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Evaluation of the development of support services for victims of road traffic incidents

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This report describes the main findings from research examining three Home Office-funded pilot schemes delivering support services to victims of road traffic incidents. The main aims of the study were to assess the development of these support services and to provide recommendations and guidelines on good practice.

Key points

- Four hundred and seventy individuals were supported by the three schemes between January 2004 and July 2005. These were mainly parents and partners of the person killed or seriously injured.
- The emotional and practical support (including legal advice and referral to other agencies) was regarded as being extremely helpful for victims, brought added clarity to the role of the police in providing support, and freed up police time.
- Victims appreciated the flexible and sensitive services on offer and valued the volunteers providing support. A proactive and persistent approach to encourage the victim to take up the service was found to be valuable (some people who initially declined help changed their mind when reapproached later).
- Of key importance to service delivery was the role of the co-ordinator. Service level agreements, protocols and management committees provided a standardised, systematic approach to service delivery and helped clarify the roles of partners.
- Although partnership working between different agencies supporting road traffic victims can take time to establish, there was widespread support for it; it was felt to help share experience and expertise, especially with the police. This was facilitated through good communication, training, meetings, and newsletters.
- Successful links were made with charities and other organisations, although further work was needed to build better links with Local Criminal Justice Boards and Primary Care Trusts.
- The schemes have filled a gap in service provision. However, there were issues around providing support for serious injury referrals, to drivers who have killed someone in an incident, and to children, young men and Black and Minority Ethnic (BME) groups.
- Written information for victims' families about the Criminal Justice System (CJS) process, inquests, charging decisions and signposting was found to be valuable.
- Recommendations cover a variety of issues, ranging from organisational issues to support for victims and volunteers to monitoring service use. The research has informed the development of principles for service delivery for victims of road traffic incidents.

The views expressed in this Research Summary are those of the authors, not necessarily those of the Ministry of Justice (nor do they reflect Government policy)

Background

Options for providing support services for road traffic victims were tested as part of the National Strategy for Victims and Witnesses (2003). The aim was to improve service delivery by building on and improving the partnerships between different agencies involved in supporting road traffic victims. As part of this strategy, the Home Office funded three schemes – in Bedfordshire, Bradford and Calderdale (West Yorkshire) and Merseyside – piloting support services for these victims.

Key features of the pilot schemes

Bedfordshire Road Victim's Trust (RVT)

RVT was developed from an existing service and set up as an independent charitable trust. It is run in partnership with Bedfordshire Police Collision Investigation Unit. The RVT includes a Board of Trustees and a Management Committee. The support provided is structured, consistent and inclusive, covering emotional, practical and legal advice. The latter is provided through a rota of lawyers, who give their services free of charge. At the time of the evaluation, there were two paid staff and 23 volunteers.

The service is proactive in offering support in the early stages after a collision. This was felt to be important because a potential client may be unable to take the initiative to contact the service during such a time. The service is offered to both bereaved victims and seriously injured victims.

Bradford and Calderdale

This scheme is a partnership between BrakeCare, Victim Support West Yorkshire and West Yorkshire Police. There was a Project Management Board and a Project Advisory Committee. There were three paid members of staff and 12 volunteers at the end of the pilot.

The scheme provided practical support by trained Police Family Liaison Officers (PFLOs), BrakeCare packs¹, and trained Victim Support volunteers who also provided emotional support, practical help and information. The scheme then 'signposted' victims to other organisations, such as RoadPeace and SCARD (Support and Care After Road Death and Injury), NHS and voluntary sector counselling services and other specialist support services. The scheme provided support to bereaved victims, but was not able to support seriously injured victims.

Merseyside Aftermath Support Scheme

Aftermath Support is run in partnership by RoadPeace, Head Injury Support Services and Merseyside Police and is run by a Management Board. During the pilot, there were two paid staff and 11 volunteers.

Volunteers offered emotional and practical support, with information about probate issues, solicitors, benefits, banks, housing and referral to counselling services. The scheme also signposted to external agencies, and dealt with victims who had been bereaved.

¹ BrakeCare provides support literature for bereaved families and friends, and victims, families and friends following serious injury in a road crash. This covers a variety of issues, including criminal prosecutions, claiming money, coping with grief, and rehabilitation. The information can be accessed at www.brake.org.uk.

