



Northern Ireland
Assembly

Committee for The Executive Office

OFFICIAL REPORT (Hansard)

Commission for Victims and
Survivors/Victims and Survivors Forum:
Briefing

4 March 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colin McGrath (Chairperson)
Mr Mike Nesbitt (Deputy Chairperson)
Mr Trevor Clarke
Mr Trevor Lunn
Mr Fra McCann
Mr George Robinson
Mr Pat Sheehan
Ms Emma Sheerin
Mr Christopher Stalford

Witnesses:

Mr Andrew Sloan	Commission for Victims and Survivors
Mrs Judith Thompson	Commissioner for Victims and Survivors
Mr Paul Crawford	Victims and Survivors Forum
Ms Lesley Veronica	Victims and Survivors Forum

The Chairperson (Mr McGrath): You are very welcome. Thank you for coming along today to give us an update on your work. I am conscious that, as this is your first meeting, we should introduce ourselves so that we all know each other. My name is Colin McGrath. I am the Chair of the Committee and an MLA for South Down.

Mr Nesbitt: Mike Nesbitt, the Deputy Chair and an MLA for Strangford.

Mr McCann: Fra McCann, MLA for West Belfast.

Mr Sheehan: Pat Sheehan, Sinn Féin MLA for West Belfast.

Mr Lunn: Trevor Lunn, independent MLA for Lagan Valley.

Mr Robinson: George Robinson, MLA for East Londonderry.

Mr Stalford: Christopher Stalford, DUP Assembly Member for South Belfast.

Mr Clarke: Trevor Clarke, DUP MLA for South Antrim.

The Chairperson (Mr McGrath): Those are the members. I will pass over to you, Judith, if you want to introduce the team. We can progress from there.

Mrs Judith Thompson (Commissioner for Victims and Survivors): I am accompanied by two members of the Victims and Survivors Forum, Paul Crawford and Lesley Veronica, and Andrew Sloan, who is our chief executive at the commission. As you know, the members of the Victims and Survivors Forum are established in legislation and are my primary point of consultation with victims and survivors of the Troubles. Whilst all those people have lived experience, they also bring a range of skills to the table. Paul is a specialist practitioner in mental health, and Lesley is an academic, a lecturer and an examiner.

The Chairperson (Mr McGrath): You are all very welcome to the Committee. I will pass over to you to give us a short presentation, and then we will open up for some questions of clarification. I always forget to remind witnesses of this, but Hansard is keeping a written record of the meeting, and that will be available afterwards.

Mrs Thompson: Thank you, Chair and members. I am grateful for this early opportunity to come before the Committee. I will provide you with an update on the work of the commission, and I will discuss the issues of legacy, services and sustainable funding, which are of most concern to victims and survivors. As you know, I am accompanied by Paul Crawford and Lesley Veronica as members of the Victims and Survivors Forum. They bring their advice to me, and they are very happy to take questions from you today. I will make some key points in my opening address and then, obviously, we will welcome questions.

First, I will talk about why addressing the legacy of the past is so vital to our ability to build a future. The legacy of the past that we live today is that 26% of people in Northern Ireland are either affected personally or have a family member affected to this day by a conflict-related incident. There were some 3,720 conflict-related deaths between 1966 and 2006, 40,000 people were injured and 213,000 people are experiencing a range of significant mental health issues, which need to be addressed now.

Twenty-two years have passed since the Belfast/Good Friday Agreement, and there have been a number of substantial attempts to address the harm that was caused during decades of conflict. However, it is only recently that legislation has been passed for the victims' payment, which begins to address the needs of victims and survivors. As you will be aware, New Decade, New Approach included a UK Government commitment to publish and introduce legislation in Parliament to implement the Stormont House Agreement. This is a significant matter, and it will be for the Governments in Northern Ireland and the Republic of Ireland to ensure that this is delivered in a way that is to the benefit of victims and survivors across these islands.

As members know, in May 2018, the UK Government published their consultation paper 'Addressing the Legacy of Northern Ireland's Past'. The paper set out draft legislation for implementing: a Historical Investigations Unit, to tackle, at minimum, 1,000 deaths that have not been investigated in a way that families have a right to see; an Oral History Archive, to enable people's narratives to be heard and shared; an International Commission for Information Retrieval, which will enable an information retrieval process for those for whom other processes will not deliver what they need; and an Implementation and Reconciliation Group, which is to give statements of acknowledgement and acknowledgement of harm.

The consultation drew 18,000 responses from across the United Kingdom, the Republic of Ireland and beyond. In January 2019, I submitted advice to the UK Government on the proposed legislation. My advice contained 45 recommendations in relation to the proposals to ensure that these measures, if implemented, will meet the needs of victims and survivors.

When I talk to people affected by the Troubles, across Northern Ireland, Great Britain and the Republic of Ireland, it is clear that their experiences and needs are very similar. These needs should be addressed in an inclusive way, and this means that choices and options open to those who live in Northern Ireland should also be open to those who live elsewhere. That is why, for the first time, I shared my advice with the Government in the Republic of Ireland as well as offering it to the Secretary of State for Northern Ireland.

There are clearly different views on the proposed legacy mechanisms. However, it is almost universally accepted that the current system has not been able to address the past and cannot sufficiently address the legacy of the past.

It is clear that, in the context of high levels of disillusionment and low levels of trust that exist across the different political constituencies, the new approach must be balanced, transparent and operate within the rule of law. Above all, it must be victim-centred. People who have suffered harm have

waited too long for effective institutions to be established to address their rights and needs. In fact, it is more expensive, as well as more costly in terms of harm, to leave things as they are, than it would be to try to introduce new institutions that could deliver better outcomes for victims and survivors.

Failure to act in relation to legacy will obstruct Government's ability to achieve their desired outcomes right across the Programme for Government. This is a societal issue, one with an impact in every community. If we do not deal with the past, it will continue to deal with us.

Once mechanisms are established, additional advocacy and support services will be needed for those engaged in the processes. My recommendations sought to ensure that any services would build on what currently exists and are designed into the way the mechanisms are structured.

In relation to the victims' payment, at least the same need for support and advocacy applies. This is a payment for those who are most severely psychologically and physically injured. You do not suffer severe physical injury without being psychologically injured as well. They are, by definition, the most vulnerable people, and whatever is implemented must be offered in a way that delivers support, advocacy and help to people as they go through that process, and afterwards, regardless of whether they get money.

Considerable time and effort has been invested by many stakeholders in recent years to impress upon the Government the importance and necessity of acknowledging those people who are severely and permanently injured by their experiences. I want to commend the inspirational individuals of the WAVE Injured Group, who have been instrumental in bringing the case to the point where there has been implementation at Westminster.

Whilst the Victims' Payments Regulations 2020 differ in significant respects from my advice, I still welcome that they will deliver the support for which the most severely injured have waited for far too long. I welcome the altering of the date parameters of the victims' payment scheme. However, as I stressed in my advice and in my response to the NIO consultation, the exclusion of those suffering from severe and permanent traumatic injury as a consequence of bereavement, who were not at the scene, is causing hurt. They are some of the most difficult phone calls that I get.

Also, the unanticipated requirement that any person who has been sentenced to more than two-and-a-half-years' imprisonment for any offence must be reviewed by a judge-led panel is causing anxiety, uncertainty and will complicate the implementation process. While work continues on the implementation of the scheme, it is important that no further issues, including funding, become an obstacle that delay its implementation. It will be a UK-wide scheme, with an indeterminable number of eligible applications and subsequent awards. It seems unfeasible and impractical to require a devolved Administration to fund the scheme.

