



Northern Ireland
Assembly

Committee for the Office of the First Minister
and deputy First Minister

OFFICIAL REPORT (Hansard)

Victims and Survivors Service

9 October 2013

NORTHERN IRELAND ASSEMBLY

Committee for the Office of the First Minister and deputy First Minister

Victims and Survivors Service

9 October 2013

Members present for all or part of the proceedings:

Mr Chris Lyttle (Deputy Chairperson)
Mr Alex Attwood
Ms Megan Fearon
Mr Alex Maskey
Ms Bronwyn McGahan
Mr Stephen Moutray
Mr Jimmy Spratt

Witnesses:

Dr Michael Duffy	Queen's University Belfast
Ms Margaret Bateson	Victims and Survivors Service
Mrs Anne Dorbie	Victims and Survivors Service
Ms Katrina Hinfey	Victims and Survivors Service
Miss Sara Templer	Victims and Survivors Service

The Deputy Chairperson: From the Victims and Survivors Service (VSS), we are joined by Anne Dorbie, the chief executive; Margaret Bateson, the head of corporate services and programmes; Katrina Hinfey, the head of client services; and Sara Templer, the information officer. You are very welcome to the Committee, folks. Please start by making a statement before we go into questions.

Mrs Anne Dorbie (Victims and Survivors Service): Dr Michael Duffy from Queen's University Belfast is also with us.

The Deputy Chairperson: Apologies. You are also very welcome, Dr Duffy.

Mrs Dorbie: I want to answer some of the issues that the commission raised, but I will maybe do that after our presentation. Some of those issues will also be addressed in the presentation.

Since we were last at the Committee in February, the Victims and Survivors Service has continued to merge the two organisations of the victims unit of the Community Relations Council and the Northern Ireland Memorial Fund. As you will be aware, the Community Relations Council staff transferred under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) in November last year and the Memorial Fund staff on 1 April this year. The service has benefited from that knowledge transfer and the ability to retain key personnel. When we were here previously, the Committee was concerned that that knowledge transfer took place, and we are delighted to say that we were able to do that. The total number of staff at the service sits at 37, and that includes six to seven assessors.

You have heard a lot about the individual needs review, which is what the assessors do. They come from a range of backgrounds. They are all trained therapists and health and social care practitioners and are very well trained in the management of risk in vulnerable clients. During this period, we have also completed structural works on a suite of assessment and therapy rooms. I understand that, on the previous occasion, the Committee asked us about the accommodation in which we were conducting assessments and so on.

In February, the service was in the midst of applications to the victims support programme. This selection was carried out by an independent panel, and 55 groups applied for two to three times the amount of budget available. The scheme covers the areas of health and well-being for a one-year programme and social support for a two-year programme. Our submission refers to that. The programme is split into two funding regimes: applications for over £75,000 and applications for under £75,000. Thirty-two groups received funding of over £75,000, and 17 groups received funding of under £75,000. We have listed the groups in our submission. The applications for funding of less than £75,000 finally closed on 30 September, and 14 further applications have been received. Selection will take place over the next few weeks.

I will pick up on Mr Spratt's point. There were 10 appeals around group funding; eight of the original decisions were upheld, and two were declined. Before all the letters of offer and contracts were issued, Margaret, my head of corporate services, and I met every single board and chief executive to ensure that we got to know the individuals involved. We explained the process in full, the revised terms and conditions for the victims support programme and generally built good working relationships. I found this to be extremely beneficial, and the feedback from the groups appears to reflect the same feeling. There is a list of all of the funding groups in our submission, and we will submit maps to you of the locations of those service providers.

Since April this year, the service, in conjunction with the Department, has developed a monitoring and evaluation framework through which groups are asked to report on their approved work plans, including the number of victims' activities, outcomes and so on. These outcomes come from a menu of set indicators — for example, improvement to quality of life, positive attitude and so on. The outcomes were part of the business case for funding, and the service must report back to the Department on these measures to be able to evaluate the interventions. We invited the commission to take part in that area of work, but unfortunately, it did not see that it was its role to join us on the working group.

A specification for a management information system has been drafted, and it is with the Central Procurement Directorate. A go-live date is expected by April and will facilitate a portal in every group for inputting, which should make monitoring and evaluation less clumsy. We are conscious that groups are finding it a little difficult because we are working with a manual system. It will also produce more real-time information and support and consolidate the service's business systems for the processing of financial assistance scheme 6 and the tracking of awards under the care packages, booking client appointments and holding client records. It will provide easier accessibility than the current system.

I will talk a bit about the skills audit, which was the subject of your discussion earlier, and will put the data protection issue into context. Part of the letter of offer to groups is the requirement to validate the skills of the therapists whom they employ. To do this, the service is carrying out a skills audit of the therapists, supported through our service providers and those whom we directly contract with. The service is ensuring that the minimum practice framework standards, as published by the commission, are adhered to for all psychotherapies, and, in the main, this means that they must be fully registered members and accredited by their professional body. To this end, we are working collaboratively with David Bolton and Barney Devine from the Initiative for Conflict-Related Trauma. They will carry out the skills audit. If appropriate, they will draft a gap analysis and develop a workforce plan. The service will and does work closely with the psychological therapies team of the Health and Social Care Board to ensure that we dovetail its work across standards, training, accreditation and outcomes. We know that there are 106 therapists, and only three have contacted us directly with queries about the audit and the process therein.

I will now pick up on the data protection issue. Originally, we asked for details on the skills, expertise and qualifications of the therapists, which they submitted. Where we have found it difficult is in making sure that those details are within their professional body. The British Association for Counselling and Psychotherapy (BACP), which is the accredited body for therapists and counsellors, is changing its process, and we are working with it on the information about those therapists to make sure that they are accredited. So that is where this issue comes in. There is no breach of data protection. It is

about making sure that the therapists have the skills and expertise to deal with the clients whom we are funding.

