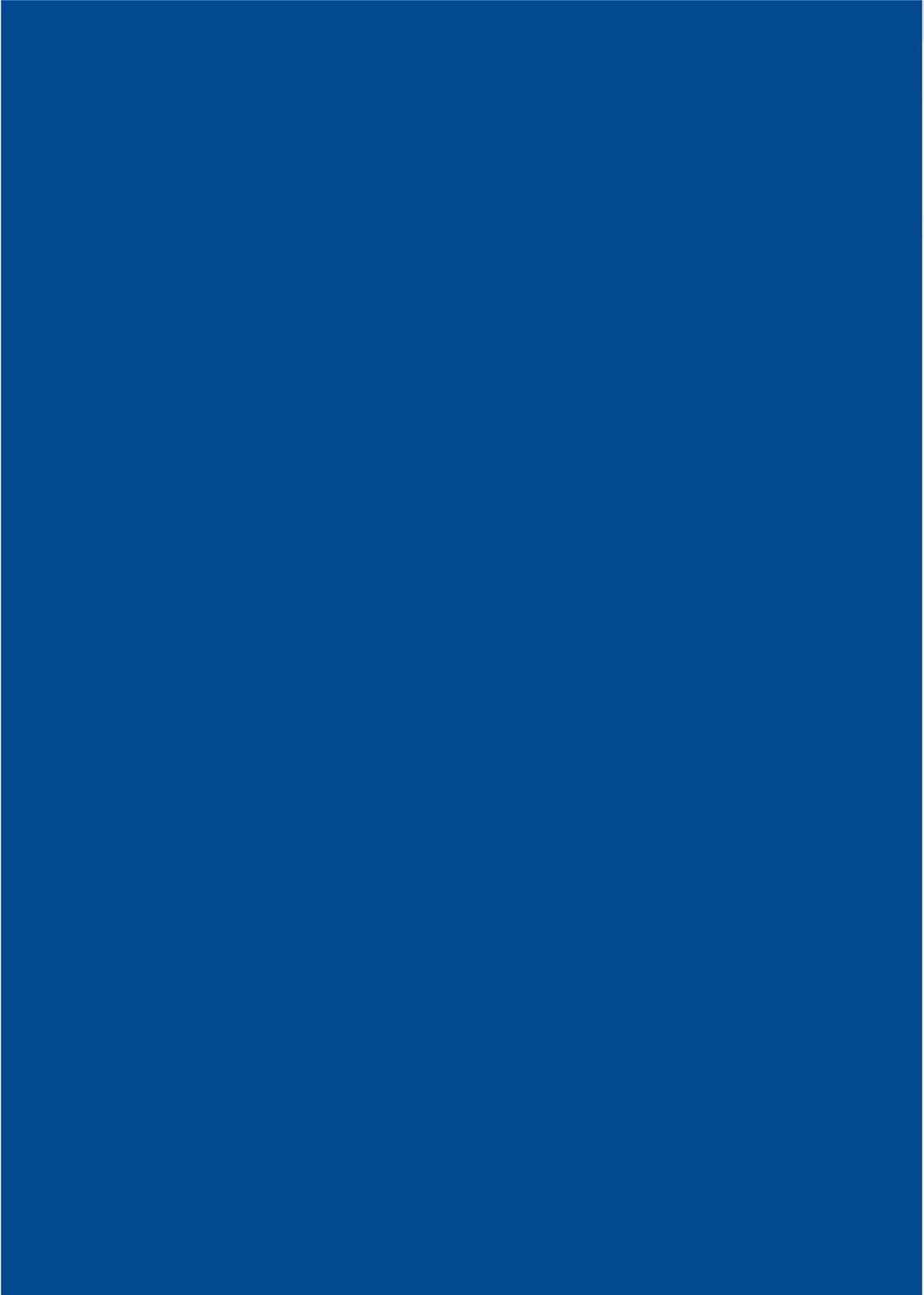


Evaluation of services to victims
and survivors of the troubles

Summary Report **October 2001**

**Deloitte
& Touche**



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I. INTRODUCTION

The Northern Ireland Executive's Programme for Government (February 2001) contained an action to, "by April 2002, assess what improvements to services for victims have taken place and what further steps need to be taken." Consequently, in April 2001, the Victims Unit of the Office of the First Minister and Deputy First Minister (OFMDFM) appointed Deloitte & Touche to undertake a baseline assessment of services to victims of the Troubles. The overall aim was 'to provide a baseline measure of the views of victims on the range and quality of services provided for them.'

