Warwickshire
Road Victims Needs Assessment

Research Report

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1. Introduction

Road traffic collisions (RTCs) involving motor vehicles are a common occurrence globally, accounting for the deaths of 1.3 million people on average per annum (WHO, 2018, pp 2), and being the leading cause of death for individuals aged between 5 and 29 (WHO, 2018, pp 3). In the United Kingdom (UK) alone, an estimated 1,400 people died in RTCs in 2021 – more than double those killed in homicides and terrorism combined (DfT, 2021; House of Commons, 2021; ONS, 2022). As such, there is a considerable proportion of the UK, and global, population that are impacted by RTCs every year.

Statistics from Warwickshire County Council recorded 16,634 collisions and 18,633 casualties between 2011 and 2020 (see: Warwickshire County Council, 2022), however the numbers of actual collisions/casualties may be even higher due to underreporting. In many counties within the UK, post-crash support is offered to those involved in RTCs, ranging from immediate support (for example, Coats and Davies, 2002) to various charities and organisations offering guidance and later (longitudinal) support (National Road Victim Service, 2022).

The Office of the Police and Crime Commissioner (OPCC) for Warwickshire currently commission an Independent Road Victim Advocate (IRVA) service provided by the road safety charity Brake (Brake, 2022). This IRVA service operates as a specialist one-to-one emotional and practical support for road victims in Warwickshire, made available to families bereaved by RTCs and individuals with serious injuries resulting from RTCs (Warwickshire Road Safety Partnership, 2022). The service has been in operation since early 2020. This research report is intended to inform future commissioning cycles by developing a picture of the scale and type of need that a commissioned service could consider moving forward.

This research project aimed to understand the needs of those who may be considered road victims and how those needs align with current provision of road victims services, particularly focusing on identifying any gaps and constraints in support and the efficiency of current services and processes. It also aimed to explore the issues considered most important to victims and survivors of RTCs, and their experiences of the process of cope and recovery. The research aimed to gather insight into stakeholder and victim perspectives and experiences within these areas, to provide a broad exploration of this under-researched topic area.

2. Literature review

While there is considerable overlap in the physical, emotional and psychological needs of victims of various types of crime, there are also nuanced differences. This is particularly likely to be true of road victims needs given the unique context of RTCs; there are a considerable number of deaths and serious injuries that result from RTCs, they are highly visible in nature and therefore can be witnessed by many people, and they do not necessarily result in a 'crime' having taken place, e.g., where a driver is taken ill at the wheel or a pedestrian unexpectedly walks into the road without looking. As such, this review will provide an insight into literature relating to various stages that follow a RTC in relation to the support of road victims, from the immediate post-crash management to short and longer-term psychological consequences and needs following RTCs.

2.1 Post-crash Management: Barriers and Facilitators

The World Health Organisation (WHO) state that the objectives of post-crash management are the avoidance of preventable deaths and/or disabilities, to minimise the severity of suffering resulting from a RTC, and to ensure (as much as is possible) victims' recovery and rehabilitation back into society (Peden et al, 2004). However, research suggests that many victims experience sub-par support throughout their experiences. Various studies have identified a range of variables that influence the quality and speed of support that victims receive. One of those earlier impacts is the management of crash scenes and medical services during the early stages of a RTC. Many studies have identified the involvement of laypeople at crash scenes as a potential barrier in post-crash management (Henriksson et al, 2001; Peden et al, 2004; von Elm, 2004; Bhalla, 2008a; 2008b; Khorasani-Zavareh et al, 2009; Balikuddembe et al, 2017). Ideally, according to this research, laypeople should secure the incident scene, apply first aid (if trained and if required), assist in putting out fires, and call the emergency services (Mohan et al, 2006). However, studies exploring RTCs demonstrate that these actions are not always taken (Khorasani-Zavareh et al, 2009; Balikuddembe et al, 2017) and, in some cases, individuals try to extricate victims prior to the arrival of trained personnel. Additionally, too many laypeople becoming involved with an incident site can cause overcrowding and disruption for the emergency services, delaying crucial treatment for victims (Khorasani-Zavareh et al, 2009).

Although identified within the research as a potential barrier, laypeople are often the first to arrive at a road incident and, with the appropriate training, can prove to be an effective asset issuing basic first aid when required. Studies conducted in Ghana and Kampala-Uganda demonstrated the effectiveness of trained laypeople at the scene of a road incident at decreasing post-crash consequences (Kobusingye et al, 2002; Mock et al, 2005; Jayaraman et al, 2009a; Jayaraman et al, 2009b; Otieno et al, 2011). Within these studies, it was identified that 97% of individuals in Kampala, and 67% (of 400) individuals in Ghana who received post-crash, first aid training, used their skills within 6 months of the course (Tiska et al, 2004; Jayaraman et al, 2009b). Resulting from this training are decreases in road incident mortality and long-term trauma for victims. More frequent first aid training for more people could support the development of laypersons' knowledge of first aid and medical intervention (Anita et al, 2020). The provision of first aid kits/equipment to laypeople who are often the first responders at the scene of an incident may also be a useful development to support immediate post-crash support (Husum et al, 2003; Jayaraman et al, 2009b), such as taxi

drivers, buses, trains, Uber, etc., as studies indicate that they are likely to be first at the scene (Kobusingye et al, 2002; Mock et al, 2005; Otieno et al, 2011).

Not only is lack of first aid knowledge and skill in laypeople an essential element in post-crash management, but the emergency services themselves play a crucial role in the handling of the scene and medical interventions. However, over the years the emergency services have faced various policy changes, funding cuts and the closure of crucial infrastructure that affects the quality of intervention provided at traffic incidents (Shepard, 2020; Fire Brigades Union 2021). For example, ambulances are now having to travel further to reach incidents due to the closure of dispatch sites and are having to wait longer with patients at accident and emergency departments as a result of the closing of hospital units (NHS Support Federation, 2015). Decreasing dispatch sites, a reduction in infrastructure and human resources all contribute towards poor coordination at crash-sites, potentially leading to a shortfall in immediate post-crash care for victims of RTCs (Khorasani-Zavareh et al, 2009).

2.2 Psychological Elements to Road Incidents

Not only can a RTC cause physical injury, but also psychological and emotional injury. While most victims demonstrate high levels of resilience post-incident regarding their physical injuries, many experience distressing psychological ramifications in the aftermath of a RTC (Alexander, 1997). The impact of road incidents can be immense, affecting more than just those directly involved (Priya et al, 2021). Based on the evidence presented in the literature (see Green et al, 1992; Mayou et al, 2000; Tehrani, 2004; Nhac-Vu et al, 2013), those people who *are* psychologically and emotionally impacted by RTCs, and therefore may be considered road 'victims', appear in many forms, from those directly involved in the incident (primary or direct victims) to those with relations with the victims (secondary victims). These victims may not demonstrate psychological distress or disorders immediately after the incident as often such symptoms emerge years later (Anderson et al, 1994) and can therefore be difficult to identify as people impacted by what they may have experienced or witnessed.

These psychological symptoms have the potential to greatly vary in magnitude, type and timescale (Tehrani, 2004). Despite the scale and severity of psychological damage, there has been little research that specifically explores the longitudinal psychological implications of RTCs and therefore we are yet to fully understand the picture of psychological and emotional needs of road victims (Priya et al, 2021). A few very insightful studies from France follow a population of road incident victims, exploring their physical and psychological wellbeing at four stages; 6 months (Hours et al, 2010), 1 year (Nhac-Vu et al, 2013), 2 years (Tournier et al, 2014) and 5 years (Tournier et al, 2015) post-crash. This research identified long-lasting damaging effects that the RTC had on victims' physical and psychological wellbeing. For example, at the 2-year follow-up, 20% (of the 912 participants) continued to suffer financial difficulties post-incident, 53% declared an unresolved health problem, 25% highlighted an impact on families, and 32% reported impact on their occupation and/or studies (Tournier et al, 2014).

In addition to this, there has been an increasing body of evidence depicting significant overlaps between various psychiatric disorders (such as anxiety, depression, substance abuse) and post traumatic stress disorder (PTSD) (see for example, Green et al, 1992; Mayou et al, 2000; Nhac-Vu et

al, 2013). However, these symptoms may not emerge immediately, leading physicians to fail to recognise the link between the crash and the psychological symptoms (Bloom, 1998). A comparative study with patients suffering from chronic depressive disorder (CDD) and trauma patients with PTSD, found that those suffering with PTSD were more likely to have poor social support, occupational issues, and financial strains (Landsman et al, 1990); as well as an increased risk of substance abuse, depression, phobia, anxiety and physical illnesses (Solomon and Davidson, 1997). The Australian National Mental Health and Wellbeing Study by Creamer et al (2001) found that 85% of men, and 80% of women who met the criteria for PTSD also met the criteria for various other psychological disorders, such as panic disorder, phobia, depression and anxiety. Blanchard and Hickling (2004) also found that victims suffering within anxiety often experienced a specific fear of travel too, suggesting that there are often multiple mental health and wellbeing needs that result from PTSD that may develop as a result of being involved in a RTC.

Not only is it evident that the support being provided to victims and their families is an important factor in an individuals' recovery process, but also the quality and length to which the services are available is also a crucial element (Tehrani, 2004). Research by Perry et al (1992) demonstrated that a lack of adequate psychosocial support was linked to the development of PTSD. Additionally, an absence of social support has been proven to increase the possibility of late onset PTSD (Anderson et al, 1994); a phenomenon that may occur months to years after the initial RTC (Tehrani, 2004).

2.3 Returning to 'normality'

After any traumatic incident, the return to normal life is difficult and is subject to the care that follows the trauma (Hassan and Tesfayohannes, 2009). Most victims of RTCs suffer from an array of injuries that has the potential to change their quality of life (Sabet et al, 2016). A relatively recent study conducted by Sabet et al (2016) identified various factors that influence a victims return to normality, one of those being the treatment received immediately after the incident and while in the care of medical professionals. Some studies highlighted similar findings, with participants considering favourable interactions with the treatment team a reason for their recovery (see for example: Russell, 2008; Ogilvie et al, 2012). In addition to treatment support, Sabet et al (2016)'s participants highlighted family and social support as effective factors in reducing stress and helping the victim to come to terms with their experiences. These findings are consistent with further research conducted by McGarry et al (2013) and Valizadeh et al (2014), who's findings demonstrate the importance of family/friends in reducing care-related problems, stress and promoting comfort. Sabet et al (2016)'s research also highlights the importance of providing victims with information or guiding them towards information regarding their situation and support they may access (Sabet et al, 2016). In doing so, victims begin to develop autonomy and self-management that reduces vulnerability post-trauma (Pryor and Buzio, 2010). This is an important factor contributing to a victim's return to normality as it decreases the need for them to rely on professionals and helps create independent stability in the wake of their experienced trauma (Pryor and Buzio, 2010; Sabet et al, 2016). Victim support services are key facilitators in ensuring that victims receive this information and therefore play a key role in a victim's attempted return to 'normality' and whether or not that normality is achievable.

The return to normality for victims is a difficult task and is unique to the individual. However, what has emerged from the literature is a need for healthcare workers, medical personnel, victim support

services and other external organisations (charities, for example) that provide support to road victims, to have an understanding about the factors contributing to normality (Peden, 2005; Barnes and Thomas, 2006; Franzen et al, 2006; Russel 2008). Additionally, as each individual experiences and understands their circumstances differently, there is a need to address each victims' case as a unique incident with its own set of criteria (Brake, 2020; 2022).

2.4 Support provision

There are several support providers within England and Wales that specialise in the provision of road victim support. One of these is Brake, with Brake providing the current service within Warwickshire. In their 2020 annual report, Brake outlined their support helped 1,559 unique cases nationally, with over 14,500 support packages being distributed across their SUDDEN and National Road Victim Services (NRVS) (Brake, 2020). Despite this considerable number, road victims are yet to be conceptualised as a distinct category of victims and further research which focuses on this cohort is required in order to adequately assess and map their needs. Existing literature, such as the studies by Nhac-Vu et al (2013), Tournier et al (2014) and Tournier et al (2015) mentioned above, take the perspective of the impact of RTCs, rather than the needs of victims. Wider victim literature in relation to needs, expectations and forms of justice offers potential insight to aid the development of a conceptual framework for road victim needs.

Road victims may fall within civil or criminal justice jurisdictions or be left without recourse to either legal system. This raises concerns for obtaining procedural justice, which is achieved when justice agencies engage with victims fairly and make fair decisions in respect to the procedures followed within the case (Tyler and Huo, 2002). A study by Elliot et al. (2012) which carried out in-depth interviews with crime victims, found that the ability of the police to engager with victims as individuals was as important to the victims as a favourable criminal justice outcome. This finding was echoed in a survey of crime victims by Barkworth and Murphy (2016), which found that procedural justice had the potential to improve quality of life for victims as it reduced the negative emotions associated with dealing with justice agencies.

Secondary victimisation or re-victimisation is a further area of relevance to road victims and suggestion for future research. Secondary victimisation refers to the negative impact of poor treatment of victims by justice agencies and includes aspects such as victim blaming language and denial of procedural justice (Orth, 2002). However, as road victims may sit across civil and criminal justice systems, a robust conceptualisation of road victims would be a useful initial step for further research, prior to taking a context specific focus which would require segmentation of this yet to be defined cohort. Currently, however, little is known about this area as with broader understanding of road victims needs, experiences and support provision. As such, this research project is a much-needed piece of work that is situated within a dearth of understanding how those impacted by road collisions cope and recover from their experiences, as well as the areas for development in service provision.

2.5 Conclusion: What are the needs of road victims?

In summary, literature related to post-crash management shows that there is a need for improved infrastructure and an integrated trauma system in order to better support victims. Increases in dispatch sites and increases in human resources were all identified as suggestions to better improve dispatch response times and support victims quicker. However, there cannot be a discussion on infrastructural improvements without funding. Therefore, there is a need to better divide or increase funding to make the necessary improvements needed to ensure the best care is being provided (see for example: NHS Support Federation, 2015; Fire Brigades Union 2021). Educational campaigns to better inform the public of basic first aid and crash management, with the provision of basic first-aid

kits/adequate equipment for specific first responders may help with initial post-crash responses that have subsequent impacts on victims needs.