On Monday 16 September, the service held a seminar at which it outlined to the groups the terms of reference for the skills audit, which is to be conducted by David Bolton and Barney Devine. That was all discussed, and I understand that the proposal was received warmly by the groups. In the past few days, I have received feedback that David and Barney are doing the skills audit, and the groups are welcoming the opportunity to discuss their skills and experience with them.

I will now pick up on the commission-based service. The 10-year strategy for victims and survivors outlines the requirement to move to a commission-based service model for health and well-being interventions from 2014. The Department has set up a working group, comprising the commission and the service, to look at that. On 16 September, the service invited all its service partners to a stakeholder event. That was well attended, and various issues and challenges were discussed. In the next few weeks, the service is having a follow-up event to discuss complementary therapies. We feel that it is important to develop that idea in partnership with our stakeholders and, more importantly, to ensure that there is continuity of service provision for victims.

The previous commissioners had advised of the need for a replacement for the old trauma advisory panels, and I would like to bring to your attention the fact that my team has set up a pilot project at the victims' practitioner meetings. The project brings together a group of individuals from the voluntary and community sector and the statutory sector, and is co-chaired by somebody from the voluntary and community sector and by one of my staff. It is about interacting with statutory partners and other agencies on the provision of services for victims moving forward. We have picked up on the pilot by the eastern trauma advisory panel (TAP), and we intend to roll that out as and when we see how it is working.

I will move on to discuss the individual funding area of the service. I want to stress that, although this may not be apparent, our funding moved over only in April this year, so the service has been fully operational from only April this year. Therefore, any of the programmes that I am about to outline were opened on 15 April. It is really important to put that into context.

The client journey is outlined in our submission. Ministers agreed the individual funding packages on 28 March. That distilled down to six schemes of three care packages, largely based on the more advanced schemes for chronic pain; disability aids; education and training; respite breaks; and care for carers. To avail themselves of all those packages, individuals are required to discuss their needs with an assessor of the service. Individuals can no longer apply for assistance other than financial assistance. This guided conversation covers aspects of an individual's life — for example, physical and mental health needs, finances, housing, welfare and advocacy. At the end of the conversation, the assessor puts forward recommendations based on the needs and, where applicable, signposts an individual to other organisations. When a mental health need is identified, individuals are asked whether they would like to discuss those needs in more detail and, if so, are referred to an appropriate mental health professional for an in-depth assessment. Therapy is then recommended if appropriate, and clients are asked where they would like to attend. That may be with one of our service partners, such as the victims' groups that we currently fund, direct contractors or other organisations.

I want to outline the numbers of throughput, which I hope will allay some of your fears about people being discouraged because of the individual needs review process. These figures are all based on the previous uptake of the Northern Ireland Memorial Fund. In a full financial year, the target number for chronic pain is 300, and to date — in the past six months — the service has issued awards to 421 people. The target for care for carers is 300, and we have issued awards to 115. The target for disability support is 300, and to date we have issued awards to 216. The target for education and training is 1,300, and we have issued awards to 536. The target for respite breaks is 800, and to date we have issued letters to 1,067. I hope that that gives you some indication of the volume of need that we are meeting.

Our submission refers to the individual needs review. We are happy to come back to that and explain some of the reasons why we thought that it was perhaps too sensitive to have an open discussion about it. However, we are happy to have that discussion later on when the Committee feels that it is appropriate to do so. It is about establishing need and moving forward. To date, that need has never been captured. The needs of victims and survivors have always been assumed. The rich material that the individual needs review process has given us helps us to shape the service moving forward so that it can best meet those needs.

I will go back to financial assistance scheme 6. The target number for that, based on the Memorial Fund numbers, is 1,750. To date, our target is around 2,100 people. It opened around 15 April and closed on 30 June. I can give you an explanation around that. We issued a questionnaire asking people how they felt about the financial assistance provided under scheme 6. To date, there has been a 70% response to that. You will notice that that money is very important to victims and survivors. The top two reasons are that it is an acknowledgement of their pain and suffering and, indeed, that it can be used for household bills.

In summary, I want to point out the real challenges that the service has faced in the past six months. We are keen to work with all stakeholders. We take criticism extremely seriously; of course, it would be perverse not to do so. There is no doubt that the individual needs review process has proved a little bit difficult for some people and that some people get upset. I want to stress the point that we have worked with our service providers on the provision of individual needs reviews to victims. Our partners have been more than accommodating in providing those assessments on site to victims' groups. It is certainly not our intention to upset or re-traumatise an individual. We can come on to the concept of re-traumatisation.

I met the commissioner in July before advice was submitted to Ministers, and I understand that Ministers have responded to that advice. The service has recognised the difficulties in coming to the individual needs review process. The previous commission quality assured the individual needs review process, and it has been quality assured by members of my staff, including Dr Michael Duffy and Ciaran Mulholland, and other people in the mental health field. We take it extremely seriously — of course we do. It would be perverse for us not to do so. We listen to the issues. We have done around 1,800 individual needs reviews to date, and the fact that we have exceeded the targets and numbers for throughput of victims demonstrates, I think, that it does not put people off coming through that process. Our feeling is that there are a number of hidden victims, which is why our numbers are so high at this six-month point in the process. We think that around one in five or one in six come to us, and you have some of those statistics in our submission.

There is no doubt that it has been a challenging six months. It is a new service. However, I can assure you that the data that we collected has been important in helping us to shape the process moving forward. We would welcome any assistance with remodelling the individual needs review and how that may look in the future. We are meeting the commissioner on Monday, and we are very happy to pick up on any of the issues that she raised with you today.

