



Northern Ireland
Assembly

**COMMITTEE
FOR THE OFFICE OF THE
FIRST MINISTER AND DEPUTY
FIRST MINISTER**

**OFFICIAL REPORT
(Hansard)**

**Consultation Paper on a Victims and
Survivors' Service: Summary of
Responses**

13 January 2010

NORTHERN IRELAND ASSEMBLY

**COMMITTEE
FOR THE OFFICE OF THE FIRST MINISTER AND
DEPUTY FIRST MINISTER**

**Consultation Paper on a Victims and Survivors' Service:
Summary of Responses**

13 January 2010

Members present for all or part of the proceedings:

Mr Danny Kennedy (Chairperson)
Mrs Naomi Long (Deputy Chairperson)
Ms Martina Anderson
Mr Alex Attwood
Mr Tom Elliott
Mr Barry McElduff
Mr Francie Molloy
Mr Stephen Moutray
Mr George Robinson
Mr Jim Shannon

Witnesses:

Mr Colin Jack)
Ms Lisa Jane Kerr) Office of the First Minister and deputy First Minister
Ms Kellie Service)

The Chairperson (Mr Kennedy):

You are very welcome.

Mr Colin Jack (Office of the First Minister and deputy First Minister):

I will introduce my colleagues. They are Lisa Jane Kerr, who is the new head of the victims unit in the Office of the First Minister and deputy First Minister (OFMDFM), and Kellie Service, who

also works in the victims unit.

The Chairperson:

Thank you. You are here to provide a briefing on the summary of responses to the consultation on the proposed victims and survivors' service. It will help the Committee if you give a brief overview of the responses and then make yourself available to answer questions. The evidence session is being recorded by Hansard, so do not say that I did not warn you.

Mr Jack:

As Committee members will be aware, OFMDFM's consultation on a new victims and survivors' service recently closed. We received 29 responses in total. The consultation period was due to close on 16 October 2009, but that date was extended after key stakeholders requested an extension to the deadline. One of the key stakeholders was the Forum for Victims and Survivors, which was established in the autumn. The last response was received at the end of November. The 10-week consultation period started during the summer months, so Ministers felt that it was appropriate to allow some flexibility with the closing date.

Although the consultation responses varied greatly and raised many different issues, some definite themes emerged. Those themes were discussed in the summary document that we provided to the Committee. The main themes were: the design of the service; the use of appropriately qualified staff; the introduction of a three-year funding cycle for groups; tendering for groups; a comprehensive needs assessment; a non-departmental public body (NDPB) model for the victims and survivors' service, which was set out in the consultation document; the timescale for establishment of the service; and the holistic assessment of needs.

Almost all the respondents welcomed the concept of a victims and survivors' service. The vast majority also welcomed the change in direction from a grant-led funding approach to a needs-led funding approach, which Ministers felt will result in a flexible service that is more responsive to the changing needs of victims. The proposed three-year funding cycle for victims' groups was universally accepted, and that was thought to be a much more sensible approach to funding victims' groups, because it enabled forward planning and the retention of valuable staff.

Many of the respondents would have liked to have seen more detail in the paper and felt that they would have been able to respond more fully had they had that detail. Many had concerns

about what they felt was a health-oriented model for the service, which they felt was not appropriate for the victims' sector. Conversely, some of the professional organisations that responded felt that the proposals focused too much on the needs of the voluntary victims and survivors' sector. Quite a range of views was expressed. Victims' groups wanted evidence that other models had been considered.

Most respondents felt that it is important that the new service does not add another layer of bureaucracy for victims and that the service is as streamlined and user-friendly as possible. Many respondents felt that the paper did not give enough recognition to the work with victims and survivors that is already being done in the statutory sector. However, there was also a great deal of support for, and acknowledgement of, the need for more co-operation between the statutory sector and the community and voluntary (CVS) sector. Some respondents felt that that the paper should have taken account of the potential impact of other consultations and events on the needs of victims. The Eames/Bradley Consultative Group on the Past was mentioned in a number of responses.

