



**Report on the Roundtable Event  
held at the Stormont Hotel on  
17<sup>th</sup> December 2013**

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## **BACKGROUND**

## Background

1. The Commission for Victims and Survivors held a Roundtable event on 17<sup>th</sup> December 2013. This event aimed to capture the views of the sector in relation to the service provided by the Victims and Survivors Service (VSS). The event was chaired by the Commissioner with opening addresses made by the Victims and Survivors Forum, Victims and Survivors Service and OFMDFM.
2. The Commission in its letter to the First and deputy First Minister in September 2013 offered to host a round table to enable groups and organisations working with victims and survivors the opportunity to contribute their knowledge, skills and experience to improving the VSS, for people to have their say and to know that they have been listened to with their comments taken seriously.
3. The Commission informed delegates that the event was about sharing views in a positive way and that it was about constructive challenge for all. The following values were promoted by the Commission on the day – to be compassionate, to be kind and to be victim centred. Delegates were asked to communicate well with one another, to promote dignity and respect and trust. It was noted that the VSS welcomes feedback from delegates in order to help them in the future to better support services to victims and survivors.
4. The Commission informed attendees that the Office of the First and Deputy First Minister (OFMDFM) had asked the Commission to undertake an independent expert assessment of the VSS. It was shared that the second and third element of this review would be undertaken by Anne Warren and David Kenyon who were present at this event.
5. It was reported that the notes of the event would be written up and provided on the Commission's website after the Christmas break.
6. Ninety two participants from the sector attended the event and all engaged in providing feedback on a number of issues. The issues identified by the Commission were:
  - Individual Needs Review;
  - Communication;
  - Monitoring and Evaluation;
  - Group Funding Programmes;
  - Individual Funding Programmes; and
  - Handling of Complaints.

7. The Commission received thirty one written responses on the day as well as feedback reported from each table.
8. Fifty six evaluation feedback responses were received by the Commission.
9. The report below details the main feedback identified from the written responses and has been directly lifted from written responses.



**SUMMARY OF FEEDBACK  
FROM DISCUSSION**

## Summary of Feedback from Discussion

### 10. The Individual Needs Review

#### 10.1 The current strengths identified included:

- Delegates acknowledged that there has to be some mechanism to identify need and assessment was a useful means of doing so. Some reported that having resources and the Individual Needs Review available for victims and survivors was 'good'.
- Further strengths noted included carers support, the information from the Memorial Fund and the positive impact of the Commissioner.

#### 10.2 The current weaknesses identified:

- The sense that there is an 'insistence from the VSS for people to go to the VSS for an INR' was noted;
- Delegates reported that they did not think there were sufficient 'resources to deal with the complexity of psychological needs' and that there was 'no clear understanding of needs';
- A reminder that the Service is 'dealing with elderly people and the process is off-putting as 'people are slipping through the net'' was recorded;
- It was noted that the current INR process 'is medicalising pain and trauma' with delegates expressing the opinion that the 'medical model is inadequate for trauma – lack of person-centred approach';
- Concern was expressed for the lack of support and help for those newly created victims – those whose loved ones were recently murdered, shot or under threat.

#### 10.3 The suggestions for change or development included:

- Delegates reported that a more person-centred and victim-centred approach is required from the Service with 'different and individualised treatment paths. 'VSS should be more sensitive, accessible and compassionate, and less corporate as they are dealing with human beings lives and not statistics'. Co-operation with other service providers was suggested as a way of enabling a more holistic approach.
- Discussion noted the requirement for the Service to respect existing experience and professionalism of groups;
- The need for improved communication to both victims and those who advocate for them;

- It was suggested that the Service could benefit in undertaking a benchmarking exercise – comparing work and best practice with the Victim Homicide Support Service.

