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

OFFICIAL REPORT (Hansard)

Trauma Advisory Panels Briefing

19 May 2010

NORTHERN IRELAND ASSEMBLY

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

Trauma Advisory Panels Briefing

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Members present for all or part of the proceedings:
Mr Danny Kennedy (Chairperson)
Mrs Naomi Long (Deputy Chairperson)
Ms Martina Anderson
Mr Tom Elliott
Mr Stephen Moutray
Mr George Robinson
Mr Jim Shannon
Mr Jimmy Spratt

Witnesses:

Mr Jeff Barr	)	Western Trauma Advisory Panel
Ms Fionnuala McAtamney	)	Southern Trauma Advisory Panel
Ms Sandra Peake	)	Eastern Trauma Advisory Panel
Ms Sheelagh Sheerin	)	Northern Trauma Advisory Panel

The Chairperson (Mr Kennedy):

Good afternoon. I welcome the representatives from the trauma advisory panels. Please begin with a short presentation, after which members will have an opportunity to ask questions. Today's session will be recorded by Hansard.

Mr Jeff Barr (Western Trauma Advisory Panel):
I am co-chair of the Western Trauma Advisory Panel. I am also a director of the Koram Centre in Strabane, which supports victims and survivors of the conflict. As representatives of each of the trauma advisory panels (TAPs), we appreciate this opportunity to brief the Committee on the work to date and the benefits to victims and survivors regionally across the Province.

It is our view, and that of TAP members, that the recommendation by the Commission for Victims and Survivors (CVS) to dissolve the TAPs is not only wrong but is a retrograde step, when one considers that the CVS, by its own admission, has not come up with a proposal for a model to replace the TAPs. Our view is that the TAPs should not be dissolved; if anything, they could be improved in order to complement the role of the new victims' service.

We are grateful to OFMDFM for the current funding extension. We confirm that, with the CVS, the TAPs are willing participants in a transitional working group, as requested by Ministers, to look to the future and to beyond the implementation of the new victims' service.

My colleagues and I will share with the Committee information on the work of the TAPs and will demonstrate the uniqueness and effectiveness of working in partnership. There are local and regional partnerships that bridge the various sectors that continue to be facilitated by the health and social care trusts. We will also be able to take questions and to respond with our vision of how continued partnership working, whether permitted through the current TAP model or delivered through a new model, would consolidate services and networking for the benefit of victims and survivors across the Province.

We will look at the role of the TAPs and outline their background, history and some of their achievements. We will also set out our vision for the future, whereby the strengths of the TAP model can create further opportunities. A key point that we want to get across is about the consolidation of services to individual victims and survivors. We will conclude by summing up a few key points for the Committee, and we will gladly take questions.

Ms Sandra Peake (Eastern Trauma Advisory Panel):
I am co-chair of the Eastern Trauma Advisory Panel. Along with a number of other panels, we have been working to forward the needs and issues of those who have been affected by the

Troubles. That has worked in a variety of ways. One of the great strengths of the trauma advisory panel across each of the areas is the interdisciplinary working and the bringing together of people from different professional disciplines — whether statutory or voluntary and community — that work together to achieve a common goal. That goal is to improve service provision and to improve the care and support of those who have been affected.

We have worked to achieve quite a number of projects that have wider benefit. The sudden death work, for example, provided a comprehensive guideline for families who were dealing with sudden death, which could be applied to the Troubles or in a broader way to other areas. That was brought about because of cross-working. We brought together people from psychology and from the community and people who brought a counselling framework. They worked together to provide a strong project that had a wider benefit to the community.

Ms Sheelagh Sheerin (Northern Trauma Advisory Panel):
I represent the Northern Trauma Advisory Panel. Our trauma advisory panel is unique in that it has representation from many of the major statutory bodies such as psychology, the Police Service, and the child and adolescent mental health services (CAMHS). In the northern area, we have a firm focus on trauma. The key role of the trauma advisory panel is inherent in its name. It is to advise on trauma services to assist people and to identify and to address the needs of people who have been psychologically and physically traumatised by the conflict.

As a result of the needs assessment carried out in the Northern Board area, we identified the need for therapy services in a primary care setting. We received funding for that particular project for only two years, but that project has since been identified as a gold-standard model of good practice. The project trained GPs in surgeries. GPs had told us that they could offer nothing to people who had been affected by the Troubles other than medication. We trained GPs in four pilot areas in identifying and screening for post-traumatic stress disorder. We then placed a trained therapist in the GP practice, and that therapist became a member of the practice's team for two years.