Moving on to services, a significant legislative requirement of the commission is to ensure that support services for victims and survivors are appropriate, fit for purpose and victim-centred. That work is carried out through the advice of the Victims and Survivors Forum, an active Commission for Victims and Survivors research programme, ongoing engagement with service users and practitioners, and data, which is collected from the Victims and Survivors Service (VSS) and analysed on a quarterly basis by the commission.

A key concern facing those who are involved in delivering services over the years has been sustainability; not solely about funding, but about delivering a needs-based approach. The introduction of a new service-delivery model in 2017, in line with the commission's advice, has brought with it a number of significant changes to how individuals are supported, which provide greater flexibility to the individual and recognise more complex needs.

Under Peace IV funding, a network of health and well-being caseworkers has been employed across the region to ensure that individuals have their needs identified and addressed in a holistic and coordinated way. I would like to take the opportunity to highlight the key role that the Victims and Survivors Service and its health and well-being case managers and caseworkers have played in successfully rolling out a needs-based approach across Northern Ireland and into other parts of the UK and the Republic of Ireland.

It is particularly welcome for those individuals who reside in Great Britain and the Republic of Ireland who, nevertheless, continue to experience a different level of understanding in their communities of the difficulties that they face, as well as a different level of service provision to that which people in Northern Ireland experience.

Evidence of the quality of service delivery is monitored by data that is gathered by the VSS and reviewed, as I said, on a quarterly basis by us. Implementation of our service-delivery standards, which are developed in partnership with service users, those who provide the service and subject matter experts, is a requirement now of all VSS-funded organisations, and, at all levels, the commission and the VSS meet to monitor and review the quality of services.

I want to say a few words about the Regional Trauma Network and to mention our forum replenishment process before I finish. The Regional Trauma Network is a significant measure in the Stormont House Agreement, and the impact of the commission's advice is referenced in that agreement. The network must be comprehensive, focused and equipped to deal with what is fast becoming a mental health crisis in Northern Ireland. There is a deep but complex and enduring relationship between our mental health crisis and the legacy of the Troubles. The network must also be grounded in the ongoing work of the community and voluntary sector and integrated with the growth in capacity and capability within the statutory sector so that trauma is recognised and responded to wherever it presents.

The origin of the Commission's enduring support for the new Regional Trauma Network is located in the comprehensive needs assessment of 2012. That assessment identified an inconsistent and inequitable provision of specialist psychological trauma services across the statutory mental health system.

A number of concerns and issues relating to the Regional Trauma Network's service-delivery model have been raised by the VSS and by other organisations. Whilst there are significant issues that I am reassured are being resolved through dialogue, it has compounded delays in establishing the new service, which is something that we need now — there are people dying as we speak, by their own hand and from addictions and complex Troubles-related trauma. We need to do something about that, and we need to do it quickly and proportionately to the scale of the problem that we have.

As I referenced earlier, substantial funding from Peace IV has enabled significant growth in services, and, alongside that, has enabled the commission to run four research projects that measure the impact of those services but also contribute to the new strategy. The first of those looks at how the impact of the legacy of the Troubles is being addressed in the area of the psychological trauma services and will give direction to those services. The second looks at advocacy, linked to historical investigation and information recovery and the importance and best models for advocacy. The third looks at the continuing and trans-generational impact of the legacy of the Troubles on children and young people and their parents. That is something to remember when thinking about mental health. People who are not technically Troubles victims will present with Troubles-related traumatic injury and problems because of their parents' experience and sometimes that of their grandparents. A review of the needs assessment is to be conducted as well, with a particular focus on the border region and those living outside Northern Ireland.

As members know, the strategy for victims and survivors formally ended in 2019, and, in the absence of an Executive, Ministers were not in place to agree and sign up to a new strategy. Therefore, I provided advice to the Executive Office, making recommendations in relation to the extension of the funding for the victims and survivors scheme. The main reason for that was that the continued delivery of services and funding was critical, and to allow a gap between the strategies would have meant a gap in funding and the loss of the capability that has been built. It also allows us time to consider the findings of the independent review of the strategy, which is ongoing, and of our own research programmes to feed into a new strategy.

My advice also highlighted a number of areas that require attention in the new strategy, such as how best to support the bereaved, how best to support those living outside Northern Ireland and the need to look at gender-based issues. It also reflected on how strategy partners should continue to build on the constructive engagement across Departments, and a cross-departmental approach will be key to the new strategy. There will be an extensive programme of engagement by the commission over the next number of months, with individuals, service deliverers, Departments and other stakeholders to inform advice on a new strategy. That advice will be delivered in September 2020.

In the next number of weeks, I will begin the process of replenishing the Victims and Survivors Forum. Similar to my last appointment process, that will be an open and transparent, competence-based approach. It will involve a wide-ranging programme of civic engagement and awareness raising to underpin that process and to make sure that we reach people and engage with those who have Troubles-related experiences and meet the definition of a victim but may not see themselves as

victims and survivors, although they are no less affected by the conflict. I envisage the forum being replenished by December this year.

As a collective community, addressing the issues that are brought to my office by victims and survivors will improve not just their well-being but the well-being of all of society. In treating victims' needs as societal needs, we will help Northern Ireland to heal from the wounds of our past, and we will build on a solid foundation towards a future that offers peace, prosperity and growth for all who live here.

The Chairperson (Mr McGrath): Judith, thank you very much for that comprehensive report. It is much appreciated, given that we are a new Committee. You made some stark remarks that should bring home the urgency that there needs to be with this, not least the line:

"people who have suffered ... have waited too long".

That means it is incumbent upon the Executive, Assembly and Governments to start quickly to address the outstanding issues. Rather than mere strategies and words, we need the action that follows from them.

I will kick off with a few questions. You mentioned New Decade, New Approach. NDNA is what we all call it, so that we do not have to remember what the words are. In NDNA, there is a suggestion that the legislation should be published within 100 days. How confident are you that that deadline will be met? Have you had any interaction from the Executive Office, Government or otherwise about the progress of that, given that we are coming up on halfway through that time?

Mrs Thompson: You heard everything I said in my presentation about the importance of these issues. I am not privy to a recent update on the progress of those proposals. I am as conscious — as I am sure everyone else in the room is — that those 100 days are passing. It would be fair to say that I have concerns.

The Chairperson (Mr McGrath): OK. Maybe afterwards we will discuss some actions and contact people to find out where that process is. That might be useful to see where we are and to keep the pressure on.

You gave us a series of statistics that were quite enlightening about the numbers of people in the community who are impacted for such a small place. I am sure that many members have had personal experiences. My family had members killed as part of the process. Families will all have that investment into the process.

Sometimes individuals lost their lives, but there is a family left behind, and there was discussion at one time about bereavement payments. However, that seems to have been taken off the agenda. Can you give me a sense of how important such a payment would be? Very often, in different schemes, we hear that it is not the payment but the acknowledgement of something that has happened that allows closure. As many people are aware, that is important in a bereavement process. Can you give us a sense of how many would be impacted and what impact such a bereavement payment could have if it were included?

Mrs Thompson: Absolutely. You said something very important there. I do not go into any room, and certainly not into this one, without recognising that people who are victims and survivors are around every table and are part of our society. So, these are civic issues, and 3,720 deaths mean that 3,720 families, and others, have been bereaved. It is an experience that runs right through our society.

One of the things that is really hard about implementing measures is that you cannot do everything all at once, so it is welcome that we have made some progress in addressing the needs of the most severely injured, physically and psychologically. However, there may be limitations to that process. That shows into sharp relief the experience of the bereaved.