Many responses expressed concern about the impact of the new service on small, locally based victims' groups, particularly in the context of the envisaged tendering model. The importance of trust, safety and relationship building was highlighted, as was the importance of victims feeling that help was available locally and from people whom they know or trust. It is fair to say that that issue was raised primarily by people who live in rural communities.

Although we received 29 formal responses, a substantial amount of information was also gathered through consultation events, which were conducted with individuals and groups from the statutory sector and the community and voluntary sector during the consultation process.

The Chairperson:

Thank you very much. Colin, you indicated that many of the respondents felt that the document was light on detail. A number of them seemed to be underwhelmed by the level of detail. How will you address that?

Mr Jack:

I think that we will do that through the implementation of the victims and survivors' service. Establishing the service will be a complex process. We will need to engage with a range of key

stakeholders who work with victims and survivors and with victims and survivors themselves. We are committed to following on from the consultation process by continuing to be inclusive as we move towards implementation.

The Chairperson:

Given that 29 consultees have already indicated that they are not impressed by the level of detail of the paper, with whom, where and how will the meat on the bone be provided before the implementation process begins? People are already complaining that they do not quite know where the Department is going with the service. How can those people be persuaded that the process is worthwhile?

Mr Jack:

The Department's relationship with the victims and survivors' sector is an active and close one; we engage with them the sector substantially. Their views can also be fed into the process through the forum that the Commission for Victims and Survivors established recently. We will engage with the Victims' Commission and the range of organisations that provide support for victims and survivors. We will make ourselves available to the forum whenever it wants to see us to explain the implementation process and the further detail that will be added as a result of the consultation process. That will help to keep people informed and engaged as we move forward.

The Chairperson:

Do you understand the concern that I am trying to express? OFMDFM does not seem to have finalised what it wants to do. It keeps asking interested bodies what they would like to see done. Who is really driving the issue? How will the service be implemented? How will justice and mercy become law?

Mr Jack:

A model is set out in the consultation document, involving the establishment of a non-departmental public body — the victims and survivors' service.

The Chairperson:

That model is heavily criticised in the responses from the victims' commissioners and other groups.

Mr Jack:

We are still in the process of advising Ministers on the outcome of the consultation exercise. We need to take account of the Committee's views, but we will also need to factor in the views that have been expressed as part of the consultation process when advising Ministers on the way forward.

The Chairperson:

Presumably, you will also be interested in what the body created by the Department, the Victims' Commission, has to say. Its commissioners have said that that model is not the way to go forward. The Department is being directly and openly contradicted by the body that it established.

Mr Jack:

Ministers will certainly want to regard the views of the Victims' Commission.

Mrs Long:

I am sorry if I am going over ground that has already been covered, but I take the point expressed in the summary that you gave that people welcome the concept of a victims and survivors' service. What does that mean in real terms when their next response is that they do not know what it is? I read into that that people accept that a gap exists in getting things to function properly, but that they are unclear as to what is being proposed. They welcome the identification of the fact that a gap exists, but they do not know what is being proposed to fill it. That is what I read into the responses that have been received.

There is also an attitude coming through that if it is not broke, do not fix it; for example, with regard to the Community Relations Council (CRC). You said that a few of the respondents have worked with both the CRC and the victims' commissioners, but if one counts them, a significant number have done so. Respondents have asked why the CRC cannot continue to do the job that it is currently doing, because no one seems to be saying that it does not have the expertise or ability to deliver.

I am at a loss as to where you go from here. It seems that victims' groups in particular and, indeed, the Victims' Commission are saying that they do not think the particular model that you have proposed works. More importantly, a significant number of respondents have said that they

do not know how to respond, because they do not understand what is being proposed. There is a lack of clarity.

The reason that that concerns me is that it was the same argument that we made in Committee before the consultation paper was issued. We could not understand what the detail was going to be and how the service was going to work. The fact that linkages were missing between different organisations and that the accountability structures did not seem to tie in with the reality of the situation was raised in Committee time and time again. The consultation began after we had said that, yet nothing was done about it. The consultees have now reinforced that position. In the light of both the people in this room and the wider public who are affected taking that position, is there any prospect that something might be done to counteract it?