The literature outlined within this review demonstrates various needs of road victims post-collision. Victims of road collisions vary vastly in their ability to cope mentally and physically with collisions (Green et al, 1992; Mayou et al, 2000; Tehrani, 2004; Nhac-Vu et al, 2013), with psychological symptoms having the potential to appear long after the incident date (Anderson et al, 1994). Therefore, it becomes imperative that any and all necessary support be available for victims to access at any moment that their harms may become known. Additionally, treatment support (Sabet et al, 2016), familial support (McGarry et al, 2013) and social support (Valizadeh et al, 2014) all appear to be important contributing factors towards a victim's return to normality. Without such support, there are potentially fatal or long-lasting consequences (Hassan and Tesfayohannes, 2009), indicating an urgency to ensure these support networks are put into place and to ensure all relevant personnel have an understanding of these factors (Peden, 2005; Barnes and Thomas, 2006; Franzen et al, 2006; Russel 2008).

However, ultimately there is a lack of research considering the needs and experiences of road victims beyond simply physical post-crash and high-level psychological impacts, as well as perspectives and experiences of stakeholders with involvement or professional knowledge in the provision of road victim support.

3. Methodology

This research project adopted a mixed methods approach to understanding the needs of those who may be considered road victims and how those needs align with current provision of road victims services. There were 1) secondary source data analysis of Warwickshire Police road collision data, 2) FOI request analysis, 3) focus groups and interviews with stakeholders, 4) questionnaires with stakeholders, 5) interviews with victims and stakeholders, and 6) questionnaires with victims and stakeholders.

3.1 Secondary source data analysis

Data were shared by Warwickshire Police relating to the number of killed and seriously injured casualties/collisions from 2017-2021. The data were analysed using descriptive and inferential statistics to provide a picture of road victims within Warwickshire.

3.2 FOI analysis

FOI requests were sent to all PCCs and police forces within England and Wales. The questions asked:

- What road victims support services do you offer?
- Who provides your road victims support services?
- Who is eligible for road victim support?
- What number/percentage of road victims receive road victims support?
- What number/percentage of road victims do not take up an offer of road victims support?

The responses from the PCCs and police forces were combined to provide an overarching picture of each police force area. Out of the 43 force areas, responses were provided by 40. Staffordshire Police did not provide a response, Greater Manchester Police stated that the records were not held, and Surrey Police stated that the records/information were not easily accessible enough for an FOI request. The data were analysed using content analysis.

3.3 Focus groups and interviews with stakeholders

An invitation to attend a focus group was shared via email with a list of 60 stakeholders. These stakeholders included providers of road victim support, family liaison officers, police officers, IRVAs, and others with some professional involvement in or responsibility for road victims support. In addition to this sampling strategy, snowballing was used whereby those contacted via email were encouraged to share invitation with their contacts that also work in this area. The email invitation included an information sheet outlining the research and what their involvement would entail as well as three dates/times that the participants were encouraged to choose from. Four focus groups were undertaken over these three dates and an additional focus group was later undertaken to

accommodate a number of participants who were unable to make the originally proposed dates, totalling five focus groups.

Focus group participants were mixed rather than being segregated according to their role/involvement in road victim support, to allow for richer discussion from varied perspectives. One focus group took place face-to-face and three took place via Microsoft Teams. All focus groups lasted between 60 and 120 minutes, were recorded using a Dictaphone and anonymised upon transcription.

In addition to these focus groups, two online interviews were undertaken with individuals that were unable to attend any of the dates provided. The same semi-structured question schedule was followed for both the focus groups and the interviews. Both interviews lasted between 40 and 60 minutes, were recorded using a Dictaphone and anonymised upon transcription. In total, 34 stakeholder participants took part in a focus group or interview.

The data were analysed using thematic analysis.

3.4 Questionnaires with stakeholders

An online questionnaire was made available and shared via email with a list of 60 stakeholders. These stakeholders included providers of road victim support, family liaison officers, police officers, IRVAs, and others with some professional involvement in or responsibility for road victims support. In addition to this sampling strategy, snowballing was used whereby those contacted via email were encouraged to share invitation with their contacts that also work in this area. The email invitation included a link to the questionnaire, made available via Qualtrics, which began with an information sheet outlining the research and what their involvement would entail. Although 19 respondents accessed the questionnaire, there were only 8 completed questionnaires.

Descriptive analyses and content analyses were undertaken of the data.

3.5 Interviews with victims and survivors

Interview participants were identified with the assistance of the Office of the Police Crime Commissioner for Warwickshire, Warwickshire Constabulary and the Independent Road Victim Advocate. Once consent to contact had been obtained, all potential participants were sent the participant information sheet via email and offered an initial phone call to discuss the research. Of the 13 potential participants contacted, 10 decided to take part in an interview.

Semi-structured interviews were carried out in person, over the phone and via Teams videocall. Those carried out via phone and face to face were recorded using a Dictaphone and the recording uploaded to the secure OneDrive project folder. A video recording and automatically generated transcript of the Teams interviews were also uploaded to the secure OneDrive folder.

Following the interviews, all participants were provided with an interview debrief sheet explaining their ability to withdraw consent and providing details of support organisations.

The data were analysed using thematic analysis.

3.6 Questionnaires with victims and survivors

An online questionnaire was made available and shared with stakeholders via LinkedIn and on the Warwickshire OPCC website. Three participants completed the questionnaire.

Descriptive analyses and content analyses were undertaken of the data.

4. Secondary source statistical data analysis

4.1 Fatal, serious and slight

Although restrictions during the Covid pandemic have blurred an understanding of the level of road fatalities and injuries, high numbers can be seen, with 296 recorded casualties of RTCs in 2021 within Warwickshire, similar to the level seen in 2020. Although this represents a reduction in casualties since 2017, as seen from figure 1, it is not clear whether that reduction will be a longer-term pattern or is a temporary reduction resulting from changes to driving patterns over the course of the Covid pandemic. These statistics provide a picture of the road casualty context and the high numbers of individuals directly involved in RTCs within Warwickshire. It is important to note that this does not necessarily represent all individuals who may be considered 'victims' of RTCs, as will be discussed later in this report, and that number is likely to be considerably higher.

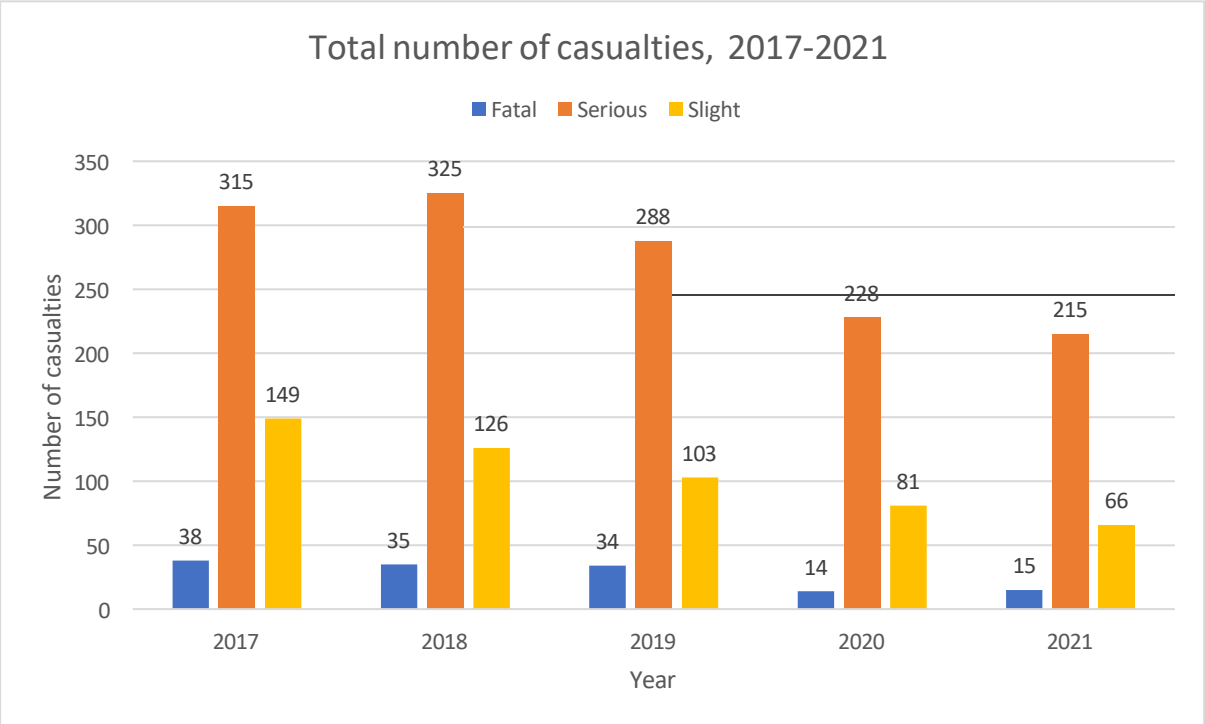

Figure 1: Bar chart of total number of fatal, serious and slight casualties between 2017 and 2021

4.2 Fatal and serious

Considering fatal and serious casualties 2017-2021 in more detail, the age and gender distribution of casualties, as seen in figure 2, highlights disparities between both gender and age categories. Males generally are disproportionately more likely to be killed or seriously injured on Warwickshire's roads, with males aged 21-30 in particular featuring disproportionately in killed and seriously injured (KSI) statistics. Males in age categories between 11-20 and 31-60 also represent a considerable number of

casualties that are killed or seriously injured. For females, there is a more even distribution across age categories between 11 and 80, although KSI statistics are somewhat higher for those aged 21-30 than any other age category, as can also be seen for males. Statistical testing[1] showed that the proportion of female fatalities was significantly lower than that of males. However, age of female fatal casualties (M = 78.08) did not differ significantly from age of male fatal casualties.

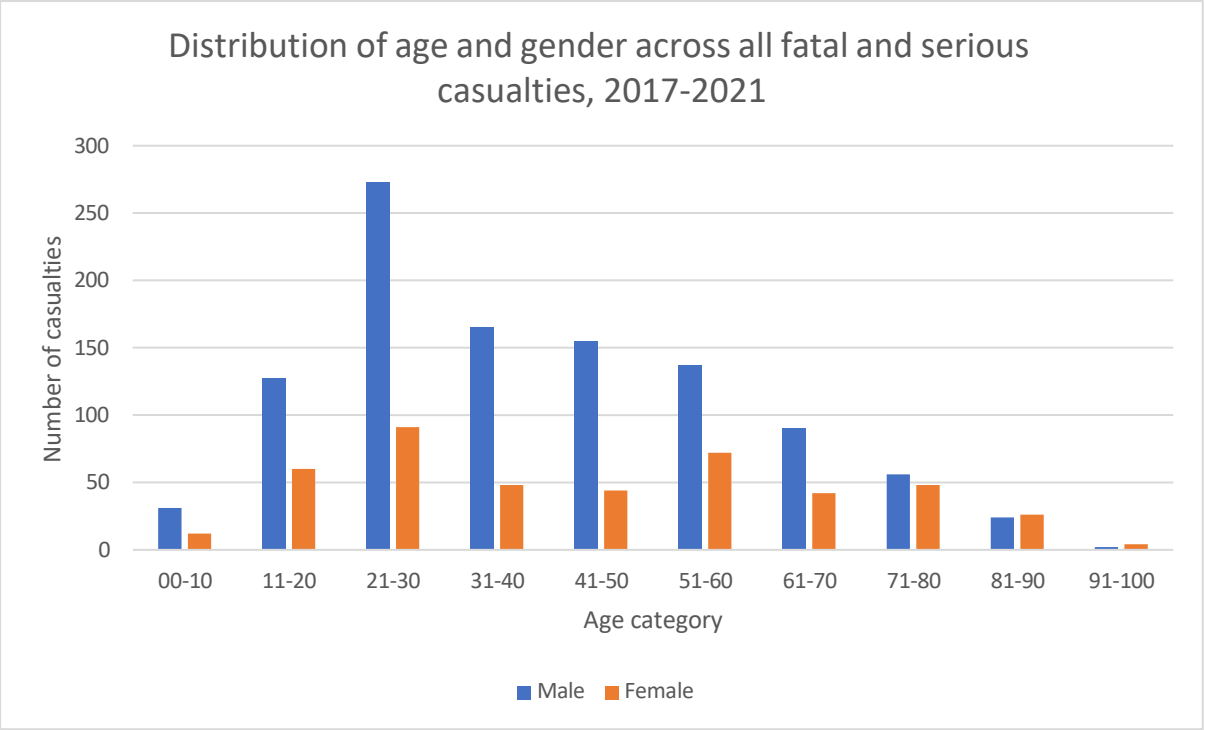

Figure 2: Bar chart of age and gender distribution across fatal and serious casualties between 2017 and 2021

4.3 Fatal only

Considering only fatal casualties in Warwickshire between 2017 and 2021, a similar pattern can be seen in terms of age and gender distribution and disproportionality. As shown in figure 3, considerably more fatal casualties are males aged 21-30 than other age and gender categories. Different to the statistics of all killed and seriously injured, however, the second most frequently age and gender category is that of males aged 31-40, followed by males aged 51-60. As such, those aged 11-20 are more likely to be involved in serious injury RTCs but those in other age categories more frequently become fatal casualties within Warwickshire.

[1] A one-sample binomial test showed that the proportion of female fatalities was significantly lower than that of males, p = <.001. However, age of female fatal casualties (M = 78.08) did not differ significantly from age of male fatal casualties (M = 65.60), U = 1679.00, p = .144.

