benefit from a developmental project to examine and promote the further development of services to meet the social and psychological needs of individuals affected by the Conflict (DHSSPS, 2003: 7).

The report highlighted a number of recommendations to assist the development of future health and social care related services for victims.

- Integrate specialist services with mainstream service provision facilitating the provision of specialist services which are able to meet the needs of both conflict and non-conflict related victims in a flexible manner;
- Services should be based on a 'cradle to grave' approach, capable of meeting the needs of children, families and adults, with a focus on progression of individuals from victims to survivors;
- As part of the service integration processes it is essential that mainstream services also become more sensitive to the needs of victims, with the ability to respond to the particular needs of various groups within the population;
- The services vision should be realised through the development of one regional centre of excellence with equitable outreach services. The future service delivery model must be needs based, with transparency in services planning and provision decisions;
- Services must also possess the flexibility to respond to changing needs and demonstrate value for money;
- In order to achieve the future service vision a long-term plan is required, complemented by long-term funding and supported by a funding, monitoring and evaluation framework; and
- The service delivery structures which underpin the service vision must be easy to understand and capable of improving co-ordination and collaboration (DHSSPS, 2003: 68-69).

1.5.3. THE BAMFORD REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY (2007)

The Bamford Review of Mental Health and Learning Disability began its work in 2002 conducting an independent review of mental health and learning disability law, policy and practice in Northern Ireland. Its terms of reference included,

- A review of current policy and service provision relating to mental health and learning disability, and of the Mental Health (NI) Order 1986;
- To make recommendations regarding future policy, strategy, service priorities and legislation, to reflect the needs of users and carers.¹⁸

The Bamford Review followed similar comprehensive reviews of mental health services, policy and law in England and Scotland and took cognisance of the implications of related policy developments in the European Union and in Northern Ireland, notably the NI Act 1998 and Human Rights Act 1998. In undertaking its significant programme of work, the Review consulted a wide range of health and social care professionals, service users and carers and policy makers. A range of bodies from the statutory, voluntary, community and academic sectors were consulted on the strengths and limitations within existing services, policy and law in the areas of mental health and learning disability.

Between June 2005 and the completion of its work in August 2007, the Review published a series of 10 evidence-based reports¹⁹ containing some 650 recommendations. Incorporating the findings of extensive research and examples of local, national and international best practice, the reports examined the services, user experiences and life opportunities for individuals (including adults, children and adolescents, older people) with mental health needs and learning disabilities.

The overarching recommendations which informed the Bamford 'vision' called for:

- The mental health of the whole community to be promoted and protected through preventative action;
- People with a mental health need or learning disability to be valued and given rights to full citizenship, equality of opportunity and self-determination; and
- Reform and modernisation of services that will make a real and meaningful difference to the lives of people with a mental health need or a learning disability, to their carers and families.²⁰

¹⁸ Bamford Review's Terms of Reference can be accessed electronically at: <http://www.rmhdni.gov.uk/index/termsofref.htm>

¹⁹ All reports produced by the Bamford Review can be accessed electronically at: <http://www.rmhdni.gov.uk/index/published-reports.htm>

²⁰ DHSSPS (2009) *Delivering the Bamford Vision – The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability – Action Plan 2009-11*, DHSSPS: 13.

In August 2007, the Bamford Review formally concluded its independent evaluation by presenting a report to the Government outlining what it believed were the strategic priorities for the first phase of implementing their recommendations. At the outset of the report, the Review's Chairman, Professor Roy McClelland stated that 'the challenges are to establish and sustain modernisation strategies which will improve the mental well-being of the whole community, prevent mental ill-health, improve support available to family carers and enhance the inclusion and well-being of people experiencing mental health problems or a learning disability'.²¹

1.5.4. DELIVERING THE BAMFORD VISION – ACTION PLAN 2009-11 (2009)

In June 2008, the DHSSPS on behalf of the Northern Ireland Executive issued a consultation document entitled '*Delivering the Bamford Vision*'. Within the document the Northern Ireland Executive 'accepts the thrust of the recommendations' of the [Bamford] Review and puts forward its proposals for taking these recommendations forward over the next 10-15 years. Significantly, the draft document includes a brief section in its appendix referring to the Victims and Survivors of the Troubles. The document states, that, '*it is important that the impact of the violence of the last forty years or so is factored into all policies and strategies and that work with victims and survivors of the troubles is integrated within broader policy on mental health and wellbeing*'.²²

In October 2009, the DHSSPS, on behalf of the Northern Ireland Executive published '*Delivering the Bamford Vision – Action Plan 2009-2011*'. This key document refers directly to the responsibility of OFMDFM and the Commission for Victims and Survivors to undertake 'an initial assessment of the mental health needs of victims and survivors through a Comprehensive Needs Assessment'. There is however no explicit reference within the Action Plan relating to how the health and social care system in Northern Ireland will facilitate the integration of victims and survivors needs in the delivery of mental health services.

1.5.5. TRAUMA, HEALTH AND CONFLICT IN NORTHERN IRELAND – A STUDY OF THE EPIDEMIOLOGY OF TRAUMA RELATED DISORDERS AND QUALITATIVE INVESTIGATION OF THE IMPACT OF TRAUMA ON THE INDIVIDUAL (2008)

Produced jointly by researchers from the University of Ulster and the Northern Ireland Centre for Trauma and Transformation this epidemiological study provides information from the *Northern Ireland Study of Health and Stress* (NISHS) on the number of people:-

- a) who have been exposed to conflict related and other traumatic experiences; and
- b) who have gone on to develop psychological, mental and physical health disorders (2008: 9).

²¹ The Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2007) *Reform and Modernisation of Mental Health and Learning Disability Services – Strategic Priorities for the First Phase of Review Implementation*, August: 6.

²² Northern Ireland Executive (2008) *Delivering the Bamford Vision – The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability* (Draft for Consultation), June: 73.

Information from follow-up qualitative interviews provided an insight into the experiences of individuals who have had experiences linked to the Civil Conflict in Northern Ireland and who reported traumatic reactions. By providing both quantitative and qualitative evidence, the study hoped to present a more comprehensive illustration of the experience and impact of traumatic events in Northern Ireland, both as a consequence of the Troubles and other life events (ibid.)

Key findings to emerge from this study included:

- Two thirds of individuals have experienced at least one traumatic event during their lifetime; males were more likely to have experienced trauma than females;
- A total of 5918 traumatic event types were reported; of this total approximately 50% were conflict related events;
- The 12 month and lifetime prevalence of Post-traumatic Stress Disorder (PTSD) was 4.7% and 8.5% respectively; these figures are at the upper end of the range of estimates from other international epidemiological studies; and
- 34% of individuals that reported PTSD symptoms spoke to a medical doctor or other health professional; just 50% of these individuals received help that they considered to be helpful (ibid.).

The study concluded²³ by stating that:

The findings...confirm that PTSD and other trauma related disorders are a specific and significant need in Northern Ireland's adult population. For a disorder that affects so many people, it must be a matter of concern that just one in six sufferers got help that they felt was effective. There is a clear need for progress to be made in developing services. Troubles related events account for approximately 50 per cent of the total number of event types reported in the population and we conclude that conflict and social violence has had a significant additional health impact on the Northern Ireland population (ibid.:10).

1.5.6. A STRATEGY FOR THE DEVELOPMENT OF PSYCHOLOGICAL THERAPY SERVICES (2010)

In June 2010, the DHSSPS published the long awaited strategy for the development of psychological therapy services. As a key component comprising the Department's overall programme to modernise and reform mental health services in Northern Ireland, the strategy noted the Bamford Review's acknowledgement of the advances in the sophistication and range of psychological therapy services.

In relation to the psychological impact of the Troubles, the strategy refers to how the Conflict continues to impact on society and that services are becoming more aware of the trans-generational trauma on children and families. The strategy also refers to how Bamford highlighted the fact that psychological therapy services have developed in an ad hoc way to address the impact of Troubles related trauma on both the adult and adolescent population in Northern Ireland (DHSSPS, 2010: 12).

²³ Key conclusions and recommendations of the study can be found at Annex 1.

The key recommendations contained within the report include the following:

- Psychological therapies should be a core component of mental health and learning disability service provision. Services should be delivered by staff with the skills and competence appropriate to the level of interventions required;
- There should be a single point of access to psychological assessment to direct to the appropriate tier of intervention;
- Service users and carers should be involved at all levels of service development, planning and implementation of psychological therapy services;
- The organisation and delivery of psychological therapy services should be based on a stepped care model; and
- Psychological therapy services should be subject to service, therapeutic and economic evaluation which takes account of the views of service users and carers (ibid.).

1.5.7. COMPLEMENTARY AND ALTERNATIVE MEDICINES PILOT PROJECT – EVALUATION REPORT (2008)

This report presents the findings from an evaluation of a pilot project which provided patients with access to a range of Complementary and Alternative Medicine (CAM) through their GP practice. Overall 713 patients were referred to the project by their GP. Patients presenting to their health centre with musculoskeletal and mental health conditions, were referred for a range of CAM therapies including acupuncture, chiropractic, osteopathy, homeopathy, reflexology, aromatherapy and massage. The project was commissioned by the Department of Health, Social Services and Public Safety with a view to exploring the potential for CAM within existing primary care services in Northern Ireland. The project was implemented by Get Well UK in two primary care centres in Northern Ireland: Shantallow Health Centre in Londonderry and The Arches Centre in Belfast. The evaluation, conducted independently by Social & Market Research (SMR), is based on an analysis of project monitoring data provided by Get Well UK; and focus groups and surveys of patients, CAM practitioners and GPs from the two participating health centres (Social & Market Research, 2008: 6).

The key findings to emerge from the Pilot Study included the following:

- Overall, the evaluation found a significant level of health gain for the vast majority of patients who received complementary and alternative medicine;
- 84% of patients directly linked the CAM treatments to an improvement in their overall wellbeing;
- 89% of patients expressed an interest in continuing with CAM, with just 30% saying they would be able to afford to continue with CAM treatments;
- Among patients using pain killers prior to treatment, 55% said that they use fewer pain killers following treatment;
- In the majority of patients, CAM practitioners reported an improvement in: patient quality of life; relief of presenting symptoms; relief of chronic conditions; increased mobility; increased emotional stability; and, a reduction in patient worry;

- In 65% of patient cases, GPs documented a health improvement, with a high degree of correlation between GP and patient assessment of health improvement; and
- Half of GPs reported prescribing less medication for chronic or acute patients (Ibid.: 2008: 6-10).

The recommendations put forward by the Pilot Study included the following:

- Given the evidence of health gain documented by patients, GPs and CAM practitioners, it is recommended that DHSSPS and the project partners explore the potential for making CAM more widely available to patients across Northern Ireland.
- This pilot project has clearly demonstrated that CAM fits well within a primary health care context, with patients valuing the support and judgement of their GPs in accessing treatments. It is recommended that DHSSPS and the project planners examine ways of integrating CAM within primary care, taking on board the need for a strategy to promote GP knowledge and understanding of CAM to ensure that health conditions are matched appropriately with CAM therapies.
- The evaluation has documented the positive impact of CAM on patients who are economically active, particularly in the context of helping people back into work following illness. It is recommended that the outcomes from this project be shared with colleagues in other departments (e.g. Department for Employment and Learning), to allow them to examine the potential for CAM within their own operational area (ibid.).

1.6. SERVICES

With the signing of the Belfast Agreement in 1998, formal recognition by the two sovereign governments and local political parties in Northern Ireland of the plight of victims and survivors of the Conflict set in motion a process to develop services to address their multitude of needs. The publication of a number of key reports, notably *'We Will Remember Them'* (1998) and *'Living with the Trauma of the Troubles'* (1998) paved the way for the establishment of dedicated services for victims and survivors provided by the statutory and non-statutory sectors.

Between 1998 and the publication of the Interim Commissioner's Report in 2007, £44 million of central government and European funding has been allocated to a variety of organisations, with the aim of supporting victims and survivors of the Conflict. Of this figure, central government was the main source of funding through both the Northern Ireland Office (NIO) and the OFMDFM providing £36.4 million while the remaining £7.6 million came through European funding under PEACE II (McDougall, 2007b: 6-7). OFMDFM's allocation under the current comprehensive spending review period of 2008-2011 is £36 million.²⁴ Taking just these two figures into account the victims and survivors sector has received in excess of £80 million since the signing of the Belfast Agreement in 1998.

²⁴ Figure stated by an OFMDFM official at a meeting with the OFMDFM Committee (10th February 2010) discussing the Revised Departmental Expenditure Plan 2010-11. Official Report (Hansard) of the meeting can be accessed electronically at:
http://www.niassembly.gov.uk/record/committees2009/OFMDFM/100210_RevDeptSpendingPlans.pdf

As a consequence of the significant availability of resources to the sector over the past decade, the number of victim's organisations and groups has proliferated. These groups provide a wide range of interventions and services aiming to improve the quality of life of those most acutely affected by the Troubles and/or have an advocacy role (Dillenburg *et al*, 2007: 20)

A recurrent theme that surrounds the voluntary and community groups providing support services within the victims sector is that there is a lack of information in relation to interventions and evaluation and outcomes of their work for which they receive funding (Dillenburg *et al*, 2007: 20;). Smyth (2001) rightly contended that while there is no one specific service that fits all the needs of victims, no matter what services is chosen, there should be a consistent focus on efficacy and evidence of effectiveness. In 2005, the Victims Unit within OFMDFM confirmed that, 'relatively little is known as to the effectiveness of these services at a level which would inform future service development and investment' (Victims Unit, 2005: 19). In an attempt to improve the evidence base with key qualitative and quantitative data relating to victims' services, the Victim's Unit commissioned the Queens University, Belfast (Dillenburg *et al*, 2007) to undertake a study. According to the Unit, the data generated by the research project was intended to place the work of the victim's group on a 'sounder basis and increase confidence in the approaches being adopted' (*ibid.*).

The findings from this evaluation study (Dillenburg *et al*, 2007) and a number of other pieces of work evaluating victims' services provided within the voluntary and community sectors will be referred to throughout this section. The following sub-sections will provide a brief outline of the types of services and service providers which are currently dedicated to addressing the mental health and physical health needs of victims and survivors. With reference to the literature, the following section will begin by outlining the various services that are currently provided within the statutory and non-statutory services to address the mental and physical health needs of victims and survivors.

1.6.1. CATEGORY OF SERVICES

In responding to the mental and physical health needs of victims and survivors a range of services have been developed and operated within both the voluntary/community and statutory sectors. A number of pieces of research have been undertaken in recent years evaluating victims and survivors services including those relating to mental and physical health. Slight variation exists between the way these services have been categorised however in relation to mental and physical health they have generally fallen under the headings of 'counselling and therapies'. In relation to therapies, the services have been further broken down into 'psychological therapies' and those therapies associated within complementary and alternative medicine or 'complementary therapies'.

For the physically injured a number of different mainstream services are provided within the health and social care sector as well as the complementary therapies provided by funded community/voluntary groups (see Table 1). Additionally, victims and survivors who are affected by acute physical discomfort as a direct consequence of the Conflict can apply to the Chronic Pain Management Scheme administered by the Northern Ireland Memorial Fund (NIMF). The scheme which was introduced in May 2000 to assist chronic pain sufferers experiencing difficulties accessing National Health Service (NHS) Pain Management Consultants. The Scheme pays for a private consultation and subsequent treatment of up to £2000 to enable chronic pain sufferers to receive several private treatments per year.²⁵

²⁵ Information obtained from the Northern Ireland Memorial Fund website at: http://www.nimf.org.uk/CHRONIC_PAIN_MANAGEMENT_SCHEME.htm

1.6.2. VOLUNTARY/COMMUNITY SERVICES

The response to the needs of people suffering from Troubles related trauma by the voluntary and community sector has been impressive (McDougall, 2007: 29). 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. 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 and Social Care Trusts (ibid.)

TABLE 1: SELECTION OF CRC- FUNDED VICTIM'S GROUPS DELIVERING 'COUNSELLING AND THERAPY' SERVICES 2008-09²⁶

Group	Services	Summary of Project	Funding Allocation £
Cunamh	Counselling/Psychotherapy	Cognitive Behavioural Therapy provision for members of Cunamh in L'Derry	7860
WAVE Trauma Centre, Ballymoney	Counselling/Psychotherapy	Psychotherapy Intervention Services	6720
Relatives for Justice	Complementary Therapies	Complementary therapies in order to assist members dealing with physical and psychological trauma.	1440
FAIR	Complementary Therapies	Provision of complementary therapies for members of FAIR, Markethill.	4200

Before outlining the findings to emerge from the impact of these services in addressing the mental and physical health needs of victims and survivors it is useful to briefly define the types of treatment which fall under the category 'counselling and therapies'. Firstly, in relation to counselling, the British Association for Counselling and Psychotherapy (BACP) defines counselling as taking place when,

...a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose.²⁷

²⁶ Data contained within this Table was provided by the Community Relations Council.

Secondly, in providing a collective description of psychological therapies, in their strategy the DHSSPS put forward the following definition,

...the term psychological therapies means an interpersonal process designed to modify feelings, cognitions, attitudes and behaviour which have proved troublesome to the person (or society) seeking help from a trained professional (STURRP) (DHSSPS, 2010: 18).

Meanwhile, complementary and alternative medicine refers to 'a group of therapeutic and diagnostic disciplines that exist largely outside the institutions where conventional health care is taught and provided.'²⁸ The types of complementary therapies that fall under this branch of medicine include acupuncture, reflexology, massage and homeopathy.

At this formative stage in the CNA process and due to a lack of appropriate data, it is not possible to comment on the specific range of treatments provided within each victim's group that have received funding to deliver this service. In reviewing the literature currently available, it is possible to comment on the findings and observations that are contained in a number of pieces of evaluative work around the delivery of 'counselling and therapies' within the victims and survivors sector.

IMPACT OF SERVICES

Currently, one of the most comprehensive evaluations of services delivered to victims and survivors within the community and voluntary sector, including 'counselling and therapies' was undertaken by the Community Relations Council (CRC). Published in March 2010, the report contains feedback from a consultation process involving the groups who have received Core and Development Grant funding between 2005-06 and 2008-09. In relation to funding, the report revealed that '*since 2005 more than £785,000 of Development Grant funding has been administered through CRC under [the Counselling and Therapies] category*'. Moreover, during 2008-09, this funding supported more than 80 projects to deliver counselling and therapy services across Northern Ireland and on average more than 75 projects were supported in each year of the Grant scheme between 2005-06 and 2008-09 (CRC, 2010: 81).

In relation to the impact of counselling and therapy services provided by funded victims groups the report noted that it was 'wide-ranging' addressing a spectrum of minor to complex mental health related needs. In analysing the difference these services have had on both victims and survivors and the wider sector, the report has delineated the particular impact of counselling and therapy services on the individual and the group.

²⁷ Definition of Counselling taken from the BACP website at:
<http://www.bacp.co.uk/education/whatiscounselling.html>

²⁸ Definition – see BMJ art - <http://www.bmj.com/cgi/content/extract/319/7211/693>

For the individual:

- **Improved health and wellbeing** – counselling and therapy activities and services offered by groups help individuals to build and maintain confidence, provide physical and emotional relief to victims and survivors and can support improvements in their overall quality of life and well being;
- **Increased accessibility of service** – this is particularly relevant for some individuals given their ‘unease’ at seeking mainstream services provision (as well as the lack of resource in the public sector to meet the demand). Services offered by groups can be provided in less institutional environments for individuals which increases their likelihood of seeking support in the first place; and
- **Indirect or unanticipated impacts** associated with this category may include increased social contact, increased acknowledgement of trauma and other impacts linked to improved quality of life etc.

For the group:

- **Increased standards** – funding for the provision of counselling/psychotherapy in particular has required certain standards (especially in relation to qualifications of counsellors) resulting in increased standards within the sector and subsequently increased quality and effectiveness of service delivery;
- **Increased understanding of need** – groups’ activity with victims and survivors has increased understanding and awareness of the needs of victims and survivors (CRC, 2010: 81-82).

SERVICE USER EXPERIENCE

Another useful contribution to the literature evaluating the impact of counselling and therapy services addressing the health-related needs of victims and survivors is the feedback received from participants in the Comprehensive Needs Assessment Workshops held in February-March 2010. In total, 110 stakeholders including group members attended the three workshops in Belfast, Armagh and Derry/Londonderry. In each Workshop, participants were invited to deliver or feedback on presentations and engage in discussions relating to counselling, befriending and complementary therapies. Throughout the three meetings, a number of core issues emerged around these areas and recommendations were put forward to improve service delivery and user experience (Hamilton *et al*, 2010: 1).

In terms of *counselling services*, the following core issues emerged:

- It was recognised that counselling was beneficial for many people to help come to terms with past and current traumatic events;
- Many participants recognised that counselling helped reduce reliance on other negative and positive coping strategies and could be used to address the legacy of the Conflict as it impacts on families and manifests in behaviour such as alcohol and drug dependency;
- The lack of funds for counselling provision was seen as problematic to victims and survivors being able to access the counselling services they required in their area or place of choice;

- Communication between health service professionals and others providing or signposting counselling services was considered poor. It was considered important that GPs were aware of local counselling services;
- A rigorous maintenance of standards through appropriate accreditation and supervision was seen as a strength for many of the organisations providing counselling throughout Northern Ireland;
- The cost of training to be a registered counsellor was seen as a key barrier for many of those working voluntarily or wishing to make a more formal contribution to the sector and particularly those who have been motivated by their own experiences of conflict-related trauma; and
- The need to reduce waiting lists in the voluntary and community service (recorded as being from 10 weeks to 11 months in some areas) was seen as crucial, particularly in light of the waiting list for statutory service support being even longer in some areas (ibid.).

Among the recommendations put forward by the delegates were:

- CVSNI should provide an updated online 'definitive' version of a directory of services with hard copies available through GP surgeries and social workers;
- There should be closer working on counselling provision between the Health Service and OFMDFM's Victim's Unit to ensure a smooth running of a single service;
- Need for longer term funding. Groups advocated for a three year cycle of funding to be implemented (Hamilton *et al*, 2010: 2-3).

In terms of *complementary therapies*, the following core issues emerged:

- On the whole it was felt that complementary therapies were becoming more sought after and acceptable with existing waiting lists evidence of both their popularity and need;
- It was felt that the demand for these therapies was not being met. Some delegates felt that although there are many centres where complementary therapies are available there is a major gap in *local* service provision;
- It was felt that better co-ordination of the service would help improve service delivery with many feeling that there was a lack of knowledge as to where to go to avail of such therapies and also the benefits of the therapies; and
- Therapies such as reflexology, aromatherapy, music therapy and Reiki were felt to be beneficial for those who have been physically or mentally injured as a result of the Conflict (ibid.).

The recommendations put forward by the delegates were:

- There needs to be a greater emphasis on standards and more research carried out into the benefits of different therapies; and

- There needs to be a transparent membership and accreditation system whereby therapists can be assessed. Some delegates pointed out that therapy can be beneficial but if not carried out properly could be damaging to victims and survivors, therefore standards need to be monitored and the sector in general needs strict regulation (ibid.: 4-5)

NORTHERN IRELAND CENTRE FOR TRAUMA AND TRANSFORMATION (NICTT)

The Northern Ireland Centre for Trauma and Transformation (NICTT) 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 (McDougall, 2007: 28). It is interesting to note that the NICTT was initially provided with three-year funding of £1.5 million by the Northern Ireland Office (NIO) and that the concept of the centre was approved by the NIO without consultation with DHSSPS (DHSSPS, 2003: 290-30). NICTT's total spend for 2009-2010 is approximately £400,000.²⁹

1.6.3. STATUTORY SERVICES

In 2003, the DHSSPS commissioned a report to evaluate services provided to victims of the Conflict by the health and social care system in Northern Ireland (DHSSPS, 2003). The report provided a detailed outline of a combination of dedicated specialist services and mainstream services delivered by the Trusts.³⁰ In terms of 'mainstreaming services' the report noted that not all of the Trusts provided dedicated services for victims but that services were routinely accessed by victims across the Trusts – though 'in most cases Trusts were unable to provide quantifiable information in respect of mainstream services accessed by victims' (2003: 34). Additionally, the report indicated that in most cases there are no dedicated HSS staff providing services to victims, but rather staff are involved in the provision of mainstream services which are accessed by victims. The report also revealed that some staff possessed additional qualifications in areas such as trauma counselling and trauma management. Unfortunately, the report conceded that 'this information was not readily quantifiable or accessible to support the finding of our analysis' (ibid.).

²⁹ Figure obtained from the Northern Ireland Centre for Trauma and Transformation.

³⁰ It is important to note that since the publication of the 2003 report, the health and social care system has experienced a number of significant structural reforms as part of the wider Review of Public Administration (RPA) reforms which has included the downsizing of the number of Health and Social Care Trusts from 18 to 5 in 2008.

Interestingly, the report did highlight the fact that, while all mainstream Trust services can be accessed by victims of the Conflict there are particular services which are likely to attract higher levels of service usage from victims. These are:

- Physiotherapy Services;
- Mental Health Services;
- Social Services;
- Occupational Therapy Services;
- Pain Management Clinics;
- Rehabilitation Services (ibid.)

A degree of caution has to be applied to the information and analysis contained within the DHSSPS's 2003 evaluation report given the obvious passage of time and the significant changes that have been implemented since the initial study was undertaken. Nevertheless, the utility of the report lies in the extensive mapping exercise (across the health and social care sector) and identification of the initiatives considered and processes developed to deliver the requisite services seeking to address the complex and multivariate needs of victims.

TRAUMA RESOURCE CENTRE

The Trauma Resource Centre provides multi-disciplinary treatment for those adults who have been affected by the Troubles. It provides the following services:

- Counselling – provides an opportunity to talk one to one with a professionally trained trauma counsellor about the impact the traumatic event(s) may be having on a person's life. It usually consists of hourly sessions normally held on a weekly basis at the start of therapy;
- Occupational Therapy – provides the opportunity for a person to explore their quality of life and the negative impact trauma may have on their daily ability to cope. The Occupational Therapist will tailor a programme that meets the needs of the individual moving them towards a better sense of health and well-being; and
- Physiotherapy - assists individuals to explore the physical impact of trauma on the body. It may give them insight to unexplained pains and aches and provide practical ways of coping with the symptoms being experienced.³¹

³¹ Information relating to the Trauma Resource Centre was accessed electronically at: <http://www.belfasttrust.hscni.net/1187.htm>

Based at the Everton Complex in Belfast and facilitated by a number of Outreach Clinics throughout the city, victims and survivors of the Troubles can be referred to the Trauma Resource Centre through the 'one point of referral system'.³² In 2009-10 the Centre received £6,441 of interim funding from OFMDFM.³³

FAMILY TRAUMA CENTRE

The Family Trauma Centre is a regional resources 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 trauma related to the Troubles. The service is open to everyone and referrals can be made by social workers based in the community or hospitals, GPs, Community Psychiatric Nurses and Voluntary Organisations.³⁴

TRAUMA ADVISORY PANELS (TAP)

Following recommendations within the Social Services Inspectorate (SSI) report and later endorsed by the Bloomfield Report, Trauma Advisory Panels were established in each of the former HSS Board areas in 1999. The SSI report recommended that to facilitate improved co-ordination and liaison of services, a small advisory panel should be established in each Health and Social Services Board Area, which should be representative of the range of professionals and voluntary organisations working with those individuals who have affected by the Conflict.

The main functions of the TAPs are to:

- Coordinate services in the Board's area;
- Enable a greater coherence and cohesion of the network which exists in the area;
- Improve the understanding of emerging needs and the shared development of methods for tackling them; and
- Clarify and promote a better understanding of roles and relationships on the continuum of provision;

In July 2010, the Commission for Victims and Survivors appointed FGS McClure-Waters (in association with QE5 Ltd), to undertake a research project relating to the TAPs. The report is due to be completed in early October 2010 and subsequently its key findings will feature as part of a wider analysis of the TAPs in Phase 2 of the CNA.

³² The 'One Point of Referral' system is the gateway for all emergency, urgent and routine referral for mental health assessment. It is an open referral process, so can be contacted directly, through your GP or other mental health professional. The service is for new patients between 18-65 years who live in the Belfast area – information accessed electronically at:
<http://www.belfasttrust.hscni.net/services/OnePointOfReferral.htm>

³³ Figure obtained from OFMDFM.

³⁴ Information obtained from the Belfast Health and Social Care Trust website -
http://www.interpreting.n-i.nhs.uk/sebservices/family_trauma_centre.html

1.6.4. OTHER SERVICES

POLICE REHABILITATION AND RETRAINING TRUST (PRRT)

The Police Rehabilitation and Retraining Trust (PRRT) became operational in 1999 to provide support and treatment to serving and retired police officers (RUC/PSNI) and their families. Formerly funded by the Northern Ireland Office (NIO) and now by the Department of Justice, the services provided by the Trust include psychological therapies and physiotherapy. In addressing the needs of clients affected by musculoskeletal conditions (including neck and back pain, joint pain and stiffness and soft tissue injuries) the Trust's Physiotherapy Service forms part of their rehabilitation team. This team works in collaboration with Psychology and Career and Personal Development Services with the aim of offering a holistic approach designed to improve quality of life.³⁵

One of the additional specialist services provided by PRRT which has received positive client feedback and extremely positive outcomes (PRRT, 2010: 6) is the multi-disciplinary Chronic Pain Management Programme. The programme provides treatment for chronic pain, utilising a cognitive behavioural therapy (CBT) approach. The service aims to counteract the various symptoms that can be associated with chronic pain including decreased activity levels, low mood, poor sleep, reliance on medication, relationship strain or social withdrawal. The aim of this approach is to equip the client with the necessary skills to manage their condition through a combination of exercise, relaxation and practical strategies, utilising both physical and psychological techniques to regain optimum function and improvement in quality of life (ibid.).

The PRRT's Annual Report 2009-10 identified a high level of client satisfaction in relation to both psychological and physiotherapy services. According to their annual survey, 93.3% of clients were either satisfied or very satisfied with the psychological service while 80% of clients reported a better quality of life after treatment (ibid.: 8). In regard to the physiotherapy service, the annual survey reported that 98% of clients were very satisfied or satisfied with the service, and 92% of clients felt that they gained moderate to great benefit from the treatment they received (ibid.: 6).

The Annual Report highlights the completion of a comprehensive research project by the Psychological Service examining the mental health of the retired police population. The purpose of the research entitled, '*Ten Years on, Living with the Psychological Troubles*' was to establish the current level of psychopathology among retired police officers, and the extent of the need for specialist psychological support ten years after the Troubles. The results highlighted that more than half of the respondents from the retired population were found to have some continuing psychological difficulties, ranging from mild depression to posttraumatic stress symptoms. According to PRRT, '*the research clearly illustrates that ten years on there is still a considerable need for psychological intervention amongst the retired officer population*' (ibid: 8).

1.7. ANALYSIS

This section will provide an overview of the key findings identified within the literature relating to this particular area of need. Commentary and analysis of the literature is contained within the following interrelated areas – needs and services.

³⁵ Information accessed on the PRRT website at: <http://www.prrt.org/physio.asp>

1.7.1. ANALYSIS OF NEED

Throughout the last two decades a considerable body of research has been undertaken examining the impact of the Conflict on the health and well-being of victims and survivors. A central finding to emerge from the research is that the Troubles embedded a legacy of psychological trauma and mental ill-health. Equally, given the considerable number of devastating and violent incidents throughout the Conflict, many individuals were left with debilitating, life-changing physical injuries. In June 2010, the DHSSPS highlighted the impact of the Troubles on the population in their Psychological Therapies Strategy, in which they stated that,

The psychological impact of the Troubles is difficult to estimate for many reasons; however, evidence suggests that significant numbers of people within the population have been psychologically affected by the Conflict, with estimates of one in five people having suffered multiple experiences relating to the Troubles and one in ten having been bereaved as a result of the Troubles (DHSSPS, 2010: 12-13).

Following on from this statement, the strategy restates the key finding reported in the Bamford Review of Mental Health that Northern Ireland has an estimated 25% increased psychological morbidity compared to neighbouring jurisdictions. Given the figures contained within the DHSSPS's statement above combined with other quantitative data contained within this paper, the Troubles represent a key factor contributing to levels of psychological need in Northern Ireland.

A review of the literature revealed the difficulties associated with attempting to establish the level and scope of mental health related needs of victims and survivors. Issues contributing to the complexity of measuring the scale and scope of need include the stigma associated with mental illness and the tendency for some individuals to 'bury their trauma' as a coping mechanism or through not wanting to be defined as a victim. Moreover, the process of identifying and assessing the impact of the Troubles on levels of mental health need is compounded by the delayed reaction to a conflict-related trauma event. Research findings from the COTT study identified earlier in this paper highlighted that, '*roughly 50 per cent of people still had symptoms of emotional distress...over 20 years after they have been bereaved in the Troubles.*' Furthermore, the comprehensive study assessing the psychological well-being of retired police officers by the PRRT revealed the need for continued psychological interventions a decade following retirement (see PRRT, 2010).

Reviewing the literature relating to the psychological impact of the Conflict revealed that, '*Post-traumatic Stress Disorder (PTSD) and other trauma related disorders are a specific and significant need in Northern Ireland's adult population.*' The *Trauma, Health and Conflict* study (Bolton *et al*, 2008) conducted by the NICTT and the University of Ulster reported that, '*the 12 month and lifetime prevalence of Posttraumatic Stress Disorder was 4.7 per cent and 8.5 per cent respectively...[and that] these figures are at the upper end of the range of estimates from other international epidemiological studies*'. Further, in a report compiled by the same joint NICTT-UU research team, it has been identified that, '*between 6161 and 14377 adults have, or have had PTSD associated with the Troubles in the 12 months previous to the NISHS interview*' (Bolton *et al*, 2010). The NISHS (Northern Ireland Study of Health and Stress) interview and the data derived from it were undertaken during the original study that reported in 2008.

The corollary of the analysis contained within the NICTT-UU study is that a significant level of PTSD and other trauma related disorders currently exists within Northern Ireland's adult population as a consequence of exposure to a Troubles-related event. The analysis contained within the 2008 report contended that '*just one in six sufferers got help that they felt was effective*' (Bolton *et al*, 2008: 10). The report raises a concern that a potential group of victims of the Troubles diagnosed with PTSD are currently receiving treatment that they believe is not adequately addressing their mental health needs.

A potentially significant development in the research relating to the impact of the Conflict on the health needs of victims and survivors is the link between trauma exposure and serious health conditions including cardiovascular disease, diabetes, chronic fatigue syndrome and musculoskeletal disorders. Additionally, the literature revealed how the adoption of poor coping strategies i.e. the regular consumption of alcohol and/or drugs to deal with psychological conditions including PTSD can have a detrimental effect on physical health. Bolton *et al* (2008) concluded that while a number of studies have identified associations between PTSD and adverse physical health more work needs to be undertaken in this area.

