



Northern Ireland
Assembly

Committee for the Office of the First Minister
and deputy First Minister

OFFICIAL REPORT (Hansard)

Commission for Victims and Survivors

17 April 2013

NORTHERN IRELAND ASSEMBLY

Committee for the Office of the First Minister and deputy First Minister

Commission for Victims and Survivors

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Members present for all or part of the proceedings:

Mr Chris Lyttle (Deputy Chairperson)
Mr Leslie Cree
Mr Colum Eastwood
Ms Megan Fearon
Mr Alex Maskey
Ms Bronwyn McGahan
Mr Stephen Moutray

Witnesses:

Mr Neil Foster	Commission for Victims and Survivors
Mr Adrian McNamee	Commission for Victims and Survivors
Ms Kathryn Stone	Commission for Victims and Survivors

The Deputy Chairperson: I am delighted to welcome Kathryn Stone, Commissioner for Victims and Survivors; Adrian McNamee, head of policy; and Neil Foster, research officer. This is an extremely important issue to the Committee and to Northern Ireland. We look forward to hearing from you.

Ms Kathryn Stone (Commission for Victims and Survivors): First, thank you very much for the opportunity to come before you and comment on a number of areas of our work. I would like to preface my remarks by commenting on the context in which we are working. Much reflection has taken place, particularly over the past few weeks, on where Northern Ireland finds itself today, 15 years after the Belfast/Good Friday Agreement.

One of the recurring comments that has been prevalent in the media is the perceived failure to address the needs of victims over the past 15 years. Indeed, the late and much respected Sir George Quigley, in his evidence to the Committee for Finance and Personnel in November 2012 stated:

"It is absolutely scandalous that, at this stage, after the conclusion of the period of violence, we have still not addressed adequately the emotional or material needs of victims."

He went on to say:

"I think that that has got to be dealt with".

Therefore, I very much welcome this opportunity to tell you about the work of the commission and the forum in addressing the needs of victims and survivors since I took up post last September.

You requested that we brief you on our work to date. In particular, you requested information about the comprehensive needs assessment research, the work of the Victims and Survivors Forum and to outline the focus of the commission in future.

To begin, I would like to update you on the comprehensive needs assessment. The primary objective of the commission between 2010 and 2012 was the completion of the comprehensive needs assessment, which is sometimes referred to as CNA. This document forms a key component of the overarching victims and survivors strategy for 2009-2019. The commission planned a phased approach to the delivery of the CNA. That was completed in February 2012. The central aim of the CNA was to inform the Government of the services required to improve quality of life and create conditions in which victims and survivors can flourish in society.

The CNA process generated two reports. The first was an interim report that was published in September 2010, and the second was a final report that was completed in February 2012. The interim report comprised a review of key literature, providing commentary and analysis relating to the impact of conflict on those directly and indirectly affected. That report identified seven areas of need, and prioritised their importance, based on the research undertaken and the commission's knowledge and expertise. The seven areas of need identified were as follows: health and well-being; social support; individual financial needs; truth, justice and acknowledgement; welfare support; trans-generational issues and young people; and personal and professional development. The interim report was positively received and widely accepted by the victim and survivor community.

The final CNA report was presented to the Department in February 2012, and it sought to build on the first report in an attempt to estimate the potential demand for services and treatments from the new Victims and Survivors Service — another important element of the Government's strategy for victims and survivors. As outlined in a briefing paper that we supplied to you, the commissioning of primary research and specific quantitative analysis was key to providing the evidence base for the second phase of the CNA.

I will now talk about the impact of the comprehensive needs assessment work. As I said, the CNA is the culmination of two years' work by the commission, and we believe that it has had a significant impact in shaping the new Victims and Survivors Service and the funding environment for the victim and survivor sector for the next two years and beyond. Specifically, the CNA has informed the planning and delivery of services; provided an evidence base for the future funding of programmes; and, most importantly, estimated the number of victims and survivors who may present to the new Victims and Survivors Service and some of the needs that they will present with. We believe that the CNA has already contributed significantly in setting the strategic direction of service provision and future funding for victims and survivors over the next comprehensive spending review (CSR) period.

I move now to the next area on which you have asked us to comment, namely the Victims and Survivors Forum. Under the Victims and Survivors (Northern Ireland) Order 2006 and the strategy for victims and survivors, the commission is required:

"to make arrangements for a forum for consultation and discussion".