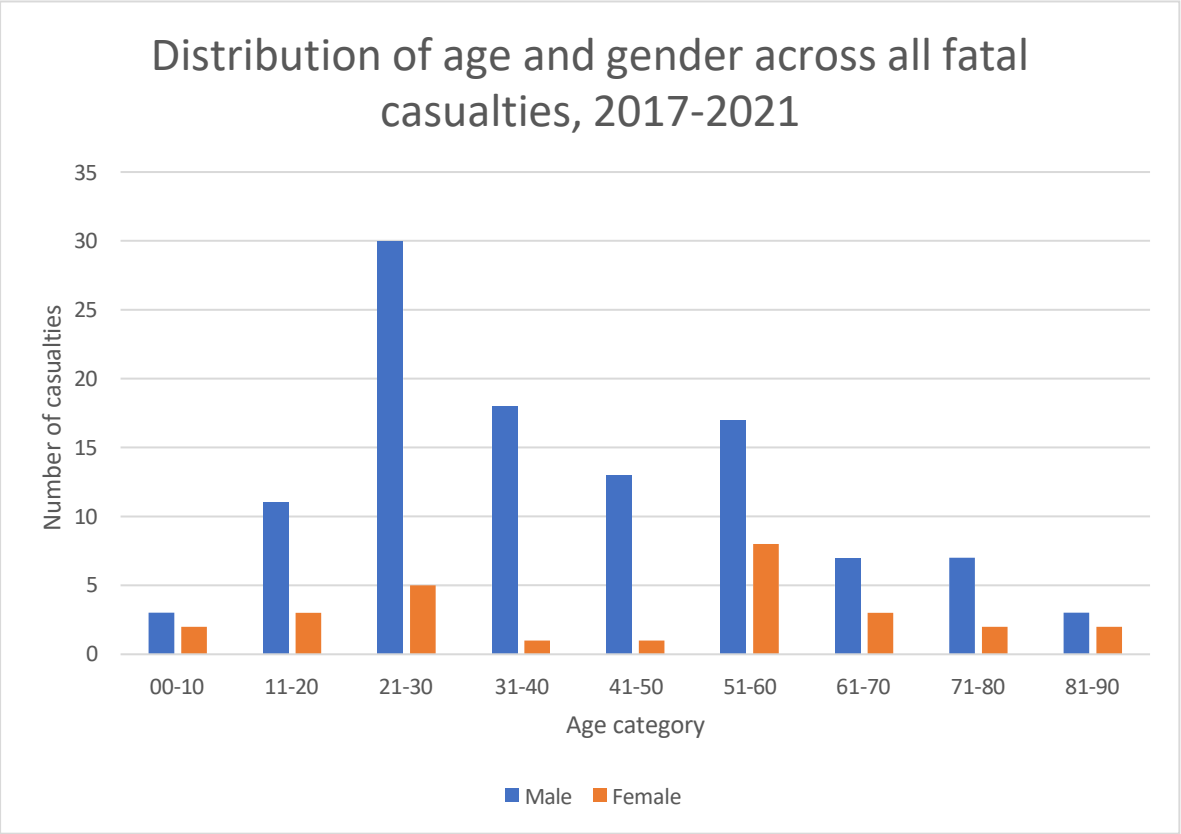

Figure 3: Bar chart of age and gender distribution across fatal only casualties between 2017 and 2021

When adding road user status to that age and gender distribution, as seen in figure 4, it is evident that it is the driver or rider that is most likely to be fatally injured during a RTC. Passengers and pedestrians are considerably less likely to be fatal casualties than drivers/riders. Statistical testing[2] found that age was significantly different across categories of casualty type (driver, *n* = 94), (passenger, *n* = 18), (pedestrian, *n* = 34) and that there was a clear difference in the age of fatal casualties who were drivers (M = 48.15), passengers (M = 97.97), and pedestrians (M = 122.44).

[2] A Kruskal-Wallis test showed that age was significantly different across categories of casualty type (driver, *n* = 94), (passenger, *n* = 18), (pedestrian, *n* = 34), *H* (2) =81.06, *p* = <.001. There was a clear difference in the age of fatal casualties who were drivers (M = 48.15), passengers (M = 97.97), and pedestrians (M = 122.44).

Pairwise comparisons with adjusted *p* values showed that there was a significant difference between age when comparing driver and passenger fatalities (standardised test statistic = -4.98, p = <.001), when comparing driver and pedestrian fatalities (standardised test statistic = -8.30, p = <.001), but not when comparing passenger and pedestrian fatalities (standardised test statistic = -2.01, p = <.001).

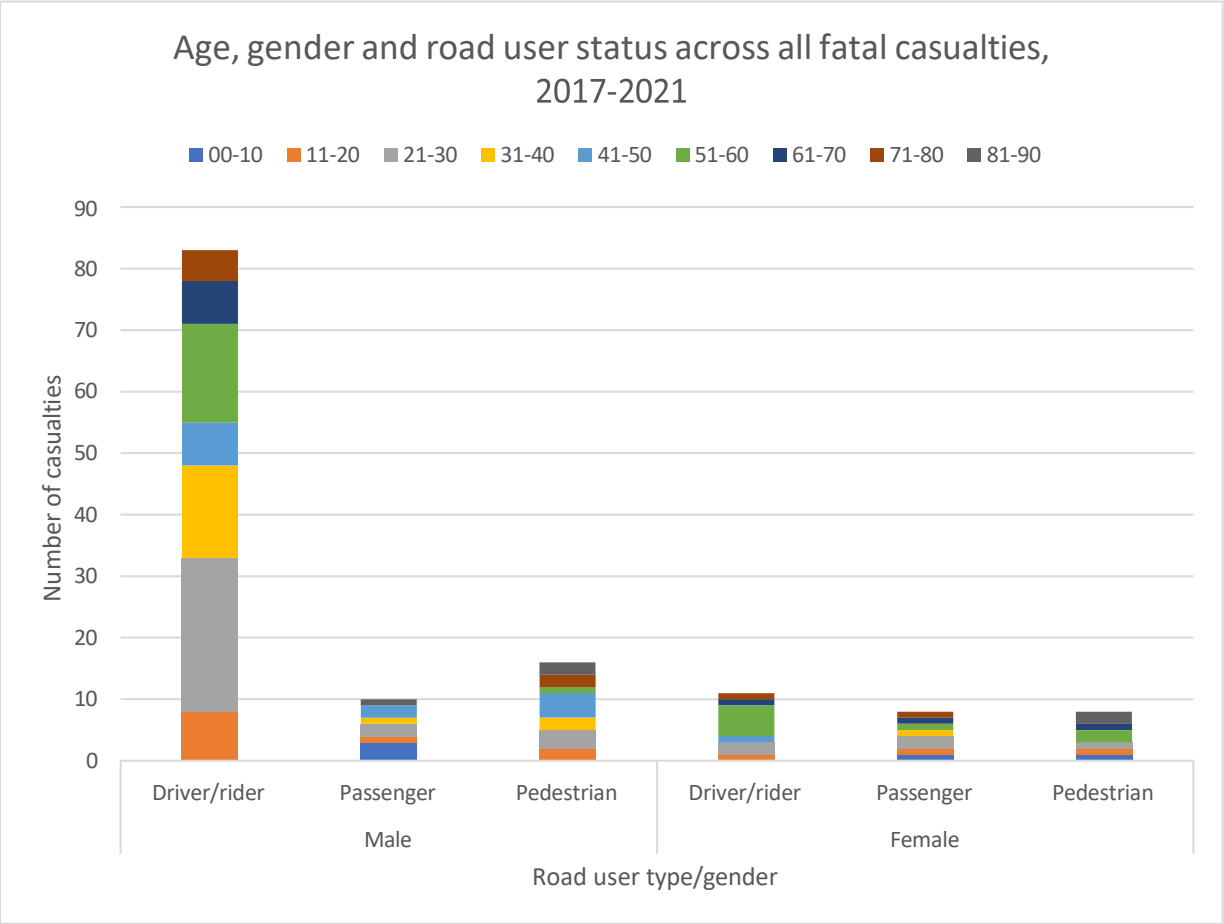

Figure 4: Bar chart of age, gender and road user status distribution across only fatal casualties between 2017 and 2021

Finally, fatal casualties in Warwickshire between 2017 and 2021 were more likely to involve cars than any other vehicle, with motorcycles over 500cc being the second most likely. When considering gender differences, figure 5 shows that both male and female casualties are considerably more likely to result from a car-involved RTC. After cars, however, there is variation in the type of vehicle involved in male-casualty RTCs but not for female casualty RTCs, where only mobility scooter and goods vehicle over 7.5 tonnes were seen in female-casualty RTCs but a range of vehicles for male-casualty RTCs. Statistical testing[3] also showed that age of casualty was significantly different across vehicle type (pedal cycle, *n* = 10), (motorcycle, *n* = 34), (taxi/private hire, *n* = 2), (car, *n* = 70), (bus/coach, *n* = 1), (van, *n* = 4), (goods vehicle 3.5 tonnes+, *n* = 12), (mobility scooter, *n* = 2). There

[3] A Kruskal-Wallis test showed that age was significantly different across vehicle type (pedal cycle, *n* = 10), (motorcycle, *n* = 34), (taxi/private hire, *n* = 2), (car, *n* = 70), (bus/coach, *n* = 1), (van, *n* = 4), (goods vehicle 3.5 tonnes+, *n* = 12), (mobility scooter, *n* = 2), *H* (7) =76.06, *p* = <.001. There was a clear difference in the age of fatal casualties for pedal cycles (M = 7), motorcycle (M = 40.97), taxi/private hire, (M = 50.25) and car (M = 76.05), although less clear differences between bus/coach (M = 105.50) and van (M = 107.50) as well as goods vehicle 3.5 tonnes+ (M = 121.21) and mobility scooter (M = 122.00).

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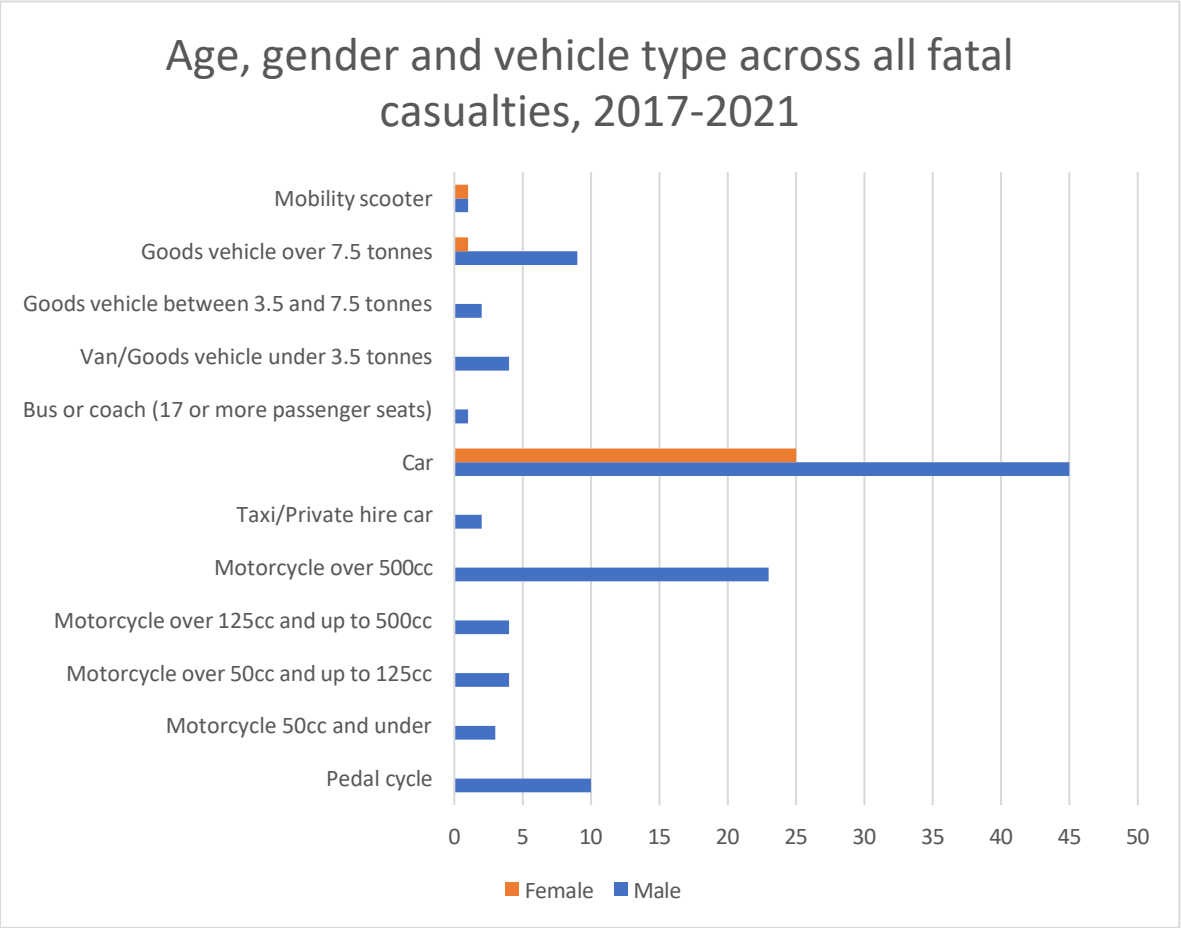

Figure 5: Bar chart of age, gender and vehicle-type distribution across only fatal casualties between 2017 and 2021

5. Freedom of Information (FOI) analysis

Of the FOI requests, information was provided by 40 out of 43 force areas[4]. The content analysis of the FOI requests highlighted three themes of information, aligned to the questions asked; eligibility, provision, and victims supported. Of those, *provision* of road victim support was the most frequently mentioned theme, with several subcategories of provision frequently mentioned.

Table 1: Table of themes for FOI analysis

Code	Description	Frequency
Eligibility	Information regarding eligibility criteria for road victim support.	**22**
Provision	Explanation/definition of the type of road victim service offered.	**85**
Brake road victim provision	Reference to Brake, the road victim charity.	34
	- Brake packs	16
	- IRVA	2
	- Other Brake provision/referral	16
Other road victim provision	Reference to road victim provision other than Brake.	24
	- Road Victims Trust	3
	- Road Peace	11
	- SCARD	5
	- Aftermath	4
	- Air Ambulance	1
Family Liaison Officer	Reference to a family liaison officer as providing or making referrals to road victim support services.	20
No specific road provision	Reference to non-roads specific victim provision or provision of victim support to victims of crime only.	7
Victims supported	Information pertaining to the number of road victims offered/receiving support.	**12**

[4] From either/both the police force and/or the OPCC.