As I said, they are some of the most difficult phone calls that I have had. I will give you an example. A lady, who was bereaved in the early 1970s, rings my office. I ring her regularly, as well. As a young parent with two children, she was given £6,000 in compensation for her loss. A magistrate dealt with it; that was the system at the time. She listened to him tell her that, as she was a good-looking woman who would surely get another husband, £6,000 would be sufficient recompense for her loss. That lady still asks herself should she not have worn a suit to court that day. I have to said to her, more than once, that I know it would have made no difference. At that time, the guidelines for awarding

compensation were that if a woman was judged likely to remarry, the amount should be halved. So that is an insult to her loss. It left her dealing with poverty as well as bereavement, and it was certainly not an acknowledgement of her loss. I guess this is one hard-hitting example of what people are carrying in their experiences of bereavement, and acknowledgement is the key issue.

There are people who did live in poverty and remember that keenly. Equally, however, the issues of dealing with the past, of truth, of access to justice such as that maybe, and I do not lead people to believe that there will be substantial convictions out of any process, because I do not believe that is feasible, but there is something about answers. In every family, people will have different needs and wishes, and choices and options are what must be offered.

I will offer my forum members the chance to speak, as they have more right than me to speak on this one.

Ms Lesley Veronica (Victims and Survivors Forum): Thank you, Judith. I think it is really important that you have acknowledged some of the key aspects of not just a successful peace process but success in dealing with victims and survivors' issues by identifying the importance of truth, acknowledgement, reparations and, of course, justice. We see those as the four pillars that are really important in moving forward.

Judith's example really highlights something that I think informs all of this, particularly with regard to the bereavement payment, and that is the importance, in moving forward, of a gender-sensitive approach. We have not had that. We have talked about it, and I acknowledge that members of this Committee have raised pertinent issues, but we have lacked the joined-up thinking about how we do it. How do we turn that into action? How do we make something gender-sensitive? People have shied away from it. I have been talking about this for years and have been given the eye-rolls and all sorts, and I know that is not what would happen here.

Why do I think that a gender-sensitive analysis might be related to your original question? The majority of people who were bereaved were women. Those women were left. They suffered great socio-economic harm, and it came right across the board. Some were lucky enough to get some sort of state pension, but many did not. Those women were left to bring up families in poverty when they likely could have anticipated that that would not happen.

We heard the example from Judith about the great sexism that existed at the time and how that impacted on how those women were treated. It is another area of work to be looked at, but I genuinely think that it is very worthwhile. If we look at that sort of approach, we can start to unpick that complex relationship between reparations — I know some international reports have criticised us for not having got the reparations right, but there are lots of bits we are working on.

I am very positive about things. I am very positive on the forum anyway, as they will all tell you, but I am very positive about things. The zeitgeist is right now for us to turn a corner and take this to where it needs to be. We really need to be getting into the deeper level of constructing peace, and these types of things are all relevant. It is a relevant question. I agree with Judith. For us, particularly on the forum, we were more focused on the needs of the severely injured. We watched people getting older, and, obviously, because you are getting older, you are having more medical problems anyway, if you are then also severely injured, that has a huge impact. You maybe do not have the people around you to help you in the way that you might have had when you were younger. I think we took the right approach in making that group the priority for the last number of years in the campaign to get the victims' payment. Certainly, discussion about reparations is something that we will be thinking about in the future.

Mr Paul Crawford (Victims and Survivors Forum): I would like to say a couple of things. I fully agree with both the commissioner and Lesley. It is disappointing — you mentioned the 100 days — that there has not been clear and transparent communication on where that stands as we reach the halfway point. Given the track history, I am concerned. It is over five years since the Stormont House Agreement, yet we are still waiting on its being implemented. We are now 50 days into the 100 days stated in 'New Decade, New Approach'. The issue already has the potential to undermine confidence by creating worry that the legislation might not be introduced. That could then lead to negativity, when what we need is a can-do attitude.

There is an opportunity for people to stop working in silos, for want of a better word, and for us to have a joined-up approach. The statistics that Judith quoted for victims and survivors are the tip of the iceberg. The effect goes right across society and right across generations. When we are in the forum,

we are looking at not just the past but the past as it relates to today and in the context of creating a better future. We are trying to ensure that the conditions in which conflict happened in the first place are not recreated.

Finally, I note, Chair — it sounds strange calling people "Chair" — that you used the word "closure". Language is crucial. For people with the lived experience — the horrific and sometimes repeated lived experience — closure does not exist. We need to start talking in realistic terms right across the board. I and the rest of the forum would suggest that we start talking about achieving the greatest degree of resolution possible, because, to get closure, you have to bring back the dead, you have to reattach missing limbs and you have to fix broken minds. Rather than talk about "closure", we need to look, right across the board, at using factual, accurate, realistic and inclusive language.

The Chairperson (Mr McGrath): Thank you. I will conclude my questions and then move on. You more than made the suggestion, which a lot of us agree with, that the payments should not be coming out of the Northern Ireland block grant. That is very much starting to get into the nuts and bolts of the discussion. It struck me when you said that the Troubles have had an impact on many more people than just those from the North that there are other people who will potentially be drawing down a pension or payment. Has any research been done on, or any estimate been made of, how many people will be impacted on beyond the North? Such information would help build a case to say that payments should not just come from the Northern Ireland block grant. It would create a stronger case for going back to the London Government and saying that the money should come out of central funds. Has anything been done on that front?

Mrs Thompson: I will say what I believe the situation to be, but I am open to hearing additional information from our researchers. We did some actuarial work on the costs in Northern Ireland, and that was the focus. Even doing that is difficult, because you are looking at the tip of an iceberg. Your numbers depend on how much of the iceberg you end up taking into your scheme.

Outside Northern Ireland, we have done some work, as has the Victims and Survivors Service, on the number of incidents that happened outside Northern Ireland and on the number of individuals who are registered as individuals by the Victims and Survivors Service. We could find those numbers, but, all who served in, for example, Operation Banner are potentially eligible if they have not already received payments in excess of the amount specific to their injury. It is therefore a piece of work that needs to be done, but it is important to remember that this is not just a Northern Ireland scheme.

Mr Nesbitt: I will begin by stating that I was one of the original four commissioners who set up the commission in 2008. You are all very welcome. I particularly acknowledge your presence, Paul, and your multiple losses during the conflict. I agree with you that there is no such thing as closure. There is a burden that you will carry to the grave, and our challenge is to try to lighten that load for you.

Mr Crawford: Absolutely.

Mr Nesbitt: There are a few things that I want to touch on, beginning with the Stormont House Agreement. Paragraph 27 begins:

"The Commission for Victims and Survivors' recommendation for a comprehensive Mental Trauma Service will be implemented."

What did you have in mind, Judith?

Mrs Thompson: The Stormont House Agreement was written before my time, but the commission's advice at the time was that it was always envisaged that, at a societal and certainly service-wide level, we needed a health service that recognised and responded to trauma where it met it. Therefore, although our advice was absolutely focused on the need for our health service to be Troubles-informed and trauma-aware and to stop a situation in which we have massively high levels of prescribing and have had for decades. I am confident that many people go to their GPs with back pain and ongoing dependency on prescribed medication yet do not get recognised as victims of trauma and referred to the right services. That needs to be addressed.

Mr Nesbitt: Do you think that the commission saw the mental trauma service as a service specifically for victims and survivors?

