

**Relatives for Justice Response to the
Consultation on the Regional Trauma Network**

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Contents Page

	Page
Forward	3
1.1 Relatives for Justice Vision	4
1.1.1 Relatives for Justice Mission	4
1.1.2 Relatives for Justice Aims	4
1.1.3 Relatives for Justice Core Values	5
1.2 Eligibility	5
1.3 The Work of Relatives for Justice	5
1.4 Therapeutic Care in Relatives for Justice	6
2. Victims Strategy and Policy	9
2.1 Collaborative Design	9
2.2 Stepped Care Model	9
3. Concerns	10
Annex A Governance Questions	16
Annex B The Stepped Care Model	19

Forward

Relatives for Justice welcomes the opportunity to respond to the consultation on the Regional Trauma Network.

The Regional Trauma Network is a response to the Mental Trauma Service proposed in the Stormont House Agreement.¹

26. The Executive will take steps to ensure that Victims and Survivors have access to high quality services, respecting the principles of choice and need. The needs of victims who do not live in Northern Ireland should also be recognised.

27. The Commission for Victims and Survivors' recommendation for a comprehensive Mental Trauma Service will be implemented. This will operate within the NHS but will work closely with the Victims and Survivors Service (VSS), and other organisations and groups who work directly with victims and survivors.

This response to the consultation will argue that the current model as proposed does not meet the mandate of the Stormont House Agreement and will highlight areas where, if implemented, structural remedy is possible.

In particular the response will highlight

1. This appears to be the development of a trauma service for all survivors of all trauma, rather than a bespoke services for victims and survivors of conflict, which is in conflict with the mandate of the Stormont House Agreement;
2. There is a lack of collaborative design or co-production principles regarding the regional trauma network;
3. The proposed assessment of victims and survivors is unworkable and may cause additional harm;
4. There is no clear added value to existing provision.

This document will raise questions about the current approach and provide suggestions for a path forward.

¹ Stormont House Agreement 23rd December 2014

1.1 Relatives for Justice Vision

To support the empowerment of the bereaved and injured of the conflict to realise improved health and wellbeing, and full and equal participation at every level of our post-conflict society

1.1.1 Relatives for Justice Mission

- Building and providing access to safe, integrated and professional services and programmes of support for the bereaved and injured of the conflict
- Contributing to the health and wellbeing of victims and survivors
- Realising empowerment through building skills, confidence and self-awareness
- Encouraging the bereaved and injured to realise their role in peace building and processes designed to deal with the past
- Investing in Relatives for Justice through training and sustainable partnerships

1.1.2 Relatives for Justice Aims

- To provide a safe space for the bereaved and injured of the conflict
- To provide professional, appropriate and development-based individual, family and group support for the bereaved and injured in an holistic, integrated fashion
- To develop and deliver said support in partnership with other professional organisations where appropriate
- To support the bereaved and injured to tell their story and document their experiences
- To build awareness and foster an understanding of the specific experiences and needs of the bereaved and injured of the conflict in a transitional context
- To contribute to the search for truth, highlight injustice and contribute to a culture of human rights
- To support families engaging with relevant processes to deal with the past including legal processes
- To liaise with domestic and international human rights NGOs, government bodies and other international organisations in the furtherance of the realisation of the rights of victims and survivors of the conflict

1.1.3 Relatives for Justice Core Values

- An active commitment to universal human rights and social justice
- The promotion of equality and respect for the background, diversity and experience of **all** those bereaved and injured by the conflict
- The application and development of the highest standards of professional support programmes for victims and survivors of the conflict
- The promotion of recognition and remedy for the specific gender harms and experiences of the bereaved and injured of the conflict

1.2 Eligibility

Relatives for Justice **only** supports victims and survivors of the conflict in its work. Eligibility for services is determined at initial contact and evidence retained.

1.3 The Work of Relatives For Justice

Relatives for Justice (RFJ) was founded in April 1991 when a number of bereaved families affected by the conflict came together to support one another. Instrumental in the formation of the organization were key figures that had, on a voluntary basis, been active for the previous 2 decades such as Monsignor Raymond Murray, Clara Reilly, Peter Madden, and the law practice partner of the late Pat Finucane. RFJ is one of only a few organizations operating on a regional basis across the North and on an all island basis.