On the point about a lack of information being provided, I have to say that we meet the commission on a monthly basis and have done so since January/February this year. I feel that the service has put forward a lot of information. I am very happy to share with you the minutes of each and every one of those monthly meetings as well as the information that has been provided.

In respect of the data provided to you today, I wrote to the Department and the commissioner around three to four weeks ago inviting them to attend a meeting to see the data. That meeting will happen this Friday.

On the advice submitted on the individual needs review process, it has become apparent to me in the past couple of weeks that the commission staff did not understand the individual needs review process, so they are coming in on Friday to be walked through that.

I want to make those points in defence, if you like, of the service, because I think that some of the criticism has been grossly unfair. The staff and the service have really stepped up to the challenge of the past six months. It has been bumpy. Change is always extremely difficult. We are very mindful of the victims whom we support. When we get to talk to the Committee about that data, we would welcome its input on how we can take that forward on a strategic level and how we can work much more closely with other statutory agents on the provision of support to victims and survivors.

The Deputy Chairperson: Thank you, Anne, for your presentation. From a Committee point of view, in hearing today's evidence, I am sure that you can understand that it is absolutely crucial that you are able to respond to those concerns. The information that you provided to us is helpful, and we will revisit the other data that you provided today.

The three key areas of concern that seem to be developing are information sharing, assessment and communications. Can you pick up on those three key areas in response to some of the concerns that have been raised, in particular, the assessment process dissuading or, indeed, re-traumatising victims, which you touched on? I imagine that the service's communications fall into that as well.

Could you touch on that and speak to the deadline that was introduced to financial assistance scheme 6? Why was that introduced, and how were victims informed of it?

Mrs Dorbie: I will pick up on your final point first, if you do not mind. Nothing changed with financial assistance scheme 6, which is for £1,040 per annum, other than we requested three months' bank statements to be supplied. It is a household award, and we needed to check, for accountability reasons, the total income of a household. Traditionally, the Memorial Fund opened the scheme and left it open. That resulted in the fund receiving a lot of criticism because of mounting applications and not being able to service those applications. We opened the scheme around 15 April after Ministers approved the scheme. Around 20 June, we had exceeded the target number of 1,750, and it was decided to close the scheme on 30 June. At that time, about 80% to 90% of the people who had applied were known to the fund, and we could track that. Leaving the scheme open would have invited the previous criticism of the fund. No matter what way you do it, applications will always be awarded in chronological order based on a valid and complete application. It is always difficult to know when to close it. We could not continue to invite applications beyond that point because the service would have mounted a further commitment.

We communicated the closure through all our service partners and the groups to tell them that the scheme was to close. Given that 80 applications were received after the closing date, we will revise that and see how we can do that better next year. We worked with a tight turnaround and framework this year, whereby we got the funding only very late on and had to try to get it open and get it closed. In moving forward, we will have better business systems in place through which we will be able to track that flow. It could be that we go for a closed session and invite applications for one month and close it, but it will always be dealt with in chronological order, so there will always be people who fall outside that timeline. We are happy to look at whether we can do better. Being operational for this year will allow us, perhaps, to open it a bit earlier and manage the process a bit better.

The Deputy Chairperson: This is perhaps a question for the Department, but how was the target reached, and why is there a cap on the provision in the scheme?

Mrs Dorbie: I cannot answer for the Department. The business case for funding approved the target number of 1,750, and my understanding is that that was based on the Northern Ireland Memorial Fund figures. We can do some further analysis of how many were new applicants or new victims; that is easy to do. We advertised it in the national press; the fund had not done that before. So, we can track that and have a better analysis of the different types of individual who are applying. I accept the criticism about the closure date, but it will always be difficult because it will be dealt with in chronological order. Maybe opening it for a month and closing it gives everybody a more level playing field.

The Deputy Chairperson: Is it appropriate to conclude that there are not enough resources to meet the needs of victims in that area?

Mrs Dorbie: There were more applicants than we have money.

The Deputy Chairperson: How exactly were victims communicated with about the deadline and the capping of the scheme?

Mrs Dorbie: I am not sure whether we advertised the numbers at the start, but we would have communicated the closing date through victims' groups and to anybody who had applied and from whom we sought further information. If people had not submitted all their valid information, we would have communicated with them.

The Deputy Chairperson: Is that an adequate level of communication?

Mrs Dorbie: We recognise that it may have been an issue this year, and we are looking at it for next year.

Mr Spratt: Thank you, Anne, for the presentation. You were in the room earlier and heard what was said: your communication is poor; you do not return telephone calls; you do not answer e-mails; and you re-traumatise victims, which you describe as "some people get upset". My experience of individuals is that they find your organisation difficult, creating obstacles and making them almost climb mountains in the hope that — in the view of those individuals — they will, quite simply, go away.

You mentioned that you have experienced staff, obviously because you TUPEd a lot of staff over from the Memorial Fund and so on. I assume that your staff are fit for purpose. It seems to me that the new service is not fit for purpose, quite frankly. That is a management issue that you need to address, Anne. Quite frankly, there has been a failure on your part to do that.

The other area is appeals and the appeals process. You referred to me by name as having raised the issue of the appeals. There have been 10 appeals to the independent review panel. Perhaps you could give us some indication of how that independent review panel is made up and who comprises it. What communication does each individual — or person, if you like — who is turned down get about being able to make an appeal? Is everybody made very clear that there is an independent review panel? Your submission states that eight out of 10 cases were upheld. You said, I think, that two of them were thrown out, but your submission states that "recommended changes [were] made to 2". That does not tell me that part of it was upheld and that there were recommended changes. It was not actually thrown out. With regard to the independent review panel, you have scored 10 out of 10. That is an indictment of your service. Do you not view it as such?

Mrs Dorbie: When an application is received, it is, as you say, assessed by an independent panel. We can provide the list of names to the Committee. That is not an issue.