5.1 Eligibility

Twenty-five out of the 40 force areas that answered the FOI request provided clear information about those eligible for road victim support in their force areas. In terms of incident type, the eligibility criteria for road victim support were described as varied between force areas. Many force areas (10 out of 22) reported to offer support to victims of both fatal and serious or life-changing injury collisions, with a smaller but considerable proportion of force areas (7 out of 22) offering support only to those who are considered victims of crime, as seen in figure 6.

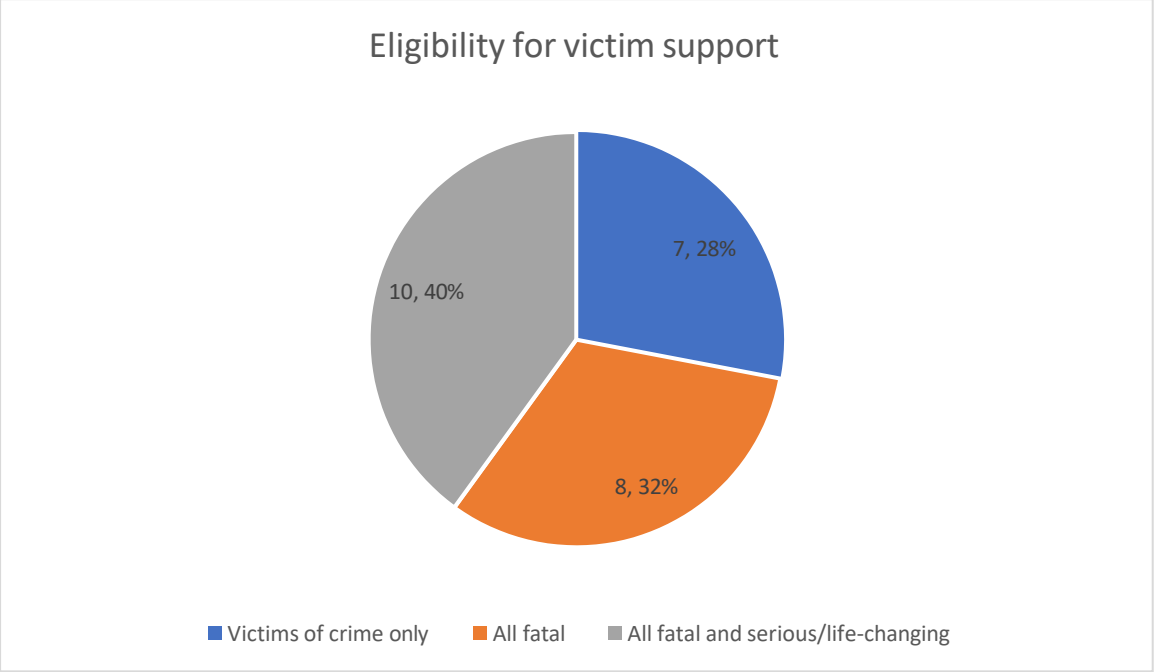

Figure 6: Pie chart depicting eligibility for victim according to incident type

Indeed, the information highlighted that for several force areas, the support available to road victims was that offered to any victim of crime rather than being specific to victims of road crime or RTCs:

> "The Victim Support Service commissioned by the West Yorkshire Combined Authority is not specific for road victims." West Yorkshire

> "There are currently no specialist road victim support services funded in Sussex." Sussex

> "Our current provision is limited as we are currently only able to support victims of crime." Essex

> "Our Notts Victim CARE service is for all victims of crime, including road crime." Nottinghamshire

Some forces phrased this as a provision of care available to all victims whereas others identified a lack of specialised road victims services.

In contrast, most force areas stated that those considered a victim of a road traffic collision would be eligible for support specific to the roads context (see quotes below), but that the eligibility of that support would depend upon the seriousness of the collision – for some, only fatal collisions involved road victim support but the majority offer support to both fatal and serious.

Again, however, there was variation in who would receive that support, depending upon their involvement in the collision or relationship to people involved in the collision, as depicted in figure 7. All forces offering support to those involved in any type of fatal and/or serous collision, whether a crime or not, offered that support to the next of kin (NOK). Some also offered support to additional family members, friends, witnesses, and, least frequently, offenders.

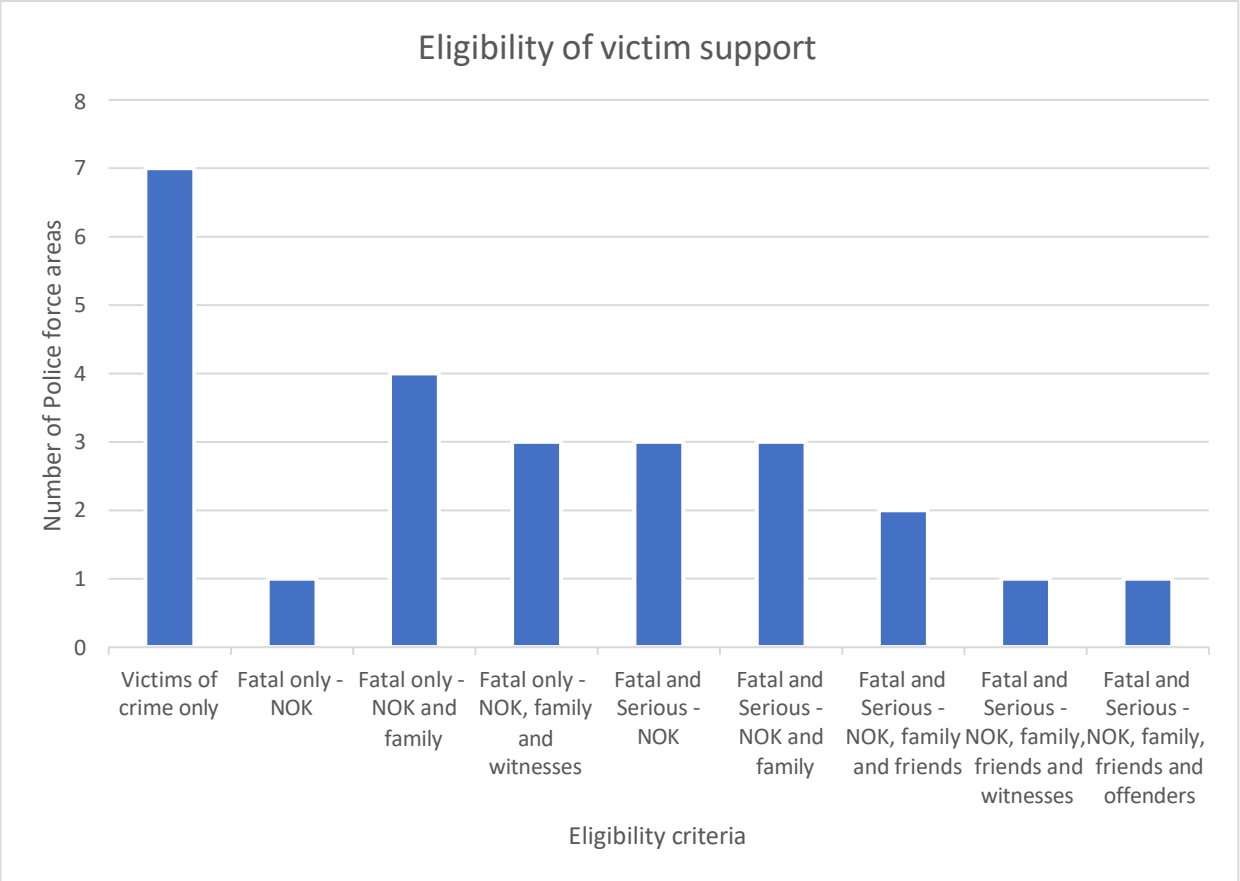

Figure 7: Bar chart depicting eligibility for victim support according to individuals involved in collisions.

For those forces stating that they only offer support for fatal collisions, half offer support to both the NOK and other family (4 out of 8) – the most common category of fatal collision victim support eligibility. For those offering support to both fatal and serious collisions, there was a greater level of variation in those eligible for support, as the below quotes exemplify.

> "We give the [Brake] pack to the next of kin, however the charity will assist anyone who is bereaved or anyone who is supporting a roads crash victim." Humberside

"Our victim Service (Victim Care and Advice Service VCAS) provides;

- support to those families who have suffered a death due to road traffic collision that has been recorded as a crime e.g., causing death by dangerous driving.
- supports those who have suffered life changing injuries caused during a road traffic collision that has been recorded as a crime.
- support to those that have witnessed the above and are affected by that experience." Durham

"Immediate victims and family members are eligible for support. Witnesses to an incident where someone has been killed or seriously injured are also eligible." Hertfordshire

For some forces, only NOK are routinely eligible for support whereas for others, that extends to other family and even witnesses. Often, forces indicated that where needed or requested, support would also be made available to other people involved in collisions of varying degrees of severity, even where their primary provision was not targeted at those people.

Some forces indicated that although routine support would be made available in fatal collisions, there may be circumstances in which that support would also be offered to other, less serious collisions:

"All next of kin or immediate family members of someone killed in an RTC are offered FLO support. In certain circumstances we may consider deploying an FLO to the family of a seriously injured person if there is likely to be a prosecution against the other party involved." Dyfed Powys

"Any driver, passenger, witness involved primarily in fatal road traffic collisions [are eligible for support] as a matter of course. However, this can be extended to any road traffic collision" Hampshire

Dyfed Powys link their provision to the criminal aspect associated with a road traffic collision, suggesting that although they offer support to all fatal collisions as standard, others with an associated criminal investigation may also be eligible for support.

Most forces did not mention offering support to those considered 'offenders' in investigations relating to road crime, although some suggested that support may be offered where requested:

"All victims of serious injury road traffic collisions and their families. We do not routinely offer support to offenders, but this can be looked at on a case-by-case basis" Dorset

Merseyside were the only force to indicate that they routinely offer support to suspected offenders involved in collisions[5]:

> "Injured parties and suspecting offending drivers involved in Serious injury collisions and those resulting in a fatality [are eligible]" Merseyside

Routinely, therefore, offenders would not be eligible for road victim support in most force areas. It is not clear from the FOI responses, however, whether other persons present in an offending vehicle, or their family/friends would be eligible for road victim support and/or whether they would be considered 'witnesses' and be eligible for support as categorised in that way.

In contrast to all of this information which suggests certain eligibility criteria, albeit often with a degree of flexibility, Wiltshire stated that they had no such criteria and that those involved in roads policing would be responsible for identifying those eligible for support.

> "It is the responsibility of either the Officer in Case (OIC) or Traffic team to identify whether a road traffic victim is vulnerable and/or offer support." Wiltshire

Again, this points to a complex and varied picture in the eligibility of support between force areas and how that forms any process of identifying those in need of road victim support.

Overall, the eligibility criteria for victim support is varied between force areas and this suggests a confused picture of who is considered a 'victim' in road traffic collisions and should therefore be eligible for road victim support. Most support is provided in both fatal and serious/life-changing collisions, and that support is always provided to the individual involved in the collision or their next of kin. Some force areas offer support to other people, or categories of victim, including wider family and witnesses, but the majority of forces do not offer support to offenders involved in criminal collisions. In contrast, a considerable minority of forces indicated that they only offer support to victims of collisions considered a crime, and that ensured an eligibility for wider victim support services rather than any specific road victim support service.

5.2 Support provision

Type of road victim support provision was the most frequent theme featured in the analysis of the FOI data. All 40 force areas responding to the FOI requests offered information about their support provision. Most forces described offering more than one type of support provision, with family liaison officers (FLOs) being the most common, mentioned by 20 forces, as seen in figure 8. When totalled, however, some form of Brake provision was the most commonly referred to, with 16 forces

[5] Although Northamptonshire also suggested signposting offenders to support provision, it was not clear in which type of collision (i.e., fatal and/or serious) that support was offered, and so this has not been included in this analysis, as for other force areas that had not specified the same information for other groups of people eligible for support.

stating that they offer Brake 'packs', a further 11 offering referral to Brake[6] and two utilising the Brake Independent Road Victim Advocate (IRVA) service.