Mr Jack:

Another point that was made in a number of responses related to the fact that the strategy for victims and survivors had not been finalised when the service paper was produced. That strategy has now been finalised and was published in November 2009. It embodies a strategic shift from support for victims and survivors' groups and a whole range of inherited funding arrangements. There is the Northern Ireland Memorial Fund, which provides support for individual victims and survivors, and a pattern of funding for groups has continued year on year for the past seven years. There was almost universal support for moving away from those inherited funding arrangements, in line with the strategic shift in the strategy towards a need-based system of funding for victims and survivors that is based on individual assessments of their needs, and matching them with provision that meets those needs.

We received a body of responses that was supportive of the Community Relations Council's role up to now in funding groups. Interestingly, many groups supported that view. It is unclear whether individual victims and survivors, or those who represent them, support that view. We did not receive a large number of responses from individual victims and survivors. ``

Mrs Long:

It is not only groups that interface with individuals, such the Victims' Commission, that support that view. Groups such as Victim Support have responsibilities in that regard. Such groups have said that there is a danger that the good work that has been done will be swept away and replaced with something that nobody seems able to clarify.

The real problem is that, during these exchanges, we do not seem to be able to drive home the message that people do not fully understand the proposals, because of a complete lack of definition and clarity. The strategy alone cannot resolve that; people cannot fathom the structures because they are not clear, specific or detailed. The strategy may set the direction, and most of us around this table could have anticipated support for a move away from short-term funding arrangements to longer-term funding arrangements. That is a fairly consistent response from people who seek funding. They do not want to waste most of their energy each year planning for another year's funding. It is not necessary to carry out much consultation to glean that kind of information.

The problem is that nobody seems to understand how the structures will operate. That was my consistent concern before the consultation period began. My concern has been reinforced by consultation. Given the responses during the consultation process and the prevalence of the view that nobody was able to fully respond, do you believe that it will be possible to implement a victims and survivors' service without further public consultation on the detail of the structures? That is unclear. Would you not reasonably have to conduct further consultation? Will that not cause more delay to the delivery of the service for the relevant constituency?

Mr Jack:

It is important that, in moving forward, we engage with informed stakeholders. The key difference between a victims and survivors' service and the arrangements that have been in place until now is the individual needs assessment element. We need to design a service that provides individual needs assessment, and we need to design the service, in whatever form, in a way that provides that one-stop shop for individual victims and survivors. There is no question that support for victims and survivors' groups will be part of the overall picture of provision in future. We need to marry the way in which we assess the needs of victims and survivors and the services that are provided for them, both through the statutory sector and through the groups. That is our task.

Mrs Long:

It was envisaged that the comprehensive needs assessment would be one role of the Commission for Victims and Survivors. Therefore, your response does not answer my question, which is specific. We need to get a direct answer. Given that people have said that they do not know

enough detail about the proposed structures to enable them to respond properly, will you carry out further public consultation when that detail becomes available so that people can fully respond to the proposals?

Mr Jack:

Whether any further public consultation takes place will be a matter for Ministers, but the comprehensive needs assessment is a slightly different issue. It needs to be done, and the Commission for Victims and Survivors is taking the lead on that issue and is establishing a steering group to take it forward. It has done substantial work on it already and has identified the needs at an overall strategic level. However, the service needs to provide a means of assessing individuals' needs, because two different kinds of needs assessments are involved.

Mr Shannon:

Before Christmas, I attended an event with one of the commissioners. I asked him how he felt things were going, and he intimated to me that he had some concerns about the process. Have those concerns been intimated to OFMDFM? Are you aware of the commissioners' concerns? He said that he just wanted to get down to business. I detected a hint of frustration and anxiety from him.

Mr Jack:

The commissioners meet regularly with Ministers and officials, and we have ongoing dialogue about all the issues to do with moving towards implementing the strategy for victims and survivors and the service. It is a constructive relationship, and we are looking to the commission to assist us and advise us on the way forward.

Mr Shannon:

If that commissioner conveyed his concerns to me, I presume that he has also conveyed those concerns during your informal or formal meetings. I would be concerned if you were not aware of those concerns on the best way forward.

Can you confirm where the Community Relations Council is in the process? Does it have to apply for another contract along with everyone else?