The project meant that the GPs were able to directly refer people for psychiatric help as well as for clinical therapy. When it was evaluated, the service was shown to have resulted in a reduction of medication for people who had suffered traumatic stress. One of the issues was that the medication was treating only the symptoms of the trauma, not the core problem. That was

one of the key areas for the Northern Trauma Advisory Panel, and my role today is to identify that, because it is not going to be included as part of the new service.

Ms Fionnuala McAtamney (Southern Trauma Advisory Panel):
I am a counselling psychologist and the manager of NOVA trauma counselling service in the Southern Trust, and I am representing the Southern Trauma Advisory Panel.

The Chairperson:
It would be helpful if you could speak up a little.

Ms McAtamney:
It could be stage fright.

The Chairperson:
There is nobody here to be frightened of.

Ms McAtamney:
I sit on the Southern Trauma Advisory Panel along with many representatives from the southern area, including representatives from statutory agencies and the voluntary and community sector. We also have representations from the clergy, educationalists and voluntary workers in the community sector. I want to highlight the partnership and collaborative working that has taken place in the Southern Trust area with respect to working with victims and survivors of the conflict in Northern Ireland. One of the key benefits of the trauma advisory panel is that it is an excellent forum for bringing together a holistic set of professionals, volunteers, victims and survivors in identifying and developing effective and good practice in working with people who have been traumatised or who have had a traumatic experience relating to the conflict in Northern Ireland.

One of the major achievements of the Southern Trauma Advisory Panel is that it had done some research and identified a key need for specific trauma counselling for people who had experienced trauma specifically in relation to the conflict in Northern Ireland and all the contextual specifications relating to Northern Ireland trauma that that brought. As a result, three trauma counsellors were appointed in the Southern Trust to provide that specific service in the area. That service has been evaluated, and it has achieved excellent results. Copies of the evaluation can be accessed from the Southern Trust.

In addition, the Southern Trust has brought together all counselling services in that area. Therefore, along with the trauma counsellors who are employed by statutory agencies, there are other groups in the Southern Trust area who provide counselling, therapeutic and complementary therapies at a community level. A directory of services has been convened, not only in the Southern Trust area but in all the trust areas. As a result, anyone who has needed to access any kind of service has been able to do that through the trauma advisory panel.

The Southern Trust has been at the forefront of developing practice in relation to trauma and the work with victims and survivors and, with some of the other TAPs, has been a key player in the provision of training for counsellors and other workers in that area to ensure that an adequate and effective standard of practice is being delivered. I reiterate that that is key, because it means that statutory and voluntary and community organisations are all working to the same standard of practice and have developed a programme of work from the grass roots up, led by victims and survivors themselves.

In areas such as health, social work and education, forums are gathered together to provide partnership and collaborative working in order that holistic programmes of care are developed. The trauma advisory panel does that in respect of its work with victims and survivors. It is a significant player in ensuring that all the work in that area is delivered collaboratively and that statutory and voluntary and community organisations come together.

Stage fright also leads to slabbering and incessant talking, so we may go from me being quiet to me being told to shut up.

The Chairperson:
Not at all; that was a fine presentation.

Mr Barr:
In its earlier years, the Western Trauma Advisory Panel was probably more noted for training and creating opportunities. Groups had people trained in the areas of counselling and psychotherapy to be able to better manage trauma and to assist people to move between the groups and into organisations such as the Northern Ireland Centre for Trauma and Transformation. It also enabled access to greater services through the community mental health teams. Over the years,

we have put quite a bit of store in building a rapport with GPs, and some of that is coming to fruition now.

We had quite a number of counsellors trained in cognitive behavioural therapy. I remember, as co-chair, us having an awards ceremony at which certificates were presented by John Clarke, who was head of the victims unit, and Dominic Burke, who was chief executive of the Western Board at that time. That created a real buzz in the sector, because it meant that not only were people being skilled to support at a high level but we had a psychotherapy model as well as a social model. Traditionally, much of the emphasis had been on befriending and other important aspects of support rather than on the therapeutic side. A combination of that led to the groups being able to signpost people to workshops, and people such as Charles Figley were brought over to hold specialised workshops. That gave support to practitioners — people from the voluntary and community sector who, in many respects, were victims and survivors themselves.