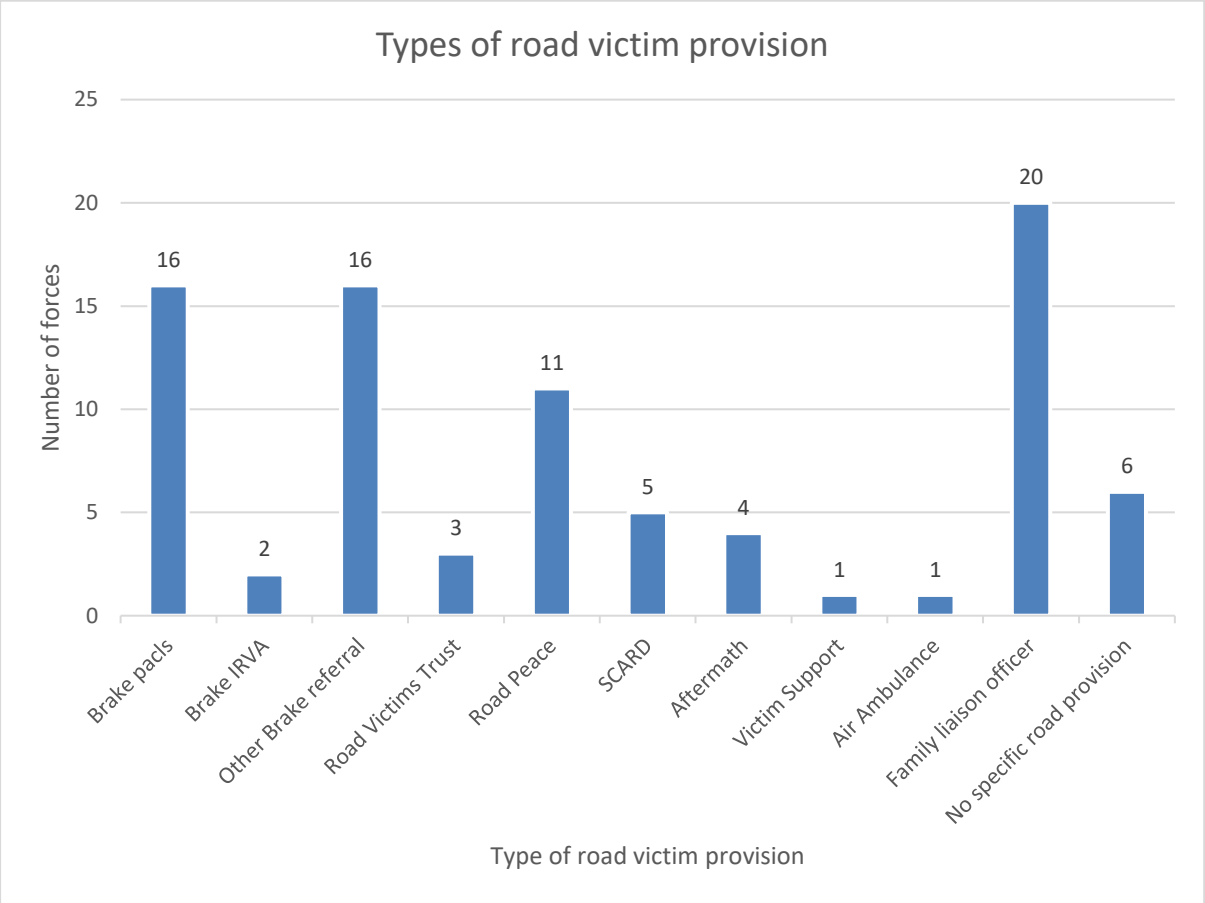

Figure 8: Bar chart depicting types of road victim provision.

The information provided in the FOIs offered more context to these types of road victim provision, with some forces referring to their deployment of FLOs as road victim support and others stating that the Road Collision Support Team would respond to any questions:

> "Family/NOK of that person are allocated a Family Liaison Officer, a.k.a 'FLO' (This is a Police Officer). The officer ensures there is a flow of information between the investigating officer/team and the family, and provides any required support, whether that be through sharing the officer's own knowledge and experience to help families or making referrals to support agencies such as medical, financial, bereavement etc" Cumbria

> "The FLO or Officer in Charge will offer the services listed above" Dorset

[6] Although 16 forces mentioned referral to Brake, for five forces that was in addition to offering Brake packs.

"Our FLOs are all serving officers who volunteer to conduct the role in addition to their normal policing duties. We work with 'BRAKE' to provide further support if required." Dyfed Powys

"The victims, these being the next of kin of the deceased, are primarily supported by a family liaison officer (FLO) who provide for them a 'Brake pack'. This is a folder provided by the Charity Brake, who's primary role is to support the bereaved and seriously injured, specifically as a result of collisions." Kent

"The Collision Support Team that will answer incoming calls and emails from members of the public regarding their cases." Leicestershire

"The Road Collision Support Team will facilitate any support, often referring back to the original officer who will be best placed to comment/advise." Norfolk and Suffolk

It is interesting to note that some forces consider email or telephone contact facilitated or offered by a member of their Road Collision Support team to be 'road victim support', highlighting the variation in what might be considered 'support' in this context. The level of support offered by the FLO also varies between forces, with some suggesting that the FLO themselves offers the support and others stating that the FLO makes referrals to other services or provides the information that other services have produced, such as Brake packs.

Further highlighting the variation in road victim support, other force areas described additional services that they funded and/or offered internally:

"Norfolk Constabulary has a trained member of police staff who provides support to witnesses and other drivers involved in fatal collisions. This is a service which captures those who would not be eligible for FLO services and may not ordinarily receive support, e.g. a surviving driver who requires ongoing support with getting back behind the wheel or directing to the most appropriate agency" Norfolk

"West Midlands Police & Crime Commissioner funds 2 x Victim Support workers that work for the Victim Support Service." West Midlands [7]

"The support is provided by the PCC's 'in house' victim service – VCAS." Durham

"We have piloted a small (0.6 FTE) Independent Road Victim Adviser (IRVA) Service and a Peer-to-Peer Support Service funded through the Community Safety Services Fund. The IRVA Service has been operational since 21 May 2021 and offers face to face casework support for those who have been bereaved or seriously injured through non-criminal Road traffic Collisions (RTC)." North Yorkshire

Although all of the above forces refer to dedicated funded services, those funded by Durham are generalised victim support services rather than being specific to the needs of road

[7] Although not stated in the FOI response, this West Midlands service is a dedicated roads victim service.

victims. In contrast, the services offered by Norfolk[8] and North Yorkshire are both funded and supported by the force *and* have a specific focus on road victims.

Again, this highlights a difference in service depending upon the force in question. This geographical difference in services is made particularly salient when comparing connected force areas who offer contrasting forms of service, with North Yorkshire offering a higher level IRVA service but West Yorkshire offering only a FLO as road victim support:

> "West Yorkshire Police do not specifically offer a support service therefore we hold no information in relation to your request. Please note however that West Yorkshire Police have Family Liaison Officers who are specially trained to support families throughout a police investigation." West Yorkshire

Whilst the FLO service may be one of a highly trained officer, the role and therefore associated service provision likely differs to a service dedicated to the support of road victims without any police investigation element.

Combining this information about victim provision with the eligibility criteria of the previous theme, the analysis suggested that for some forces the victim classification was an important consideration in relation to the type of support subsequently offered:

> "The victims of fatal RTC's have a FLO deployed, whereas those who suffer from serious/life changing injuries will be supported by the officer in the case, who will also signpost the IP to other external support agencies." South Yorkshire

This reinforces the importance of defining who is considered a 'road victim' as it appears to not only inform who receives support, but also the type of support offered. This is further explored in the final theme in relation to who subsequently receives any support.

Overall, there is some common provision in the use of FLOs and Brake in the provision of road victim support. However, considerable differences between force areas can be seen in the level and type of provision, as with eligibility to it. Many forces utilise or refer to alternative service providers to Brake, with Road Peace being a common alternative or combined support service, although only one currently refer to Air Ambulance despite it covering several geographical areas. Some forces offer funded or specifically targeted services whereas others simply refer to other services or offer their own generalised victim services. As such, there is great variation between forces in the type of road victim support service currently being provided.

5.3 Victims supported

[8]Although Norfolk stated that they provide a trained member of police staff, it is not clear what type of 'training' is being referred to here and what the role of that individual is, including whether or not this is their only role or they are required to undertake additional work alongside the support of road victims.

Of the 40 forces that provided information in the requests, 20 provided information about the number of victims that have received road victim support[9]. The information shows that out of those offered the service, again, there is inconsistency between force areas in the percentage of road victims that ultimately receive road victim support:

> "In the case of fatal RTCs there is a 100% take up rate on [FLO] support in Norfolk and Suffolk." Norfolk/Suffolk

> "In 2021/22, 15 road crime victims were referred to Victim Support in Sussex. Of those
>
> individuals referred to the service, 6 victims [40%] took up the offer of support." Sussex

> "Victims First received 16 referrals [to Victims First] from Road Traffic incidents April 2021-March 2022. None of the 16 referrals took up the offer of support." TVP

> "Between March 2021 and March 2022, Victim First have received 10 road crimes. We offered support to all 10, but 7 (70%) of these victims declined support." Leicestershire

It is important to note the differences in support provision that are aligned to these acceptance levels. Whilst Norfolk and Suffolk suggest a 100% acceptance rate, that is in reference to FLO support provision. In contrast, the lower rates of acceptance noted by Leicestershire, Sussex and Thames Valley Police are in relation to victim provision that is a generic victim support service rather than being specialised to road victims.

All forces providing specialist road victim service reported higher rates of support acceptance than those offering only non-specialist provision, although this rate of take-up was also varied:

> "In the period 01 May 2021 to 31 March 2022, there have been 329 Seriously Injured nominals and
>
> 35 Fatalities in North Yorkshire (Total 364). During the same period, the IRVA Service has received 50
>
> referrals (14%) of which 12 (24%) refused the service or were uncontactable." North Yorkshire

> "In the 2020/2021 reporting year there were 127 referrals [to the Road Victims Trust]. Of the 127 referrals, 65 declined the support services." Hertfordshire

Even where road victims are selectively chosen to be referred to an increased level of road victim support, that does not result in acceptance of such an offer by all. Information from West Mercia Police suggested an explanation for the limited acceptance rate in offers of road victim support:

> "Since November 2020 there have been 89 referrals to the project to date, 42 bereaved

[9]The remaining forces either did not have the available information (18) or it was not easily accessible enough for the parameters of the FOI request (2).

victims, 33 injured victims and 14 witnesses. 38 have declined support, which equates to just 43%. Many of these people are sent support leaflets and sometimes they feel it is too soon after the incident to engage in some of the support services but express the opportunity to take it up at a later stage." West Mercia

This suggests that the process through which road victim support provision is offered, including *when* it is offered, is also important to the uptake of support, as well as the type of support being offered.

Overall, although there appears a greater uptake in road victim support services where those services are specifically tailored to the roads' context in comparison to generic victim support services, the percentage of those referred who actually accept support varies according by force. There are likely many factors influencing this uptake, with the process of how, what and when that provision is offered likely being influential. This will be explored in more detail in the subsequent sections of this report.

6. Stakeholder focus groups thematic analysis

From thematic analysis of the stakeholder focus groups, five key themes were generated; 1) harm in the roads' context, 2) victims in a 'non-crime' context, 3) eligibility for, and take-up of, road victim support, 4) 'postcode lottery' of support, and 5) areas for development.

6.1 Harm in the roads' context

6.1.1 The road safety context

Throughout the focus groups and interviews, participants emphasised the distinct nature of the roads' context as one of frequent death and injury, but with a tendency to neglect those impacted by that:

> "Everywhere we go, whatever forum we talk to, everybody knows somebody who has been affected by road death." (Focus Group (FG) 1, participant (P)A)

> "The elephant in the room is the fact that we to a certain extent, fight a societal numbness. If you're watching the news at 10, and a story comes on about a road traffic collision, people will get up and make a cup of tea. It happens every day. Just another road casualty, whereas the initial stages of the pandemic, you know, two or three deaths that were attributed to COVID people were riveted to and it was something that commanded their attention. And I think sometimes it must be very frustrating for organisations like yourself that you face this every day. The road carnage is there every day and carries on unabated, but it just doesn't get that same sort of societal gravitas around it." (FG1, P2)

Participants suggested that this frequency of road death and injury is an important consideration in the provision of support to those subject to it, but may also make it difficult to provide a high-quality service:

> "We did kick off the DFT work looking at the homicide service provision, because that was always seen as the gold standard. I mean, particularly when, particularly when we realised how many millions of pounds gets spent on it. But the difficulty which we will keep coming back soon is the however many homicides there are a year in this country. You know, there are many, many more fatalities on the road. So yeah, so it is a good analogy. But in terms of developing a model, it's tricky because then there's, there's a different volume issue that then comes into play and it's difficult, I think, to see that gold standard homicide service being provided to all victims of fatalities on the road." (FG2, PD)

> "I think one of the things we have to see beyond really, to some degree is that there is a massive volume, undoubtedly, but that shouldn't stop us looking at it in terms of so what is the platinum service? What is the gold? It's almost like, just because there are 60 serious injuries today, that could be 240 victims under our risk assessment process, but these are the kinds of things that we need to be feeding back to government because … we need to find another way to describe these numbers because there's no impact anymore. If you say five a day or, as we think it's going to be next year, we'll be saying six a day based on what we're seeing at the moment, fatalities, it just

doesn't mean anything to anybody and I'm not being oversensitive. It only matters to somebody when you suddenly become one of your victims now." (FG2, PD)

As such, the road death and injury context is one that differs considerably from other contexts largely as a result of the significantly higher proportion of potential victims in this context than any other.

6.1.2 The traumatic nature of road death

Despite this frequency and perceived public blasé response to road death generally, participants also emphasised the traumatic and unexpected nature of road death, with that influencing the impact upon others when experienced at a personal level:

"Because of the traumatic nature of the event. That person that you've said goodbye to and kissed on the cheek at nine o'clock in the morning, expecting to walk back through the door at five o'clock at night, don't come back. And that knock on the door to say your husband's not coming back. That's probably the worst feeling in the world. I mean, people dying in hospital you can, you can, you can get yourself- (P5)

There's some preparation (P1)

Yeah preparation, but the number of number of people that I deal with, who say to me every time the door goes, every time the doorbell goes, every time the door handle goes, I expect him or her to come back to the door. So that's what they can't get to come to terms with." (P5) (FG1)

"With road death, it's very sudden, it's very violent." (FG1, P9)

"Road death is killing five people a day. And that hasn't changed for years now … and is always, by definition unexpected. Most homicide, there's usually an answer to a homicide, somewhere down the road this, you can unpack that, and it's 90% domestic related, for example. So there's some preparation has gone into that. I'm not belittling homicide at all, a road death is peculiar and savage by its nature, and yet it's been overlooked, utterly overlooked. (P10)

… But for members of the public, who are the first ones on the scene, they're turning up and seeing, effectively, an explosion (P11)

… very big lumps of metal travelling at very large speed, have hit each other and torn themselves apart in a way in which we don't see in any other function of our life, like you say, except for war zones. And these people are coming across it or seeing it happening in front of them." (P2) (FG1)

"It's not so much the injury that's the problem is it's actually that's actually the horror of the sort of unexpected, violent attacks without any warning, that is the problem." (I(Interview) 2, P1)

The nature of road death was further described as traumatic because it could a) happen to anybody, but also b) disproportionately involves young people and children:

> "I think child death is a big one as well, like we are, it's an old saying you don't want your kids to go before yourself. And that should never happen. And I think when it does, I think for a lot of parents, we had one where a young lad was killed. And the parents focused on the investigation so much that they weren't grieving." (FG1, P8)

> "It's very like homicide. You know, the families, the relatives, they've said goodbye to their children at the school gates, or wave their partner goodbye for work, and they don't come home." (FG4, PV)

As well as a high frequency and a traumatic nature to RTCs, participants explained the relevance of the public setting in which they occur, with high visibility further increasing the numbers of people potentially impacted by RTCs:

> "You tend to have more, more witnesses to incidents like this on the motorways and on your major roads than what you would, for example, on a back street stabbing." (FG3, PS)

The witness was indeed an important consideration for participants in their description of who should and, indeed, was considered a road victim. However, that was situated within a complex picture of attempting to conceptualise the 'road victim'.

