



Victims and Survivors Service – Quarterly Review Report

October to December 2012

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Summary

1. The Office of the First and deputy First Minister (OFMDFM) has requested that the Commission review the progress of the Victims and Survivors Service (VSS) on a quarterly basis and produce a report that comments on that progress. The report is compiled in order to ensure that the best quality of service is provided to those victims and survivors most in need.
2. The Victims and Survivors Service opened on 2nd April 2012 and the Commission reported in October 2012 on the progress in the first six months. This report focuses on the period from October to December 2012.
3. The Commission concludes that it is positive that the Service is now operational and is encouraged by the fact that 237 assessments have already been completed. The Commission welcomes the fact that over one third of assessments have involved “hidden victims” or those who have not previously been in receipt of services.
4. The Commission acknowledges the scale of the task that the Service is currently facing in relation to recruitment of new staff and the integration of the Community Relations Council team into the Service during this quarter. The Commission welcomes the recruitment of further assessors and the potential for an increase in the amount of assessments in the near future.
5. The Commission also welcomes the improvement in communication with the Service and the start of monthly meetings between the Commission and the Service from December 2012.
6. The Commission is also encouraged by the interaction between the Service and the Service Working Group of the Forum and believes that the work of the Group has contributed to the formulation of a number of helpful and practical recommendations included within this report.
7. The Commission believes that certain improvements recommended by the Services Working Group would be simple to implement and lead to an improvement in the experience of the individual who is engaging with the assessment process within the Service.
8. Both the engagement of the Services Working Group and the participation by the representatives of victim and survivor groups at the Commission’s Seminar in January 2013 has highlighted a number of issues. The Commission recommends that the Department, the Service and the Commission work together to address these issues effectively. In particular,

the Commission would recommend improvements in the area of communication between the Service and the sector.

9. The concluding sentiment of the Seminar and also highlighted in the presentation of the Victims and Survivors Service, was that it is incumbent upon us all working in this sector to work together in order to “get it right” for victims and survivors. The Commission agrees wholeheartedly with this sentiment and looks forward to working in partnership with the Department, the Service and the Sector to implement the recommendations contain within this report.

Recommendations

10. After taking into consideration all the information contained within this report that the Commission has collated from the Service, the monthly meetings, the Services Working Group and from the Seminar, the following recommendations are proposed:

The Assessment Process

11. In distinguishing clearly between the initial 'assessment' victims go through during their first meeting with VSS staff and a detailed clinical assessment conducted by a psychologist or psychotherapist, the Commission **recommends** that the VSS considers renaming the initial contact.
12. The Commission agrees with the recommendations of the Services Working Group in relation to the Assessment process. The Commission **recommends** that the Service considers the proposals of the working group in relation to the communication with the client regarding individuals being accompanied to an assessment and advised that they can have an advocate present. Also that the client leaves the assessment with written confirmation of the outcome of the assessment and that it is made clear that there is choice for the individual in where the assessment takes place.

Communication

13. In addition, the Commission **recommends** that the Service implements a comprehensive communications strategy that informs groups of the latest developments and also encourages individuals and their families affected by the conflict to come forward to have their specific needs addressed.

Groups

14. The Commission **recommends** that the Service considers the proposal of the Services Working Group that when a client is sign-posted or referred to a group that the group is made aware of or informed of the sign-posting or referral.
15. The Commission is also supportive of the suggestions that the Working Group has made in relation to the verification of the victims and survivors status and **recommends** that OFMDFM and Commission work together to find an acceptable solution to this issue.
16. The Commission acknowledges the fears and concerns highlighted by the groups in attendance at the Seminar in relation to the levels of funding and

the 100% assessment by the Service. Therefore, the Commission **recommends** that OFMDFM revisit the change management process to ensure that everything is being done to reassure groups at this time of change.

Regulation

17. The Commission also **recommends** that the Service investigate the appointment of an appropriate regulator, like the Regulation and Quality Improvement Authority (RQIA) or the Social Services Inspectorate to examine and provide assurance in relation to its assessment processes.

Skills Audit

18. In providing a sustainable, stepped care approach to the delivery of psychological therapy provision to victims and survivors the Commission **recommends** that the Service should consider undertaking a skills and capacity audit of all victims-funded providers of counselling and psychotherapy in the year ahead.

Engagement

19. Given the need to enhance the capacity of the Service in terms of providing effective and timely access to psychological therapy provision the Commission **recommends** that the VSS considers engaging more directly with staff from the Trauma Resource Centre based within the Belfast Health and Social Care Trust.

