



**Assessment of the individual needs of Victims
and Survivors**

Advice Paper

August 2013

Contents

<i>Introduction</i>	3
<i>Background</i>	3
<i>Issues Identified by Groups</i>	5
<i>Recommendations</i>	7
<i>Annex</i>	9

Introduction

1. The purpose of this advice paper is to outline a number of issues and proposals for the consideration by OFMDFM in reviewing the Individual Needs Review process currently administered by the Victims and Survivors Service (VSS).
2. The Commission has discussed the paper with the VSS. In these discussions the VSS informed the Commission that they intend to conduct a root and branch review of the Individual Needs Review process in the near future having identified a number of limitations.
3. The VSS opened its doors in April 2012 as part of a major change management programme that established the last significant part of the infrastructure designed to meet the needs of victims and survivors as envisaged in the strategy document 2009-2019.
4. The main rationale for creating a dedicated new Service was to institute a new assessment and commission-based delivery model that would consolidate approximately £11 million of funding annually into a single, unified service.
5. The Commission acknowledges the hard work of the VSS in establishing the assessment process, putting in place the appropriately qualified assessors and processing a substantial number of needs reviews during this period.
6. The latest figures provided by the VSS state that 1,400 Individual Needs Reviews have been completed up to the 25th July 2013, with the number of individuals requiring specialized psychological interventions remaining between 20-30%.¹

Background

7. OFMDFM stated that the Needs Review is *'a guided conversation that is conducted by assessors employed by the VSS. Based on the need(s) identified, the VSS offers the client a range of service providers to choose from. All service providers identified in this process are checked by the VSS to ensure they meet the required standards.'*²

¹ Information provided by the VSS following a meeting with CVSNI in July 2013.

² Information received from the Department on 28 March 2013.

8. The Needs Review process is an important part of the Victims Support Programme (VSP) currently implemented by the Service. The VSP is made up of three programmes – the Health and Wellbeing, Support and Individual Needs Programmes. According to the Department, *‘all individuals who wish to avail of services covered by the Health and Wellbeing Programme will have a needs review conducted by a VSS assessor.’*³
9. Literature from the VSS states that, *‘the following people **must** undergo a Needs Review:*
 - Anyone receiving counselling or complementary therapies from a victim/survivor support group funded by the VSS; and
 - Anyone who wishes to access a Package of Support.⁴
10. The Department has highlighted that to ensure all needs reviews are completed by December 2013, the VSS will increase the number of Assessors to ten over the current financial year. Furthermore, the needs review process has been targeted at the 300-400 current recipients of the Northern Ireland Memorial Funding for Chronic Pain Management, Disability Support or Financial Assistance Extra Needs. Additionally, victims and survivors who directly contact the VSS are offered an Individual Needs Review.
11. Throughout 2013-14 Groups who have successfully applied for funding to provide Health and Wellbeing Services, including counselling and psychotherapy will continue to do so. According to the Department, from 1 April 2014 with the full implementation of a commissioning-based delivery model *‘groups will only receive funding from the Health and Wellbeing Programme for services commissioned by the VSS.’*⁵
12. A number of matters were raised by representatives from Victims Groups about the appropriateness of the current assessment process during meetings with the Commissioner in recent months.
13. Responding to these issues, the Commissioner wrote to the Department requesting clarification in relation to the 'Needs Review' process. The following information was included in the Department's response:

³ Information received from the Department on 28 March 2013.

⁴ Victims and Survivors Service (2013) The Individual Needs Review: A gateway to services and support, VSS.

⁵ Information received from the Department on 28 March 2013.