Relatives for Justice is a world recognised NGO working with and providing support to relatives of people bereaved, and injured, by the conflict across Ireland and individuals in Great Britain.

We assist and support families coping with the effects of bereavement through violence and the resulting trauma. We have offices in Belfast, Dungannon and 5 regional outreach centres. We are an accredited centre for counselling and psychotherapy with BACP.

RFJ identifies and attempts to address the needs of those who have suffered loss and injury; this is achieved through one to one contacts, self-help, group support, outreach and befriending, counselling support and therapy work, welfare and legal advocacy.

As relatives and survivors we all need to have our experiences heard and valued. In terms of conflict resolution this will also allow those most marginalised to realise the pivotal role and vital contribution that they bring to the creation of a new society based upon equality, respect and above all where human rights are secured.

This work highlights and attempts to address outstanding human rights abuses. Our primary objective in this area of work is to assist in the bringing about of a more human rights-based culture in order to safeguard and protect human rights for all.

1.4 Therapeutic Care in Relatives for Justice

Relatives for Justice advocates an holistic approach supporting victims and survivors. Our learning is that for those engaged in the recovery of truth and justice therapeutic healing support is an essential and integrated part of the journey.

A safe system of therapeutic support requires professional regulation and should be bound by ethical frameworks that promote best practice and a duty of care.

Trauma survivors for many years have availed of therapeutic support through grassroots NGOs at community level often working in partnership with statutory agencies in mental health. These resources have come from “Peace” funding, and dedicated funding for victims and survivors. Funding for victims and survivors’ therapeutic support has not come from the health budget.

For those who wish to engage in the mechanisms to deal with the past, as envisioned by the Stormont House Agreement 2014 and as set out in the Consultation on Dealing with the Past 2017 it is vital their journey is supported by access to agencies equipped with advocates who can signpost individuals to the appropriate areas where their needs can be met.

Grassroots organisations have developed outstanding professional models of intervention for victims and survivors of traumatic incidents and meet the highest of professional standards despite the limited resources on which they operate.

The trauma survivor's world is not and has not been safe for a very long time. Herman advocates before any meaningful work can be done towards recovery, the individual needs to feel safe and trust is crucial.² Establishing safety and trust takes time with an empathic approach that bears witness to the trauma story and facilitates the individual to have a voice in whatever form that may take. Resources cannot be timebound where the individual may be at risk of losing vital therapeutic support whilst engaging in this process.

Relatives for Justice provides an holistic therapeutic model. Counselling and psychotherapy is provided alongside support with welfare advice, social support programmes, such as classes, art therapy and mindfulness, legal advocacy work on legacy cases and complementary therapies to relieve the physical symptoms of stress and anxiety.

Relatives for Justice is an Accredited Centre with BACP, one of very few in the North of Ireland. As such the organisation adheres to strict professional guidelines and expects the highest standards of delivery. All therapists are BACP accredited, are insured and receive professional supervision.

Relatives for Justice employs two clinical leads, both clinical psychologists, who carry out clinical assessments on all clients expressing a desire to embark on a process of counselling. This assessment will then inform whether the client can be supported in the RFJ environment or whether they need to be referred back to their GP for more stepped up care within the Health Service.

In parallel to this assessment the client is supported with the wrap around services available to them through Relatives for Justice.

² Herman, Judith. Trauma and Recovery (1992)

Self-care is paramount when working with trauma survivors, professionally psychiatrists/psychologists/psychotherapists and counsellors are bound by the ethical principles of clinical supervision. Regular supervision and self-awareness for those involved within this process who are working closely with trauma survivors cannot be underestimated.

Steps 4/5: How needs are currently identified in Relatives for Justice

In cases where:

- The person is already in the care of Mental Health services*
- Following a clinical assessment the person presents with needs requiring Step 4 interventions beyond professional level of competence*

Step 4 clients will include persons with acute mental illness and psychosis;

With their consent these clients are currently referred to GP with opinion; personality disorder service; psychiatry service. It makes sense that Regional Truama Network level 4/5 would meet this level of need – a real and significant need.