Client Satisfaction Survey

20. The Commission welcomes the fact that almost 300 clients have either undergone or are currently awaiting an initial assessment (or 'Needs Review') and have been referred or signposted to more than 30 statutory and non-statutory organisations since April 2012. In securing the effective collection and collation of the outcomes of the treatments and services received the Commission stresses the imperative of establishing a bespoke data management system as soon as possible. In ensuring the collection of key service user experiences, the Commission also **recommends** the implementation of a client satisfaction survey to be completed by all victims and survivors receiving treatments and services as well as financial assistance from VSS.

Introduction

21. Target 3.1 of the Commission for Victims and Survivors (CVSNI and 'the Commission') 2012-13 Work Programme requires the Commission to undertake a quarterly assessment of the operation of the Victims and Survivors Service (VSS and 'the Service').¹ This is the second quarterly review report compiled by the Commission building on the previous assessment for the period April to September 2012. It will provide an update on the operation of the VSS during the period October to December 2012 and will highlight some of the key issues raised by members of the Services Working Group of the Victims and Survivors Forum. The report will also reflect comments expressed during a recent stakeholder seminar that focused on the development of the Service.

22. In order to identify these recommendations the Commission has collated information from a range of sources in order to inform this Progress Report. The main source of information is obviously the information supplied to the Commission directly from the Service. This information is discussed at the monthly meeting between the Commission and the Service that have occurred since December 2012 and continues on a monthly basis. The Services Working Group of the Forum has also proved to be a valuable source of information for the Commission in compiling this report as information has been provided by individuals who have direct experience of interacting with the Service. Finally, the Commission organized a sector wide seminar in January 2013 to discuss the Service and collate views and issues from across the sector. Therefore, these four sources of information have informed the Commission in the process of compiling this report.

¹ The provision of these quarterly review reports represents a key component of the Commission's responsibility to 'keep under review the adequacy and effectiveness of services provided for victims and survivors by the Victims and Survivors Service' as outlined within the Victims and Survivors Strategy (OFMDFM (2009) Victims and Survivors Strategy: 7).

Background

23. Since the production of the first report in October last year there have been a number of important developments that directly inform the commentary and analysis contained in this paper. These relate primarily to the ongoing process of formalizing a constructive working relationship between the Commission and the Service facilitating a regular distribution of operational data and the establishment of the Services Working Group as part of the work of the Victim and Survivors Forum.
24. The scope of the review undertaken previously was constrained by insufficient data due to the absence of an effective data management system. The Commission acknowledges that design and implementation will be required to capture and organize the quantitative and qualitative information generated from clients coming to the Service. In addition, the integration of the CRC Victims Unit's information and the Northern Ireland Memorial Fund's information into one central repository will also need to take place.
25. Both the level of engagement and data provision between the VSS and CVSNI has continued to improve and become more formalized in recent months. Meetings between staff from both organizations and Departmental officials now occur on a monthly basis during which updated information and issues are exchanged. Both organizations are continuing to develop and agree the content of a Memorandum of Understanding which will formalize the regular exchange of key operational data that will inform analysis contained in future review reports.
26. The Services Working Group (SWG) was established in October 2012 comprised of members of the Victims and Survivors Forum. The Working Group is one of three Working Groups which are designed to further the three key objectives outlined within the Victim and Survivors Strategy - Dealing with the Past, Building for a Better and Shared Future and advise on funding arrangements and provision of services.
27. The focus of the Services Working Group is to examine current service delivery structures, highlight deficits within treatment and service provision and identify good practice to enhance outcomes for victims and survivors. As part of their remit, Working Group members are keen to identify the experience of clients who have presented to the VSS and generally to provide advice and recommendations to improve their overall experience and outcomes.

28. In January 2013 the Commission hosted a seminar to discuss “The Victims and Survivors Service and its operation to date”. The main aims of the seminar was to identify and discuss the current issues that the victims and survivors sector are experiencing in relation to the Service and inform the Commission of the issues that are currently live within the sector in relation to the Service. Over 50 people attended the seminar and a number of issues were identified on the day.
29. This Report will draw upon these four areas in order to review the role of the Service to date and to make recommendations with the aim of improving service provision to victims and survivors.

Discussion

Assessment and Referral Data

30. In response to the Commission's request for operational data from the Service in relation to completed assessments, the following information was provided for the period up to mid-January 2013.