Mr Spratt: I am talking about the independent review panel, which, I assume, is another panel.

Mrs Dorbie: It is, absolutely. It is independent of the appeals panel. So, they are assessed by an independent panel. If somebody raises an appeal, it goes to another independent appeals panel. The reasons for the rejection by the original panel are communicated to the group in headings. They are told the reasons why they have fallen down. It could be for reasons of corporate governance, not meeting aims and objectives, or lack of information supplied. It goes to the independent panel, who review that decision. As you say, eight have been upheld, and two have been rejected. That is over 82 applications for funding by groups.

Mr Spratt: That is not what the submission states. It says that "recommended changes [were] made to 2".

Ms Margaret Bateson (Victims and Survivors Service): The 10 appeals in the submission refer to the victims' support programme, which is the programme under which groups apply for funding. Ten groups appealed against the value of funding that was awarded to them or if they were totally unsuccessful and had no funding awarded to them. The independent panel then upheld the original decision for eight, which meant that the decision of the original assessment panel was still held by the independent review panel. In the two cases in which there were changes, one was a group that did not originally score over the threshold for corporate governance. It missed the mark by one point. The service encouraged the group to appeal. It did so in conjunction with the service because the process is independent of the service. That mark was raised, so the group was then above the corporate governance threshold and got through. The other case was of a work plan that was unsuccessful for a group. When it was reviewed by the independent review panel, that was changed, and the work plan went through.

Mr Spratt: You have not given an answer about the quality issues that you heard the commissioner raise — poor communications and all those areas.

Mrs Dorbie: I am happy to answer that. We recognise that there is an issue. The service receives over 600 phone calls and around 40 completely cold callers at our door every week. In the past six months, we noticed an increase in the number of people coming to the service. Whether that is due to the central Belfast location, we do not know, but we will try to track that. Now that we have researched our communication, there is no doubt that the individual needs review process has been very informative about how we shape services for the future. There is absolutely no doubt that we need to improve how we communicate with individuals, and we are happy to do that. As the commissioner said, it was only in June this year that we managed to improve our client services team. We were able to recruit our head of client services and our client services manager. Again, that has provided fantastic support to victims moving forward. We need to change our communication methodology.

About 40% of the victims with whom we deal are very happy, as it is very transactional; they come in and out, and they need minimal support. About 30% of the individuals we deal with have mental health needs. We provide stage 2 assessments and other support services for that. Another 30%

require much more intervention and support from us. Often, as you said, they are confused about the letters, the next steps and what the process is. We recognise that, and we will change our skills set to meet those needs for victims.

People will not need to undergo the individual needs review again. We have been working and talking very closely with the Department about how that may be changed and how we move to support that. We reckon that, probably at the end of this year, the service will be regularly supporting a victims' community of about 3,000. It is about how we change our skills and expertise to meet that and how best to service those individuals. We are very happy to look at that. We will meet the commission on Monday, and we are happy to look at the issues and challenges ahead and discuss how best we can provide the services.

Communication has been an issue. We have been overwhelmed by the numbers. There has been a big change. There is no doubt that it has been difficult to communicate that change to some individuals. However, it does not go unrecognised. We are happy to work through those issues, which we do regularly with the Department.

Mr Spratt: Do you not think that it is inexcusable that you simply do not respond to people who make telephone calls and send e-mails to you? You are bound to be ashamed of that. Do you have 37 staff?

Mrs Dorbie: Yes, there are 37 staff, but bear in mind that they do a wide range of activities. We were absolutely overwhelmed by phone calls in April, May and June.

Mr Spratt: That is not an excuse for not returning a call.

Mrs Dorbie: I would like to sit down with —

Mr Spratt: Although you may not do it immediately, it is inexcusable not to return a call at some point. It is simple to return an e-mail. It may not be immediate, but, according to the information that we received from the commissioner, you do not do it at all.

Mrs Dorbie: I would like to sit down with the commissioner to work through those examples and discuss the extent of the problem. I recognise that there was a problem in April, May and June when those schemes opened. We were overwhelmed by the sheer volume. The staff have worked very hard. The statistics have improved; we exceeded our targets in six months, bearing in mind that the memorial fund was an application process and that it could have taken up to 10 weeks to process those applications. In that same time frame, we conducted an individual needs review. We were overwhelmed in April, May and June when the schemes opened, but I would like to see the volume and extent of the issue now.

We have introduced a new telephone system, although we had to wait to get it put in place. That has helped to track calls and divert them to the right person.

Mr Spratt: You heard the commissioner earlier talk about your failure to communicate even with the commission. That, quite frankly, has been diabolical as well.

Mrs Dorbie: I am happy to share with the Committee the monthly communication that we have had with the commission. The letter that was sent to the chair, which the commissioner referred to, was not sent to me; I was copied into it. It went to the chair of the service, who, as you know, is a member of the Department. We had a monthly meeting with the commission a week or two in advance of that letter being issued, and those issues were not raised. I am very happy to share the minutes of the monthly meetings. I think that you will find that many of those issues were not raised directly with the service. It was a surprise to us that that arrived in a letter to the chair of our organisation.

Mr Spratt: We should ask for those minutes.

The Deputy Chairperson: OK.

Mrs Dorbie: I am happy to share them.

Mr Maskey: Thank you, Anne, for your presentation. I think that we all recognise that this is a very difficult and challenging issue. For the record, we all understand that. It is a very challenging environment to work in. Unfortunately, the routine political fall-outs fairly well underscore that for the sector.