SERVICES

A number of pieces of work have been completed in recent years evaluating the effectiveness of services delivered to address the needs of victims and survivors. Significantly, the analysis contained within these reviews concentrated mainly on those services and activities delivered by funded groups within the voluntary and community sector. Following the completion of a number of reports at the beginning of the decade, there have been no recent or updated evaluations of the dedicated or specialist victim's services delivered within the health and social care sector. This is despite the set of progressive recommendations put forward within the DHSSPS's 2003 evaluation of services for victims within the health and social care system (DHSSPS, 2003).

Two particular reports that have conducted reviews of voluntary and community-based services in recent years are the PAVE Project Report (Dillenburg *et al*, 2007) and the Community Relations Council 'Review of Funding' Report (Community Relations Council, 2010). In relation to the specific services addressing the mental health needs of victims and survivors, both reports concluded that counselling and therapy services have delivered positive outcomes in addressing psychological need. Dillenburg *et al* concluded that as, '*the first multi-method, quantitative study that explored the effectiveness of voluntary sector services for victims of the Troubles in Northern Ireland...overall during the assessment period (9-12 months) psychological health and levels of depression improved significantly for participants*' (204-205). Meanwhile, in reporting their findings from consultation with victims groups relating to the impact of counselling and therapies, the Community Relations Council concluded that, '*Counselling and Therapies related projects continue to be hugely significant in terms of the impacts they can make for individuals in improving their health and wellbeing and subsequently supporting enhanced quality of life*' (CRC, 2010: 82).

While the overall conclusions relating to counselling and therapy services contained within these reports are positive and indicate the delivery of favourable outcomes for victims and survivors there are a number of important caveats that need to be considered. One particular issue of concern reflected in the PAVE Report is the lack of individual assessment of mental health need before victims are recommended services. Furthermore, this should be considered within the context of a dearth of information relating to the effectiveness of services delivered by non-statutory providers. According to the report, *'Generally speaking, allocation to specific services was not related to levels of mental health, depression, or PTSD symptom severity... Yet little is known about the effectiveness of services delivered by voluntary sector organisations'* (Dillenburg, 2007: 116-117). Equally, while the CRC report refers to the development of *'e-tracking and methods of monitoring individual journeys to measure impact over the longer-term'* it acknowledges that, *'the impact of counselling and therapeutic interventions has not been rigorously evaluated'* (CRC, 2010: 82). In terms of funding for counselling and therapies, the CRC report states that since 2005 more than £785,000 or 20% of the Development Grant Scheme has been administered to groups within the victims and survivors sector. Given the substantial level of expenditure allocated to counselling and therapies in the community and voluntary sector over this period allied to the complexity and sensitivity in addressing the psychological needs of victims, the lack of individual professional assessment and service evaluation are inherent weaknesses within current service provision.

Research including the PAVE Report, have highlighted concerns relating to the current provision of trauma services. In relation to treating the specific psychological condition of PTSD, Dillenburg *et al* concluded that, *'with regard to trauma recovery the evidence was not convincing as the majority of services did not seem to be effective in lowering levels of PTSD symptom severity'* (2007: 205). McDougall (2007: 29) noted that while the response of the voluntary and community sector to the needs of individuals affected by conflict related trauma had been 'impressive', she concluded that service provision relating to trauma was 'patchy, reactive and lacking co-ordination'.

In terms of the experiences of victims and survivors affected by troubles-related trauma, Bolton *et al* (2008: 60-61) highlighted the difficulties many have faced in seeking access to appropriate services. According to their research, in relation to accessing professional services or treatment, participants expressed the view that "there wasn't any". Moreover, some participants demonstrated their disillusionment with the apparent 'indifference of public services' and the lack of awareness and effective signposting to trauma services. These sentiments were illustrated by a number of participants, who voiced their concern,

You know it was just hard to take and some of the things too, [they] never ever came to talk to you about these things. [...] As I say you always get the feeling in a way that nobody was doing too much about it, you were just another statistic (ibid.).

From reviewing the literature it is clear that counselling and therapy services currently provided by funded voluntary and community groups deliver an important set of interventions that address the mental and physical health needs of victims and survivors. While victims and survivors affected by conflict-related mental or physical ill-health routinely access a range of services within the health and social care sector services delivered by victims groups represent an important complementary source of support to improve health and well-being.

There are a number of important reasons supporting the continued funding and delivery of counselling and therapies to address the health-related needs of victims. Firstly, to reduce funding and access to these services would shift the financial burden onto the shoulders of victims themselves as complementary and alternative medicine service provision is currently negligible within the health and social care system. Despite the mainly positive outcomes and feedback to emerge from the CAM Pilot Project (see Section 1.5.7) the HSSPS Minister Michael McGimpsey decided not to proceed with implementing the report's recommendations and fund access within the health service. Equally, it can be argued that demand for counselling services within the victims sector could increase in the future with anticipated cuts in health spending. Indeed, evidence of reduced spending on mental health services was clearly apparent with the launch of the DHSSPS's Psychological Therapy Services Strategy. From an initial commitment to allocate £7 million per annum to support the delivery of a range of psychological strategies within the health service – a figure recommended by the Bamford Review - only £1 million has been committed to date. Secondly, concerns have been expressed within the literature relating to a lack of effective monitoring and evaluation of counselling and therapy service provision within the victims sector. However, with effective evaluation and national accredited standards regulating the delivery of counselling and therapy services within the victims sector, health and well-being could improve alongside the development of a strengthening evidence base. Further, with more victims suffering from conflict related trauma or other psychological or physical health conditions accessing effective counselling and therapy services; it could reduce the reliance on negative coping strategies including alcohol and/or drug dependency. Equally, mitigating the impact of alcohol and/or drug abuse and encouraging the choice of healthier lifestyle behaviours among victims and survivors could lessen the financial burden on the health service.

1.8. CONCLUSIONS AND RECOMMENDATIONS

The Conflict in Northern Ireland embedded a legacy of psychological trauma and mental ill-health as a consequence of decades of violence, bereavement, intimidation and displacement. This legacy represents a significant contribution to a recognised 25% higher level of psychological morbidity compared to neighbouring jurisdictions.

Since 1998 in excess of £80 million of funding has been allocated to the victims sector supporting the proliferation of community-based groups delivering a range of services including counselling and complementary therapies. Meanwhile, victims suffering with physical injuries can avail of these services as well as being able to apply for assistance from the Chronic Pain Management Scheme administered by the Northern Ireland Memorial Fund.

Community sector health-related interventions have been delivered within the context of decades of underinvestment in mainstream mental health services despite a recognised higher level of need generated in part by the impact of the Troubles. Continued funding of counselling and complementary therapy services will be important to ensure victims with identified and assessed mental or physical health needs are given access to these treatments where the health service is unable to do so.

Based on the review of the literature undertaken in this paper as part of Phase 1 of the Comprehensive Needs Assessment process, this paper has identified the following recommendations:

- To provide improvements to the quality of information relating to the effectiveness of counselling and therapy services provided by funded victims groups it is recommended that robust monitoring and evaluation mechanisms need to be established. The introduction of monitoring and evaluation mechanisms would ameliorate the current dearth of sound evaluation data;
- Victims and survivors affected by conflict-related mental or physical ill-health routinely access a range of services within the health and social care sector. Following an earlier DHSSPS evaluation of health and social services for victims in 2003, it is recommended that a similar mapping exercise of services is undertaken. This timely review of following the implementation of major structural reforms as part of the Review of Public Administration would provide key data relating to mental health service capacity and how it is being utilised. Additionally, working closely with the Patient Client Council, the review could generate data related to 'service user experience' and how victims felt statutory services were addressing their health related needs;
- Community sector health-related interventions have been delivered within the context of decades of underinvestment in mainstream mental health services despite a recognised higher level of need generated in part by the impact of the Troubles. It is recommended that funding for counselling and complementary therapy services is maintained at the current level to ensure victims with an identified and assessed mental or physical health need are given access to these treatments where the health service is unable to do so; and
- A potentially significant development in the research relating to the impact of the Conflict on the health needs of victims and survivors is the link between trauma exposure and serious health conditions including cardiovascular disease, diabetes, chronic fatigue syndrome and musculoskeletal disorders. It is recommended that further research continues into the link between trauma exposure related to the Conflict and the development of serious physical health conditions. This research should continue to raise awareness among health professionals and mental and public health policy planners to inform the treatment of trauma and conflict-related mental ill-health.

CHAPTER 2

PERSONAL AND PROFESSIONAL DEVELOPMENT

2.1. INTRODUCTION

The aim of this chapter is to analyse and comment on the current literature relating to the identified needs and services provided to victims and survivors of the Northern Ireland Conflict in the area of personal and professional development. The chapter will define and assess current needs in this area and also assess and comment on the current services provided to support victims and survivors to meet this need. Subsequently, the analysis will highlight any gaps or deficiencies in the current provision of services addressing the education, training, personal development and employment needs of victims and survivors.

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

In the Commission for Victims and Survivors 2009 public opinion survey respondents indicated that in dealing with societal issues, the top issue was working with young people to provide the necessary skills and education so that the past is not repeated.³⁶ Therefore, as a consequence of the Conflict, additional or tailored services are required in this area to meet the needs of victims and survivors in personal and professional development.

The majority of this information, advice and guidance is currently available to the wider public through statutory provision through the Departments of Employment and Learning and the Department of Education. However, with exposure to 30 years of civil conflict, with over 3,500 deaths, over 35,000 injuries, 16,000 charged with offences, and 34,000 shootings and 14,000 bombings, there are few individuals, families or communities in Northern Ireland who have not been directly or indirectly affected by the Conflict.³⁷

2.2. SUMMARY OF KEY FINDINGS

A summary of the key findings in relation to this chapter are as follows:

- The evidence exists to show that victims and survivors have needs in relation to personal and professional development in the areas of education, training and employment;
- The new Victims and Survivors Service should make provision to meet the personal and professional development needs of victims and survivors for at least a period of three years;

³⁶ Commission for Victims and Survivors (2009) *"Public Opinion – Tribunals of Inquiry and Consultative Group on the Past"* Section 3.5 P.30

³⁷ Figures obtained from Muldoon *et al*, 2005: 1.

- Evidence points to positive health and well being benefits, as well as positive economic benefits for those individuals who have engaged with personal and professional development services to date;
- There is a need to develop a further understanding of the educational needs of victims and survivors through additional research; and
- Evidence contained within this chapter points to personal and professional development services being popular and in demand (See Potter (2004), The Legacy Report (2003), McGlone (2008) and Dillenburg (2007)). However, statistical analysis regarding uptake of these services is limited. From this limited statistical analysis, the Commission would estimate that up to 5,000 individuals may wish to avail of personal and professional development services annually.

2.3. BACKGROUND

Personal and professional development has been identified in the Comprehensive Needs Assessment process as one of the key areas of need to be considered in relation to Victims and Survivors.

The key questions that will be considered in this section in relation to personal and professional development are:

- What is the definition of personal and professional development in relation to the victims and survivors sector?
- What are the needs of victims and survivors in relation to personal and professional development?
- What is the impact of the services that currently already exist?
- What are the forecasted future need, uptake and cost of providing services over the next 5-10 years?

2.3.1. DEFINING THE AREA OF NEED

The Conflict has embedded a specific legacy of needs in relation to the education, employment and training of victims and survivors. Due to the individual circumstances of individual victims and survivors needs are wide and varying across these three large areas. Normal progression along educational, training or employment paths may have been interrupted by thirty years of conflict and there may have been financial loss as a result of this. For example, someone injured or bereaved, imprisoned or a full time carer as a consequence of the Conflict may not have been able to progress along their chosen academic or professional path because of their physical or mental injuries.

For the purposes of this research, personal and professional development is defined as an individual's needs in relation to three areas, namely, education, training and employment. In terms of providing services to meet these needs, current provision would include examples such as:

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

Training Needs – includes the provision of advice, guidance and information on a host of training courses, for example business and self employment training, computer skills, trades and skills, access to and the provision of courses in order to facilitate progress in the chosen career or facilitate the return to work.

Employment needs – includes the provision of information, advice and guidance in relation to careers advice, identifying skills, abilities and aptitudes, job searches, interview techniques, CV production, pursuing an active career, provision of information on employers, sign posting to professional bodies and assistance in completing employment application forms in order to facilitate employment progress.

2.4. PREVIOUS RESEARCH

This section outlines a number of the key documents and related reports that have directly informed the development and evaluation of services for victims and survivors in the area of personal and professional development. A number of these documents also contribute to the assessment of need in relation to this area.

2.4.1. THE LEGACY: A STUDY OF THE NEEDS OF GB VICTIMS AND SURVIVORS OF THE NORTHERN IRELAND 'TROUBLES' (2003)

This report examines the needs of victims of the Northern Ireland Troubles who live in Great Britain. The aim of the research was to carry out an independent needs analysis of GB victims and survivors and advise on the options for the forward strategy for the Legacy Project, and where appropriate, to point to ways other agencies and policy makers might address the needs identified.

The report identifies several clusters of need and the current services in place to address those needs and concludes by making sixteen recommendations on how to improve the current situation.

The report is relevant to the process of needs assessment in Northern Ireland as there exists strong parallels to the areas of need identified in Northern Ireland. Obviously, some differences do occur, however, the information in relation to personal and professional development has strong resonance to the needs of victims and survivors in Northern Ireland and therefore is utilised and referenced within this analysis.

2.4.2. THE PAVE PROJECT REPORT: AN EXPLORATION OF THE EFFECTIVENESS OF SERVICES FOR VICTIMS OF THE TROUBLES IN NORTHERN IRELAND – QUB (2007)

This Report was commissioned by the Victims Unit of OFMDFM to examine the effectiveness of services for victims and survivors in order to inform further development and investment. The aims of this research were to establish an overview and categorisation of services offered to victims, explore the effectiveness of commonly used services and to encourage collaboration through sharing and dissemination of outcomes of this research.

The project comprised of two main phases. The first involved conducting a survey of core funded services and generating a detailed categorisation of these services. The second phase involved a time-series design to explore the effectiveness of some of the services. The survey sample consisted of 48 core funded voluntary groups, of which 26 or 48% took part in the survey.

The achievement of this study is that it establishes for the first time an overview and categorisation of services offered to people affected by violence in Northern Ireland. It also explored the effectiveness of some of the most commonly used services as regards to achieving their set aims and goals. The survey also encourages collaboration through sharing and dissemination of research outcomes.

2.4.3. NEEDS ANALYSIS OF THE PHOENIX GROUPS (FORMER MEMBERS OF THE SECURITY FORCES) (2008)

This report explores the needs of the former security force members in Northern Ireland and identifies the key issues faced by Phoenix Group members. The research specifically examined the areas of physical, psychological, social, practical and spiritual needs.

The main findings identified issues in relation to health, social and geographical isolation, an ageing constituency, employment and injustice. In order to address these issues six strategic objectives were identified for the Phoenix Group to focus on over the course of the next three years.

Consultation was carried out with 21 key stakeholders and 130 individuals participating in focus group discussion and in addition, 73 individuals completed questionnaires. Therefore, the report provides valuable information in relation to the key issues facing ex-members of the security forces and in particular to issues regarding personal and professional development.

2.4.4. COMMUNITY RELATIONS COUNCIL, REVIEW OF THE COMMUNITY RELATIONS COUNCIL'S FUNDING FOR VICTIMS AND SURVIVORS, (2010)

Deloitte, assisted by INCORE, was commissioned earlier this year by the Community Relations Council (CRC) to undertake a review of CRC Funding for Victims and Survivors. The research focused on an evaluation of the Core and Development Grant Schemes and the impact of the services supported by these schemes. The methodology included a review of the strategic context, analysis and evaluation of available management information, focus groups with victims and survivors groups and interviews with key stakeholders.

Personal and professional development was identified as receiving ten per cent of the total amount of funding available for Development Grants in 2008-09 with 50 projects receiving financial support. The report provides an analysis of the effectiveness and value for money of this funding from 2005-06 up until 2008-09 by analysing the investment, impact, developments and partnerships that have resulted as a consequence of this funding. The report found that as a result of funding there was an increase in the provision of opportunities for individuals, an increase in support and awareness of this support and an increase in employment. As this evaluation report is very recent, its findings are key to informing much of the analysis of the areas of need within this needs assessment.

2.4.5. SEUPB, REVIEW OF FUNDING FOR ACKNOWLEDGING AND DEALING WITH THE PAST THEME 1.2 OF THE PEACE III PROGRAMME, DELOITTE, (FORTHCOMING AUTUMN 2010)

This evaluation is currently ongoing and is due to report in the autumn of 2010. It is envisaged that this analysis will provide valuable information in relation to the types of services that have been funded through the PEACE III Programme to date and the uptake of those services. The evaluation will also examine the value for money element of these services and therefore will prove to be a valuable source of information to inform the findings in relation to personal and professional development. Findings of this research will be incorporated in Phase II of the Comprehensive Needs Assessment.

2.5. SERVICES

A number of services are currently in place to address need in the areas of personal and professional development in both the voluntary/community and statutory sectors.

2.5.1. VOLUNTARY/COMMUNITY SERVICES

In the community and voluntary sector, personal and professional development services for victims and survivors are mainly provided by victims groups and other associated groups. Funding for these services is provided via two main sources, namely, the Community Relations Council's Development Grant Scheme and PEACE III Programme in Theme 1.2 Acknowledging and Dealing with the Past. Both these funding mechanisms employ a grant led process that relies on the community and voluntary groups to identify the need and propose a service in order to meet that need. Assessment panels then consider the applications and award the public funding to the highest scoring applications that best fit the agreed criteria.

Examples of these groups and the type of services they provide are included in Table 1 below:

TABLE 1: SAMPLE OF ORGANISATIONS PROVIDING SERVICES IN PERSONAL AND PROFESSIONAL DEVELOPMENT

ORGANISATION	PROJECT DETAILS
Haven Victim Support Group	The provision of IT training for members of Haven Victim Support Group.
Derry Well Woman	An eight week programme for victims of the Troubles to help create a better understanding of the psychological factor which can influence attitudes
The Ely Centre	A language shop that will provide skills and develop the confidence of the members of the Ely Centre
FAIR (Families Acting for Innocent Relatives)	A project which aims to help victims gain suitable employment and a better quality of life.
Innovative Barnardos (NI)	One year Family Therapy training course for staff, based at QUB
Falls Women's Centre	Falls Women's Centre Employment Service
Ashton Community Trust	An evening surgery to provide advice, information and support in respect of employment
Tar Anall	A locally based employment initiative focussing on creating economic and social sustainability for those who have been affected by imprisonment, bereavement and political conflict.
VOICE	A programme to assist group members back into employment

2.5.2. COMMUNITY RELATIONS COUNCIL

The types of services that have been funded over the last few years are wide ranging and include education based services that provide advice and information or indirect services that included financial assistance. These interventions were found to be very welcome, especially if they involved courses for computers, digital photography or basic skills. They helped service users develop new skills or re-build self esteem and confidence, or offered information on funding, welfare or advocacy. (Dillenburg *et al*, 2007: 74).

One participant quoted within the PAVE Project Report stated that;

“...the thing that really helped me was the classes, our own program that we run for... for the women, that really brought everybody, I think, out of themselves. It’s the one thing that helped the most. ... it was giving you self-confidence and self-esteem, and... you know, it actually made me do things that you wouldn’t have done, like getting up and talking, and doing presentations and... just bringing women out of themselves, you know... And it really did work.” (2007: 76)

In a detailed study of 26 of the CRC core funded groups, Dillenburg found that, overall the majority of services provided by the groups received favourable feedback from the interviewees, with them being deemed useful and with considerable use being made of them (Dillenburg *et al*, 2007: 79). The PAVE Project Report is an important source as it was the first multi-method, quantitative and qualitative, study that explored the effectiveness of the community and voluntary sector services for victims of the Troubles in Northern Ireland.

2.5.3. STATUTORY SERVICES

The Departments of Education and Employment and Learning have statutory responsibility for providing services in relation to education, training and employment in Northern Ireland. A comprehensive service currently exists to service the needs of the wider public and all individuals. There are no dedicated staff providing direct services to victims, but rather staff members are involved in the provision of services which are accessed by victims.

2.5.4. DEPARTMENT OF EDUCATION (DENI)

The Department of Education NI (DENI) has the remit for the education of children and young people. DENI does not have any specific protocols or initiatives in place to deal with children and young people who are victims of the Troubles, but can and does deliver support to these young people under mainstream DENI support services, which are available for any child, irrespective of the cause of their need. There is a range of DENI services available to children needing practical support, including those who may have been affected by the Troubles.³⁸

2.5.5. DEPARTMENT OF EMPLOYMENT AND LEARNING (DEL)

The role of the DEL is to promote learning and skills and to prepare people for work in support of the economy. DEL does not have specific programmes of support or services dedicated to victims of the Conflict, however there a multitude of schemes available to help individuals with employment and training opportunities. These include job centres, jobs and benefit offices and the availability of personal advisers.

³⁸ From the Department of Education website www.deni.gov.uk

The Department also delivers a Disablement Advisory Service that provides guidance, training, assessment and placing of services for people with disabilities who wish to obtain or retain employment. The Pathways to Work Programme is an innovative and new approach to help people with health conditions and disabilities to consider their options for returning to work. Participants are allocated their own specially trained Pathways Personal Adviser who will arrange a series of meetings to discuss difficulties encountered which make it difficult to work and provide advice on a range of choices which may provide the practical, health and financial supports individuals need to make decisions about work.³⁹

2.5.6. OTHER SERVICES

Services financed by the Department of Justice and the Ministry of Defence for retiring members of the PSNI and the UDR/RIR are relevant to this debate as they are an already existing service that specialise in services relating to personal and professional development. In addition, they also cater for victims and survivors who are ex-members and tailor their services accordingly. They are particularly relevant and informative in this debate and therefore their services are explored in further detail in the paragraphs below.

2.5.7. POLICE REHABILITATION AND RETRAINING TRUST (PRRT)

The Police Rehabilitation and Retraining Trust (PRRT) was established as a company limited by guarantee on 2nd March 1999. It was established to provide members of the RUC and RUCR (and subsequently PSNI) and their families with assessment, treatment, training and support prior to and following cessation of service. It was formed in the wake of the fundamental review of policing (The Patten Review) begun in 1994, following a survey of Police officers, which identified the need to provide healthcare and careers-based services for officers and their families in a secure environment.

The Police Rehabilitation and Retraining Trust offer a comprehensive Career and Personal Development service to those clients who are eligible. This includes activities such as one to one sessions with Careers Advisors that are designed to help identify personal skills, abilities and aptitudes. Also, information and advice is provided about choosing a new career, job, education, training opportunities or pursuing an active career. PRRT has been awarded the Matrix Quality Standard by the Department of Employment and Learning for its excellence in offering information, advice and guidance in this area.

The Trust has also developed training programmes in personal and professional development such as the Personal Development and Employment Transition Service (PDET) and the Personal Effectiveness Programme (PEP). Information events were held with potential employers and partnerships were formed with information providers such as the Citizens Advice Bureau throughout 2009 and 2010.

Ongoing monitoring of these services shows that for Personal Development and Employment Transition, 91% of clients were satisfied or very satisfied with their experience of the service. 77% of clients agreed or strongly agreed that they felt more able to make decisions about the future and also 77% agreed or strongly agreed that they know what to do to achieve employment/retirement goals. In its targets for 2010-11 PRRT intends to provide a minimum of 1,300 appointments in its Personal Development and Employment Transition Service and also provide for 325 clients accessing the Careers Service.

³⁹ Taken from the Department of Employment's website www.delni.gov.uk

In relation to Training and Education PRRT provides a range of services that includes academic courses such as the Advanced Diploma in Management Practice, the Bachelor of Arts Degree in Professional Development and the Access Diploma in Social Sciences. It also provides Business and Self Employment training, Computer Training, Security related courses and Trades and Skills Training.

Monitoring of the Training and Education services reveals that 100% of clients passed their Equal Skills examination and their GCSE's with 57% of students achieving an A or A* grade. 89% of clients passed the ECDL examinations in 2009-10. Targets for 2010-11 include providing a minimum of 1,000 training places in house for clients and achieving a minimum of 95% attendance at training courses.

In its Annual Report for 2009-10 the Trust states that,

"During the year a total of 1,225 serving officers and 937 retired officers attended training courses at PRRT, 421 clients received financial training support to attend courses, driving instructor training, holistic therapies, counselling, HGV Licence training and various self employment related courses."⁴⁰ (2010).

2.5.8. THE UDR/RIR AFTERCARE SERVICE

The Aftercare Service was created in 2007 in response to the unique needs of home service personnel on the disbandment of Home Service Battalions under Operation Banner. The core business of the Aftercare Service is to provide support in three key areas, namely welfare, medical and vocational needs. It aims to deal holistically with clients needs across these three areas in order to facilitate their onward progress towards total well-being. In its first Annual Review of 2007-08 the report states that:

"While the Aftercare Service exists it will continue to provide a unique and holistic service to a large group of known clients in need (and potentially to a larger group of clients yet to be identified) which is otherwise unobtainable from within statutory organisations. It is a dynamic structure which embraces change where appropriate and seeks to provide more efficient and effective service delivery for the good of clients and stakeholders alike." (2008: 8).

Specifically in relation to personal and professional development, the Aftercare Service provides a vocational service. This service includes a vocational manager who offers a full range of employment and retraining services tailored to the particular circumstances and requirements of the client. These include career guidance consultations, training needs identification, CV production, searching employment opportunities, interview technique training, sign posting to other professional bodies and assistance in completing employment application forms. The Vocational Manager is also responsible for the management of the Discretionary Training Award. This grant facility is subject to eligibility and is aimed at assisting the client with the training costs associated with up-skilling, thus helping with obtaining and maintaining employment. This award will cover up to 80% of training course costs, subject to a maximum ceiling of £2,500.

⁴⁰ *Annual Report 2009 2010*, Police Rehabilitation and Retraining Trust (2010) from section "Training and Education". No page numbers recorded in the report.

In its first year of operation (2007-08) the Vocational Service dealt with 326 clients and awarded 87 Discretionary Training Awards totalling £161,531. However, the Aftercare Service has 63,000 potentially eligible clients and by 2009-10 it had approximately 5,000 client interactions.

2.5.9. NORTHERN IRELAND MEMORIAL FUND

The Northern Ireland Memorial Fund was established in 1998 by the Northern Ireland Office in response to the findings of the Bloomfield Report. The Fund is an independent charitable organisation that seeks to promote peace and reconciliation by ensuring that those individuals and families that have suffered as a result of the Conflict in Northern Ireland are remembered, by providing them with help and support in a practical way. The fund provides support to individual victims and survivors to help them build a better future for themselves and provide them with support that alleviates immediate needs. It provides this support through a number of schemes that includes a short break scheme, small grants, education and training scheme, back to school, chronic pain management, winter assistance and through a discretionary hardship fund.

The schemes are open to those who have lost a close family member or have suffered from serious physical or psychological injury as a result of the Troubles and also those who are carers for those who have been injured as a result of the Troubles.

The Education and Training Scheme was introduced in July 2001 and is aimed at children, young people and adults who wish to improve their career opportunities through education or training. Children in primary or secondary school may be underachieving due to bereavement or other personal experience. Families may be experiencing financial difficulties sending children to university. Adults may need to learn new skills or re-train in order to change career, or perhaps simply any individual who missed out on educational or career opportunities, who now wish to develop potential through education, training or other relevant extracurricular activities, including driving lessons and HGV tests.

The size of the grant will depend on individual circumstances and the type of assistance or educational and training opportunity needed. Most grants are under £500, but payments can be made up to £1,200 in certain circumstances. The scheme is open to those who have lost a grandparent, parent, partner, child, brother or sister as a result of the Troubles, those who have suffered physical or psychological injury as a direct result of a troubles-related incident and the primary carers of people physically injured in the Troubles.

In the last year 2009-10, the Education and Training Scheme received 1,047 applications for support and awarded a total of £357,990 to its activities.

2.6. ANALYSIS

2.6.1. ANALYSING THE NEED

The literature reflects that for some individual victims and survivors, personal and professional development is their key need. For example, in the 2004 TWN Report *In Their Own Words: A Research Report into the Victims Sector in Northern Ireland*, Potter found that through the individual questionnaires, that victims and survivors themselves identified education and training as a key need. The report states that,

“Training and education indicate practical aspirations, both on a personal level and to increase understanding of the general situation. One respondent commented: ‘I need to understand the conflict and the parallels between all sides of the conflict’. Training was indicated as a way out of the situation respondents were in, for example, securing employment, or just ‘for a better future’.” (2004: 20)

Accessing these services has the potential to transform the lives of victims and survivors. Moving individuals from the position of long term unemployed into employment is life changing and this is even more important for someone living with the effects of a conflict related incident. The Legacy Report states,

“For many people work provides not just a source of finance but also plays a part in giving them an identity, reinforces feelings of self-worth, provides occupation and is a basis for social interaction outside of the family.” (2003: 134).

Other victims described how they had lost jobs and social networks,

“I went for an interview once, and they said, ‘You haven’t worked for 4 years, why is that?’ I just bawled. All I had to say was that my son was killed; they said we will let you know . . . it sunk into me that I would never work again. (Father, ex-military victim).”⁴¹ (2003: 65).

Employment, education and training were also identified as major issues for ex-members of the security forces who were either leaving the forces as an early retiree or through illness or injury. Along with the Legacy Report, the *Needs Analysis of the Phoenix Groups (Former Members of the Security Forces)*, identifies a multitude of issues facing ex-members in relation to their needs for personal and professional development. For example, Mc Glone states that,

“Many younger members who were consulted felt that gaining employment was difficult, and the general perception was that employers did not want to recruit ex-members of the security forces. In addition, it was felt that there was need for retraining in terms of obtaining appropriate employment. However it was felt that not enough is being done to de-stigmatise the image of ex-security force members with potential employers.” (2008: 51).

Victims and survivors are often managing complex financial arrangements whilst coping with the impact of their experience or loss. Indeed, many victims experience a profound economic impact as a consequence of their situation, either through unemployment or loss of earnings. The Legacy Report makes the point that,

⁴¹ The Tim Parry Johnathan Ball Trust (2003) *The Legacy: A study of the needs of GB Victims and Survivors of the Northern Ireland ‘Troubles’* Page 65

“The importance of work and employment is underlined by the experience of individuals who described how work enabled them to also make sense of their situation. However, overall, work itself was described as beneficial, as along with the social interaction that it brought with colleagues, interesting work also enabled individuals, particularly wives and partners to participate in an activity for which they were recognised and appreciated outside of the caring, supportive role they have provided. To others it also represented and escape from the situation.” (2003: 65).

This profound economic impact can also hinder an individual's progress along their chosen educational path. The affordability of education has the potential to a barrier to progress and therefore the availability of bursaries and awards are essential in order to facilitate the availability of opportunity for victims and survivors.

The benefits and impact of supporting personal and professional development services has been clearly articulated within the Community Relations Council's Review of Funding Report (CRC, 2010, 95). These include;

- **Reduced isolation** - For many individuals accessing these services provide a rare opportunity for individuals to “get out of the house”;
- **Increased social interaction** –provision of opportunities for individuals to be social in a situation where people could empathise with each other and discuss the challenges they faced in a supportive environment;
- **Increased awareness** - increased awareness of the support and services that are available to them;
- **Increased awareness and engagement in wider societal processes** – for example access to potential training and educational opportunities, as well as activities such as job search and CV;
- **Increased volunteering and employment** – given the growth in groups/ organisations and the increase in activities/services there has also been an increase in volunteering and employment.
- **Increased economic benefits** – the state secures economic benefits by an individual progressing in education, training or employment as individuals moving from unemployment to employment results in benefits savings and contribution to the economy.

In the PAVE Project report, the evidence gathered enabled Dillenburg to arrive at the conclusion that as well as personal and professional services being highly valued by the interviewees, they were also significantly related to *“Improvements in general psychological wellbeing and lowering levels of depression. These findings were corroborated by the interviews, which confirmed the helpfulness and philanthropic utility of these services.”*⁴² (2007: 204).

⁴² Dillenburg, K, Fargas, M and Akhonzada, R. (2007) *The Pave Project Report – An exploration of the effectiveness of services for victims of the troubles in Northern Ireland*, Queens' University Belfast, (DHSSPS/OFMDFM), January. Page 205

There are a multitude of other examples to draw upon to highlight the needs of victims and survivors in this area. Therefore, it is evidently articulated that as an area of need, the literature reflects that this is an important and also hugely popular area of need. This is also borne out by the numbers participating in the current service provision.

2.6.2. NUMBERS

The Commission for Victims and Survivors has carried out analysis of data held by ten major funders of the Victims and Survivors sector from 2000 to 2008. This analysis identified over 32,000 participants in educational, training and employment projects. This analysis, therefore, would indicate that approximately 3,500 participants per annum availed of publically funded services in relation to personal and professional development over the period 2000-2008.

The PAVE Project Report examined 26 funded groups and found that 22 of these groups provided advice and information and that this was the most frequently offered service. Dillenburg estimated that up to 7,000 people used the services of these groups with the vast majority of service users using the advice and information service, which would have included advice regarding personal and professional development. (Dillenburg *et al*, 2007: 75).

In the last six years 2004-05 to 2009-10, PRRT have had on average 3,133 clients per annum entering PRRT to avail of their careers, rehabilitation and training services. The Northern Ireland Memorial fund had 1,047 successful applications for support from their Education and Training scheme in 2009-10.

2.6.3. SERVICES

Section 2.5 above outlines the current service provision available both in the statutory and community and voluntary sectors. This would indicate that in terms of education, training and employment quite a lot of provision already exists in relation to the victims and survivors sector. The potential exists for the Commission or the new Victims Service to strategically plan to offer a more focused service in relation to personal and professional development and at the very least explore the possibilities of potential partnerships in relation to the delivery of these services in the immediate future.

Indeed, certain service areas lend themselves better to potential partnership working and the nature of education, training and employment services lend themselves well to partnering initiatives, for example joint training or education initiatives. This point is clearly articulated in the Community Relations Council's Review of Funding;

"The nature of the services and the activities undertaken within this category suggests that linkages with existing advice service providers (e.g. Citizens Advice Bureau) and employability programmes (e.g. Progress to Work) are extremely relevant." (2010: 89).

However, this development would not be without its difficulties as certain sensitivities and issues within the victims and survivors sector need to be factored into any proposed partnership or mainstreaming of services. The issue of trust is a huge issue within the sector. For example, it has been highlighted that distrust between groups and individuals and existing service providers exists, particularly with regards to sharing sensitive and confidential information. This has been the primary driver for some groups in setting up their own welfare advice services. An additional issue is around governance and quality of service providers in that groups providing these services need to be appropriately trained, qualified and up to date regarding the provision of advice in order to serve their constituency effectively.