Mr Jack:

The CRC has administered the core funding and development grant schemes for groups for a number of years, and we have extended that year on year. Ministers are considering the position for 2010-11, but we anticipate that the core funding and development grant schemes will continue into 2010-11.

Mr Shannon:

Who will administer that? Will it be the CRC under that yearly contract?

Mr Jack:

Ministers are still considering those issues.

Mr Shannon:

I am aware of a number of groups that have applied for funding, and they were most complimentary about the process. Other Committee members may have different opinions, but I want to make that point clear. There may be concerns about timescales for applying for and getting money, but the groups were treated fairly and transparently during the process.

Mr Moutray:

In the responses, many groups raised the issue of tendering. There is a concern that many of the smaller groups have neither expertise nor experience of the tendering process. If that method is to proceed, what capacity building or training will be available for groups so that they do not fall behind or face closure?

Mr Jack:

That is a very important point. We will want to ensure that we respond to it as we move towards implementation. There is a need for orderly transitional arrangements to the new service, and, in our discussions with Ministers, a key focus is on getting the transitional arrangements in such a way as not to disadvantage groups and on ensuring that groups are not moved into the new arrangements at a pace that is beyond their capacity. Therefore, there is an argument that a degree of stability is needed for a period, while, in parallel, groups are being prepared and having their capacity built to be able to take part in the tendering process.

Mr Moutray:

Are you saying that smaller groups will not be disadvantaged by the process?

Mr Jack:

There is certainly a commitment from Ministers that groups in general will not be disadvantaged as we move forward. There is increasing funding for victims and survivors in the current comprehensive spending review (CSR) period, which is the period about which we are certain. There is no good reason to unsettle relationships at the moment.

Mr Molloy:

I sense from talking to victims' groups that an unnecessary tier is being inserted, creating confusion and an overlap of facilities. It is, as someone said, a wee bit like teaching granny how to suck eggs. The victims are being told what they require, instead of the other way around. That tier is unnecessary.

The other concern that I am aware of is that the number of different bodies that are administering grants means that a great deal of resources are going on bureaucracy, instead of on services. Although the three-year funding is welcome, surely we have moved to a new situation now that the commission is in place.

However, there is concern among established victim-led groups, which have built up trust with families and individuals over the years, that the new service will take over or dilute their role. Those groups need clarity on what the role of the service will be and on how bodies that are administering grants fit into it all. There are too many tiers and too much administration in the structure. Does OFMDFM recognise those concerns?

Mr Jack:

That point was made in some responses. However, a point that was made in much of the formal and informal consultation, and it is a view that Committee members expressed when we talked about the strategy and service proposals, is that different victims and survivors have differing needs. Some are happy with the service that they get from existing groups and they feel that that is the natural way in which for them to access support.

Others do not want to be involved with groups. The responses show evidence that there are victims and survivors who have not been availing themselves of the support that is available. The service is seen as something that is open to people and that will signpost them to support that

matches their needs. We are committed to introducing the service in a proportionate way that does not create a massive bureaucracy.

Mr Molloy:

Are the fears of established and trusted groups, some of which play substantial cross-community roles, well founded? Does OFMDFM see the service as taking over their role or acting more as a facilitator?

Mr Jack:

I see the service more as being a facilitator. I see an ongoing role for groups in providing services to individual victims and survivors. However, importantly, there are statutory services to which people should be getting access.

The view has been expressed that, on the one hand, at present, that fact is not recognised enough in dialogue about victims and survivors. On the other hand, the statutory services may, at present, be unable to be as responsive as they may wish to be to some of the needs of victims and survivors. In moving the work forward, we will engage closely with people from the health and social care sector on how it can provide a co-ordinated input to the service for victims and survivors.

Mr Elliott:

Thank you for your presentation. It is intriguing to hear that some victims' groups are now giving widespread support to the CRC, because some of them were less than complimentary in the past about that organisation. Many others, including me, would say that at least the CRC is trying to do a good job. I have always felt that, but it is good that a number of victims' groups are now recognising that fact.