One of the strengths was the relationship with the health trusts. It was about ensuring that a victim or survivor had a continuous journey that involved both therapy and a social aspect, which provided opportunities for education, training and even employment.

One of the pitfalls was that the TAPs, particularly the Western Trauma Advisory Panel, had a bond that was strong in urban settings but less so in rural settings. We sometimes rotated meetings, but there was not always a good turnout. It was a tall order for people to travel from places such as Enniskillen in order to participate. The holding of a meeting in Omagh meant that they were met half way. It was not always to everyone's benefit. However, we feel that it was value for money. It is not easy to get health professionals around a table. One of the strengths of the TAP model was that we had the ear of health professionals and the health trusts.

We are concerned about cutbacks and where the future lies. It was not helpful when the Commission for Victims and Survivors announced at Belfast Castle more than a year ago that it was recommending the dissolution of the TAPs. Those of us who work in the TAP model felt that there should, at least, be an alternative model in view of the new service coming through. We feel that there are advantages in working with the health sector, the private sector and so on. Our worry is what happens next. If anything, we feel that there are strengths in the TAP model that could complement a new service and make it easier for people to have a continued journey of support and healing. It is also unhelpful that we still do not know what the new service will look

like. That is causing quite a bit of consternation in the sector. People do not know where they fit.

In recent times, people were concerned that, although the funding from OFMDFM was coming down eventually, it was not coming down quickly enough. Some groups lost key staff as a result, and that was a major concern for them. They had big worries about what the future would hold. Although groups are now informed about the fact that they have the opportunity to go after the 18-month or 12-month cycle of funding, some groups are still worried about what the future holds.

The be all and end all is victims and survivors. We are trying to exemplify to the Committee the fact that there are strengths in this model and approach of working together. Furthermore, we are looking to make it fit for purpose for a new service. That is a quick overview, and I will be glad to take questions.

The Chairperson:
Thank you for the points that you have raised. That was very helpful. We have received correspondence from the Department about our discussions with you in advance of your attendance today. The Department says that it wants to see how the work of the TAPs can be built upon, and I wish to concentrate on that positive element — the perspective from which the glass is half full rather than half empty. We are in an evolving situation, and the needs of victims and survivors are changing as time evolves. Where do you see your service continuing to play a pivotal role in the service that victims and survivors should get in the future?

Mr Barr:
We recognise that needs are changing. It is not always about therapeutic intervention, but, taking the psychotherapy element of that, never mind the social element, it is imperative that we understand and recognise what is out there that will make a real difference to people. That means good, qualified, professional practice, and it cannot be enough to deliver that through the groups. It must also be delivered through the Health Service, including work from the GPs and community mental health teams and into the groups.

It is about not losing key people who have been trained and in whom money from the victims' pot has been invested. Some of those people are being lost to other thematic work, such as suicide prevention and drug and alcohol work. There has been a constant drain from the victims'

sector. Those people are trained, and much time is invested in them. That certainly brings some return, but those people are lost, and one does not get longevity from them. It is a real concern that we continually lose people to other sectors.

The first question is how to stop that. The TAP model offers an opportunity to do so, but it is also hugely dependent on funding. It raises the question of how to consolidate the rapport that is established among us, GPs and the health trusts. We think that that rapport could complement the new service.

On the social element, the TAPs offered the opportunity of sitting down with representatives from education, employment and the Housing Executive. There were people who were not getting access to support, but we were able to get the ear of those sectors through the TAPs. In many instances, we found that people no longer wish to be referred to as a victim or survivor, but they do want practical support. We feel that the TAP model offers the best opportunity to provide that.

The Chairperson:

Is a balance to be held that guards against the mainstreaming of services? If the Executive's focus and priority remains on victims and survivors, it is important that that is not lost in a mainstreaming exercise that gets swallowed up by the Health Service. Do you understand my point?