Mrs Thompson: We always saw it as a service that was focused primarily on Troubles-related trauma. We did not see it as being limited to a narrow sector, however, because we had always advised that it was part of a wider health service and part of upskilling that wider health service to recognise Troubles-related trauma and deal with it where it met it.

Mr Nesbitt: I am really not clear. Was it for victims and survivors or was it to be a more general National Health Service service?

Mrs Thompson: Of course we were talking about victims and survivors, but we considered them to be not just those people identified as victims and survivors but those who will be in contact with every part of our health system but not necessarily identifying as such.

Mr Nesbitt: Are you aware that the Department of Health has taken legal advice on whether —?

Mrs Thompson: I am, yes.

Mr Nesbitt: I am not asking you to tell me what the advice is, but are you aware of what the advice is?

Mrs Thompson: I believe so, yes.

Mr Nesbitt: OK. Victims' payments, as you say, are coming out of London. You gave advice, and not all of it was acted on. The payment is for the most severely injured. Is it right to say that the criteria that will define the most severely injured have not yet been published?

Mrs Thompson: In the regulations, I believe that there is reference to the scales and existing mechanisms that define such injuries, so we recommended that payments be based on examples from the industrial injuries compensation scheme and the armed forces compensation scheme, where you have scales that describe levels of both physical and psychological injury and that enable payments to be tied to those levels. The regulations are lengthy, but I believe that those things are referenced in them as a model for determining severity of injury.

Mr Nesbitt: Your answer is not answering my question. Are the criteria set?

Mrs Thompson: I believe that a tried and tested model is referenced in the regulations.

Mr Nesbitt: To put it another way, Judith, colleagues of mine have been liaising with the Northern Ireland Office, which says that the criteria are not set. On that basis, it will not be possible to advise victims with any surety whether they qualify.

Mrs Thompson: OK. I cannot answer for the Northern Ireland Office. My understanding of the situation is that there is a model there. We are not starting with a blank sheet of paper. We will not know whether individuals will be placed here or there on the model until they have been through the process.

Mr Nesbitt: In my time, funding of victims and survivors' groups was a big issue for two reasons: it was annual, which meant that there was very little continuity and security of funding; and it was competitive, so groups that should have been sharing best practice did not share best practice, for fear of losing out in the next funding round. Have you taken a view on that? Have things moved on?

Mrs Thompson: We have certainly delivered significant advice on funding for victims and survivors' groups. There has been a real shift. The groups that deliver services to victims and survivors and that are funded by the VSS are service providers, so that is a shift. There is a range of organisations that grew out of the experience of individuals and communities and are now service providers. They work to standards. They are involved in training and development. They work collaboratively through the victims and survivors practitioners' working groups. They conduct research and seek feedback from their service users on the impact of what they do. There is therefore a direction of travel in which we have had growth in capability and capacity. That is something that you will hear far more about from the Victims and Survivors Service, because it is delivering that programme hands-on, but it is becoming the case that those groups are much more able to collaborate. They are much more able than they previously were to share information and to work with one another on service provision. That is not a destination but a continuing journey, as all service delivery should be.

Mr Nesbitt: As you said, the 10-year strategy ran out in 2019, and I believe that consultation has begun on a new one. Will you be proposing any significant changes?

Mrs Thompson: I will deliver my advice formally in September. There are a number of themes that we need to address, and the issue of people who live outside Northern Ireland is one such theme.

As I said in my presentation, locating the strategy in just one Department in some ways militates against what needs to be achieved, which is real cross-departmental Programme for Government impact. It is a societal issue. The strategy impacts severely on the Department of Health, the Department of Justice, the Executive Office and the Department for Communities, but, in effect, it has an impact everywhere. It would therefore be much better to see a cross-departmental strategy. As commissioner, I advocated and will continue to advocate for something deliverable in our outcomes for the Programme for Government that pulls together the different aspects of dealing with the past and victims and survivors' issues.

Mr Nesbitt: The previous strategy seemed to suggest that, over the 10 years, we should move towards mainstreaming the delivery of services, rather than having bespoke victims and survivors' services. Do you think that the sector is ready for that?

Mrs Thompson: We are certainly not ready to dismantle any of what we have, but the way forward is not to do that anyway. If you take the proposals for the regional trauma network as a model, what you are looking at will be community-based delivery by a range of organisations with roots in the community and, at the more acute levels, at really good integration, with a health-led provision. The regional trauma network is an integrated service-delivery model that brings together statutory and voluntary partners to give the capacity and the community engagement needed in order to address the issues. For me, it is about building that model, but the advice is still to come. Again, I want to see whether my forum members want to add any thoughts on that.

Mr Crawford: It comes back to what I said about previously working in silos, and getting away from that. The regional trauma network needs to be just that: a network, not a service. Organisations in the community and voluntary sector have decades of experience. Often, its members have their own life experience. They know their part of the community. It is therefore essential that the mainstream statutory bodies work more closely and more in partnership with the community and voluntary sector and that the greatest amount that is reasonably possible of the regional trauma network be delivered in those communities where the impact is most felt. There are probably about five such areas across the North, and those are the Urban Villages.

When it comes to upskilling people who are already in the victims' sector or upskilling the rest of the main statutory bodies, it is essential that anybody who is delivering services is trauma-aware. In particular, GPs need to be able to make the appropriate direct referrals. For them to do that would probably be more cost-effective and possibly cut out four or five steps.

In short, the network needs to be coordinated and as community-based as possible. It should also, as far as possible, upskill people with life experience to work with other people in the area.

Mr Nesbitt: A big factor in delivering that, Paul, will be determining how services are procured. There is concern around Protect Life 2, the suicide prevention strategy, that procurement could knock out smaller voluntary and community sector groups that have been working with communities not for years but for decades.

Mrs Thompson: May I pick up on that? It is really important that that does not happen. Whatever stage that procurement process is at, we need to engage with it now to make sure that that does not happen.

Mr Nesbitt: The process is not at an advanced stage. That point has been made.

Mr Crawford: May I add one other point, please? I am sorry for coming back to this. We hear an awful lot about PTSD and complex PTSD, and the reality is that quite a few people have been diagnosed with those conditions. However, this goes much wider. In fact, one of the big reasons that the network needs, as far as possible, to be community-based is social isolation. I have lived in west Belfast all my life and know people of my age, in their 60s, who have not gone past the city centre in 30 years. They find it hard to come out of their home and are afraid to. They require support.

It is not just about high-end conditions such as PTSD but about social isolation, anxiety, depression, etc, which account for a lot of people, and those are people to whom you need to provide a service. To me, the joined-up approach means getting out of the silos, partnership working and GPs making proper, timely referrals.

Mr McCann: I want to come in on the back of something that Mike said. One of the difficulties that you have had has been to get GPs to recognise issues around suicide. How can you ensure that people who go to a GP are getting the appropriate treatment and are being pointed in the right direction?

Mr Crawford: I need to make it very clear that I am here as a member of the Victims and Survivors Forum and am not speaking in any way for the mental health organisation that I work for. Generally speaking, our mental health services leave a lot to be desired. They could do with more funding and staff. That applies right across the health sector but in mental health in particular. In fairness to GPs, if people are in that space where they are going to take their life, unless that is during a GP's office hours and they are able to get an emergency appointment, the GP is powerless. If he gets a report, the GP can follow up later.