## **11. Communication**

### **11.1 The current strengths identified included:**

- Delegates reported that fact that victims policy is OFMDFM-led and they have set the context as a strength;
- It was acknowledged that groups have experienced positive developments from the VSS client services team and the move to a Case Officer Structure was noteworthy;
- The provision of Quarterly Seminars was also recorded as valuable;

### **11.2 The current weaknesses identified included:**

- The strength of the victims policy being set by Government was also reported as a weakness in that ‘communication is policy driven and isolated from everyday lived experience’ and the sense that the ‘lack of communication ... is a symptom of cultural and structural issues’;
- Accessibility and getting in contact with the VSS via telephone communication was reported as problematic for groups and for individuals. Delegates also provided feedback about VSS’s written communication referring to literacy and language issues in correspondence. Whilst important to prevent attempts to defraud, it was reported that the ‘language on the forms is concerning – respite break awards, police, fraud, prosecution’;
- Notes referred to victims being uncertain ‘about the range and type of services available’ which centred on the belief that there was a ‘lack of communication to victims/survivors on the range and type of services available to them’.
- Delegates reported that whilst there had been some improvements ‘there were still inconsistent and inadequate responses to individual victims and survivors’. The need for ‘standardised training in responding to vulnerable service users’ was recommended;
- The sense of being ‘let down’ and a lack of confidence and trust was noted as well as ‘triggering and re traumatisation’ as a result of inappropriate communication;

### **11.3 The suggestions for change or development included:**

- Delegates reported that 'Training – Do No Harm' would be useful for VSS staff in responding to vulnerable and service users suffering from trauma' with 'ethical protocols as this applies to communication with people who have experienced potentially traumatising events';
- Delegates suggested 'increase staffing to answer phones, providing a freephone number and personally answered';
- With respect to written communication a 're-design of written communication and feedback forms – weighted towards a positive response' was suggested;
- Delegates reported that the 'VSS Client Services team have suggested a system of VSS funded positions – to act as case officers in relation to the Individual Needs Programme';
- 'Outreach officers in rural areas' was also suggested.

## **12. Monitoring and Evaluation**

### **12.1 The current strengths identified included:**

- Delegates noted that monitoring and evaluation 'Provides vital information, capturing data to help define future service requirements';
- Excel spreadsheets were difficult to understand; that whilst 'governance is good ..must be less cumbersome';
- It was reported that 'Form filling has now reduced considerably (referring to recent VSS direction);

### **12.2 The current weaknesses identified included:**

- Delegates reported that there had been a 'lack of consultation and engagement ... in the development of monitoring and evaluation tools';
- The 'introduction of such a time-consuming, heavy and cumbersome (monitoring and evaluation tool), placed a 'burden on organisations' where 'bureaucracy lessens the time for hands on delivery';
- Delegates referred to recent VSS direction stating that monitoring was 'Now simply a registration service, no evaluation element';
- Delegates reported a 'reluctance by individuals completing forms, including monitoring tools causing re-traumatisation';
- Delegates reported difficulties for voluntary groups 'whose main aim is social interaction and engagement - getting people to fill out a Monitoring and Evaluation form is not conducive to 'taking them out of

themselves” expressing a need for ‘different criteria for self-help groups’;

- Mention was also given to the ‘requirement of storing registration forms at home/office, creates potential for fraud’.

### **12.3 The suggestions for change or development included:**

- The VSS and Dept need to decide what they actually require from monitoring and evaluation;
- Delegates reported that the VSS should ‘have a dialogue with the sector around good practice and what is workable – respect the existing high standards of accreditation, casework and recording already operating within groups’;
- Suggestions to ‘lessen bureaucracy’ and ‘for flexibility’ and for the Service to be aware of the ‘increase in the number of individuals presenting as victims and survivors; the bureaucracy of the system can prevent individuals accessing the services’;