The Commission would recommend, however, that victims and survivors should be able to avail of the best and most comprehensive service available in order to meet all needs in relation to personal and professional development. An example of this type of service already exists through the Police Rehabilitation and Retraining Trust and through the UDR/RIR Aftercare Service. A potential solution to meet the needs of victims and survivors in relation to professional and personal development is to provide a similar specialised educational, training and employment service through the Victims Service, based on individual needs and over a specified period of time. This service should be monitored closely to provide data on which further need can be assessed, whilst also seeking to develop potential opportunities for partnership and mainstreaming delivery of the service.

2.6.4. COSTS

Further analysis is required in order to estimate the potential number of individual victims and survivors who would avail of this service. However, recent research would indicate that, since 2000, approximately 16% of available public funding for Victims and Survivors has been spent on the area of personal and professional development. In the Commission's review of funding 2000-2008, findings indicated that there was £9,251,697, or 15.2% of the overall funding, awarded to the category of Education and Training while £535,654 was awarded to the category of Employment, or 0.9%, of the total funding.⁴³

The main funder of groups providing personal and professional development services is the Community Relations Council. Recent analysis of this funding from 2005 to 2009 indicates that Education/Training and Employment funding amounted to 16% of their available budget in 2005-06 but this has reduced in proportion to 10% in 2008-09.⁴⁴ The Report states that, *"Investment in these activities from 2005 has amounted to over £400,000, with on average 55 projects supported each year."*⁴⁵ (2010: 88).

⁴³ Commission for Victims and Survivors Northern Ireland (2010) *A Review of Funding 2000-2008*, CVSNI January.

⁴⁴ Community Relations Council, (2010) *Review of Community Relations Council's Funding for Victims and Survivors – Final Report*, Deloitte Page 55

⁴⁵ Community Relations Council, (2010) *Review of Community Relations Council's Funding for Victims and Survivors – Final Report*, Deloitte Page 88

In relation to personal and professional development, the Police Rehabilitation and Retraining Trust delivers a more focused and dedicated service. Since 2005 PRRT have recorded over £1 million per annum of expenditure on delivering their Careers and Training services. This peaked last year 2009-10 at £1.3 million. Over the last six years 2004-05 to 2009-10, a total of £7,328,189 has been spent on the provision of the careers and training services. On average 3,133 clients have availed of these services per annum. Therefore, the average cost per head to deliver this service through PRRT is £2,339.04 per client. PRRT is planning to spend 57% of its services budget for 2010-11 on careers, rehabilitation and training. This amounts to £1,042,382 of its services budget.⁴⁶

The Northern Ireland Memorial Fund in the last year 2009-10, awarded a total of £357,990 to its Education and Training Scheme activities.

2.7. GAPS

Throughout this assessment no major gaps in relation to service delivery were identified. A large proportion of these services are available through the statutory sector. However, further research work is required to be carried out on this area of need in order to provide a complete assessment of need. Further research is due to be carried out in Phase II of the Comprehensive Needs Assessment process that will provide further information in relation to the identification of gaps.

It is acknowledged that gaps do exist at this moment in the available information and the analysis in relation to accurate numbers availing of these services across the sector. It is envisaged that this gap will be addressed in the second Phase of the CNA.

As part of addressing this gap, the Commission has currently commissioned survey research as part of the Northern Ireland Omnibus Survey that will provide information in relation to the number of victims and survivors planning to access the new Victims Service and the number of these clients that will want to access education, employment or training services. This data will be available by the end of October 2010.

2.8. CONCLUSIONS

This first phase of the CNA has highlighted a lack of primary research and evidence. Also the lack of any consistent evaluation, monitoring methodologies and outcomes across the sector adds to this difficulty.

Nevertheless, the Commission can conclude at this early stage, that clear evidence exists of specific needs in relation to the victims and survivors sector in terms of personal and professional development. Therefore, the Commission would recommend that:

- Provision should be made in relation to education, training and employment, to ensure it forms an integral part of the new Victims Service for at least the next three years. This could be informed by existing models of good practice;

⁴⁶ *Business Plan 2010 2011*, Rehabilitation and Retraining Trust (2010)

- A holistic method of assessment is introduced as soon as possible for individual victims and survivors, as the evidence examined in relation to personal and professional development indicates that there are positive benefits to the health and well being of individual victims and survivors when they engage with education, training and employment services (Dillenburg et al, 2007:204/5); and
- The provision of personal development opportunities leads to individuals being able to play a more productive role in the community. The potential positive economic benefits of individuals gaining employment or better qualifications makes a strong and compelling argument for providing such a service. Even in the current economic climate where employment opportunities are limited, the positive benefits of providing skills and gainful activity can provide an opportunity for victims and survivors to flourish.

CHAPTER 3

TRUTH, JUSTICE AND ACKNOWLEDGEMENT

3.1. INTRODUCTION

The aim of this chapter is to analyse and comment on the needs of victims and survivors in relation to truth, justice and acknowledgement and examine the services currently being delivered to meet these needs. The subsequent analysis will outline a number of key areas which include acknowledgement, remembrance, storytelling, advocacy, truth recovery and justice. In order to assess these issues, this chapter will further analyse the current literature relating to these needs and identify any gaps or deficiencies in meeting the needs.

Although some research has already been completed in these areas it is clear that further research and consultation must continue with the victims and survivors sector in order to assist in dealing with the past and taking forward such work in a pragmatic, sensitive and constructive way.

It is recognised that the complex nature of this category presents numerous challenges to Government, statutory and voluntary organisations, as well as those individuals directly impacted by the Conflict. The Commission recognises these challenges and acknowledges that in order to move these areas forward an enduring process is required. This must be a collective process rather than a single act or initiative.

3.2. SUMMARY OF KEY POINTS

- The Commission accepts the importance of truth, justice and acknowledgement for individuals and groups who have been directly affected by the Conflict;
- The past must be dealt with in ways that are truly sensitive to the particular needs and circumstances of individual victims and their families;
- The concepts of truth, justice and acknowledgement remain contested matters in our society. They also involve varying expectations across the community. While it will be wise to accommodate divergent views and allow for a range of practice across society, victims and survivors would benefit from the evolution of greater levels of consensus about these matters, among political leaders and across the community;
- The Commission believes that victims and survivors need mechanisms to deal with the past which are more independent, financially secure and strategically coherent than the current piecemeal arrangements of the Historical Enquiries Team and the Police Ombudsman's Office;
- We also believe it is also in the interests of victims and survivors that initiatives by civic society organisations regarding truth, justice and acknowledgement be properly funded and validated; and
- The Commission does not know the proportion of victims and survivors who want action to deliver justice, truth and acknowledgement. However, from our knowledge of those for whom these issues are important, we observe that they have needs in relation to justice, truth, sensitivity, recognition, acknowledgement and advocacy.

3.3. BACKGROUND

The issues of truth, justice and acknowledgement present a number of significant challenges for all sections of society in Northern Ireland. In dealing with the past, the Commission firmly believes that we must deal urgently with the legacy of the Conflict. Many victims and survivors have waited for many years for answers and assistance, many have died without having their needs met and for many more, their needs have been exacerbated as they age.⁴⁷ The Commission believe that Government and society has a duty of care to these individuals, families and communities. (CVSNI, Advice to Government, 2010:3)

Since 2007 a number of key initiatives and documents have informed the debate in relation to truth, justice and acknowledgement. These have mainly addressed the issue of how society is to deal with the past. In June 2007, the British Government announced the formation of an independent Consultative Group on the Past. This Consultative Group was asked to examine three key areas, namely,

- Consult across the community on how Northern Ireland society can best approach the legacy of the events of the past 40 years;
- Make recommendations, as appropriate on any steps that might be taken to support Northern Ireland society in building a shared future that is not overshadowed by the events of the past; and
- Present a report, which will be published, setting out conclusions to the Secretary of State for Northern Ireland, by summer 2008.

The 'Report of the Consultative Group on the Past'⁴⁸ (commonly referred to as Eames/Bradley) was completed and forwarded to Government in January 2009. A total of 31 recommendations were contained within this report.

The Northern Ireland Office has since prepared a summary of the responses to the Consultative Group on the Past's proposals⁴⁹. In this document the Secretary of State for Northern Ireland confirms the Government's commitment to building a shared future and further acknowledged that dealing with the past remains an important challenge.

In June 2010, the Commission provided Government with a report, 'Advice to Government - Dealing with the Past'. Contained within this report are a number of proposals which highlighted the importance of dealing with the legacy of the past. The report concludes with a number of key points and recommendations as advice for Government to take forward.

⁴⁷ Commission for Victims and Survivors Report (2010) Advice to Government – Dealing with the Past.

⁴⁸ Report of the Consultative Group on the Past, 2009.

⁴⁹ NIO, (2010), Dealing with the Past in Northern Ireland: The Recommendations of the Consultative Group on the Past. Summary of Responses (July)

In forming this advice, the Commission was guided by the discussions of the pilot Forum for Victims and Survivors. This pilot Forum was formed in September 2009 and completed its work in June 2010. The experiences of this group both as individuals and as members of the pilot Forum⁵⁰ has developed a platform of debate and created an important channel for members to explore the past, acknowledge the present realities they each face and potentially find some ways to move forward. This is seen as an important element in assisting to address the needs of victims and survivors.

3.4. DEFINING THE AREA OF NEED

Truth, justice and acknowledgement bring together a number of inter-connected areas of need in relation to victims and survivors. For example, some people's needs in these areas can be addressed when elements such as truth recovery and acknowledgement form an integral part of the forensic criminal justice process. Others' needs can be addressed by using different methodologies such as story-telling, reminiscing and life-story techniques or in the provision of support processes such as advocacy and individual healing. Modes of story-telling, truth recovery and acknowledgement can also be seen as ways through which to address the therapeutic needs for some victims and survivors and there is often a merging of the boundaries between these processes, their aims and the direct and indirect outcomes they bring within the context of need. The Commission recommends the following definitions in relation to these terms when applied to victims and survivors:

TRUTH

The Commission recommends the definition of truth recovery that was proposed by Healing Through Remembering in their 2006 publication, *Making Peace with the Past: Options for Truth Recovery regarding the Conflict in and about Northern Ireland*. It states that, "*Truth Recovery: This term refers to the broad range of processes designed to uncover the causes, context and extent of acts of political violence in the conflict.*" (2006:2).

JUSTICE

Justice, as it is commonly understood, is the judgement required in the determination of rights, and the assignment of reparation or culpability.

In respect of victims and survivors, we would also wish to take cognisance of the processes and mechanisms of transitional justice. The UN Security Council has defined transitional justice as:

⁵⁰ Victims and Survivors Pilot Forum Paper (2010) *Dealing with the Past – The Experiences of Meeting within the Forum* (June)

The notion of transitional justice...comprises the full range of processes and mechanisms associated with a society's attempts to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation. These may include both judicial and non-judicial mechanisms, with differing levels of international involvement (or none at all) and individual prosecutions, reparations, truth seeking, institutional reform, vetting and dismissals, or a combination thereof⁵¹

ACKNOWLEDGEMENT

The Commission believes that recognition must first take place in order to create the conditions for acknowledgement to be advanced.

Recognition occurs when someone feels that others have become able to see them as they see themselves; known for the person they are, or perhaps, whom they have come to be. Through recognition, victims feel they are properly known and understood by the rest of society. (2010:21)

Acknowledgement occurs when the actions of others are informed by recognition of who the victim and survivor really is. Acknowledgement is the working out of recognition in the everyday lives of victims. A society that truly knows and understands the victims and survivors of its own conflict develops sufficient insight to orientate services and make provision for its stricken citizens. (2010:21)

The quest for information and to know in as much detail what happened to their loved ones remains a key issue for victims and survivors. Within this context, the needs can vary greatly, i.e. requesting information about specific events to requesting full Public Inquiries and/or formal court proceedings.

Reviews of historic cases are currently carried out by the Historical Enquiries Team (HET) and a number of investigations are being undertaken by the Office of the Police Ombudsman for Northern Ireland.

The high expectations of victims and survivors for truth and justice are faced with numerous barriers, not least the passing of time and difficulties encountered by the investigation of historic cases. The provisions of the Good Friday Agreement in terms of sentencing limits can add to the feelings of injustice felt by many victims and survivors and, as such, fail to address their needs in regard to justice.

Many victims feel a lack of recognition and acknowledgement by the rest of society. Following consultation with the Victims and Survivors pilot Forum, concern was voiced that society in general was eager to 'move-on'. The complex issue of appropriate recognition and acknowledgement for this sector remains a key challenge for Government and for society. The needs are varied and wide ranging in nature and must be carefully considered through further consultation with those most affected by the Conflict.

⁵¹ UN Security Council (2004) The Rule of Law and Transitional Justice in Conflict and Post Conflict Societies: Report of the Secretary General. S/2004/616. New York: United Nations.

3.5. PREVIOUS RESEARCH

This section outlines the key policy documents and related reports that have informed the debate and also the development of services for victims and survivors in the area of truth, justice and acknowledgement to date.

3.5.1. WE WILL REMEMBER THEM - REPORT OF THE NORTHERN IRELAND VICTIMS COMMISSIONER, SIR KENNETH BLOOMFIELD KCB (1998)

The origins of this report began in October 1997 with Dr Mo Mowlam, the Secretary of State for Northern Ireland, requesting Sir Kenneth Bloomfield to establish a Commission *“to look at 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”* (1998: 8). The terms of reference included:

- To lead the Commission and to examine the feasibility of providing greater recognition for those who have become victims in the last thirty years as a consequence of events in Northern Ireland, recognising that those events have also had appalling repercussions for many people not living in Northern Ireland.
- Consult various organisations concerned with the welfare of the bereaved and disabled, as well as with community groups, churches and political parties, and to make recommendations.

This work, which completed in April 1998, was, for the first time, to examine in a holistic way how the legacy of the past could be addressed in terms of the needs of victims and survivors. In terms of truth, justice and acknowledgement the following recommendations were made:

- The possibility of benefiting from some form of Truth and Reconciliation Commission at some stage should not be overlooked. Every effort should be made to persuade and enable those with information about the ‘disappeared’ to disclose it
- The Government should consider the possibility of supporting efforts towards peace and reconciliation originating in Great Britain and not just in Northern Ireland
- Consideration should be given, if and when the churches consider it appropriate, to the designation of a “Memorial and Reconciliation Day” (Para 6.19)
- At the appropriate time, consideration should be given to a Northern Ireland Memorial in the form of a beautiful and useful building within a peaceful and harmonious garden (Para 7.13)
- Such a project should be called simply “the Northern Ireland Memorial” (Para 7.18)

3.5.2. MAKING PEACE WITH THE PAST: OPTIONS FOR TRUTH RECOVERY REGARDING THE CONFLICT IN AND ABOUT NORTHERN IRELAND, BELFAST, HEALING THROUGH REMEMBERING, (2006)

This document aims to inform the debate and discussion in relation to truth recovery so that it could make a contribution to the development of sustainable peace in Northern Ireland. The report outlines a number of options on how to progress a truth recovery process in the context of Northern Ireland. The options outlined are examples of approaches that might be taken and these are examined, reflected upon and debated. The document also explores a number of international comparisons so that lessons can be drawn from other societies. It also acknowledges that any process of truth recovery has to consider the needs of those who suffered most, but must also be a society wide consideration.

The report is particularly informative in relation to the various options of how to deal with the past and considers the merits of five options that, Northern Ireland as a society, could adopt in order to deal with the past.

3.5.3. REPORT OF THE CONSULTATIVE GROUP ON THE PAST (2009)

In June 2007, The Consultative Group on the Past was tasked by the Secretary of State for Northern Ireland to *"... establish a way forward out of the shadows of the past. The goal was to enable our society to do this together and this was to be achieved through the widest possible consultation."*⁵²

In developing this report, the consultation process undertaken by the group was one of the largest and widest ranging to have taken place to-date in attempting to deal with the events of the past conflict in Northern Ireland. The group was Co-chaired by Lord Eames and Mr Denis Bradley and completed its subsequent findings and recommendations in January 2009. *"The main themes which emerged from the consultation were the desire for reconciliation, truth and justice."* (2009: 23)

The report concluded with the acknowledgement that its recommendations represented significant challenges for many within society. The Government set aside the report's recommendation in regard to an ex-gratia recognition payment to be made to the nearest relative of someone who had died as a result of the Conflict. Other recommendations made reference to the establishment of a new 'Legacy Commission' and also a new independent unit to deal with historical cases within the context of justice.

3.5.4. COMMISSION FOR VICTIMS AND SURVIVORS, ADVICE TO GOVERNMENT - DEALING WITH THE PAST (2010)

In June 2010, the Commission published a report, Advice to Government – Dealing with the Past⁵³. This report states the Commission's position on how best to deal with the past and its recommendations on how to proceed with the needs of victims in the areas of truth, justice and acknowledgement.

⁵² Report of the Consultative Group on the Past (2009) - Extract from the Foreword

⁵³ Commission for Victims and Survivors, (2010). Advice to Government – Dealing with the Past

3.5.5. CAN THE PAST BE POLICED? LESSONS FROM THE HISTORICAL ENQUIRIES TEAM NORTHERN IRELAND

Dr. Patricia Lundy from the Department of Sociology at the University of Ulster undertook empirical research within the Historical Enquiries Team between September 2005 and December 2007 and published her findings in 2009. The focus of this research was on what kinds of lessons and insights can be drawn, and whether or not the HET concept is a model for other countries in transition.

In terms of the benefits of the provision of advocacy support, Lundy found:

There is also evidence that points to a self-serving differentiation in quality of treatment. This does not appear to be linked to bias in favour of any particular community or group. Instead it is associated with other factors such as whether or not a family is represented (by an advocate) and/or if the case is high profile, allegations of collusion, ECHR case and/or likely to attract media attention. Such cases are defined as 'high risk'...HET state that being categorized 'high risk' does not mean cases will be treated differently. The research found evidence to the contrary... Other families, groups and NGOs (particularly in the unionist community) are largely unaware of the inequality in treatment.⁵⁴ (2009: 41)

3.5.6. LOOKING FOR ANSWERS. PRELIMINARY RESEARCH INTO THE EXPERIENCES AND NEEDS OF FAMILIES ENGAGING WITH THE HISTORICAL ENQUIRIES TEAM (2010)

Justice for Innocent Victims of Terrorism (JIVT) commissioned QE5 to undertake this research, which was funded by the Community Relations Council. One of the key findings of the research was in relation to the support needs of families:

Families need additional support to buffer against difficult aspects of the process – not only in emotional terms but also in relation to the HET itself, understanding the legal and technical jargon which is inherent in the process, knowing what questions to ask and of whom, and having someone who they feel can speak on their behalf. Where individuals have availed of such support, their experiences have been less painful, and more constructive.⁵⁵

This research built upon issues raised in Dr. Patricia Lundy's research noted above. The group has now developed an action plan to address need for advocacy and support services for victims and survivors, primarily from the Protestant, Unionist, and Loyalist community.

⁵⁴ Lundy, Patricia (2009). Can the Past be Policed? Lessons from the Historical Enquiries Team Northern Ireland. Belfast, University of Ulster, Transitional Justice Institute. Page 41

⁵⁵ Justice for Innocent Victims of Terrorism (2010) – Looking for Answers: Preliminary Research into the Experiences and Needs of Families engaging with the Historical Enquiries Team. QE5 Ltd Consultancy

3.6. SERVICES

“Dealing with the past is a complex issue (EHSSB 2006) which benefits from a variety of state and community based initiatives”⁵⁶ (2009: 23). The following sub-sections provide a brief outline of the types of services and service providers which are currently available to address the needs of victims and survivors within the areas of truth, justice and acknowledgement.

3.6.1. VOLUNTARY/COMMUNITY SERVICES

In the community and voluntary sector, truth, justice and acknowledgement activities are mainly provided through a small number of groups. Funding for these services is provided via two main sources, namely the Community Relations Council’s Core and Development Grant Schemes and the PEACE III Programme.

COMMUNITY RELATIONS COUNCIL

The activities funded are diverse and include acts of acknowledgement, remembrance, storytelling, cultural diversity, advocacy, truth recovery and justice. Table 1 below provides examples that have been drawn from the Development Grant Scheme in this area.

TABLE 1: SAMPLE OF ORGANISATIONS PROVIDING SERVICES IN TRUTH, JUSTICE AND ACKNOWLEDGEMENT THROUGH THE CRC DEVELOPMENT SUPPORT SCHEME

ORGANISATION	PROJECT DETAILS
Tyrone West Phoenix Group	A trip to Belfast to attend the Annual Remembrance Service at the Waterfront Hall.
Survivors of Trauma	Candle of light services to remember those who have lost their lives as a result of the Conflict.
Relatives for Justice	Information materials for a remembrance quilt.
FAIR (Families Acting for Innocent Relatives)	International Victims of Terrorism Conference hosted by FAIR to mark the contribution to victims and the Northern Ireland peace process over the last 10 years
Claudy Memorial Group	The development of a stained glass project to remember those killed or injured in the Claudy bomb and the Omagh bomb including those from Buncrana and Spain
RUC George Cross Foundation	A memorial visit to the National Memorial Arboretum in Lichfield for members of the RUC George Cross foundation.
Royal Artillery Association	An opportunity for all members to gather and remember ex-service personnel and family members who have been injured or lost their lives throughout the Troubles.

⁵⁶ Commission for Victims and Survivors (2009) – Initial Literature Review of The Needs of Victims & Survivors.

In relation to the Development Grant Scheme, Deloitte research for CRC found that the levels of funding for this category were relatively small with less than £300,000 of funding administered to activities and services relating to truth, justice and acknowledgement over a four year period from 2005 to 2009.⁵⁷ This amounted to 7% of the overall funding available through this scheme and this figure is small when considering the importance of this area of work. The figure can be explained however, when the Core Funding Scheme is taken into consideration. Core funding is provided for organisations like Relatives for Justice and FAIR, whose main or core activities are focused on truth, justice and acknowledgement activities. Therefore, core funding is also being utilised to fund services in this area of need and this would involve larger amounts of funding. For example in 2008-09 Relatives for Justice were awarded £101,869 for core costs and FAIR were awarded £59,548. However, these core funded groups tend to provide a range of services and it is difficult to allocate or estimate the amount of core funding that contributes to truth, justice and acknowledgement activities.

PEACE III

The PEACE III EU funded programme running from 2007-2013 has €50m available for projects that contribute to acknowledging and dealing with the past. It specifically sets out to fund projects that offer support to people as they deal with the transition to peace and reconciliation and ensure that victims and survivors of the Conflict are able to address the complex and difficult impact of violence in the past on their own terms. One particular part of the programme aims to support actions that explore legacy and memory of the Conflict through truth recovery, documentation, storytelling and the recording of complex history and experience. This strand of the programme has called for applications and these are currently under assessment, but it is understood that the Programme will award up to €10m to projects that will support these activities.

To date fifty five projects have been successful under this Theme of the Programme and €22.8m has been committed to these projects. Services currently being funded under this programme include alternative therapies, counselling services, befriending schemes, remembrance services, facilitation workshops, training and education. Projects have also been funded that specifically aim to build the capacity of individuals to deal with the transition to peace and reconciliation and to ensure that victims and survivors are able to deal with the past.

The amount of funding available under the PEACE III Programme for these types of services is large, ranging from approximately £300,000 to £500,000 per project. Most of these projects will be funded for up to three years until 2012 and PEACE III funding will be available for a further three years from 2012 to 2014. A selection of the types of projects funded under PEACE III is outlined in the table below:

⁵⁷ Community Relations Council (2010), Review of Community Relations Council's Funding for Victims and Survivors, Deloitte, Page.90.

TABLE 2: SAMPLE OF PEACE III PROJECTS THAT PROVIDE TRUTH, JUSTICE AND ACKNOWLEDGEMENT SERVICES.

Project	Funding £	Description
Victims and Survivors Trust (VAST)	213,527	The project deals with trauma recovery, places of safety, remembrance, mourning, reconnecting with oneself and families and the wider community.
The Pat Finucane Centre (PFC)	395,744	This project is aimed at liaising and advocating with the Historical Enquiries Team and the Office of the Police Ombudsman of Northern Ireland on behalf of families that have lost loved ones during the Conflict.
Restorative Action Following the Troubles (RAFT)	448,068	This project named "Transcending Trauma" aims to contribute to the healing and rehabilitation of victims and survivors at the personal and individual level, as well as at the interpersonal and group level and also focussing on the transition to achiever and contributor to the local and wider community.
Relatives For Justice (RFJ)	547,745	This project aims to deliver a comprehensive family support programme with multi-layered and age appropriate interventions to assist individuals and families directly bereaved and injured during the Conflict.
Towards Healing and Understanding	248,839	The organisation, Towards Healing and Understanding, has developed a training resource on Dealing with the Past through Storytelling and Positive Encounter Dialogue. The programme has been developed from ten years of working with victims and survivors and is geared towards healing and empowerment for those directly impacted by the Conflict. The training resource is specifically designed for victims and survivors and those working with them.
Families Acting for Innocent Relatives (FAIR)	400,725	Over three years project CAPABLE will recruit 250 volunteer participants who are victims and survivors of terrorism from rural border areas through of Northern Ireland and corresponding areas in the Irish Republic and professionally archive their conflict experiences on DVD. All victims and survivors will then undergo peace and reconciliation training including good relations activities developed by the Ely Centre and then have the opportunity to participate in transformative dialogue processes which will be integrated into the archive (target 10 final dialogue participants). Archive material will then form the basis of Youth Conflict Transformation Workshops which will promote peace and reconciliation among 100 youth beneficiaries through demonstration of suffering, combined with cross-community activities and good relations promotion.

Currently an evaluation of these projects is underway and information in relation to this Theme will be very relevant to this area of need and its main findings will inform this section when available later this year.

3.6.2. STATUTORY SERVICES

The Department of Justice (DOJ) is the department with the statutory responsibility for most of the areas that provide services in relation to truth and justice. DOJ is a new Northern Ireland Department which came into existence earlier this year on 12 April 2010 and was established by the Department of Justice Act (Northern Ireland) 2010. It has a range of devolved policing and justice functions, set out in the Act.

In addition to its statutory functions, the department provides resources and a legislative framework for its agencies and arms length bodies (which together constitute most of the justice system in Northern Ireland). Together with these organisations the department is responsible for ensuring there is a fair and effective justice system in Northern Ireland and for increasing public confidence in that system.

Statutory services in this area are provided by a number of organisations. The following section provides a brief outline of the various services that are currently provided for victims and survivors seeking truth, justice and acknowledgement.

POLICE SERVICES - THE HISTORICAL ENQUIRIES TEAM (HET)

The Historical Enquiries Team is an independent policing unit within the PSNI that is responsible for reviewing the circumstances and investigations of the deaths of more than 3,000 people in the recent violent past in Northern Ireland. The HET has the task of reviewing the deaths of 3,265 victims. The aim of the Historical Enquiries Team is to answer family questions as far as possible and to take forward any new or remaining evidential opportunities. The governing principle is to give families as much information as possible, subject to legal obligations or restrictions.

The Chief Constable Matt Baggot commented:

"There are many reasons why it is important to seek answers to those, not least of these is the pain and hurt of those who live with them every day. I have met fathers and mothers, brothers and sisters, sons and daughters - people from all sides who struggle with questions about the deaths of their relatives. Often they just ask how or why, believing that these details will bring, if not some level of comfort, at least a measure of knowledge and understanding. Indeed, many have accepted that prosecutions may never be possible. They are simply looking for someone to tell them the story of how their relative died".⁵⁸

As a general rule, the HET examines cases on the basis of when they happened, starting with the earliest cases. There are some exceptions, for example, linked cases or those already re-opened. The process of case examination involves several stages that include:

- **Collection and Assessment.** This includes the recovery and examination of existing records and exhibits.

⁵⁸ www.psni.police.uk/historical-enquiries-team/het-background.htm

- **Review.** Here cases are examined to determine whether any further investigative or evidential opportunities exist.
- **Re-investigation.** This involves further investigative work which focuses on the issues identified by the review process.
- **Judicial proceedings.** Where possible in appropriate cases or, alternatively, resolution

The Commission is awaiting up to date information from the HET in relation to their current progress in reviewing cases.

POLICE SERVICES - POLICE OMBUDSMAN FOR NORTHERN IRELAND

The Office of the Police Ombudsman for Northern Ireland (PONI) was established under the Police (Northern Ireland) Act 1998 and is a Non Departmental Public Body. The Office of the Police Ombudsman is constituted and operated independently of the Northern Ireland Office, the Northern Ireland Policing Board and the PSNI. When policing and justice functions were devolved to the Assembly on 12 April 2010, the Ombudsman's office became an NDPB of the Department of Justice.

The office of the Ombudsman has two separate statutory roles. The first role is the investigation of current complaints and the second relates to investigations involving serious allegations of police wrongdoing during the period of 1968 to 1998. The Ombudsman is currently investigating over 100 complaints that involve conflict-related deaths which allege either a poor police investigation or some involvement by police in the deaths. The Ombudsman has a budget of £931,000 for this work, but would contend that its budget for historical investigations is currently inadequate in terms of the volume and complexity of the matters to be investigated. In its Annual Report for 2009-10, Al Hutchinson, the Ombudsman states that,

It is a long standing issue for me that neither this Office nor the Historical Enquiries Team (HET) are the best instruments to accommodate the societal desire for a better solution to the Past. The shadow of 'the Past' continues to hang over present day policing and is a barrier to sustained progress. Nonetheless, in the absence of any immediate solution emerging from the recommendations of The Consultative Group on the Past (the Eames/Bradley Report), it is my view that this Office must continue to contribute to some reconciliation for the families of the victims of the conflict. (2010: 4)

The Directorate of Investigations (Historic) ensures that investigations into State-related killings or associated allegations are conducted in a manner that is compliant with Article 2 of the European Convention on Human Rights. The Directorate this year has also established an advisory group of victim's representatives to advise the Ombudsman in taking these investigations forward.

JUSTICE SERVICES - NORTHERN IRELAND COURTS AND TRIBUNALS SERVICE

The Northern Ireland Courts and Tribunals Service is an agency of the Department of Justice for Northern Ireland that is responsible for providing administrative support to Northern Ireland's courts and tribunals and also enforcing civil court judgements as well as sponsoring the work of the NI Legal Services Commission.

Many victims and survivors still have ongoing legal cases being pursued through the courts. In relation to these the Commission recommends that,

Consideration needs to be given to the capacity and ability of the Criminal Justice System in dealing with conflict-related matters. Further discussion between the Department of Justice and the Criminal Justice System needs to take place in this respect.⁵⁹ (2010: 27)

JUSTICE SERVICES - PUBLIC INQUIRIES

Public inquiries have the vital functions of regulation and accountability. Often public inquiries will be charged with the investigation of wide-spread loss of life such as a football or rail disaster or where there has been a shocking crime. However, often a public inquiry will be a last resort after tragic, perhaps avoidable, events have occurred. Inquiries are generally established in order to determine why structures and safeguards failed and so to restore confidence in the state.⁶⁰

The establishment of a public inquiry follows expressions of public concern and a demonstrable need to hold the state to account. Further, public inquiries are held at great cost to the public purse. An estimated £200 million was spent in completing the Bloody Sunday Inquiry⁶¹ which was published in June 2010. The debate as to whether future types of inquiry should, or will, take place continues to be raised by individuals and groups affected by the past atrocities of the Troubles. This situation remains fluid and can only be determined on a case by case basis.

A number of tribunals of inquiry are proceeding in accordance with the agreement between the two governments reached at Weston Park in 2001. The publication of the report of the Bloody Sunday Inquiry delivered some measure of comfort to the families of the deceased and wounded. Whilst the full out workings of the report are yet to evolve, its publication reaffirms the need to address issues of truth and justice for all victims and survivors who seek it. The Commission's Public Opinion Survey⁶² highlighted widespread concerns about the length and cost of inquiries, yet affirmed the right of families to seek truth and justice. Recent statements from the Prime Minister and the Secretary of State for Northern Ireland have indicated that the Government will not be disposed to any further open-ended and costly Tribunals of Inquiry. It is the Commission's view that an alternative mechanism to Public Inquiries needs to be found in order to address the needs of victims and survivors in this area.

⁵⁹ Commission for Victims and Survivors Report (2010) Advice to Government – Dealing with the Past, Page 27 paragraph 114.

⁶⁰ www.publicinquiries.org

⁶¹ Report of the Bloody Sunday Inquiry (2010)

⁶² Commission for Victims and Survivors (2009) Public Opinion – Tribunals of Inquiry and Consultative Group on the Past, December.

3.6.3. OTHER SERVICES

ADVOCACY

Advocacy covers a broad spectrum of services carried out by individuals and groups within the context of truth, justice and acknowledgement. In addressing this issue it is clear that there are two main sub-categories of need, one relating to the State, the other to Communities. This is further embraced by ancillary support services offered and delivered by numerous support groups, who assist with victims and survivors day to day needs by advocating on their behalf with statutory, voluntary and community organisations.

The community responses in terms of historical and forensic veracity plays a key role in prompting the State to actively respond to issues such as allegations of collusion between the state and armed groups, due process of law and the effects of individual acts of armed violence which resulted in death and injury. Many organisations within the community provide support to victims and survivors in many practical ways and advocacy support is often at the core of what they do. There are a total of 48 Groups currently funded by the Community Relations Council.

Advocacy also plays a key role in terms of supporting individuals and groups in dealing with truth and justice matters. This has developed as an organic process to meet the needs of victims and survivors. This informal advocacy has delivered valuable outcomes to victims and survivors, but it has not been viewed as a core activity of organisations by funding organisations, or by service providers themselves in many cases. Groups and individuals carry out advocacy roles voluntarily and on a daily basis. For example, the advocacy would include, representing people's interests in the media, accompanying them to public events and discussion forums and representing their views in consultations where their voices can be heard.

As part of the CNA process, the Commission held consultation workshops to assess the views of organisations providing services to victims and survivors. In total 110 people attended the workshops and one of the core issues discussed was advocacy. Feedback from these workshops identified that areas where advocacy work was thought to be particularly effective included welfare support, education, employment, health and social care, as well as legal and justice issues. It was also indicated that the needs of victims and survivors are often delicate, complicated and highly personal and this emphasised the need for the advocate to be trusted. Consequently, individuals and groups often feel that this work is best done from within their own geographical community or interest group. Groups also stated that as they were not being funded for specific advocacy work that they often find they only have the resources to respond reactively to consultations, rather than being proactive. Recommendations emanating from these workshops centred on the need for the provision of more advocacy support and more awareness rising in relation to advocacy.

Within this context the Commission is developing a set of Principles and Standards for Advocacy by those carrying out this service which draws on international best practice. It is hoped that this will assist in the safeguarding of the individuals and groups providing advocacy services and also equally important, the rights of the victims and survivors.