The terms of reference indicated that the study should include not only the views of victims affiliated to groups but of victims who 'may not have an affiliation with any specific victims groups'. Deloitte and Touche were also asked to assess 'how Government has addressed the provision of services for victims' and to determine 'the current level of satisfaction with the Government's response to the needs of victims'. The final element of the research involved making recommendations on the future provision of services including the roles of the statutory and voluntary sector and the priority areas for Government intervention and funding.

The following sections detail the approach adopted by Deloitte & Touche in order to meet the study's requirements, and the results and recommendations emanating from the study. The conclusions and recommendations made by Deloitte & Touche are based on the findings of the methodology adopted and they reflect the views of participants in the process. The recommendations made were independently arrived at by Deloitte & Touche.

Finally, Deloitte and Touche would like to thank all participants involved in this study. We greatly appreciate the time and effort taken.

2. RESEARCH APPROACH

2.1 Methodology

In order to fulfil the study's terms of reference a five-stage process was adopted. Each of these stages is identified below:

Stage 1 - Assessment of Service Provision

This stage aimed to obtain information from a number of service providers and service enablers (i.e. not groups) across Northern Ireland. A list of these organisations was provided to Deloitte & Touche by OFMDFM and a pro-forma was forwarded to each organisation for completion. Each organisation was asked to identify:

- current service provision to victims of the troubles (within their geographical area of remit) at a regional level;
- areas of service provision that have improved in the last two years; and
- key gaps in service provision.

Stage 2 - Assessment of Group Affiliated Victims Perceptions of Service Provision

We assessed the views of group affiliated victims by holding focus group meetings at neutral venues within five towns/cities located throughout Northern Ireland. Six focus group meetings were carried out in the following towns/cities:

- Belfast (two focus groups);
- Londonderry / Derry;
- Newry;
- Omagh; and
- Enniskillen.

The focus groups aimed to address the following issues:

- the services availed of by groups and their users;
- awareness of the providers of services to groups and their users;
- the levels of satisfaction/dissatisfaction with current service provision;
- key determinants of satisfaction and dissatisfaction;
- recent improvements (if any) in the level and nature of service provision to victims of the troubles;
- perceptions of how Government has addressed the provision of services for victims;
- current gaps in service provision; and
- areas for improvement in current service provision.

Stage 3 - Assessment of Health Professionals Perceptions of Service Provision

We undertook a focus group with health professionals representing each of the four Health Board areas. The session aimed to identify improvements, if any, to service provision within the health field for victims and to identify gaps and deficiencies with service provision.

Stage 4 - Assessment of Non-Group Affiliated Victims Perceptions of Service Provision

As Deloitte & Touche were aware of a range of potential sensitivities and difficulties associated with accessing the views of non-group affiliated victims, the approach adopted for this element of the study aimed to provide a pilot assessment of their views/perceptions.

Identifying the views/perceptions of non-group affiliated victims involved:

- issuing a press notice in the main regional newspapers requesting written submissions (or e-mailed) responses to identified research issues;
- utilising members of the victims' support network to identify individuals who were willing to meet the Deloitte & Touche study team, either on a one-to-one basis or in a focus group setting;
- carrying out two single identity (pilot) focus group meetings in Armagh with non-group affiliated victims; and
- carrying out one-to-one meetings with three non-group affiliated victims.

Stage 5 - Telephone Survey

The outputs from Stage 2 provided qualitative information on issues relating to the range and quality of current service provision to victims of the Troubles and on current gaps in service provision. This information was used to construct a questionnaire that aimed to:

- obtain responses from all identified victims groups, some of which had been unable to attend focus group sessions;
- further explore issues impacting on satisfaction/dissatisfaction for key areas of service delivery, to facilitate assessment of the feasibility of developing a "satisfaction scale" and;
- provide a method of assessment which could be used for follow up studies.

Each group was forwarded a copy of the questionnaire prior to a telephone survey in order to allow them to prepare their responses. Telephone contact was attempted with all of the identified groups. This resulted in data collected from 29 out of a population of 43 specialist community based support groups across Northern Ireland.

3. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This section summarises the key findings and provides a series of recommendations relating to the future provision of services.

3.1 Summary Findings

Our summary findings draw out the key themes identified at each stage of the research process. Our approach to this study, as set out in the project methodology, has been focused on providing a 'bottom up' assessment of the views of victims and victims groups. This 'bottom up' perspective allowed individual victims and victims groups from across the political spectrum to define their understanding of 'service provision'.

The central finding of our research, based on focus group material and telephone interviews, is that individual victims and victims groups do not distinguish between devolved and non-devolved Government service provision. Groups were generally unaware of 'the range of Government services' and 'quality of provision' was therefore not an issue. The decision by the Northern Ireland Office (NIO) to filter funding to the grass roots organisations, whilst clearly creating difficulties in respect of defining service provision generally, facilitated the victims sector in providing a range of services. A range of service providers were identified as having assisted individual victims, namely:

- Victims Liaison Unit (Non- Devolved);
- Victims Unit (Devolved);
- Other Public Authorities including Government Departments and NDPBs;
- Northern Ireland Memorial Fund;
- Voluntary Sector Providers;
- Partnership Based Organisations;
- Community Based Support Groups.

Service Providers and Health Professionals

Service providers and health professionals represent an important constituency within the victims' network. Discussions with both groupings highlighted the following benefits of funding to the victims sector:

- the increase in public funds over the past two/three years has increased awareness of victims related issues and resulted in an increased range of services to victims which are accessible at a local level; and
- the establishment of the Victims Liaison Unit (VLU), the Victims Unit and the Northern Ireland Memorial Fund has provided further funding opportunities which have sought to address issues relevant to victims.

Discussions also identified a number of issues:

- there was a concern that funding structures created unnecessary competition between the statutory and voluntary sector;
- health service provision to victims is determined by geographical location and there is an absence of a centralised strategy for victims;
- operation and functioning of the Trauma Advisory Panels is hugely variable;
- Health Trusts have had to assume greater responsibility for services to victims without any increase in funding;
- there was a need for training and mentoring for group workers, as well as standardised and accredited counselling and specialist training within the health service; and
- there was a perceived need for a public health campaign to make people aware of the effects of trauma and de-stigmatisation of the concept of being a 'victim of the troubles'.

Focus Group Findings with Victims Groups

The focus groups undertaken as part of this research indicated that there is still a degree of frustration towards Government within the sector. The findings also provided valuable insights into the varying interpretations of 'service provision':

- groups tend to define services in the context of the voluntary and community sector rather than in terms of Government or statutory providers;
- the respective roles of the voluntary and statutory sectors needed clarification;
- there is no such thing as a 'typical victim' and this is reflected in group activity which attempts to cater for a broad spectrum of needs;
- groups expressed a reluctance to avail of services defined as 'Government ' or 'statutory';
- there was a degree of hostility towards 'Government ' and some argued that the expectations following Bloomfield had not been met;
- some groups believed that they were being used as part of a wider political agenda and that a group's political disposition impacted on how a group was funded;
- concerns were raised that a "victims industry" was evolving as an end in itself rather than a means to an end; and
- there was a perception that a 'golden circle of safe groups' existed (ie, certain groups were financially favoured by Government and funding bodies).

Non-group Affiliated Victims

Non-group affiliated victims represent the largest sector of victims within Northern Ireland and ‘accessing’ such victims presented the research team with a number of considerable challenges, including raising the possibility of re-traumatising victims as a consequence of undertaking the research work. Nevertheless, the response to the public advertisement provided the research team with important insights into individual views on service provision.

- some individual victims did not want to join groups because they believed groups had political agendas;
- individuals had ‘survived’ without groups and for many, grief was a private affair not for public consumption;
- individual victims were unaware of the range of services available to them, other than through contact with a GP or through the Northern Ireland Memorial Fund (NIMF);
- the NIMF was generally welcomed although concerns were raised with respect to administrative procedures;
- strong views were expressed that Government funding was becoming too centred on groups to the detriment of individuals; and
- the very visible responses to particular tragedies within Northern Ireland tended to reinforce feelings of neglect amongst individuals.