## **13. Group Funding Programmes**

### **13.1 The current strengths identified included:**

- Delegates gave note to the ‘commitment and continuity of medium term funding and support provided by OFMDFM under (Victims) Strategy, providing categories of service delivery to help victims and benefit some of these needs’;
- The ‘funding of a range of services and activities - holistic approach, in ‘different localities – urban and regional’ was seen as a strength;
- The ‘Pilot Practitioners Forum (VPM) in Belfast area’ was noted;
- Delegates felt that the Service had ‘responsive VSS Case Officers - genuine and professional staff’ and ‘need recognition that it’s a new service’;
- The ‘Operations Manual – an effort to provide guidance (however it was late coming out)’ was reported;

### **13.2 The current weaknesses identified included:**

- It was noted that the process of ‘Short-term and non-recurrent funding with late decision-making, creating a system where there is no scope

for innovation and forward planning due to these constraints' was weak;

- Delegates reported of their concerns regarding delays, cuts and gaps in funding;
- Reports of a lack of funding for training, research and development was noted with 'no scope for innovation and service delivery and future planning due to funding constraints';
- Delegates were concerned about 'The Befriending Service that has been funded is currently not fulfilling the professional standards required';
- Concerns were expressed about the difficulties faced by voluntary groups 'in meeting bureaucratic requirements with no small capital grants re: equipment' and a need for 'support for small groups to be able to pay rent to hold meetings';
- A 'lack of flexibility/consistency' was also noted with delegates reporting that 'victims are coming second to the process; we should be conscious that we are working with the aged and more flexibility should be allowed';
- Gaps in relation to 'Jurisdictional issues' were of concern to delegates noting that currently 'GB and RoI victims are not eligible to receive funding'.
- It was reported that there was a 'Lack of constructive engagement – not valuing, respecting or acknowledging the experience and professionalism from within groups .. existed for many years' coupled with a sense of mistrust';
- Delegates acknowledged that the VSS was never envisaged as a service delivery model' and was the rationale given to 'why they have not trusted groups and their staff'.
- Reports of a 'Lack of transparency on the Direct Award Contract process within VSS and a disconnect between groups and service' were noted.
- Delegates reported that 'the Service does not understand the distinct difference when they talk about groups, i.e. member based and parallel service providers, which was recognised under the original victims strategy';
- It was noted that for many years groups have been operating with much experience and with governance already in place – this was viewed by groups as not being respected by the Service.

### **13.3 The suggestions for change or development included:**

- From April 2015 onwards, that a 3-5 year investment is made in the provision of contracts, taking us up to the end of the current 10 year Victim Strategy;
- Practical queries were noted by delegates into the mechanics and processes to take forward future funding provision;
- Delegates suggested 'Information Seminars' and 'Explanatory Notes' as a means of supporting applicants for future schemes;
- Support for voluntary groups was noted with suggestions for 'funding available for small gestures to decrease social isolation and maintain networks';
- Delegates reported that gaps in current provision should be addressed 'GB and ROI based victims and survivors need resources to be made available (representing 10% of Troubles related deaths)';

## **14. Individual Funding Programmes**

### **14.1 The current strengths identified included:**

- Delegated noted that this was a 'very important stream of grant funding';
- It was reported that the VSS 'recently shared information on schemes available and programmes in response to particular victim profiles – this step towards increased transparency is a positive development';

### **14.2 The current weaknesses identified included:**

- Delegates reported that the IFP had not been advertised effectively;
- The matter of the IFP opening, subsequently closing quickly and being over-subscribed so quickly has given rise for concern in relation to 'equitability';
- Delegates were concerned about the fairness of the process and about the transparency and consistency of awards.
- Delegates were concerned of 'a real risk of a new hierarchy of victimhood distinguished by money and access to resources (which) can create acrimony among families. (The) bereaved and injured are treated differently';
- Delegates noted that the 'deadlines and confidential/personal information required for Scheme 6 is unfair';
- Delegates mentioned that the award letters are misleading and not meeting expectations, the 'process is too slow, with individuals

reporting that education grant received months after course had started’;

- The cutting of the over 60’s payment was noted;
- Delegates reported that the procurement process required of individual victims was a burden;