The strategy also states that the commission should agree with the forum the issues to be taken forward in relation to:

" the development of services ... dealing with the 'past'; and ... building for the future".

The commission has therefore structured the forum to deliver on those objectives as outlined by the Government's strategy. The forum has 26 members, 23 of whom meet the definition of being a victim or a survivor and are representative of the breadth of victim experience. The forum's three associate members bring unique knowledge, skills and experience to enrich its work. It is important that I record and reinforce the contribution made by forum members as volunteers who meet at least once a month to inform the work of the commission.

I will now describe the working groups. In order to deliver the forum's key outputs as described in the strategy, the commission has organised the forum into three working groups on dealing with the past, services, and building for the future. The forum's work underpins that of the commission, and the forum has become an important and valuable resource for the commission to discuss and identify live issues for victims and survivors. Its members also bring their lived experience to the commission, which we think is very important. Their views and experiences have proved invaluable to the

commission over the past six months. In our view, lived experience brings integrity and, together, the commission and the forum are building credibility. An example of that was when forum members, along with staff from the commission, met Lord Freud and Minister McCausland to highlight the impact of the planned welfare reform changes on victims and survivors, particularly those seriously injured as a consequence of the Troubles.

The full forum has also met and engaged with the Attorney General to highlight the impact of the decision to suspend historical cases in the Coroners' Court, and to discuss the role of article 2 of the European Convention on Human Rights for victims and survivors. The forum has also engaged with a range of academics and other practitioners on various issues to gather evidence and to substantiate their findings. Forum members have also assisted the commission in delivering presentations and recently presented some of their emerging findings on dealing with the past to the Transitional Justice Institute at the University of Ulster. The work programme for the forum will continue to form an integral part of the work of the commission, exploring the three key objectives of dealing with the past, development of the services, and building for the future.

I have now completed my first seven months in the post of Victims' Commissioner. You will appreciate that I did a lot of reading and research before I took up the post, and I read a piece by a former Victims' Commissioner, Sir Kenneth Bloomfield, who described the role as "a painful privilege". I had no idea what that meant then, but I most certainly do now. I understand exactly what that means.

Over the past seven months, my priority has been to meet as many victims and survivors as possible. It is hugely important to hear their stories at first hand, to listen to their difficulties and to identify issues that they want to see solved. I am carrying out an extensive programme of engagement with individuals, families, groups and organisations. In addition, my staff have organised four live-issue seminars since January this year, where the commission has engaged with the victim and survivor community on services, hate crime, historical investigations and the mental health consequences of the conflict. We have had very good attendance and very good feedback, and we are going to organise those events on a monthly basis.

In addition to the ongoing work of the forum, my current priorities focus on service delivery and the development of the Victims and Survivors Service as it rolls out services to victims. We are also keeping a watching brief on the impact of welfare reform on victims and survivors. As I said, members of the forum and I met Minister McCausland and Lord Freud on that matter. Our engagement with the Department for Social Development (DSD) has been entirely positive, subsequent to those meetings. The Department for Social Development has approached the commission to consider working with the forum to support it in ensuring that the transition from disability living allowance to personal independence payment is as straightforward as possible for those who were injured during the Troubles, and to ensure that those carrying out assessments for personal independence payment are informed about the context of the people whom they will potentially be dealing with.

We are also working in partnership with the WAVE Trauma Centre injured group in examining the situation of the severely injured. The recent research completed by Professor Marie Breen-Smyth entitled 'Injured in the Troubles' identified a number of practical recommendations to assist those who were severely injured. The commission is working with that group to make a proposal for a pension for those who were severely injured.

Since January this year, I have been developing a new three-year corporate plan, which is currently out for consultation. I am very much looking forward to receiving feedback on it, and raising the profile of victims and survivors over the next three years and beyond.

Looking ahead to the next 12 months, my focus will be on engaging with the forum, engaging with the wider victims community, commissioning research to provide me with an evidence base, and using all that information to provide the First Minister and deputy First Minister with advice on services, dealing with the past and building for the future — importantly, from a victim's perspective. I am looking forward to June of this year, when the First Minister and deputy First Minister will meet the forum to hear for themselves of the progress that we are making on these issues.