People who do not meet above or present as having PTSD diagnosis but have conflict related psychological injury are seen in house currently.

2. Victims Strategy and Policy

2.1 **Collaborative Design** for victims and survivors services in 2014 was a critical and welcome development.

A Collaborative Design Programme was set up in 2014 to develop an improved victim-centred service delivery model to better meet the needs of all victims and survivors. The programme is led by the Executive Office together with the Victims and Survivors Service (VSS) and the Commission for Victims and Survivors (CVS).

A new model for delivery of services to Victims and Survivors, based on the Commission for Victims and Survivors 'Victims and Survivors Delivery Model for 2017-2020 Policy Advice Paper', came into effect from 3 April 2017. The new model, which has been designed to sit alongside and complement Peace IV funding and the Regional Trauma Network covers, the 3 year period from 2017-2020 and ensures that support provided is victim-centred, simple to access and tailored to need.³

Collaborative practice, is in theory at the heart of service delivery for victims and survivors at every level. This reflects the agreement at Stormont House where services for victims and survivors would be of the highest standard, and those services would be guided by the principles of choice and need.

The development of services should therefore be based on genuine collaboration.

2.2 Stepped Care Model

Relatives for Justice endorses the Stepped Care Model as adopted by the Office of First and Deputy First Minister as part collaborative design. It is of note that the Stepped Care Model for Victims and Survivors is unique and reflects the current practice in the community and voluntary sector, Peace IV funding and the development of the Regional Trauma Network as one package of support for victims and survivors. *(See Annex B)*

³ The Executive Office Victims and Survivors Unit < <https://www.executiveoffice-ni.gov.uk/articles/victims-and-survivors>>

With joined up and linked provision this is an opportunity to provide gold standard community led effective trauma support. The potential for international learning if this is achieved properly could be immense.

3. Concerns

1. *This appears to be the development of a trauma service for all survivors of all trauma, rather than a bespoke services for victims and survivors of conflict, which is in conflict with the mandate of the Stormont House Agreement;*

The Stormont House Agreement clearly mandates the Mental Trauma Service to be a new bespoke service for victims and survivors. The current proposals make reference to victims and survivors of conflict but it is clear at all presentations that this model is being developed for every survivor of every trauma, with victims and survivors being the first clients of a proposed service in the very short term. Of course, there are huge needs within the health service for a trauma service however the funding, structure and mandate of this service is to be for victims of the conflict. This dilution in order to meet the wider stresses on the health service is an abuse of the structures created for victims and survivors. It is long since past time that the particular and specific needs of those who suffered as a result of our conflict are met specifically. This service is the result of a post-conflict agreement which acknowledges that there are those in our society who have specific needs that arise as a result of the conflict. Every level of the implementation of the Stormont House Agreement should be expected to respond to those particular needs.

2. *There is a lack of collaborative design or co-production principles regarding the regional trauma network;*

The current Regional Trauma Network proposals acknowledge an integrated Stepped Care Model when it suits and ignores it when convenient. There cannot be a bespoke model meeting Steps 1-3 needs and a model for Steps 4-5 which operates for wider society.

It is quite clear that there is no joined up understanding or perhaps value of what is currently provided in the community and voluntary sector within the current proposals. There has been a fundamental lack of collaborative design to date. The model being consulted on has been developed in a silo separated from the essential voices of those delivering Steps 1-3.

In discussions it is stated that Steps 1-3 are part of the Regional Trauma Network and yet this consultation is focused on Health Trusts' provision of mental health care to trauma survivors.

There are competing visions of what the Regional Trauma Network means in structure and practice.

There is a clear need to address the structures of the Regional Trauma Network to ensure genuine co-production with the aim of demonstrating equal and sufficient value for every key partner in the Stepped Care Model.

3. The proposed assessment of victims and survivors is unworkable and may cause additional harm;

As outlined above RFJ operates a clear and professional clinical assessment system for all of those presenting for counselling.

