



The Victims and Survivors Service: An Independent Assessment Report

Prepared for the **Commission for Victims and Survivors**

by WKM Solutions

February 2014

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1 Summary

- 1.1 As with any new organisation, the Victims and Survivors Service (VSS) has undoubtedly faced a number of challenges since its inception in 2012; challenges that would have required robust strategic leadership and oversight and effective operational management. However, the evidence of our Independent Assessment leads us to conclude that these requirements were either absent or wanting.
- 1.2 The lack of a fully constituted Board left the VSS without strategic leadership and oversight until December 2013. This was a serious failing. The VSS also lacked policy development and basic operational management functions. For example, there was no formalised line management supervision system in place for staff carrying out very complex, stressful and difficult work, nor were there appropriate health and safety regulations – importantly, no Lone Worker policy.
- 1.3 In our view, poor relationships and communication exacerbated the difficulties of the VSS. It has not communicated effectively internally with its own staff or externally with strategic partners (the Commission for Victims and Survivors (CVSNI) or the Office of the First Minister and deputy First Minister (OFMDFM) or, crucially, the victims and survivors (either individually or through funded groups) it is there to serve. It has also failed to see the potential of the Victims and Survivors Forum (the Forum) as a consultative outlet. There needs to be much work to repair and build up professional and empathetic relationships with its key stakeholders. The VSS website and complaints procedure also both need revamping to be more positive, user friendly and effective.
- 1.4 The Individual Needs Review (INR) is, quite simply, not fit for purpose – as highlighted by the Commissioner for Victims and Survivors. The INR has been criticised not only by victims and survivors, who have been fearful of and distressed by its complexity and intrusiveness, but by the assessors also. Victims and survivors undergo the same process whether they have complex and multiple psychological needs or just require some respite care. The decision to defer the INR process, taken before the submission of our final report, was the right one. It needs an immediate overhaul, so the VSS can get back to its core business of meeting the needs of victims and survivors in the most effective, timely and empathetic way.
- 1.5 What was striking to us was the unanimity of views and concerns. Under thanks and acknowledgements we list the people we took evidence from; they represent a broad range of stakeholders who, with few exceptions, expressed the same serious concerns time and time again about the setting up and functioning of the VSS. The content of materials we reviewed and the meetings we held with the VSS and the officials of OFMDFM revealed serious shortcomings in both the set-up and functioning of the organisation, which gave further credence to the near-unanimous concerns we heard from so many stakeholders.

2 Summary of Recommendations

Recommendation 1

We recommend that the relationship with groups would improve greatly if the grant allocation requirements and process, and the monitoring arrangements are reviewed in consultation with the groups themselves.

Recommendation 2

We recommend a clear, simple and well-publicised process explaining how decisions are reached.

Recommendation 3

We recommend a timely re-calibration of the relationship between the VSS and OFMDFM based on clear and established lines of responsibility, reporting and accountability.

Recommendation 4

We recommend that all VSS staff be made aware of the role of CVSNI and its relationship to the VSS, and that the VSS website includes a section on the role of CVSNI.

Recommendation 5

We recommend that the VSS urgently engages with the Forum in an open and constructive manner as soon as possible; this should be facilitated by CVSNI.

Recommendation 6

We recommend that urgent consideration be given to the culture, process and overall management of communication within VSS, particularly with individual victims and survivors.

Recommendation 7

We recommend that the Forum play a key role in helping the VSS improve communication with victims and survivors. It can offer unique insight and advice, and should be encouraged to do so.

Recommendation 8

We recommend that the VSS website is made more “user friendly” with customer feedback positively welcomed. The website should also include a section on the role of OFMDFM and CVSNI so that the public can have added confidence that the VSS is accountable and subject to effective scrutiny.

Recommendation 9

We recommend that consideration be given to setting up the VSS joint team meetings to include Assessors.

Recommendation 10

We recommend the introduction of a formalised minimum monthly one-to-one line management supervision process for all staff, including the CEO and that a review of health and safety policies is undertaken, with the urgent development of a Lone Worker policy.

Recommendation 11

We recommend a re-calibration of the tripartite relationship between the VSS, OFMDFM and CVSNI. It should be based on an open and clear reporting, accountability and response structure, and be regularly reviewed.

Recommendation 12

We recommend that CVSNI be listed as a key stakeholder in the VSS Communication Plan.

Recommendation 13

We recommend regular meetings between the Chair of the VSS Board and the Commissioner for Victims and Survivors.

Recommendation 14

We recommend that there should be a full review of the complaints procedure, involving Senior Managers at the VSS, the newly appointed Board, the Forum, CVSNI and victims and survivors.

Recommendation 15

We recommend that the complaints procedure includes an independent review or appeals stage. In our view, this role would sit best within CVSNI.

Recommendation 16

We recommend that a simplified form for those seeking help with relatively simple needs – for example, educational support or respite breaks - should be introduced as a matter of urgency. This should be developed by the VSS after consultation with CVSNI and the Forum.

Recommendation 17

We recommend that the VSS offer a streamlined, more focused and less intrusive, simple needs assessment process for victims and survivors.

Recommendation 18

We recommend that an agreed list of approved providers for services and goods would go some way to allaying issues of trust and safety for victims and offer the added advantage of being able to monitor expenditure and quality of service.

Recommendation 19

We recommend that a separate questionnaire, guaranteeing anonymity, be considered to capture data about victims and survivors to inform future policy and services for victims and survivors.

Recommendation 20

We recommend the new assessment process takes a comprehensive approach to assessing need, in consultation with groups, the Forum and CVSNI.

Recommendation 21

We recommend a triage approach to needs assessments so that those who need simpler assessments can be managed separately from those with more complex needs.