Finally, on behalf of the forum, I extend an invitation to this Committee to meet the forum so that your members can hear first hand from that group of people, who have been victims themselves, about their hard work and dedication, and what they can do, working with the commission, to improve the lives of victims and survivors.

The Deputy Chairperson: Thank you. I am sure that the Committee would be delighted to take you up on that invitation. It was extremely apt of Sir Kenneth Bloomfield to describe working with victims and survivors as "a painful privilege". That was my experience when I met the WAVE injured group about its research. It is extremely encouraging to hear that you have formed good working contact with that group in relation to its proposals on services and, in particular, the pension proposal, which you will maybe go into in a bit more detail about when answering our questions.

You said that you have been in the post for about seven months. What is your understanding of the scale of need of victims and survivors? What types of services are people requesting the Executive to provide? We have had a number of debates in the Assembly recently relating to mental health. The unknown quantity of people experiencing mental ill health as a result of Troubles-related illnesses has been a recurring issue.

Ms Stone: Absolutely. I will hand over to my colleague Adrian, who will be able to give you more information about numbers. Neil will then be able to give you more specific information about mental health.

Mr Adrian McNamee (Commission for Victims and Survivors): As part of the comprehensive needs assessment process, we spent two years examining need. First, we set out to identify the areas of need. As the commissioner outlined, we broke that down into seven areas and looked at each of those individually. Between the phase 1 and phase 2 reports on CNA, we carried out extensive consultation with the victim and survivor sector to ensure that we are getting it right, that the identified areas were reflective of need, and that we were capturing all areas of need. It was agreed that the seven areas of need encapsulated all of that.

In phase 2, we set about defining those areas of need, examining them in detail and putting together the evidence that would start to address those needs by shaping future funding programmes and the services that are required. That is what we set out to do in the comprehensive needs assessment. We feel that the comprehensive needs assessment has informed the planning and delivery of those services. It has acted as the blueprint for the Victims and Survivors Service to go forward and put in place services to address the various needs that will present. The service is using that document to put those services in place. We feel that the CNA provided a toolkit to develop and commission those services over the next few years. It also provided the evidence base for the funding of programmes, going forward.

We carried out research on numbers throughout the process. We worked with NISRA on an omnibus survey containing a series of questions in 2010. We also looked back over surveys that had been carried out over the past 10 years. Various surveys asked different questions, but a recurring theme was that approximately 30% of the population could come under the definition of victim and survivor. That is quite a large number of people: possibly 500,000. We asked questions about people who had been bereaved, and the responses consistently showed that that applied to about 10% of the population.

Interestingly, around 19% of those who responded to the survey were currently availing themselves of services, but 81% were not. We hear a lot about the unmet need and hidden victims. However, the survey indicated that approximately one in five people were availing themselves of services but that four out of five were not. That gave us an indication. Numbers from the memorial fund and groups that were previously funded by the Community Relations Council gave us a quantum of the people who, over the past 10 years, had come forward to access funding. That quantum was between 6,000 and 8,000 people. All of that established the basis or foundations for the CNA to go on and plan for services.

The Deputy Chairperson: Obviously, this relates to a significant number of people in our community. We know some of the reasons, but did you get any further indications as to why 81% are not availing themselves of services? What sort of feedback was there on that?

Ms Stone: My colleague Neil Foster could perhaps address the length of time that it takes for people to come forward in relation to chronic mental health distress or post-traumatic stress disorder (PTSD).

Mr Neil Foster (Commission for Victims and Survivors): As Adrian said, one of our fundamental aims in CNA was to identify the number of those in need. To help us with our work on the comprehensive needs analysis, we commissioned the University of Ulster to undertake a piece of research entitled 'Troubled Consequences', which was completed in October 2011. A number of key

findings emerged from that report, notably that, as a result of experience with a myriad of conflict-related incidents, 39% of the population — just over half a million people — had experienced a conflict-related incident, and almost 44% of those had developed a post-conflict disorder after their first experience of a conflict-related incident.

We were trying to identify not just the numbers but the prevalence of mental health disorders, and it emerged from the research that there were very high levels of post-traumatic stress in the population in Northern Ireland, particularly among those who had been affected by the conflict through that exposure to a myriad of conflict-related incidents. Conditions that are associated with PTSD include clinical depression and substance disorders. The University of Ulster report concluded that we have some of the highest levels of PTSD internationally — more than in several other western countries including the United States of America. On that basis, we wanted to try to identify what had worked in the existing provision, and we were aware that quite a number of groups in the victim and survivor community were delivering a range of counselling and other psychological therapy interventions.