Carrying out assessments for persons presenting for counselling is a huge step for victims and survivors, many of whom will live with the effects of multiple traumas and decades of silence and isolation. For many there is a distrust of statutory systems that have let them and their family down for generations. For some the violations which caused their injury will have been perpetrated by the state. For others the state has added to trauma through multiples failings in investigations, healthcare, education and much more.

Victims and survivors live with understandable distrust following their experiences. Building trust and safety is critical to rebuilding wellbeing.

In 2014 significant failings in approach to assessment by the Victims and Survivors Service were identified by the then Commissioner for Victims and Survivors Kathryn Stone.⁴ Relatives for Justice can say with confidence that significant learning has taken place since then and that the Victims and Survivors Service now delivers professional victim centred care in cooperation with partners in the Community and Voluntary (CV) sector. However, it is clear that the learning from that painful time has not transferred to the Regional Trauma Network. Central to the criticisms at the time was the practice of carrying out assessments which was process driven and not people centred.

The current model of assessment as outlined in the consultation demonstrates the same bad practice of process driven thinking.

⁴ “Review of the Victims and Survivors Service. Commission for Victims and Survivors” Report to the Committee for the Office of First Minister and deputy First Minister, Northern Ireland Assembly, 05 March 2014

The proposed assessments will be carried out by Victims and Survivors Service (VSS) Health and Wellbeing Casework Managers, currently funded by Peace IV. They will then make referrals into the new structures within the Health Service or back to the funded community and voluntary groups.

Firstly, this disregards current professional and trusted assessment processes currently being carried out in the CV sector. Secondly, it removes the choice of the victim/survivor to make an informed choice as to whom they wish to engage regarding their desire to embark in counselling/therapy. To date there has been no clear explanation as to why the CV sector cannot carry out assessments beyond the statement that it is about “governance”. Without clearly identifying what the actual governance requirements are and how they can be met.

Clinical excellence requires excellence in governance. The CV sector operate to the clinical governance as outlined in Standards For Services Provided To Victims And Survivors⁵. To date it is not clear whether there is an awareness of said standards and if there is what the worries are about any gaps that might exist?

In order to develop confidence in governance Relatives for Justice attach Annex A below as a discussion document on governance for organisations working in cooperation with statutory sector provision as part of the Regional Trauma Network.

As the Network currently stands Relatives for Justice believe the model is unsafe and will cause harm. We will not endorse the model of assessment and will not recommend participation. However this position is one where we believe change is possible and the Regional Trauma Network can change in approach to allow for collaboration and extensive, positive, partnership between the CV and statutory sectors.

4. There is no clear added value to existing provision.

To date the development of Stages 1-3 has been successful with funding provided through the Victims and Survivors Programme and Peace IV additional monies to create and holistic package of regional services to victims and survivors of the conflict. The range of support services is truly impressive with the professionalism of community and voluntary providers reflecting the decades of development within the sector. The

⁵ Standards for Services Provided to Victims and Survivors <
<https://www.cvsni.org/what-we-do/policy-and-research/standards-for-services/>>

overwhelming number of victims and survivors seeking support and advice for needs that fit in Stages 1-3 now receive that support from groups, with quality assurance being provided through the development of standards by the Victims Commission.⁶ The gap in provision to date has been the development of Stage 4/5 Services for victims and survivors of the conflict. Given the clear role for Health Trusts this element requires primary focus from the Health Service, within the clear and defined direction of Executive Office Collaborative Design.

The CV Sector has long articulated the need for clear access to and greater provision of specialised health care within with Health Service for those suffering from mental ill health who find access very difficult. It was commonly understood that this would be the focus of what remained to be developed as part of collaborative design. There are sectoral concerns regarding developments to date.

It is regrettable that the proposed model for the Regional Trauma Network is medicalised within the health service with an internal perspective that ignores the extensive and critical role of the victims and survivors sector, displaying a clear ignorance of provision within the sector and ignoring the framework of the Stormont House Agreement.

There is a clear mixed message in the development of policy as the Regional Trauma Network. It is developing as a separate entity within the Health Service without developing appropriate links and partnerships with the existing and successful community provision, while drawing on the Stepped Care Model.