STORYTELLING

In February 1999, Victim Support Northern Ireland (VSNI) and the Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) invited Dr Alex Boraine, Deputy Chair of the Truth and Reconciliation Committee (TRC) in South Africa to meet with and a number of groups and individuals to discuss the experiences learnt from the TRC and to consider if it had any bearing on the situation within Northern Ireland.

A working group was established in order to debate the possible parameters within which a mechanism could be established within Northern Ireland to identify our own truth and this subsequently lead to the development of a Project Board.

'Healing Through Remembering' (HTR) is a cross-community project that has completed research and facilitated specific initiatives into the areas of 'Storytelling' and 'Narrative Construction'. HTR evidenced the benefits of this process in supporting some aspects of healing and by involving different communities in meeting certain aspects of need⁶³. In 2009 HTR developed a set of 'Ethical Principles' for those undertaking storytelling and narrative work.

Another initiative proposed by HTR was a 'Day of Private Reflection'⁶⁴ to be held on 21 June 2010, the longest day of the year. It was to be offered as an inclusive and positive event that emphasises a commitment to a peaceful new society. This correlates directly with the Consultative Group on the Past's recommendation in respect of a 'Day of Reflection and Reconciliation, "...to reflect on the past in a positive way and confirming their commitment to lead Northern Ireland society towards a shared and reconciled future". (2009: 19)

It must also be acknowledged that talking therapies and narrative development are particular methodologies that are used by some for both therapeutic and advocacy purposes. The techniques and processes they involve may serve to open old wounds and there needs to be understanding that in some instances storytelling and reminiscence work can lead to a re-victimisation of the individual. However, many individuals do wish to share their story.

An example of this would include the work of the 'Theatre of Witness' who are a performance company that gives voice to those who have been marginalised, forgotten or are invisible in society. Their true life stories, performed by the people themselves, are shared onstage so that audiences can collectively bear witness to issues of suffering, redemption and social justice. Other publications in regard to the stories and accounts of those injured in the Troubles have been produced in an effort to highlight the plight and suffering of the victims and survivors. The WAVE Trauma Centre recently published a book 'Injured' which documented the stories of fourteen victims who attended an injured group who met at the WAVE Trauma Centre in Belfast.

In addition, part of the PEACE III Programme focuses on Storytelling as it seeks to address the past in public memory. This particular strand aims to support actions that explore the legacy and memory of the Conflict through truth recovery, storytelling and the recording of complex history and experience. The Programme is currently assessing applications to this Strand and hopes to be in a position to award Letters of Offer up to the value of €10 million in the next few months. However there is no current agreed definition of what constitutes storytelling or any guiding principles about its use as a tool to aid acknowledgement and recognition or as a therapeutic intervention.

⁶³ Healing Through Remembering, (2005).

⁶⁴ HTR News Report 15/03/2010.

A draft research paper completed by Dr Kenneth Bush, Research Co-ordinator INCORE, University of Ulster highlighted a number of areas in which storytelling is directly linked with peace building. Within this context it provided a basis upon which this process could be assessed in terms of the positive and negative effects on victims and survivors and within the perspective of our society.⁶⁵

This paper provided examples of the profound significance of storytelling and how this process can be manipulated to service and deal with a number of varying scenarios. It included the following areas of debate:

- Storytelling as witness
- Storytelling as social mobilisation
- Storytelling as catharsis
- Storytelling as empowerment
- Storytelling as therapy or healing

It further highlights the complexities of using this form of medium in order to deal with some very sensitive and emotive areas which have directly impacted upon so many as a result of the Troubles.

3.6.4. THE DISAPPEARED

The Independent Commission for the Location of Victims Remains (ICLVR) came into being in 1999 following the enactment of the Northern Ireland (Location of Victims' Remains) Act 1999. The Act made provision for Northern Ireland about locating the remains of persons killed before 10th April 1998 as a result of unlawful acts of violence committed on behalf of, or in connection with, proscribed organisations. There are 16 known cases of individuals who are suspected of having been murdered and secretly buried. To date, the remains of seven individuals have been recovered with nine still unrecovered. The work of the ICLVR continues to provide the families of the disappeared with hope and support in an effort to bring about some form of closure to their tragic circumstances.

3.7. ANALYSIS

ANALYSING THE NEED

Following the identification of statutory and non-statutory services addressing the needs of victims and survivors in respect of truth, justice and acknowledgement, this section will provide an analysis of the current available data relating to this sector. The diversity of needs within this area highlights the challenges being faced by individuals, groups and also upon the service providers. Dealing with the past, however, is a broader and more holistic area of work than simply seeking to meet the needs of victims and survivors for truth, justice and acknowledgement.

⁶⁵ Dr Kenneth Bush, Draft Research Paper 'How does Storytelling Work in Violently Divided Societies, April 2010.

The Consultative Group on the Past's report set forth the principle that reconciliation should be the final objective in terms of the processes and mechanisms we as a society put in place to deal with the past.

The past should be dealt with in a manner which enables society to become more defined by its desire for true and lasting reconciliation rather than division and mistrust, seeking to promote a shared and reconciled future for all. (2009: 13)

However, this principle, within the context of dealing with victims and survivors in Northern Ireland was further qualified by this Commission with a cautionary conclusion that the concept of 'reconciliation' gives rise to many difficulties in the Northern Ireland situation.

It is the view of the Commission that reconciliation in a conflicted society progresses by incremental steps, or even mini-steps. It involves the management of enmity; engaging 'the other side' and overcoming estrangement. Mutual respect should not be seen as a pre-requisite for engaging one's enemy or opponent, but rather, as something which takes time to evolve, if at all (2010: 12).

The Police Ombudsman has commented recently that it will take over fifty years to complete his current case load and the HET are currently working through the historic years and are currently working on case in relation to 1973-04. Reports from these organisations and also high profile public inquiries, whilst mostly welcomed by victims and survivors, are released on an ad hoc basis and often with major media attention. It is considered that this process is not meeting the needs of victims and survivors as currently constituted.

The Commission believes that there is a need to deal urgently with the legacy of the Conflict and that Government and society has a duty of care to these individuals, families and communities. The Commission affirms that victims and survivors have a right to justice, whilst at the same time acknowledging that this right equally applies to those accused of a violation. The Commission believes that no one should be exempt from accountability for the past (2010: 27).⁶⁶

The complexity of dealing with this particular area is further reported within the CRC Review of Funding Report, in which they highlight the complicating factor in regard to the dynamic nature of advocacy/truth recovery activity. They contended that:

...the contexts (political, economic, security, etc) and stakeholders are always changing and that no matter how clearly a desired long-term outcome is articulated, it would be virtually impossible to name, predict or explain all the variables that might be important within the process of change. What is anticipated to be a realistic expectation of change may become totally unrealistic given new circumstances. (2010: 91)

The report highlighted the difficulties in enabling improved policy and strategy development within the sector and stated that key to this would be greater levels of social and political accountability, with different truth and justice mechanisms put in place. It further commented that a value for money (VFM) framework relating to truth, justice and acknowledgement needs to be flexible. (2010: 91).

⁶⁶ Commission for Victims and Survivors, (2010). Advice to Government – Dealing with the Past
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NUMBERS

The number of projects receiving financial support to provide services in relation to truth, justice and acknowledgement is not significant. In 2009-10, the Community Relations Council supported 30 projects within the category of truth, justice and acknowledgement. The total amount of funding awarded to these projects was £115,805.00. During the same period the Peace III Programme assisted 10 projects under the classification of 'Acknowledging the Past'. The amount of funding awarded was approximately £3.5 million.

In terms of dealing with the past there is still a significant amount of work to be undertaken. Northern Ireland Public Inquiries are sponsored by the Rights, Elections and Legacy Division of the Northern Ireland Office. There have been 4 public inquiries undertaken by this office, two of which have already reported, the first being the 'Bloody Sunday' Inquiry which concluded in June 2010, and more latterly the 'Billy Wright' Inquiry which completed in September 2010. Two public inquiries are due to report in the coming months, they are the Robert Hamill and Rosemary Nelson Inquiries.

The Annual Report for the Office of the Police Ombudsman for Northern Ireland for 2009-10, reported over 100 outstanding cases in 'Dealing with the Past' for the period 1968 to 1998. These cases involve deaths after contact with police, and they allege either poor investigation or some involvement by the police in the deaths. The HET has still a significant body of work to get through in order to complete its task of reviewing 3,265 deaths.

It is envisaged that during Phase II of the CNA process further analysis of the number and needs of victims and survivors currently availing of truth, justice and acknowledgement services will be undertaken.

SERVICES

The core services provided within truth, justice and acknowledgement have been highlighted within Section 3.7 of this paper. They include an outline of the statutory provision and also those services provided by the voluntary and community sector. The diversity of the services within this area varies greatly. Truth and justice issues are mainly dealt with through the legal system and there is a need for victims and survivors to continue to receive the support to navigate through this legal system. A small number of groups currently provide this service. These services need to continue as there is clearly still a need in the victim and survivors sector for these services.

There is, however, a lack of review and evaluation in regard to the effectiveness of the services provided in terms of positive outcomes for the recipients. Therefore, further analysis needs to be carried out by the Commission in Phase II of this CNA process in order to be able to comment effectively on the current level of service provision. The Commission recommends, however, that the new Service explore ways of how best to provide truth, justice and acknowledgement services to victims and survivors.

COSTS

It is clear that funding will be a significant issue in these increasingly difficult economic times. The past continues to impose a financial burden on the present through policing and investigations, through judicial processes such as inquests and in recurring community tensions which might otherwise be ameliorated by proactive strategies. Whilst the Commission has not attempted to provide detailed costings of possible new arrangements for dealing with the past, we would expect that financial costings of various options would be an important part of the Government's engagement with political and civic leaders, and be developed as part of the options appraised process. (CVSNI 2010: 21)

As previously outlined in Section 3.7, the Community Relations Council (CRC) provided approximately £300,000 for activities and services relating to truth, justice and acknowledgement in the four year period up to 2009. This is a relatively low amount in comparison to other services funded by CRC.

The Peace III programme for the period 2007-2013, with the designated Theme of 'Acknowledging and Dealing with the Past' to date, has a total of 55 projects with a total of €22.8 million being awarded. This is a considerable degree of funding having been awarded within this specific theme and with £3.5 million awarded specifically to groups whose primary business is in providing services in relation to truth, justice and acknowledgement.

Relatives For Justice are an organisation that primarily focus on issues that deal with truth, justice and acknowledgement, but also provide a holistic service in relation to victims needs. The cost of providing this type of service during 2009-10 is just over £100,000 in core running cost and this is supplemented by PEACE III funding to implement a specific project. RFJ's PEACE III grant is for £547,745 over a three year period to deliver a comprehensive family support programme. These figures provide an indication of the costs involved in providing truth, justice and acknowledgement services with the victims and survivors sector currently.

In contrast to this, costs involved in undertaking Public Inquiries can be considerable. For example, the cost of the Bloody Sunday inquiry was £191.2 million and the cost of the Wright, Hamill and Nelson Inquiries is expected to exceed £110 million.

3.8. CONCLUSIONS AND RECOMMENDATIONS

This report is at an early interim stage and will require further research to be carried out within the sector. Further research will facilitate a more comprehensive analysis of the services provided. This will be undertaken in conjunction with a programme of consultation with individual victims and survivors and associated groups.

From our knowledge of those for whom the issues of truth, justice and acknowledgement are important, we can make the following observations in relation to need:

JUSTICE

Victims and survivors need to have confidence:

- That original investigations are being effectively reviewed;
- That new investigations are robust and competent; and

- That, where possible, alleged offenders are held properly to account before the courts.

TRUTH

Victims and survivors need:

- The recovery of facts or information about events which inflicted loss or suffering upon them;
- Examination of the circumstances or context within which such an event or events took place; and
- Reflections in 'the light of time' (or with the benefit of hindsight) whereby the past is made more comprehensible when viewed through perspectives which are available today.

SENSITIVITY

Victims and survivors need:

- Those who investigate injustice and examine truth to engage with individuals and families in ways that have due regard for their emotional and mental well-being; and
- An inter-disciplinary approach to work on justice, truth and acknowledgement so that current 'police-based' practice is widened to include professionals from other disciplines relating to health, social care and independent advocacy.

RECOGNITION

The Commission believes that recognition is a pre-requisite to acknowledgement; that it emerges when a person engages with another and, from that engagement, the person feels that the other has come to understand them as the person they believe themselves to be. Thus, to be recognised is to be understood and to feel validated as a human being. It follows that victims and survivors need:

- The further development of practice, beyond storytelling, which enables them to feel greater levels of recognition by significant others, e.g. political and civic leaders; officialdom; the general public; oncoming generations and, even, by those who hurt them; and
- Mechanisms, based upon the Forum for Victims and Survivors, which give voice to victims and survivors.

ACKNOWLEDGEMENT

In the Commission's view, acknowledgement gives practical expression to recognition. It involves the outworking of arrangements by which society demonstrates that it has achieved or is developing an understanding of who victims and survivors believe themselves to be. The Consultative Group on the Past outlined various ways for acknowledgement to take place e.g. memorials; a day of remembrance. The Consultative Group also observed that such developments fell within the concerns of the Commission for Victims and Survivors. The Commission concurs with this view and as part of the CNA, we will bring advice on strategic steps which might be taken to address this aspect of need.

ADVOCACY

The Commission notes the important role which non-governmental organisations have been playing regarding the work of justice, truth and acknowledgement. In this respect, we perceive a need to resource the further development of advocacy as follows:

- Ensure that victims and survivors are enabled to avail of the services of independent advocates to assist them in their engagement of formal bodies.
- Provide resources for the development and refinement of best practice among advocacy organisations and individual practitioners; and
- Enable victims' groups to improve their awareness of principles of advocacy for inclusion in generic practice.

At this stage of the analysis however, the Commission would conclude with the following findings and recommendations:

- The issues of truth, justice and acknowledgement present a number of complex and significant challenges for all sections of society in Northern Ireland. The Commission acknowledges the importance that truth, justice and acknowledgement has for both individuals and groups who have been directly affected by the Conflict and the need to deal with the past in a sensitive way in order to allow victims and survivors to progress;
- We believe that the process of the examination of truth should be an interdisciplinary one, which looks not just at the input from the justice system but seeks to meet at the same time the health and social needs of victims and survivors;
- We will undertake further research and consultation on proposed models, training needs for statutory and voluntary/community sector providers and associated costs;
- The achievement of justice requires robust and effective investigation of unresolved matters and the Department of Justice should continue to fund the Historical Enquiries Team and Office of the Police Ombudsman to continue to undertake this work for the immediate future;
- The current piecemeal approach to the past is not meeting the current needs of victims and survivors. For those individuals and families who require and pursue truth and justice there is a need for support and advocacy services to be provided in order to secure valuable outcomes for victims and survivors;
- Advocacy is a cross-cutting support service that applies across a number of areas of need, but has significant impact to make in addressing needs in terms of truth, justice and acknowledgement. Practice development funding should be made available to groups to allow them to develop skills in the principles of advocacy and to implement advocacy services;
- We reaffirm our analysis of the importance of promoting recognition as a vehicle towards acknowledgement. We believe storytelling is one method which can be positively utilised to promote recognition;

- The Commission will recommend the adoption of a set of agreed Principles and Standards in respect of those non-statutory organisations or groups who carry out an Advocacy role to their membership. These Principles and Standards would assist in safeguarding the individuals and groups providing the advocacy service and also equally important, the rights of the victims and survivors; and
- The Commission recommends that the 'Ethical Principles' as developed by the Healing through Remembering Group be adopted as best practice for groups who chose to use storytelling as a medium.⁶⁷

⁶⁷ Healing Through Remembering (2009) Ethical Principles – Storytelling and Narrative Work.
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CHAPTER 4

SOCIAL SUPPORT AND RESPITE

4.1. INTRODUCTION

The aim of this chapter is to analyse and comment on the current literature related to the identified needs of victims and survivors in regard to Social Support and Respite. The subsequent analysis will outline a number of key areas which include befriending, respite, social inclusion and confidence building activities. In order to assess these issues, this paper will further identify any potential gaps or deficiencies in meeting the needs of victims and survivors.

Social Support and Respite encompasses a diverse range of services already provided within the victims and survivors sector. The support provided to both individuals and groups consists of services which include help, advice and in many instances a 'listening ear' within a safe and trusted environment.

The majority of these services within the victims and survivors sector are delivered by volunteer and self-help groups. The Commission further acknowledge that services provided by many of these groups is done without funding and carried out as part of their routine life. Such services are additional to those provided by statutory provision and do not necessarily require professional intervention. The range of services and activities includes short trips, residentials, home visits and befriending services.⁶⁸ Evidence indicates that some social, informal activities and social support mechanisms are a positive influence in assisting individuals address concerns such as fear, anxiety, isolation and depression.

4.2. SUMMARY OF KEY FINDINGS

- There is a considerable proportion of the community who currently avail of support services as a result of the Conflict in Northern Ireland.
- The vast majority of social support and respite services provided to victims and survivors are delivered, primarily by the Voluntary and Community sector.
- The main funding streams for support services are currently co-ordinated through the Community Relations Council (CRC), the Northern Ireland Memorial Fund (NIMF) and the PEACE III Funding Programme.
- There remains a pressing need for support services to be sustained in order to address the needs of victims and survivors during the development of the new Victims Service and in the development of individual needs assessments.
- Further research and analysis is required within the sector in order to identify the continued and emerging needs of victims and survivors. This process could be best achieved by the development and implementation of more effective assessments in order to identify the specific needs of individuals and organisations.

⁶⁸ Review of Community Relations Council's Funding for Victims and Survivors, Final Report, March 2010

4.3. BACKGROUND

These areas of need can vary significantly dependent upon a range of factors including:

- An individual's health and living conditions;
- Support being offered by family/friends/colleagues; and
- An ability to integrate and socialise within community settings.

Furthermore, many victims and survivors suffer ongoing financial hardship and this can be compounded by complicated and bureaucratic mechanisms of access to available funding. This chapter will consider the services already being delivered within the sector and highlight specific services in terms of their impact in meeting the needs of victims and survivors.

The examination and reference to key literature within this section will cross examine the services and processes already being delivered with a view to identifying their effectiveness, sustainability and future development. The Commission is committed to endorsing the philosophy of the Government's stance as contained within the Good Friday Agreement *"...the provision of services that are supportive and sensitive to the needs of victims will also be a critical element"* (NIO, 1998:18).

Many victims and survivors have waited for many years for answers and assistance, many have died without having their needs met and for many more, their needs have been exacerbated as they age.⁶⁹ The Commission believes that Government and civil society has a duty of care to these individuals, families and communities. (CVSNI, 2010:3).

Based on a review of current service provision, the analysis provides an indication of the future needs of victims and survivors, as well as providing a baseline of the cost implications of sustaining such services over the next 5-10 years.

4.3.1. DEFINING THE AREA OF NEED

There is no definition for social support, however, within the context of services currently being delivered to victims and survivors, the Community Relations Council (CRC) identified the following key areas as being brought together under the umbrella of social support, they are; befriending, respite, and social networks of support⁷⁰. These services have been developed over a number of years. The delivery of these services has been primarily undertaken by the voluntary and community sector.

In identifying the various strands of social support currently being delivered within this sector, the Commission acknowledge that these have emerged and developed over a period of time as a direct result of the exposure to 30 years of conflict in Northern Ireland. The consequences of the Conflict's legacy have had a significant impact on the lives of many people.

⁶⁹ Commission for Victims and Survivors Report (2010) Advice to Government – Dealing with the Past.

⁷⁰ Community Relations Council, (2010) *Review of Community Relations Council's Funding for Victims and Survivors* - Final Report, Deloitte Page 84.

It is estimated that between 1969 and 2001 more than 3,500 people have been killed and almost 50,000 people injured as a result of conflict related incidents. These figures act as a useful baseline but do not identify the significant impact on the wider families and communities of those killed or injured. (CRC, 2010:1)

On review of the literature for the purpose of defining this particular area of need it reveals the impact of the Troubles on victims and survivors as well as the trauma and impact experienced by the families and carers of those affected. Within this context, the current provision of services includes examples such as those outlined in the following paragraphs.

4.3.2. BEFRIENDING SERVICES

Befriending is a core service being offered by many groups within the sector to individual victims and survivors and their families. Befriending addresses head-on the feeling of having been abandoned, forgotten and ignored which is common to many victims and survivors and can offer those who are isolated and vulnerable a signpost into other formal and informal networks of support. It includes the provision of a support network on a one to one basis with victims and survivors including the provision of companionship. Befrienders can act as social advocates in situations such as visiting GP surgeries, keeping hospital appointments and attending social groups. Befriending allows for relationships to build and for trust to grow and are considered within the sector to be a non threatening and valued area in which victims and survivors are supported and enabled to address their issues with confidence to a befriender, who is often (but not exclusively) a peer who has been through similar circumstances and life experiences. Some of the most successful befriending services do not seek funding for their services and do not wish to develop into a more comprehensive service. Their sole and valued aim is to provide a 'safe' space once a week or as required, for peers to meet, to listen and to be heard.

Befriending in the form of practical help provides individuals who feel isolated and vulnerable with support. The practical help can take the form of assisting the individual with a 'listening ear' and support network within a trusted environment. Consideration needs to be given to victims and survivors who are fearful and reluctant to travel outside of their communities and equally important for those who are unable to socialise and integrate within the community as a result of their injuries or ill-health. This definition will be further considered in section 5.1.1.

4.3.3. SOCIAL NETWORKS OF SUPPORT

Social networks of support have been identified as a key component in providing assistance to those so gravely affected by the Troubles. This is not confined solely to victims and survivors of the Troubles but also extends to the relatives and carers of those affected. An example of this form of network support would be the 'Haven Victim Support Group'. They meet on a regular basis to share experiences and share support to each other. Another example would be the 'Newry and Mourne Voluntary Welfare Group' who meet as a group to develop networks of support with individuals from outside their organisation.

The Initial Literature Review of Needs (CVSNI, 2009:64) found that specific networks can help support niche needs, for example the need for a particular network in providing a space for support for suffers of trauma and those working for them. It further commented that a large amount of carers' time is taken up by their duties of care to individuals. As a result they have limited time to spend on themselves and deal with their own issues, which may easily include secondary trauma.

4.3.4. RESPITE AND RESPITE CARE

Research undertaken in recent years has acknowledged that there is a high level of isolation and social exclusion for the carer population, as many refrain from leaving those they care for unattended for long periods of time. Although carers should be able to avail of a number of services such as carer support groups, and therapy classes, there is a consensus that one beneficial service for carers would be 'Befriending'. Essentially, respite care activities comprise of day trips, short breaks and in some instances residential work and personal development courses. (Dillenburg et al, 2007:60) The apparent need of carers in regard to their high degree of burn-out provides an obvious acceptance for the need to support individuals affected by the Conflict. This support is also extended to the families and relatives left to care for their loved ones.

4.4. PREVIOUS RESEARCH

This section outlines a number of key policy documents and related reports that have directly informed the development of services for victims and survivors in the area of social support and respite. It will also comment on the service provision currently in place within the sector to meet the needs of victims and survivors.

4.4.1. "WHO CARES FOR THE CARERS?" A STUDY INTO THE ISSUES AFFECTING CARERS OF VICTIMS OF THE NORTHERN IRELAND CONFLICT, CRC, (2006)

In order to highlight the gap in service provision to carers, the Community Relations Council supported a study on this issue, concluding with a report entitled, 'Who Cares for the Carers' (2006). This report focused on issues facing the sometimes forgotten and invisible side of the Conflict i.e. those caring for victims.

The aim of the study was to place the carers in the foreground, to acknowledge and recognise their contribution, assess their needs and the extent to which those needs are being met by current service provision.

This study highlighted a number of key issues which have a dramatic affect on the lives of those caring for victims of the Troubles and who on a daily basis are faced with very challenging and difficult circumstances.

Overall the *Carers Report* concluded that there was a need to develop an outreach/befriending service that provides ongoing individual support to carers and victims, this being a contributing service in terms of social support. Generally it was felt that there is a need for people to understand and recognise that they are caring for people who have been affected by the Troubles. (CRC, 2006:45)

4.4.2. THE PAVE PROJECT - AN EXPLORATION OF THE EFFECTIVENESS OF SERVICES FOR VICTIMS OF THE TROUBLES IN NORTHERN IRELAND (2007)

This report was commissioned by the Victims Unit of the Office of the First and Deputy First Minister (OFMDFM), to examine the effectiveness of services for Victims and Survivors in order to inform further development and investment. The aim of the research was to establish an overview and categorisation of services offered to victims, explore the effectiveness of commonly used services and to encourage collaboration through sharing and dissemination of outcomes of this research.

The Victims Unit identified 48 core-funded voluntary groups and a total of 26 groups took part in the study. The project comprised of two main phases. The first involved conducting a survey of core funded services and generating a detailed categorisation of these services. The second phase involved an exploration into the effectiveness of the services being provided by the groups which consisted of a detailed questionnaire and semi-structured interviews.

A number of key issues contained within this document related to Community –based services which included befriending, support and self-help groups and respite care/time out. Based on the findings of the survey, the report concluded with a number of key recommendations into the following categories:

- Befriending;
- Support and self-help groups; and
- Respite care/time out.

The Community-based interventions were based on initiatives from individual or community groups, such as befriending and group holidays. It further commented that such activities were often initiated by people who experienced trauma themselves. (Dillenburg *et al*, 2007: 80) Reference to these activities will be further explored within the services section of this chapter.

4.4.3. SUPPORT FOR VICTIMS AND SURVIVORS - ADDRESSING THE HUMAN LEGACY – BERTHA McDOUGALL (2007)

In October 2005 the Secretary of State for Northern Ireland appointed Bertha McDougall as the Interim Commissioner for Victims and Survivors. The remit of the Commissioner was:

- To carry out a review of the current arrangements for service delivery and coordination of services for victims and survivors across government and agencies, identifying any gaps in service provision;
- 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.

In seeking the views of victims and survivors across the community, consultation took place with a wide range of groups and individuals within the community. The Commissioner met with and received comments from individual victims and survivors, groups, statutory services, funding bodies, political parties, and government agencies as part of the process. All the information was subsequently used to analyse the current situation, to identify the gaps and to contribute to the recommendations.

One of the key findings to emerge from this report related to the need to deliver services to victims and survivors in a coordinated and structured manner. In terms of the 'Befriending Scheme', which emerged in 2006, specific reference was made in regard to a Case Study⁷¹ carried out by the Community Relations Council that examined support work with funded victims and 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 (McDougall, 2007: 105)

Further findings contained within this report showed that carers displayed:

- High levels of burn out and stress;
- Levels of emotional exhaustion found to be 43% higher than the threshold for high burn out; and
- Financial difficulties for both carer and victim and physical difficulties regarding mobility for those caring for injured/disabled. (McDougall, 2007: 105)

The report further outlined important areas of need in regard to those carrying out the befriending services and they included the following; training, support after training, standards, support and training for volunteers and supervision.

4.4.4. NEEDS ANALYSIS OF THE PHOENIX GROUPS (FORMER MEMBERS OF THE SECURITY FORCES) (2008)

This report explores the needs of the former security service members in Northern Ireland and identifies the key issues faced by Phoenix Group members. The research specifically examined the areas of physical, psychological, social, practical and spiritual needs.

The main findings identified issues in relation to health, social and geographical isolation, an ageing constituency, employment and injustice. In order to address these issues six strategic objectives were identified for the Phoenix Group to focus on over the course of the next three years.

Consultation was carried out with 21 key stakeholders and 130 individuals participating in focus group discussion, in addition 73 individuals completed questionnaires. The report provides valuable information in relation to the key issues facing ex-members of the security forces and in particular to issues regarding social support. The report identifies issues of need relating to social support including, befriending, rural support and mentoring support.

⁷¹ Advocacy and Case Study 15 relating to the 'Befriending Scheme' pg. 105.
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4.4.5. COMMISSION FOR VICTIMS AND SURVIVORS - INITIAL LITERATURE REVIEW OF THE NEEDS OF VICTIMS AND SURVIVORS (2009)

This literature review completed in 2009 related to the complex nature of dealing with the past. It highlighted a number of key texts which contained reference to the number of social support services being delivered to victims and survivors. The review further identified the significance that services had in terms of meeting the needs of victims and survivors. This was especially so for issues impacting directly on victims and survivors in terms of the social support services currently being delivered such as befriending services and other programmes of network support.

This review made reference to the beneficial impact on victims and survivors as a result of accessing social support and respite services. It further emphasised that the provision of these services was driven primarily by the voluntary and community sector.

In terms of identifying gaps in these key areas it concluded with acknowledging the scale and complexity of the subject matter and that this research, was at best, an indication of the sign posts in terms of the needs of victims and survivors. It also reported that further research was required within this sector in order to proceed with a comprehensive review of needs. (CVSNI, 2009:41)

4.4.6. REVIEW OF COMMUNITY RELATIONS COUNCIL' S FUNDING FOR VICTIMS AND SURVIVORS - FINAL REPORT 2010 – DELOITTE

Since 2002, the Community Relations Council (CRC) has acted as an Intermediary Funding Body responsible for Core Funding and Development Grants to victims and survivors groups. This report provided details of funding to applicant groups and organisations, which were delivering or providing services to victims and survivors for the period 2005 to 2009.

Following a process of consultation with groups and individuals directly involved in this specific area, it concluded with a number of findings and recommendations relating to social support and respite. The following observations were contained within the review:

- The services are largely delivered by volunteer and self-help groups
- The range of activities and services included short trips, residentials, reunion events, commemoration, marking anniversaries of the deaths of loved ones, home visits and befriending services. (CRC, 2010:84)

In relation to the benefits and impacts of services such as befriending, respite and social support the following positive outcomes were identified within the research findings:

- Merits of positive and purposeful social contact;
- Preventing or alleviating isolation;
- Reducing feelings of social exclusion through engagement;
- Involvement or sense of involvement; and
- Building personal confidence and self-esteem.

4.5. SERVICES

This section will provide an outline of the services currently provided within the sector. Since 1998, over £80 million of central government and European funding has been allocated to a variety of organisations, with the aim of supporting victims and survivors of the Conflict. Consequently, the number of victim's organisations and groups has proliferated. These groups provide a wide range of interventions and services aiming to improve the quality of life of those acutely affected by the Troubles and/or have an advocacy role (Dillenburg *et al*, 2007:20)

Within this context the research has identified that the range and numbers of services currently available to victims and survivors in terms of social support and respite has been largely delivered by the voluntary and community sector. These services centred on befriending, social self-help groups and respite care.

4.5.1. VOLUNTARY/COMMUNITY SERVICES

The PAVE Project Report (2007) commented on the wide range of services being delivered by victims and survivors groups in Northern Ireland. Within this context it categorised the Community-based services as including self-help projects, befriending, respite and group holidays. The research report further suggested that appropriate social support was crucial to those traumatised by the Troubles and that this support did not always rely on the need for professional interventions.

Funding for these services is primarily facilitated and administered by the Community Relations Council (CRC). The recent review undertaken by Deloitte comments that:

Since 2005, investment in befriending, respite and social support represented the largest proportion of the 'Development Grant' spend with more than £1.79 million (46%) of the total allocation of Development Grant funding over the review period (2005 - 2009). In 2008/09 CRC administered funding support to more than 250 projects in this category and on average more than 200 projects in each year of the review period. (CRC, 2010: 84)

There are a number of groups within the voluntary and community sector that are supported through the PEACE III Programme. An evaluation of funding to these groups is due to complete before the end of this year. Although funding within this programme is specific to 'acknowledging and dealing with the past', a number of the services would relate to projects which include 'befriending'. It is hoped that the findings of this evaluation will prove to be a valuable source of information in relation to the category of social support and respite.

BEFRIENDING

There are a number of definitions available for befriending from a variety of sources. The subsequent research has found that befriending by volunteers, especially if well trained and supervised, can be an effective way of combating problems of loneliness and isolation. (Bradshaw & Haddock, 1998; Harris, Brown & Robinson, 1999; Taggart, Short, & Barclay 2000; Heslop, 2005).

During the course of this review a number of different definitions of befriending were identified. They included the Joseph Rowntree Foundation report on 'The role and impact of befriending', it defined befriending as:

*.... a relationship between two or more individuals which is initiated, supported, and monitored by an agency that has defined one or more parties as likely to benefit. Ideally the relationship is non-judgmental, mutual, purposeful, and there is a commitment over time.*⁷²

The 'Befriending Network' (2008) described befriending as being a service that:

...offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated... Befriending often provides people with a new direction in life, opens up a range of activities and leads to increased self-esteem and self confidence. Befriending can also reduce the burden on other services which people may use inappropriately as they seek social contact. Befriending Network (2008)

The Scottish Befriending Service further described befriending as:

*...a relationship between a volunteer and a recipient supported and monitored by a voluntary or statutory agency.*⁷³

In Northern Ireland there are a number of groups who provide befriending services and who receive support from the Community Relations Council (CRC). This support extends to the provision of standards and guidelines for groups who carry out this service. CRC assist in the administration and allocation of funding to these groups in order to facilitate the groups provision of services.

Befriending services have developed over the past 5 years and there has been a growth experienced in terms of the number of groups providing befriending services. This is particularly so within rural communities and those living in isolated areas. Many of these groups were formed to support ex-members and families of the security forces. As previously stated CRC provide funding grants to these groups and also facilitate training for befriending scheme co-ordinators.

The Community Relations Council further endorsed the need for a befriending service for victims and survivors in terms that it assists so many that are housebound, isolated and who feel cut off from their community.⁷⁴ (CVSNI, 2010:35)

The funding of these services and the number of groups facilitated by CRC in the delivery of these services are highlighted in Section 4.8 of this Chapter. During 2009-10 a total of 55 befriending projects were supported by CRC.

⁷² <http://www.mandbf.org.uk/about/definitions/>

⁷³ Standards and Good Practice for Listening Ear & Befriending Services, February 2006.

⁷⁴ Commission for Victims and Survivors Northern Ireland (2010) A Review of Funding 2000-2008. CVSNI January.

As part of the Comprehensive Needs Assessment, the Commission held Workshops in Belfast, Armagh and Derry/Londonderry. The workshops aimed at assessing the views of organisations providing services to victims and survivors of the Conflict in Northern Ireland. Discussions were held on counselling, befriending and alternatives therapeutic interventions. In relation to befriending it was felt that it was required to a higher degree in rural areas where isolation and social exclusion were more prominent. Befriending was viewed by some delegates as an appropriate transition to counselling for some clients, others felt that befriending was a 'complementary service to counselling'. (CVSNI, 2010:21)

Overall the delegates were very supportive of the befriending service. The key recommendations to emerge from delegates included the following:

- More information needs to be made available to befrienders and groups providing a befriending service; and
- A central directory of services regarding befriending was considered necessary.