#### **14.3 The suggestions for change or development included:**

- Delegates suggested that ‘VSS need to focus on developing relationships and championing victims and survivors’ with ‘leadership and follow through’;
- The VSS should adopt a ‘Victim Centred approach (where) support should be provided within an ongoing professional caring relationship’
- Delegates noted a requirement for better communication on grant schemes ‘Eligibility should be published – transparency/openness; Consistent and adequate funding/eligibility criteria’;
- It was recommended that an Annual conference should be held to continue difficult conversations;
- Delegates suggested ‘Silent monitoring and quality assurance for the Service’;
- It was reported that ‘the unnecessary level of bureaucracy needs to be simplified, need a joined up approach for example those on means tested payment should not be means tested again’.

### **15. Handling of Complaints**

#### **15.1 The current strengths identified included:**

- Delegates found it a strength that there was a policy for the handling of complaints and a recognition from the VSS that there are issues;
- It was reported that ‘you didn’t need to complain officially as it was all resolved verbally’.

#### **15.2 The current weaknesses identified included:**

- Delegates reported on the VSS’s ‘attitude’ in that there was a sense ‘that complaints are not taken seriously; no learning taken from complaints; too informal a process for dealing with complaints’;
- Concern was expressed ‘about transparency of the decision making’;

- Delegates noted 'feeling ignored' and a 'lack of timely response - no one coming back to you once issues are raised' or 'complaints not being passed on';
- Poor communication was noted as problematic as it was 'putting people off from challenging faults';
- Delegates expressed a 'fear of complaints being held against you';

### **15.3 The suggestions for change or development included:**

- It was noted that there was a 'need for increased transparency – what are the criteria, who are the decision makers and what is the process?'
- A key area of change noted was the need for VSS 'to build confidence and trust', to respond to telephone calls, pass on information, and advertise service so that individuals are aware of what is available to them;
- Delegates noted the matter of security referring to PTSD and Ex-Services which needs accommodated;



## **DIRECT FEEDBACK FROM WRITTEN RESPONSES**

## Direct Feedback from Written Responses

### 16. The Individual Needs Review

#### 16.1 The current strengths identified included:

- There has to be some mechanism to identify need;
- Getting assessments;
- Good INR's;
- Resources are available;
- Carer Support;
- Information from Memorial Fund;
- Positive impact of the Commissioner.

#### 16.2 The current weaknesses identified included:

- There is an insistence from the VSS for people to go to the VSS for an INR;
- No clear understanding of needs;
- There is a need to recognise that you are dealing with elderly people and the process is off-putting as 'people are slipping through the net';
- The process is medicalising pain and trauma; the medical model is inadequate for trauma – lack of person-centred approach;
- Not enough resources to deal with the complexity of psychological needs through a number of counselling sessions. Needs joined up with medical teams and psychological teams and treat client not as a number with different treatment paths and 'batches' not so many sessions each client;
- No follow up or contact for external assessors;
- New victims, whose loved ones were recently murdered, shot or under threat are not receiving any offer of help.

#### 16.3 The suggestions for change or development included:

##### General

- Acknowledge that the current INR has done harm;
- Anyone that had previously gone through the Memorial Fund shouldn't need to go through another assessment;
- Greater co-operation with other service providers e.g. Probation Services, prisons etc. due to post-traumatic stress with addiction and other abuses. A more co-ordinated approach would allow for a holistic

approach. Ex-service men are twice as likely to be subjects of addiction and inmates. The piece bit approach to care is highly ineffective and leads to service users not continuing care;

- Benchmarking, including the Victim Homicide Support Service.

**Person-centred and victim centred approach required:**

- VSS should be more sensitive, accessible and compassionate, and less corporate as they are dealing with human beings lives and not statistics;
- Need for a person-centred approach – recognising that individuals are not just a number;
- Need a person-centred, holistic approach – EMDR and CBT have limited value, but are not enough alone;
- Victim-driven assessment – adapted by what the victim is comfortable with i.e. face-to-face or form, etc.