Telephone Survey - Baseline of Victims Groups

The victims groups interviewed as part of this process represented the full spectrum of political opinion within Northern Ireland. Similarly, there was an even spread of groups in terms of both geography and rural/urban mix. Groups were, naturally, positioned at different stages of development and the capacity of groups (in terms of infrastructural support, financial sustainability, leadership development and access to information) was hugely variable.

In order to enable the Victims Unit to assess need and identify priorities, we defined groups at three different levels. There is no hierarchy to each level and no value judgement was made in respect of the location of a particular group. The definition in no way attempts to evaluate groups or to set groups against each other, rather the purpose is to provide the Victims Unit with an overview of the different issues, needs, gaps, views of Government and suggestions for improving service provision for each type.

The characteristics and stage of development for each type is detailed in Table 3.1 and a summary of the issues and suggested improvements can be found in Table 3.2 (Pages 14 & 15).

Table 3.1
Definition of Groups

| Group Type | Stage of Development | Characteristics |
|-------------------|---|--|
| Type 1 | Emerging capacity stage | <ul style="list-style-type: none"> • Mostly formed after Bloomfield; • Tend to be located in rural or border areas; • A high proportion of members are volunteers who tend to cut across generation gaps; • Greater signs of 'frustration' with Government; • Define victims issue within the context of wider political developments, particularly prisoner releases. |
| Type 2 | 'Umbrella' groups - support smaller emerging groups | <ul style="list-style-type: none"> • Established prior to Bloomfield and with the support from Peace I monies; • Wider regional focus (county or beyond); • Seek and provide a broad spectrum of training; • Viewed victims work within a development cycle of needs; • Greater awareness of Government services but tend to view such provision within the context of an advocacy role and as such, felt that the statutory sector (for example, Social Security Agency (SSA) or Northern Ireland Housing Executive (NIHE) is not as sensitive as it could be; • Familiar with certain networks but feel their input to practice and policy was unsatisfactory; • Seek more recognition for their work from Government and key voluntary sector players; • Feel that more innovative mechanisms were required by Government by way of engaging the sector (see Table 3.2). |
| Type 3 | 'Parallel Providers' (i.e. parallel to statutory service providers) | <ul style="list-style-type: none"> • Demand led and less concerned with the political/community affiliation of victims (i.e. not single identity focused); • Capacity to offer a full range of direct, indirect and quality assurance services; • Argue there is an absence of victim specific services particularly counselling and trauma counselling; • Argue they represent an essential provision by way of counselling and that their work was not given sufficient prominence in the health field; • Although they have extensive networks within the sector, they argue there was an absence of 'real input' into policy; • In receipt of regular referrals but feel the process could be widened; • Argue that they require additional funding for more specialist training of staff; • Felt training on dealing with victims was needed within the statutory sector. |

At a general level, groups raised a number of key issues with respect to service provision and they also identified a series of service needs:

- **Rationale for Victims Groups**

Groups argued that their establishment was based on the absence of services for victims of the conflict. The rationale for the existence of such groups was based on the view that, being victims themselves, they understood the needs of the victim community and represented, at all levels, the most effective delivery mechanism for providing services to victims;

- **Defining Services**

Victims groups tended to define services as those provided by the voluntary sector, partnership organisations and community based support groups. Government services were those provided by the Victims Liaison Unit and to a lesser extent, the Victims Unit and a number of departments and their agencies, notably the Health Trusts, the Social Security Agency and the Northern Ireland Housing Executive;

- **Prioritisation and Classification of Victims Work**

The prioritisation of victims work is difficult due to the complexities of working with victims who have multiple needs. In addition, victims work, whilst being located and supported within the community setting, is distinct from community development processes. The timeframes for measuring the value of work with victims are distinctly long term and they cannot be easily associated with quantification. There was a need to develop systems that would provide both funders and groups with information on the effectiveness of service delivery to victims.