TABLE 1: VICTIMS AND SURVIVORS SERVICE ASSESSMENTS OVERVIEW²

Total number of assessments to date	237
Cancellations & Did Not Attends (DNA)	12
Number of scheduled assessments yet to be completed	48
Number of clients referred for psychological therapies	62
Number of clients discharged from psychological therapies	0
Number of clients contacted via NIMF Chronic Pain and Disability Support mailing lists	295
Number of clients contacted via NIMF Chronic Pain and Disability Support mailing lists that have completed assessment	85

31. The assessment figures provided by VSS reveal several interesting points related to the number of completed assessments compared to the previous review period and specifically in terms of on-going psychological therapy provision. Firstly, the number of completed assessments at 237 in mid-January 2013 is up from 96 completed assessments at the end of September 2012. This increase (including the 48 scheduled assessments yet to be completed) represents an encouraging level of support among clients to come forward for assessment to the Service. Equally, in attempting to appeal to more so-called 'hidden victims' it is reassuring that 'just over one-third' of the assessments have involved individuals who have previously not accessed dedicated treatments or services for victims.
32. The Commission understands that of the 40 clients referred by the Service to Futures NI, most commence treatment within 4-6 weeks of going through the initial assessment undertaken by VSS. While the numbers of clients being referred for trauma-focused psychological therapy to both Futures NI and recently Carecall in a timely manner is welcomed, a determination of the effectiveness of these referrals can only be made once post-treatment outcomes are established. The Commission look forward to commenting on post-treatment outcome data from the Service in future review reports.

² Data provided by the Victims and Survivors Service.

33. The Service has provided the Commission with a breakdown of figures relating to organisations the VSS has referred or sign-posted clients since April 2012 (see Table 2). The various organisations are based within the community and voluntary sectors including a number for Groups currently receiving funding through the Strategic Support Fund (SSF). Additionally, the Service has referred clients to a number of other organisations and agencies based within the statutory sector including the Family Trauma Centre based within the Belfast Health and Social Care Trust. According to VSS data, a key health and social care agency which has not received any referrals from the Service is the Trauma Resource Centre.
34. In the CNA Final Report, the Commission highlighted examples of best practice as identified within the trauma treatment model applied by the Trauma Resource Centre (TRC) based within the Belfast Health and Social Care Trust. The TRC is a uniquely experienced service within the health and social care system providing a multi-disciplinary set of psychological and physical health interventions for adults affected by the conflict. Given their considerable experience in treating individuals affected psychologically and physically by the conflict, including the delivery of physiotherapy to treat underlying musculoskeletal conditions, it is surprising that the TRC has currently received no referrals from VSS.

TABLE 2: ORGANISATIONS TO WHICH THE VSS HAS REFERRED/SIGNPOSTED CLIENTS SINCE APRIL 2012³

Referral/signposted organisation	Number of Clients
Advice NI	2
Bridge of Hope*	7
Carers NI	1
Citizens Advice Bureau	1
Client's own GP	3
Community Services, Enniskillen	1
CVSNI	2
Derry Well Women*	1
Dunlewy Centre	1
Ely Centre*	5
Families Beyond Conflict*	1
Family Trauma Centre	2
Futures NI	40
Historical Enquiries Team	2
Jobs & Benefits	2

³ Data provided by the VSS (Data collected up to the beginning of December 2012)

MS Society	1
NI Dyslexia	1
NIACRO	1
No action taken	20
Northern Ireland Housing Executive	1
Northern Ireland Memorial Fund	27
Office of the Police Ombudsman for NI	1
Police Federation for Northern Ireland	1
Police Fund / RUC Benevolent Fund	9
Police Legal Services	1
Prison Service Trust	1
RAFT*	1
Relatives for Justice*	1
Royal British Legion	2
SE Regional College	1
Survivors of Trauma*	2
VAST*	1
WAVE*	38

*Organisations funded by the Community Relations Council under the Strategic Support Fund

35. Based on the number of referrals to organisations providing counselling and psychotherapy a significant number of the VSS clients are presenting with psychological distress related to the experience of the conflict. This trend is indicative of the findings contained in the Commission's Comprehensive Needs Assessment (CNA) specifically in terms of the prevalence of anxiety, clinical depression and posttraumatic stress disorder among individuals who have experienced single or multiple conflict-related incidents.
36. The Commission supports the timely access to psychological interventions including trauma-focused cognitive therapy and Eye Movement Desensitisation and Reprocessing (EMDR) in the treatment of clients who are clinically diagnosed with PTSD and associated co-morbid conditions. Clearly, if the current trend of approximately 1 in 4 clients presenting to the VSS are clinically diagnosed with a range of psychological disorders continues at the current rate the demand for extra capacity to deliver evidence-based trauma-focused interventions will continue to grow.
37. The CNA recommended undertaking a capacity building exercise including an audit of existing treatments and services to ensure appropriately qualified and experienced practitioners can deliver a range of evidence-based psychological interventions aligned to the stepped-care model operated across the health

service. The Commission is aware of the Service's efforts to address under-capacity relating to appropriate psychological therapy provision through direct engagement with key health officials and collaborative working in developing training. Equally, in addressing the immediate capacity issue, CVS accepts the need to commission sessional treatment from Futures NI and Carecall. However, in addressing the capacity issue to effectively support a stepped care approach to treating the mental health needs of victims and survivors, the Commission maintain the necessity of undertaking a skills audit of all victims funded providers of counselling and psychotherapy in the year ahead.