Mr Barr:

Yes, I agree. We have an infrastructure that is wedded to the community and voluntary sector. It is about how we work with others, rather than becoming subsumed into the Health Service. It is certainly not about a medical model. Furthermore, we are learning from colleagues in the health sector that people do not know where the cutbacks will leave them. They are telling us that this type of model needs to be retained, because they will not have the money to put into it. That is a concern in the sector. The strengths of having a rapport and a relationship with the likes of the health sector are clear, but we do not yet know what the new service will look like or where the money for it will come from. We know that there is a victims' pot. Although we value that relationship, there will be a huge reliance on the community and voluntary sector or, in other words, the victims' sector.

Mr Elliott:

Thank you for your presentation. Forgive my ignorance, but do you work with the victims and survivors themselves or with the people who work with the victims and survivors? Are you a direct contact grouping, or are you one step removed from the victims and survivors?

Ms Peake:

The trauma advisory panels consist of groups. There is user representation to ensure that the needs of those individuals are taken into account in any decisions. The other role of the trauma advisory panels is to signpost and to make known the services that are available. A big issue is ensuring that people who are looking for a service get the right service, and the trauma advisory panels have a clear signposting function. Sometimes, people get lost in the system. The Eastern Trauma Advisory Panel has been doing a lot of work to ensure that people who go through one door to look for help get that help. They will be given the appropriate help or taken to where it is. That is very important.

Mr Elliott:

That leads me to my second point, which is about the plethora of organisations in the victims and survivors' sector. Victims and survivors tell me that there are so many groups and organisations that, even before they start, they give up trying to investigate what the groups do and whether they can be of any help to them. I hear that often. It is interesting to hear you say that you are a signposting organisation, because the one point that I have continually made throughout the consultation on victims and survivors is that we need a one-stop shop for victims for everything, not only for trauma advice or other such single issues. Can you see where I am coming from on that point? You should do so from your work with victims and survivors. How would you address that? Do you believe that you are that one-stop shop? If you are, that is great. If you are not, can you explain to me how a one-stop shop could be achieved?

Mr Barr:

I have worked across a number of different projects, including one with the South East Fermanagh Foundation, in which we tried to develop a one-stop shop. We have to recognise that people will work with certain people. That is not unique to the rural or urban communities. Organisations will align themselves with particular organisations. For instance, organisations for people who have been in the security forces will flag up security, in particular. Other organisations will work with whomever is close to them, and that is fine. That is one thing that

we have learned over the years. It is something about working as a single identity but trying to forge relationships and to do the other type of work that will allow people to share in shared learning environments with other people who were also victims.

I have one classic example. My organisation headed up a project under Peace II, and we had 24 ex-UDR men. We worked along with Relatives for Justice in Tyrone, the United Services Club in Derry/Londonderry, the Regimental Association of the UDR in Coleraine and the Omagh bomb victims. We put them on a 10-week history course. Some of them had never studied Irish history before that, though they are not unique in that respect. One weekend, we took them to Kilmainham jail and to Collins Barracks. We went to Glasnevin Cemetery, where they even laid a wreath at the cenotaph, and we finished up at the Boyne. We also took them away to Poland, where some of the rebels of the 1798 rebellion had been sold off to the Polish Tsar. The culmination of that project is that not only are they working with groups that they would not normally have worked with but they are travelling back and forth to places such as Dublin. They openly stated that, at one time, not only may they have been court-martialled for doing that but they would have felt under threat of being killed.

That is the type of work that we have sometimes done that had to be done under the radar. Some of those people are now working with groups of victims and survivors that they would not have gone into the same room with. Therefore, it is not just about signposting. It is also about work that cannot be done in the public domain.

Mr Elliott:

I am not questioning that work. It is good work, and it needs to be done. You are getting to the people who are willing to come forward and to make themselves available. The point that I am trying to make is that many people remain untapped because everything is a fuzz in their head. They hear of all the different groups and do not have a clue about where to go for their specific need. We really need a one-stop shop, which everyone can go to, to direct people where to go — I am sorry that I have gone on about that.

Ms Peake:

One of the benefits of the trauma advisory panels is that, because they work right across the board and there are four of them, they have a really good grasp of the service. They all developed a very comprehensive service directory that gives people that information. It can be very confusing

for a person to be hit with a list of groups and details about what they do, but the panels also allow for face-to-face work with the co-ordinator, who can meet the person and ascertain where they could best be referred. Relationships are a very big part of any cross-working. Statutory providers and voluntary providers are sitting around the same table, and the co-ordinators can, therefore, work to ensure that the most appropriate help is provided.