We were aware of some research that showed that counselling could be effective and that, generally, it was helpful for mental health and well-being. However, through the CNA, when we completed our research, we found that there were no systematic monitoring and evaluation systems in place that would pinpoint the individual clinical outcomes that victims and survivors were receiving. In the absence of that, we drew very much on the guidance on treating specific mental health disorders. We referred to the 2005 guidance on PTSD from the National Institute for Health and Care Excellence (NICE), which very much led us to recommend routine access to trauma-focused cognitive behavioural therapy and eye movement desensitisation and reprocessing. Those two interventions have a very strong evidence base, and we were aware that there were a small number of providers of those services within the victim and survivor community. We concluded that it is absolutely imperative that there is a building up of capacity in the sector to deliver those types of interventions if we are to address the needs of the headline figure of 18,000 who have been exposed to conflict-related incidents. That was a key recommendation. We very much welcomed that the Victims and Survivors Service had picked up on that and sought to put a lot of resources into developing capacity in the sector.

The Deputy Chairperson: Are you confident that that work is going to lead to responses in provision that will help meet that complex need?

Mr N Foster: Yes.

The Deputy Chairperson: Thank you. I will bring in other members.

Mr Eastwood: You are very welcome to the meeting. I share some of your concerns. We are 15 years on from the Good Friday Agreement and I think that we have singularly failed those who suffered most in the Troubles. We need to address that.

The welfare reform issue is coming down the tracks at us, and some of us are very worried about it. There are proposals for ex-servicemen in the British Army who have been affected by conflict-related injuries — wherever they happened, whether in Afghanistan or Iraq — to be exempted from some of the changes. Do you have any opinion on how that could maybe be extended to civilian victims of the Troubles?

Ms Stone: I will address the first part of your question and then hand over to Adrian to pick up the second point. Some of the concerns that politicians and members of the victim and survivor community might have had about the needs of victims not being addressed appropriately are now starting to be addressed in a very comprehensive —

Mr Eastwood: That was not about you, by the way; it was more about us.

Ms Stone: No; absolutely. I just think that I need to balance that rather pessimistic view with a more optimistic approach, which is the new Victims and Survivors Service and the way that the Government have developed their strategy. That is not to say that more could not be done, but steps are being taken, and it is very important that we continue to review and remind ourselves how we can deliver the best services and the best practice to those in the greatest need. The idea of protecting those who have been most seriously affected is something that is very dear to the commission's heart and is something that we have been thinking very carefully about with our forum members. Adrian, do you want to pick up there?

Mr McNamee: On welfare reform, as Kathryn has said, we are working closely with DSD and are trying to get a consideration or a degree of empathy or understanding built in for victims and survivors who are going through the reassessment process. If possible, we will work on an exemption, so that those who have been seriously injured are not subject to a full re-examination and any potential for re-traumatisation is minimised. That is the type of thing we have been working on with DSD. As we have mentioned before, aligned to that, we are working with the WAVE injured group and are exploring the opportunities to do something about a pension for the injured.

The Deputy Chairperson: In our meetings and interactions with victims and survivors recently, some of the most acute concerns and, indeed, fears seem to be around welfare reform and reapplications and reassessments. What progress are you making with the Department for Social Development to get those exemptions? It is encouraging to hear that that work is happening, but can you be more specific?

Ms Stone: As I understand it, the transition from disability living allowance to the personal independence payment will not happen here for some time. It has been really heartening that colleagues from the Department for Social Development have been to see us, and they are absolutely committed to getting it right for victims and survivors, specifically those who have been seriously injured. They do not want them to experience a humiliating and difficult physical re-examination when it is absolutely clear what has happened to them. In most of the cases, there are medical records going back decades, so there is no need to subject those people to re-examination.

Their positive proposal is that members of our forum who fall into the category of "severely injured" work alongside the people who have been brought in to make the assessments for personal independence payments. That will mean that the assessors have a more sensitive and compassionate understanding of the needs of people here and of people who have been victims and have been seriously injured in the Troubles. That is a very positive step, and we will be working alongside the Department to ensure that that happens. The victims and survivors community is, as we might say in Derbyshire, not backwards at coming forwards, so they will soon tell us if what is being done is not right. That can only be a very good thing.