- **Funding and Sustainability**

Groups believed that victims issues could best be addressed through the operation of localised delivery mechanisms and there was general acceptance of the key funding routes (Northern Ireland Voluntary Trust, Community Relations Council and District Partnerships). There was also recognition that the funding of groups was singularly the most positive aspect of Government support in recent years. The issue, however, of group sustainability and the 'professionalisation' of the sector were raised as key concerns;

- **Perception of Victims Unit**

As with findings from the focus groups, there was a degree of confusion between the respective roles of the Victims Unit and the Victims Liaison Unit. Groups were generally supportive of the work undertaken by the VLU and judgement was reserved on the Victims Unit on the basis that 'it was too early to make comments'. Groups were positive about the ongoing engagement between the Victims Unit and victims groups;

- **Under-represented Constituencies**

There was universal agreement on the need to address issues associated with young people and the 'ripple' effects of being a victim (ie the inter-generational nature of victims). Most groups indicated that the majority of service users were women and whilst groups targeted activity towards men, males and young people were under-represented.

3.2 Key Recommendations

3.2.1 Defining Service Provision

All stages of the research process have highlighted the ambiguities of defining service provision within the victims sector. The absence of a definition and categorisation of provision causes confusion and underplays the role played by various stakeholders, including Government departments and agencies, within the victims sector.

The Victims Unit of OFMDFM should develop a service delivery model based on the service provider categories outlined at 3.1 on page 5. This model, with full explanations of roles and responsibilities, should be circulated to all victims groups. Groups should be given details of all services provided by Government for victims. The delivery model should differentiate services and clarify the respective roles of the statutory, voluntary and community sectors in victims' work.

A summary of issues and suggested improvements is provided at Table 3.2 (Pages 14 & 15). We would recommend that the Victims' Unit considers issues raised and assesses the feasibility of improving service provision as identified.

3.2.2 Co-ordinating Service Provision

Policy and Departmental Co-ordination

Victims are confused about the need for two units (the Victims Unit and the Victims Liaison Unit) dealing separately with their needs. Whilst both have evolved to serve two distinct administrative structures (devolved and reserved/excepted matters), this has little relevance to those who seek a coherent service provision.

Although most of the Victims' Unit budget in 2000-2001 went to the Memorial Fund and the bulk of resources is currently managed by the NIO, it would be

preferable for the devolved administration to take the leading role in this policy area.

Service Delivery Co-ordination

Most victims groups felt that service delivery should not go beyond health and social service areas and there was a need to localise service provision. The establishment of the Trauma Advisory Panels, as mechanisms for the co-ordination of local services, was welcomed although the knowledge base of the work of panels was not consistent and concerns were raised with respect to the representativeness of panels. Active outreach measures should be undertaken by panels to ensure that they are fully inclusive of groups 'on the ground' and that they link and support, where appropriate, project staff funded through District Partnerships.

District Partnerships

The funding of Victims Development Officers in 5 out of the 26 local authorities has contributed significantly to the development of localised alliance building and networking. There is potential for duplication of effort between the Trauma Advisory Panels and District Council Support Officers, however, to date this has not been the case. Clear lines of demarcation should be made between the 'enabling' and 'co-ordinating' functions of the Trauma Advisory Panels and the delivery and building of capacity and local networking functions of district partnerships.

Voluntary and Community Based Responses

Within the voluntary and community sector a large number of victims' groups have evolved in an ad hoc way. Whilst a number of these groups are undoubtedly performing a valuable function in providing local, accessible and demand-led services to victims, they are doing so from a weak organisational base. As a consequence, service provision is highly variable. The objectives of many of these groups to 'be all things to all victims' cannot be fulfilled in practice and their role needs to be rethought in consultation with the sector. The public, voluntary and community sectors should perform complementary roles rather than the overlapping and competitive situation that currently prevails, through, for example, effective networking, development of agreed area based service delivery strategies etc.

3.2.3 Priority Areas for Government Intervention

Information Deficit

There is a serious absence of information about the roles and responsibilities of Government agencies in terms of service provision to victims. The production of a model of service delivery with associated functions would represent an important step in addressing the knowledge gap amongst victims' groups.

Individual Victims

The individual victims who are not interested or willing to join groups feel disadvantaged by funding schemes that target organised groups. Qualitative feedback from those who participated in the research suggests that there is a large number of such individuals defined as 'the lost generation of victims'. Financial assistance such as the Memorial Fund's Small Grant Scheme which targets individuals appears to be the best way to help this category of victim. It is the view of victims that there is a need to increase the size of grants both to the individual and the global grant allocation to support this assistance. Alongside this, the process of application should be simplified and the need to re-apply reviewed. The stigma of applying for 'charity' must be removed and the trustees of the Fund(s) widened to include more victims rather than 'the great and the good'.