**Respect existing experience:**

- Need for improved communication, victims and those who advocate for them need to be listened to;
- Different and individualised treatment paths are required;
- Proven certifiable professionalism is to be honoured, worked with, respected and integrated to the central process rather than being pushed outside and replaced by people of lesser experience and standards.

## **17. Communication**

### **17.1 The current strengths identified included:**

- OFMDFM-led and they have set the context;
- With groups – the client services team – there have been positive developments;
- Move to Case Officer Structure;
- Quarterly Seminars;
- There is no communication at present but there appears to be a willingness of VSS staff to be able to communicate better, but issues seem to be out of their hands.

## 17.2 The current weaknesses identified included:

### **Telephone Communication:**

- Very difficult to get through on the phone to VSS office.
- Not answering calls. Reported changes have been made, but I tried 4 times last week to contact;
- Current phone management system – pressing options button and then it rings out;
- Tried four times last week to contact.

### **Written Communication**

- Literacy and language issues in correspondence;
- Language on forms is concerning – respite break awards, police, fraud, prosecution;
- Lack of communication from VSS to groups e.g. minutes from Practitioners Group Meetings are not circulated via email.

### **General**

- Communication is policy driven and isolated from everyday lived experience.
- Triggering and re-traumatisation as a result of inappropriate communication; Communication problems adds to difficulties of individual victims and survivors who have took the courage to make contact;
- Loss in confidence and trust in current communication. There is a need for ethical protocols and an opportunity to feedback;
- There is a lack of communication and this is a symptom of cultural and structural issues;
- Although there have been improvements, there are still inconsistent and inadequate responses to individual victims and survivors. At a very basic level, there is a need for standardised training in responding to vulnerable service users;
- Lack of internal communication itself e.g. Client Services have not got sight of monitoring spreadsheets from groups and require email updates, which causes duplication;
- Funding – moving forward, services aggregated at a regional level towards procurement;
- Lack of communication to victims/survivors on the range and type of services available to them;
- The application has become the vehicle of whether need can be met or not;
- Turnaround times from VSS are unrealistic, playing catch-up all of the time, new deadlines and goalposts moved;

- Recent examples – not aware that VSS were no longer providing psychological assessments or aware of the Programme Board;
- Honesty going forward about victims and survivors – or is this a gate-keeping exercise – we haven't always got it right;
- Feeling let down – apprehensive of encouraging people to go to VSS. The view is the Memorial Fund has gone and that no help is now available;
- Those on the ground are still not clear about what is available to them;
- Mental health has been singled out as way forward.

### 17.3 The suggestions for change or development included:

#### **General Communication**

- Training – Do No Harm, Ethical protocols as this applies to communication with people who have experienced potentially traumatising events;
- VSS staff to be trained on responding to vulnerable service users and those who have experienced potentially traumatising events;
- Ensure communication with groups is timely, clear and consistent;
- Improve awareness to clients of type and range of services available to them;
- More considered approach for both individuals and groups;
- More flexibility - example of 30 year anniversary – media camped out, no money for scones;
- Process/application is off-putting – should have a policy of 'listening ear/warm cup of tea';
- Services aggregated at a regional level – towards procurement;
- In CRC more was achieved with less staff than the VSS;
- No longer providing psychological assessment.

#### **Telephone Communication**

- Increase staffing to answer phones – providing a freephone number, personally answered;

#### **Written Communication**

- Re-design of written communication;
- Re-design of feedback forms – weighted towards a positive response;

#### **Case Officers**

- Case Officers – Currently, group staff members function as case officers for their members, to provide a professional caring relationship and assist them throughout the client pathway;

- The VSS Client Services team have suggested a system of VSS funded positions – to act as case officers in relation to the Individual Needs Programme;
- Outreach officers in rural areas;