Recommendation 22

We recommend that the monitoring and evaluation of the available packages of care and support are scrutinised regularly, carefully and sensitively to ensure that they are meeting the needs of victims and survivors, and any relevant professional standards or regulatory requirements as necessary.

Recommendation 23

We recommend that where victims and survivors are identified as requiring acute psychological or psychiatric interventions, then protocols with statutory health services must be in place and are subject to monitoring and evaluation. This should be a priority for consideration by CVSNI, OFMDFM, DHSSPS and the Health and Social Care Board advising the VSS.

3 The Independent Assessment

3.1 In December 2013, the Commission for Victims and Survivors appointed WKM Solutions to carry out a review of the effectiveness of the Victims and Survivors Service in delivering an appropriate, outcome-focused, transparent, responsive and safe service.

3.2 Our independent assessment focused on the quality of service provided to individual victims and survivors and to groups representing and supporting victims and survivors. We took evidence in relation to the VSS interactions with individuals, including:

- Clinical governance;
- Individual needs review – process and financial assistance applications;
- Communication with individuals from assessment to award and payment;
- Funding schemes 1 – 6;¹
- Monitoring and evaluation of victims outcomes; and
- Complaints policy and procedures.

3.3 We also took evidence in relation to the VSS interactions with groups, including:

- Funding applications – assessments;
- Relationships with groups and commissioning of services;
- Communication with individuals;
- Complaints policy and procedures; and
- Monitoring and evaluation of programmes.

3.4 We collected written and oral evidence from:

- Individual victims and survivors;
- Meetings, interviews and focus groups with representatives of groups supporting victims and survivors;
- A meeting with the Victims and Survivors Forum Services Working Group;
- A roundtable event organised by CVSNI at the Stormont Hotel on 17 December 2013, with representatives from Government, the VSS Board and management, CVSNI and representatives of groups supporting victims and survivors;
- Meetings and interviews with the VSS Board, Senior Management and Assessors;
- A meeting with special advisers to the First Minister and deputy First Minister and officials at the Office of the First Minister and deputy First Minister; and
- Written materials, including submissions, letters and emails to CVSNI from groups and individuals; the OFMDFM Transition Plan; VSS monitoring and evaluation reports, staff job descriptions and person specifications; reports and an advice paper to Ministers (August 2013) from CVSNI; submissions from groups; and letters and emails from individual victims and survivors.

¹ Due to the complexities of the current arrangements, CVSNI will be addressing this separately. We understand OFMDFM has asked the Commissioner for Victims and Survivors to advise them in this.

3.5 Using the evidence collected we identified four key areas for our report to cover which encompass the terms of reference issued to us by CVSNI (with the exception of the section on Schemes 1- 6 which is being considered separately by CVSNI, and clinical governance, which we did not consider as the VSS is not involved in any way in a medical service, therefore clinical governance is not relevant):

- Setting up the VSS;
- Relationships;
- Communication and complaints; and
- The Individual Needs Review process and outcomes.

3.6 Through our fieldwork we gained a clear understanding of the needs of victims and survivors. We then analysed the effectiveness of the VSS in meeting those needs through its assessment and allocation process and the outcomes achieved.

4 Setting up the Victims and Survivors Service

- 4.1 The VSS, a company limited by guarantee, was set up in 2012 as an arm's length body of the OFMDFM. It is the delivery body for the Strategy for Victims and Survivors (2009), a 10-year strategy focusing on improving and delivering better outcomes for all victims and survivors. The VSS administers funding (some £20m for 2013-15) set-aside specifically for victims and survivors. Funding and staff resource for the Victims Support Programme was transferred to the VSS in November 2012 and for the Individual Needs Programme in April 2013.
- 4.2 This funding requires the VSS, according to its own website, to carry out two key tasks:
- To assess the needs of individual victims and survivors, in order to provide tailored services and support; and
 - To allocate resources to organisations that provide services and support to victims and survivors.
- 4.3 In carrying out these tasks, the VSS has identified its key objectives to be:
- Developing a needs-based approach;
 - Delivering services to the highest standards; and
 - Measuring outcomes.
- 4.4 The VSS, which became operational in April 2012, is the overarching body responsible for funding, commissioning and monitoring services. **At no point was it envisaged that the VSS would provide any direct services to victims and survivors.** It unified the work previously undertaken by the Community Relations Council (CRC) and the Northern Ireland Memorial Fund (NIMF). In doing so, it was recognised that:
- Disruption to ongoing support for groups and individuals would be inevitable but minimised;
 - Continuity of service provision was to be maintained as far as possible; and
 - The VSS needed to be planned and delivered in a phased and controlled way.
- 4.5 To ensure this, OFMDFM produced a Transition Plan informed by consultations with victims and survivors and groups. This highlighted a desire for a 'one stop shop' where needs could be addressed comprehensively, followed by referral to services to meet those needs.
- 4.6 This would bring about key benefits: a comprehensive and systematic assessment of need; an opportunity to develop, monitor and evaluate high impact services and the ability to demonstrate value for money; and the scope for services to be commissioned efficiently. The centrally coordinated approach to assessment of need and provision of services to meet these needs was aimed to minimise duplication of provision, bureaucracy and administration costs.
- 4.7 In parallel, a Comprehensive Needs Assessment (CNA) was developed by CVSNI to improve coordination and measurement of impact against more clearly defined objectives and identified need. CVSNI identified seven areas of need against which

individuals would be assessed for support: Health and Wellbeing; Social Support; Individual Financial Needs; Truth, Justice and Acknowledgment; Welfare Support; Trans-Generational Support; and Personal and Professional Development.

