

COMMISSION FOR VICTIMS AND SURVIVORS

DISCUSSION PAPER ON

ENGAGEMENT BETWEEN THE FORUM AND THE SERVICE.

10 AUGUST, 2011.

Background.

At our meeting with Junior Ministers on 6 July, 2011, the Commission was asked to explain its thinking on how the Forum and Service might interact. An outline of terms for engagement is provided at the start of this paper. However, interaction between Forum and Service needs to be considered within the wider context of the overall infra-structure for victim/survivors. This paper sets out the Commission's thinking in that regard.

Engagement between the Forum and the Service.

Interaction between the Forum and the Service should reflect an aspiration of the Victims Strategy: "It is essential that the views of victims and survivors are based at the very heart of the agenda." (para 18 of the OFMDFM Strategy for Victims and Survivors).

The Commission envisages the following linkages.

1. Two representatives of the Service should be designated 'attenders' of the Forum, faithfully participating in its monthly meetings and in its various activities. The Forum will function as a 'learning community' in which members/participants will be expected to form strong working relationships over a period of three years. It will be important for these two Service officials to become respected and trusted participants within the Forum so that good relations are established between the two bodies. Within such a context, Forum members will develop a rapport with the Service and have immediate and efficient points of contact with it. In the other direction, the Service will be able to utilise a set of relationships with Forum members to promote understanding and, even, sympathy, for the Service's operations and aspirations.
2. It is expected that the Forum will hold 3 – 4 meetings per year outside Belfast. In addition to its normal business, the Forum will use such local meetings to engage with local victims and with groups, as well as the wider community. The assistance of the Service will be important in this regard. Its Client Management unit will develop a wide range of relationships with individual victims/survivors and its Service Delivery unit will have a network of contacts with groups, especially through its management of the Conflict Related Services Meetings (CRSMs). Therefore, Commission staff would liaise with Service personnel in the planning and conduct of local meetings.

1. One particular official within the Service should be given a liaison role for matters relating to the Forum. This person's equivalent within the Commission would be the Head of Policy and Research – the line manager of the Commission's resource team for the Forum.
2. We would envisage the Forum conducting one 'Hearing' per year with the Chief Executive of the Service. This would provide the Forum with an annual, formal opportunity to directly engage with the Victims Service (although, any actions which the Forum might wish to request would be conveyed to the Commission rather than directly to the Service. This proviso would aim to maintain the focus of Forum members as persons of influence rather than authority regarding the Service).

The need for an integrated infra-structure for the victims sector.

The Commission has previously advised Ministers that it will be important to develop the new infra-structure for victims in an integrated way – meaning that all the key mechanisms need to be inter-connected. The case for integration is based upon a number of factors:

- One criticism made of OFMDFM in the past (and the NIO before that) was that for too many years the sector suffered by existing within a policy vacuum: there was a lack of drive from the centre which led to a sense of drift among groups and service providers. OFMDFM needs improved channels through which to develop and promote policy across the sector.
- The Strategy refers to the danger of victims becoming isolated from mainstream provision. Groups/service providers need to be encouraged to engage with each other and with the Service, the Commission and the Department. Out of such engagement will come greater sensitivity, stronger relationships and more coherence.
- The creation of the Service and the development of tender-based services will generate new strains in the sector as people face the challenge of change. An infra-structure with appropriate, inter-linked mechanisms will provide ways to address misunderstandings, confusion and discontent which will inevitably be part of the change process.
- There is a need for the Service to function as more than a clearing house for individual victims and an intermediate funding body. It needs to have a capacity to form good working relationships with the sector: voluntary and community groups as well as statutory bodies such as the Health and Social Care Trusts.
- An integrated victims sector will reduce the risk of various factions or groupings or, indeed, bodies such as the Commission, the Forum and the Service, developing a silo mentality and, instead, improve the likelihood of the sector responding positively to the ten-year strategy which OFMDFM have provided.

The five components of the new infra-structure.

1. OFMDFM – providing a policy framework/strategy and a wider Northern Ireland Executive context.
2. The Victims Service – Four key tasks have been identified for the Service by the Department:
 - I. Acting as a referral agency, assessing needs and brokering service packages for individual applicants.
 - II. Providing financial support to individuals/families.
 - III. Commissioning services.
 - IV. Monitoring and evaluating service provision.

However, there is an important fifth task for the Service which needs to be made more explicit:

- V. The strategic development of practice.

The Victims Strategy envisages a future in which the needs of victims and survivors are increasingly met by mainstream services. The Commission endorses such a sage view. As the victim/survivor generation grows older its energy and capacity for self-help will decline. While a number of organisations or services specialising in victims work will still be needed in the longer term, it will be important that mainstream agencies (statutory and voluntary) develop their capacity and sensitivity for the victims/survivors of this society's conflict.

While the victims/survivors phenomenon primarily concerns a small constituency of people within a small society, it also refers to a 'critical issue': how a society recovering from conflict deals with its wounds. In addition to serving victims/survivors on an individual basis there is a need to address collective/communal dimensions of victimhood and for greater connectivity between agencies.

A healthy victims sector will be one in which services/practice evolves rather than stand still.