## **18 Monitoring and Evaluation**

### **18.1 The current strengths identified included:**

- Staff at VSS are helpful, courteous and understanding;
- Provides vital information, capturing data to help define future service requirements;
- Form filling has now reduced considerably (referring to recent VSS direction);
- Excel spreadsheets were difficult to understand;
- Governance is good, but must be less cumbersome; i.e. spreadsheets were difficult to understand;

### **18.2 The current weaknesses identified included:**

- Burden on organisation – can prevent individuals accessing services;
- Lack of consultation and engagement with service providers in the development of monitoring and evaluation tools;
- Introduction of such a time-consuming, heavy and cumbersome tool, perceived by groups that they were not trusted;
- Bureaucracy lessens time for hands on service delivery;
- Now simply a registration service, no evaluation element;
- Reluctance by individuals completing forms, including monitoring tools causing re-traumatisation;
- Governance arrangements that the organisations have recognised over the years have been dismissed and not taken into consideration;
- Does not capture the information of those who do not publicly declare themselves victims.
- For voluntary groups whose main aim is social interaction and engagement - getting people to fill out a form is not conducive to 'taking them out of themselves';
- Must be a different criteria for self-help groups;
- Too much/far too much detail. Victims are more important than form-filling;
- Requirement of storing registration forms at home/office, creates potential for fraud.

### 18.3 The suggestions for change or development included:

- The VSS and Dept need to decide what they actually require from monitoring and evaluation.
- Have a dialogue with the sector around good practice and what is workable – respect the existing high standards of accreditation, casework and recording already operating within groups;
- Lessen bureaucracy always – it takes away from hands-on service delivery;
- Need for flexibility and recognition that there is an increase in the number of individuals presenting as victims and survivors; the bureaucracy of the system can prevent individuals accessing the services;
- Active engagement of victims and provider's organisations to assess their internal monitoring and evaluations diverse portfolio of service across the spectrum.

## 19. Group Funding Programmes

### 19.1 The current strengths identified included:

- Commitment and continuity of medium term funding and support provided by OFMDFM under Strategy, providing categories of service delivery to help victims and benefit some of these needs;
- Provides collective safe space to work on common issues;
- Good funding is provided to help 'deal with the past' albeit rather limited;
- Funding a range of services and activities - holistic approach;
- Funding in different localities – urban and regional;
- Pilot Practitioners Forum (VPM) in Belfast area;
- Responsive VSS Case Officers - genuine and professional staff – need recognition that it's a new service;
- Operations Manual – an effort to provide guidance (however it was late coming out);
- There should be respect and trust for groups and the work they do and their professional skills;
- Welcome the independent review auctioned by the Commissioner.

### 19.2 The current weaknesses identified included:

#### **Communication/Engagement/Trust**

- Lack of direct communication and response from VSS has been a real problem for groups;

- Lack of constructive engagement – not valuing, respecting or acknowledging the experience and professionalism from within groups that has existed for many years;
- VSS was never envisaged as a service delivery model and as such is why they have not trusted groups and their staff. The VSS has created a ‘them and us’ and has dismissed existing expertise within the sector;
- Lack of trust/perceived mistrust;
- The impact of the service difficulties and challenges has led to a sense of compassion fatigue amongst practitioners;
- Lack of transparency on the Direct Award Contract process within VSS and a disconnect between groups and service.

### **Concerns re: gaps in funding**

- Training needs of groups and expertise in specialities – disconnection between the actual training needs of groups and decisions made on where funding goes. Training is needed for all, including sessional workers;
- Lack of funding for training and research;
- No scope for innovation and service delivery and future planning due to funding constraints;
- The Befriending Service that has been funded is currently not fulfilling the professional standards required;
- Difficulties for voluntary groups in meeting bureaucratic requirements - no small capital grants re: equipment; need support for small groups to be able to pay rent to hold meetings;
- Lack of transparency around direct awards to deliver (and on behalf of) a service;
- Jurisdictional issues are of concern, GB and RoI victims are not eligible to receive funding.