- 4.8 The Transition Plan clearly identifies the need for the appointment of a VSS Board to take place between January and March 2012. This did not happen, so an Interim Board was appointed. Therefore, it did not have a properly constituted Board in place. The CRC and NIMF teams were to remain in place until April 2013 contingent on the appointment of a new Board for the VSS. The Project Board was suspended in December 2012, with the expectation that a fully constituted Board be appointed immediately. The Board, however, was not fully appointed until December 2013. The Interim Board continued to meet until September 2013 yet critical issues remained unaddressed.
- 4.9 Regarding staff, the CEO of the VSS was first appointed on a temporary basis. At that time she was also the Secretary to the Commission at CVSNI. She was appointed the CEO of the VSS permanently, following a recruitment competition on 19 November 2012. In April 2012 assessors were appointed and staff from CRC and NIMF also had to be transferred, via TUPE, to the VSS.

Analysis

- 4.10 The VSS has been set two challenging tasks and three equally challenging objectives to achieve (outlined at paragraphs 4.2 and 4.3). These would be difficult to achieve in optimal circumstances. However, our assessment shows that a number of flaws in the planning and establishment of the VSS created systemic problems from the start.
- 4.11 The difficulties being experienced by the VSS can be traced back to the failure to have a fully constituted Board in place at the time it opened for business. An organisation can, perhaps, bear the lack of a governing board for a limited period, while it finds its feet and gets on with the job in hand. However, from April 2012 until December 2013, for 20 months the VSS had no appropriately functioning Board.
- 4.12 This, in our view, led to a serious lack of management oversight and strategic leadership within the VSS. This negatively affected performance, delivery and importantly, the culture within the VSS. Further, it has tarnished dealings the organisation has had with individual victims and survivors and groups. It also left assessors working without support or supervision, entering people's homes without consideration of health and safety issues and with no Lone Worker policy in place.
- 4.13 Worryingly, it appears to us that this leadership vacuum created the space for the medical model of care to influence the approach to the Individual Needs Review. This has directly manoeuvred the VSS to develop and evolve in ways that were not originally intended. Indeed, it is perceived by many to be almost in competition with groups rather than working collaboratively with them around funding and development.

- 4.14 We also believe this lack of strategic leadership has resulted in the VSS's poor communication with OFMDFM and CVSNI. This meant that concerns highlighted over the past 18 months, by individuals, groups and, of course, CVSNI, were not addressed properly or taken as seriously as they should have been (or that was the perception at the very least). We will explore these in more detail later.
- 4.15 Critically, the VSS needed to maintain a continuity of service provision during the Transitional Phase. Quite simply, this needed good governance and effective management at its bedrock. Both of these were limited and, in our view, this was a serious failure.
- 4.16 However, the recently appointed VSS Board highlighted that, perhaps, the VSS should have received a clear and focused policy steer from OFMDFM. In our view the Transition Plan offered this. For its part, OFMDFM informed us that no serious issues were brought to its attention by Senior Management at the VSS. Neither side felt the need to seek active assurances. Nonetheless, Senior Management at the VSS has always had a duty to advise OFMDFM and CVSNI on emerging trends and potential or real problems. We saw little evidence of them exercising that duty.
- 4.17 The transition to the VSS also suffered because we sense there were clearly fragmented relationships between the VSS and the CRC and the NIMF. Change is never easy to manage and yet, despite the scale of change required here, there does not seem to have been an effective change management process in place.
- 4.18 Such fragmentation led to difficulties in accessing information from the NIMF when the VSS began. This clearly had an immediate impact on the effectiveness of service delivery. We heard several examples where staff members of the VSS would have to call in person to the offices of the NIMF to retrieve information needed to help clients. This led to some victims and survivors feeling that they had been subjected to multiple needs assessment for no good reason.
- 4.19 We heard conflicting views about the difficulties of the timeframe offered for the set-up of the VSS. Those concerned with delivering the operational service felt that the timeframe was too ambitious. However, we believe, the Transition Plan offered a measured and realistic approach, given the criticality of getting things right for victims and survivors. For example, the Homicide Service in England and Wales was delivered in a very much shorter timeframe. An independent assessment of the Homicide Service has since demonstrated that it has been providing an effective service from the start.
- 4.20 There seems to have been inadequate thought and analysis given to the potential immediate demand for take-up of the VSS. OFMDFM recognised the need to identify previously "hidden" victims and an unintended consequence was that the VSS struggled with the volume of requests for support from individual victims and survivors. Perhaps the lack of effective project oversight made this inevitable.

- 4.21 The VSS transferred staff, via TUPE, from the CRC and the NIMF yet they could not be sure these individuals would have the requisite skills and experience. Also, the Transition Plan highlights the need for thought about how skills and knowledge within the NIMF can be best used by the VSS. This does, perhaps, suggest that the VSS was being fitted around current staff members and skills, rather than against the needs of those who would access the VSS for support. This is even more critical when you consider that this is the time when crucially, values and culture are being determined.
- 4.22 The appointment of a temporary CEO to the VSS who was also Secretary to the Commission was, in our view, problematic. CVSNI has a statutory duty to review the adequacy and effectiveness of services, and provides oversight of the VSS as part of this requirement. At best, such an arrangement seems to allow a blurring of boundaries and, at worst, could be seen as generating a serious and potentially reputationally damaging conflict of interest. It is not clear how effective oversight and management reporting (in the absence of a properly functioning Board) took place at this critical stage of development.
- 4.23 We are also concerned that a focused, well-monitored client Risk Register was not put in place at the start. This is a serious oversight in any organisation that is designed to deal daily with vulnerable victims and survivors. Each individual has a right to know that any organisation with whom they choose to engage will try to keep them as safe as possible and that risks will be managed and addressed in a professional and timely manner. Without a register in place and effective one-to-one supervision of staff, it is hard to see how this could take place. We acknowledge that a Client Risk Register was begun following the appointment of a Head of Client Services but this should have been in place much earlier.
- 4.24 It seems clear to us that the VSS was created in a difficult environment. Nonetheless, it is publicly funded and must provide accurate and timely information on how public money is spent and analyse the impact that spending has on the lives of victims and survivors. We do not believe this has been the case to date; the lack of a fully constituted Board or any clear strategic management and leadership has shaped this situation.