SOCIAL NETWORKS OF SUPPORT AND SELF HELP GROUPS

The PAVE Project Report (2007) identified the merits of support and self-help groups in helping to address social issues such as isolation, segregation and exclusion. These issues are particularly pertinent when considered within the context of our divided society.

The PAVE Project Report (2007) produced the first qualitative and quantitative study into the effectiveness of service provision in this area in Northern Ireland and outlined that the merits of self-help groups offer a rich source of social support, information and general sharing of common problems and concerns. It further proposed that while relatives and friends can offer temporary emotional support, mutual support groups can provide a longer-lasting resource. This was further qualified by the observation that:

...self-help groups could offer a range of services such as the provision of specialised information, an opportunity to share of coping techniques, based on realistic expectations for optimal functioning, and an increased sense of personal worth, obtained by focussing on how similar members are to other confronting the same situations. (Dillenburg et al, 2007:58)

A total of 26 core-funded groups participated within The PAVE Project (2007). The survey element relating to befriending was responded to by 17 self-help groups. One respondent commented:

Well, really, at the start, it was more a friendship, it was... you know, meeting other ...widows and victims of the Troubles and ...we used to meet like, you know, like in a living room in somebody's house and just have wee chats. And er... that's how we all met at the start and get to know one another really. (Dillenburg et al, 2007:59)

Social networks of support provide a service which gives victims and survivors a form of trusted support from family, friends, colleagues, an organisation, statutory body, clergy and/or society as a whole. The support allows the individual to receive help, advice and a 'listening ear' in a safe and secure environment. Following consultation by the Commission with victims' organisations and groups who provide befriending services, we identified that individuals are often more willing to engage with groups that offer social networks of support if that group is empathetic, rather than merely sympathetic, to the individual's experiences and circumstances.

Research carried out for the 'Who Cares for the Carers' Report (2006) found that carers valued being able to talk through their experiences and problems with others in similar circumstances who had a good understanding and awareness of what they were going through (CRC, 2006).

It is therefore recognised that a social network of support is vital for the health and well being of carers. A safe place to de-stress, relax and communicate with friends, whilst knowing their loved ones are being looked after by a trusted substitute, plays a large part in the physical and mental well-being of the carer.

SOCIAL INCLUSION/CONFIDENCE BUILDING

In terms of the constituent groups within this sector, they tend not to integrate with each other and this issue is further exacerbated when dealing with some serving members and ex-members of the security forces. This remains a key challenge in terms of developing mutual co-operation in working practices and the process of building confidence and trust with other groups.

The area of social inclusion and confidence building activities has been highlighted as a key aspect of the services undertaken by many of the groups within this sector. The history of Northern Ireland has affected a large proportion of the population, causing many difficulties in their daily lives. There are a number of activities which receive funding from the Community Relations Council aimed at encouraging greater cohesion and integration between the diversity of groups affected. It is recognised that this is a complex and multi-dimensional process, however, the following table provides an indication of the type of services currently funded by CRC and delivered within the voluntary and community sector in 2008-09 (see Table 1 below).

TABLE 1: EXAMPLES OF SOCIAL INCLUSION AND CONFIDENCE BUILDING PROJECTS FUNDED BY CRC

Year of funding	Organisation/Group	Activity	Amount Awarded £
2008-09	WAVE Ballymoney	Structured activities to encourage learning social integration on dealing with the past	4,532
2008-09	Cookstown Voluntary Welfare Support Group	Programme of social engagement and support for group members affected by the Conflict	4,470
2008-09	South Down Action Group for Healing Wounds	Annual programme of social engagement and support	5,112
2008-09	Relatives for Justice	Confidence building and skills based learning for those who have been directly affected by the NI Conflict	3,648

RESPIRE

Respite services are closely linked with other services such as social support and networks of support. Within the context of this research, the primary respite care/time-out activities are associated with day trips, holidays and short breaks. The findings contained within The PAVE Project (2007) highlights that 15 of the 26 groups who participated within this element of the study, group members considered *“respite care/time-out is a good way of bringing people together and offers a safe environment for their members”*. (Dillenburg, 2007:60). The study further reported that throughout the interviews, respite care/time-out proved to be a very popular service, whether it consisted of one day or extended trips. One interviewee commented:

The thing about the trips is that you are with people you know, and maybe between 10 and 20 people, and where you are in the ... you can go and stay individually, you don't have to be with the group during the day. We kind of break up into small groups and then we meet up tea or we meet up for dinner or we meet up... And you're always meeting people who you know, and I find that very good. (Dillenburg, 2007:61)

4.5.2. OTHER SUPPORT SERVICES

NORTHERN IRELAND MEMORIAL FUND

The Northern Ireland Memorial Fund (NIMF) was established in 1998 by the Northern Ireland Office in response to the findings of the Bloomfield Report. The Fund is an independent charitable organisation and seeks to promote peace and reconciliation by ensuring that individuals and families that have suffered as a result of the Conflict in Northern Ireland are remembered, by providing support to individual victims and survivors to help them build a better future for themselves and provide them with support that alleviates immediate needs. It provides support through the following schemes:

- Chronic Pain Management Scheme
- Short break Scheme
- Education and Training Scheme
- Back to School
- Over 60's Support Scheme
- Discretionary Scheme

In terms of social support and respite the NIMF provides assistance for qualifying applicants to avail of funding for the Short Break Scheme and also the Discretionary Scheme. NIMF funding figures for years 2009-10 in respect of the Short Break and Discretionary Schemes are as follows:

- Short Break Scheme – 707 successful applications with £1,092,369.68 spent
- Discretionary Fund Scheme – 360 successful applications with £112,658.14 spent

POLICE DEPENDENTS TRUST

The Police Dependents Trust has been established to assist in cases of need in the following circumstances:

- Dependents of police officers or former police officers who die or have died...as a result of an injury received in the execution of duty; and
- Police officers or former police officers who are, or have been...incapacitated as a result of an injury in the execution of duty, or dependents of such officers.

In 2009-10 the Police Dependents Trust did not make any payments to recipients in Northern Ireland.

NORTHERN IRELAND POLICE FUND

The Northern Ireland Police Fund was set up following a recommendation emanating from the Patten Report (1999)⁷⁵. The purpose of the Fund was to help Police Officers and ex-officers injured as a result of terrorist violence and their families, as well as widows of officers murdered in terrorist attacks. The Fund was to cover all aspects of the care of Police officers in Northern Ireland, and their families, who have been directly affected by terrorist violence. The Fund is also expected to work with other bodies operating in this field, such as the RUC Benevolent Fund, Police Federation, Northern Ireland Memorial Fund etc, and as far as possible avoid duplication of effort. Designated advisers provide advice and assistance to the Fund, when required.

For the year 2009-10 there was a total spend of £1,014,135.51, this amount was awarded to and divided between the various grant schemes and are included in Table 2 below. In terms of social support and respite the categories of Breaks for Carers and the Bereavement Support Fund provided funding totalling £150,172.96.

⁷⁵ The Report of the Independent Commission on Policing for Northern Ireland (1999) – A New Beginning: Policing in Northern Ireland,

TABLE 2: FUNDING SCHEME FOR THE NORTHERN IRELAND POLICE FUND

GRANT SCHEME	AMOUNT AWARDED £
Regular Payments	45,685.18
Winter payment	269,000.00
Disability Support Scheme	204,816.20
Disability Adaptations	46,994.07
Breaks for Carers	31,296.80
Bereavement Support Fund	118,876.16
Chronic Pain Management	6,966.00
Educational Bursaries	179,713.89
Prosthetics and wheelchairs	16,768.00
Home energy Improvements	94,019.21
TOTAL	£1,014.135.51

THE NORTHERN IRELAND PRISON SERVICES TRUST

This Trust provides prison officers, ex-officers and other members of the prison service family, including widows/widowers, spouses, children and other dependents, with a range of services designed to help them to cope better with the challenges of life. The following services are provided:

- Support Services, promoting welfare, family and social contact
- Life planning, incorporating education, career and financial planning
- Health care, encouraging physical and emotional well-being.

The total amount awarded to the grant schemes in 2009-10 was £289,311.00.

The Trusts and Funding bodies mentioned above provide an evidence base of the types of services and the amount of grant funding awards provided to victims and survivors. The figures represent a considerable amount of funding being made available to victims and survivors within the areas of social support and respite care.

4.6. ANALYSIS

4.6.1. ANALYSING THE NEED

Following the identification of statutory and non-statutory services in relation to social support and respite for victims and survivors, this section will provide an analysis of the current available data relating to the sector. The diversity of needs within this area further highlights the challenges being faced by individuals, groups and also upon the service providers. The literature review identifies a number of key services already being delivered within the sector which have developed over a number of years.

The services provided within this sector include befriending, respite for carers, social inclusion, networking events, short trips and home visiting services. Analysis of the current available data relating to this sector identifies the diversity of needs affecting victims and survivors and highlights the various bodies that are active in the delivery of services to those affected by the Conflict.

The work of the voluntary and community sector in regard to social support was outlined in the 'Living with the Trauma of the Troubles' Report (1998). This report evidenced the important role of this sector and of the positive support received by individuals in meeting their needs, it stated,

The voluntary and community sector has developed a diverse and growing range of responses to provide for the needs of individuals affected by the conflict. Many of these groups offer mutual support and befriending, both initially, at the time of the traumatic event, and in the longer term. Affected individuals spoke very positively about the support they received from others who had suffered similar experiences. (1998: 9)

The report further suggested that the statutory organisations had failed to recognise the specific needs of those affected. The literature points towards the void in statutory service provision in the area of social support as being filled by the voluntary and community sector. Organisations such as the Community Relations Council (CRC) are at the forefront of delivering funding to support groups and organisations specific within this area. The literature also highlights that services such as befriending, social support networks and respite care are carried out by volunteers and individuals who have faced similar events to those being supported. Many groups were initially set up by individuals who had a shared understanding of the suffering caused by the Conflict. These groups continue to provide mutual support for their members through social events and informal gatherings, both of which can decrease social isolation and are a significant on-going support for victims and survivors.

The literature further highlights the development of this category of service provision. CRC reported a subsequent targeting of investment in befriending services following the 'Who Cares for the Carers' report (2006). This study, focused on the issues facing the often forgotten and invisible side of the Conflict in Northern Ireland – those caring for victims. The study states,

In numerous accounts of individuals' experience of trauma associated with the conflict, whether they have been bereaved, disabled or injured, there is a 'someone' in the background, tending to the needs of the victim and picking up the pieces of shattered lives, hopes and futures.⁷⁶

Social support needs were identified as being a particular issue for those affected by the Troubles, this was especially so for those living in isolated and rural communities and for ex-members of the security forces. The QE5 (2008) 'Report of the Phoenix Group' provided a 'Needs Analysis' in respect of former member of the security forces. When analysing the needs of the Phoenix group, McGlone highlighted the perceived needs of the respondents who took part in their research. Welfare and support was listed as the most crucial need, this included services such as befriending and visits, companionship, 'listening ear' and practical support. All of which are currently being delivered within the voluntary and community sector as well as receiving an element of grant funding from the Community Relations Council, the Northern Ireland Memorial Fund and via the Peace III Programme.

When considering the impact of the provision of support and respite services has on individuals and groups, the Commission would identify that a need exists amongst victims and survivors for these services which are not currently provided by the statutory sector. The literature further suggests that appropriate community-based services are crucial when coping with traumatic experiences. The impact and effectiveness of these categories of service was typically identified and highlighted by Dillenburg et al in the 'PAVE Project Report'. One interviewee who took part in the study had lost her mother as a child and she articulated her understanding and experience of the befriending service and of the positive impact it had on her in the following way;

it's probably not a service that you would see so much, because it wasn't a class,...I suppose you could call it befriending, the fact that somebody took the time to sit and talk to me... the therapies...and the classes... and that, great! You know, because they stretch you and you are out socialising with other people and all the rest. But the fact that somebody took the time to listen to you and it wasn't a .., wait until you hear what happened to me, it is let you have your time to speak and get it off your chest. (2007: 56).

The benefits and impact of self-help groups were identified as being a rich source of social support, information and general sharing of common problems and concerns. This was clearly identified within the PAVE Project Report (Dillenburg et al, 2007:58). It highlighted the following benefits of this service provision which included;

- Mutual support groups provide a longer-lasting response, than the temporary and emotional support offered by relatives and friends;
- Self-help groups can offer person-to-person based identification and reciprocity together with access to specialised information;
- The groups provide an opportunity to share coping techniques; and
- Increased sense of personal worth, obtained by focussing on how similar members confront the same situation.

⁷⁶ Community Relations Council (2006) Who Cares for the Carers? A study into Issues Affecting Carers of Victims in the Northern Ireland Conflict, QE5, March. Report Summary.

The literature did not uncover any meaningful evaluation of the impact on individuals or groups in regard to respite care and time-out. It was, however, found to be very popular amongst those availing of the services. It revealed that it was a good way of bringing people together by offering a safe environment. The primary findings were that it facilitated victims and survivors to avail of short trips and holidays, and in some cases residential work and personal development courses.

It is important to highlight that specific respite for carers has been long established as a necessary service in order to help alleviate the pressures and range of issues faced by them. This is fully articulated within the 'Who Cares for the Carers' Report, where it highlights the plight of Carers. It argued that Carers effectively become victims of the Conflict. Although not physically injured, their control has been taken away and they are essentially suffering and submerged in the role of care-giver.

The isolation and vulnerability of the older generation of victims and survivors together with the growing ageing dynamics of the sector, identifies a unique aspect in terms of the benefits which social support provide to this grouping. To date, there has been little research carried out into the needs of a befriending service for the older generation of victims. However, according to Belfast Central Mission (BCM) 39% of the older generation in Belfast live alone and one quarter of the over 75's socialise with very few people.

The literature points towards the benefits which social support and respite provides to victims and survivors. In many instances it may simply be providing a 'listening ear' to those who feel isolated and left to deal with circumstances out of their control. However, McGlone highlighted that when analysing the needs of the Phoenix group, the services extended to welfare support issues. The needs expressed by those taking part in the project provided an indication of the linkage between social and welfare support services. The Commission would identify that a need exists amongst victims and survivors for social support and we would further contend that there is a need to develop a simplified process of access in order to communicate what services are available and to whom they are available. We would therefore contend that this relates directly to the operational functions of the new Service as being an integral part of their role in assisting victims and survivors to access the appropriate services.

4.6.2. NUMBERS

The Commission recognise that there is currently no central repository for the collection of beneficiary data in relation to victims and survivors. This is also true in respect of the diverse number of services currently being funded throughout the sector. In the absence of this data, it is currently impossible to provide an accurate assessment of the number of victims and survivors who avail of services relating to social support and respite.

The following information provides indicative numbers in terms of services currently funded within the victims and survivors sector and which directly relate to those services such as social support and respite.

A trend analysis of the schemes supported by the Community Relations Council was completed in 2009. The category of services and number of projects awarded to groups in 2009 are outlined in Table 3 below:

TABLE 3: NUMBERS OF PROJECTS SUPPORTED BY CRC

CRC Support Scheme	Number of Projects
Befriending Services	55
Respite Services	104
Social Inclusion/Confidence Building Services	101
Cultural Diversity	21
Welfare Support	10

In 2009-10, the number of successful applications processed by the Northern Ireland Memorial Fund included the following categories as set out in Table 4 below:

TABLE 4: NIMF SUCCESSFUL APPLICATIONS

2009-10	Short Break Scheme	707 applications
2009-10	Discretionary Fund Scheme	360 applications

In 2009-10, the Northern Ireland Police Fund provided a total of 110 funding grants to individuals within their programme of 'Breaks for Carers' and the Police Dependents Trust supported a total of 33 successful applications for grant funding this year to date (2010-11). No applications were made in 2009-10.

There are a number of groups within the voluntary and community sector that are supported through the PEACE III Programme. An evaluation of funding to these groups is due to complete before the end of this year. A number of the services supported by these projects include 'befriending'. It is hoped that the findings of this evaluation will prove to be a valuable source of information in relation to the category of social support and respite.

4.6.3. SERVICES

Section 4.6 above outlines the current service provision available both in the community and voluntary support services. In terms of social support and respite care type services, the evidence would suggest that there is already a range of services for those within these categories to avail of. It has not identified any apparent gaps; however the potential exists for the Commission and the new Victims Service to formulate a strategic plan in relation to social support services. This could include a process of developing potential partnerships with service providers for the delivery of these services in the immediate future.

4.6.4. COSTS

Analysis of the costs identified in Section 4.6 indicates that a considerable amount of funding is currently invested in the provision of social support and respite care for victims and survivors. Examples of the number of groups receiving funding and the amounts allocated by the Community Relations Council for 2009 are included Table 5 below:

TABLE 5: NUMBERS OF GROUPS AND FUNDING AWARDED BY CRC IN 2008-09

Year	Categorisation of Service	Number of Group Applications	Amount Awarded £
2008-09	Social Inclusion/Confidence Building	64	206,537.00
	Cultural Diversity	6	22,446.00
	Respite Support	56	267,651.00
	Befriending	15	51,705.00
	Welfare Support	7	36,118.00

Further analysis is required in order to estimate the potential number of individual victims and survivors who would avail of each service and the cost per head. This would assist in the strategic planning process for service provision in meeting the identified needs of victims and survivors. There are currently a number of different funding bodies and mechanisms for victims and survivors to access in order to receive funding for support services. Table 6 below, outlines the funding awarded for social support and respite and the funding bodies responsible for allocating the grant awards.

TABLE 6: SUMMARY TABLE OF THE AMOUNT OF FUNDING AVAILABLE TO SOCIAL SUPPORT

Year of Funding	Group/Organisation	Amount awarded £
2009-10	Community Relations Council	1,076,985.00
2009-10	Police Dependents Trust	660,000.00
2009-10	Northern Ireland Memorial Fund Short-break Scheme Discretionary Scheme	1,092,000.00 112,658.00
2009-10	Northern Ireland Police Fund	1,014,135.00
2009-10	Police Dependents Trust	666,000.00
2009-10	The Northern Ireland Prison Service Trust	289,311.00
TOTAL		£4,911,089.00

4.7. CONCLUSIONS

It is acknowledged that further research is required within this area of need. This research will facilitate a more comprehensive analysis of the services currently provided and for future service provision. This will be undertaken in conjunction with a programme of consultation with individual victims and survivors and associated groups.

The development of social support and respite care within the victims sector has been achieved as a result of the valuable work carried out by the voluntary and community sector. The Commission would wish to commend those within the social support and respite sector for their dedication and hard work carried out on behalf of the victims and survivors sector.

At this stage of the analysis, the Commission is clear that indisputable evidence exists of specific needs in relation to the victims and survivors sector in terms of social support and respite care. Accordingly the Commission would recommend that in addition to further research and analysis being undertaken within the sector to disaggregate existing and source new data, that:

- A service in relation to social support and respite care forms an integral part of the new Victims Service. An example of quality service provision already exists within Northern Ireland in the form of the Community Relations Council. They already provide a network of service supervision in terms of the 'befriending scheme'. This scheme should be advanced to include central coordination and the application of thorough operating protocols;
- The possibilities for the potential development of partnership arrangements within the sector are explored in relation to the delivery of these services;
- There remains a pressing need for support services to be sustained in order to address the needs of victims and survivors during the development of the new Victims Service; and
- Further research and analysis is required within the sector in order to identify the best approach to be taken to formulating a consistent and rational method in the development of an 'Individual Needs Assessment' process.

CHAPTER 5

TRANS-GENERATIONAL ISSUES AND YOUNG PEOPLE

5.1. INTRODUCTION

The aim of this chapter is to analyse and comment on the current literature relating to the trans-generational issues to emerge from the Conflict. This will include examining the impact on young people as a consequence of being directly or indirectly exposed to a conflict-related event. With reference to the existing literature the paper will provide an outline of the services currently funded within the statutory and non-statutory sectors which seek to address the trans-generational issues of the Conflict and its impact on young people.

5.2. SUMMARY OF KEY FINDINGS

- The Good Friday Agreement formally recognised the imperative of addressing the needs of young people who lived in the worst affected communities during the Troubles and ‘to support the development of community based initiatives based on international best practice’.
- Research suggests that children and young people living in areas most affected by the Conflict experience ‘multiple deprivation’ which impacts on their ‘childhood opportunities, self-esteem and relationships.’
- Research highlights the fact that the Troubles placed an unequal and devastating burden on young people.
- Certain groups of children and young people including dependants of security force personnel and ex-combatants experienced high levels of emotional and psychological stress throughout the Conflict and since the ceasefires.
- Statutory education partners are currently delivering a range of services which seek to directly and indirectly address trans-generational issues through the promotion of reconciliation and improving community relations.
- Compared to other categories of need there are relatively few groups in the victims sector currently addressing trans-generational issues and young people.
- The needs emerging from trans-generational issues, including their impact on the lives of young people, have the potential to expand in the years ahead requiring further allocation of resources

5.3. BACKGROUND

It is recognised that victims have a right to remember as well as to contribute to a changed society. The achievement of a peaceful and just society would be the true memorial of the victims of violence. The participants [to the negotiations] particularly recognise that young people from areas affected by the Troubles face particular difficulties and will support the development of special community-based initiatives based on international best practice. The provision of services that are supportive and sensitive to the needs of victims will also be a critical element and that support will need to be channelled through both statutory and community-based voluntary organisations facilitating locally based self-help and support networks. This will require the allocation of sufficient resources, including statutory funding as necessary, to meet the needs of victims and to provide for community-based support programmes.⁷⁷

The significance of this extract from the Good Friday Agreement lies in the formal recognition by Northern Ireland's main political parties of the necessity of addressing the needs of victims and survivors, including past and present generations of children and young people. The signing of the Agreement represented a watershed moment for the people and the political process in Northern Ireland with the development of new devolved institutions and an agreement based on power-sharing, equality and reconciliation.

As noted elsewhere in this report, the Agreement also signalled the beginning of a process of developing support services to address the acknowledged needs of victims and survivors of the Conflict. The formal acknowledgement of the impact of the Conflict on children and young people has proceeded as the political transition progresses, albeit at times discontinuously. In the last decade, evidence of the Executive putting children and young people's rights at the heart of its agenda is demonstrated in the establishment of a Children's Commissioner, who has as one of her priorities addressing the impact of the Conflict on young people⁷⁸ and the appointment of two Junior Executive Ministers with responsibility for children and young people. Further, these two Ministers convene a Ministerial Sub-Committee which facilitates co-ordination across government departments on a range of issues affecting the lives of children and young people in Northern Ireland. One of the primary responsibilities of OFMDFM and the Ministerial Sub-Committee is to progress many of these issues and associated targets contained within the *Ten Year Strategy for Children and Young People in Northern Ireland* published in 2006.⁷⁹

Aligning the process of political transition with the recognition of the rights of children and young people, including those affected by the trans-generational impact of the Conflict from the outset has received international accolades for pioneering examples of best practice. Commenting on the significance of the commitment of local politicians articulated within the Belfast Agreement, Olara Otunnu, the United Nations (UN) Secretary General's Special Representative for Children and Armed Conflict stated that,

⁷⁷ The Good Friday Agreement was accessed via the Northern Ireland Office website at: <http://www.nio.gov.uk/agreement.pdf>

⁷⁸ See NICCY website at: <http://www.niccy.org/article.aspx?menuId=326>

⁷⁹ A copy of the strategy can be accessed electronically at: <http://www.ofmdfmi.gov.uk/ten-year-strategy.pdf>

Among the things that we've learnt elsewhere in the world is the importance of having protection, the rights, and the well-being of children being clearly stated and catered for in any peace process...the example of the Good Friday Agreement is a very good one. It's one in fact that we want to use elsewhere in the world because it's one of the very few peace processes and peace agreements in which the needs and interests of children are explicitly indicated. The Agreement provides that for children who have been affected by the troubles, their needs need to be met, consistent with international standards and practice. It's a wonderful model, now we have to work and encourage all the actors and translate this principle about the protection and interest, the best interest of children into realities on the ground (CCIC, 2000).

Critically, it is the process and issues associated with 'translating' the best interests of those affected by the Conflict 'into realities on the ground' that have been called into question as government attempts to effectively deal with the legacy of the Troubles. McAlister *et al* (2009: 4-5) has expressed serious concerns about how the current '*practical provision will improve the lives of children and young people living in the most marginalised and divided communities.*' In concluding their research examining the impact of the legacy of the Troubles on the lives of 'marginalised' children and young people, McAlister *et al* contend that, '*it is essential that there is among political leaders and state institutions the will, commitment and imagination to give clear political leadership as well as necessary resources to facilitate effective change within these communities*' (ibid.).

5.4. DEFINING THE AREA OF NEED

Trans-generational issues are those which are passed from one generation to another, both within families and communities. Potentially the most enduring consequence of the Troubles is its impact on young people throughout 30 years of the Conflict, allied to its perceived legacy on the lives of children and young people growing up in Northern Ireland today. Similar to other areas of need in this report, this has a 'Janus-faced' character to it in that assessment of need is based on the impact of past events and their potential influence on shaping the needs of young people in the future.

In examining the trans-generational impact of the Conflict on young people we are considering *both* those individuals who were children or young people during the Conflict and a new generation of young people who have grown up in Northern Ireland since the 1994 ceasefires. While this latter group of young people have grown up in a comparatively peaceful and stable environment, the literature identifying trans-generational need argues that the enduring influence of the Conflict's legacy emanates from a number of potential sources. These include the propensity for the transmission of the consequences of conflict related injury or trauma affecting the well-being of young people; the re-emergence of paramilitary activity from dissident republican groups and loyalist groups and the continuing impact of sectarianism and segregation and the scourge of deprivation on the lives of children and young people growing up in parts of Northern Ireland today.

On review of the literature for the purpose of defining this particular area of need it reveals how the Troubles placed an unequal and devastating burden on young people. In fact, as is revealed by the Cost of the Troubles (COTT) study (Fay *et al*, 1999) it is apparent that the risk of being a victim of troubles-related violence is not evenly distributed across different geographical areas or sections of the population.

Young people account for a large proportion of those killed, with a quarter being aged 21 or under. The 19-20 age group contains the highest number of deaths for any age group in Northern Ireland. Of all age groupings, the 18-23 age range contains the highest number of deaths, at 898. This age group alone accounts for 25 per cent of all deaths in the Troubles (Morrisey and Smyth, 2002: 64-65).

The six NI postal areas BT11, BT12, BT13, BT14, BT15 (North and West Belfast) and BT48 (Derry City) account for 33.5 per cent of all deaths under the age of 25 (58 per cent of deaths under 18). Young people - particularly males between the age of 12 and 20 - comprise the majority of fatalities of the Troubles. Qualitative data confirms that young people in these areas are particularly at risk of becoming victims (or perpetrators) of violent acts (Morrisey and Smyth, 2002: 75).

Clearly from these figures, young people living through 30 years of the Troubles suffered directly in terms of lost lives, but additionally a significant emotional burden was experienced by generations dealing with the trauma of bereavement, displacement and violence. However, as was evidenced in the COTT study and elsewhere, while it is important to highlight the severe psychological impact on some young people, others were less affected (Smyth *et al*, 2004: 39). As the literature reveals certain groups of young people often depending on the location of their community were exposed to higher levels of conflict intensity as well as social and economic deprivation than the rest of the child and adolescent population. Moreover, certain groups of children and young people, for example dependents of security force personnel (Black, 2004), members of paramilitary organisations/ex-combatants (Spence, 2002; Jamieson and Grounds, 2002; Snodden, 2004) experienced high levels of emotional and psychological stress throughout the Conflict and since the ceasefires as well as young people at risk of violence, including punishment beatings and exiling from within their own communities (Radford, 2010).

Research undertaken in recent years has included consideration of the impact of the Conflict on (the needs of) children and young people who have grown up in areas like North and West Belfast which witnessed some of the most intense and violent events of the Conflict. Kilkelly *et al* (2004), for example, noted the experiences of key health professionals and community workers dealing directly with the significant mental health issues affecting children and young people from some of Belfast's most deprived communities. In addition to the prevalence of 'anxiety, depression, deliberate self-harm and escalating suicide rates' among young people affected by the Troubles, Kilkelly *et al* noted the direct experience of one health care professional who concluded that,

Some of the most vulnerable young people in our society, children who have been exposed to indescribable levels of trauma and abuse, are having decisions made based on resources availability rather than need...due to the crisis in the service, we can no longer keep them safe. They may end up on the street or another suicide...no-one is really listening. No-one is doing anything (ibid.)⁸⁰

⁸⁰ Cited in McAlister *et al*, 2009: 24.

The potential impact of the Troubles on the mental health of children and young people is particularly concerning given the serious deficiencies in service provision identified within the Bamford Review. According to the 2006 report, the conditions in which Child and Adolescent Mental Health (CAMH) services were being delivered at the time were described as 'wholly inadequate...characterised by overwhelming need and chronic under-investment' (Bamford Review of Mental and Learning Disability, 2006: 8). It is important to note that since the report was published additional investment has been allocated to CAMH services to ameliorate the deficits in service provision much of which has gone into residential care in Belfast. Nevertheless, the potential added burden of the legacy of the Conflict on the mental health particularly of young people living in areas worst affected by the violence generates an additional need requiring targeted resources and specialist services including outpatient and community care.

Evidence of the potential on-going impact of the Conflict on young people in these areas is reflected in the high rates of suicide which have become an unwelcome public health problem in Northern Ireland in recent years. For example, between 1999 and 2003, the suicide rate in Northern Ireland was higher than in England and Wales while in 2007, 291 suicides were registered, the highest figure ever recorded (Tomlinson, 2007).

In addition to potential health impact, the legacy of the Conflict on young people has been identified as continuing to detrimentally affect those lives blighted by deprivation and segregation. McAlister *et al* (2009: 28) highlight that children and young people living in areas most affected by the Conflict experience 'multiple deprivation' which impacts on their 'childhood opportunities, self-esteem and relationships'. Decades of intense violence and intercommunal unrest have severely undermined economic investment and development, exacerbated child poverty and impaired employment opportunities (Horgan, 2005: 13). Meanwhile, despite the significant reduction in the intensity of the Conflict throughout this decade, children and young people in 'interface areas' continue to engage in sporadic outbreaks of violence and disturbances. For example, Leonard (2004) has demonstrated that children and young people in Loyalist and Nationalist interface areas of North Belfast illustrate the durability of sectarianism and the consolidation of physical boundaries marked by continuing hostility. Moreover, a significant factor currently contributing to the 'durability of sectarianism' in these interface areas is the on-going and increasing threat of paramilitary violence from dissident republican groupings. The potential escalation of their activity represents a destabilising influence on the normalisation of life for children and young people.

5.5. PREVIOUS RESEARCH

Commenting on the trans-generational impact of the Conflict, Templer and Radford (2007) state that there has been 'very little investigation' or 'work documented' in this potential area of need. However, they do contend that in the emerging literature links are being drawn between the reception and transmission of inter- and trans-generational trauma. According to the authors, '*young people in the current context are increasingly being seen to be implicated as actors in a process of absorbing trauma across generations*' (Templer and Radford, 2007: 18).

This section outlines a number of the key pieces of literature which continue to inform the debate relating to the trans-generational impact of the Conflict on the lives of young people and the development of services to address the needs of young people affected by these trans-generational issues.

5.5.1. CARING THROUGH THE TROUBLES: HEALTH AND SOCIAL SERVICES IN NORTH AND WEST BELFAST (2001)

This study investigated the impact of the Troubles and the potential 'additional' costs associated with the delivery of health and social care in North and West Belfast. Two of the central aims of the research were to:

- i. Assess the effect of the Troubles on the delivery of health and social services; and
- ii. Elicit the views on the impact the Troubles have had on the level of need.

A number of important findings and recommendations/conclusions emerged from this report:

- The report addressed the question of whether the particular circumstances of Northern Ireland, 30 years of political violence, should be considered as an additional factor. On the common sense level the answer seems to be obviously, yes, with almost 4,000 fatalities, over 40,000 injuries, residential segregation (particularly in cities) and cycles of intimidation accompanied by population movement cannot be without their health effects. On the other hand, the report put forward the argument that the Troubles took place over a very long time period whose most intensive period was over 20 years ago. The distribution of troubles-related incidents over that time period means that individual exposure (across a regional population of 1.6 million) to such incidents might have been relatively rare.
- Expressed levels of need, particularly in North and West Belfast are likely to rise in the coming period, as residents' trust in the atmosphere of political détente allows them to come forward to seek help with troubles-related issues.
- Evidence collected from service providers highlighted a number of effects of the Troubles on patients and the general population living in North and West Belfast. The Troubles created special difficulties for people such as displacement, bereavement, injury and communities shattered by long-term concentrated militarisation. The Troubles has been an additional complicating factors in pre-existing problems such as the crisis in law and order and attitudes to policing, issues of control of anti-social behaviour and alcohol and drugs related problems.
- One of the main recommendations put forward in the report was that there was a need to 'mainstream' the Troubles experiences throughout the health and social care system. Health and Social Services staff working in North and West Belfast felt that the Troubles were often regarded as a problem localised to that particular area. The report recommended that 'the challenges involved in delivering health and social services in communities affected by the Troubles becomes and is seen to become a mainstream concern and is mainstreamed in training' throughout the health and social care system.

5.5.2. THE IMPACT OF POLITICAL CONFLICT ON CHILDREN IN NORTHERN IRELAND (2004)

The key aims of the project were to establish the nature and levels of need among children and young people affected by the Troubles. The key objectives of the research were to:

- establish information about the nature and levels of need among children and young people affected by the Troubles in areas of high, medium and low violence;

- Empower participants (children, young people, community organisations and voluntary organisations) to better identify and address the effects of the Troubles on children and young people;
- Initiate dialogue and discussion about the impact of the Troubles on children and young people at community, institutional and societal levels. To achieve these comparisons, experiences from other societies, addressing similar issues, were drawn upon;
- Further the development of training materials for professionals as well as contributing to educational and play materials for children and young people drawing upon the results of the study; and
- Generate policy and practice recommendations for use in other projects and institutions.