Summary of key messages

Organisational issues

Each scheme had taken a different approach to the delivery of support services and each had different resource profiles. However, all schemes involved working in partnership with other agencies. The lead time in setting up the schemes was much longer than anticipated and set up issues delayed service provision for two of the pilots.

Of key importance to service delivery was the role of the co-ordinator who liaised between police and volunteers and allowed cases to be discussed and allocated to appropriate volunteers. Service level agreements, protocols and management committees helped provide a standardised, systematic approach to service delivery and clarified the roles of different partners.

Partnership working

There was widespread support for partnership working, which was seen as a positive opportunity for sharing experience and expertise, especially with the police. Good communication between partners was regarded as a key facilitator of trust, mutual respect and confidence and helped build relationships. This was facilitated through training, regular meetings and circulating minutes of meetings. Personal interaction between agencies, meetings between volunteers, and newsletters also helped.

It was noted that partnership working takes time to establish and that the different perspectives and backgrounds of partners sometimes caused difficulties (e.g. over the emphasis of the service and agreement on who should be supported).

Successful links were made with charities, notably Headway and SCARD, and judicial organisations such as the Crown Prosecution Service (CPS) and Witness Service. Linking with the Local Criminal Justice Board and Primary Care Trust proved unsuccessful.

Supporting victims

Support workers felt that victims needed opportunities to share experiences, receive objective

emotional support and be given information on financial support. The police and project workers found that the BrakeCare manual could be very useful, especially for information regarding inquests and any charges pending.

PFLOs reported some uncertainty about the best way to introduce the service to victims and therefore training or a protocol might be useful. Proactive methods were favoured by some schemes to ensure the take-up of the service, especially as scarcity of resources within the police force meant officers had a limited amount of time to give to victims. In Bedfordshire, it was also felt that some clients may find it difficult to initiate contact themselves at these times.

As victims' needs change over time and vary between individuals, volunteers needed to be sensitive to these needs and provide flexible support. It was important that victims could re-engage even if they had exited the service. Maintaining contact with families was also important to ensure that they were coping and didn't require further input. The end point for contact and support was a matter of discussion in the schemes, and was clarified through the development of exit strategies for victims.

Supporting volunteers

Recruitment and retention of volunteers was successful for all schemes; all volunteer training was completed during the evaluation period and all had been linked up with victims. Training included role play and sharing experiences and provided a valuable opportunity for team building experiences. The training also acted as a screening procedure for potential volunteers because it gave an insight into the full implications of the role and established the reliability of the volunteers, seen to be a crucial personal characteristic for supporting victims in such emotional circumstances.

All schemes felt they provided good support for their volunteers, including opportunities to discuss cases. This was also valued by the volunteers, who said that they appreciated structured support. Each of the schemes had similar measures in place to ensure the emotional welfare of volunteers. These consisted

of regular telephone contact between volunteers and co-ordinators and regular meetings. Informal support networks had also developed where volunteers talked to each other over the telephone, which was made easier by the provision of mobile telephones. Providing regular supervision meetings also facilitated support. It was also thought that professional counselling may be needed, although this would have resource implications.

Service outcomes

In total, 470 individuals were supported by the three schemes during the period of the pilot. This averaged at three to four individuals per incident. Parents and partners of the person killed or seriously injured were the main groups supported. Overall, most support began ten days or less after the incident occurred, and in around half of all cases emotional support was provided to victims. However, it should be noted that there were variations between schemes and the data were not strictly comparable due to differences in data recording.

Interviews with victims found that the services were considered to be very valuable and perceptions of the volunteers were overwhelmingly positive.² Victims appreciated a flexible, sensitive, comprehensive approach, involving non-judgemental listening and insights into the grieving and coping process. A persistent approach to encourage the victim to take up the service was valued by victims in hindsight, and they felt that the service should be offered as soon as possible after the incident by a PFLO. The withdrawal of support was also found to be handled sensitively and appropriately.

Gaps in service provision

All schemes were aware of, and working towards, filling gaps in provision. At the end of the pilot, two of the schemes were ready to accept serious injury referrals. However, there was difficulty in defining what constituted a life changing injury and the support required, and there was no well-defined referral route for these victims. Concerns were also raised over the resource implications of this type of support.

² Very few interviews with victims were possible in either Merseyside or Bradford and Calderdale. Therefore, most of the information relating to victims' views is taken from research in the Bedfordshire scheme.