5 Relationships

- 5.1 The quality of relationships between the VSS and its key stakeholders was always going to be a crucial factor in its potential success. It could be argued that this was particularly the case at its inception – not least with the groups that the VSS would be funding to provide or commission services, but also with its statutory partners: OFMDFM and CVSNI.
- 5.2 Initial relations between the VSS and OFMDFM have been reported as good. Similarly, initial relations between the VSS and CVSNI were reported as good. This is unsurprising, given that, early on, the CEO of the VSS was simultaneously the Secretary to the Commission.
- 5.3 However, it is clear that the relationship between the VSS and CVSNI, in particular, is critical to the successful delivery and evolution of the VSS. It is CVSNI's statutory duty to "keep under review the adequacy and effectiveness of services" for victims and survivors. The Forum, set up and facilitated by CVSNI, is another important component in developing positive relationships between stakeholders. Critically, the VSS, CVSNI and the Forum are viewed by Ministers and OFMDFM as the key elements of the Victims and Survivors Strategy.

Analysis

- 5.4 Our evidence clearly shows that for some funded groups, who were to be held accountable for their funding, the arrival of a new delivery body in the form of the VSS was greeted with a sense of suspicion; a sense that appears, if anything, to have strengthened rather than dissipated over time.
- 5.5 This understandable suspicion could be seen as an example of reluctance to embrace change on the part of some groups. Yet many within the sector felt change to be necessary and overdue. The landscape for victims and survivors was certainly changing. One interviewee likened it to a mushrooming of small, locally based street corner "first aid" services that were competing for funding. Thus the arrival of the VSS was viewed as a potential threat to that funding and, indeed, to victims and survivors themselves. The establishment of the VSS was therefore, for many an unwelcome development.
- 5.6 It was crucial, then, that the VSS managed these tensions, anxieties and suspicions in this changing environment. This was the moment to have an open and well-orchestrated approach to communication, liaison and planning. Unfortunately, the moment was missed.
- 5.7 Funded groups also felt overwhelmed by the monitoring requirements placed on them. These were viewed as onerous and burdensome. It is the accepted norm that groups receiving public funding should be subject to scrutiny. Funders and Government also need to collect information about what is working well and what emerging patterns there are; all of which can help inform future funding and policy decisions. This is not in dispute. However, to be effective and well received, monitoring and evaluation needs to be "user friendly" and proportionate. Our evidence suggests that this was not the case.

- 5.8 Groups found themselves diverting resources to processing information without a clear rationale on why it was needed, what would happen to it and, crucially, how it would help clients. This “just do it” approach was and is clearly not helpful. Stakeholders told us that the monitoring and evaluation seemed designed simply to capture data rather than be focused on helping shape, develop and deliver outcomes for victims. This served to exacerbate the unstable relationship between the VSS and funded groups; and this has led to a mutual lack of confidence and a degree of mistrust.
- 5.9 In some instances, this even led to groups pre-screening victims and survivors and advising them not to engage with the assessment process. This may reflect the perception of the INR – which we will cover in detail later - as being inappropriate and rigid, but may also reflect the fact that some groups did not want “their” victims to engage with the VSS.
- 5.10 Indeed, this idea of “our” victims was seemingly bolstered by a perception that, at times, victims and survivors were becoming politicised by some groups, something, perhaps, not ultimately in their interests. Indeed, this is something we have observed with victims’ groups in England and Wales; the intentions are good but the outcomes for victims do not always reflect these intentions.
- 5.11 Some individual victims and survivors told us that they would have nothing to do with groups because they see them as self-interested and ineffective. Several victims and professionals warned of the danger of some groups wanting to “hold onto” victims and survivors. This was felt often to be for financial or political reasons and was not helping victims and survivors to move on. One interviewee likened it to “legitimised abuse”. Unfortunately, experience tells us that this situation finds space to thrive if the right scrutiny and monitoring is absent; as seems to have been the case here. Putting in place minimum standards for groups was part of the rationale for the setting up of the VSS, yet there is no evidence that minimum standards have been applied by the VSS for funding purposes.
- 5.12 As we will discuss later, the key to good relationships is communication. This has not been, in our view, a positive feature of the relationship between the VSS and groups (or, indeed, individuals). Groups report an inability or unwillingness on the part of the VSS to engage fully and respond to requests or concerns. We are also aware that groups are unclear about how decisions relating to awards are made within the VSS. This highlights the need for a clear, open and well-communicated process that groups (and individuals) can understand. This is important if good relations are to be developed.
- 5.13 Given the significant level of funding provided, the relationship between the VSS and these groups should be the lifeblood of the service.

Recommendation 1

We recommend that the relationship with groups would improve greatly if the grant allocation requirements and process and the monitoring arrangements are reviewed in consultation with the groups themselves.

Recommendation 2

We recommend a clear, simple and well-publicised process explaining how decisions are reached.

- 5.14 As acknowledged, the relationship between the VSS and OFMDFM seems to have been good initially. However, the appropriateness of this relationship must be questioned. There was no creative tension between the two bodies; this should have been in place to reflect the need for OFMDFM to exercise oversight and for the VSS to demonstrate effective accountability. OFMDFM was not robust in monitoring progress and development and the VSS seems to have been less than forthcoming in highlighting initial and ongoing problems.