The Deputy Chairperson: It is good to hear that those lines of communication are being well established.

Ms Stone: Very much so.

Mr Moutray: You are very welcome. I concur with the remarks the Chair made about meeting the forum: I would very much welcome that opportunity.

Ms Stone: Thank you.

Mr Moutray: You said at the outset that the forum is an invaluable resource to the commission. However, according to the time span of the current forum, it will be gone this time next year. Do you see any merit in extending its lifetime? Would you welcome an extension? As you said, you are just getting into the flow of things having been here six or seven months. You are really just getting momentum going.

Ms Stone: We are discussing that with the forum. It would seem to me to be a retrograde step to ask the current forum members, who have just started to work together effectively and have just started to do some very important work, to start all over again. We are so privileged to have such a committed group of people who ordinarily might not be seen in the same part of the city centre together. Those individuals voluntarily sit down around a table at least once a month, and they have some very uncomfortable conversations. Some of those conversations can be quite frank and challenging, but the forum acts as a microcosm of society and is putting forward some proposals from a victims' perspective on how issues can be addressed. I take your point, and it is good to hear that you think that too. I am absolutely confident that our forum will stay in its present format. We are working with forum members to think about what happens next, how we go about recruiting forum members in the future, and how we ensure gender balance and city and rural balance and so forth. I do not want people to stop working positively where that is happening.

Ms McGahan: Thank you for your very detailed presentation. There are victims who have been bereaved but who do not tie in with any victims' groups. Have you given any consideration to how to do outreach or engagement with those people?

Ms Stone: Thank you for your question, Bronwyn. One of the most moving elements of this job has been the number of so-called hidden victims who make contact with and find their way to the commission and want to talk about their experiences. Clearly, the majority of those people are in need of services that can best be provided by the Victims and Survivors Service. The commission is not an operational delivery body as such. There are people who are clearly in need of services to support chronic mental health distress or financial need, but some of the most moving things that I have heard have been from people who do not want to access any services or any help and support; they just want someone to hear their story. I have been able to meet people and talk to them, and I have been able to make sure that their story has been heard and that they have been listened to and that someone understands the experiences that they have had. Clearly, where they do need help and support and because the service is now in existence, we are able to refer people to get the help that they need. The service is then able to refer them on to the most appropriate services, which may be community-based or may be professional mental health interventions. It has been a very important part of the work that I have been doing.

The Deputy Chairperson: Are you making progress in establishing contact with the Victims and Survivors Service? Are you content that it is providing a good service at this stage?

Ms Stone: We have a very positive working relationship with the Victims and Survivors Service. We meet monthly to talk about the progress of its work. Obviously, the commission has a statutory duty to keep services to victims and survivors under review. The Victims and Survivors Service is not the only service that we will be considering. As we take our work programme forward, there are other service providers that we will take into consideration.

The Victims and Survivors Service has provided a single point of contact — a centralised place — where people can go and be supported to have a greater understanding of their needs and be referred to the most appropriate services to meet their particular needs.

The Deputy Chairperson: You mentioned the seven areas that you work across. I note that it touches on truth, justice and acknowledgement. Are there outcomes and suggestions coming from the work that you are doing with victims and survivors on the issue of dealing with the past?

Ms Stone: It would be wrong for me to tell you — you are, clearly, experts in the politics of that issue. Every individual victim and survivor wants something different from dealing with the past. However, our victims and survivors forum has a complete cross-section of communities here, and we hope to be able to present the paper that the forum is finalising to the Department and to Ministers in the summer of this year. The particular importance of that piece of work and those recommendations is that it is driven by victims. It is informed by the lived experience of victims. If it is what a group of victims who have experience of bereavement, traumatic loss, amputation or sensory impairment as a consequence of a Troubles-related incident are saying, it is incumbent on us all to listen to that.

The Deputy Chairperson: Absolutely. The Committee would be extremely grateful to receive a copy of any of that work.

In your work with victims and survivors, have they felt properly included and consulted in the review of the cohesion, sharing and integration (CSI) strategy that is being undertaken by the Department?