Mr Jack touched on some points that I want to tease out. First, I want to talk about individuals and how they are supported. I know that, as Mr Jack said, some individuals have not availed themselves of funding or other services. However, that did not come out in his assessment of the responses to the consultation. I want to know more about how that will be developed. He mentioned a one-stop shop, which I am pleased about. That is an excellent idea; it is something that I raised some time ago.

That leads me to my second point, which is about a need-led approach, not a grant-led approach. You said, Mr Jack, that that requires further development, but I am curious to know how that will be done. Will it be done through the victims' commissioners? I do not want there to be an overlap or a conflict between OFMDFM and the commission. How will that be developed? In your summary, you make it clear how difficult it will be to determine all the needs. That is a huge issue.

Those are the main issues for me. Aside from that, a £36 million, three-year funding programme for victims and survivors was announced, I believe, in December 2007. Where are we with that? Two years have passed, but no service has been established and the Forum for Victims and Survivors has only just been set up. How much of that £36 million has been spent, and how will that programme be rolled out?

Mr Jack:

I will talk about the funding first. We are almost two years through the three-year CSR period. We received £8 million in the first year, £12 million in the second year and approximately £15 million in the third year. A significant proportion of the money for the first and second years has been spent. In the current year, we have been spending the money on the Northern Ireland Memorial Fund to undertake a pilot individual assessment approach with a number of victims and survivors. That took the form of interviews in which a number of their needs were identified. Just before Christmas, Ministers announced a funding scheme that is based on some of the findings from that pilot assessment. That has directed some of the funding in the current year, and we expect to build on that next year.

There is more work that we can do on piloting alternative approaches to individual needs assessment. One of the key issues in the paper, and which was supported by the responses, is the need for appropriately qualified people to work with victims and survivors. Clearly, victims and survivors have a wide range of needs, including medical support, respite for carers and counselling. In the coming year, we will consider piloting some additional approaches to individual needs assessments so that we have the methodology worked out for the full implementation of the service.

Ms Anderson:

You received 29 responses to the consultation. I would have expected you to have received more,

particularly from victims' groups, which made up only 10 of the responses. I would like to hear your thoughts on that.

You have spoken about the public consultations that took place in the different areas. Can you provide an assessment of the attendances at those consultations and the types of robust or engaging conversations that took place?

Can you also detail the responses that you received, particularly around the design and operation of the service? A great deal of emphasis seems to have been placed on a medical health approach, despite what you have said about victims having different needs, including those associated with social welfare and justice. Has the Department examined the emphasis that the paper placed on medical needs rather than considering a holistic assessment of needs?

Finally, can you discuss the timescale for the implementation of the service, because a number of the respondents felt that August 2010 was somewhat unrealistic?

Mr Jack:

Although the Department received responses from the groups that you mentioned, many more groups took part in the various consultation events. One of the key events was the annual conference that the CRC organises for groups supported under the core development funding schemes, which took place in October 2009, at which there was a very good turnout. However, there were also a number of smaller workshops, and I will bring Kellie in to discuss those with the Committee.

Ms Kellie Service (Office of the First Minister and deputy First Minister):

In addition to the CRC conference at which the majority of groups was represented, there was a further consultation day for the four trauma advisory panels, at which representatives from the statutory sector and the community and voluntary sector were in attendance. That was a full-day session, and the groups were able to contribute through that mechanism. Consultation events for individuals were also held. Therefore, there were an extensive number of consultations.

The Chairperson:

The Committee does not appear to have any information about those consultations. If we had, that would help the Committee to complete the picture, particularly because of the earlier

complaints that the document was a bit light. You have indicated that, in addition to those who have been consulted, you have also been in regular contact with other interested parties. It would help greatly if the Committee could see all the pieces of the jigsaw and the views that are influencing the Department's decision.

Mr Jack:

We will have a look to see what else we can provide. I expect that there is a report from that conference —

The Chairperson:

Can the Committee be provided with an analysis of that?

Mr Jack:

Yes.

As we move forward and design the service, it will be necessary to engage with a range of stakeholders from victims' groups and from the medical and associated professions. That will help the Department to address the issue of considering a range of needs and allow us to work out how individual victims and survivors can be signposted to the services that they need.