6.2 The 'victim' in a non-crime context

6.2.1 Who is a 'roads victim'?

At a general level, participants generally defined 'road victims' are those impacted by a road death or other RTC, whether they have physical injuries or not.

> "In my view, a victim is anyone who has been affected by the trauma of a road death." (FG1, P10)

> "So for me personally, I know there's that ripple effect when you drop the stone in and and you've got the fatal road traffic collision, the serious life changing or a collision where people are just traumatized, it could be a damage only collision, but you can still get really upset by that and and people are but the ripple effect does spread out and it's how far out you, you support the family." (FG3, PA)

> "I've got a bit of an idealist view of who the road who will road victim is, and I think it is anybody that's affected by a road collision." (FG2, PH)

> "We certainly consider everybody a victim, everybody who's impacted by it." (FG3, PB)

> "What is pain or pain is whatever the patient says it is, you know, so what is a victim? A victim is anybody that's affected by that crash." (FG5, P1)

> “A victim could be somebody who's *not* been injured in a crash, or there's been a witness to a road accident or something like that, that suffers after the aftermath from either being involved through posttraumatic stress disorder, or depression or anxiety.” (FG5, P1)

> “Passers-by, other people involved in the collision, emergency services, the people that clean up the road, you know, it, it's everybody is a victim of what's happened in that event.” (FG3, PB)

When considering those impacted by RTCs, witnesses were particularly emphasised:

> “When I was at the coroner's inquest, we had a few of the witnesses there. And one of the gentlemen, he was on a motorbike, and he said he's never, since the collision he's waking up with nightmares, things like that, and he's never driven on that carriageway ever since the collision happened. But he didn't really see the collision the vehicle went past, but he saw the aftermath of it. And I thought, well, he is a witness but, like I say, he is still a victim of what's happened. Because he seems very traumatised from what they had witnessed and seen.” (FG1, P4)

These individuals do not fall easily into traditional conceptualisations of what it is to be a ‘victim’, however, that may be expected given that in the roads context there are many RTCs that do *not* involve an element of criminality. Participants emphasised this in their descriptions of the complicated and confused nature of attempting to define a road victim:

> “There is a case in point involving a lady in [place name]. She was driving a vehicle and a man on one of those mobility scooters crossed at a pedestrian crossing. Traffic lights. There were some conversations to what state the lights were on at that time, whether they were changing or had changed. Anyway, the gentleman was struck and ended up being killed and they, the two families lived three 400 yards apart. The female driving the car was offered support because she was innocent till proven guilty. When the police decided to lay a charge against her for death by dangerous driving, we withdrew the support and signposted to another support network. So, we don't just kind of say, well, sorry we don't care about you anymore. Off you go. We'll try and help her and show her where she could get that support. The court case went ahead. She was found not guilty. So, she continued with the support service Voice and ended the support service a couple of months later, having recovered sufficiently from that, the trauma of that incident. So, you know, I don't think anybody goes out intentionally to cause a road death. It’s just one of those things that happens.” (FG3, PA)

> “It's not quite as clear cut as it is normally with crime. Because with crime, you get definitive victims of offences. Whereas with collisions, those definitive edges can get blurred by the way in which people perceive what's happened. So, for instance, single vehicle driver driving over the legal limit for alcohol has a collision, and unfortunately loses their life in that collision. Are their family under our what we talked about at the beginning, would they fit into our classic role of victims? Or are they the family of the offender?” (FG1, P2)

> “Road victims are very often in round about 75% of cases, according to some sort of initial research that I did are not classed as victims of crime, because the crime report hasn't been submitted for a road crime, that being death by dangerous driving death by careless driving, etc, etc. Many cases aren't regarded as falling into those categories, which means that without specialist road victim support that doesn't wrap a caveat around being an actual victim of crime, people would fall, people would fall through the net if this sort of specialist service that didn't actually care whether or not a crime report had been submitted wasn't provided.” (I1)

Those impacted by RTCs are not always victims of crime but are victims of harm:

> "But if somebody steps out in front of a lorry, there is a vehicle, there is a driver and it's a road harm situation. So that's a discussion we're actually having at the moment and actually saying we should be supporting these people. It's a road related incident. You would expect that that would be a road harm situation." (FG3, PA)

6.2.2 Offender as victim?

Even when considering a criminal RTC, the definition of road victim remained blurred when participants discussed whether offenders could be considered victims and should be eligible for road victim support:

> "Even if you've caused the collision, you know we [road victims support provider] support absolutely anybody who has been affected by a road traffic collision." (FG1, P9)

> "We've also recognized that on certain occasions we've identified that albeit they're the suspects and they've caused some catastrophic injuries that they're also potentially still suffering and the difficulties being in trying to identify routes for them to get the support that perhaps they need." (FG3, PS)

> "Offenders … and the effect it has on them so that they go out one day, travel the road, and are left with the effects that they may have caused or what they've been involved in." (FG2, PF)

> "I would support an offender or a potential offender because we work on that old Maxim innocent until proven guilty." (FG3, PA)

> "Because, whilst, whilst the culpable driver might not be the victim. If he's done something completely ridiculous and reckless. His family have to live with those consequences." (FG1, P5)

> "Two or three years ago of a young child on a bike was killed by somebody living in that community and the emotions were ridiculously high. It was awful actually, and I ended up feeling more sorry for the guy who was driving the car than the children's family because of what they were putting him through." (FG3, PE)

This extended to the families of offenders who were also described as having the potential to be considered a victim of the situation, especially where the offender in that situation had died as a result of the collision:

> "If you know why the perpetrator are they a victim? You're still dealing with someone who's either being seriously injured or a family that's been bereaved. And are they [the perpetrator's family] not victims? You know, didn't do they not have support needs? And where else with those individuals go for that support?" (FG4, PV)

As such, the 'victim', when considering the roads context was described as a complex and varied group of people who could be considered such not through the traditional definition of the term in relation to crime, but as a vulnerable individual or a victim of harm.

6.3 Eligibility for and take-up of road victim support

6.3.1 Who is/should be eligible?

When considering victim support provision, some suggested that this wide group of people should have support made available to them given the possibility of them being affected by RTCs, comparing this context to other incidents requiring police attention and subsequent support:

> "If you think about antisocial behaviour, people said that if you're affected by people who are antisocial, we're going to support you - is what ASB teams do. And I think that thing should apply to road death actually, if you're affected by it there's a support mechanism for you." (FG1, P10)

Despite the variety in who could be considered a road victim, participants did also, however, often suggest that it may not be possible to provide support to all individuals who could be considered road victims and would be required to specify a smaller group of people to offer support to:

> "If it's left to police forces without any disrespect because of the lack of funding, they are traditionally gonna look at those affected immediately, as in next of kin, and maybe some of the suspects or some of the innocent parties involved in an incident where, like, say, there's no culpable fault, there's nobody at fault." (FG4, PS)

> "How far do you actually go? Is a good question to ask and what you know to find out where the limits can be or where the limits should be. Else you you'll end up spending thousands of pounds on people that are just a little bit miffed about a collision." (FG3, PA)

> "We do have to prioritise, and we can't support everybody. But I think people have different sensitivities, and one person may be extremely affected by quite a minor thing, whereas somebody else might not be affected at all." (FG2, PH)

> "Are we collectively going to provide support to those affected by road death? Or are we going to limit our response to those who fall into our I would say, is a subcategory, and the directly victims of road death." (FG1, P2)

Participants continued to focus on distinctions between types of injury in 'direct' victims – those directly and personally impacted by a RTC.

6.3.2 Fatal vs serious vs minor injury

Participants discussed the tendency for police forces to focus upon severity of injury in their classification of RTCs and subsequent identification of the level of road victim provision, suggesting that FLOs would generally only be deployed to fatal collisions:

> "Our FLOs are all roads policing officers, so they all work within the OPU in Warwickshire, which is the Operational Patrol Unit. So, you've got a mixture of firearms and roads policing officers. But because of the firearms necessity is all roads, police and officers that are flows and then we

would only deploy a FLO in the case of a fatality and and that's about it. Very rarely would we, we would occasionally deploy one on a serious collision." (FG4, PS)

"Ordinarily, a family liaison officer would be deployed then for a fatal road traffic RTC, but serious injury, that now probably won't be the case. Life changing, that may not be the case, as well." (FG1, P7)

Some participants suggested that those next of kin and family members killed in collisions are in priority need of road victim support:

"If you were to really zero in on who are the priority victims, it would be people who are bereaved, as a result of road collisions, road incidents, and the issues or the suddenness of that loss. And the way it completely changes the family's needs to continue on, once the person they've lost has gone." (FG2, PG)

In contrast to this, however, many participants suggested that fatal collisions can often be easier for 'victims', such as next of kin and family members, to respond to given the finality of the death in comparison to ongoing support needs for those seriously injured, and that serious injuries can be more complex and consequently require support:

"I think victims of serious injury tend to feel that they need support more than because when you have a fatal, I know, it's awful to say, but the doors closed, that person's gone, and they're going through the grieving process. But I think when you have a serious injury, so you've got a walking talking person, a family member might be the breadwinner of the family, and all of a sudden, they can't walk, or they can't talk. It's that grieving and having to change their lives around that person. I think that's more impactive than someone actually dying." (FG1, P8)

"It's easy to think when we talk about road victims to think about the people who've died. And I think people who are seriously injured I think, probably get forgotten a bit as well. We talk about five people dying every day. 60 people on average are being seriously injured, which is a huge amount when you really think about it. … I think they can possibly be the forgotten people, I think. I think the victims, obviously the people who've passed away in their immediate family probably spring to mind. But I've spoken recently to a professor from Loughborough University who has done quite a lot of research over the years into victim impact, and he's looked at people who've been seriously injured, who were still obviously around which is great, they didn't die, which is brilliant, but actually they've looked at their quality of life after a crash and obviously, physically, and I think more mental health needs." (FG2, PR)

Participants also highlighted the subjective and personal nature of experiences and support needs resulting from non-fatal collisions, with wider people being considered victims as a result of those needs:

"The family can become victims themselves, you know, because they're looking after somebody with life changing injuries, or even they've had minor injuries, but it is totally affected their confidence to get in a car again and drive. So actually, there's the onus on the other person to, you know, taxi them around after that, or, you know, it could have been part of their job, they lose their job, you know, because, you know, they can't get back in a vehicle or a car or something, and then there's the family, then there's the impact on the money and did it, you know, it's just that whole cycle of the knock on effects are actually quite, can be quite big, you

know, some people just have a car crash, and, you know, that's a bit of whiplash, 1500 pounds and insurance, thank you very much and carry on, you know, that's got for some of the people that could be a completely different experience. And, you know, it's a lot of support. So those have didn't have much family social support at home, I think they fare worse in recovery, and, you know, those things as well. So, who are the victims? Maybe those that live alone are worse off? They don't know where to go? What information is out there for them?" (FG5, P1)

"You could even look it from like the other way where you've got a slight victim. So, they've had small injuries. But for instance, if they were on their bike and they bought, that's obviously then broken their back. And that's their only mode of transport. And that's what they get to work on in that kind of financial aspect of them that could affect them a lot more than probably, for instance, a serious injury where they have a partner who can drive them to work for the next six weeks, and they can continue working." (FG2, PG)

Participants also suggested that the severity of an injury may not be known for a period of time and that severity is not merely indicative of the physical injury but also the impact that such an injury would have on an individual's life:

"There's lots of collisions that people don't necessarily at the commencement of them think that they're going to necessarily be life changing. That like M. has said, six weeks down the line, you find out that actually they are, because it's at that point that the consultant turns around and says, you won't be able to do this, again, that the person realises it's life changing." (FG1, P2)

"Sometimes we've, we've worked for people who have contacted us 10, 10 years after a collision or sometimes we might be referred to someone from mental health services who they feel that, you know, they're still being affected by a collision that happened many, many years ago. So, there is no time limit as far as we're concerned." (FG3, PB)

"If a concert pianist who is involved in a collision where both his hands were smashed, then that will be considered to be life changing, because from that point on, he may not, or she may not be able to continue with their career. So that will be considered to be life changing." (FG1, P2)

If the impact of the injury is not known for a period of time, it is not clear how those referral and support mechanisms are later put in place.