The key findings and recommendations of this report were:

- There is a need to recognise in terms of the allocation of resources and the location of services that the effects of the Conflict have been concentrated in certain locations and in certain sub-populations. North and West Belfast, the border regions and the Craigavon area are locations that have been particularly affected.
- Young people are a sub-population that have been particularly affected. More people were killed in the Conflict at the age of 19 than at any other age. Populations of children and young people have been exposed in particular ways to conflict related events and are therefore more likely to suffer certain ill effects. Yet this is not reflected in the location of services or the deployment of resources.
- The level of psychological support for children and young people affected by the Troubles seems to be inadequate to the level of need, and totally inadequate in areas of high need. Children, young people and their families described difficulties in accessing services, and feelings of stigma of using psychiatrically based services. We recommend a review of the level and focus of psychological support available to children and young people affected by the Conflict, and an investigation into how problems of stigma can be addressed.
- School based services are often overstretched and often narrow in focus contributing to several children's conflict-related trauma going unnoticed, even when it adversely impacted their school attendance and performance. The inability of schools to detect children's need and refer children on was particularly troubling. A review of school based support services and their role in assisting children and young people affected by the violence of the Conflict and sectarian division [should occur], with a view to improving the level of service and broadening its focus.
- An interdepartmental working group [should] be formed to consider the issues of children and young people involved in street violence and rioting particularly in communities with a history of street violence. We recommend that this group formulate a cross departmental strategy to address this issue and put in place preventative measures for the future.

- A review of the coverage afforded by existing family support services with expertise in trauma and the impact of political violence to families so affected in Northern Ireland [should be held]. Such a review should examine the location of such services and their accessibility to families whose need is greatest, and to communities worst affected by violence.

5.5.3. THE TROUBLE WITH SUICIDE – MENTAL HEALTH, SUICIDE AND THE NORTHERN IRELAND CONFLICT: A REVIEW OF THE EVIDENCE (2007)

This report provides an overall analysis of the existing research on the impact of the Troubles on levels of mental health and well-being in Northern Ireland with particular focus on local suicide rates during and after the Conflict. The main conclusion to emerge from the report is that *'the conflict shaped the suicide problem in significant ways in the past and its legacies continue to influence the challenge of reducing suicide in the future.'* Tomlinson maintains that, *'in particular changes in the relationships between state bodies and the communities and individuals most affected by the conflict have impacted on the registration of suicides, the recognition of the suicide problem and the speed and nature of the responses to it'* (Tomlinson, 2007: 116).

5.5.4. CHILDREN IN TRANSITION – EXPERIENCING MARGINALISATION AND CONFLICT IN NORTHERN IRELAND (2009)

This community-based research project was established as a partnership between Queen's University, Save the Children and The Prince's Trust. The aim of the research was to understand and explore the lives of children and young people living in those communities in Northern Ireland enduring the legacy of the Conflict and persistent economic disadvantage (McAlister, Scraton and Haydon, 2009: 147).

A number of the key findings and issues to emerge from the report included the following:

- While the advances of the Peace Process, devolution to the Northern Ireland Assembly and the profile of human rights have been heralded internationally as positive indicators of transition from conflict to peace, progress at a political level has not been match by progress within and between communities;
- Research shows that the discourse of 'post' conflict is premature. Claims of 'peace' and 'transition' are not evident within the experiences of those living in marginalised, disadvantaged and under-resourced communities;
- Young people's views, experiences and behaviours have not been sought, understood or contextualised within political and popular debates;
- Research showed that those areas most affected by the Conflict are also those most economically deprived; and
- Research findings challenged positive assumptions made in official discourse and media commentaries that Northern Ireland as a 'society in transition' is making significant progress in promoting community development and safeguarding the rights of children and young people (ibid.).

5.6. SERVICES

The publication of a number of key reports, notably *'We Will Remember Them'* (1998) and *'Living with the Trauma of the Troubles'* (1998) paved the way for the establishment of dedicated services for victims and survivors provided by the statutory and non-statutory sectors. As mentioned earlier, the Agreement made specific reference to the need to develop 'special community-based initiatives' which will address the particular difficulties experienced by young people in those areas worst affected by the Conflict.

One of the difficulties associated with developing appropriate services to address the trans-generational impact of the Troubles is the lack of understanding and acknowledgement of the potential long term impact of trans-generational trauma. McAlister *et al* concluded that *'given the 'post-conflict' rhetoric, a key issue has been the failure to identify the long-term consequences of trans-generational trauma'*. Furthermore, combined with this indifference or need for further investigation is the complexity associated with trans-generational issues (including conflict-related trauma) and how they can potentially impact on the lives of young people, families and the wider community. McAlister *et al* contended that, *'the inter-relationship of unaddressed conflict-related trauma, interpersonal violence within families, continuing paramilitary intimidation, forced exiling, economic marginalisation and social exclusion constitute 'special circumstances' for children, young people, their families and communities in Northern Ireland'* (McAlister *et al*, 2009: 25). In spite of the complexity and multifaceted nature of this interrelationship a range of services and activities designed to address trans-generational issues are currently provided by statutory agencies and community-based groups.

The following sub-sections provide a brief outline of the types of services and service providers in both the statutory and non-statutory sectors dedicated to addressing trans-generational issues, including their impact on young people

5.6.1. COMMUNITY/VOLUNTARY SERVICES

While 'trans-generational issues and young people' can be described as a developing area of need in terms of developing an understanding of its complex, multi-dimensional and evolving character, a range of services and activities have been provided by victims groups in recent years. These services have been developed and operated by a number of the established community-based victim's groups seeking to address the needs of young people from their membership and/or local area. Dillenburger *et al* (2007: 62) noted that adult members of some of the groups participated actively in the organisation and development of youth work activities and discovered their own participation in these activities improved their own well-being. As part of their research, youth work was organised by 11 of the groups involving between 15 and 150 people facilitated by trained individuals from within the groups and other service providers. As part of funded provision for youth work, the groups delivered a range of activities including sport training events, trips away, summer schemes, drama, music, computer courses, and social events (*ibid.*).

TABLE 1: SELECTION OF GROUPS PROVIDING SERVICES ADDRESSING TRANS-GENERATIONAL ISSUES AND YOUNG PEOPLE (2005-06 TO 2008-09)⁸¹

Group	Summary of Project	Council Area	Year	Funding
Mourne Action for Survivors of Terrorism	One week scheme bringing young members together in a social capacity	Newry & Mourne District Council	2005-06	£3,000
South Down Action for Healing Wounds	Activities completing the needs of younger victims and survivors	Banbridge District Council	2006-07	£1,000
Coiste na n-larchimi	Residential bringing together young people from the republican and unionist communities	Belfast City Council	2007-08	£1,500
FAIR	Youth activities designed to encourage social interaction among youth members	Armagh City and District Council	2008-09	£3,000

COMMUNITY RELATIONS COUNCIL AND PEACE FUNDED PROJECTS

Funding for community-based groups delivering services addressing trans-generational issues and the needs of young people is channelled through two main sources. Firstly, the Community Relations Council's Development Grant scheme has funded a number of groups (see Table 1) providing services under this category of need. In 2008-09 only 7 Development Grant projects were identified as being categorised as trans-generational/working with young people, with an average of 11 projects per year over the funding period. Activities funded under this category have included youth-led volunteering, facilitation of programmes focussing on the issues faced by young people and group therapy sessions for young people presenting as suffering from trans-generational trauma related to the Conflict (CRC, 2010: 92). Indeed, the Community Relations Council has stated in its Review of Funding for Victims and Survivors that 'very few groups would primarily undertake trans-generational/young people activities or technical services' (CRC, 2010: 71).

⁸¹ Data contained in this table was provided by the Community Relations Council.

TABLE 2: SELECTION OF APPROVED PEACE III FUNDING TO GROUPS PROVIDING SERVICES ADDRESSING TRANS-GENERATIONAL ISSUES AND YOUNG PEOPLE (2008-11)

Lead Partner	Project Title	Total funding Allocated £
YESIP	Children and Young People Building Positive Relations	£3,142, 894
Youth Action	Peace Dividend for Young People	£543,323
Youth Initiatives	Crosslinks Culture Connections – (CROSSLINKS)	£330, 865
Youth Link: NI	Community Capacity Building Strategies	£432, 659

(Source: SEUPB, 2010: 27-31)

Secondly, through the SEUPB⁸² administered PEACE III programme, a number of community-based groups individually and in collaboration with public bodies are currently funded to provide services to young people through the lens of reconciliation and peace-building. The projects involve the provision of activities which are congruent with a number of the key priorities underpinning the PEACE III programme, notably ‘reconciling communities’ and ‘contributing to a shared society’. Coleraine District Council, for example is in receipt of PEACE III funding to deliver a project which seeks:

*...To engage unattached young people in youth leadership and peace building, targeting issues of reconciling communities and contributing to a shared society by providing young people with the opportunity, space and support to explore their own identity and that of others.*⁸³

⁸² Special European Union Programmes Body.

⁸³ Information relating to this project was obtained from the SEUPB website.

YOUTH EDUCATION SOCIAL INCLUSION PARTNERSHIP (YESIP)

One of the largest funded projects delivered under the PEACE III programme is the Youth Education Social Inclusion Partnership (YESIP) which has received over £3 million of European funding since 2008. YESIP represents a collaboration involving 10 key partners⁸⁴ located within both the formal and informal education sectors. With the Southern Education and Library Board (SELB) as the Lead Partner and YouthNet as the Delivery Partner and a consortium of other project partners, YESIP has developed a project aimed specifically at addressing and achieving the objectives and outputs identified under Priority 1 of the PEACE III Programme. The aim of this project is to have 'a society free from sectarianism and racism where the Youth Education sector can manage and sustain its own reconciliation processes'.⁸⁵

WAVE – YOUTH SERVICES

As part of the WAVE project funded by PEACE III entitled 'Back to the Future – Building the Peace' Programme the WAVE Youth Service offers a range of activities to all young people aged between 5 and 25 years affected by the Troubles. Activities are offered on a regional, cross-community basis, in keeping with the ethos of the organisation and fall into one of four categories:

- Personal and Social Development;
- Storytelling;
- Citizenship; and
- Widening Horizons, incorporating programmes overseas.⁸⁶⁸⁷

⁸⁴ The 10 partners of the YESIP project are the Southern Education and Library Board, YouthNet, Belfast Education and Library Board, North Eastern Education and Library Board, Western Education and Library Board, South Eastern Education and Library Board, Southern Education and Library Board – Youth Service, Youth Council for Northern Ireland, PlayBoard' Youthlink, National Council YMCA and Youth Net.

⁸⁵ Information obtained from the YESIP website at: <http://www.yesip.org/index.htm>

⁸⁶ Information obtained from the WAVE Youth Service website at: <http://www.wavetraumacentre.org.uk/node/178>

⁸⁷ Further specific details of the activities provided by the WAVE Youth Service can be accessed online at: <http://www.wavetraumacentre.org.uk/node/47>

5.6.2. STATUTORY SERVICES

The Youth Education Social Inclusion Partnership (YESIP) is an example of partnership working between the statutory sector and youth organisations within the community sector to counter the trans-generational impact of the Conflict through supporting reconciliation and peace-building. In addition to the key role of the Education and Library Boards in this programme, the Department of Education (DENI) and other departments notably the Department for Health, Social Services and Public Safety (DHSSPS) provide resources and services to young people who have been affected by trans-generational issues. Given the level of complexity and scope of these policy issues affecting previous, current and future generations of young people as a consequence of the Conflict's legacy, a number of government departments will have responsibility for the provision of services. Mapping out of the various activities and services delivered across the government departments will be undertaken in the next phase of the CNA. For brevity, this paper will briefly outline the associated services delivered within the education and health sectors currently directly or indirectly addressing the trans-generational impact of the Conflict on young people.

DEPARTMENT OF EDUCATION (DENI)

The Department of Education NI (DENI) is responsible for the central administration of all aspects of education and related services in Northern Ireland. Its main responsibilities are in pre-school, primary, post-primary and special education; the youth services; the promotion of community relations within and between schools.⁸⁸ There are no explicit protocols for the provision of services to children and young people who are victims of the Conflict. However, the main responsibilities outlined previously including 'promoting community relations within and between schools' commits DENI to deliver curricular and extracurricular activities and support services to all children and young people including victims of the Conflict.

Outlined below are three areas of responsibility directing DENI and the wider education sector's delivery of activities and services which are directly and indirectly addressing the trans-generational need of young people. These are through the implementation of the Revised Curriculum; the promotion of good community relations and delivery of the Youth Service.

REVISED CURRICULUM

The revised curriculum was introduced in the 2007-08 school year and now applies to all 12 years of compulsory education. Two key components of the new curriculum that are seeking to promote better community relations among primary and post-primary children and young people are Personal Development and Mutual Understanding (PDMU) and Local and Global Citizenship (LGC).

PDMU is one of 6 Areas of Learning in the Revised Curriculum for Primary Schools from Foundation stage to Key Stage 2. It is delivered through two interconnected strands – 'Personal Understanding and Health' and 'Mutual Understanding in the Local and Wider Community'. Within Mutual Understanding in the Local and Wider Community there are three main strands – 'managing conflict', 'similarities and differences' and 'learning to live as members of the community'. Meanwhile, as part of Key Stage 3 (Year 8, 9 and 10) under the strand 'Local and Global Citizenship' children engage in the following tasks:

⁸⁸ Information obtained from the DENI website at: <http://www.deni.gov.uk/index/85-about-the-dept.htm>

- Developing strategies to avoid and resolve conflict;
- Investigate ways of managing conflict and promoting community relations and reconciliation;
- Investigate how and why conflict, including prejudice, stereotyping, sectarianism and racism, may arise in the community;
- Investigate ways in which individuals and groups express their identity; and
- Investigate the opportunities arising from diversity and multiculturalism and possible ways of promoting inclusion (ccea, 2007: 25-27).

Under Local and Global Citizenship throughout Key Stage 4 (Year 11 and 12) children continue to develop their knowledge, understanding and skills with a strong focus on promoting better community relations and mutual understanding. By the end of Year 12, the young people will have considered a range of issues and engaged in the following tasks:

- Respond to the specific challenges and opportunities which diversity and inclusion present in Northern Ireland and the wider world;
- Identify and exercise their rights and social responsibilities in relation to local, national and global issues;
- Develop their understanding of the role of society and government in safeguarding individual and collective rights in order to promote equality and to ensure that everyone is treated fairly;
- Develop their understanding of how to participate in a range of democratic processes;
- Develop awareness of key democratic institutions and their role in promoting inclusion, justice and democracy; and
- Develop awareness of the role of non-governmental organisations.⁸⁹

The aim of this unit is to encourage young people to reflect on the contribution they can make to building a NI of the future. Through the study of this unit it is hoped that young people develop an awareness that they can make a difference to their lives and the communities to which they belong.⁹⁰

⁸⁹ Information obtained from the Northern Ireland Curriculum website at: http://www.nicurriculum.org.uk/key_stage_4/areas_of_learning/learning_for_life_and_work/

⁹⁰ Information obtained electronically from the Northern Ireland Curriculum website at: http://www.nicurriculum.org.uk/connected_learning/thematic_units/citizenship/citizenship.asp

In relation to Key Stage 4, it is interesting to note that a resource pack has been developed by political ex-prisoners to encourage young people to become 'active citizens'. Funded through the PEACE III programme, 'From Prison to Peace – Learning from the experiences of political ex-prisoners' represents a sharing of experiences from individual ex-combatants from different political backgrounds. According to the research produced as part of the resource pack,

What motivated the participation of the political ex-prisoners in this project was a determination that their experiences should be shared with young people. They are an honest portrayal of how individuals can become caught up in violence; inflict and suffer pain; endure often long prison sentences and still hold a commitment to make society a more just and inclusive place. This is the essence of where we have come from; hopefully it can contribute and work to create a more inclusive, welcoming and equal society (The Community Foundation for Northern Ireland, 2009: 8).

COMMUNITY RELATIONS

Through its Community Relations Branch, the DENI has responsibility for the promotion of good community relations among children and young people in the age range of 3 to 25 years in the education and youth service sectors. According to the Department, *'the main thrust of the Department's community relations policy is to provide opportunities for the two main traditions in Northern Ireland to learn about each other, and include other groups and traditions'*. Among the central aims of the policy is to encourage cross-community interaction and co-operation; to support and develop respect for each other's beliefs and backgrounds and respect for cultural diversity. In supporting the implementation of the policy the DENI has allocated approximately £1.1 million over 2010-11.⁹¹

In June 2008, the Education Minister initiated a review of the Department of Education's Community Relations policy. The objective of the review was to examine the current DENI Community Relations policy and make recommendations to form the basis of a new policy. The review took account of the revised curriculum, including PDMU and Citizenship, an increasing diverse society and the key drivers affecting the education system in relation to enhanced collaboration via the curriculum, the outworking of the Bain Report, the impact of the Review of Public Administration and the funding of the policy area.

As part of the review, DENI published a draft consultation entitled *Community Relations, Equality and Diversity in Education – Draft Policy Paper* in September 2010. The consultation document highlighted that 'up to the end of March 2010, the DENI allocated approximately £3.5 million per annum (2009-10 figures) for the promotion of equality and good community relations among children and young people. The aim was to encourage greater cross-community contact and co-operation; to support and encourage mutual understanding and tolerance; to promote equality and work to eliminate discrimination; and to promote recognition and respect for cultural diversity.

The draft consultation document highlights the following key recommendations that emerged from the review:

⁹¹ Information obtained from the DENI website at: <http://www.deni.gov.uk/index/20-community-relations-pg.htm>

- As a society emerging from conflict, education must continue to promote and support the development of strong, healthy community relations among current and future generations.
- The reviewed policy must embrace the complex, interrelated and significant backdrop of political, societal and educational change, many aspects of which will result in more effective joined-up working between government departments and communities and between and across school sectors, early years providers and the youth service.
- Young people's practical understanding needs to be enhanced by experience including meaningful contact between young people from a diverse range of backgrounds including on a cross-community basis.

THE YOUTH SERVICE

The Youth Service exists to support and encourage people to mature and reach their potential as valued individuals and responsible citizens. It is education in the sense that it provides a social education within the context of a broad spectrum of diverse activity.

*The policy aim of the Youth Service is 'to ensure the provision of opportunities for children, young people and young adults to gain for themselves knowledge, skills and experience to reach their full potential as valued individuals; to encourage the development of mutual understanding and promote recognition of and respect for cultural diversity.'*⁹²

The Youth Service is composed of a statutory and a voluntary sector.

- The statutory sector under the control of the Education and Library Boards (ELBs) consists of some 165 youth clubs, 14 residential centres employing 960 paid workers, and benefitting from the input of some 543 volunteers.
- The voluntary sector is made up of a great variety of organisations; there are uniformed and non-uniformed units; church related and secular units; and headquarter or umbrella bodies. 2,071 voluntary groups which have some 1062 paid workers and 19,089 volunteers, are registered with Education and Library Boards for the receipt of grant aid.

Participation by young people in the Youth Service is voluntary, and activities which are firmly rooted in a social education ethos, are generally out of school or work time and non-formal.⁹³

The Youth Service provides an important network of community services for children and young people across Northern Ireland. It represents a potentially effective vehicle to deliver a range of activities focussing on the personal development of young people through the promotion of community relations, reconciliation and respect for cultural diversity.

⁹² Information obtained from the DENI website at: http://www.deni.gov.uk/index/19-youth_pg.htm

⁹³ Information obtained from the DENI website at: http://www.deni.gov.uk/index/19-youth_pg.htm

DHSSPS (HEALTH AND SOCIAL CARE SECTOR)

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

An important element of mental health service provision within the health and social care system in Northern Ireland is the delivery of the Child and Adolescent Mental Health Service (CAMHS). CAMHS aims to promote emotional well-being and deliver care, treatment and preventative mental health services to children and young people aged 0–18 years of age who experience significant mental health difficulties.

The service works in many different ways with children and young people, depending on their needs:-

- The CAMH Service employs specialist mental health workers (for example : Clinical Nurse Specialists, Mental Health Social Workers, Consultant Psychiatrists, Clinical Psychologists, Family Therapists) to work with children and young people who have complex mental health needs. The professionals also provide support to parents and carers.
- The Service also work with and support children and young people who may need very specialist treatment from services such as: the Eating Disorder Service, the Drug and Alcohol Mental Health Service (DAMHS.) and where necessary, refer children and young people who may need a stay in hospital for intensive care, support and treatment.

The CAMH Service also offer support and training to staff in schools, youth workers, GPs and others who work alongside children and young people, so they know what mental health difficulties are and how they can help.⁹⁴

FAMILY TRAUMA CENTRE

The Family Trauma Centre is a regional resources 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 trauma related to the Troubles. The service is open to everyone and referrals can be made by social workers based in the community or hospitals, GPs, Community Psychiatric Nurses and Voluntary Organisations.⁹⁵

⁹⁴ Information obtained from the Belfast Health and Social Care Trust website at: <http://www.belfasttrust.hscni.net/services/CAMHS.htm>

⁹⁵ Information obtained from the Belfast Health and Social Care Trust website - http://www.interpreting.n-i.nhs.uk/sebservices/family_trauma_centre.html

COUNSELLING

In supporting the prevention of suicide and self-harm and providing help to young people and the wider population dealing with trauma or depression, the DHSSPS fund the operation of a telephone counselling service called Lifeline. In the 2009-10 financial year, £3.5 million was allocated to Contact Youth to operate the helpline which included £600,000 for the provision of 'wraparound' support services by local community and voluntary organisations. Total Suicide Prevention funding by the DHSSPS is £6.7 million per annum which comprises £3.2 million for the implementation of Protect Life, the suicide and self-harm prevention strategy and £3.5 million for the operation of Lifeline.⁹⁶

5.6.3. OTHER SERVICES

THE POLICE REHABILITATION AND RETRAINING TRUST'S (PRRT) CHILD AND ADOLESCENT THERAPY SERVICE

Due to a growing demand for a dedicated service reflecting client needs, the PRRT established The Child and Adolescent Therapy Service in 2001. The aims are to provide a service for the children of servicing PSNI officers and retired RUC officers who are experiencing psychological problems as a result of their parent's police service. The service sees both children and adolescents up to the age of 18 years old. An initial assessment is provided in every case within 14 days of initial contact, followed by a case discussion at a referral and review meeting, the child or young person attends for treatment. In the very rare situations where cases do not meet the remit for the service or problems are not clinical in nature the service will always sign post or refer on to the appropriate agency (Black, 2004).

Referrals to the service have steadily increased in frequency with the age range of referrals being evenly distributed between the ages of 5 and 18 years. The nature of presenting problems has been wide ranging. Following the setting up of this service, the bulk of clinical work centred on treating the classic symptoms of trauma such as flashbacks, intrusive images, nightmare, hyper vigilance and bedwetting. However as the service continued to operate, presenting problems became less trauma specific with referrals for other conditions including panic disorder, deliberate self-harm as well as behavioural and conduct problems (ibid.).

CONTACT YOUTH

In addition to supporting the operation of the suicide prevention helpline, Lifeline, Contact Youth also deliver an independent counselling service to post primary schools across Northern Ireland as well as in the local community. Two important features of the school-based counselling service are the emphasis on preventative/early intervention work and the strong belief that the service needs to be accessible to young people.⁹⁷

⁹⁶ Information obtained from the DHSSPS website at: <http://www.northernireland.gov.uk/news/news-dhssps/news-dhssps-10092010-mcgimpsey-supports-world.htm>

⁹⁷ Information obtained from Contact Youth website at: http://www.contactyouth.org/index.php?option=com_content&task=view&id=1&Itemid=2

5.7. ANALYSIS

This section will provide an overview of the key findings identified within the literature relating to this particular area of need. Commentary and analysis of the literature is contained within four interrelated areas - need, services, costs and numbers.

5.7.1. ANALYSIS OF NEED

Due to the complex, multi-dimensional and emerging/evolving nature of this area of need there is a degree of difficulty in drawing definitive conclusions in relation to assessing present and future levels of need. What we can draw on are the research findings that have emerged since the Belfast Agreement with its particular commitment '*to recognising the difficulties of young people from those areas affected by the Troubles.*' Unlike the available literature in other areas of need evaluated within this Phase 1 report, there are limitations and gaps in the research relating to trans-generational issues of the Conflict and their impact on present and future generations of young people. While extensive analysis has been undertaken into the impact of conflict related experiences upon children including *The Cost of the Troubles Study* (1999a; see also Cairns, 1996), there is limited research examining the trans-generational issues including impact on young people.

In an initial literature review conducted by the Commission for Victims and Survivors in 2009, the authors concluded that while needs relating to trans-generational trauma have been addressed explicitly in international literature, less attention has been given to consideration of trans-generational need in Northern Ireland. The report concluded that,

The extent to which the impact of conflict is passed on through families intentionally and unintentionally is an area that requires some considerable attention and which has been addressed explicitly in international literature, but less so locally and consequently requires a much more comprehensive focus to support both service planning and delivery in the medium to long-term (CVS, 2009: 38).

Despite the existing limitations surrounding the available literature, analysis of the research findings within this paper has uncovered significant issues regarding the nature and extent of need and the current levels of service provision within both the statutory and non-statutory sectors.

The potential impact of trans-generational issues on the lives of past, present and future generations of young people in Northern Ireland could emerge as one of most enduring consequences of the Conflict. The review of the literature revealed the heavy burden shared by young people throughout the decades of conflict with 898 deaths within the 18 to 23 age group. This represented almost a quarter of total fatalities throughout the Troubles. Equally, children and young people who survived the decades of conflict, particularly those who lived in the worst affected areas were subjected to regular exposure of the trauma of violence, intimidation and displacement. Research (Fay *et al*, 1999a; Morrissey and Smyth, 2002) confirmed that not only were children and young people 'a sub-population particularly affected' by the Conflict but that equally children of both combatants/ex-combatants and police officers experienced high levels of emotional and psychological stress before and after the ceasefires. Black (2004) argued that despite the ceasefires and transition to a post-conflict society in Northern Ireland, the threat from terrorist organizations remains making serving Police Officers and their dependents feel more exposed and vulnerable.

Analysis in this paper highlighted that the complex, multi-faceted and evolving character of this area of need emanates from a number of sources. This included the potential for the transmission of the consequences of conflict-related injury including psychological trauma to affect the well-being of both past and present generations of young people. Equally, the needs and well-being of young people could potentially be affected by the re-emergence of paramilitary activity in both loyalist and republican areas, including exposure to the increased threat of dissident republication violence and intimidation in recent years. However, one of the main findings to emerge from the literature regarding the needs of young people affected by trans-generational issues is the detrimental impact of deprivation in those communities worst affected by the Troubles. As highlighted earlier, McAlister *et al* (2009) identified how children and young people living in the areas most affected by the Conflict are experiencing 'multiple deprivation' which impacts on childhood opportunities, self-esteem and relationships'. Further, research supportive of this view contends that the level of need of these young people has been heightened as a consequence of having to deal with the legacy of the Conflict including economic underinvestment, high levels of unemployment and child poverty.

5.7.2. ANALYSIS OF SERVICES

In feedback from the victims and survivors sector generated during consultation supporting the work of the Consultative Group on the Past, it was revealed that, *'there is impressive work done by statutory and non-statutory groups in attempting to engage young people in society generally, but also specifically on legacy issues...but more needs to be done.'* Analysis within this paper has highlighted how through the YESIP programme, funded by PEACE III, the statutory and youth sectors are delivering services to promote reconciliation and counter sectarianism between communities. Equally, European funding is assisting cross-community-based groups like WAVE to target young people affected by the Conflict. Through the design and delivery of a range of activities facilitating personal and social development, storytelling and encouraging good citizenship, these groups are seeking to address the trans-generational issues emerging from the Conflict.

DENI and the other education bodies are key statutory partners delivering a range of services which seek to directly and indirectly address trans-generational issues through the promotion of reconciliation and improving community relations. As indicated within this chapter, three important ways in which the Department and the wider education sector are tackling these issues is through a focus on 'mutual understanding' within the revised curriculum; the implementation of an updated community relations policy and through the network of statutory and voluntary sector partners comprising the Youth Service.

Research conducted as part of the PAVE Report (Dillenburger *et al*, 2007) highlighted the potential positive benefits experienced by both young people and those members of the existing victims groups who were delivering youth services. Meanwhile, while consultation feedback from groups providing services under the category of trans-generational and young people, as part of the CRC review of funding was limited there was comment around the importance of involving young people. The significance of including young people in the delivery of services was based on the assertion that a considerable number of them are directly or indirectly victims and survivors themselves (CRC, 2010: 92). The need to involve young people in the design and delivery of services is a theme that was identified by McAlister *et al*. A number of participants who were involved in the study highlighted disparities between how individuals or families defined their needs and how needs were assessed by professionals.

According to a community worker,

The biggest problem is adults thinking they know what young people want and trying to fit young people into it...there are a lot of services there, but they are not being accessed...services are thrown at young people, but it isn't based on need. A more co-ordinated approach to working with families is needed, with services becoming more convergent to reach shared outcomes. There is not enough involvement of service users (McAlister et al, 2010: 126-127).

These comments highlight a concern which has been expressed in other areas of need within this report in relation to evaluating the efficacy and effectiveness of service provision within the victims and survivors sector. As indicated elsewhere, in addressing the gap in the availability of monitoring and evaluation information, a greater focus must be placed on assessing the operational delivery of youth services to ensure previously agreed outcomes are being realised. Furthermore, as part of the process of designing and planning the future delivery of services for young people, addressing trans-generational issues, the views and experiences of children and young people should be considered.

Two other key issues emerged from McAlister *et al* relating to the delivery of services for young people affected by the trans-generational impact of the Conflict in economically marginalised communities. Firstly, a number of community representative who participated in the study identified many gaps in support services for children and young people, particularly in the area of mental health provision. Criticism was levelled at limited provision of child and adolescent mental health services, inadequate support for parents concerned about their child's mental well-being, long-waiting lists for counselling, lack of aftercare for those discharged from hospital and doctors who are inadequately trained to respond to depression and self-harm among children and young people (ibid.: 124-125). Secondly, funding constraints was highlighted as a significant issue impacting programmes and projects. Community representatives argued that statutory services depended on non-statutory provision to meet identifiable local need, developing essential services based in understanding of the local contexts/issues and respectful relationships with children, young people and their families. However, in spite of the value of this work, non-statutory services were generally under-funded and unrecognised, insecure and short-term influenced by funding agendas and heavily bureaucratised (ibid.: 153.).

5.7.3. Cost

Funding supporting the delivery of statutory and non-statutory service provision in this area of need is channelled through the CRC and the PEACE III programme managed by the SEUPB. In relation to CRC funding it was revealed that during the period 2005-06 and 2008-09, less than £100,000 was allocated to a number of victims groups delivering a range of services addressing trans-generational issues including the associated needs of young people. In terms of PEACE III funding delivery of youth services in the statutory and community sectors, the largest allocation of £3,142,894 is currently supporting the Youth Education Social Inclusion Partnership. When this figure is combined with other funding allocations to Youth organisations identified in Table 2 the amount of approved funding is £4,449,741 (SEUPB, 2010)

Further analysis of European funding to support service provision in this area of need will follow in Phase 2 of the CNA. This will include evaluating the qualitative and quantitative data contained within the SEUPB's review of funding report that is due to be published in late 2010.

5.7.4. NUMBERS

Given the complexity and emerging nature of this area of need and the continuing development of services among statutory and community sector providers to address young people's needs affected by trans-generational issues, it is difficult to comment definitively on the number of services users.

A factor contributing to the difficulty providing numbers of services users relates to the lack of effective monitoring and evaluation mechanisms around those funded projects and assessment of outcomes. Additionally, given the potential for young people affected by trans-generational issues to access services provided by a multitude of statutory and non-statutory service providers, there is a level of complexity associated with the availability, collection and collation of related data.

Furthermore, analysis around the numbers of victims and survivors using services funded under the category of trans-generational issues and young people will be developed and assessed in Phase II of the CNA.

5.8. CONCLUSIONS AND RECOMMENDATIONS

Throughout the decades of the Troubles, certain groups of young people were forced to shoulder a heavy psychological burden from exposure to the trauma of violence, intimidation and displacement. This was in addition to the fact that as 'a sub-population particularly affected' by the Conflict, young people paid a tremendous human cost in terms of lost lives and injuries sustained. Indeed it is worth repeating the fact that '*of all age groupings, the 18-23 age range contains the highest number of deaths at 898. This age group alone accounted for 25 per cent of all deaths in the Troubles*' (Morrissey and Smyth, 2002: 64-65). The comparatively few pieces of research examining the trans-generational impact of the Conflict on past, present and future generations of young people highlights how this same constituency living in those areas worst affected by the Conflict continue to be exposed to its legacy.

Of all the areas of need considered within this report, the needs emerging from trans-generational issues including their impact on the lives of young people has the potential to expand in the years ahead. There are a number of reasons to support this view. Firstly, as Northern Ireland continues its incremental transition towards a stable democratic society, a developing 'living space' allowing discussions to tackle social and economic deprivation will illuminate the needs of young people living in those communities suppressed by the legacy of the Conflict. Secondly, due to the complex, multi-faceted and emerging nature of this area of need, victims groups are currently in the process of continually defining the range of services to address the needs of young people affected by trans-generational issues. As this process of development and refinement continues there is the potential for more victims groups to deliver youth services and subsequently apply for required trans-generational funding.

Based on the review of the literature undertaken within this paper as part of Phase 1 of the CNA process, this paper had identified the following recommendations:

- Further research should be undertaken as a matter of priority examining the longer-term consequences of trans-generational trauma on the lives of young people located within those 'economically marginalised' communities worst affected by the Conflict;

- Further funding should be made available to meet the growing demand for services addressing trans-generational issues and to sustain existing good practice within those communities severely impacted by the legacy of the Conflict;
- To ensure the development of activities and services effectively address the trans-generational issues of young people, robust monitoring and evaluation mechanisms should be utilised to measure the impact of existing services delivered by victims groups;
- Greater focus should be placed on assessing the operational delivery of youth services in both the statutory and non-statutory sectors to ensure previously agreed outcomes are being realised;
- As an integral part of the process of designing and planning the future delivery of services for young people addressing trans-generational issues, the views and experiences of children and young people should be considered;
- In recognising the perceived limitations in the provision of child and adolescent mental health services it is important that DHSSPS funding is prioritised to resource continued service development and address existing deficits in service provision; and
- Research findings have contended that while there have been advances in the wider political process and in the profile of human rights in Northern Ireland, progress at a political level has not been matched within and between communities (McAlister *et al*, 2010). To mitigate the impact of the Conflict's legacy on the lives of present and future generations of young people, the Ministerial Sub-Committee for Children and Young People should prioritise this issue.

CHAPTER 6

INDIVIDUAL FINANCIAL SUPPORT

6.1. INTRODUCTION

The aim of this paper is to analyse and comment on the current provision for financial support that exists for victims and survivors of the Conflict. Firstly, this paper will ascertain the financial support available and identify which form it takes. Financial support is available in two forms (i) for those in financial hardship and (ii) funds received in acknowledgement of pain and suffering. Secondly it will describe the needs of victims and survivors with regard to financial support and how it can best be met. Further it will identify further areas of research required.