At the same time, there are different schools of thought regarding areas of practice such as counselling; Post Traumatic Stress Disorder, story-telling and complementary therapies. The Service will need to steer a course through such differences when deciding on funding and, indeed, the referral of victims for services.

Another aspect of practice involves Community Development. The Trauma Advisory Panels have advocated for an inter-disciplinary approach to services and the importance of ground-

up, community based work. Again, the Service will need to have a capacity to form its own mind in this regard.

The Service must also ensure that groups and services practise good governance. The Commission's experience suggests that there will be a need for hands-on, sustained mentoring of groups rather than the mere provision of training 'events'.

While the Commission has a statutory role regarding the adequacy and effectiveness of services, the Service will have the resources to act upon advice from the Commission regarding standards of service and the development of good practice. The Commission and the Service will need to work together regarding the promotion of good practice and this will cover a range of work from the personal and professional development of individual practitioners to the introduction of new methodologies for whole agencies (e.g. family-based intervention).

The Commission remains concerned that the Department may not have made sufficient allowance for this difficult and potentially contentious part of the Service's work.

We have previously advised of the need to appoint four Development Officers. These individuals would come from a practice background in Community Development, Social Work or Community Relations rather than having a purely administrative/bureaucratic professional formation.

The Development Officer role can be summarised as 'fieldwork' and involve the following:

- Engaging with Health and Social Care Trusts regarding practice development.
- Being a local point of contact for individual victims enquiring about assistance.
- With local knowledge of their particular catchment area, advising the Service on the choice of assessor, the right care package and the most appropriate service provider for particular clients or circumstances.
- Convening the CRSMs.
- Liaising with groups/service providers to build trust and co-operation with the Service.
- Assisting the Service (and the Commission) in the development of practice: developing new concepts and methodology; advising on the personal and professional development of practitioners; helping to maintain good standards of service delivery; supporting good governance and enterprise in groups; informing the emergence of a Community Development strategy for the Service.

OFMDFM officials have expressed the view that the recruitment of two Development Officers plus two staff from CRC under TUPE regulations should provide the Service with sufficient resources to undertake fieldwork. However, the Commission remains uncertain about this important point and would like further discussion with officials and ministers.

3. The Forum –

The Commission gained valuable insights from its experience with the pilot forum between September, 2009 and June, 2011. A number merit particular mention here:

- The Strategy envisages the Forum as a mechanism to bring the voice of victims to the heart of government.
 - The Victims Forum's essential qualities are that it be a place of encounter with and between victims; that it be a place of reflection and creativity; that out of such a place, the range of voices of victims/survivors finds expression and develops coherence.
 - A victims' forum needs time, safe conditions and patient facilitation before its voice can mature.
 - Its proceedings should not become dominated by 'professionals' or monopolised by those with the most skills in advocacy.
 - Therefore, the Forum must not be too preoccupied with the business of outcomes.
 - Its essential achievement should be to remain a place of meeting between diverse victims/survivors, over a sustained period of time; and that out of such meeting comes influence upon government, officialdom and service providers.
 - Its members should understand that they are part of a body with moral authority, not official authority.
 - They should understand their role as one of influence on those with authority – principally through the Commissioners.
 - The Forum needs the resource of an additional staff member. The Commission's Forum Business Case expressed a preference for a Development Officer.
4. The Commission – promoting awareness of relevant matters; monitoring/reviewing services, law and practice; providing advice on the three key areas of OFMDFM victims policy.
5. The Conflict Related Services Meetings – the Victims/Survivors Strategy does not provide for the continuation of Trauma Advisory Panels but recognises a need to built upon their work (para 3, page 3). The First and deputy First Ministers asked the Commission to provide advice in this regard. In particular, Ministers endorsed a Commission proposal to form a Working Group with representatives of the TAPs in an effort to establish greater consensus about how best to build upon their work. In November, 2010, on the back of work done by the Working Group, we advised Ministers to replace the TAPs with four Conflict Related Services Meetings (CRSMs) – with catchment areas broadly equivalent to the Northern, Southern, Western and (combined) Belfast/South Eastern Health and Social Care Trust areas. Each CRSM

would meet quarterly, convened by Development Officers from the new Service. In addition to representatives of groups/services in the voluntary and community sectors, officials from statutory bodies (especially the Health and Social Care Trusts) would be included in CRSMs, thereby building on the work of the TAPs as a meeting place for key people from across the sectors.

Representatives of the area-based CRSMs would meet twice per year in a Regional CRSM to discuss macro issues. The regional meeting would be convened by the Chief Executive of the Victims Service and include the Victims Commission and OFMDFM officials. Its purpose would be to:

- discuss matters of significance emanating from area CRSMs;
- improve understanding about the strategic direction of the Service and
- enable the Commission to monitor the relationship between the Service and service providers.

Issues of Concern .

1. Ministers need to ensure that the Service's terms of reference go beyond the establishment of a mere funding body and clearing house for referrals.
2. There is a need for the Service to function in a manner which is sensitive to the fact that the victims phenomenon concerns significant matters of contention in our society.
3. The Service needs to include in its staff team a number of individuals with the appropriate skills base for an engagement with these realities.
4. The Commission will press the Department to ensure that the infra-structure is established in an integrated manner.
5. The Commission will continue to engage with the Department to address these matters ahead of the establishment of the Service.

END.