At the moment, community-based organisations do a great job insofar as they can. People present to accident and emergency departments and other places, which, to be blunt, is really not good enough. Again, to come back to the subject of the regional trauma network, I will say that not all suicides are the result of post-conflict issues but that quite a lot of them are. Not all excessive prescription medicating and other addictions, such as to alcohol, are as a direct result of the conflict, but quite a lot of them are, and that applies across the spectrum. A joined-up approach is therefore needed. The new strategy for suicide prevention needs to be implemented. All the services need to be properly funded. All the staff and volunteers who are providing services need to be properly skilled and properly paid. They need to know their limitations and which service is appropriate for which victim. That involves quite a bit of work. That is not in any way to criticise people who are doing a fantastic job and working very hard, but they are very limited and restricted in what they can do, because of a lack of financial and human resources.

Mr McCann: I have one more small point.

The Chairperson (Mr McGrath): Fra, you are going to get me in trouble, but I will allow it since this is your last meeting. I will comment at the end. *[Laughter.]*

Mr McCann: It might be a week or two weeks before anybody can get an appointment with a GP. Their surgeries are packed, and they are under pressure. Although GPs provide an excellent service, there are other mental health facilities and services, some of which lie within areas' community health hubs. Can you see them playing a role?

Mr Crawford: You are spot on. Recently, at the Colin Neighbourhood Partnership on the edge of west Belfast, an emergency clinic was available 24/7 during the peak danger time of the weekend. Therefore, a lot of proactive work is going on. There are other initiatives for young people, such as midnight soccer and stuff up in Sally Gardens. People should look at the Colin Neighbourhood Partnership. I say that because I am familiar with its work. All the community-based organisations work together, and I must say that the elected reps in the area are fantastic. They are always available.

Yes, those hubs have a key role to play. I come back again to my point about getting out of silos. The people who can make the biggest difference to your mental well-being are the people who know you, not necessarily professionals. They can listen to you, support you, help you through your journey and perhaps get you to the point at which you go to a professional. You are most likely to get your initial and most important help and support from family or friends or in your neighbourhood.

Mr Sheehan: Thanks very much to all of you for coming today. I have some questions about the regulations for the victims' payment scheme. Did you have any contact or discussions with the British Government when they were developing the regulations?

Mrs Thompson: I will preface everything by saying that I am not a lawyer, and I will not tread into areas that I think the lawyers will resolve. Yes, I gave advice, as you know, to the Secretary of State, recommending that there should be a victims' payment, which we called a "pension" at that stage. Subsequent to the consultation, I put in a response, but the shape of the regulations as they now appear was not known to me other than that I had a conversation with the Secretary of State in the

late afternoon on the day before they were laid. Even at that stage, not only was I not privy to all the detail but I was told, and I believed, that they were still being finalised.

Mr Sheehan: I am sure that you will agree with me that the regulations are inconsistent and incompatible with the 2006 Order and its definition of a victim.

Mrs Thompson: The way in which the payment scheme operates is clearly different from the definition under which I work. That does not change my role. It does not change the law under which I work. It does not change the law under which the Victims and Survivors Service works.

Mr Sheehan: The advice from you and your organisation, which is the primary source of advice to government, was effectively ignored by the Government.

Mrs Thompson: My advice was not followed in a number of respects. That is correct.

Mr Sheehan: Your job, on the basis of the 2006 Order, is to advocate on behalf of victims. Your organisation is in statute in the 2006 Order. Is that not right?

Mrs Thompson: My job is to support and advocate for all victims and survivors, as defined by that legislation. That is absolutely correct.

I delivered my advice. I have consistently said to whoever asks me the question that it is never acceptable to do nothing for anyone just because we could not do something that was going to meet with everybody's wishes or the political narratives that thread through this. You are correct: I operate under that Order. It determines the role of my organisation and the way in which funding is delivered. The fact is, however, that a political decision was made that enabled the situation to move forward and enabled it to move forward through regulations. By the time that the regulations were laid, there could be no amendment and no debate. Either they fall or they stand, so I was left in a position in which either nobody got anything, as the case has been, which I have always said is unacceptable, or something goes ahead that is what it is, even if it is not what I advised. However, as I just said, it is what it is, and we need to make the regulations work as best we can going forward.

Mr Sheehan: I am just trying to get some clarity on the advice that you gave to the Government.

Mrs Thompson: It is published. There is nothing secretive about my advice. It has all been in the public domain for quite a long time.

Mr Sheehan: That advice is compatible with the 2006 definition of a victim.

Mrs Thompson: Yes. In fact, when I gave my advice, it was acknowledged by us, by the Executive Office and by the Northern Ireland Office that I can advise only under the legislation that governs what I do. Therefore, I did not offer any advice beyond that legislation, because I could not do so.

Mr Sheehan: That is fair enough.

Mrs Thompson: The decisions that were subsequently made politically enabled the scheme to move forward. I am not saying that they were in accordance with my advice, because they were not.

Mr Sheehan: Since the publication of the regulations, have you commissioned any advice on their incompatibility with the 2006 Order?

Mrs Thompson: My clear understanding, as it sits, is that nothing changes about my role, about the legislation that I operate under or about the way in which the funding will be provided through the Victims and Survivors Service. The fact that the new legislation has a different and, I have to say, very unclear implication for who will get the payment does not change my legislation and my way of working.

Mr Sheehan: I will come on to that in a second. The reason that I asked you that question is that, under the statutory duties of the commissioner in the 2006 Order, it states that the commissioner:

"shall keep under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors."

That is why I am asking you whether you have commissioned advice.

Mrs Thompson: I have not at this point in time. There is an awful lot yet to be clear about the scheme. At the moment, we know that everybody bereaved and not at the scene, and traumatised by being there, is excluded. We need to do other things to address their needs. We know that the scheme is linked to the Rehabilitation of Offenders Act 1974. You will know that that legislation has a number of sections, but, broadly speaking, if you are sentenced to more than two and a half years, such an offence is never spent, and the scheme has been tied to that. It is therefore wide open. I have no idea how those decisions were made.

Mr Sheehan: In the 2006 Order, a number of categories of victims are excluded from the payment. There is also a lack of clarity in the guidelines. There is a suggestion that other victims may be excluded on the grounds of exceptional circumstances, but there is no definition of that, or on the basis of material evidence, and we do not have a definition of that. Have you any idea what those concepts are?

Mrs Thompson: I have no more idea than the next person of that. I think that this is wide open. There is the potential, but not the certainty, in the legislation for some direction from the Secretary of State. There is the likelihood that this is a mechanism that will end up being determined in the courts.

Mr Sheehan: Do you expect a legal challenge?

Mrs Thompson: Speaking personally, I would be surprised if there were not one. Any legislation that is wide open ends up being reviewed.

Mr Sheehan: Have you had sight of the guidelines yet?

Mrs Thompson: I do not even know whether the Secretary of State will issue guidelines. I know that the legislation says that he or she "may", and I think that it is expected or anticipated, but, no, I have not seen any.

Mr Sheehan: Has the Secretary of State consulted you at all on the development of guidelines?

Mrs Thompson: No.

Mr Sheehan: Thank you.

Mr Clarke: Paul, something just struck me from your response to Mike. Thank you for your presentation. You used the word "closure". There will be differing opinions on what victims are, and, obviously, Pat's definition and my definition will be entirely different. "Closure" strikes me as a very important word, and it is probably the most important thing that I have heard today. Will you describe, in your own words, what you think closure would look like?

Mr Crawford: I do not think that closure exists, as I said to the Chair, as it was the Chair who used the word. What we should be striving for is the greatest possible degree of resolution. I really do not think that closure exists. The three members of my family who lost their lives will never be alive again. That is the case right across the injured in the conflict.