- *The decision that the VSS would conduct all the need reviews, as opposed to service providers was based on the need to ensure a coordinated approach was applied in accordance with best practice...*
- *...and to differentiate between those responsible for identification of need and those responsible for service delivery, thereby guarding against potential conflict of interests.*
- *The VSS will work closely with Groups to facilitate the assessment of their clients at a time that is right for each client.*

14. In August 2012, the Commission provided advice to the Department in the area of funding for Services for the period 2013-2015. In relation to the assessment of victims and survivors, the Commission put forward the following recommendations:

- *All new clients should be assessed by a Health Care assessor employed or registered with the VSS;*
- *The Commission advises that for the Financial Support Programme each individual will be assessed by the Victims and Survivors Service in relation to need.⁶*

15. In his 1998 Report, the first Commissioner for Victims and Survivors, Sir Kenneth Bloomfield stressed the importance of ensuring that services for victims are as 'user-friendly as possible'. He also made the key point that any assessment should not represent 'excessive re-examination' for conditions already confirmed as permanent by reputable medical practitioners.⁷

Issues Identified by Groups

16. The Commission supports the decision for the VSS to undertake individual needs reviews based '*on the need to ensure a co-ordinated and consistent approach*' to assessing needs and making victims aware of the range of treatments and services available to them.

17. However, the Commission is of the opinion that there is a way of supporting and complementing this approach to the Needs Review that

⁶ Commission for Victims and Survivors (2012) *Advice to Government on Funding for Services 2013 to 2015*, CVSNI, August.

⁷ Bloomfield, K. (1998) *We Will Remember Them*, April: 30-31.

utilises the knowledge, skills and experiences that have evolved within the sector over the last decade.

18. As part of the Commission's ongoing engagement process with victims and survivors, a number of concerns have been identified by groups in relation to the assessment process. These include dissuading victims and survivors from coming forward for assessment, the potential for re-traumatisation, the need for clarity around the process and the gender of assessors. These concerns are outlined in more detail in the paragraphs below and two examples of the types of correspondence the Commission has received are included in Annex 1.

19. A key concern expressed by a number of representatives of victims groups is that the introduction of the Individual Needs Review by VSS has the potential to dissuade victims from accessing treatments and services. Groups have stated that, the insistence on individuals and families impacted by the conflict, having to undertake a Needs Review with a VSS assessor, may discourage victims on the grounds of trust, security and confidence. The Commission has no evidence of this other than representations from groups.

20. However, on reflecting upon the difficulties highlighted by a number of existing service providers, the Commission would be concerned if the current assessment process was discouraging victims and survivors from coming forward to seek help. This would be particularly counterproductive at a time when both the Commission and the VSS are looking to reach out to more victims experiencing enduring psychological illness including complex PTSD, clinical depression and substance disorders.

21. Organisations who have contacted the Commission have commented on the possibility of a 'dual assessment' and the potential for client frustration and re-traumatisation from having to repeat their often painful story. In a recent publication, the Omagh Support and Self Help Group state that,

"Those accessing certain aspects of the service such as counselling etc must undergo a twenty nine page individual needs review. This review is extremely intrusive for many victims and survivors and has the potential of re-traumatising and disengaging victims."⁸

⁸ Peace and Reconciliation Group (2013) The Open Book Project – a joint project between Leonard Cheshire Disability, Omagh Support and Self Help Group and We Have Suffered Too, July 2013, 10.

22. From the information provided by the Department, the VSS will continue to work closely with all service providers to ensure victims do not need to unnecessarily repeat their experiences. This is to be welcomed and we look forward to reporting on the progress of this in our reviews of the VSS.
23. Another issue identified by existing service providers is the need for clarity on the process of assessment and particularly the relationship between VSS and counsellors/psychotherapists undertaking their own assessments. As the VSS continues to increase the number of assessors in the year ahead enhancing capacity to undertake more needs reviews, an effective relationship needs to develop between VSS assessors and counsellors and psychotherapists working on behalf of victims groups to address the “dual assessment” concerns.
24. Throughout 2013-14 groups delivering health and wellbeing services will continue to undertake psychological assessments prior to the commencement of treatment. It is important that throughout the VSS’s skills audit analysis that where possible the professional experience and expertise of counsellors and psychotherapists is utilised by the VSS.
25. It was also raised with the Commission that the gender of the assessors could potentially be an issue and that clients should have the choice to choose a male assessor, if appropriate. Given that clients to date have been mostly men, it may be beneficial to address this issue proactively. Current equality legislation and genuine occupational qualification provisions for promoting welfare would allow for this to happen.