Mr McNamee: As a commission, during the consultation a few years ago, we held a one-day consultation process for victims and survivors on that and submitted a response to that consultation at the time. We have not engaged with that recently, and I am not sure where that sits at the minute. However, when the document does emerge, we will once again have a look at it to see what it says about the role that victims and survivors can play in contributing to that strategy.

Mr N Foster: There are three working groups as part of the victims and survivors forum. I am involved with the building for the future working group. Over the next six months, we would envisage looking at what the CSI strategy has been and what will be coming down the line. That will be consulted upon with members of the group, who will have an informed discussion around that.

The Deputy Chairperson: We are almost two years on from the first consultation. Has there been any feedback from victims and survivors about whether they would like to have another opportunity to respond or for consultation on whatever comes out at the end of that process?

Mr McNamee: I am sure that we would welcome being engaged in the process.

Mr Cree: One of the big dangers, which Adrian mentioned, is that you can get so tied up in the process that you miss the out-turns and real results, which are what really matter. Neil said that PTSD was a big issue, and I know it to be a big issue. From my own research, however, it would appear that the services that are available are not adequate to deal with the demand. Is that your experience? If so, what can you do about it?

Mr N Foster: We wanted to try to reinforce the evidence base around this when we were looking at the CNA. That was one of the big headline figures, as I said. When we looked at the number of providers within the victims and survivors sector that delivered those NICE guidance interventions — the trauma-focussed interventions — we found that there were only a small number. We were also aware in some of the work that we undertook that there is a significant effort in the statutory sector to expand psychological therapy provision. However, there was an issue of capacity in terms of accessing that in a timely and effective way.

We are aware that there are certain constraints on capacity at the moment. That is why, in our recommendations, one of our number one priorities is to increase capacity in terms of counsellors and psychotherapists who can deliver those two types of intervention. What is also key is that we have a robust monitoring and evaluation system. Somebody who goes through 12 or 20 sessions of these interventions — in addition to, it has to be stressed, post-therapy support — must be properly monitored and evaluated. We need good clinically significant outcomes in response to those treatments so that, once and for all, we can begin to build a strong, clear understanding of what works in addressing what is a very debilitating condition in the form of complex PTSD.

In reference to what the Commissioner said earlier, our Troubles consequences study would suggest that in relation to anxiety disorders, of which post-traumatic stress is an acute form with the symptoms that go with that condition, many individuals have been carrying the symptoms for many years. That is one indication of the fact that there has been a failure in accessing effective treatment.

Hopefully, we are now in a strong position because we have a good evidence base in terms of numbers; the prevalence of PTSD among everyone who was involved in the conflict; and a good indication of what can work if proper interventions are available in a timely and effective way and the proper referral pathways are in place. I think that now, with having the service focussing on that, we can get to that position.

Mr Cree: Do you think that they will come from the health and welfare services here? If so, what is the role of the armed forces charities, which are also doing a lot in that area? Which should it be?

Mr N Foster: Ultimately, one of the medium- to longer-term goals of the victims and survivors strategy is to ensure that the needs of victims and survivors, including their health and well-being needs, are met within statutory services across the health and social care system here. So, obviously, there is a concern that the capacity will need to be sufficient to address those needs, whether it is in the statutory sector or in the victims and survivors community. Our focus at the moment is to get that capacity enhanced in the victims and survivors community to address the needs of those victims and survivors now in the short term. That is our absolute focus.

The Deputy Chairperson: Are adequate resources and budgets available for you to deliver that?

Mr McNamee: It is difficult for us to comment on that. The resources were set so that, over the CSR period, £12 million would be available per annum. That is currently distributed through the Victims and Survivors Service, either by addressing individual financial need or the funding going to groups. That is where the resources are directed currently, but the service, in conjunction with us, is making sure that resources are directed towards addressing the issue that Leslie raised.

The Deputy Chairperson: We are extremely grateful for the work that you are doing to monitor those services and to represent the response of victims and survivors. I think that the Committee will agree that it would be invaluable to meet the forum to hear from victims and survivors personally about all

these issues. We want to make sure that we step up to the plate of meeting Sir George Quigley's challenge about meeting all of the emotional and material needs of victims and survivors. Thank you very much for being with us today, and we look forward to maintaining ongoing contact with you.

Ms Stone: Thank you very much.