What I do know about is west Belfast. In west Belfast, there were 623 dead, over 9,200 physically injured and probably 18,000 psychologically injured. Many, many more — another number of thousand — went to jail because of their life experience and choices that they made in that conflict zone. I was raised in that conflict zone. I still live in it, and I call it a conflict zone very deliberately. Within an area probably four miles long and two miles wide, there were 42 security bases. That is the area that you are working in. The population at that time was 60,000. You are probably pinning it down to between a fifth and a quarter of the population of west Belfast who was directly impacted, and I mean directly: dead, injured, in jail, arrested. I have never knowingly broken the law, but I was arrested many times and beaten many times. I was tortured. I was a teenager in west Belfast. I say these things, not to throw anything out there or say that everything is their fault or everything is our

fault. I throw it out there to say that those issues are alive. Every one of those issues are there right across the spectrum.

You said that your idea of a victim will be different from Pat's idea of a victim, but you will have your list of your side of it. You will have your life experience. It is crucial that those life experiences need to be addressed to the greatest degree possible, and the way to do that is to fully implement the Stormont House Agreement. To do it any other way is to prejudge, since you raised the question, whether Pat is right or you are right. That is not the way that it should be. People have suffered. People — not unionists, loyalists, republicans or others. People — human beings. Human beings suffered, and human beings took action according to where they found themselves in their life experience.

My father's life was taken by the UVF. I have no animosity towards any UVF volunteers — note that I do not say "terrorists" — who took my father's life. I cannot, in any shape or form, say that anything was right about it whatsoever, but I acknowledge that I have no animosity and that the people who did that had a very different life experience to me to that point. The Stormont House Agreement structures are agreed by the two Governments and the main parties here as being the best way to move forward.

I am sorry; I am going on a bit, but I will stop. It is, without reigniting the conflict, about going through the properly established structures, with the proper support, to get the answers to your question from whomever the other side or sides might be. It is complex and difficult, and it is expensive, but I argue that, in the long run, it is, financially, emotionally and societally — if there is such a word — much more cost-effective.

Mr Clarke: I was not challenging you because you are perceived to be from a different perspective than I am.

Mr Crawford: No, no; I did not think that you were. I hope that I did not come across as answering in that way.

Mr Clarke: No. I just want to qualify that in case —

Mr Crawford: You will have to try harder than that.

Mr Clarke: I am going to come back at you, obviously. *[Laughter.]* My father and brother worked for the security forces. We grew up checking under our cars. I may not have lived in west Belfast; I lived in sleepy Randalstown. My brother served with the British Army. He could not come to visit his mother. That was the experience that we had. My brother-in-law was murdered at Teebane for doing a day's work; he was a workman, coming home in a van, and he was killed with seven of his colleagues. Those people made choices. They chose careers. My father and brother were, in my words, legitimate forces; they worked for the British Crown. My brother-in-law was a civilian worker, working on an army base, and he was killed because he worked for the British forces.

There were victims right across. I accept that. I have read both of your stories on the internet. Both are very harrowing. I may use different words to you. I do not care which label we give to the individuals who perpetrated murder; in my eyes, they were all terrorists. There were terrorists on both sides. You might not want to call them that, but that is what I call them all. They took your father's life. It was terrorists who took Lesley's father's life, and it was terrorists who took my brother-in-law's life. In my book, they are terrorists, and we have to call them that.

You talked about the Stormont House Agreement. It may have received broad political support, but I do not believe that it received broad support from each of the communities that we come from. When you get to the position that you equate someone who went out to take another man or woman's life with the person whom they tried to murder, I do not think that that will ever wash.

Your words in response to the Chair struck me, which is why I wanted to ask you what that resolution looked like. I accept what you said: closure will not fix it because closure does not bring any of those thousands of people back.

The other thing that struck me — I will roll this into two questions — was the stats for west Belfast. I am not picking on west Belfast, but — this is nearly turning this into a health debate — I am not sure that the model works. You are referred to a GP during the day. I have a family member who has PTSD. They went to the GP during the day and were referred to the crisis team. There was difficulty in getting to see the crisis team; the crisis team made the phone call and did not want to see the patient.

Here you have a GP saying, "They need to see the crisis team", but you have the crisis team saying, "No, you're OK", because they told the crisis team on the phone that they were not suicidal. That does not work. The system is broken. That is not conflict-related, but it is important. That individual still has PTSD, and I think that that goes back to Mike's point about the mental health stuff. Why are we separating those? We need the expertise in the one place. Everybody should feed into that. Although there is a difference in victims in terms of those conflict-related Troubles, an awful lot of people are dying every day because of mental health issues that are not directly connected to the Troubles. I look at the stats for west Belfast per head of population. I am not trying to criticise you, but I get concerned that some people hang their hats on the private sector or the community sector delivering massive gains. I stand to be convinced, and the stats reassure me that my thought pattern may be right. Per head of population, in Belfast, there are still more people dying from mental health conditions than outside Belfast. The reason that I am making that point to you, Paul, is that I do not believe that the community sector can deliver that. Much more expertise is needed to crack whatever that is and wherever it has gone wrong. That is probably a statement more than anything else.

Mrs Thompson: Can I —?

Mr Crawford: I think that I should answer, if it is all right. I do not see any conflict whatsoever between us. What you said reinforces some of the things that I said. There are different narratives and different life experiences. You have clearly said what your side of it is and what your stance is, and I think that that illustrates the complexities. I do not see any conflict between positions.

Mr Clarke: There is no conflict, Paul, because you and I want the same thing.

Mr Crawford: Absolutely.

Mr Clarke: We want to be in a place where we all live as equals.

Mr Crawford: Everybody wants the same thing. On conflict resolution, different sides want the same things from different people, generally.

On west Belfast and the community there, that is tied to what I said about not working in silos. I am not saying that it should be purely done by the community and voluntary sector, but it has an important role to play, as does the statutory sector. What I am saying is that it needs to be joined up; it needs to be a partnership. Quite a lot of it needs to be community-based.

On treating people the same, I am not talking about moral equivalence or anybody being right or wrong. I am talking about human beings who have suffered. I cannot picture myself being in a position that I would refuse to help a human being who has been harmed, in whatever way. It is a personal thing, but I do not think that we will be able to move forward if we are constantly trying to decide who is right or wrong before we set up structures. That is just fighting the conflict differently. Those structures need to be set up. While it is not perfect — far from it — the Stormont House Agreement is there, and it is generally agreed on. There will always be dissenting voices to whatever it is, but people — victim makers, victims and others — are dying daily, and we are losing opportunities for justice, truth recovery and resolution daily. That is where I was coming from when I made that statement.

Whatever your story is and whatever Pat's story is, they are both equally valid, but they need to be put forward through the structures to see where they go. On your side of the equation, I am sure that there are a number of questions that need to be resolved and, likewise, on Pat's side of the equation. There are also many other sides to the equation. There are the non-state actors across the board, the state actors across the board and the people who are in-between, who may or may not have been state actors, with the whole collusion and agent thing. You could argue about that all day, but that needs to go through the proper structures.

Mr Clarke: I will finish with this, Chairman. There are two points that I want to make quickly. On your experiences with the police, I could not condone their actions either. I have only met you and, in your words, you have never been in trouble, so I could not condone the actions of the police for that. That was wrong. You and I will be on the same page in the sense that we want to get a resolution, but that resolution needs to be one that does not take some people back.

Mr Crawford: Absolutely, and you may have noticed that I did not criticise or condemn anybody. I merely stated that this is a fact. This is my life experience; your life experience is different.