Recommendations

26. In light of the issues raised and the fact the current assessment process has been operational for fifteen months, the Commission, recommends that a review of the current assessment process is undertaken by the Department. This review would present an opportunity to address the issues raised in this paper and also examine the potential of improving the process further.
27. The Commission also recommends that as part of this review a potential solution is considered by the Department and the VSS. This solution would be that the knowledge, skills and expertise of the appropriately qualified individuals working in and with groups are

utilised to undertake Needs Reviews on behalf of the VSS. The VSS would determine the individual's suitability to undertake this role.

28. As the Department is already investing in these individuals through the funding made available to groups, it would be a prudent use of public funds to utilise this resource in this way.
29. Working in partnership with these groups the VSS could bring consistency, coordination and oversight to this process and accelerate the number of Needs Reviews that could be carried out in the year ahead by effectively utilising this already existing resource. Consideration could be given to making it a condition of funding that so many hours are dedicated to this activity.
30. The Commission also recommends exploring and considering the registration of a number of counsellors and/or psychotherapists currently working for Victims Groups undertaking the Individual Needs Review on behalf of the VSS. These clinical practitioners would work closely with VSS assessors to design a package of treatment and/or service provision based on the outcome of the Individual Needs Review. To avoid a conflict of interest and to ensure each client can avail of all appropriate care and support each assessment undertaken by the registered assessor would be reviewed by the VSS before the commencement of treatment or access to service provision.
31. The Commission recommends that the Department, the Commission and the VSS monitor closely the number of individuals accessing the Needs Review to establish if the current assessment model is in any way negatively impacting the uptake of services or treatments, thereby addressing the concerns of the groups.
32. The Commission also recommends that any changes identified by the review are subject to pilot testing, discussion with the Services Working Group of the Forum and extensive communication of all proposed changes across the sector.
33. The recommendations above would also demonstrate the Department, the Commission and the VSS working collaboratively to promote the interests of victims and survivors.

13 August 2013



OMAGH SUPPORT
& SELF HELP GROUP



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23rd July 2003

Dear Mrs Stone,

I am writing to you in my capacity as project coordinator of the Omagh Support & Self Help Group and also as a victim/survivor directly affected by the Northern Ireland troubles.

As you are aware, the Victims and Survivor service for Northern Ireland (VSS) was launched in May 2012. The service provides both support to nongovernmental organisations and individuals affected by terrorism. Those accessing certain aspects of the service such as counselling etc must undergo a twenty-nine page individual needs review assessment. This review is extremely intrusive for many victims and survivors and has the potential of re-traumatizing and disengaging victims. Following the London Bombings in 2005 the Criminal Injuries Compensation Authority (CICA) introduced a new approach to the handling of major incidents to ensure there is a tailored application process. This includes making sure applicants are not requested to provide information which CICA should already have or which can be obtained from other sources. Many of the victims accessing the VSS are already known to the Service or its previous Departments. It is in the best interest of the victim or survivor for the Service to utilise any information already available in other sources in order to prevent re-traumatisation.

“Remembering the past, looking to the future.”



I feel a great emphasis on sensitivity and duty of care should be applied, prior to, during and after these assessments. I have personally undertaken such an assessment in May of this year which I found very intrusive and insensitive. I have spoken to many victims and survivors who have had a similar experience. I am still awaiting the outcome of that assessment after many queries, which unfortunately also seems to be a common theme.

As project coordinator of a victims group with over 220 members, I am also finding the new monitoring and evaluating tools considerably adds pressure to our workload of two full-time staff. I entirely appreciate and understand the need for monitoring and evaluating, however, there must be an alternative method of gathering this information in a more sensitive and unobtrusive way. I feel uncomfortable asking members who call in for a cup of tea to complete these forms, many of whom are elderly and reluctant to have any information recorded. Perhaps looking into how other governmental departments evaluate their services might be productive.

I would be grateful if you could look into these matters and look forward to hearing from you.

Kind Regards

A handwritten signature in cursive script that reads "Cat Wilkinson". The signature is written in dark ink and is positioned above a horizontal dashed line.

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12th March 2013

Adrian McNamee
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Dear Adrian

Re your letter of 7th March 2013

Thank you for your considered and prompt reply.