Recommendation 3

We recommend a timely re-calibration of the relationship between the VSS and OFMDFM based on clear and established lines of responsibility, reporting and accountability.

- 5.15 Similarly, early relations between the VSS and CVSNI appeared to be good. However, this began to change following the departure of the Secretary to the Commission to the VSS full-time. The new Commissioner for Victims and Survivors immediately exercised CVSNI's role to continuously review the adequacy and effectiveness of services to victims and survivors. Rather than welcome the robust scrutiny, the VSS proved to be defensive rather than open; and consistently resistant, slow and reluctant to engage with or provide information required by CVSNI needed to carry out its statutory role. Nor did OFMDFM compel the VSS to cooperate with CVSNI. Although there were "bilateral" monthly meetings between the VSS and CVSNI, the minutes of these meetings highlight the VSS's reluctance to engage or provide information and there is an apparent lack of official challenge to this reluctance.
- 5.16 The long-standing frustration of CVSNI with the VSS seems evident from the Hansard Report on the appearance of the Commissioner before the OFMDFM Committee of the Northern Ireland Assembly on the 9 October 2013. Indeed, the Commissioner's evidence and advice at this meeting led to this Independent Assessment being set up. It is unfortunate that the situation deteriorated to this extent.
- 5.17 In our view, the relationship difficulties experienced by CVSNI with the VSS (and to an extent, OFMDFM) have been compounded by a lack of clarity and communication around the divisions of responsibility and accountability. We do, however, commend the Commissioner for trying to establish this clarity. Both individuals and groups have found her approach a reassuring and positive development.

Recommendation 4

We recommend that all VSS staff be made aware of the role of CVSNI and its relationship to the VSS, and that the VSS website includes a section on the role of CVSNI.

- 5.18 The Victims and Survivors Forum is an important part of the overall picture. Those who have been most affected by the troubles and conflict are those who have the best insight into their needs. Forum is there to be a challenging and critical friend to the VSS, CVSNI and Government.

5.19 However, Forum members made it clear that relationships with the VSS were ineffective from the start. They felt the Forum was never valued by the VSS and criticised the VSS for it's, in their view, unhelpful attitude. In essence the Forum felt ignored and believed the VSS had little understanding of the plight of victims and survivors, preferring a corporate rather than an individualised approach to understanding their needs. Given this, in our view, credible perception, it is unsurprising that meetings between the Forum and the VSS have been considered ineffective and that no dynamic and collaborative relationship has been built. Meetings between Forum representatives and the VSS are vital and should be seen as an ideal and positive place to listen, consult and learn.

Recommendation 5

We recommend that the VSS urgently engages with the Forum in an open and constructive manner as soon as possible; this should be facilitated by CVSNI.

5.20 It is apparent that much needs to be done to restore effective and collaborative relationships between all those who play a part in offering crucial support and service to vulnerable victims and survivors. We believe that collaboration and the need to rebuild trust, openness and mutual honesty is key to the success of this work. The setting-up of the Programme Board and the welcome addition, finally, of a properly constituted VSS Board should help in this regard.

6 Communication and Complaints

- 6.1 Effective communication is crucial to the success of all relationships whether personal, individual or corporate. This is even more the case when one party in the relationship is potentially vulnerable, suffering, marginalised and in need of help.
- 6.2 The VSS Communications Plan 2013-15, revised in August 2013 and currently being reviewed again, states clearly that effective communication is the key to success of both the Individual Needs Programme and the Victim Support Programme, and of the services and support that they enable.
- 6.3 A key part of the Communications Plan is to deliver on external communications with all stakeholders via the VSS website. The website is to provide answers to frequently answered questions and provide encouragement to clients to come forward. Given that many people are reluctant to engage with official bodies, a clear and person-centred approach to providing public information is crucial.

Analysis

- 6.4 From our evidence, it is clear that effective communication has been seriously lacking. It has been lacking within the VSS itself; between the VSS and CVSNI; between the VSS and the Forum; between the VSS and OFMDFM; and, most importantly, and amply demonstrated by written and oral evidence given to us, between the VSS and individual victims and survivors. There are clear instances of telephone calls going unanswered; letters of award taking several months to arrive; letters from victims and survivors not being acknowledged; and, sadly, victims and survivors not being treated empathically on the telephone.
- 6.5 The CEO of the VSS shared openly her concerns around this. The VSS undoubtedly began from a position where the expectations of victims had been raised. However, these expectations were not managed adequately. From the outset, there was a lack of clarity about the potential demand. For example, there were occasions when, assessing a client, the Assessor found themselves in the position of having to conduct additional assessments of other present family members, at their request. Also, the length and number of phone calls received and the numbers of new clients coming on board were clearly not anticipated. Inevitably, the VSS's inability to cope with demand led to complaints. The CEO has since raised these operational issues with OFMDFM.
- 6.6 Naturally, not all individuals' experiences have been negative. Some told us that the service they received from the VSS had been good. However, even in some of these cases, this had been the case only after a personal intervention by the CEO. This suggests to us further evidence that processes and communications within the VSS are not functioning properly. The CEO should only become involved if all other avenues have been explored.
- 6.7 For the most part, victims and survivors reported that they have had an ongoing struggle to access the VSS for follow-up advice or information. If they do manage to get through by telephone, however, they say they have not always met with an empathic and sensitive response.