Ms Veronica: May I come in there? Your original point was: what does resolution look like? That is a really powerful point.

Mr Crawford: Yes, we got lost there.

Ms Veronica: Yes, but it is a really powerful point and, for me, it is about that. We work really well together in the forum. We are unique in the sense that we are individuals; we are not people who work in the field, if that makes sense. It is unusual to have a forum like that. Although some people on the forum are members of victims' groups, many are not. Many have never really strongly identified as a victim — me included. I tell the story all the time about a friend of mine, a Danish academic, who said to me, "The forum is being replenished. Why do you not apply?". I asked him, "What forum? What are you talking about?". I pride myself on knowing about Northern Ireland politics, and I knew nothing about this forum.

That is our background, and we work very well, part of the reason being that we do exactly what Paul talked about. First and foremost, we deal with everybody as a human being. We come from a human perspective. We get to a resolution by doing that: interacting with each other and dealing with the conflict as human beings first and foremost, and by reintroducing a hefty dose of compassion in how we deal with issues.

We use our language appropriately. We have already started to do that and have made great strides. Having our institutions up and running is so important for that, much more important than many people will recognise outside of this room and outside of this environment. It is important because these institutions show that we can work together and deliver something that is really important for local people. I believe that everybody in this room believes that we are better off with the institutions. Anybody who works in any sort of policy advisory role, certainly in FE, knows how important it is to have the institutions up and running and to see deliverable results.

What does it look like? It looks like us moving together with a more compassionate and forward-looking language. Certainly, while we can acknowledge the hurts of the past, we can also acknowledge that there is a better future. It requires us to be more creative.

With regard to what I am interested in, I suppose I am more of a — I hate the term — blue-sky thinker. We had a discussion earlier, for example, about trauma and who the regional trauma network was for. I really think that we need to widen our definition of trauma. The big thing for me is hidden trauma, and people who manifest trauma. I have been a teacher for 30 years. When kids act out, they rarely act out in a nice straightforward way that tells you, "Oh, it's because this thing that happened here". If a child is traumatised, it exhibits trauma, nine times out of 10, by being really badly behaved, in a way that makes you very unsympathetic or even prepared to sit down and ask them what will help. In my last five years of teaching, in particular — it is getting worse year-on-year — the number of young people presenting with severe mental health problems is a real issue. I see these kids and these are real problems. This whole snowflake thing really gets on my nerves. In this year alone, the number of students who have had to be driven to their GP for immediate intervention because of suicide ideation, talking about suicide or actual suicide attempts is getting worse. Given my interest and the fact that I work with young people, I do a lot of reading around the subject. Certainly, there are ideas about the impact on a developing foetus if the mother lives in a conflict zone, a bad situation or even a domestic violence scenario. Anything such as that could predispose the developing brain to addiction and to all sorts of problems. All that stuff is out there; it is a theory. It seems to be a well-supported theory, but it is a theory. I am very broad on all of this, and, in a way, that broad approach starts to push us in a more forward-looking direction, which is where I really think we need to go. Again, given the nature of my job, I am really interested in building this for young people.

The Chairperson (Mr McGrath): Mike, did you want to comment?

Mr Nesbitt: I just want to put on record that not all the local parties support the legacy proposals in the Stormont House Agreement. Paul, you seemed to give the impression that we all do. The Ulster Unionists do not.

The Chairperson (Mr McGrath): We have three more members to speak, and we are at least 30 minutes over time. All members' questions are important, but we should keep the questions and answers as short as possible.

Mr Lunn: I will keep it short. I am so glad that you are here today, because we have been through a three-year hiatus where nothing seems to have happened in this area, and that was preceded by a period when people like you were involved, to a certain extent, in trying to bring some sort of order and resolution to it. We really need to hear from people like you, Paul, and you, Lesley. You are very brave to come here and speak in the way that you have.

I will lighten the mood slightly. You mentioned the midnight soccer at Sally Gardens. I am pretty sure that that was set up when Sally Gardens was being funded by Lisburn council, which I was on.

Mr Crawford: I think it was actually, and it is still going.

Mr Lunn: Yes, it is still going. That is brilliant, and I hope that it is beneficial to the people who use it.

We keep coming back to the definition of a "victim". I am not sure for how many years we have been discussing this or arguing about it. Some of us decided some years ago that it was probably worthwhile in order to get a greater degree of resolution — I think this is what you meant — to bite the bullet. It is an unfortunate phrase, but you know what I mean. Some of us thought that, for the greater good, it might be better to offer some recompense, however unsavoury it felt at the time, to people who were victims at their own hand. I remember stating this publicly and getting slaughtered for it. It was anathema to some people, and it still is. Where would we be now if we had taken that route? The idea was to siphon off the people in that category and let them be dealt with separately. There was even legislation produced by Dr Luke Moffett, who provided the bones of a solution. I thought that it was a good possible outcome, but we are where we are and are now waiting for these regulations. I will get to a question now. You say that you are still operating under the 2006 Order.

Mrs Thompson: Absolutely.

Mr Lunn: Of course you are. These regulations will presumably have the force of law behind them when they come in.

Mrs Thompson: I do not see that it changes either my legislation or the way the office operates. We have a victims' payment scheme that operates to parameters that do not include everyone who continues to meet the definition of victim. It does not change the fact that those people meet the definition of victim, but it does mean that they will not meet the parameters of this award.

In fairness, the award was always for people who were severely and permanently injured, so those who got better were always going to be excluded, and those people who did not meet the level of severity were always going to be excluded. The fact that people who remain defined as victims under the law that I operate under and will, nevertheless, not necessarily qualify for this payment does not change the law that I operate under.

Mr Lunn: For clarity, is the two-and-a-half-year stipulation that will be in the new regulations the length of the sentence rather than the length of time served?

Mrs Thompson: That is correct. I am treading into dangerous lawyerly territory here, but they have tied the requirement for a person to be considered by a panel to legislation that has existed for a long time called the Rehabilitation of Offenders Act. That Act, as I understand it — I worked with it as a probation officer — basically says that, if you have committed an offence that is below a certain bar, after a while you do not have to declare it to employers. It was to help people to get jobs. However, you always have to declare certain things, and that bar is quite complicated. There is a lot more to it than just the two-and-a-half-year stipulation, but it says that any offence for which you are sentenced — you are right: not served but sentenced — to more than two and a half years can never be spent, and that is where they tied the bar for this.

Mr Lunn: That is not miles away from Dr Moffett's proposed legislation a number of years ago. If I remember correctly, the idea of that was that the people in the category would be separated and passed straight to an appeal panel.

Mrs Thompson: It remains very, very unclear what will happen when they get to that panel.

Mr Lunn: I have a feeling that the final outcome will not be a mile away from what had been proposed. It is a crying shame that this process has been extended for five or six years because of that.

Mrs Thompson: Yes, people have waited too long.

Mr Lunn: I wish you well, folks, and I hope that we can bring this to a conclusion quickly. It is outrageous.

Mr Crawford: Thank you very much.

The Chairperson (Mr McGrath): Christopher, and then George.

Mr Stalford: Thank you for coming and speaking to us. I have two questions, but I want to address some of what has been said. I accept that there is no single interpretation of history — I am a history graduate; I studied history — but I believe that there is such a thing as objective truth. There is not your truth and my truth; there is a truth that exists independently of events. You said that people who ended up in jail did so because of choices that they made. They ended up in jail because of the choices that they made. Other people did not have a choice in the suffering that was inflicted on them.