Other groups that raised issues regarding the provision of support are shown below:

- Drivers who had killed someone in an incident. Currently, Victim Support only provides help to such drivers if they are bereaved by the incident.
- Black and Minority Ethnic groups; one scheme was working towards engaging members of the BME community to help inform them about appropriate provision.
- Children: in most cases, the pilot groups referred children onto agencies dealing specifically with support for children.
- Young adult males: schemes felt that this group was under-represented in terms of accepting support.

Sustainability

There were serious concerns about future funding. Members of pilot groups felt that fundraising was a specialist skill and often took them away from the primary task of providing support. Low staffing levels meant that services were vulnerable to staff absence and it was felt that succession planning needed to be underway to deal with staff turnover. It was also found to be difficult to recruit staff with management and/or therapeutic skills and expertise.

Recommendations

A number of issues have been identified which will be important for those wishing to set up similar services:

Organisational issues

- Schemes require a Management Committee and/or a Project Advisory Committee. It is important to establish clear roles of each of the individual partners and develop strategic guidelines. Ideally, the Chair should be independent and not affiliated to one of the partners in order to avoid conflicts of interest.

- There should be agreement at the outset on the common goals of the service, including the types of victims who will be supported and confidentiality issues relating to data sharing. This can be achieved through the development of clear, well-defined protocols and service level agreements.
- There should be representation of relevant organisations, including the NHS. It is important to develop links with the health service/teams, especially for serious injury cases. For management to work effectively it is advisable for the group to include a diverse range of interests, but not be so large that it becomes unwieldy.
- Each partner needs to gain an understanding of the organisational structure and approach of the partner groups, and grasp the key differences between the voluntary and statutory organisations.
- The co-ordinator plays a pivotal role in liaising between police, volunteers, management and other partners. In order for the co-ordinator role to be fully effective decisions made by management must be communicated on a regular basis.
- It is recommended that training and guidance is provided to PFLOs to enable them to introduce the support service in the most effective way.
- Partners need to find ways to engage the NHS to establish referral pathways for the therapeutic care of victims.

Support for victims

- Support needs to be provided as soon as possible after the incident.
 - Clear communication between PFLOs, co-ordinators and volunteers needs to be developed and sustained.
 - A proactive approach to ensuring the victim takes up the service after referral is recommended; this was fundamental in boosting the take-up of services. Schemes should ensure in their protocol and training that volunteers are made aware that a persistent approach is sometimes necessary.
 - Where schemes do not offer a comprehensive range of services in-house, it is essential that strong relationships are formed with other agencies to ensure the delivery of a seamless service.
 - Sensitivity, flexibility and reliability is required in providing support. It is essential that volunteers assess the support required and that victims are able to re-engage with support at any time.
 - Schemes should address the issue of exit strategies. It is important to make an assessment of the potential resources involved in supporting those seriously injured, given that the support may be lengthy.
 - Partners and volunteers should have an in-depth understanding of the needs of vulnerable groups to minimise their under-representation in the take-up of services.
- ### *Partnership working*
- It should be recognised that developing a sustainable partnership and a comprehensive service takes time and commitment from all involved.
 - Maintaining effective communication channels is important to ensure good working relationships between partners. The most effective method is via face-to-face communication. Regular meetings, newsletters, and team building through training all help develop partnership working.
 - Police involvement and co-operation is crucial to the successful working of the partnership. It is important to have support and commitment from senior members.

Support for volunteers

- It is important to consider the support needs of volunteers and the impact that dealing with people in crisis may have on them. There needs to be formal and informal support available, and counselling should be provided if necessary (and feasible).
- Training is required to ensure that volunteers are aware of and sensitive to the needs of victims, remain objective, and are well-informed. Packages of literature/guidance are valuable. The recruitment procedure and training programmes from the pilots should be drawn upon in order to provide guidelines for future services.
- Risk assessment protocols need to be developed to ensure the personal safety of volunteers visiting homes. The senior investigating officer can address this.
- An exit survey should be conducted among volunteers leaving the service to monitor reasons for this decision and develop strategies to address any issues arising.

Awareness of the service

- GPs could play a pivotal role in introducing the support service to their patients. Schemes should produce an introductory leaflet and posters, which can be displayed in Health Centres, hospitals, (particularly in Accident and Emergency Departments) and other appropriate locations within the community (e.g. libraries, council offices, police stations).
- It is recommended that each scheme develops a comprehensive website as this is increasingly used as an initial source of information.
- Partners need to agree how the service is to be promoted to victims and other service providers, health authorities and all other relevant parties, as this had been an area of disagreement.