- 6.8 For example, one victim wrote to us about how they had been treated by the VSS. This victim, very badly injured in the Troubles, was reluctant to complain about the VSS for fear that it might jeopardise future support and help from the organisation. Their request for a short extension to a service was, we are told, met with an unhelpful and rude response. The VSS promised to call back but never did.
- 6.9 Unfortunately, the above example is not isolated. We heard consistently from many individuals and groups that staff at the VSS appeared off-hand and that letters, emails and phone calls often went unanswered.

Recommendation 6

We recommend that urgent consideration be given to the culture, process and overall management of communication within VSS, particularly with individual victims and survivors.

Recommendation 7

We recommend that the Forum play a key role in helping the VSS improve communication with victims and survivors. It can offer unique insight and advice and should be encouraged to do so.

- 6.10 The public face of an organisation is often first represented by its website - a critical communication resource with, in the VSS's case, victims and survivors. However, we believe the VSS website is inadequate to meet its own stated aims and objectives. The FAQ page is empty and there are no positive (or negative) individual victim testimonies on the site; both these could have a positive impact on encouraging victims to access the site. In addition we can see no press releases, access to publications materials or an events calendar.
- 6.11 A section on complaints follows but the Complaints Procedure itself does not appear on the website. This suggests that customer feedback is not a priority for the VSS. Efforts need to be made to make fuller use of the website.

Recommendation 8

We recommend that the VSS website is made more "user friendly" with customer feedback positively welcomed. The website should also include a section on the role of OFMDFM and CVSNI so that the public can have added confidence that the VSS is accountable and subject to effective scrutiny.

- 6.12 Communication within the VSS has seemed sporadic and piecemeal. Individual Assessors told us that while they have their own, informal team meetings there is no real opportunity to engage with others in the organisation.

Recommendation 9

We recommend that consideration be given to setting up the VSS joint team meetings to include Assessors.

- 6.13 We also believe that communication between management and staff in the VSS is hampered by the absence of formal and effective supervision and line management. This is a serious weakness and needs to be addressed as a matter of urgency. Line management is an important tool to monitor staff performance, provide support and advice, and identify and rectify staff concerns in a timely way. We understand that the Senior Management Team now meets formally and that individual one-to-one line management with Assessors is due to begin. However, we believe that these are basic management tools and should have been in place much earlier.

Recommendation 10

We recommend the introduction of a formalised minimum monthly one-to-one line management supervision process for all staff, including the CEO of the VSS.

- 6.14 Given the unclear delineation of roles and responsibilities, communication between the VSS and OFMDFM has been less than effective. The VSS has an inherent responsibility to bring to the attention of OFMDFM any concerns and operational problems it identifies so that appropriate guidance and assistance can be provided. This has not taken place and, as a result, concerns have remained unaddressed for longer than they should have.
- 6.15 It has also been suggested by some of those we interviewed that the relationship between Senior Management of the VSS and OFMDFM was “too cosy” and this tainted the impartiality of OFMDFM’s oversight. This may also have been a feature that resulted in communications between the VSS and CVSNI not being effectively communicated to the department.

Recommendation 11

We recommend a re-calibration of the tripartite relationship between the VSS, OFMDFM and CVSNI. It should be based on an open and clear reporting, accountability and response structure, and be regularly reviewed.

- 6.16 The weak communication of the VSS, as we have outlined, affected the ability of CVSNI to carry out its statutory role. The VSS Communication Plan omits CVSNI as a key stakeholder in its summary table of strategy and content of key information measures (4.3). This is troubling. Given the statutory responsibilities of CVSNI it is hard to understand this absence.

Recommendation 12

We recommend that CVSNI be listed as a key stakeholder in the VSS Communication Plan.

- 6.17 The plan does not mention the need for good communication and relationship with CVSNI. Without this, CVSNI will continue to be frustrated in its responsibility to offer guidance or exercise oversight. The VSS must see CVSNI as one of its key critical friends. Any such positive, critical engagement with CVSNI can only be seen as an indicator of a truly victim-focused organisation.

Recommendation 13

We recommend regular meetings between the Chair of the VSS Board and the Commissioner for Victims and Survivors.

- 6.18 An important part of an organisation's ability to improve and develop is its ability to welcome feedback on its performance. This can be provided and monitored most directly through comments, complaints or compliments. Such feedback could and should be viewed as ways to learn and improve. Unfortunately, the evidence suggests that the VSS has not promoted or dealt with feedback, particularly complaints, in a positive, receptive, timely and developmental way.
- 6.19 A Complaints Procedure should be accessible in the sense of being easy to find, easy to understand and easy to use. The VSS Complaints Procedure, although recently revised, does not appear on the VSS website. This promotes the unfortunate message that complaints are not welcome or taken seriously. How complaints are perceived and dealt with is critical to the level of confidence which service users invest in an organisation.
- 6.20 The VSS Complaints Procedure is not well publicised; it is inaccessible, overlong and complicated. It favours a bureaucratic, procedurally-led formality rather than a 'can do' approach. It could be accused of preferring process to solutions.
- 6.21 The difference between a formal and an informal complaint is not made clear. Complicated and more serious complaints should, naturally, take a more formal route. However, relatively minor or more "informal" complaints should be evaluated and resolved quickly and locally.
- 6.22 Of course, even here, complaints should be judged individually and due regard given to the vulnerability of the complainant for both the organisation's and individual's protection. Nonetheless, a solution-focused approach should be the impetus for all complaints. For more formal complaints there appears to be an unclear independent dimension, yet this is critical to ensure fairness and confidence. Such independence should be an integral part of the VSS's complaints procedure.

Recommendation 14

We recommend that there should be a full review of the complaints procedure, involving Senior Managers at the VSS, the newly appointed Board, the Forum, CVSNI and victims and survivors.