I think that you were in the room during the previous presentation, so you heard the fairly serious charge that the commissioner is levelling: the commission cannot fulfil its statutory obligations. That worries us, because we have to stand over that one way or the other. You will appreciate that we have to be robust to get the answers. In your responses so far, some of the allegations that have been made and the criticism that has been levelled are nearly black and white. We need to make sure that we move forward on the basis of there being a methodology around the routine meetings, so that we can say, "There is a complaint that was levelled. There is the response". We need to work out whether that solves the issue. It seems unrealistic, unreasonable and unacceptable that, months after we hear criticisms, we are hearing that it is being sort out. I am not paraphrasing you, because I do not want to paraphrase in the wrong, but, obviously, when we are being told that, for some reason, somebody is unable to fulfil their statutory obligations, we have to be very worried, because that means that we are failing in our statutory obligations as a scrutiny Committee. That is something that we take seriously on our own behalf.

Am I right in saying that you outlined earlier that complaints or contacts from victims are taken in chronological order? Is it first come, first served?

Mrs Dorbie: Yes, on financial scheme 6. It is all dealt with in chronological order.

Mr Maskey: That is something that we need to address at some point, because, depending on how you advertise, where you advertise, who picks up the advertisement, and who is and who is not connected with various organisations, people may or may not be able to avail themselves of what may be a finite resource. We have to look at that. We will be asking you to feed that back. I presume the commissioner has a statutory role in continually reviewing that. It is important to review that aspect. I am not saying that it is your responsibility, but it is not good enough that there are people who are not involved in an organisation and who may be on their own may pick up something late. They might put it in a phone call, and they might not get an answer immediately. They cannot get any support, because there is nothing left for them. That is important.

You talked about taking the commissioner and the commission staff through the assessment process. We have to work out how the system is working. However, as representatives, we also deal with individuals, so I am keen to be talked through the assessment process, without it taking up the whole meeting. That would help us be clear on how it works for those who are being picked up by the service.

Mrs Dorbie: Yes. Annex 3 of our paper shows the client's journey.

Mr Maskey: Yes, I see that, but I would like a more human description. Sometimes, you get lost in diagrams.

Mrs Dorbie: I appreciate that.

Ms Katrina Hinfey (Victims and Survivors Service): We have put in place a client services team and division to make easier the first point of entry into the service. There are two ways of accessing the service: clients can go via a community group or organisation that they are engaged with, or they can come directly to us and ask for an appointment. Appointments can be carried out at their convenience in Belfast, at a local venue near to them or via telephone. The appointments at point of entry to the service are facilitated by healthcare professionals. As Anne said, there are four therapists, a nurse and a social worker. They are very experienced in dealing with assessments and walking people through difficult or complex questions to find their needs and to establish what will benefit them.

Some people become distressed through the process, so we have put in place immediate access to therapeutic services. They are available 24/7, in case people need support later in the evening after the assessment. When the assessor finishes the assessments, they make recommendations based on the structured conversation that they have had. Those recommendations are reassessed to see how we can move forward to meet the needs of the client. The clients receive a letter, in which they

are asked for additional information, where it is necessary, on the services that they have shown an interest in and want access to. Subsequently, they are sent a letter of award.

Mr Maskey: Earlier, my interpretation was that eight out of the 10 appeals were upheld, but it seems to be the other way round. Were the eight client appeals upheld or were the original decisions upheld?

Mrs Dorbie: I think that we are getting confused. Mr Spratt is talking about groups appealing about their funding; we are talking about individuals.

Mr Maskey: I understand that, but they were still appeals.

Mrs Dorbie: The numbers would be higher. I think that we have had about 40 appeals around individual needs review processes. When we say appeals, what we mean is that perhaps a number of recommendations were made by an assessor. For chronic pain, say, it was a respite break and some assistance round the home. We issue an appeals form, which is not strictly true, but we are looking at changing our communication and performance around that. What happened is that an award letter went out and the individual came back and said, "My needs have changed; would you consider x instead of y?" We work with the individual on how best to accommodate that. It is not a rigid process

One criticism that the commission raised about the individual needs review is that there is a standardised methodology for how an assessor asks a question or, I should say, how different assessors ask it in different ways. That is about flexibility in approach. Not every section is applicable to everybody in the individual needs review; sometimes somebody opts out of a section because it is not applicable. There is a GAD-7 and PHQ-9 test around mental health. Some people opt out of it; others opt in and then opt out.

I would like to turn to the individual needs review process and theory of re-traumatisation. We said, and have been open about it, that some people get upset telling their story. The individual needs review process is not something that the service did on its own; its inception was with the commission, and it has gone through several iterations. We have sought mental health advice. Dr Duffy is with us and is, I am sure, happy to talk about that re-traumatisation and other psychotherapists and psychologists around it. I do not know whether Michael wants to say something on re-traumatisation or how the process was quality-assured.

The Deputy Chairperson: If Dr Duffy wishes to speak, he needs to be at the Committee table.

Mrs Dorbie: This is not something that the service does. We take it very seriously. The health, particularly the mental health, of our clients is uppermost when we go through this process. I want to assure you on that. Every safety mechanism that we can put in place is put in place.

Mr Maskey: In the appeals, were the complaints upheld or were the original decisions upheld? We were told that there were 10 appeals for the groups. I think that Margaret explained some of that.

Ms Bateson: For the groups, the original decision was upheld.

Mr Maskey: Yes, but the picture I picked up from you was the opposite to what we originally believed.

Ms Bateson: That is correct, so at the commission's discussions this morning I think that the opposite was believed.

Mr Maskey: So is it the case that of 10 appeals that groups put forward, eight were rejected?

Ms Bateson: Eight were rejected by the initial assessment panel. The appeals panel agreed with the assessment panel and the appeals continued to be rejected.

Mr Maskey: That is what I am saying because that is the opposite of our understanding earlier.

Ms Bateson: It is the opposite and demonstrates that a robust system was in place for the VSP assessment.