Ms Anderson:

Thank you for coming; it is good to see you all. I have three main points. You touched on the first one, which is about training. We received a presentation a number of weeks ago that detailed some examples of the activities and work that you are involved in. When I heard you speaking about the number of people who have been trained, for instance, in loss, I wondered about the money that has been spent on training counsellors across the board and whether a contract was signed so that those counsellors, once trained, would be delivering a service to victims and survivors. I am aware of concerns that money had been spent on training counsellors who then went off elsewhere or were lost to the private sector and, therefore, were of no benefit to victims or survivors. I would like you to touch on that.

My next point concerns the membership of each of the TAPs. I know that there are lists of people who are associated with each of the TAPs, but I am talking about active participation. Have you found that the members, particularly those from the main victims and survivors' organisations, are active in working with you?

I would also like to hear some details from you about the sanctuary model, because I know nothing about it, and it has not been mentioned yet. Apparently, that is for three years, but you have received funding for one year. Where is the funding for the other two years going to come from? I know that there are concerns about transposing such an American model on to the situation that we have here in the North and about the level of consultation that is taking place regarding that. Do you feel that that really is the best model to be taken forward, particularly given that you have received funding for one year?

Ms McAtamney:

With respect to your point about the training of counsellors, which Jeff touched on earlier, I agree that it is a difficulty. I work in a larger organisation that is responsible for training in different fields, such as social work and so on, and that organisation will also be faced with issues in

relation to providing training to workers who then decide to move somewhere else. That has not been avoided by the victims' sector, but it is not unique to the victims' sector. It happens in all areas of social work, psychology and community work. People receive training from or through an organisation, but no legal agreement is drawn up to say that a person who is trained by a particular organisation has to stay with that organisation. That has been an issue, but it is not particular to the victims and survivors' sector. It would be worth looking into.

Funding has been an added difficulty. People who work in the victims and survivors' sector as trained counsellors and psychologists do not have job security. Perhaps the issue of keeping people in post once they have been trained needs to be addressed from a funding point of view, so that people can have some job security.

Ms Anderson:
Is there not some kind of contractual agreement that, although they may go and work elsewhere, counsellors who you have trained for the purpose of assisting victims and survivors would at least contribute a number of hours a week? I am not saying that, legally, that would be the case in every contract that is entered into.

Mr Barr:
We have taken legal advice, and, as Fionnuala said, the situation is not easy. It is down to having a rapport with people. It is a gentleman's agreement if a person agrees to give you a certain number of voluntary hours should they move on. According to the legal advice that we have obtained, the only way that that can be changed is to hold people to a paid contract. People have the luxury of being able to move about. That is one of the dilemmas that not only our sector but other sectors have found themselves in.

There is a balance between training people up and investing in them, hoping that they will give you a return, and them getting to the stage at which they have invested time and money in their own training and supervision. There is individual supervision, external supervision, which is done in a group, and ongoing personal professional development. Having done that, they feel that it is time to begin earning and to get something back. It is by way of funding the new service so that people can be employed that we will get the return. There is no doubt that the situation has been a real bugbear.

It is a known fact that membership of the TAPs is in decline. There is a plethora of reasons for that. I mentioned earlier that people will not travel long distances because it means taking time out of busy schedules. We have had feedback from some of the groups that they do not have many staff and that one person is fulfilling two or three different roles. Furthermore, there is no doubt that victims' needs are changing. I also chair a Local Strategy Partnership (LSP), and we have noticed that some of the statutory partners have stepped back from that, for the same reasons as in the victims' sector, such as the fact that people are taking on three or four different roles. However, I go back to the strengths of the model. We do have the ear of representatives from various sectors, which helps when we are trying to signpost people and to support them.

Ms Sheerin:
Ms Anderson is right when she says that we have secured funding for the sanctuary model work for one year. We have been consulting on the sanctuary model, which was developed by Dr Sandra Bloom in America. Initially, it was used very effectively for residential care for young people and in psychiatric units. The essence of the model is about empowerment and allowing change in the culture of an organisation so that, instead of being passive recipients of care, people become active agents in the planning and development of that care.

For the past few years, the four co-ordinators have been working on how that model could be developed and brought into a community development framework. We now realise that the community is ready to have its own voices heard as to the services it needs. Indeed, the Commission for Victims and Survivors has the task of undertaking a comprehensive needs assessment.