Recommendation 15

We recommend that the Complaints Procedure includes an independent review or appeals stage. In our view, this role would sit best within CVSNI.

7 Individual Needs Review

- 7.1 The Individual Needs Review is at the centre of the assessment process. It is the focal point for interaction between the VSS and victims and survivors. Its credibility is essential for the service to deliver its aims and objectives.
- 7.2 The VSS informed us that the INR was based on the findings of the Comprehensive Need Assessment carried out by CVSNI.
- 7.3 The document had been reviewed several times in the past two years before the decision to defer was taken.

Analysis

- 7.4 Our evidence strongly supports the Commissioner for Victims and Survivors contention that the INR, in its current state, is not fit for purpose. The fact that the INR form has been repeatedly revised exposes internal recognition of its many flaws. We are puzzled that such a root and branch review had not been called for before.
- 7.5 The INR form is, in our view, complex. The language and the terminology are difficult to understand when read to victims and survivors by Assessors. For example, “Do you have any Troubles related truth and justice issues?” Most Assessors said they put the questions, helpfully, into plainer English. Even so, victims and survivors told us they did not always understand what the Assessor was asking. Nonetheless, if the questions needed translation this surely indicates a basic failing.
- 7.6 The questions on the INR form also seem unnecessarily intrusive. For example, most sections of the form pose personal (and necessary) questions but they then continue to ask for ‘details’: for example, “What treatment is being received?” Similarly, there are questions such as, “Do you have any dietary issues?” This could be confusingly construed as meaning, are you a vegetarian, are you diabetic, do you eat only gluten-free food, and so on?
- 7.7 There were other very serious concerns, such as question 39 of the deferred INR form, which sought details about children in the home. There was no mention of the importance of being aware of safeguarding issues or reminding assessors of the escalation process (which has recently been introduced but for some time did not exist). Its absence in the delivery of the INR process was a serious error.
- 7.8 Incredibly, all Assessors told us they had had no formal training in using the INR. The VSS have since countered that training was given. There is clearly a lack of shared understanding of what constitutes ‘training’. Either way, it is unsurprising that there has been a lack of a consistent approach to the INR to date.
- 7.9 The same complex INR form is being used regardless of the type of service or support required. Many victims and survivors want to access simple, everyday support such as a respite break or a piece of equipment. Yet they have to undergo a full assessment, the same as that carried out for someone with complex and multiple psychological and physical needs. This is, in our view, simply unnecessary. A more simple, straightforward, non-intrusive needs assessment should be used in these cases.

Recommendation 16

We recommend that a simplified form for those seeking help with relatively simple needs – for example, educational support or respite breaks - should be introduced as a matter of urgency. This should be developed by the VSS after consultation with CVSNI and the Forum.

- 7.10 Most victims and survivors spoke of being fearful of undergoing the INR and reported sleepless nights beforehand. Even those seriously and visibly injured were subjected to intrusive questions. Many of the groups we met also reported the need to prepare and support victims about to undergo the INR. This, we believe, reflects the reputation the process has attracted as being complicated, intrusive and painful.
- 7.11 Groups also reported needing to support people following the INR. Some victims were angry about the intrusive and insensitive nature of the questions, particularly when the questions led people back to painful events. Other victims were very distressed. We were told of a woman leaving the INR hysterical after just ten minutes; and another man who was three months into regular therapy and doing quite well, but after undertaking the INR, he found it very difficult to continue with the therapy. It appears to us that these cases highlight how serious harm could have been done had the group's staff not been on hand to provide support and a de-escalation of emotions and distress.
- 7.12 More than one Assessor felt that victims, when in discussion about their needs, would inevitably re-visit the event that had harmed them and then feel distressed; some would manage their emotions and some would not. However, all Assessors felt qualified to deal with distressed victims and none voiced concern that some would be leaving the INR still distressed and needing support. This is worrying as clearly the examples from the groups indicate that this is a not an uncommon occurrence.
- 7.13 We are also concerned about those who may refer themselves. For example, some victims leaving the VSS offices at Millennium House following an INR can reasonably be assumed to be distressed. If they are part of a group then they could seek support from that group. But if not, they would have no further contact with the VSS for up to 12 weeks or in some cases up to eight months. We believe this represents a significant risk to the well-being of those victims and survivors. Some victims spoke to us of thoughts of self-harm and, whilst we are not aware of any documented cases, risks must be recorded and mitigated.
- 7.14 There will also always be victims and survivors who, for whatever reason, do not want to engage with any of the groups available. This may involve a lack of trust, fear of being labelled a victim, or uncertainty about what is being offered. For these victims as with others there should be an assessment role within the VSS that would look very different to the one currently on offer and would focus on immediate, practical need allowing for a more in-depth assessment, where identified as necessary, to be conducted elsewhere. As well as taking away the fear and anxiety of an intrusive assessment process from victims it would, we suggest, return the VSS to being the organisation it was originally envisaged to be: namely a commissioning and funding body with oversight and a limited role in needs assessment.

Recommendation 17

We recommend that the VSS offer a streamlined, more focused and less intrusive, simple needs assessment process for victims and survivors.