Mr Maskey: What we read earlier was that if there were 10 appeals, eight were upheld and two amended, that would have been a bad record, you will admit.

Ms Bateson: No; there is a good record on the VSP.

Mr Maskey: Right, I was just trying to clarify that in my mind and make sure that I heard right.

Dr Michael Duffy (Queen's University Belfast): Anne asked me to comment on the possible re-traumatisation effects. Perhaps I should introduce myself for the record. I am director of the cognitive behavioural psychotherapy programme at Queen's University. We have a special interest in post-traumatic stress disorder, although complicated grief is part of the training directly in response to the level of trauma that exists here as a result of the conflict in recent years.

I was also team leader at the trauma centre at Omagh after the Omagh bombing in 1998, and clinical team leader at the Northern Ireland Centre for Trauma and Transformation after that. My research interest over the past 15 to 20 years has been in the field of trauma. With my colleagues at Queen's, we continue to develop that, exploring the concept of a new international centre for trauma studies at Queen's, which we are looking at as a possibility.

I was asked by the VSS to comment on its assessment process. In general, I am impressed with the work of the VSS to date in an extraordinarily sensitive and delicate area. Even though I have worked in this area for many years, we still do not know the full extent of the suffering of the Troubles. Even the data from this study shows that there is a large number of hidden victims: people who live by themselves in rural Fermanagh, or hidden in parts of Belfast, who do not come forward for treatment. I know from my experience in the field and that of my colleagues that many of those hidden victims were diagnosed incorrectly many years ago and have been managed through primary care and medication in some cases for decades. We discovered many of those chronic cases in the trauma centre in Omagh. Therefore I am very pleased that the system has now changed and that there is a proactive reaching out to try to discover such victims.

It is a very delicate area. We are dealing with trauma linked to conflict, so it does not surprise me that there is even conflict in the organisations dedicated to helping such victims. Everyone around the table today is dedicated to improving services, and it is healthy to deal with some of these issues about how we can improve the system.

I am impressed by the attempt of the VSS to locate victims in the first instance, which it is doing as the data shows, and then to try to get an accurate picture of the needs. There has been much anecdotal evidence gathered over the years about the extent of the suffering, but little empirical data has been gathered, despite the length of the conflict, about precise mental health needs. From that point of view, I was pleased that the standardised measures— the patient health questionnaire (PHQ) and the GAD-7 — were used so that we can now gather data in a manner that enables us to generalise from the findings and go back to the statutory agencies, which should now be providing services, and say to them: this is the level of mental health need. Those are not just anecdotal reports but standardised measures that indicate that there is a high rate of anxiety and depression among victim groups. I am not sure whether I am straying into the private session, but I can tell the Committee, without going into detail, that the findings are well above the population norms for those measures. If nothing else comes out of this work, that is enormously important because it can be used by the Committee and others to persuade health trusts and other bodies to take this issue seriously and to respond to the needs of victims. That is very useful.

I turn to the potential for re-traumatisation. I have looked the issue through the peer-reviewed publications on this question. Papers have been published on the potential for the re-traumatisation of victims. There is a limited number of studies, but the best suggest that there is very little evidence of re-traumatisation when you assess victims and research their needs. Where there is emotional distress — inevitably — in a subgroup, it tends to be transient. When you ask what that means to those who have been emotionally distressed, only a small percentage report that they experienced more distress than anticipated. Even in that subgroup, it is recognised that, with cost-benefit analysis, the benefits of asking about their needs outweighs their distress in answering the questions. Therefore, although I recognise that it is a genuine question as to whether victims are being re-traumatised — and it is important that the question be asked — the data suggests that we are probably not doing additional damage by asking the questions.

The key issue is that when you ask the questions and stir up people's emotions, you have the leverage to provide services in response to those needs. That is the key question: where does this data go? I am sure that that would be the commissioner's key question. We are not just asking about needs for the sake of it; we are asking to ensure that service provision follows. Dr Mulholland, who is a psychiatrist in the university and who also has a special interest in trauma, and I are opening up this discussion with the Health and Social Care Board and the trusts in Northern Ireland. Later in the month, we will discuss it with the Department. The needs of victims must be more explicitly responded to by the statutory agencies rather than just leaving it to the voluntary sector to do its bit to try to enable people to manage their trauma but help people to recover from their emotional responses to it. This must now be on the agenda in a more robust form.

The Deputy Chairperson: Are we providing the support that people need when that type of individual review is happening? Are we following it up with the service provision that Dr Duffy says is needed?

Mrs Dorbie: That would have been part of the discussion about the papers. We are happy to come back. The rationale for the closed session was that the Department had asked us to keep that until Ministers had had time to consider it. There is no doubt that mental health need is great and that demand is outstripping supply. We are working very hard to ensure that waiting times are kept to a minimum. Dr Duffy has already said that we need our statutory partners to step up to the plate on this issue, and that is one of the things that we would have liked and will hopefully come back to the Committee to explore. It is a big issue, and we take it extremely seriously. We recognise that there is an unmet need, and we are keen to sit down with anybody to make the process better and to ensure that those services are in place.

We welcome the fact that the commission would like an independent review of the individual needs review (INR). Anything that makes the service better for the individual is paramount, and that is important to us. I want to make sure that you understood that we did not enter into this process lightly; that it was the commission, the Department and the service that developed the INR. It has been amended; as I said, there are various iterations of it based on things that needs have presented. One issue is brain injury, and we have included that as a question throughout the INR. It is about responding and making sure that we understand the needs. We wanted to ensure that the Committee understood the INR process and the assessment process. It has presented a wealth of data, but it is not about the data; it is about being able to respond to those services in future. That is the discussion that we had hoped to get into with the Committee later today, but I accept completely your decision on the matter.