38. In the previous review report, the Commission highlighted the importance of understanding the link between psychological trauma and the development of serious physical health conditions as identified within the CNA. The Commission welcomes the Service's recent engagement with the Belfast Health and Social Care Trust in relation to physical injuries and pain management. The exploration of the link between mental health and physical injury as part of the development of treatment tools for therapists in addressing complex grief and chronic pain can contribute towards better outcomes for victims and survivors.
39. In the last report, the Commission reaffirmed a key recommendation made throughout the CNA process regarding the imperative of direct engagement between OFMDFM and the DHSSPS and the wider health and social care system.
40. The Service's engagement with the relevant medical specialists and the small number of referrals to the Family Trauma Centre and GPs is evidence of furthering the Service's engagement with the health sector. Going forward, however, the Commission would stress the importance of continuing to develop effective partnership working with key officials and practitioners from a number of key statutory agencies and departments. One key relationship that the Service should continue to strengthen is with General Practitioners. Working closely with the DHSSPS and the Health and Social Care Board the VSS could explore potential ways in which local GPs and the VSS could cooperate more closely to support the development and operation of care pathways to address the mental and physical health needs of victims and survivors.
41. According to the VSS 'just over one-third of the completed assessments involved people who had never accessed other dedicated services for victims and survivors.'⁴ This represents a continuation of the experience of the VSS during the first six months of operation. It is encouraging that with the

⁴ Information provided by the Victims and Survivors Service (VSS).

operation of the VSS more victims and survivors are coming forward for access to treatment and services. Clearly the Commission would like to see this trend continue as the Service continues to develop and implement the three programmes delivering treatments, services and financial support to victims and survivors. Equally, the Commission would like to reaffirm the imperative of VSS implementing a comprehensive communication strategy that actively encourages individuals and families affected by the conflict to come forward to have their specific needs addressed.

42. An important element of encouraging other victims to come to the VSS will be the effective collection, collation and presentation of the qualitative and quantitative data by the Service. This reinforces the imperative of the prompt development of a data management system that can support the presentation of positive outcomes and enhanced levels of satisfaction from all clients using the VSS. The Commission accepts that the development and implementation of a data management system with an integrated set of monitoring and evaluation processes will require a period of time to become fully operational. The Commission will continue to monitor the progress in designing and implementing the Service's information management systems alongside the development of an effective set monitoring and evaluation processes in the months ahead.

Services Working Group

43. In developing their knowledge and understanding of the VSS, the Services Working Group has had two meetings with the CEO of the Service and other staff in recent months. During these meetings members of the Group received updates on the progress relating to a number of key processes and delivery programmes that underpin the operation of the Service.

44. The Services Working Group tabled a number of issues with the Service for discussion at its meeting on 5th December 2012. These focused on:

- The Assessment Process;
- The Assessment Form;
- Service Level Agreements;
- Referrals;
- Monitoring and Evaluation;
- Communication;
- Verification of victim and survivor status;
- Appeals;
- Complaints;
- VSS Board;
- Confidentiality procedures; and
- The engagement between the Forum and the VSS.

45. The discussions focussed on the assessment process and improving it for the individual victim and survivor. From its meetings the Working Group made the following observations and recommendations:

46. *The Assessment process and communication with the client:* This process was discussed at length and the following observation was made that the Service, at the minute, is limited in what it can offer individuals to either mental health services or social support services. The Services Working Group recommended that it should be made clear in initial correspondence that individuals can be accompanied to an assessment and advised that they can have an advocate present.

47. *The Assessment process and communication with the client:* From their current experiences the SWG identified a level of confusion with clients exiting the assessment interview. Therefore, the Group recommends that communication with the client could be improved in relation to the package of care offered to clients and the stages of the process. They recommend that

the client leaves the assessment with a written document and that a follow up call is made.

48. *The Assessment process and communication with the client:* The Services Working Group recommends that it should also be made clear to individuals in the initial correspondence that the assessment can take place in a number of places, for example, in:

- The VSS Offices;
- A neutral venue of their choosing; or
- In the client's home.