I was born in 1983: I know I do not look it; politics is a rough trade. I was born —

The Chairperson (Mr McGrath): In '73.

Mr Stalford: — in 1983. Colin McGrath — watch it. I did not really experience the worst of the Troubles, just the tail end. We lived in Cluan Place, which was at an interface. There was obviously some tension there. One of my abiding memories is of two boys in my class at Nettlefield Primary School. This is when we were wee children. Whenever the sky got dark, my best friend ran into the school. I did not understand why that was happening. It was happening because that was what the clouds were like when he, at the age of five, witnessed his father being gunned down in front of him. I still know his family. I have seen the absolute devastation that that caused. It is like a ripple. It continues and continues and continues. It is in the interests of all of us that we try to address these issues, but I am mindful of what I said at the start: there will never be a single interpretation of history and past events. I wanted to put on record my view, which is similar to Trevor's.

I have a family relative who was shot in 1970. Since that time — this is an elderly lady whom we are talking about — she has been on prescription medication. You would not think of an elderly lady as having a problem. We are talking about 50 years of prescription medication. Do you have statistics on drug and alcohol dependency among victims or their immediate families? Will you comment on that?

The Chairperson (Mr McGrath): Before you do: George, do you want to ask your question? We will band them together, and then we will be near the end.

Mr Stalford: I have one more.

The Chairperson (Mr McGrath): George, we will come back to you. It was my subtle way of asking if we could —

Mr Stalford: Hurry up. *[Laughter.]*

The Chairperson (Mr McGrath): We are getting on all right.

Mr Stalford: I will remember you on Monday and Tuesday when I am in the Chair.

My second issue was identified as a potential problem in the historical institutional abuse investigation. It relates to contacting people outside of Northern Ireland about informing them of help that is available. How does that work? How do you do that?

Mr Robinson: Thanks to the team for your presentation. I will be brief. At present, there are still so-called dissidents and so forth on both sides — loyalist and republican — and there are still victims. They have been tarnished and badly injured with leg wounds and all sorts of things. Will they still be compensated? In other words, will there still be a compensation scheme for those who have been victimised more recently?

Mrs Thompson: Yes. Which order will I go in? *[Laughter.]*

Ms Veronica: That is a good question.

Mr Robinson: I agree with both of my colleagues here about your presentations.

Mrs Thompson: Christopher, I note what you are saying, and you are right. There are always different experiences, but there will also always be facts, even though people may experience them differently. Yes, we all have choices and we have different experiences. We make our choices under different pressures, sometimes, but we have choices. I do not think either of those things run against the need to have — I start from the point that, no matter who you are or who may have harmed you, you have the same rights; that is, the right to know that the state cares enough to investigate what happened to you in a competent and independent way. You have a right to know, if there is no prosecution coming out of that — well, no; the right to know the status of your investigation — where it is at. Is anyone still doing it? Is it lying on a shelf? Is it going to be connected to something else? Is it going to come up again?

If there is a prosecution, or no prosecution, you have the right to challenge that, and you have a right to an explanation why. You have the right to receive support and you have the right to protection. I would argue that, for the 1,100 deaths that remain with our police legacy investigation branch — this is not to do with a desire not to help on the part of the people who work there — there is simply not the capacity for them to deliver on those things — those rights — for anyone, no matter which side of the table or where people sit. There are people who have suffered that loss who have those rights.

The facts will emerge, and they will be what they will be. I suggest that they will be uncomfortable for everybody, not personally — there are many people who did no harm and no wrong — but in terms of a community narrative. The truth is messy and uncomfortable for all of us. I agree very fundamentally with what you are saying about the need to deal with it in everybody's interest. We have heard in this room today how deep these things run throughout Northern Ireland and its people. You have highlighted some really important issues.

There is documentary evidence, which my team can provide you with, of the extremely high levels of prescription of medication in Northern Ireland, going right back to the Troubles and continuing since, by comparison with anywhere else.

Mr Stalford: Did I see a statistic somewhere that the majority of co-codamol in the world is consumed in the city of Belfast?

Mrs Thompson: Absolutely. It was the only tool in the GP's toolkit. I am not blaming people for doing it, but you are absolutely right. Lifelong habituation, dependency and dependence on other substances as well is a direct and indirect result of trauma and prescribed medication. We certainly have figures that show how high that is in Northern Ireland compared with elsewhere, and we have research that shows the co-morbidity — the connection — between dependency and the high levels of drug dependency, alcohol dependency and other dependencies in Northern Ireland and trauma — often, conflict-related trauma.

As other people have said, where do you draw the line around the edges of conflict-related trauma? Is it the person who is at the incident? Is it the child who grows up in a home where their parents look under the car every day for reasons that they do not understand, or is frightened of dark clouds for reasons that they do not understand, or reacts when they hear a helicopter or see a police jeep in a way that their children do not understand? Those things affect their children's lives and those of their grandchildren. Which of those people are considered to be victims of the Troubles and eligible for trauma compensation? It is very wide-ranging and interconnected.

There is a lot of evidence — I do not know whether there is an exact number — of what you have described around prescribed medication, addiction and Troubles trauma. That is why we have major mental health issues that we need to deal with. While there is a model in our regional trauma network, the money that is being talked about at the moment is nowhere near enough; absolutely nowhere near enough. This is big, and we have to deal with it.

Problems contacting people outside Northern Ireland — yes, I think it is difficult. We have made some attempts to look at how we might try to do that. I do not think that we have come up with any solutions. I am thinking of the operation when Jon Boucher set up an inquiry here, where it was going to be very difficult to know who might be coming forward to be spoken to or who might want to engage with his team. A website was used, and it was publicised and people could make contact via the website or via

the team. If you are seriously getting into new developments and want to let people know about them, like the victims payment, we need a public understanding of why those issues matter and of what services there are and should be. I suggest that that needs to be done through a government awareness campaign, such as we have done in other areas previously. There is a big piece of work for us all to understand and acknowledge how deep this stuff is and why it really does not matter who you were or what the source of your trauma was. We all need to acknowledge that it has to be dealt with.

Have I answered your questions, Christopher? Can I move on to George's question?

Mr Stalford: Yes, you have. That is fine.

Mrs Thompson: Thank you. George, the legislation that I operate under does not have an end date. While I would never legitimise violence at any point, and certainly not ongoing violence in this day and age, I recognise that the people who are the victims of that violence are victims of something that has its roots in our conflict, even if it is an indirect relationship in some cases. I am not justifying anyone's behaviour or tracing it right back to a particular incident, but I am saying that if you are taken by paramilitaries and beaten up and brutalised, as young people still are, you are a victim of an ugly legacy of the past.

Mr Robinson: Would they still qualify?

Mrs Thompson: In the legislation that has been passed for the victims payment, it says that incidents up to 2010 are included, which is an improvement on what was proposed before. It then says that others can be looked at on a case-by-case basis. It is not a given, but it is within scope. It is not as inclusive as I would have liked it to be, but it is better than it was when they consulted on it.

The Chairperson (Mr McGrath): OK. Judith, Paul, Lesley and Andrew, thank you for coming today and giving us your presentation. I apologise that we have kept you for an hour and 45 minutes. Sometimes it escapes us as individual contributors that, collectively, we are putting you through an hour and 45 minutes of questions on issues that are maybe not always easy to discuss. We sincerely thank you for your contribution.

Mrs Thompson: Chair, I thank you for the opportunity. Honestly, we would sit here all day happily if you would have us. It is important, and we value the fact that you have given it this much time.

The Chairperson (Mr McGrath): Thank you very much indeed.