### **General**

- The Service does not understand the distinct difference when they talk about groups, i.e. member based and parallel service providers, which was recognised under the original victims strategy;
- Groups have been operating for a considerable amount of years with much experience. Governance already in place within groups is not respected.
- Practitioners working within professional body ethical framework has not been taken into account by the VSS.
- Impact of service difficulties need to be recognised;
- We have lost good people and services – we need to get them back;

- Scandalous that Community Relations Council operations have not been streamlined into new service – there is a view of more staff but less action;
- Lack of flexibility/consistency- victims are coming second to the process; we should be conscious that we are working with the aged and more flexibility should be allowed;
- Short-term and non-recurrent funding with late decision-making, creating a system where there is no scope for innovation and forward planning due to these constraints;
- Mish-mash nature of the application form i.e. 1 year HWB and 2 years Social Support;
- Delays in finance hitting the ground;
- Cuts in funding, for example, 20% reduction in revenue funding.

### 19.3 **The suggestions for change or development included:**

- From April 2015 onwards, that a 3-5 year investment is made in the provision of contracts, taking us up to the end of the current 10 year Victim Strategy;
- Explanatory notes on how to complete applications for funding;
- Funding available for small gestures to decrease social isolation and maintain networks;
- GB and ROI based victims and survivors need resources to be made available (representing 10% of Troubles related deaths);
- Re: Health & Well-being – if contracts are to be extended until 31/03/15 will a new procurement process be required or can existing service contracts be extended?
- Can a staged application process with different threshold levels be integrated going forward, perhaps with reports coming in from Case Officers (we ask this being particularly mindful of voluntary groups);
- Information Seminars where organisations are given a steer on the depth of information required or otherwise within the application forms (being diligent sometimes means being penalised);
- Issues around ‘returned cheques’ and some business refusing to accept them.

## **20. Individual Funding Programmes**

### 20.1 **The current strengths identified included:**

- Very important stream of grant funding;

- Recently shared information on schemes available and programmes in response to particular victim profiles – this step towards increased transparency is a positive development;
- There is enthusiasm for the Commission. The VSS do not wither with criticism.

## 20.2 **The current weaknesses identified included:**

- Arrangements should have been made earlier to have records transferred from the Memorial Fund – to stop re-traumatising of people;
- The IFP opened and subsequently closed very quickly;
- Over-subscribed very quickly; absence of equitability;
- Service existence not advertised;
- Individuals are made to feel like they are begging;
- Not a fair process - no equality and transparency of awards. Victims have to find out what they are entitled to;
- What's with the secrecy? Are you afraid to tell us what we are entitled to in case we claim?;
- Process is too slow, with individuals reporting that education grant received months after course had started;
- Inconsistency of award – instils anger among victims making a difference, who has suffered more etc;
- Deadlines and confidential/personal information required for Scheme 6 is unfair;
- Wording of award letters are misleading and is not meeting expectations;
- There is a real risk of a new hierarchy of victimhood distinguished by money and access to resources; can create acrimony among families. Bereaved and injured are treated differently;
- Cut over 60's payment;
- Acknowledgement/Recognition; Not means tested, Similarly for carers payment;
- Bereaved programme is underdeveloped;
- Burden of proof is on victims and survivors;
- Burden of conducting procurement process;
- Limited trauma expertise in NI;
- Mis-match of need and ability to access the 'award';
- Not calling back on phone – Memorial Fund were better at this;
- Awards/Services not as good now;
- Categories are confusing and the process of how you are 'boxed' into this is not clear.

### 20.3 **The suggestions for change or development included:**

- VSS need to focus on developing relationships and championing victims and survivors; more outward facing;
- Need a clear and accessible corporate VSS. Need leadership and follow through;
- Victim Centred approach – support should be provided within an ongoing professional caring relationship;
- Develop clear permission based grounds for VSS engagement with parallel service providers;
- Eligibility should be published – transparency/openness; Consistent and adequate funding/eligibility criteria;
- Annual conference to continue the difficult conversation;
- Silent monitoring and quality assurance for the Service;
- Clearly communicated;
- Increased flexibility is required – arbitrary;
- The unnecessary level of bureaucracy needs to be simplified, need joined up approach for example those on means tested payment should not be means tested again;
- Expectation/needs assessment;
- Project Officer needs to be aware of information and if not come back promptly;
- Review how to access award – whole funds not part. Accountability – sign for not what is spent on as this is preventing uptake;
- Pay oil to oil man.