49. *The Assessment process and referrals to groups:* Where clients are referred to groups the SWG recommends that when a client is sign-posted or referred to a group that the group is made aware of or informed of the signposting or referral. This is to enable the group to cater for likely clients and also to know how many of those referred are not making contact with the group.

50. *The verification of the victims and survivors status:* The SWG identified issues and difficulties with the current system of providing the proof of the incident that is currently required and the difficulty in obtaining the relevant information to satisfy or meet the current criteria. The Group suggested a number of ways that could potentially help to solve this issue:

- The staff of the Service could assist individuals and groups to obtain the relevant documentation;
- The eligibility criteria could be amended or expanded to include a letter or a reference from a GP/Health Professional/Minister/Community organisation to verify an individual's victimhood;
- A similar system to referee's for a passport could be put into operation.

Commission's Seminar

51. On 18th January 2013, the Commission for Victims and Survivors hosted a seminar to discuss "The Victims and Survivors Service and its operation to date". Invitations were issued to the Community and Voluntary Sector and in particular, to victims and survivor groups. Over 50 participants attended the event in the Spires Conferencing Centre in Belfast.
52. The Commission introduced the seminar and outlined the aims and objectives of the event. The main presentation came from the CEO of the Service, who delivered a presentation that included an update on the latest information in relation to assessments and referrals, the mission of the Service and its approach going forward including its delivery aims and strategic priorities going forward.
53. The main aim of the seminar was to identify and discuss the current issues that the victims and survivors sector are experiencing in relation to the Service. Therefore, when discussion was opened to the floor the following issues were raised:
- **The Assessment Process** – clarification was sought in relation to the assessment process and its various stages. It was confirmed that the process is a two stage process with a general assessment at stage one and, if required, a professional assessment at stage two. Concerns were voiced in relation to being able to capture all victims and survivors needs at the general assessment stage if it was just a 30/40 minute chat. Concerns were also raised in relation to a medical model being used for assessment and that the recent criteria used to appoint assessors was also dominated by medical requirements and disqualified people applying from the Community and Voluntary sector.
 - **The role of groups in the assessment process** – Concerns were raised in relation to the under utilisation of groups in the assessment processes. Questions were asked as to why the knowledge and the skills of the groups were not used or why groups could not be trained to carry out the assessments. The observation was made that due to moving to 100% assessment for health and wellbeing by the Service the facility of choice has been removed from the individual victim and survivors as everyone has to go to the Service to be assessed. It was confirmed by the Service and the Commission that the policy decision in relation to 100% assessment by the Service had been taken by Ministers and the policy is now being implemented.

- **Fear and Trust of individuals** – The point was made that individuals will be fearful in going to the Service and if people do not want to go to the Service what is the alternative for them? It was also stated that individuals may have a lack of trust in the Service. It was acknowledged that individuals have had a positive experience of going through the assessment process to date.
- **Individual Financial Needs** – participants raised a number of issues in this area, including, the eligibility of siblings and grandchildren for certain schemes, the fear of further cuts in funding and the fact that at this stage in January the new schemes for next year were not yet announced.
- **Funding** - Concerns were also raised in relation to the amount of funding available in future years for individuals and groups now that the Service was operational. It was requested that the Commission ensure that the same levels of funding are made available in subsequent years.

54. A number of recommendations were identified by the participants of the seminar. These included:

- **Groups and the assessment process** – It was proposed by participants that the Service should initiate a programme of accreditation to allow victim and survivor groups to be able to carry out assessments or have accreditation for centres to carry out assessments and provide services;
- **Funding** – there was an appeal from participants for more funding to carry out this work and it was also recommended that the Commission should ensure that the same levels of funding was still made available in subsequent years;
- **Eligibility for schemes** – It was recommended that the policy decision on siblings and grandchildren should be reversed;
- **Let's get it right** – The concluding sentiment from the seminar however was that it is incumbent upon us all working in this sector to get it right for the benefit of victims and survivors.

55. The Commission was pleased with the attendance at the seminar and the level of engagement by participants. A number of issues were clarified on the day and it proved a very useful exercise to identify other issues that are currently live within the sector.

Conclusion

56. The Commission wholeheartedly agrees with the central message expressed during the recent seminar that it is incumbent upon us all working in the sector to work collaboratively to “get it right” for victims and survivors. In progressing this report’s recommendations and in continuing to forge a constructive working relationship with the Service, the Commission believes the needs of victims and survivors can be addressed in a timely and effective manner.

7TH FEBRUARY 2013