The uniqueness of each of the trauma advisory panels is that the needs within each of those areas are very distinct and very disparate. In my area, for example, I do not have the plethora of groups that the other panels may have. On my trauma advisory panel sit representatives from statutory and voluntary organisations who are key professionals advising purely on trauma. The sanctuary model is transferable into a community development framework. In my trauma advisory panel, the community development profile is very active.

We realise that the communities are ready to make that shift. The sanctuary model, married within a community development framework and allowing people that sense of empowerment, is one that we have worked hard to have recognised. We have been given funding for one year, to

the tune of just over £40,000. We will not be offered money for year 2 and year 3. However, the co-ordinators and the regional trauma advisory panel group are setting up a project team to look at how, through investing money into the sanctuary model, we will have identified some champions for empowerment and community development within the victims and survivors' sector.

The point was made earlier about people being trained up and then taking their skills elsewhere. Our plan is that the people whom we select for training in the sanctuary model — there will be a formal selection process — will become champions for that. Those people will be well integrated into each of the sectors that our trauma advisory panels represent. In year 2 and year 3 of that particular model, we will need to keep the people trained in the sanctuary model on board as a part of a consultation process. The expertise and the skills mix of the people whom we identify for training in the sanctuary model will then have a life beyond it, and that will be a central tenet of the new victims' service.

Mr Spratt:
Thank you for the presentation. Your opening remarks were about the Victims' Commission and the fact that, at an early stage, it said that it was going to replace your organisation. However, your argument is that your organisation should be able to complement any new structures that are put in place. What discussions have you had with the victims' commissioners?

Funding will become more difficult over the next two or three years. How much funding has your organisation had overall in the last year? How many people does it employ as full-time staff as a result of that funding?

How many victims have you been able to assist over the years? I do not see anything in the information provided to the Committee that suggests the number of people involved.

It is important that you explain to us exactly what conversations you have had about how you can complement the new service as part and parcel of what will happen. As Tom pointed out, people are confused because there is a plethora of organisations. The big argument that I hear from the victims who have suffered is that the finance and support that they need is not getting to them. Perhaps the money is being used to fund organisations. The big complaint from victims is that they are not getting any help. We need to be aware of that from the point of view of the

money that the Executive are going to invest and have promised to invest in the whole victims' strategy. Perhaps you could clear up some of those points. Many groups will come here looking for funding, and I imagine that funding will be difficult. You have to realise that. However, I would like to hear what discussions you have had or what arguments you have put about how you can complement the new service whenever it is decided exactly what it might be.

Mr Barr:

You have raised a number of points. On the point about discussion with the commissioners, a transitional working group has been established. We had a meeting a few weeks ago, and the commissioners set out the working groups to look at the future. Prior to that, there was a meeting in Belfast Castle at which commissioner Brendan McAllister announced the recommendation to dissolve the TAPs. That was a full and frank meeting. There have been ongoing engagements but nothing major, in the sense that the commission felt that the TAPs could go, and there has been some discussion about the new service and the forum.

The new transitional working group has an overarching steering group. Those of us who are members of the TAPs will sit on the different steering groups. We are hopeful that, when the groups start to look at the future, we will reach a consensus about how we can complement the new service. It does not help that we do not yet know what the new service will look like and what it entails. That is a constant question that has been asked by many people, including victims, survivors and even some of the groups.

Therefore, there have been some discussions. Some of us took part in the development review group, which was the forerunner to the forum, and we are waiting to see the evaluation of that. We are led to believe that that will happen in June. That may give us a picture of what the future will entail.

Sheelagh will answer the question about the funding of the TAPs.

Ms Sheerin:

It is important to say that when the panels were set up in 1998, as a result of the Bloomfield report and the Social Services Inspectorate (SSI) report 'Living with the Trauma of the Troubles', they existed without any funding whatsoever. However, with the establishment of the victims unit and the new strategy 'Reshape, Rebuild, Achieve', funding was identified for a co-

ordinator's post and for an administrator to support that co-ordinator. The realisation was that 30 representatives, on average, sitting around a table were not going to be able to implement the strategy that the victims unit had developed and that a single person was needed to do that. That remains the case to this day. The only direct funding that the panels get is for the co-ordinator post and the administrative support for that.