6.2. SUMMARY OF KEY FINDINGS

A summary of the key findings in relation to this paper are as follows:

FINANCIAL HARDSHIP

- There is an identified need for financial hardship created as a result of the Conflict to be addressed.
- Funding should continue to be distributed as part of the new Service in the form currently provided and at the same rates until a detailed evaluation is carried out;
- A review of the provision of financial assistance should be carried out for the seriously injured, the bereaved and carers particularly in light of any proposals by Government to amend benefits such as Disability Living Allowance and Child Benefit.
- Those in financial hardship should receive assistance as a priority; and
- Greater co-ordination between funds must be achieved

FUNDS RECEIVED IN ACKNOWLEDGEMENT

- Funding schemes should be specifically designed for the seriously injured, the bereaved and carers to address their needs in this area;
- An analysis of compensation paid in the early 1970's and 1980's should be carried out to determine if they are equitable with subsequent years payments; and
- An analysis should be carried out on the benefit and cost of providing "financial acknowledgement" across society.

GENERAL

- When establishing any financial support schemes for victims and survivors consideration should be given to the unique circumstances of victims and survivors i.e. their lack of trust in discussing their personal situation and the sensitivity attached to their plight.

6.3. BACKGROUND

Financial Support has been identified in the Comprehensive Needs Assessment process as one of the key areas of need to be considered in relation to victims and survivors. The key questions that will be considered in this section in relation to financial support are:

- What provision currently exists?
- What are the needs of victims and survivors in relation to financial support?
- What is the level of the funding that currently already exists?
- What provision is required for the future?

REASONS FOR FINANCIAL HARDSHIP

Throughout the 30 years of the Troubles approximately 3,600 people died of which over 90% were male. In many cases they were husbands and fathers, and often the only providers for their families. Those that were bereaved (widows, widowers, siblings and grandparents) were left with the responsibility of providing for children. Financial difficulties by being left without a partner's income and/or pension, for example, were often compounded by the shortfalls in the compensation process.

Reasonably, it may be argued, that the welfare system should have provided or should continue to provide support for victims. However the very unique position of victims themselves was a barrier to avail of welfare support. Many victims believed that they had to remain anonymous for reasons of personal security or that the process was so undignified that they felt as though they were begging for assistance. The latter is an issue which has been recounted across all funding sources.

Compensation particularly in the first 15 years of the Conflict has been recognised as being insufficient. Sir Kenneth Bloomfield in a review of the Compensation Fitness for Purpose Scheme, recommended to Government that cases should be re-examined, at particularly cases in the 1970s and early 1980s.

In the NI Affairs Committee Report of in 2005 "Ways of Dealing with Northern Ireland's Past: Interim Report – Victims and Survivors"⁹⁸ the memorandum submitted by Hugh S Rowan sums up the views of victims and survivors who have communicated with the Commission on this matter:

⁹⁸ Bloomfield, K. (1998) *'We Will Remember Them. Report of the Northern Ireland Victims Commissioner'*. Belfast: Stationary Office.

“This is a very important issue and needs to be addressed especially for the Victims of the 70’s as explained were unfairly treated and poorly compensated. Bloomfield mentioned this in his report but Government conveniently didn’t address this as they feared it may cost too much. You know that from common knowledge that when you get a festering sore you go to the doctor or hospital and get it seen to, and it is exactly the same with the Compensation Issue it has grown into a bigger festering sore since 1998 because Government failed to address this Issue then. I have said before that if the Government can change the law to let convicted terrorists/murders out of their prison sentences early they should have changed the Law to address the Victims Compensation Issue. I know that we all have to move forward but the Government are moving prisoners on a lot further than the Victims and have given more money to prisoners than they have to Victims. Where is the Justice in that? Remember that it has been the Victims/Survivors who have lost most and have paid the highest price in the peace process and have been treated rather shabbily by successive Governments. Victims themselves need financial help and not just money thrown at the problem which Government has been doing in the past and ‘the one size fits all’ attitude that Government has adopted towards Victims doesn’t work.”

The Victims and Survivors pilot Forum, formed by the Commission in 2009, produced a paper on Recognition for Victims⁹⁹. In it the pilot Forum members recognised that:

“Whilst some of the victims and survivors were able to use the event that caused their victimhood positively, and got on with their lives successfully, most of the victims/survivors have suffered financial loss. Many lost their homes and many have no savings to fall back on. Victims/survivors deserve some sort of financial payment to help them overcome the obstacles facing them.”

The pilot Forum highlighted the requirement to acknowledge the particular plight of victims:

“Needs testing, as opposed to means testing, could achieve a more realistic number to help. This would look at, among other things, income at a level well above the benefits level, the extent of injury and the length of time impoverished. There are various options. However, a major consideration is that if a person has £16,000 in savings he/she will not qualify for Income Support. For this reason any payment should not count against income support and be tax free.”

In summary the pilot Forum provided the following recommendations regarding financial support to the Commission as follows:

- Carers are often forgotten but should be recognised as victims themselves. After the victim has died, they should inherit the victim’s pension and victims’ enhancements.
- The Commission should inform OFMDFM the most urgent priority is immediate financial aid for the long term injured and bereaved in financial hardship. An interim immediate payment should not be means tested.

⁹⁹ Victims and Survivors Pilot Forum (2010) ‘Recognition for Victims’, unpublished.

- The Commission and Forum together should identify the criteria upon which to select or prioritise payments.
- There should be a pension for victims and survivors but set against the parameters of need. This should be backdated to the Good Friday Agreement. In the case of Income support, this could be a victims' premium.
- All payments should be tax free and not affect underlying benefit.
- If the Memorial Fund is terminated, there should be a fund established to meet exceptional need.
- All physically disabled victims should have their needs assessed so that they can receive any top of the range equipment with financial support.
- There should be rehabilitation schemes specifically for victims to help them back to work.

FINANCIAL SUPPORT MECHANISMS

There are few organisations which pay either direct or indirect financial support to victims and survivors. The Northern Ireland Memorial Fund, the Northern Ireland Police Fund, the Police Dependants Trust and the UDR/RIR Aftercare Service are the main distributors of funding to individuals. The sections below describe the services and funding available from these organisations.

NORTHERN IRELAND MEMORIAL FUND

The Northern Ireland Memorial Fund was established in 1998 by the Northern Ireland Office in response to the findings of the Bloomfield Report. The Fund is an independent charitable organisation that seeks to promote peace and reconciliation by ensuring that those individuals and families that have suffered as a result of the Conflict in Northern Ireland are remembered, by providing them with help and support in a practical and meaningful way. It provides this support through a number of schemes that include a Short Break Scheme, Education and Training Scheme, Back to School, Chronic Pain Management, Winter Assistance and through a Discretionary Hardship Fund.

The schemes are open to those who have lost a close family member or have suffered from serious physical or psychological injury as a result of the Troubles and also those who are carers for someone who has been injured as a result of the Troubles.

Since its inception the Fund has granted over £15 million assisting in excess of 12,000 victims across society. Unfortunately data held by the Fund does not give the number of individuals affected by the same incident or a breakdown of background or community. However distribution of funds geographically correlates with the number of incidents.

During the last financial year 2009-10, the NIMF made the following amounts available under these schemes¹⁰⁰:

¹⁰⁰ Annual Report 2009-2010, Northern Ireland Memorial Fund (2010)

TABLE 1: AWARDS OF THE NORTHERN IRELAND MEMORIAL FUND 2009-10

Scheme	Successful Applications	Total Awarded £
Back to School	1,063	203,050
Discretionary Fund	360	112,658
Chronic Pain	62	12,325
Short Break	707	1,092,370
Education and Training	1047	357,991
Over 60's	1,565	286,350
Totals	2,988	2,064,744

Arguably all the schemes provide financial support for victims and survivors as they may not have been able to afford a short break or school uniforms. However, affordability for these activities is not tested. Only the discretionary fund is “means” tested and those deemed to be in poverty receive assistance. None of these schemes provide direct financial assistance but reimburse for expenditure undertaken. It could be argued, in the absence of supporting evidence, that the Fund makes payments to acknowledge the hurt and suffering of victims and survivors rather than on needs, but this cannot be tested at this stage.

The Fund itself has recognised the shortcomings in schemes and is endeavouring to move to a needs based approach which focuses more on financial hardship and directing funds to those in greatest need extending to the seriously injured and bereaved.

THE UDR/RIR AFTERCARE SERVICE

The Aftercare Service was created in 2007 in response to the unique needs of home service personnel on the disbandment of Home Service Battalions under Operation Banner. The core business of the Aftercare Service is to provide support in three key areas, namely welfare, medical and vocational. It aims to deal holistically with clients needs across these three areas in order to facilitate their onward progress towards total well-being. In its first Annual Review of 2007-08 the report states that:

“While the Aftercare Service exists it will continue to provide a unique and holistic service to a large group of known clients in need (and potentially to a larger group of clients yet to be identified) which is otherwise unobtainable from within statutory organisations. It is a dynamic structure which embraces change where appropriate and seeks to provide more efficient and effective service delivery for the good of clients and stakeholders alike.”¹⁰¹ (2008:8)

Specifically in relation to financial hardship, data could not be obtained, however assistance includes help with benefits, homelessness, debt management, financial assistance, signposting and the provision of information.

¹⁰¹ Annual Review 2007-2008, Aftercare Service (2008) Page 8

In its first year of operation (2007-08) the Vocational Service dealt with 326 clients. However, the Aftercare Service has 63,000 potentially eligible clients and by 2009-10 it had approximately 5,000 client interactions. Unfortunately the Commission's research into this area does not have any further breakdown of data for analysis.

NORTHERN IRELAND POLICE FUND

The Patten Report recommended that a substantial fund be set up to help Police Officers and ex-officers injured as a result of terrorist violence and their families, as well as widows of officers murdered in terrorist attacks. Subsequently, John Steele, a former senior civil servant, was asked to review the Patten recommendation and come forward with practical recommendations on how a Fund could be implemented. His report was published on 7th November 2000 and the Government accepted his recommendations as the initial basis upon which the Fund would operate.

Its role extends widely to cover all aspects of the care of Police Officers in Northern Ireland, and their families, who have been directly affected by terrorist violence. From its inception the Police Fund has paid out over £13 million, and the table below outlines its awards for 2009-10.¹⁰²

TABLE 2: AWARDS OF THE NORTHERN IRELAND POLICE FUND 2009-10

Scheme	Total Awarded £
Bereavement Support Fund	118,876
Breaks for Carers	31,297
Chronic Pain Management	6,966
Disability Adaptations	46,994
Disability Support Fund	204,418
Educational Bursaries	179,713
Home Energy Improvements	94,019
Regular Payments	45,685
Winter Payment	269,000
Prosthetics and Wheelchairs	£16,768
Totals	1,014,135

The Bereavement Support Scheme and the Regular Payments Scheme are "means tested" and provide direct financial assistance to individuals.

¹⁰² Annual Report 2009-2010, Northern Ireland Police Fund (2010)
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6.4. ANALYSIS

ANALYSING THE NEED

The Remembrance Commission set up by the Government of the Republic of Ireland to address the needs of victims of the Conflict identified four categories under which payments may be made:

- acknowledgment,
- economic hardship,
- medical and
- counselling payments.

In essence these categories are similar to those used by the Northern Ireland Memorial Fund. However, a difference exists in that a clear distinction is made between financial hardship and acknowledgement by the Remembrance Commission.

It is difficult to ascertain how many victims and survivors are in real financial hardship as a result of the Conflict. That is not to suggest that there are not any, rather that the data is not available at this point in time to demonstrate evidence of financial hardship to any meaningful extent. Critically those that apply to schemes which are means tested and are awarded funds should continue to be supported.

However, it is clear that the failure to address the compensation issue, particularly in the first 20 years of the Conflict, has left a feeling of hurt and neglect which has yet to be addressed adequately. The lack of acknowledgment in the past and indeed currently for pain and suffering caused, continues to manifest itself in what is perceived to be an unmet need.

6.5. CONCLUSIONS

The lack of any detailed data around recipients of funding and the differentiation between needing financial support and the need to receive acknowledgement for pain and suffering yields an inconclusive response to this need.

Nevertheless, the Commission can conclude at this early stage, that clear evidence exists from those in receipt of means tested funding that there are victims and survivors in need of assistance. The means testing determines they are living in poverty as a direct result of actions occurring from the Troubles. Therefore, the Commission would recommend that:

- Funding continues to be distributed as part of the new Service in the form currently provided and at the same rates until a detailed evaluation is carried out;
- A robust monitoring and evaluation of current schemes is put in place to identify how many victims and survivors are in financial hardship;
- That those in financial hardship receive assistance as a priority;
- Greater co-ordination between funds is achieved;

- An analysis of compensation paid in the early 1970's and 1980's is carried out to determine if they are equitable with subsequent years payments;
- That when establishing any financial support schemes for victims and survivors consideration is given to the unique circumstances of victims and survivors i.e. their lack of trust in discussing their personal situation and the sensitivity attached to their plight;
- An analysis is carried out on the benefit and cost of providing "financial acknowledgement" across society; and
- A review of the provision of financial assistance is carried out for the seriously injured, the bereaved and carers particularly in light of any proposals by Government to amend benefits such as Disability Living Allowance and Child Benefit.

CHAPTER 7 WELFARE SUPPORT

7.1. INTRODUCTION

The aim of this chapter is to analyse and comment on the current literature relating to the identified needs and services provided to victims and survivors of the Northern Ireland Conflict in the area of welfare support. The chapter will define and assess current needs in this area and assess and comment on some of the existing services provided to support victims and survivors to meet this need. The analysis will highlight any gaps or deficiencies in the current provision of services.

7.2. SUMMARY OF KEY FINDINGS

A summary of the key findings in relation to this paper are as follows:

- The evidence exists to show that victims and survivors have needs in relation to welfare support;
- The benefits and impact of funding welfare support services includes improvement in victims and survivors lives, increased benefit uptake, increased awareness of support and services available and an increase in economic benefits;
- The new Victims Service should make arrangements to ensure that victims and survivors receive support with their welfare rights for at least a period of three years;
- When considering the establishment of welfare support services for victims and survivors that consideration is given to the unique circumstances of this constituency particularly in relation to levels of confidence and trust; and
- Lack of data from the sector in relation to numbers, however, makes predictions of future uptake very difficult. Where numbers are available it points to a small level of uptake amongst victims and survivors groups and therefore the Commission would estimate that up to 1,000-2,000 individuals may wish to avail of welfare support services annually.

7.3. BACKGROUND

Welfare support has been identified in the Comprehensive Needs Assessment process as one of the key areas of need to be considered in relation to victims and survivors. The key questions to be considered in this section are:

- What is the definition of welfare support in relation to the victims and survivors sector?
- What are the needs of victims and survivors in relation to welfare support?
- What is the level of the services that currently already exist?

- What are the forecasted future need, uptake and cost of providing services over the next 5-10 years?
- How could the commissioning or providing of services structure work more effectively for victims and survivors?

This chapter seeks to answer these questions in a number of ways. Firstly, it will seek to define the area of need and articulate what this means for victims and survivors. It will explore the current policy and funding context within which current services are provided and explore in detail the extent of current service provision. The information gathered in these sections will inform a detailed analysis of the sector that will enable the Commission to identify any current gaps in service provision, draw conclusion and make recommendations in relation to the provision of services in order to address this need in the future.

7.3.1. DEFINING THE AREA OF NEED

For the purposes of this research, welfare support is defined as the provision of services, advice and information in relation to accessing the various benefits that are available through statutory provision in Northern Ireland. These benefits are wide ranging and are listed in Section 7.5.2 below.

A comprehensive welfare support service is currently available to the wider public through statutory provision. The Department for Social Development (DSD) and the Social Security Agency have the statutory remit to provide these services. This is accompanied by local independent complementary services provided by the Citizens Advice Bureau and other independent advice centres. However, the impact of the Conflict has embedded a specific legacy of needs and welfare support has been identified as one of those areas of need.

These needs are wide and varying due to the differing circumstances of individual victims and survivors, as normal progression along their educational, training or employment paths may have been interrupted by thirty years of conflict. For example, someone injured or bereaved as a consequence of the Conflict may not have been able to progress along their chosen academic or professional path because of their physical or mental injuries and have to rely on welfare support for financial assistance. Quite often the family bread winner was a victim of a conflict related incident leaving the family to rely on welfare support. A victim or survivor may have had to retire early and bring a premature end to their career or some one's educational achievement may have been affected by the loss of a loved one. Other consequences identified have included imprisonment, caring responsibilities and the loss of the family property or business. Therefore, victims and survivors have needed to turn to welfare support for financial assistance. Due to the unique circumstances of victims and survivors, welfare support services have been provided by victims groups. The need for these services will be explored in more detail in Section 7.6 below.

7.4. PREVIOUS RESEARCH

This section outlines a number of the key documents and related reports that have directly informed the development of welfare support services for victims and survivors. A key finding is that a limited amount of relevant literature exists in relation to welfare support specifically for the victim and survivor's sector, however, texts identified as contributing to this debate include:

7.4.1. “WHO CARES FOR THE CARERS?” A STUDY INTO THE ISSUES AFFECTING CARERS OF VICTIMS OF THE NORTHERN IRELAND CONFLICT, CRC, (2006)

This study focuses on the issues facing the often forgotten and invisible side of the Conflict in Northern Ireland – those caring for victims. Through questionnaires and consultation the study examines the needs of those individuals who are in the background tending to the needs of the victim and picking up the pieces of shattered lives, hopes and futures. The aim of the study is to place the carers in the foreground, to acknowledge and recognise their contribution, assess their needs and the extent to which those needs are being met by current service provision.

This study is particularly relevant to the area of welfare support services as the needs of carers are similarly aligned and very close to the needs of the victims and survivors they are caring for. Therefore, it provides a unique insight into these needs and is relevant to this study.

7.4.2. THE PAVE PROJECT REPORT: AN EXPLORATION OF THE EFFECTIVENESS OF SERVICES FOR VICTIMS OF THE TROUBLES IN NORTHERN IRELAND – QUB (2007)

This Report was commissioned by the Victims Unit of OFMDFM to examine the effectiveness of services for Victims and Survivors in order to inform further development and investment. The aims of this research were to establish an overview and categorisation of services offered to victims, explore the effectiveness of commonly used services and to encourage collaboration through sharing and dissemination of outcomes of this research.

The project comprised of two main phases. The first involved conducting a survey of core funded services and generating a detailed categorisation of these services. The second phase involved a time-series design to explore the effectiveness of some of the services. The survey sample consisted of 48 core funded voluntary groups, of which 26 or 48% took part in the survey.

The achievement of this study is that it establishes for the first time an overview and categorisation of services offered to people affected by violence in Northern Ireland. It also explored the effectiveness of some of the most commonly used services as regards to achieving their set aims and goals. The survey also encourages collaboration through sharing and dissemination of research outcomes.

7.4.3. NEEDS ANALYSIS OF THE PHOENIX GROUPS (FORMER MEMBERS OF THE SECURITY FORCES) (2008)

This report explores the needs of the former security force personnel in Northern Ireland and identifies the key issues faced by Phoenix Group members. The research specifically examined the areas of physical, psychological, social, practical and spiritual needs.

The main findings identified issues in relation to health, social and geographical isolation, an ageing constituency, employment and injustice. In order to address these issues six strategic objectives were identified for the Phoenix Group to focus on over the course of the next three years.

Consultation was carried out with 21 key stakeholders and 130 individuals participating in focus group discussion and in addition, 73 individuals completed questionnaires. Therefore, the report provides valuable information in relation to the key issues facing ex-members of the security forces and in particular to issues regarding welfare support. This report formed the basis of the Phoenix Group's application to the PEACE III, which was successful in attracting €1.2m for the provision of services to this constituency.

7.4.4. ANNUAL REVIEW 2007-2008, AFTERCARE SERVICE (2008)

The Aftercare Service was created in 2007 in response to the unique needs of home service personnel on the disbandment of Home Service Battalions under Operation Banner. The core business of the Aftercare Service is to provide support in three key areas, namely welfare, medical and vocational. It aims to deal holistically with clients needs across these three areas in order to facilitate their onward progress towards total well-being.

This report is its first Annual Review of the year 2007-08 and contains a brief history of the implementation of the service in its first year, a review of the activities undertaken, analysis of its outreach and an outline of the services provided. The report attempts to sum up the effect the Service has had on their clients and to comment on how its aims and objective have been achieved in its first year of operation.

The report is particularly relevant to this debate as it outlines and examines a welfare support service that has recently been established and is now in operation. Its findings are, therefore, relevant for informing the establishment of a new Victims Service to meet the needs of victims and survivors.

7.4.5. SOCIAL SECURITY AGENCY, ANNUAL REVIEW AND ACCOUNTS 2008-09 (2009)

The Social Security Agency (SSA) is the main statutory provider of welfare support in Northern Ireland. The Agency's parent department is the Department for Social Development and its latest annual report provides up to date information on the benefits available to the wider public in relation to welfare support. The Agency is responsible for all access to and payment of social security benefits and its annual report provides detailed information on all the benefits currently available, the level of uptake in relation to those benefits and the services that are currently in place to keep those in need informed of these services. However, the agency does not keep data in relation to victims and survivors.

This report is an important publication in providing the latest information on the current services available and providing statistical information in relation to current expenditure and up take analysis of each welfare benefit that is currently available.

7.4.6. SEUPB, REVIEW OF FUNDING FOR ACKNOWLEDGING AND DEALING WITH THE PAST THEME 1.2 OF THE PEACE III PROGRAMME, DELOITTE, (FORTHCOMING AUTUMN 2010)

This evaluation is currently ongoing and is due to report in the autumn of 2010. It is envisaged that this analysis will provide valuable information in relation to the types of services that have been funded through the PEACE III Programme to date and the uptake of those services. The evaluation will also examine the value for money element of these services and therefore will prove to be a valuable source of information to inform the findings in relation to the current provision of welfare support services within the community and voluntary sector for victims and survivors.

7.5. SERVICES

The following sub-sections provide a brief outline of the types of services and service providers which are currently dedicated to addressing the welfare support needs of victims and survivors.

7.5.1. VOLUNTARY/COMMUNITY SERVICES

In the community and voluntary sector, welfare support services for victims and survivors are mainly provided by dedicated victims' groups as well as other associated groups. Funding for these services is provided mainly from the Community Relations Council's Development Grant Scheme.

COMMUNITY RELATIONS COUNCIL

The Community Relations Council through its Development Grant Scheme offers assistance to groups who wish to provide services in relation to welfare support. These types of services could be indirectly funded through the Core Funding Scheme as well, if the core workers deliver services in relation to welfare advice. The demand for the funding of these services has been small with £51,836 being awarded to the delivery of these services from 2005 to 2009.

The types of services that have been funded by the CRC grant schemes over the last few years have been found to be wide ranging and include services that provide advice and information on benefits advice and financial assistance. Examples of the range of services provided include advice regarding practical assistance and legal matters, information relating to benefits, grants, welfare advice, housing and careers. These interventions were found to be very welcome, especially as they helped service users develop new skills or re-build self esteem and confidence, or offered information on funding, welfare or advocacy. (Dillenburg *et al*, 2007: 74).

In a detailed study of 26 of the CRC core funded groups, Dillenburg found that, overall the majority of services provided by the groups received favourable feedback from the interviewees, with them being deemed useful and with considerable use being made of them (Dillenburg *et al*, 2007: 79). The PAVE Project Report is an important source as it was the first multi-method, quantitative and qualitative, study that explored the effectiveness of the community and voluntary sector services for victims of the Troubles in Northern Ireland. In its conclusions Dillenburg states that,

"Through the exploration of effectiveness of voluntary sector services provided by this research, it has become clear that this sector provides a much valued and important service to victims of trauma in Northern Ireland. Findings show the synergetic effectiveness of voluntary sector services and evidence that overall these services achieve their aims of helping people gain improved mental health and to cope with trauma." (2007: 206)

CRC employs a grant led process that relies on community and voluntary groups to identify need and propose a service in order to meet that need. Assessment panels then consider the applications and award public funds to the highest scoring applications that best fit the agreed criteria.

Examples of these groups and the type of services they provide are included in Table 1 below:

TABLE 1: SAMPLE OF ORGANISATIONS PROVIDING SERVICES IN WELFARE SUPPORT

ORGANISATION	PROJECT DETAILS
WAVE	WAVE provides welfare support through a dedicated Advice, Advocacy and Welfare Support Service specifically for people who have suffered a trauma such as bereavement or injury.
COISTE	Coiste has a network of 13 offices throughout Ireland offering similar but varied services depending on needs. Welfare advice and employment related training are two of the services that are provided.
FAIR	FAIR has received Development Grant funding from CRC to assist in the provision of a welfare advice support system for the members of FAIR.
Relatives For Justice	RFJ have received Development Grant funding from CRC to assist with welfare advice on benefits and entitlements to those who have been affect by the Conflict.
Omagh Support and Self Help Group	The Omagh group has received Development Grant funding to provide welfare advice and support to their members.

An illustrative example of the type of welfare support that is available from the community and voluntary sector is provided by the WAVE Trauma Centre's Welfare and Advice Worker based in their Armagh office. In consultation with WAVE's Welfare Support and Advice Worker the following points were made:

- The benefits system is notoriously complex, and when there is a problem with benefits or they are cut and have to be appealed, this can cause a lot of stress to victims and their families and economic hardship. Victims are already very vulnerable, and this adds to their stress. Such issues can hinder recovery;
- Many people who have worked all their life, have no idea about what benefits they can/should claim or how the different benefits interplay with each other. Others have received a poor education or their educational development has been affected. They do not have the ability or confidence to write letters/reviews/appeals etc. Many members feel stressed enough trying to cope with everyday life after a bereavement or traumatic event and welcome assistance to sort out additional problems affecting their income; and

- Unlike a conventional advice agency where the presenting problem is dealt with, more time can be taken with a client to consider not only the presenting issue but also what other support can be provided to the client, i.e. not just financial, but peer group support, counselling or befriending depending on a particular case, or to discussing long term goals with a client e.g. undertaking a course at a local college. Members have reported that it was important to them that the advice worker had time to listen to them.

A Centre Profile for 2009 illustrated that the client count for the previous year was 323 dealing with a total of 685 enquires. Income generated for clients in that year was £70,211.29 (£19,525.85 backdated money and £50,685.44 worth of benefit over 52 weeks including benefit won at appeals).

7.5.2. STATUTORY SERVICES

The Department for Social Development has statutory responsibility for providing services in relation to welfare support in Northern Ireland. A comprehensive service currently exists to service the needs of all individuals. There are no dedicated staff providing direct services to victims, but rather staff are involved in the provision of mainstream services which are accessed by victims. The paragraphs below outline the departments' main statutory duties in relation to welfare support.

DEPARTMENT OF SOCIAL DEVELOPMENT (DSD)

DSD overall has strategic responsibility for urban regeneration, community and voluntary sector development, social legislation, housing, social security benefits, pensions and child support. In relation to welfare support the Social Security Agency is the most relevant agency of DSD. The Social Security Agency's (SSA) main business in relation to welfare support is to:

- Assess and pay social security benefits accurately and securely;
- Give advice and information about these benefits;
- Support people by helping them move closer to work; and
- Process benefit reviews and appeals;

The SSA is responsible for managing the following social security benefits:

- Attendance Allowance
- Disability Living Allowance
- Incapacity Benefit
- Employment and Support Allowance (ESA)
- Income Support
- Benefits under the Industrial Injuries Scheme

- Carers Allowance
- Jobseekers Allowance
- Lump-sum payments (Christmas bonus)
- Maternity Allowance
- State Pension Credit
- State Pension
- Over 80s Pension
- Severe Disablement Allowance
- Social Fund payments, grants and loans
- Bereavement Benefits
- Cold weather payments

SSA also provides information and advice to the public on the whole range of benefits and other services through a wide variety of leaflets. The Agency employs 5,700 staff and provides services through a network of 35 Jobs and Benefits/Social Security Offices, three community benefit offices, the Benefit Shop in Belfast City Centre and a number of support branches.

The Agency is responsible for the provision of a wide range of benefits and services to clients. According to its Annual Report and Accounts for 2008-2009, it maintains a benefits caseload of approximately 800,000 for individuals living in Northern Ireland. During 2008-09 the expenditure on social security benefits was approximately £4 billion.¹⁰³

The Agency provides a range of services to ensure that people are advised of their potential entitlement to benefits. Its Annual Report also comments that,

“In 2008-09 this included outreach services, participation in local promotional activity which included attendance at the Commission for Victims and Survivors public meetings; the production of specific publications, some in minority ethnic languages; the Department’s website which gives advice on benefit entitlement and general assistance with advice and information through our network of local and centralised offices.” (2009; 21).

¹⁰³ *Annual Report and Accounts 2008-2009*, Social Security Agency (2009) Page 15

Other initiatives undertaken by the Agency have included contacting over 25,000 clients to offer a full benefit assessment through Citizens Advice Bureau (CAB) with the aim of increasing benefit awareness amongst carers, families and older people. Specific programmes of engagement have been implemented in conjunction with other independent advisors in order to target a specific constituency. For example, during 2008-09 specific programmes were implemented that targeted the Irish Traveller community, young people's groups, MacMillan Cancer, disability groups, older people, loan parent initiatives and north/south benefits.

7.5.3. OTHER SERVICES

ADVICE CENTRES

There are a number of organisations within Northern Ireland that provide advice to their clients on welfare support. These include A2B, Age NI, Carer's NI and other Independent Advice Centres. The largest provider of advice on welfare support in this area is the Citizens Advice Bureau which is detailed below.

THE CITIZENS ADVICE BUREAU

Citizens Advice is the largest advice charity in Northern Ireland, working against poverty and meeting the information and advice needs of some 92,000 people per year and dealing with over 320,000 issues across a wide range of advice categories. Advice is available to all communities from 31 main offices across Northern Ireland and from over 100 other outlets. They also represent the public at some 1,800 social security appeal tribunals a year.

Citizens Advice helps people resolve their debt, benefits, housing, legal, discrimination, employment, immigration, consumer and other problems and is available to everyone regardless of race, gender, sexuality, age, nationality, disability or religion. Citizens Advice is linked to *Citizens Advice England and Wales* and *Citizens Advice Scotland* thus making it the largest advice-giving network in the United Kingdom with over 60 years experience. Citizens Advice also works in partnership with the Citizens Information Board (formerly Comhairle) in the Republic of Ireland to provide cross-border advice and information.

Each Citizens Advice Bureau is a registered charity reliant on trained advisers (both paid and volunteer) and funded by money from local councils, the National Lottery, charitable trusts, companies, individuals and others to provide and maintain a vital service to local communities. Its aims are to ensure that individuals do not suffer through:

- Lack of knowledge of their rights and responsibilities;
- Lack of knowledge of the services available to them;
- An inability to express their needs effectively and
- To exercise a responsible influence on the development of social services both locally and nationally.

The advice that is provided is free, impartial, confidential and independent. Citizens Advice works in partnership with many different organisations to provide a comprehensive advice and information service. These include:

- *Dealing With Debt*, a project run in partnership with DETI to help people in financial difficulties.

- *Money Talks*, a partnership with Northern Bank providing financial information to young people.
- *National Minimum Wage* helpline, operated in partnership with HMRC and BERR.
- *Macmillan CAB Welfare Rights Project*, a project developed in partnership with Macmillan Cancer Support to provide a welfare benefits advice and information service at the Royal Group of Hospitals, Belfast City Hospital and the Mater Hospital.
- *Benefit Uptake* campaigns operated in tandem with the Social Support Agency that aims to help people claim all the benefits to which they are entitled.

THE UDR/RIR AFTERCARE SERVICE

Services financed by the Ministry of Defence for retiring members of the UDR/RIR through the Aftercare Service, a recently established service that specialises in welfare services. The Aftercare Service was created in 2007 in response to the disbandment of Home Service Battalions under Operation Banner. It provides support in three key areas, namely welfare, medical and vocational. It aims to deal holistically with clients needs across these three areas in order to facilitate their onward progress towards total well-being. In its first Annual Review of 2007-08 the report states that:

“While the Aftercare Service exists it will continue to provide a unique and holistic service to a large group of known clients in need (and potentially to a larger group of clients yet to be identified) which is otherwise unobtainable from within statutory organisations.” (2008: 8).

Specifically in relation to welfare support, the Aftercare Service provides a bespoke welfare service. The Annual Review of the Aftercare Service states that, *“The Welfare Service pillar of the Aftercare Service with its multifarious facets continues to be the centre of focus and manpower resourcing.”* (2008: 23)

This service is provided by four regionally based Aftercare Field teams based in Holywood, Enniskillen, Coleraine and Portadown. Each team comprises of three caseworkers and an administrator and they provide practical help, support and guidance on welfare issues including help with benefits, homelessness, debt management, financial assistance, signposting and the provision of information. Importantly and perhaps uniquely with this service, the majority of client interaction takes place within the clients own home. Caseworkers carry out domiciliary visits to clients in order to confirm eligibility, need and how best to improve the clients quality of life and from their experiences. They conclude that, *“Requests for advice and guidance are many and varied, ranging from sympathetic listening to practical intervention at all levels.”* (2008; 23)

In its first year of operation (2007-08) the Vocational Service dealt with 326 clients. However, the Aftercare Service has 63,000 potentially eligible clients and by 2009-10 it had approximately 5,000 client interactions.

7.6. ANALYSIS

7.6.1. ANALYSING THE NEED

Victims and survivors are often managing complex financial arrangements whilst coping with the impact of their experiences or loss. Many victims experience a profound economic impact as a consequence of their situation, including unemployment or loss of earnings and can require help in attaining all the welfare support that is available to them.

The Legacy Report that examines the needs of victims and survivors resident in Great Britain, articulates this point in relation to welfare support needs, it states that,

“The provision of advice and support to victims is variable and the experience of some victims suggests that they are struggling financially due to the complexities of the compensation and benefits system. A number were on benefits including incapacity benefit or income support. All were coping with complex financial arrangements while coping with the impact of their experience or loss.” (2003: 5)

Indeed, victims and survivors experiences point to a flood of support in the immediate few days after an incident, mainly from police and social services. However, this is quickly withdrawn leaving the victim and survivor in a position of having to cope with the physical and/or psychological impact of the incident, the emotional well being of other family members and on top of these, the practicalities of dealing with the financial consequences. CRC’s 2006 report *“Who Cares For the Carers?”* reinforces this point in the aftermath of a trauma, as it comments that,

“Based on the feedback received, the absence of a co-ordinated response to support victims and their families at this time leaves Carers to believe that there is nothing available, so they simply struggle on alone.” (2006: 39)

Also the financial impact can have sudden, immediate and long term consequences as articulated by a victim participating in the consultations for *“Who Cares For The Victims?”* report, stating,

“My husband was a UDR service man and had a civilian job as well. When he was shot we went from earning in two jobs to living on sick benefit. . . for a couple of years there was nothing, and it wasn’t for want of trying. I ended up having to get a second job and went into the red trying to pay the bills.” (2006: 39).