The Deputy Chairperson: That is a crucial piece of work that needs to take place as soon as possible. It is interesting to learn that the Department had made a request around that. I might ask you about governance later on.

Mr Attwood: My overall sense of things, before I get into some detail, is that, if everybody talks about the hidden victims, and if there is this figure that shows that awareness may be limited to one in five or one in six, that confirms that this has to be the time and place where, through Haass and all the other means, we deal comprehensively with all the issues around dealing with the past and deal with them in an ethical and not just a comprehensive way.

You will understand that there appears to be, not just contradiction, but a conflict in the evidence before the Committee today. I think that that has to be named. The Victims' Commissioner said that, on a "consistent basis" — those were the words used — issues were raised with the VSS and that the Victims Commission believed it necessary to alert the chair formally in September. The chair is a member of the Department. I think that one of the flaws is that having your service embedded in government is not very clever. However, putting that aside, the evidence is that on a "consistent basis", matters have been raised with you to the point of formally alerting you. I have to say to you, Anne, that victims and survivors groups have given those issues that were raised with you to members as corroboration of what the Victims Commissioner is saying. How do you reconcile the claim that things were raised with you yet you say that was not the case and that you were surprised when you were formally alerted on 9 September? I do not understand how you can recognise those two understandings of the narrative over the last period of time.

Mrs Dorbie: I am happy to share with you the minutes of each and every monthly meeting that we have had with the commission since January, and I think that the evidence will show that those issues were not raised. As to not providing information, I am happy to share the degree and amount of information that the service provided to the commission staff with you. It is unfortunate that the

commissioner does not attend any of those meetings. We welcome the reinstatement of a project board by a senior official in OFMDFM and the fact that the commissioner will be there. We are happy to examine all those issues in that forum.

We meet victims' groups regularly. We have now set up regular monthly, if not fortnightly, meetings, with Kat, the head of client services to iron out issues with victims' groups. We are working on case studies and testimonials of our own, whereby people have had very successful outcomes from the interventions that the service had provided for them. It is great that the new chronic pain packages allow much more flexibility. Awards ranging from £130 to £6,000 are available to individuals. We will be collating some of that data over the coming weeks and months around what, I think, will counterbalance some of the criticisms that we have had.

I am not going to deflect those criticisms; some of them are valid. We were absolutely overwhelmed by demand when we opened our doors, and the funding came into place only in April. We simply did not expect the number of calls that we received. A change in processes always takes time to bed in. We are still getting our business systems in place and, over the coming months as those are purchased and embedded, things will get better.

We have learnt much over the past six months. I will be very happy to sit down with anyone to tease out those issues, whether they are issues or non-issues. In light of some of the criticisms, we have talked to groups and it turns out that things are not what they appear. I am happy to sit down with anyone to make the process and the system much better.

Mr Attwood: I welcome the fact that you have been forthright about where things have not been all that they should have been over the past six months. However, I still do not understand this clear conflict, so let me probe that a wee bit further. The Victims' Commission says — Alex Maskey referred to it earlier — that it is not able to fulfil a statutory function because it has not been provided with sufficient information to do so. I do not know whether that may have been remedied to some degree by the meeting that took place last Friday. The Victims' Commission says that

"A minimal amount of information has been shared with the Commission to date".

Do you say that that is wrong?

Mrs Dorbie: I do say that that is wrong. In fact, I wrote to the Victims' Commission about three or four weeks ago inviting them to a meeting to go through the data that we have presented today. As I said, the earliest opportunity is this Friday.

Mr Attwood: You say that you have responded to the formal alert that you received on 9 September.

Mrs Dorbie: I have drafted a response for the chair, which is with the chair for issuing.

Mr Attwood: When one statutory body gives notice to another, formally alerting it to their concerns, do you think that it is good that after five weeks a letter is with the chair to respond to the letter from the commission?

Mrs Dorbie: I think that five weeks is too long, but a prompt response was drafted for the chair and it has yet to issue. There was one issue to which we responded urgently because it was around risk to a client. We dealt with that swiftly — within days — to the Victims' Commission. It is up to the chair as to when that response will be issued. The letter was directed to the chair.

Mr Attwood: There seems to be a further conflict around the assessment of needs process. The Victims' Commissioner says that it is not fit for purpose, which is very plain-speaking and blunt talking. Yet, you seem to be quite defensive of the process that you seem to have inherited. Is it or is it not fit for purpose?

Mrs Dorbie: I think that it is fit for purpose; it has absolutely been of value in capturing needs. The volumes that we have dealt with speak for themselves when you look at the target numbers that we have got through and how we have made those awards. We need to change —

Mr Attwood: Surely that is a point about making awards rather than whether the process is fit for purpose. You have used the process to make awards, but is it fit for purpose?

Mrs Dorbie: I believe that it is fit for purpose, given the number of referrals; about 18% have flowed to the psychological assessment stage 2, which has facilitated therapies for individuals. I am trying to reflect into the advice around the four key issues. I think that I covered most of those in my response. As I said, the individual needs review was not designed solely by the service; it went through the commission and has been fully supported by the Department. It is not owned by the service as such; it was a collaboration.

The Deputy Chairperson: May I just supplement that slightly, Alex? What is the experience of the victim going through the assessment? You said that it is fit for purpose and you mentioned outcomes in the form of referrals and therapies that are achieved. What is the experience of the victim who goes through the assessment?

Mrs Dorbie: It is very mixed. We have worked with a number of groups, and in fact several of them have had their own counsellors sitting in on the process. Some have said that they have found nothing wrong with it whatsoever. I feel that it is a small number of groups. I have dealt with many victims who say that they are not sure what this is all about. I know that we could get testimonies from individuals who have been through the process and who have received very good outcomes. They have been very happy with it, how it determined their needs, how we met those needs, and how flexible we have been around that.