As outlined above this undermines the Regional Trauma Network as an holistic package for victims and survivors.

The current recruitment and information to date clearly indicates that there is overt duplication of current provision from the CV sector and little added value. This again points to the failures in Collaborative Design.

⁶ *ibid*

Again clear governance and partnership agreements can overcome this fundamental issue. Please See Annex A

Annex A: Governance Questions

Relatives for Justice is committed to gold standard care for victims and survivors of our conflict.

To that end we absolutely agree that the goal of common and agreed governance is an essential building block in the Regional Trauma Network.

There is a clear need for uniformity and equal quality of care across the sectors to ensure that every victim and survivor is guaranteed the same high quality of support. This will contribute to continued service development and quality assurance.

It makes sense that a common Standard Operating Procedure is developed to ensure like confidence and safety, ensuring a person centred, trusted service. It is currently not clear what the Regional Trauma Network's Standard Operating Procedure is.

The development of such governance can and should respect the individual coming for support and the respective autonomy of groups in the CV sector uniquely placed to secure the confidence of clients and ensure their sense of safety.

To this end Relatives for Justice offer the following areas of focus, asking questions which might be taken forward and offering insights.

Supervision

Relatives for Justice as an accredited centre with BACP recognise the critical role of supervision in counselling and psychotherapy.

We are willing to examine current supervision arrangements to meet concerns re governance, however any concerns should be made explicit. Right now it is very difficult to harness any specific issues that need to be addressed.

All counsellors in RFJ and in all of the CV sector are BACP registered, and are employed either within the organisations or as independent practitioners;

All non-employed counsellors currently provide evidence of external supervision. In addition, in Relatives for Justice action plans are agreed with clinical lead

Supervision:

- *Written supervision notes are kept*
- *Ensure accountability re decision making*
- *Provide a record of risk*

In addition Relatives for Justice has a contract with external supervisor re notes should any matter requiring such arise.

Note taking:

RFJ follows the BACP guidelines re note taking.

Education and Training

There is ongoing education for counsellors and clinical leads;

Annual training needs reviews are carried out with the Clinical Lead

Clinical audit

Relatives for Justice is open to identifying issues where clinical audit is appropriate to enhance confidence in our provision.

Clinical effectiveness

Currently RFJ is using Assessment tools Core 30/10 and in addition qualitative forms used by therapists and service users which are regularly reviewed

We are open to developing effective tools in order to capture experience, change and consequently adapting measures, bearing in mind cost effectiveness.

The suggested initial client assessment tool as provided is useful and RFJ is open to using such a standardised assessment form.

Research and development

In his visit in 2013 the United Nations Special Rapporteur Pablo De Greiff highlighted the need for learning and data on support mechanisms for victims and survivors, and that systemic data on the delivery of trauma services is retained and learned from.⁷ This is an area of critical importance. RFJ supports the Continuous analysis of qualitative and quantitative data recovered in house and in collaboration with the Victims and Survivors Service

Risk management

RFJ carry out clinical assessments using an in-house assessment tool. We believe we can work to develop the Common Assessment Tool for use in RFJ in cooperation with the Regional Trauma Network.

⁷ Report of the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence on his mission to the United Kingdom of Great Britain and Northern Ireland. 17 November 2016. Presented to United Nations General Assembly, Human Rights Council, Thirty-fourth session 27 February-24 March 2017. (A/HRC/34/62/Add.1) 67

Further risk management includes the holding of the risk register; the use of the Risk matrix to rate the level of risks identified; The ongoing use and review of safeguarding vulnerable adults policy and Safeguarding young people and children policy.

Communication

RFJ is open to the development of a communication plan to ensure effective two way communication and ready access to services in RFJ for referrals from RTN (for RTN clients needing stage 1-3 interventions) and vice versa (for RFJ clients needing stages 4-5 interventions).

Information Management

RFJ currently adhere to BACP Centre accredited information management guidelines and also adhere to VSS funded information management requirements re Core. Further requirements associated with the Assessment Tool can be negotiated further.

Annex B

The Stepped Care Model

VSS Health & Wellbeing - Stepped Care Model