Not only can the household income be considerably reduced, but additional expenditure may have to be incurred such as aids and housing adaptations for those with serious injuries and chronic ill health. There is a need for the providers of welfare support to have a certain understanding and awareness of the individual’s situation when dealing with victims and survivors. The levels of uptake in the services provided by the community and voluntary sector would indicate that community and victims groups are well placed to offer this provision based on the levels of trust and in-depth understanding of the issues facing victims and survivors.

Barriers to seeking welfare support by victims and survivors are well documented. These include reluctance amongst some victims and survivors to seek help through welfare support. This is explained as “pride”, or “being too proud” to accept help either through services or benefits. A further barrier is the fear of bureaucracy and form filling, as well as a lack of trust of the services that already exist and of the individuals who are providing the services, particularly in the statutory sector. Added to this is a general lack of awareness as to what is available and how to access it.

However, Mc Glone found, when analysing the needs of the Phoenix Group that,

“Nearly all of those who completed a questionnaire ranked welfare advice and support as the most crucial need, including help and guidance about benefits and entitlements.”¹⁰⁴ . . . “Lack of support in terms of welfare issues and worries about approaching benefit providers regarding entitlements and help with form filling, was another concern voiced by some Stakeholders.” (2008: 35 and 44).

The impact of the current economic downturn has exacerbated the demand for welfare support amongst the general population. The Social Security Agency has reported an ongoing and dramatic increase in benefit applications mainly for Jobseekers Allowance (2009: 3) and with the recession likely to remain an ongoing feature for some time the demand for welfare support services is likely to increase. It is therefore reasonable to anticipate that the demand for these services will also increase in the next few years from the victims and survivors sector.

The Commission considers that a need exists amongst victims and survivors for knowledge about where they can go for help, what support is available and how best can they access this support in relation to how their personal circumstances have been adversely affected by the Conflict.

The Commission considers that the benefits and impact of continuing to fund and provide welfare support services includes:

- **Improvement in victims and survivors lives** – Individuals secure the benefits that they are entitled to and thus secure an improvement in their living standards;
- **Increased benefit uptake** – Individuals are signposted to the benefits that they are eligible for ensuring the maximum uptake of benefit entitlements;
- **Increased awareness** - increased awareness of the support and services that are available to them;
- **Increased economic benefits** – individuals are better financial equipped to cope with modern living.

¹⁰⁴ Mc Glone, E, (2008) *‘Needs Analysis of the Phoenix Groups (Former Members of the Security Forces)*, QE5 Page 35

7.6.2. NUMBERS

No uniform method for the collection of beneficiary data exists in relation to the victims and survivors sector and with a comprehensive service provided by the statutory and voluntary sectors, it is impossible to make an accurate assessment of the numbers of victims and survivors that currently avail of services in relation to welfare support.

The Social Security Agency maintains a benefits caseload of approximately 800,000 individuals living in Northern Ireland and the Citizens Advice Bureau meets the information and advice needs of 92,000 people per annum. Therefore, there is evidence of a huge demand for welfare support amongst the general population.

The Community Relations Council supported only nineteen welfare support projects from 2005 to 2009 that were implemented by victims groups and the Aftercare Service dealt with 326 clients in 2007-08 in relation to welfare support. WAVE as a core funded project dealt with 323 individual clients and 685 enquires during 2009 in relation to welfare support.

Figures and statistics are difficult to ascertain in this sector and these numbers do not point to a significant level of demand within the victims and survivors sector for welfare support. However, previous consultations have found that welfare support has been identified as a key need¹⁰⁵. Based on these views and existing data, it could be suggested that a small and well informed service is required in order to meet the level of need for victims and survivors.

7.6.3. SERVICES

Section 7.5 above outlines the current service provision available both in the statutory and voluntary sectors. This would indicate that in terms of welfare support, provision already exists for the victims and survivors sector to avail of. The potential exists for the Commission or the new Victims Service to strategically plan to offer a more focused service in relation to welfare support and at the very least explore the possibilities of potential partnerships in relation to the delivery of these services in the immediate future.

Certain service areas lend themselves better to potential partnership working and the nature of welfare support services lend themselves well to partnering initiatives. This point is clearly articulated in the Community Relations Council's Review of Funding;

"The nature of the services and the activities undertaken within this category suggests that linkages with existing advice service providers (e.g. Citizens Advice Bureau) and employability programmes (e.g. Progress to Work) are extremely relevant." (2010: 89)

The Citizens Advice Bureau is already working in partnership with a number of statutory agencies in Northern Ireland for the provision of specialist advice services in relation to welfare support and would appear to be a key potential partner for the Victims Service in any future provision of welfare support services tailored to victims and survivors.

¹⁰⁵ See McGlone (2008: 35) and The Tim Parry Jonathan Ball Trust (2003: 5)

Sensitivities and issues within the victims and survivors sector need to be factored into any proposed partnership or mainstreaming of services. The issues of trust, confidentiality and perceived safety are significant issues within the sector. For example, it has been highlighted that mistrust between groups and individuals and existing service providers exists, particularly with regards to sharing sensitive and confidential information. This has been the primary driver for some groups in setting up their own welfare advice services.

Therefore, the Commission recommends that victims and survivors should be able to avail of the best and most comprehensive service available in order to meet all the needs identified above in relation to welfare support. An example of this type of service already exists through the Citizens Advice Bureau. A potential solution to meeting the needs of victims and survivors in welfare support is to provide a similar specialised welfare support service through the Victims Service, in partnership with the Citizens Advice Bureau, based on individual needs and over a specified period of time. This service should be monitored closely to provide data on which further need can be assessed, whilst also seeking to develop potential opportunities for partnership and mainstreaming delivery of the service.

7.6.4. COSTS

Analysis of the services identified in Section 7.6 indicates that a small amount of funding is currently being invested in the provision of welfare support services for victims and survivors. The main funder of groups in the victim and survivor sector providing welfare support services is the Community Relations Council. Recent analysis of this funding from 2005 to 2009 indicates that £52,000 was invested in the provision of these services through nineteen separate projects.

7.7. GAPS

The analysis in this paper indicates that substantial welfare support services already exist in the statutory and community and voluntary sectors. However, it is acknowledged that gaps do exist at this moment in the available information and the analysis in relation to accurate numbers availing of these services across the sector. It is envisaged that this gap will be addressed in the second Phase of the CNA.

As part of addressing this gap, the Commission has currently commissioned survey research as part of the Northern Ireland Omnibus Survey that will provide information in relation to the number of victims and survivors planning to access the new Victims Service and the number of these clients that will want to access welfare support services. This data will be available at the end of October 2010.

7.8. CONCLUSIONS

The lack of primary research and evidence makes definitive conclusions difficult at this interim stage. The lack of any consistent evaluation and monitoring methodologies across the sector adds to this difficulty. Nevertheless, the Commission concludes at this early stage, that evidence exists of specific needs in relation to the victims and survivors sector in terms of welfare support. Therefore, the Commission would recommend that:

- A service in relation to welfare support forms part of the new Victims Service for at least the next three years. Examples of quality service provision in this area of need already exist within Northern Ireland in the form of the Citizens Advice Bureau, the Aftercare Service and from within the victims and survivors groups. These should be used as templates on which to base the structure of this dedicated service;
- The possibilities for the potential development of partnership arrangements within the sector should be further explored in relation to the delivery of these services;
- When considering the establishment of welfare support services for victims and survivors, consideration is given to the unique circumstances of this constituency as identified in the analysis above. In particular, two areas were identified in the literature as important for consideration in the provision of service delivery in this sector. The first area is the appointment of the appropriate staff. Within this area it has become evident that welfare support is very dependent on the quality of staff providing the service and on the individual's ability to provide advice and information. Therefore, there is a requirement for appropriately trained staff and staff development is very important in providing this service;
- The second area of consideration is the provision of a local or regionally based service. The current service providers, used as examples in this area, the Aftercare Service, WAVE and CAB, all provide local and regional offices. Some place importance on home visits and of carrying out assessments in the client's home. The Aftercare Service employ fields teams. This gives the service a local dimension that overcomes the lack of trust that is commonly articulated amongst service users. Therefore, careful consideration needs to be given to the structure and operational planning of any service provided by the Victims Service in the future; and
- Evidence contained within this chapter indicates a need and a demand for welfare support amongst victims and survivors. Lack of data from the sector in relation to numbers, however, makes predictions of future uptake very difficult. Where numbers are available it points to a small level of uptake amongst victims and survivors groups and therefore the Commission would estimate that up to 1,000-2,000 individuals may wish to avail of welfare support services annually.

BIBLIOGRAPHY

Appleby, J. (2005) *Independent Review of Health and Social Care Services in Northern Ireland*, DHSSPS, August.

Barnardos (2001) *Evaluation of When Living Hurts Belfast*, Nova Project, Barnardos.

Black, A. (2004) 'The Treatment of Psychological Problems Experienced by the Children of Police Officers in Northern Ireland', *Child Care in Practice*, Vol. 10, No. 2, 99-106.

Bloomfield, K. (1998) *'We Will Remember Them' - Report of the Northern Ireland Victims Commissioner*, Belfast: Stationary Office.

Bolton, D. (1996) When a community grieves: The Remembrance Day bombing, Enniskillen. In National Institute of Social Work (Ed.), *Journeys of experience*, 73-89. London: NISW.

Bolton, D. (2004) *Addressing and overcoming the problems of a troubled community. A contribution to the debate on addressing the human consequences of the Troubles*, Omagh: Northern Ireland Centre for Trauma and Transformation.

Bolton, D. (2006) *Responding to Trauma in Newry and Mourne Newry*: Newry and Mourne Local Health and Social Care Group.

Bolton, D, Bunting, B, Ferry, F, Devine, B, McCann, S and Murphy, S. (2008) *Trauma, Health and Conflict in Northern Ireland – A study of the epidemiology of trauma related disorders and qualitative investigation of the impact of trauma on the individual*, The Northern Ireland Centre for Trauma and Transformation (NICTT) and Psychology Research Institute, University of Ulster (PRIUU).

Bolton, D, Bunting, B, Ferry, F, McCann, S and Murphy, S. (2010) Estimating the population impact of the Troubles, Report No.1, NICTT/UU, September.

Boscarino, J. A. (2004) 'Posttraumatic Stress Disorder and Physical Illness'. Results from Clinical and Epidemiological Stress, *Ann NY Acad.Sci.*, 1032, 141-53.

Burrows, R. and Keenan, B. (2004) *Considering Trauma and Recovery – 'We'll never be the same' Learning with children, parents and communities through ongoing political conflict and trauma*, Barnardos (NI).

Bush, K (2010) *How Does Storytelling Work in Violently Divided Societies? Examining the Link between Storytelling and Peace building*, (Discussion Paper – INCORE, University of Ulster) *Business Plan 2010 2011*, Rehabilitation and Retraining Trust.

Cairns, E. (1996) *Children and political violence*, Oxford: Blackwell.

Cairns, E. and Wilson, R. (1989) 'Coping with political violence', *Social Science and Medicine*, 28: 621.624.

Cairns, E., Mallet, J., Lewis, C. and Wilson, R. (2003) *Who are the Victims? Self-Assessed victimhood and the Northern Ireland Conflict*, Belfast: NISRA.

Citizens Advice Bureau (2009) *Annual Report 2008-09*, CAB.

Commission for Victims and Survivors Northern Ireland (2010) *Dealing with the Past – Advice to Government*, CVSNI.

Commission for Victims and Survivors Northern Ireland (Social Research Centre & Associates) (2009) *Final Report – Initial Literature Review of the Needs of Victims and Survivors*, CVSNI (Social Research Centre), January.

Commission for Victims and Survivors Northern Ireland (2009) *Public Opinion – Tribunals of inquiry and Consultative Group on the Past*, CVSNI December.

Commission for Victims and Survivors (2010) *Comprehensive Needs Assessment, a Review of Funding 2000-2008*, Final Report, January.

Community Conflict Impact on Children (CCIC) (2000) *Building the Future: Report of a Conference on Young People and the Troubles*, Belfast: CCIC.

Community Relations Council (2010) *Review of Community Relations Council's Funding for Victims and Survivors - Final Report*, Deloitte.

Community Relations Council (2006) *Who Cares For The Carers? A Study into Issues Affecting Carers of Victims in the Northern Ireland Conflict*, QE5, March.

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

Council for the Curriculum Examinations and Assessment (2007) *Personal Development and Mutual Understanding for Key Stages 1 and 2*, CCEA.

Curran, P, Bell, P, Murray A, Loughrey G, Roddy, R and Locke, L. (1990) 'Psychological Consequences of the Enniskillen bombing', *British Journal of Psychiatry*, 156, 479-482.

Danieli, Y. (ed) (1998) *International handbook of multi-generational legacies of trauma*, Plenum Press, New York.

Deloitte (2005) *Evaluation of the Northern Ireland Memorial Fund (Draft Report)* Belfast: Northern Ireland Office.

Department of Education (2010) *Community Relations, Equality and Diversity in Education – Draft for Consultation*, Department of Education, September.

DHSSPS (1998) *Living with the Trauma of the Troubles*, Capita.

DHSSPS (2002) *Trauma in Northern Ireland – A Consultation Document*, DHSSPS Clinical Psychology Speciality Advisory Committee.

DHSSPS (2003) *Evaluation of Health and Social Services for Victims of the Conflict – Final Report*, DHSSPS (Capita), April.

DHSSPS (2004) *Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview*, Department of Health, Social Services and Public Safety.

DHSSPS (2006) *Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011*, October.

DHSSPS (2009) *Delivering the Bamford Vision – Action Plan 2009-2011*, DHSSPS.

DHSSSP (2010) *A Strategy for the Development of Psychological Therapy Services*, DHSSPS, June.

Dillenburg, K. (1992) *Violent bereavement: Widows in Northern Ireland*, Aldershot.

Dillenburg, K, Fargas, M and Akhonzada, R. (2007) *The PAVE Project Report – An exploration of the effectiveness of services for victims of the troubles in Northern Ireland*, Queens' University Belfast, (DHSSPS/OFMDFM).

Duffy, M, Gillespie, K and Clark, D, M. (2007) 'Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland: randomised controlled trial', *British Medical Journal*, 11th May.

EHSSB TAP (2006) Annual Report EHSSB TAP 2005-2006 Belfast: EHSSB.

Fay, M, Morrissey, M. and Smyth, M. (1997) *Mapping Troubles-related deaths in Northern Ireland 1969-1994*. Derry Londonderry, Ireland: Cost of the Troubles Study/INCORE.

Fay, M, Morrissey, M, Smyth, M. and Wong, T. (1999a) *The Cost of the Troubles Study: Report on the Northern Ireland Survey: the experience and impact of the Troubles*, Derry-Londonderry: Incore.

Fay, M., Morrissey, M. And Smyth, M. (1999b) *Northern Ireland's Troubles: The Human Costs*, London: Pluto.

Gray, A. and Horgan, G, (2009) *Figuring it Out: Looking Behind the Social Sciences in Northern Ireland*, Coleraine: ARK.

Hamilton, J., Byrne, J., and Jarman, N., (2004) 'A review of Health and Social Care Needs of Victims and Survivors of the Northern Ireland conflict.' EHSSBS TAP.

Hamilton, J., Radford, K. and O'Riordan, O. (2010) *Comprehensive Needs Assessment Workshops*, Commission for Victims and Survivors/Institute for Conflict Research, March.

Healing through Remembering (2009) *Ethical Principles – Storytelling and Narrative Work*, Healing through Remembering.

Historical Enquiries Team (2006) *Policing the Past: Introduction to the Work of the Historical Enquiries Team (HET)*, Belfast: Police Service of Northern Ireland (PSNI).

Horgan, G. (2005) 'Why the Bill of Rights should protect the rights of children and young people in Northern Ireland. The particular circumstances of children in Northern Ireland' in G. Horgan and U. Kilkelly *Protecting children and young people's rights in the Bill of Rights for Northern Ireland. Why? How?*, Belfast: Save the Children and Children's Law Centre: 2-17.

Horgan, G. and U. Kilkelly (2005) *Protecting children and young people's rights in the Bill of Rights for Northern Ireland. Why? How?*, Belfast: Save the Children and Children's Law Centre: 2-17.

Hough, R. and Vega, W. (1990) Mental health consequences of San Ysidro McDonald's massacre: A community study, *Journal of Traumatic Stress*, 3: 71-92.

Jamieson, R. and Grounds, A. (2002) *No Sense of an Ending: The effects of long-term imprisonment amongst republican prisoners and their families*, Expac.

Kelleher, C. C (2003) 'Mental health and "the Troubles" in Northern Ireland: implications of civil unrest for health and wellbeing', *Journal of Epidemiology and Community Health*, 57: 474-475.

Kelly, G. and Smyth, M. (1999) *Report on a survey of Voluntary Groups serving the needs of those bereaved and injured in the Troubles*. Belfast: The Victims Liaison Unit.

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

Leavey, G, Galway, K, Rondon, J and Logan, G. (2009) *A Flourishing Society – Aspiration for Emotional Health and Wellbeing in Northern Ireland*, Northern Ireland Association for Mental Health.

Leonard, M. (2004) *Children in Interface Areas: reflection from North Belfast*, Belfast: Save the Children.

Manktelow, R. (2007) 'The needs of victims of the Troubles in Northern Ireland: the social work contribution', *Journal of Social Work*, 7 (1); 31-50.

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

McBride, P, (2005) *Journey towards Healing*, Belfast: NIAMH Northern Ireland Association for Mental Health.

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

McDougall, B. (2007b) *Support for Victims and Survivors – Funding by Government since 1998*, Interim Commissioner for Victims and Survivors.

McEvoy, K (2006) *Making Peace With the Past: Options for Truth Recovery Regarding the Conflict in and about Northern Ireland*, Belfast, Healing Through Remembering, October.

McGlone, E, (2008) 'Needs Analysis of the Phoenix Groups (Former Members of the Security Forces)', QE5.

Morrissey, M. and Smyth, M. (2002) *Northern Ireland After the Good Friday Agreement – Victims, Grievance and Blame*, London: Pluto Press.

Muldoon, O. and Trew, K. (2000) 'Children's Experience and Adjustment to Political Conflict in Northern Ireland', *Peace and Conflict: Journal of Peace Psychology*, 6 (2), 157-176.

Muldoon, O, Schmid, K, Downes, C, Kremer, J. and Trew, K. (2005) *The Legacy of the Troubles: Experience of the Troubles, Mental Health and Social Attitudes*, Belfast and Cork: Queens University Belfast and University College Cork.

National Institute for Health and Clinical Excellence (2005) *Post-traumatic Stress Disorder (PTSD): the treatment of PTSD in adults and children (clinical guideline 26)*, London.

Northern Ireland Memorial Fund (2008) *Comments from Victim Support Groups on the effectiveness of the NIMT* (unpublished).

Northern Ireland Office (1998) *The Agreement*. NIO, April.

Northern Ireland Office (2005) *Evaluation of the Northern Ireland Memorial Fund*, Deloitte.

Northern Ireland Office (2009) *Report of the Consultative Group on the Past*, NIO.

OFMDFM (2006) *Our Children and Young People – Our Pledge – A Ten Year Strategic For Children and Young People in Northern Ireland 2006-2016*, OFMDFM.

OFMDFM (2009) *Strategy for Victims and Survivors*, OFMDFM, November.

O'Reilly, D. and Stevenson, M. (2003) 'Mental Health in Northern Ireland: have "the Troubles" made it worse', *Journal of Epidemiology and Community Health*, 57: 488-492.

Police Ombudsman for Northern Ireland (2010) *Annual Report and Accounts for the Year*, Stationary Office.

Police Rehabilitation and Retraining Trust (2010) *Annual Report 2009-2010*, PRRT.

Potter, M (2004) *In Their Own Words: A Research Report into the Victims Sector in Northern Ireland*. Belfast: Training for Women Network.

QE5 (2008) Needs Analysis of the Phoenix Groups Belfast: QE5.

Radford, K (2010) "And Stay Out!": Hoods and Paramilitarised Youth, Exiles and Punishment Beatings in ed. Ford D. *Fragmenting Families* Chester: Chester University Press.

Ruane, J. and Todd, J. (1999) *After the Good Friday Agreement: Analysing political change in Northern Ireland*, Dublin: UCD Press.

Saver/Naver (2007) Issues Presented by a delegation to the Bradley Eames Consortium 28.11.07 Armagh: Saver/Naver.

Schubotz, D and Devine, P. (2008) *Young People in Post-Conflict Northern Ireland – The Past Cannot Be Changed But the Future Can Be Developed*, London: Russell House Publishing Limited.

Schubotz, D. (2010) *The mental and emotional health of 16-year olds in Northern Ireland – Evidence from the Young Life and Times Survey*, Patient and Client Council.

Special European Union Programmes Body (2010) *Peace III Programme (2007-2013) – Progress Report*, SEUPB.

Smyth, M. and Hayes, P. (1994) *Ongoing traumatic stress: The "Bloody Sunday" families in Derry*. Paper presented at International Conference on Mental Health and Conflict, Queen's University, Belfast.

Smyth, M (2001) 'The 'discovery' and treatment of trauma' in B. Hamber, D. Kulle and R. Wilson (eds.). *Future policies for the past*, (Report No. 13) (57-65), Belfast: Democratic Dialogue.

Smyth, M, Morrissey, M, Hamilton, J. (2001) *Caring Through the Troubles: Health and Social Services in North and West Belfast*, Institute for Conflict Research, (Eastern Health and Social Services Board and North and West Belfast Health and Social Services Trust).

Smyth, M, Fay, M, Brough, E, Hamilton, J. (2004) *The Impact of Conflict on Children in Northern Ireland*, Institute for Conflict Research, March.

Snodden, M. (2004) *'Truth Recovery: A contribution from within Loyalism*, Belfast: Trauma Resource Centre.

Social Security Agency (2009) *Annual Report and Accounts 2008-09*, Belfast: Stationary Office.

Special European Union Projects Body (SEUPB) (2010) *Peace III Programme (2007-2013) – Progress Report*, SEUPB, April.

Sperrin Lakeland Health and Social Care Trust (2006) *Addressing the Human and Community Consequences of Civil Violence - Standards for Counselling, Listening Ear and Befriending Services*, Fermanagh, Omagh and Strabane LSP.

Templer, S. and Radford, K. (2007) *Hearing the Voices – Sharing Perspectives in the Victim/Survivor Sector*, Community Relations Council.

The Bamford Review of Mental Health and Learning Disability (2006) *A Vision of a Comprehensive Child and Adolescent Mental Health Service*, The Bamford Review of Mental Health and Learning Disability, June.

The Bloody Sunday Inquiry (2010), HMSO.

The Community Foundation for Northern Ireland (2009) *From Prison to Peace – Learning from the experience of political ex-prisoners* (A Resource for Local and Global Citizenship at Key Stage Four), The Community Foundation for Northern Ireland.

The Tim Parry Jonathan Ball Trust (2003) *The Legacy: A study of the needs of GB Victims and Survivors of the Northern Ireland 'Troubles'*.

Tomlinson, M. (2007) *The Trouble with Suicide – Mental Health, Suicide and the Northern Ireland Conflict: A Review of Evidence*, DHSSPS, June.

Trauma Recovery Network (2006) Response to the Interim Commission for Victims and Survivors proposed models for a forum for Victims and Survivors, Belfast: Trauma Recovery Network (unpublished).

Ulster Defence Regiment and Royal Irish (Home Service) Aftercare Service (2008) *Aftercare Service*, UDR-RIR(HS) Aftercare Service.

United Nations (1998) *Protection of Children Affected by Armed Conflict*, United Nations Office of the Special Representative of the Secretary General on Children and Armed Conflict, New York.

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

Victims and Survivors Pilot Forum (2010) 'Recognition for Victims', Victims and Survivors Pilot Forum, (unpublished).

Victims Unit (2005) *Services for Victims and Survivors – Consultation on next phase of policy in relation to services for victims and survivors of the Troubles in Northern Ireland and on the establishment of a Commissioner for Victims and Survivors*, Belfast: Victims Unity (OFMDFM), March.

WAVE Trauma Centre (2008) *Injured...on that day*, Impression Print, Belfast.

ANNEX 1

TRAUMA, HEALTH AND CONFLICT IN NORTHERN IRELAND (BOLTON *ET AL*, 2008) - RECOMMENDATIONS

This report put forward 10 recommendations which are outlined below:

1. Improved public information for people involved in traumatic experiences, their families, schools, employers etc. to improve detection of PTSD and promote and support early help seeking.
2. The development of service pathways to ensure people with trauma related needs are referred to trauma focused and related services.
3. Support for primary and community care services (statutory and non-statutory) in detecting trauma related disorders, treating where effective services exist at this level and referring appropriately to specialist trauma related services.
4. Continue and enhance the development of mental health services to identify, assess and effectively treat trauma related disorders and to support people with trauma related needs before, during and after therapy.
5. Continue and enhance the development of specialist evidence based trauma services including the provision of support for people with trauma related needs before, during and after therapy.
6. The development of early trauma intervention services in line with the developing evidence base.
7. Services treating adults with Major Depressive Disorder should routinely assess for PTSD and provide effective trauma focused treatments where found.
8. Services and employers should be mindful of the additional risk for women in developing PTSD.
9. Primary and secondary care services should take into consideration the possibility of a link between the presence of specific chronic physical health conditions and PTSD, and refer for assessment where indicated.

ANNEX 2

MAIN SOURCES OF FUNDING FOR VICTIMS AND SURVIVORS IN NORTHERN IRELAND

FUNDING SOURCES	GOVERNMENT FUNDING 2009-10	ACTIVITIES
Community Relations Council – Core Funding Scheme	Core-Funding £2,330,450.29 – 47 grants awards (continuation from previous year) Capital £439,667.20 – 67 grant awards	Provides funding to groups working on behalf of victims to assist with staffing and running costs The emphasis will be on the benefits to individual victims/survivors. Priority will be given to organisations or groups which provide support services to victims and survivors which they cannot access elsewhere.
Community Relations Council - Development Grant Scheme	Development Scheme £1,632,336.40 – 513 grant awards	The scheme is targeted at supporting groups which are made up of victims, or are working with victims resident in Northern Ireland. Priority will be given to those who during the Troubles have lost close relatives or had close relatives injured, or been injured or traumatised as a result of the community conflict.
Conflict Trauma Resource Centre	OFMDFM Interim funding - £6441.00	A dedicated service for adults affected by the Troubles, offering counselling, occupational therapy, psychology & physiotherapy.
Disability Action	£645,145 from DHSSPS, DRD, DEL and DOE.	Offers a range of services including Information; Policy, Employment and Training Support, Capacity Building, Training on Disability and Diversity Issues, Transport and Mobility Assessment, all aimed at improving the quality of life of people with disabilities in Northern Ireland.
Family Trauma Centre		Providing a 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.

Northern Ireland Centre for Trauma and Transformation	Approximate total spend 2009 – 2010 = £400, 000	Provides a trauma focused cognitive therapy treatment programme for people suffering from Post Traumatic Stress Disorder (PTSD) and related conditions. Undertakes research, policy development and, where possible, support in relation to psychological trauma through the humanitarian relief programme.
Northern Ireland Council for Voluntary Action	Core grant from DSD - £650,000	Membership and representative umbrella body for the voluntary and community sector. Membership reflects the make-up of the sector in terms of both thematic (and geographical representation. Offers a range of services including advice (governance and charity advice, HR), fundraising, research, policy and lobbying, training and consultancy.
Northern Ireland Memorial Fund	Chronic Pain Management 62 applications - £12,325.20 spent Short Break 707 applications - £1,092,369.68 spent Education and Training 1047 applications - £357,990.84 spent Back to school 1063 applications - £203,050 spent Over 60's scheme 1565 applications - £286,350 spent Discretionary Fund 360 applications - £112,658.14 spent	Grant schemes to victims to meet individual need; <ul style="list-style-type: none"> • Chronic Pain Management • Short Break Scheme • Education and Training Scheme • Back to School Scheme • Over 60's Support Scheme • Discretionary Scheme
Northern Ireland Police Fund	Bereavement Support Fund - £118,876.16 Breaks for Carers - £31,296.8 Chronic Pain Management - £6966 Disability Adaptations - £46,994.07 Disability Support Fund - £20,4816.2 Educational Bursaries - £179,713.89 Home energy Improvements - £94,019.21 Regular Payments - £45,685.18 Winter payment - £269,000 Prosthetics and wheelchairs - £16,768 <i>Total spend 2009 – 2010 = £1,014,135.51</i>	Grant schemes to meet individual need; Financial Support - Regular Payments Disability Support Scheme Bereavement Support Scheme Disability Adaptations Scheme Prostheses/Wheelchair Grants Carers respite breaks Chronic Pain Management Scheme Psychological Support Scheme Educational Bursaries scheme

Police Dependants Trust	<p>2010-11 33 applications – all awarded grants so far. £660k paid out in grants. A further 3 to be considered at the next meeting (Sept).</p>	<p>The object of the Trust is 'to assist in cases of need: Dependants of police officers or former police officers who die or have died...as a result of an injury received in the execution of duty;</p> <p>Police officers or former police officers who are, or have been incapacitated as a result of an injury received on duty, or the dependants of such officers</p>
Police Retraining and Rehabilitation Trust	<p>Clients and expenditure (All management, admin and accommodation overheads)</p> <p>Physiotherapy – 546 clients - £325,710 Psychology – 183 clients - £674,686 Careers – 259 clients - £325,710 Training – 2689 clients - £1,000,396</p> <p>Total Expenditure (NIO Grants received) - £2,326,502</p>	<p>Provides a programme of rehabilitation and retraining to support officers affected by changes to policing in NI, and for those intimidated or injured during the conflict. Includes;</p> <ul style="list-style-type: none"> • Careers and Personal Development Guidance • Training and Education • Physiotherapy • Psychological Therapies
The NI Prison Services Trust	£289,311.00	<p>Provides Prison Officers, ex-Officers and other members of the Prison Service family, including widows/widowers, spouses, children and other dependants, with a range of services designed to help them to cope better with the challenges of life. Includes the following main types of services:</p> <ul style="list-style-type: none"> • Health care, encouraging physical and emotional well-being • Life planning, incorporating education, education, career and financial planning • Support services, promoting welfare, family and social contact

Trauma Advisory Panels	<p>Budget Allocated;</p> <p>Eastern TAP - £62,980</p> <p>Northern TAP - £53,422</p> <p>Western TAP - £86,298</p> <p>Southern TAP - £92,350</p>	<p>A panel sits in each of the 4 Health Boards to coordinate services, provide a network for member agencies and facilitate the development of referral systems of the range of services needed by victims.</p>
UDR/RIR Aftercare Service		<p>Provides medical, vocational, welfare and benevolence support to the ex-service community, comprising former UDR and R IRISH (HS) soldiers and their families.</p>

ANNEX 3

BENEFICIARY DETAILS IN RELATION TO FUNDED GROUPS

ORGANISATION	BENEFICIARIES	DETAILS
Aisling Centre	112	January – June 2008
	104	July – December 2008
	73	January – June 2009
	74	July – December 2009
	61	January – June 2010
Columba House	100+	From April 2010 – <i>The YARD Project</i>
	36	From April 2010 – <i>Counselling & Family Programme</i>
	2149	January – December 2009
	1210	January - September 2010 <i>IOSAS Centre</i>
	5-10	Per week <i>Open Door/Pastoral Counselling</i>
	20-30	Per week <i>Group work/Discussions</i>
	20-50	<i>Meditation/Reflection</i>
	10-12	Per month <i>White Oaks Centre</i>
Cunamh	193	January 2008 - September 2010 <i>Counselling and Cognitive Behavioural Therapy</i>
	117	January 2008 - September 2010 <i>Complementary Therapy</i>
	30	January 2008 - September 2010 <i>Advocacy</i>
Derry Well Woman	242	2008-2009
	329	2009-2010
The ICPD	512	2009-2010 <i>Individuals for Counselling</i>
	84	2009-2010 <i>Competent Helper Workshops</i>
	83	2009-2010 <i>Supervision Sessions</i>
	16	2009-2010 <i>Planning Workshops</i>
	27	2009-2010 <i>Cross Cultural Meetings</i>
	43	2009-2010 <i>Cross Border Meetings</i>
	351	2009-2010 <i>Individuals participating at events</i>
Lenadoon Community Counselling Project	319	2008-2009
	342	2009-2010

MAST	856	2008-2009
	923	2009-2010
New Life Counselling	3858	<i>Counselling</i>
NI Music Therapy Trust	49	2008-2009
	58	2009-2010 - <i>Number of new referrals to service</i>
	75	2008-2009
	64	2009-2010 - <i>Number of children requiring on-going support</i>
	124	2008-2009
	122	2009-2010 - <i>Total Caseload</i>
	668	2008-2009
	1085	2009-2010 - <i>Number of individual music therapy sessions delivered</i>
	1316	2008-2009
	1384	2009-2010 - <i>Total number of sessions delivered</i>
	2088	2008-2009
	1753	2009-2010 - <i>Total number of music therapy interventions to C and YP in interface areas</i>
	648	2008-2009
	299	2009-2010 - <i>Number of group music therapy sessions delivered</i>
Relatives for Justice	3108	2008-2009
	3531	2009-2010
South East Fermanagh Foundation	685	2008-2009
	830	2009-2010
Tara Centre	3371	2008-2009
	3325	2009-2010 - <i>Counselling Sessions</i>
	1852	2008-2009
	1551	2009-2010 - <i>Programme/Workshop participants</i>
	3630	2008-2009
	3455	2009-2010 - <i>Self-facilitated Group work</i>
	958	2008-2009
	1065	2009-2010 - <i>Complementary Therapy Sessions</i>
	141	2008-2009
	192	2009-2010 - <i>Young people availing of services</i>
	9493	2008-2009
	9172	2009-2010 - <i>Other users (facilities for hire, external agencies, visitors, other contact etc)</i>
Trauma Advisory Panels		
Eastern TAP	40+	Average in 2009-2010
	20+	Signposting & support - Average in 2009-2010
Northern TAP	20-30	Average in 2009-2010
	100+	In conjunction with Family Trauma Centre - Training for PSNI Officers in 2009-2010
Western TAP	6	Average per week for 2009-2010

Victims and Survivors Trust	250	2009-2010
WAVE	5885 4888	2008 2009 – <i>Outreach visits</i>
	528 345	2008 2009 – <i>Psychotherapy</i>
	371 344	2008 2009 – <i>Complementary Therapy</i>
	3008 1482	2008 2009 – <i>Peer Group</i>
	365 323	2008 2009 – <i>Welfare</i>
	56	2008 - <i>Member Training</i>
	3229	2008 - <i>Information Days</i>
	187	2008 - <i>Residential</i>
	579	2008 - <i>Personal Development</i>
	508 291	2008 2009 – <i>New Referrals</i>