It goes back to Alex's point. It is black and white. We want to do a number of case studies and testimonials from individuals. There are a number who are happy with the process and can go through it, but there are some people who get upset.

The Deputy Chairperson: What are the feedback procedures for people to detail their experience so that you can adjust the process if you need to do so, which has been suggested?

Mrs Dorbie: We have no formal feedback around the individual needs review process, other than the recommendations that are made, which somebody can then appeal. I accept what you say about trying to get formal feedback. Generally, the groups that we work with give us formal feedback. As I said, it is a very mixed response. Some are very positive, think it is good and that it is the first time a victim's needs have been drilled down and identified. Others have a less positive experience.

The Deputy Chairperson: Are you considering ways to improve that feedback process?

Mrs Dorbie: Absolutely. I alluded to the fact that we had a meeting with the commissioner in July, where we said that we were going to have a root-and-branch review of the individual needs review process. We have already engaged the Department on our thoughts moving forward. We do not want to do it lightly. We want to make sure that what we are doing is right. Again, we reckon we will end up with a 3,000-victim community in the next few months, and it is about how we will move forward and interact with those individuals. They will not need to go through an individual needs review process again, as we will have captured all of their details. We did bring information over from the fund. It took a little bit of time to do so, and that was part of the delay. We tried to make the victims' journey that bit smoother. It did take time to bring information from the fund to our own records. In moving forward, it is very unlikely that it will look the same. It is about having that one-to-one interaction.

The Deputy Chairperson: Alex, if you will allow me, I have just one more question before I bring you back in. Who is best placed to do the root-and-branch review? Should it be the Victims and Survivors Service and the Department?

Mrs Dorbie: I have no preference. It should be a collaborative process, and stakeholders should be involved: I am up for that. It is how we do it. We will not need to ask all those things again. It is about opening up a one-to-one communication with the victim. I think there was a theory, or uncertainty, that we would open the doors to funding in April and that that was going to be it — there would be a one-off interaction with the service — whereas we are trying to build a process that people can come in and out of, that is fluid, and that we can try to meet people's needs as and when they emerge. It is about trying to keep it like a casework management system so that our assessors or casework managers can interact more frequently —

The Deputy Chairperson: Which is going to need more than a feedback process that is an appeal process.

Mrs Dorbie: Absolutely.

Mr Attwood: I want to make a comment and then ask two quick questions. My broad sense is that what one of the biggest organisations you fund says corroborates what the Victims' Commissioner says, and you need to be aware of that. While you source your answers within, "Well, there will be a spread of views within the victims and survivors community", very representative organisations' evidence and arguments go towards the view of the Victims' Commissioner.

Some of this comes down to detail that reveals practice that impacts on victims and survivors. They say that, when it comes to short breaks, they have to book by October and go by next March, concentrating when they can go into the period when they might least want to go, due to reasons of family, weather or school. Is that the case?

Ms Bateson: The funding is released annually, so the funding for this year is for the period until 31 March 2014. If an individual wants to go on a respite break next year, it will be in a new financial year.

Mr Attwood: If they book in October and the money is all spent by the end of the financial year, why can they not go in the next financial year?

Ms Bateson: I was going to continue. We have had recent requests from people who want to go during the summer holiday period in June or July. We have taken those requests on an individual basis and in most cases — in fact, in all cases — we have approved them.

Mr Attwood: Should it not be policy that, as long as the money is spent in a particular financial year, the holiday can be taken after that and at a time that best suits the victims and survivors, their families and their personal circumstances? It just seems to be common sense and would show a little bit of compassion.

Mrs Dorbie: Absolutely. We will raise it with the Department and see whether we can get flexibility around the financial constraints. It is something that we have identified.

Mr Attwood: It is not a matter of that. If the money is spent in this financial year and you go on the break in the next financial year, it is a question of timing not spend. It should be a matter of policy that you can spend in this financial year and go on the break subsequently.

Given that your systems are not all that they should be, do you have information about the average time for an assessment, the average time for processing claims and the time between the assessment and the actual receipt of moneys?

Ms Hinfey: At the minute, we have a backlog from about 2 September for cases in which the first assessment has been made and the letter is going out. We are talking about a wait of around eight weeks before the assessment result is communicated.

Mr Attwood: Perhaps you can find out the average time for assessment; the time for processing claims, and the time between assessment and receipt of any payments due.

Ms Bateson: I want to follow on from Kat's point. The average time to get an assessment and a recommendation is eight weeks. At that stage, the individual would return documentation to the corporate services side of the house, where the programmes and finance teams reside. It is taking us between four and six weeks to convert that into an award letter, and then payments are made within two weeks — 10 working days — of an invoice for payment. That process is improving all the time. There was a huge influx in April and May, but we are now in a more stable position and it is the norm that payments are made within 10 working days. That is what we are achieving. The process before that can take some time.

Mr Lyttle: No other members want to ask questions. Thanks very much for your evidence today. You have witnessed that there are concerns about conflicting and concerning evidence. The Committee needs to reflect on the role that it can play in trying to make sure that the service that victims receive is fit for purpose. I am sure that we can consider that and come back to you. However, we are grateful for the evidence today. Perhaps you can provide us with some more detailed information on some of the questions asked, particularly the average time for accessing services.

On a point of information, who is the current chair of the Victims and Survivors Service?

Mrs Dorbie: Fergus Devitt.

The Deputy Chairperson: OK. Who is the board made up of?

Mrs Dorbie: Civil servants from OFMDFM. However, as Kathryn mentioned, I think that Ministers are about to make an announcement about the permanent board for the service.

Mr Spratt: I asked a question about the independent panel, and I do not think that I got an answer to it. Who is on the independent panel?

Mrs Dorbie: I will provide that list of names to you.

The Deputy Chairperson: OK. Thank you very much.