In the past, we were able to avail ourselves of the strategy implementation fund. Each of the panels was identified as having particular needs, and we were given two-year or short-term funding for particular projects. In my area, one of the projects was the primary care link worker service. That goes back to the point about the one-stop shop. The first port of call for most people who require health services is their GP, so it was important for the primary care link worker service to put a therapist in that primary care environment. We also received funding to develop a book giving information on other resources. However, that was short-term funding, and it stopped.

To this day, the funding that we receive formally is for the post of co-ordinator and associated costs, namely administrative support and costs to those of us who have to rent an office. That is the limit of funding.

Mr Spratt:
How much is that funding overall?

Ms Sheerin:
I am not at liberty to be able to give you an exact amount of money collectively for all the panels because it differs for each panel. The co-ordinator's salary is certainly the same for each panel. However, some of us have part-time administration staff and some have full-time administration staff. Some of us have to rent an office and others are given an office.

The Chairperson:
It would be helpful if you could collectively give us an assessment or analysis of costs, funding and staffing levels.

Ms Sheerin:
OFMDFM'S victims unit would be able to provide the most accurate figures. We certainly could

not.

The Chairperson:

OK. We can have that researched. Thank you. Do members have any other questions?

Mrs Long:

I apologise for missing part of the presentation. I want to ask two questions. Based on the background information that we have received, it appears that the structure of each panel is not necessarily different but that their work is quite unique in each area. Is there any collaboration and cross-fertilisation of ideas between panels, or do they simply develop in their own board areas independently of one another? How is that co-ordinated? Is that a weakness or a strength in their operation?

Ms Sheerin:

When the panels were set up initially, we were not given any framework. Therefore, in the very early days, the panels developed independently of one another. Some panels were located in the mental health service and others were located as part of a joint arrangement. We then got the strategy and had a framework to work within, and we then worked collaboratively.

The uniqueness of each panel is one of the things that we do not want to lose. The panels have an operational and executive role. They reflect the individual needs in each area. Each of our areas is completely culturally different. Earlier, I explained that my panel in the Northern Board area does not have the same number of single-identity community-based groups. In my area, people who are victims and survivors of the conflict mostly belong to generic community groups. Therefore, on my panel, there is representation from some of the main regional victims' groups, such as WAVE, the Regimental Association of the UDR and Cruse. For the most part, members of the panel serve the community as a whole. The uniqueness of the other panels is that their representation reflects their own communities. If the panels are dissolved, that local representation will be lost. Some of the needs that were identified in my area were completely different to those perceived in each of the other areas.

Mrs Long:

During some of your previous answers, you seemed to indicate that there is a degree of confusion about the roles of the various organisations in the restructuring. Obviously, there is the

Commission for Victims and Survivors. A new victims' service is being proposed. There is OFMDFM's victims unit, the trauma advisory panels and other organisations. Is the restructuring making things simpler and easier for service users to understand, or is it making things more complicated? I realise that we are in a transition process, but we have been going at this issue for some time. We are getting feedback from the commissioners about some confusion and uncertainty. From your perspective of dealing directly with the provision of services, how has the restructuring been handled?

Ms Peake:

There is confusion and quite a lot of fear about the restructuring that occurred in the victims unit of OFMDFM. The victims unit was seen to have had quite a hands-on role in relation to TAPs and group contacts. We have been provided with some clarification from the new policy head, and we will see how that works. We have addressed and made known our fears in that regard.

The sector itself also has to be looked at because there are funding difficulties and uncertainty. The victims and survivors' service is only really taking off. It seems to be a very strong idea, but there are concerns about how it will be implemented and how it will operate. Some of the work of the Commission for Victims and Survivors is still at an early stage. That leads to uncertainty about where that is going. In addition, there are concerns about dealing with the past and what has happened with the Eames/Bradley group's report. In general, there is a lot of confusion and uncertainty. The one solid part has been the TAPs providing a mechanism for people in groups to address those issues, to seek clarity, to come together to discuss their concerns and to ask how they can be addressed and what can be done to help people.

One of the earlier points was about cross-working in TAPs. The TAPs have been working together on a regional configuration to look at what can be delivered regionally. Sheelagh is quite right when she says that each area brings different nuances because of how the Troubles impacted those areas and what the structures are like in those communities.

The Chairperson:

Thank you very much for your presentation and answers. We will consider those in detail, and we will have ongoing contact with you.