3.2.4 Compensation and Recognition

Although outside this review, the issues of compensation and recognition remain of paramount importance for victims.

3.2.5 Baseline Service Provision

The findings of this study indicate that there is unease within the victims' sector in relation to service provision and more generally, on a range of issues which are 'outwith' the control of the devolved administration. Although the research team encountered initial hostility, the focus group meetings proved to be a most effective method of eliciting valid research information.

The follow up interviews and the high response rate to the telephone survey reflect a willingness on the part of groups to engage with the Victims' Unit on shaping and influencing the future direction of policy on victims' issues. The danger, as expressed by groups, is that their views may 'fall on deaf ears'.

Deloitte and Touche would, therefore, recommend that the Victims' Unit should consider instituting (as a means of keeping itself up to date and in demonstration of good faith to victims' groups), regular focus groups meetings with victims organisations.

These meetings would provide groups with an opportunity to provide regular feedback to the Victims' Unit and would also assist in evaluating, over a period of time, the devolved administration's contribution to victims' work. Selection of focus groups would be determined on a rolling basis (i.e., we are not suggesting that all groups should be involved in all focus groups) and issues for discussion would be set by the Victims' Unit. Findings of each focus group would be fed back to groups and the Victims' Unit would be expected to produce an annual summary of how the findings have been used.

Deloitte and Touche would also recommend that the Victims' Unit undertake a full-scale survey of groups, using the findings of this baseline assessment, on either an 18 month or 2 year basis.

**Table 3.2
Summary of Issues and Suggested Improvements**

| Community Based Support Groups | Issues | Suggested Improvements |
|--------------------------------|--|--|
| Type 1 | <ul style="list-style-type: none"> • Recognition; • isolation in rural communities; • anger at funding for other groups; • lack of support. | <ul style="list-style-type: none"> • centralised emergency access fund; • transportation costs in rural areas to attend social events, meetings and other available services; • recognition of the value of social activities; • no need to re-apply for NIMF funding every year; • simplified application forms; • practical help with form filling, management etc; • reduce burden of monitoring and evaluation through visits by funders instead of paperwork; • full register of services provided to groups; • recruit befrienders preferably from within groups; • awareness of trauma advisory panels; • invite groups to participate on local and regional networks. |
| Type 2 | <ul style="list-style-type: none"> • justice; • equality; • truth; • defining victims; • human rights; • recognition; | <ul style="list-style-type: none"> • regular informal forums or meetings with Government ; • establish referral mechanism for emergency cases to health professionals including report back facility; • forums to provide victims groups with an input into policy making; • “chill out” time for workers. |
| Type 3 | <ul style="list-style-type: none"> • funding. • recognition of the value of the voluntary and community sector in offering parallel services to the statutory sector; • gaps in provision around mental health; • gaps in treatment of post traumatic stress disorder. | <ul style="list-style-type: none"> • improved policy networks with Government and statutory agencies; • more representation of “victims” into policy making; • improved communication between statutory agencies; • train statutory services in how to deal with victims; • fund training in specialist areas e.g. trauma counselling; • referral policy recognising the work of, and providing additional funding for, victims groups who provide a counselling service. |

**Table 3.2
(continued)**

| Individual Victims | Issues | Suggested Improvements |
|--------------------|---|---|
| | <p>Groups do not meet individual victims needs for a number of reasons:</p> <ul style="list-style-type: none"> • do not align with the victims community background; • individuals have already dealt with their trauma privately; • some groups have been exploited for political purposes and individuals do not want to be part of that; • increased membership equates to increased funding - some individuals saw this as an unhealthy trend; • feel excluded by funders; • feel pressurised into joining groups; • lack of information for individuals; • feel abandoned as there were no services when they really needed them; • pride; • stigma; • fear; • takes time to build up trust. | <ul style="list-style-type: none"> • funding for transport (particularly in rural areas) to access services; • resources for outreach workers; • recognition by Government that each individual is important and fund accordingly; • advertising of services. |

Notes



The logo for Deloitte & Touche, featuring the company name in a bold, white, sans-serif font. The text is arranged in two lines: "Deloitte" on the top line and "& Touche" on the bottom line. The logo is positioned in the bottom-left corner of a dark blue rectangular area.

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