As indicated in paragraph 2 of your letter we have now met Carolyn Mada who has outlined the assessment process. Having had sight of the assessment tool and heard a description of the process we are disappointed that our concerns remain largely unaddressed. I do, however, acknowledge that you will raise the following issues:

- Research base for such practice;
- Purpose of the second VSS inspection;
- Relationship between VSS and Derry Well Women assessors;
- Whose assessment holds primacy;
- Assurances of client confidentiality;
- Clients referred onto programmes;

I write now to reiterate issues for consideration in relation to this proposed process.

I would welcome information on the number of "Victims" organisations currently carrying out their own assessment for admission to both one to one and group provision as recommended by the Parkes Review of Counselling in N'Ireland 1998. This will provide clarity on the extent of duplication (for DWW the proposals represent dual assessment) and, therefore, waste associated with the proposals.

I am disappointed that you make no comment on the clinical issues associated with dual assessment and again ask if the carrying out of Dual Assessment is consistent with the ethical framework within which Derry Well Women operates (BACP / IACP) and the Derry Well Women ethos.

♀ Derry Well Women Ltd. is a Registered Charity. Charity No. XR35546. LLC: NI 22926

Your paper provided some clarity on the purpose of VSS assessment and insofar as it purported to be a "needs review" and not psychological assessment was reassuring. However, with respect, some of the focus in relation to needs assessment as referred to in bullet point 2 of your paper strike me and my colleagues as unlikely that you will avoid past trauma conversations.

Clients tell us that their greatest source of frustration and re-traumatisation, particularly within statutory services is in having to repeat their story to different practitioners without intervention. From what we now know of the VSS process it would appear that there are up to three interview and assessment stages required prior to the client receiving the service they need or indeed not receiving any service at all.

We have major concerns that this section will undoubtedly and unnecessarily expose clients to past trauma, invite them to revisit past hurts and also ask them to self-report on their current state of mental health. All of this will be carried out within a one hour session involving the completion of a 22 page assessment form. In addition to our concerns about the practicality of completing this form in one hour, we are seriously concerned about the apparent lack of commitment to patient quality and safety in relation to clients re-stimulated or re-traumatised. In light of the Francis Report this strikes us as potentially dangerous.

From Carolyn Madas' description of the process we understand that the proposal is - 8,000 people be assessed by 20 part-time Assessors by December 2013. This equates to each Assessor conducting 14 assessments per week. Derry Well Women carries out 12 assessments per month and manages this in a way which ensures that we have capacity to meet demand and that we are not creating unrealistic expectations or waiting times. Derry Well Women has social support and personal development programmes which act as support programmes. It would appear that the assessment of 8,000 people in 9 months is going to create an enormous bottle neck of demand into services of whose capacity to deliver Assessors have limited knowledge.

Will the VSS Assessment team keep abreast of agency's waiting lists and preparedness for clients and communicate these to the clients they are assessing?
Clarity is required in relation to what systems are in place to measure the effectiveness of the assessment process.

In relation to the issue of client choice, there is nothing in what has been proposed so far to allay our fears that victims who choose to not attend VSS assessment are deprived and excluded. In addition there still appears to be no guarantee that any woman who does attend VSS Assessment will be referred to an agency of her choice or to an agency within her immediate vicinity.

I understand that you will be coming back to us on how clients will be referred onto social support programmes and how the mapping of need will be matched against a mapping of provision.

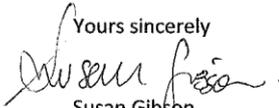
Does VSS have a Complaints Policy and Procedure in place for clients who are unhappy with the outcome of their Needs Review or the service they receive following referral or signposting.

We welcome those changes which have been made specifically those reflecting the distinction between "keeping the relevant information useful for the Commission and the Office of the First Minister and Deputy First Minister in needs analysis" and a medical or psychological assessment of clients. There should be no confusion in this.

I look forward to hearing from you on the issues for which you are seeking further clarification in addition to new issues raised in this letter.

Finally Adrian I accept and thank the Commissioner for extending an invitation to Derry Well Woman to participate in the June seminar on women in post conflict society and their contribution to building a better and shared future. We would be delighted to present on our research and on our work.

Yours sincerely



Susan Gibson
Manager