- 7.15 In our view, the INR form pathologises victims and survivors. There appears to be a fairly prominent bias towards mental health needs and an emphasis on ‘feelings’ with much less focus on practical support (which most victims and survivors appeared to want). This focus was understandably compounded with the Assessors appearing to be selected for their ‘health’ backgrounds, even though the role was not a medical one.
- 7.16 Other concerns were raised to us. The partner of one particular survivor was working. This meant she could not access the financial support she thought she was ‘entitled’ to as a victim and survivor. Extremely aggrieved by this, she felt this meant she was not seen as a victim in her own right. She said the support should not be seen as ‘benefits’ but as a recognition and acknowledgment of each individual’s experience as a victim or survivor. Others reported that they would be happy if everyone received as little as £20, suggesting this would recognise their status as a victim and would be fair and seen to be fair. The issue of perceived lack of fairness in the scheme came up again and again.
- 7.17 These examples suggest that communication around what can be offered, how it can be offered and to whom, has been less than effective. Victims and survivors, above all others, need to be clear about what they can expect.
- 7.18 We also came across issues in relation to the delivery and commissioning of practical services to victims and survivors. We note that there are issues of trust. Some victims are very cautious about whom they will engage with or let into their homes, often with good reason.

Recommendation 18

We recommend that an agreed list of approved providers for services and goods would go some way to allaying issues of trust and safety for victims and offer the added advantage of being able to monitor expenditure and quality of service.

- 7.19 It is also clear that it is not only those on the receiving end of an assessment that feel it is generally flawed. Most Assessors told us they had some level of difficulty with the INR form with, at times, its intrusiveness, complexity and irrelevance. Most reported it was too long and was not used systematically.
- 7.20 Some Assessors said the INR form was not a priority and felt it did not serve their clients well, as victims and survivors needed to fit into one or more of the boxes in order to access help. Other Assessors reported it was too compartmentalised and should be much more individualised. One Assessor said that clients coming from the NIMF knew what to expect but new clients couldn’t understand why they were expected to fit into boxes. Another Assessor felt the INR was designed to gather data and did not take victims and survivors sufficiently into account: the form was “essentially redundant”.

7.21 It is our understanding that a key purpose of the INR was to gather data about the circumstances of victims and survivors and their needs. Even for such a limited purpose the form is ineffective. People have been upset by the questions so have refused, in some cases, to answer. Many people have become distressed and have not completed the questions. And as many of the questions are intrusive, and people were distressed or embarrassed or both, it is likely that some people did not answer completely truthfully. This could easily result in compromised data. There is also the question of the value of this form of data gathering when there is no functioning IT system to store and analyse it.

Recommendation 19

We recommend that a separate questionnaire, guaranteeing anonymity, be considered to capture data about victims and survivors to inform future policy and services for victims and survivors.

7.22 We are aware of the current issues existing around the backlog of assessments waiting to be carried out alongside the ability of the VSS to commit to further awards of financial assistance. These are important concerns and have a direct impact upon vulnerable victims and survivors. There seems to be no evidence of any strategy or operational management plan to deal with these. The CEO of the VSS explained that all she can do is “push the Department”. This solitary option suggests a lack of management reflection and initiative. We would like to see a more creative approach to problem solving here. We acknowledge that a staffing paper was presented to OFMDFM in September 2013 followed by an activity analysis but the problem had been identified well before this happened.

7.23 Overall, we found the INR process to be deeply flawed and ineffective. Quite simply, if even those using the form every day seem to have little confidence in it, it is not surprising that victims, survivors and others feel the same way. Overwhelmingly, the evidence concludes the form is not fit for purpose. It is also the case that all the participants to the assessment were dissatisfied with the process of the INR, although some were happy with the outcome.

7.24 The assessment of individual needs was never meant to be complex, intrusive or difficult. The INR process was a “one size fits all” with everyone, whatever their needs, going through the same process. It was all or nothing. People reported in focus groups feeling humiliated and distressed.

7.25 Advice was submitted to Ministers via their Special Advisers in January 2014 and the INR was deferred pending the outcome of this Independent Assessment.

7.26 We understand the VSS is now implementing a screening process to prioritise need, and to separate registration for goods and services from physical and mental health needs. It is also working in partnership with groups and CVSNI to ensure the most resources go to those in the greatest need in the most effective way.

7.27 As we have stressed throughout, an important part of this revision of approach is how information is being communicated. The Chair of the VSS has described this as a shift from an administrative model of delivery to a service model of delivery. This is to be commended and progress begun must continue.

Recommendation 20

We recommend the new assessment process takes a comprehensive approach to assessing need, in consultation with groups, the Forum and CVSNI.

Recommendation 21

We recommend a triage approach to needs assessments so that those who need simpler assessments can be managed separately from those with more complex needs.

Recommendation 22

We recommend that the monitoring and evaluation of the available packages of care and support are scrutinised regularly carefully and sensitively to ensure that they are meeting the needs of victims and survivors, and any relevant professional standards or regulatory requirements as necessary.

Recommendation 23

We recommend that where victims and survivors are identified as requiring acute psychological or psychiatric interventions, then protocols with statutory health services must be in place and are subject to monitoring and evaluation. This should be a priority for consideration by CVSNI, OFMDFM, DHSSPS and the Health and Social Care Board advising the VSS.

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8 Thanks and Acknowledgements

We have been impressed with the openness and candour of those with whom we have engaged, particularly those who have demonstrably been severely impacted by the Conflict and Troubles in Northern Ireland.

We would extend grateful thanks to all contributors for their input and assistance. We heard from:

- 50 individuals by written correspondence, phone and in one to one and group sessions;
- 8 current and former VSS assessors and former assessors;
- 13 representatives from groups in one to one and group sessions; and
- 8 written representations from groups.

We also attended the CVSNI Roundtable event on the 17th December 2013 where we met many of the 77 attendees - staff and volunteers from groups supporting victims and survivors.

In addition we also met:

- The VSS Board;
- The VSS Management;
- The Commission for Victims and Survivors Staff;
- Special Advisors of the First Minister and Deputy First Minister; and
- OFMDFM Officials.

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WKM Solutions is a consultancy company whose Directors are experts specialising in policy, strategic shaping and operationally focused work in the victim and survivors arena.

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