## 21 **Handling of Complaints**

### 21.1 **The current strengths identified included:**

- Recognition that there are issues;
- There is a policy;
- In the past, you didn't need to complain officially as it was all resolved verbally;

### 21.2 **The current weaknesses identified included:**

- Attitude – sense that complaints are not taken seriously; no learning taken from complaints; too informal a process for dealing with complaints;
- Concern about transparency of the decision making;

- Lack of timely response - no one coming back to you once issues are raised;
- Feel ignored – things are not taken on board;
- Poor communication - putting people off from challenging faults;
- Fear of complaints being held against you;
- Complaints not passed on;

### 21.3 **The suggestions for change or development included:**

- Need for increased transparency – what are the criteria, who are the decision makers and what is the process?
- Need to build confidence and trust;
- Pass on information
- GP assessment/ with proviso – not qualified?
- Advertise services as people don't know about them;
- Safety/PTSD and Ex-Services needs accommodated;

### 28 **Other Issues provided in written form at the event:**

- Dealing with elderly people – there is a need to recognise this;
- Coming across people who are still coming forward seeking help – process is off-putting;
- Medicalising pain and trauma;
- Need to respect the high standards in accreditation/casework and recording;
- New victims whose loved ones were recently murdered or shot, or under threat are not receiving offers of help;
- The Victim Support Homicide Service in England is excellent. If the bomb in Belfast last week had killed or injured would we have provided services?



## **EVALUATION RESPONSES**

## Summary of Evaluation Responses

29. Fifty six written evaluation feedback forms on the event were received.
30. The majority of delegates reported that the event was valuable in that it met expectations with the quality, content, standard of discussion, venue and event administration and presentation being of good quality.
31. Forty nine respondees (87.5%) reported that the event fully met expectations and stated purpose, five respondents (9%) noting the event had partially met expectations, one delegate indicated that the event did not meet their expectations. Three delegates (5%) noted that the event had partially met its stated purpose.
32. More time for discussions, name tags for delegates, noise/sound levels and location were areas that could be improved.
33. In addition the majority of those in attendance shared their enjoyment of having the opportunity to network and engage with others working within the sector – noting that it was helpful to note that they were not alone and there were others who had similar experiences. Many expressed the desire to have future similar opportunities to have discussions and debate particularly with those who are funders, policy and decision makers. Some attendees made reference to previously run Community Relations Council annual conferences where discussion and debate had taken place on important themes. It was also noted by several delegates that future events should be held in a more central location to facilitate those living in rural areas.
34. Some participants acknowledged the emphasis and tone brought by the Commissioner to the event – ‘a considered approach with high integrity’. The understanding that such work with victims and survivors is ‘hard work, to not be too hard on each other and to learn so that we do our best’ was noted by one participant.
35. Some attendees expressed the event could have been improved by having some Ministerial attendance and politicians present to assist them in being able to absorb the issues in person. In addition one delegate expressed the view that OFMDFM should be held to account for the policy taken and driven forward in setting up the new Service and its current problems.
36. Some attendees noted that they would like some further conversations on the following themes: Carers; Cognitive Behavioural Therapy and the

Step Model and How victims and survivors funding is spent by Departments.

37. Many expressed that they were looking forward to the Independent Review, noted that it should be forthright and meaningful to support and bring about change. It was also expressed by a few delegates that they 'hope the feedback is acted upon by the VSS and the Commission'.
38. It was suggested that a further event in six months time would be helpful to ascertain the changes, progress and improvements made and any future learning to make services to victims and survivors more effective.