Gaps in service provision

- It is important that there is a clear definition of serious injury. More information is needed on the types of support services that can best deal with the different consequences of different types of injury.
- Better links should be forged with local hospitals in order to improve referral of seriously injured victims. At present the police have no well-defined referral route for serious injury victims and confidentiality issues prevent them from obtaining information about the condition of victims from hospitals.
- When setting up schemes, local police need to be consulted to estimate the potential numbers of seriously injured victims who may need support.
- All schemes need to meet the needs of Black and Minority Ethnic groups. This can be achieved by including diversity issues in training and consulting members of the BME community in the local area. Schemes will need to note the significant resource implications where translation/interpreters may be required to support BME groups.
- It is recommended that schemes identify specific support services for children in their local area or develop this capacity in training.

Monitoring service use

- Schemes need to monitor service use to ensure that the needs of all demographic groups are met. This should be done in close collaboration with the police. Referral acceptance must monitor information such as ethnic origin, age and relationship to victim. Targets for referral rates can be developed from this information and gaps in provision better understood.
- The extent to which the scheme releases police resources needs to be understood more fully so that it can be taken into account in estimating cost implications.

- In order for each service to address the principles for service delivery, schemes will have to collect standardised feedback on satisfaction with the service from clients so that the service can be developed and improved. A suitable time might be when the victim is exiting the service.

Sustainability

- It is recommended that in the early stages of setting up a scheme, decisions are made regarding raising funds to ensure the service is sustainable over time.
- It is recommended that the role of fundraising and activities relating to sustainability are separate from the role of co-ordination of support for victims.
- Links need to be made with Local Criminal Justice Boards, as these could be a source of future funding.

Principles for service delivery

On the basis of this research some principles for service delivery in support services for people bereaved, or otherwise affected by road death, or sustaining life-changing injury in a road crash have been drafted. The purpose of the principles is to set out what might be useful for service users and what might help ensure that a high quality service is provided.

It was found that, overall, the schemes had the potential to meet many or most of these principles, although there were areas where further development was needed.

Principles for service delivery

1. All eligible victims who wish to receive support are referred.
2. Take-up of the service is proactively promoted among victims.
3. Victims are contacted sensitively and promptly.
4. Victims receive accurate, prompt, respectful, non-judgemental and effective help from the service.
5. People are encouraged to apply to become volunteers.
6. Risks are managed effectively to maximise personal safety and well-being for both the volunteers and victims.
7. Victims are offered a seamless service.
8. Every opportunity is taken to develop and improve the service.

Conclusion

The research shows that the services on offer through the pilot schemes helped to fill many of the gaps in service provision for these types of victims, and for the majority of those interviewed, provided valuable emotional and practical support at a particularly difficult and stressful time.

Given some of the limitations of this research, it is not possible to identify one 'best' model for delivering services; however, good practice in this area is likely to be found in a synthesis of policies and practices, rather than the attributes of a single scheme. The recommendations presented above are generated from the examination of all three pilot schemes.

Methodological note

Evaluation of the schemes took place between January 2004 and July 2005. Research methods included workshops with pilot groups, observations at Road Victims' Pilot Group meetings, interviews with co-ordinators and partners, and interviews with people supported by the services. In total, 29 interviews with victims were undertaken, and 22 of these were followed up to examine their experience of support over time (the majority of the victim interviews came from one of the pilots, meaning that the three schemes cannot be fully compared in this way). Data on service use were also analysed.

Useful websites

- The Ministry of Justice <http://www.justice.gov.uk/>
- The Home Office <http://www.homeoffice.gov.uk/>
- The Department for Transport <http://www.dft.gov.uk/>
- Royal Society for the Prevention of Accidents: www.rospa.org
- Aftermath Support: www.aftermathsupport.org.uk
- Road Victims' Trust www.roadvictimstrust.org.uk
- Brake: <http://www.brake.org.uk>
- RoadPeace: www.roadpeace.org
- BASIC (Brain and Spinal Injury Charity): <http://www.basiccharity.org.uk/>
- Citizens' Advice Bureau: www.citizensadvice.org.uk
- Cruse <http://www.crusebereavementcare.org.uk/>
- Headway: <http://www.headway.org.uk/>
- SCARD: <http://www.scard.org.uk/>
- The Samaritans: www.samaritans.org.uk
- Victim Support: www.victimsupport.org
- Victims Voice: www.victimsvoice.co.uk