In some cases, that will involve getting people accesses to services that they would have to wait longer for if they went through normal Health Service channels. There are some issues in that area, as there are with the issue of signposting people through their GP practices. However, the services that are provided by the groups, such as befriending and respite care, clearly have a key role to play. There is no one-size-fits-all model, and we will be feeding in that information.

As to timescale, August 2010 is now an ambitious target for the full implementation of the service. The document referred to implementation as taking at least 12 months to achieve, and that is realistic.

The Chairperson:

I hear the sound of goalposts being moved.

Mr Attwood:

I primarily want to tackle the comments made in response to questions that Tom and Naomi asked. The SDLP and Alliance Party made submissions to the consultation, and if there was a theme running through the other submissions, it was whether there should be a new public body or an alternative to that. Like Naomi, I could not quite grasp what you were saying in response to her questions.

Let me ask the same questions. On the basis of the responses to the consultation, and given the balance of view within them about a new public body and the concerns already articulated about the vagueness that surrounds that proposed NDPB, do you consider that, if you opt for that model, you should conduct further consultation? Are you so advising the Committee?

Mr Jack:

We are engaging with Ministers at present. There is a body of support for the role of the CRC. Its role has been to support groups. It does not, up to now, have a track record of providing signposting to individual victims and survivors. That is a factor that must be taken account of. In our discussions with Ministers, we have the NDPB model set out, responses that say that they do not support that model and other responses that support that model. We just need to see how all that pans out.

Mr Attwood:

Let me ask the question again. Given the vagueness about what was in the consultation document originally, and given the flavour of responses to date about that model, its vagueness and those who do or do not prefer it, do you not accept that this is such a significant matter that, if that is the model that you propose, you should put some detail around it and consult on it.

Mr Jack:

The normal practice is to consult on a consultation document and then for Ministers to take decisions based on the responses to that consultation. Usually, some of the decisions will be in line with what is set out in the consultation document. There may be details that are different. How far final proposals diverge from what was originally set out is all a matter of judgement.

Mr Attwood:

I understand that, but if I decode what I hear you say, I gather that there will not be a further

consultation, and I think that there should be one. The original model was so vague and the balance of submissions to you looks a different way. Arising from that and, given what you said earlier that there needs to be some arrangements in the transitions to the new arrangements, and so on, the words that you use, it seems to me that you are telling the Government to go ahead with the NDPB model.

Mr Jack:

I am not really in a position to say to the Committee what advice we are giving to Ministers. One of the things that we need to feed into that advice is the view of this Committee on consultation. We will advise Ministers on the outcome of the consultation. They will need to take into account our advice, the consultation responses and the views of the Committee. It is not easy for me to answer that question. It would not be appropriate for me to say what advice we are giving to Ministers at this stage.

The Chairperson:

Is that in case they did not agree?

Mr Jack:

Do not assume. *[Laughter.]*

Ms Anderson:

You mentioned a few times the issue of what is meant by “appropriately qualified staff”, and that issue has also come up in the consultation. Will they be professionals, and will you consider the diversity version? The groups have concerns about exactly what is meant by that terminology.

Mr Jack:

One of the issues is that victims and survivors are a vulnerable group of people. It is important that the people who work with them do so in a way that is supportive and professional and that victims and survivors are not “re-traumatised”, a concept to which a number of the responses referred. That does not mean that everyone who works with them has to be a consultant psychologist, but it means that, if significant resources are available to support victims and survivors, it is legitimate to use some of the resources to ensure that the standards of the services that are provided are as good as possible. If people who currently work in groups could benefit from additional training or professional qualifications, perhaps some of the resources could be

used for that.

Ms Anderson:

Who will set the standards?

Mr Jack:

We will need to take advice from all the relevant professional bodies and training organisations. That will be a strand of the work in moving towards implementing the service.

The Chairperson:

Thank you for that. We have asked for additional information. The Committee is giving the matter urgent consideration again at next week's meeting, so we would like that information to be available to Committee members in time for that.

Mr Molloy:

Colin said that the officials are reporting back to the Minister to give him the Committee's view. What is your view of the Committee's report?

Mr Jack:

We will have to see what is in it when we get it.

The Chairperson:

You will have to talk to experts and use psychoanalysis. Thank you for your attendance.