6.3.3 Physical vs psychological injury

Whilst many participants focused on the emphasis on severity of physical injury as a means of defining road victims in current practice, several also suggested that this was an inappropriate way of understanding who is in need of support:

"While they might have been physically slightly injured, that doesn't mean that they've been slightly affected overall in their life. It could have been the most traumatic thing that they witnessed, couldn't it? I mean, mentally, it could be huge for them, but then you could get somebody who is has been seriously injured, who actually yeah, it doesn't affect them as much. So yeah, I guess again, people could easily be forgotten." (FG2, PH)

> “Traditionally, I think we've started the severity of the incident equals the demand that the victim or you know, the demand in terms of care that the victim needs. And maybe that doesn't lead to any.....Physical is the only thing you've got to go on from afar, isn't it? How is somebody, does it appear that someone's been physically affected, or they've broken their leg? Although it's a bit like, you know, thinking about sort of the mental health awareness that we hear so much, thankfully, about these days is like, you just do not know how somebody is affected mentally or emotionally or otherwise, unless they tell you. So, you can't know that I suppose. So, it's, that's, that's all we've had to get on in the past. But yeah, it'd be good to think there'd be another way of identifying those people that need support.” (FG2, PS)

Similarly, several participants suggested that the psychological needs of individuals do not necessarily align to the severity of physical injury:

> “So that's why it's probably not enough just to say, well, let's target those who are injured in some way because it's not necessarily the injury, that's causing the problem. It's the unexpected nature of what the event that happened to them because so that might not be injurious to any great degree that causes any residual impairment. The event itself can be quite horrific when you're sort of thinking back on it and reflecting on it. So how you will get those people into the system is, it's quite difficult to understand because they wouldn't be reported to the police as a- the majority wouldn't go through the police system. So, they'd only be dealing with a certain section of those that actually present to hospitals, I think, because those are only ones where the police are actually involved.” (FG5, P1)

> “Somebody might fall over on a bus and injure themselves slightly, but they won't go to hospital, so there's no record of that particular event happening, happening at all. The bus companies might keep records but they'd only be very, very scant and it won't have any details about who the person was. So how does that person then become a somebody who gets picked up within a society as having problems with the aftermath of that? A lot of people do have problems afterwards, they might never use the bus again because they're scared to because they fell over the last time they did. Then they'd become socially excluded, because they can't get around, become socially isolated, and then the problems start to happen, but they- they're never picked up within society.” (FG5, P2)

Nor is it easy to identify what those needs are and what type of support may be needed for such individuals:

> “I think it's obvious if someone's been physically injured. And I think that's goes with it. It's an obvious ‘Oh, are you okay?’ ‘Would you like some support?’ It's going to be more apparent to kind of do that and offer that. But I think, Yeah, who knows what's going on in people's minds? And I think that's where and like you say, it could be the someone in the other vehicle that's now left the scene and could be like, having horrible flashbacks, because of what they saw. And they've never seen anything like that. And you just don't know. So So yeah, it's, you can't help everybody. But it'd be good to think that there was something in place that would be inclusive in some way. For those who consider themselves a victim.” (FG2, PR)

6.3.4 Barriers to take-up of support

Given that not all those offered support take it up, discussions touched on the reasons why:

> "I've spoken to people about that, that, that sort of stigma that's attached to somebody saying they've had counselling before, you know, and it's a bit of the stereotypical male ego comes into it quite often when you say to the man, you know." (FG3, PA)

> "I think criminality does has as a bit of an involvement in this work. So, we've had two motorcycle fatalities last year. Both of the riders were criminals that committed road traffic offences at the time, no license, no insurance. […] they were still offered the support, but neither of them took that support." (FG3, PA)

> "Umm yeah, I mean there, there will be gender differences. There'll be cultural differences. You know people, you get support in various different ways. Not everybody needs counselling. There's no question about that." (FG3, PB)

> "Can I just say I think that that's one of the reasons why people often don't take up service they don't like to see themselves as victims. They don't like the word victim." (FG3, PB)

It might also be that terminology is a barrier:

> "I do think, you know, language is so important though, isn't it? And I think, you know, the fact that we don't use the word accident anymore because we are striving to, to reach vision zero where we have zero deaths or serious injuries. That means that we're trying to create a system where these can't occur. So even if something, somebody makes a mistake, that the whole system is strong enough. So, I think, thinking about those who are victims of a road collision, we really do need to to think about that carefully because in the same way accident implies I, well, nothing could be done. We need to ensure that again, whoever suffers at the end of it knows that actually they shouldn't be in that position and and the rest of us are trying to make a difference to stop it from happening again." (FG3, PF)

> "Uh, I think whatever word you come up with, it's always gonna be somebody moaning about it and criticising. So, I think it's, yeah, it's a difficult one because obviously there's so many different, as we mentioned earlier, cultural differences and how you sort of because obviously you can't, you can't pick your audience for this work because you don't know who's gonna be having the crash. So, it's, it's a very difficult one to get right. So yeah, I think I think it needs a a lot more consideration and thought really." (FG3, PE)

6.4 Postcode lottery

6.4.1 Gatekeepers to support

Despite suggesting a vastly varied group of people that could be considered 'road victims' and who could be in need of support provision, participants did highlight that not all of those people would be eligible for support in the current context of provision:

> "Brake will not support someone who is under investigation." (FG1, P5)

> “Currently, we don't have the scope to support witnesses, technically, again, under their condition, you know, just remembering that we don't turn anybody away. We don't provide specialist support to perpetrators.” (I1)

This contrasts to other service providers who described their own services as open to such individuals under investigation, and further discussion which suggested that even for those who are not eligible, if they were to request support then it would likely be provided:

> “The culpability aspect’s an interesting one, because whilst we will support culpable drivers, because of the relationship with the police who are referring in the first place, if the police tell us that we're not all in there, and we shouldn't be supporting someone, an obvious case of, you know, reckless dangerous driving, for example, drunk driving, we won't support them. That culpability is interested isn’t it, because it can be a momentary lapse, for any one of us, touch wood, could be involved in some type of fatal collision. So, there's different levels of culpability.” (FG1, P10)

> “Going back to playing devil's advocate, you said ‘we don't typically offer support for those who have been like drunk driving or reckless driving’, what would happen then if they came back five years later and said, I can't cope.” (P3)

> “We'd support them- I mean, when we we've got referral mechanisms with the police. So, the police will be given us 90% of the work to the road victims trust, and it may well be the police can say, in those circumstances, this investigation is so serious, that they wouldn't put that name forward. So, we wouldn't have that name. So, we couldn't get in touch with the person. And there'd be nothing to stop that person, consecutively referring themselves into the charity, and then the charity to supporting them.” (FG1, P10)

> “So, if they have been responsible, that said, if somebody comes into the service, and you know, they are not considered responsible in the early stages, or they're not under investigation, we would support them until such time as that changed. And even then, we wouldn't stop that support. You know, if all of a sudden somebody was charged with an offence, we wouldn't say, we can't support you anymore.” (I1)

According to these service providers, there could be some form of provision available to those individuals but only through self-referral mechanisms that they may not be aware of. Indeed, some participants emphasised the lack of public awareness of support services that are available:

> “I think lack of awareness of support services is a big thing, as well, because I think from my point of view, we can support but a lot of people aren't aware of our service until they're a victim or witness of crime or traumatic event. And I think that's one of the biggest things and obviously, you know, you never want them to need your service but you want them to know that it you know if they do, where to go to because I think sometimes when they're having a traumatic event and you know, the services are explained to them then. Like you mentioned, we get direct

> referrals for victims but I think witnesses kind of don't always we don't get those referrals in terms of the opposite, they don't self-refer. So, it's kind of amazing to givn them enough information to know that if they even if they do decline on the first point, if they are referred, knowing that that's open to them. And it's also, for our point of view, even if it's a few years down the line a few months online, that's it's regardless of that that support is open to them. So, I think lack of awareness of what is available to them and what they're entitled to is, is a big thing as well, that we've seen." (FG2, PG)

As such, it may be difficult for those individuals to identify where would be most suitable to attempt to access support in those circumstances. Others still highlighted that they did not offer a self-referral system and would not be able to provide support in such circumstances given the funding protocols:

> "We only receive referrals via the FLO team and we don't receive them in from any third party. And this is the way that we've been commissioned. And so, we don't receive third party referrals, we don't receive self-referrals." (FG4, PV)

For some individuals therefore, that support provision would not be available from those services.

Those involved at the operational level have a considerable influence on the access to support provision, as they are able to define those who fit the criteria of 'roads victim' as defined in a particular force area, and make referrals or offer information about support provision, as the below discussion flow depicts:

> "And who's making the decisions around whether it's considered life changing or not? (interviewer)
>
> "That'd be the SIO [senior investigating officer]" (P2)
>
> "Yeah. Yeah. So, each investigation then is basically assessed and but, again, that could change though because there's, you know, the- a life changing injury might not be apparent at the start of the investigation or things change." (P7)
>
> "Until you find out find out he's a concert pianist he's just somebody with damaged hands, isn't he?" (FG1, P1)
>
> "It's a very good function, but it's something we could still improve on something for Warwickshire. And the referrals to the organisation such as yourself and in terms of witnesses, and that wider effect of people who are victims and potentially suspects as well, because we're kind of relying on our team currently, on conversations that the investigating officer may have with those people who fall in that category that's kind of reliant on that conversation taking place as opposed to a process which is put in place to make sure it's done." (FG1, P6)

6.4.2 Regional differences

In addition to this operational level, many participants reflected on the different types of provision regionally across England and Wales and how their eligibility for provision differed to others in the room:

> "It really does depend where you are, what kind of service you're gonna get. In some places it's going to be incredibly light touch. It's just going to be sign posting into whatever other services there might be around. It might be, you know, signposted on to a virtual peer support group to, yeah, that intensive, ongoing support. It really does vary hugely." (FG4, PV)

> "Police and Crime Commissioners are doing things in different ways. So, the PCC in Warwickshire they've commissioned Brake and Brake are working with some PCCs, Road Peace is another charity, they're building relationships with PCCs. They do things in a different way. That's more peer support. And people round like this, where we've all suffered a fatality and getting people to talk as a different method. So, there's different things going on in different places in the country. And I think that is, is a postcode lottery. Unfortunately, if you're killed in certain areas, you'll get a better score than in other areas." (FG1, P10)

For some, it was suggested that the regional dedication, or lack thereof, to road safety could be seen in Policing and Crime plans:

> "While I thought our previous chief constable was very good in his five-year plan. Road death was one sentence at the bottom of one paragraph of a very lengthy document on the 4–5-year vision. And when you consider, as we've just been speaking about, the fact that it's something that the force deals with daily, ya know, it's concerning sometimes." (FG1, P2)

In contrast to those not offering dedicated services, those areas with dedicated services were described as benefitting from long-term and continual development in those services, increasing the provision available:

> "Our service was first set up in 2018 and at that point we only received referrals through from the FLO team into our service who were the families of those who had been killed through road collision. Then around a year or so, when we expanded that because there was a recognition that there was those who also experienced serious and life changing injuries through the collision. And and again last year, we expanded it slightly again. So, in terms of those who families who are bereaved through rod collision, we now accept those who have been bereaved, whether as a culpable party, there is an investigation, but also where there is not." (FG4, PV)

As such, the geographical location of a RTC and/or area that an individual lives appears to influence both the level of support and who is providing that support.

6.5 Areas for development and consideration

6.5.1 Whose role and when?

Some participants suggested issues with the use of FLOs as the individuals responsible for providing support to road victims and suggested that a dedicated service is needed to ensure a consistent and appropriate response for victims:

> "The Family Liaison Officer, that's the kind of starting point for most police forces, but even within that there are challenges in terms of we were we were dealing with 160-odd fatalities a year across the two forces. And you could have a situation where Leanne is deployed as the family liaison officer to the family on a Saturday night, and then goes on leave for three days. And you've got the family ringing into the office to try and find out what what's happening. Nobody to help, especially if you are as in most cases, a family liaison officer that also is a traffic cop, or possibly something else. And that was one of the reasons why when we stripped it back where we thought we'd get much more benefit from the resources that we were deploying, to bring in this dedicated function… very quickly, you get into scenarios where the person has died is the is the family breadwinner or a single parent or a carer for an elderly parent or whatever it might be. And all of a sudden you get all of these other demands on the victim or the person that you're dealing with or the family that you're dealing with. In terms of financial support, wider healthcare support and other things. That's why we ended up bringing in caseworkers to try and help with some of that. Because very quickly, you end up with a police officer family liaison officer that's stepping into another world of support into you know, almost social care sort of world and it kind of gets really difficult." (FG2, PD)

Many participants also referred to the issue of timing as being integral to the most meaningful provision of road victim support, with some reflecting on the timepoint at which the FLO would cease their provision of 'support':

> "Naturally sort of, coroners is probably that our endpoint. And it is very doubtful whether we would have any ongoing support from the police point of view after that time period, because we would have no reason to stay in touch with that family and that there would be no reason for us to, you know, hire to pop around for good of tea and 'remember me?', you know. And so, it's not there." (FG4, PS)

> "So, what's the time period that the FLO will be assigned to the family?" (P4)

> "Once it's been to court" (P8)

> "Once it's been to court? That's it, you're having the- and that's when you step in, with Brake?" (P4)(FG1)

In contrast, specialised road victim support services described longer-term support availability, suggesting an importance of that beyond the court process when police support would often end, and indeed between police processes where there is not necessarily any need for police/FLO communication with the victim:

> "We don't have a time limit on the on the support that we give, and families will often see to us

so that they're looking for that support up until the point of the trial of court. What we often find though is that it doesn't matter which way. That verdict goes whether it's what they wanted, whether it's what they didn't want. That's the point where a lot of the emotions can resurface again because they've been so focused on that practical side of getting through this process to a point that they think is gonna be the end of it and somehow alleviate the grief that that they've suffered. But actually, it's the point where they begin to accept it and then want to start to process that. So often our support goes on far past the trial itself." (FG4, PV)

"For example, a police family liaison officer would provide bits of investigative support and information to a family while they waited for an inquest to happen. But in that sort of no man's land where, you know, you get to April, and you hear that the inquest isn't going to happen for another eight months. We are better placed to provide the emotional support to somebody while they're waiting, rather than them hearing from nobody. Bear in mind that the remit of the family liaison officer is investigative. So, in that no man's land space a space of time. There will be no, no reason for a family liaison officer to be in contact with somebody they wouldn't pick up the phone and ask somebody how they were. It's not within their sort of gift to do that. So, we can, we can provide the bits of support that happen in that in that sort of time period." (I1)

In addition to the longer-term support able to be provided by dedicated road victim support services, they are able to undertake re-assessments of victims needs over that period of time, which those service providers identify as important given that those needs can change over time:

"When victims or witnesses come through to us, we do initial risk assessment. And we base the needs on six questions. So that's the eating, sleeping, wellbeing, perception of safety reintegration. So that support from friends and family, their experience and knowledge of the criminal justice system, as well and their ability to cope. And we kind of rate it on a scale of one to 10, 10 being really good, and one obviously being the worst. And on the back of that we kind of offer information and provision. So, we've got asleep workbooks, we've got my support space, which is an online support forum as well. We've got personal alarms and to kind of use on the basis and then four weeks into support, we ask those questions again. And then at the end of the support, we ask it again. And then we do kind of a risk assessment based on those answers to the questions as well. So, if there, for instance, if you mentioned about their bike being damaged, and you know, financial issues, as well, we look at food vouchers and our food bank referrals and look at grants or if they mentioned about lack of preparation of the criminal justice system, given providing that to them as, as well and just kind of based on that, or if their parent child and the parenting has been affected or dimensioned, that they cannot speak to their friends or family, we receive that as feeling isolated and alone. And we kind of that kind of goes onto our system of needs and risks for the support worker to then provide that support." (FG2, PH)

"When we receive the referral, we will often receive one referral and visit the immediate next of kin. But when we go and visit that family, it can often turn into several cases. Sometimes families want that whole family support, sometimes they would prefer that one-to-one support as well. So, we cover health and well-being, we cover experience in the criminal justice system, we cover social networks, but that can encompass things like work and education, then finances, etcetera and within that there are many active needs and I just think it's so important to emphasize it. Everybody's needs will be different, and they will be dynamic as well. They will change along that support journey and so it's constantly needs to be reviewed and I review the support plan that could then goes alongside that." (FG4, PV)

Some suggested that this support should be made available to individuals regardless of the passage of time since the RTC, as their needs may re/surface at any time following that:

> "It's difficult to quantify how you'd look at it, because how would you know, you know, what was it? What was it? The fact that you're shopping bag dropped and all your shopping spilt on the road caused you to have a breakdown or was it the fact that you were involved in a collision two years earlier that caused you to start that build up and it's all those sort of things that people don't know about and again we see it in our service we see people breakdown and after years and years of being exposed to stuff and it's just that one incident that breaks the camel's back and it could have been quite an innocuous incident. But then suddenly we've lost them. They're no longer eligible to work, they can't work, and we end up losing them, they retire on ill health." (FG3, PS)

> "I find that in that fog of trauma when people have been handed a leaflet, or someone's written to someone and say, "Do you want some support?" People can't make any decisions whatsoever, actually. So that 40% of the people who get referred to the RBT take on that long term support. That many of that 60% Who don't drift back into the charity in later months when the lives have fallen?" (FG1, P10)

> "Everyone's let's call it victims' journey is different, and everyone's victims needs are different. So, I think there has to be an element of once you get into that, right, there's some bespoke care needed, I think there has to be a what we call a non-sheep dip approach to the victim service. So there has to be a tailored plan. Put my laptop over and there has to be a sort of a tailored plan for each individual needs. Because from my experience, everyone's needs really, really different from, you know, whether it's emotional, whether it's mental, whether it's financial, whether it's logistical, you know, there needs to be a sort of an agreed plan around so what are you going to receive and how you're going to receive it over the next weeks, months, years? With kind of key sort of review points." (FG2, PS)

6.5.2 Centralised support mechanisms

One of the ways of overcoming the issue of the postcode lottery, as suggested by the participants, would be through the introduction of a centralised support mechanism:

> "I don't think any particular force area needs to have responsibility for it. It needs to be either centrally funded and then each force chips in a bit, but then it's is a regional or a national service that can be accessed because, X [location] got their thing but it's just geographical for them and not being rude or anything, that's probably because the PCC has been elected by the constituents in that area and therefore he doesn't want to spend money on people in X [other location]." (FG3, PS)

Participants suggested that such a centralised service would mean that across the country, all road victims would have access to a similar level of service and that would allow them to access either/both where they live and/or the place that the RTC took place, if they differed:

> "It needs to be kind of national. So, if you think if you have a collision in Warwickshire, or like in A [location], but you're from B [location], somewhere that you're on holiday, you're not going to want to go down to C [location] every time to get some support, it needs to be able to be tailored to where you actually live, or you want it to be… I think it definitely needs to be national, because

it's very different in that way of crime, most crime would happen in your local area, if you are involved in that you're that victim where collisions are, once again, it can be anywhere in the country." (FG2, PF)

"Central Organization - and with, no matter where you're from, this is the standard that you're gonna get. This is the service that you're gonna get. All we need to say is right. OK. From this, this person has been incident on our force area. He lives on your force area. And this is what we need to put in place. And if everybody across the county will across the country got the same service, then it wouldn't matter whether they lived. You could just plug into those services. But because it comes out of at the moment police crime Commissioners funding, it's kind of a little bit more narrow." (FG3, PS)

"I think consistency is the one thing that I'd really like to see actually. So, the fact that I'm working with partnerships across the country, I think it's quite a shame that we're discussing this in Warwickshire and the creation of a new victims' trust or whatever that might be for Warwickshire, and we've got Cambridge here, we've got Northamptonshire. What's happening elsewhere? How do we share best practice? How do we have a process? So there isn't a post code lottery of support." (FG3, PE)

"It needs to be available nationally, but possibly on a local level delivered on a local level." (FG3, PB)

Some suggested that this would prevent PCCs from being able to choose whether or not to fund a service and would therefore ensure a higher and consistent level of service:

"We've had to make hard choices up until this point around who we provide services to, because that's clearly a resource limitation. So, if you had a blank sheet of paper, and or more money, well, then we might, we might open our doors to more people. And if you look at the road victim trust in [place name] and [person name] who runs that, they make because they, you know, they get some specific funding from the three PCCs. And they therefore are able to offer a higher level of service. And they do offer it up to whether it's offenders or witnesses or whatever. I mean, not all the time, but certainly there are cases of it. So, I think you have to recognise that if you start with a blank sheet of paper, and you think you might be getting more resourcing, then we definitely have to keep that option open." (FG2, PS)

Participants likened this potential service to other centralised services such as NHS mental health services:

"I wonder if it can be a bit like with like, accessing NHS, mental health services, it's kind of like, there's a central website, where and it may be, you end up getting your support from Brake, or you end up getting your support from road peace, or you get it from the road victims trust or, or, or victim support, or whoever happens to provide that support. But it may look like a more joined up national framework if it was done in that way. Because I think at the moment is, as you say, it sort of feels a bit like a postcode lottery, doesn't it? And you know, this, this charity works in this area, or we don't have services in Northern Ireland at the moment, but we're hoping to, and if you feel you might feel again, like, well, that's not my fault that I, I live in that area, I'm a victim. And I'd like some support, please. So, I wonder if it could be something like a DFT, or an NHS web page where the journey starts, and maybe you're referred by a doctor directly, or somebody else or the police or I don't know, I think a similar sort of model to that would make some sort of sense." (FG2, PH)

Such a service would logically be offered as a centralised service, and therefore funded as such, but provided at local level.

6.5.3 Public and professional awareness of specialised services

Many participants suggested the need for specialised services for road victims given the specialist and distinct context from other areas of crime and vulnerability:

> "I think we do need something different for road victims, I don't think we can just piggyback Crime Victim Support, because sometimes it will be different. I mean, sometimes it'll be the same, and sometimes it will be different. And I think the volume issue is a massive one. And I think the degrees of vulnerability. So, vulnerability is when we use the word vulnerability, but for me, as we've been talking about it, and it's the word that keeps coming to my mind is what? How would you define the victim? Because some people are involved in collisions, and they don't, they don't have any needs, you know, they come out of it. And actually, they are able to cope and unable to get on with their life. And actually, for me, the reason that is, is because some people have vulnerabilities and others don't. So, I think focusing on what are the vulnerabilities as a result of the collision, maybe what's a good way of defining them as a victim or not, and what type of victim or category of victim and thereby what provision of support is required." (FG2, PR)

However, others suggested that the particularly niche areas of their work meant that there was a lack of awareness of their services in members of the public who may be eligible. In addition to public awareness, these participants reflected on professional lack of awareness of their services, and their own lack of awareness of other resources:

> "I work for the air ambulance service… just trying to piece the jigsaw together really erm, explaining what happened on the scene. Are there any drugs that we used, why they went on a car and not the helicopter. Why they were taken to the major trauma center and not the local hospital, just answering some of the unknowns, really erm, and just trying to reassure sure that you know there is support afterwards … I organise base visits as well, but some families and patients find it good to come to base to meet the crew, it's part of closure… I am a solo person on my own trying to reach out to all these different people and I think I get forgotten about a little bit. So, I think if you have backing of somebody for me, I'm having to now get backing of consultants in hospitals because I'm a nobody really… And I think it's knowing each of the - so you know how, how each other work. So, for me, it'd be really useful to be able to know how the, the pathways for like yourself to work. So once there's been an accident, and then it gets passed on so, so the police liaison officer th- from err, the road, do they deal with the cr-? Are they literally there to support the family? … So, it's just a little bit knowledge as well. I think it would be really, useful." (I2)

The same participant explained the work they were doing to attempt to increase public and professional awareness of their role and the support provision they offer:

> "I've had some cards printed a little bit like business size cards and the crew are giving them out now if it's – but only if it's appropriate. Sometimes it's not appropriate to, you know, they're not just cold calling, shoving them in the pocket of a patient on scene. And then I have got some leaflets in now which – like the fundraiser – they'll be given out if they go to events and things like that with all my details. So, I'm trying to reach out to people, so they know that my role is here." (I2)

Some suggested that the public awareness of, and accessibility to, these services could save money and resources in other areas of mental health support which are already struggling to provide adequate support to individuals in need:

> "It might stop these individuals go into your mainstream NHS doctors and any other bits and pieces and then clogging up the systems and keeping it free for other stuff because again there may be victims and we're not identified them there may be suffering they may have trauma and because they've not been identified or picked up the only way they can get that support is through the GP which then clogs up the whole service…" (FG3, PS)

Offering such a service would, in the opinion of some participants, ease pressures on other services and, where specifically targeted at issues resulting from the unique roads context and therefore being useful to improving victims support needs, be more advantageous to the public purse.

6.5.4 Support for professionals

Participants reflected on the difficulties of their own roles and the need for professional support for those frequently responding to and working with those who have been killed and seriously injured, or otherwise suffering from psychological and physical injury:

> "You do understand that my whole job is just death. And that's all like you don't call me unless someone's dying or dead. I used to find, giving evidence at coroner's inquest. 10 times more emotionally challenging than going to the scene, to me, the scene is a mathematical problem that needed solving, that the first time I confronted emotion was when I had to stand up with everyone else who was involved in it and turn around and tell them what had happened. But because up until that point, it was just my mathematical problem that needed solving. And necessarily, for me, the people didn't matter. They were just objects on a piece of paper. But it wasn't till you saw them, that it sort of all comes home." (FG1, P2)

> "One area of policing that's become very interesting is the level of support we give our FLOs who are providing that support at some emotional cost to themselves. And they need some support as well. They also fit into this bracket of albeit professional, but their professional witnesses that are providing that support all the time, we as a force, I think, have got a lot better in dealing with our collision investigators and people like that. But the FLOs, I think, to a certain extent, are still out there, and it's a, it's a big emotional charge that they carry with them every day doing the work that they're doing." (FG1, P2)

> "My partner is ex recovery worker, he saw many fatal HGV recovery, he's never been had support and it affects him to this day, he'll quite often say, I remember that smell, that's the smell of whatever fatal he went to. But he's never actually said owned up and said, actually, I need help with this. But I think it's a cultural thing. I think it's, 'I'm not worthy enough to receive that support'." (FG1, P3)

> "I think we tend forget about our own as well. We forget about the people like not just like they're not just paramedics. We forget as paramedics about the fire brigade and the police that were around, you know, sometimes it could be a police officer's first day and they're at this massive carnage, so as a- we need to work as they're like a multiple disciplined team a little bit more." (I2)

Although many reflected on the 'support' provision offered by FLOs, it was also suggested that it is not the role of the FLO to provide emotional and psychological support to victims, and that in attempting to do so, they were creating additional pressures for themselves and risking not providing an adequate support service. I1 suggested that by instead utilising dedicated support services, that could alleviate some of the pressures put on FLOs that may require them to need additional support services themselves:

> "So, looking at the College of Policing, description of the role of a family liaison officer, that being very much centred around an investigation and using the HMIC reports called roads policing, not optional, which was published in 2020, which recommended or talked about FLOs often being required to support too many families at one time, and insufficient welfare provision being in place to support the officer's mental well-being. So really, what we're saying is that we are doing all of the bits of work that a FLO shouldn't be and aren't trained to be … Some Family Liaison Officers believe that it's within their moral duty to provide emotional and practical support to people and it's very frustrating for the senior officers to see that happening because it takes up their time, it puts them under a huge mental strain, and also they don't have the skills or the connections to do that effectively." (I1)

The same participant suggested that with specialised support services being funded and available to victims, FLOs would save time that is spent unnecessarily on attempting to simultaneously perform this victim support role with their investigative support role:

> "So last year, we did a bit of an exercise where we took one typical road death investigation, looked at all of the parts of support that a FLO could provide that was outside their remit and their investigative role, and totted up the hours essentially. And then placed to value on the parts of support that we could provide using that hourly rate. It was something like 22 hours that we looked in a typical investigation, we could see the family liaison officer. And then we used the NPCC. Please costings document that's available online, and just multiplied to 22 hours by an hourly rate and reconned that we could probably save Warwickshire Police for example, for one case, 52,000 pounds, by providing the support. Sorry, not 52,000 pounds for one case, we took the number of fatalities in Warwickshire, and the cost saving under 22 hours and arrived at the figure of 52,000 pounds across one year. That that sort of model takes into account that only one family liaison officer would be deployed, but in many cases two are deployed." (I1)

As such, this participant identified some of the issues experienced by FLOs in the attempted delivery of road victim support and how those could be alleviated by the provision of a specialised service.

7. Stakeholder questionnaire analysis

Stakeholders who consider themselves service providers were asked who their service provision is currently offered to, and all participants were asked who they think road victim support should be available to. Of those who completed the questionnaire as, or on behalf of, a service provider, (n = 5) all indicated that they offered support to different categories of people, as indicated by the blue columns in below figure 9[9]. When asking all stakeholder participants (n = 12) who they believed such support *should* be available to, as seen in the orange columns below, it was clear that the majority believed road victim support should be made available to all those who have been bereaved, survived and/or witnessed a RTC.

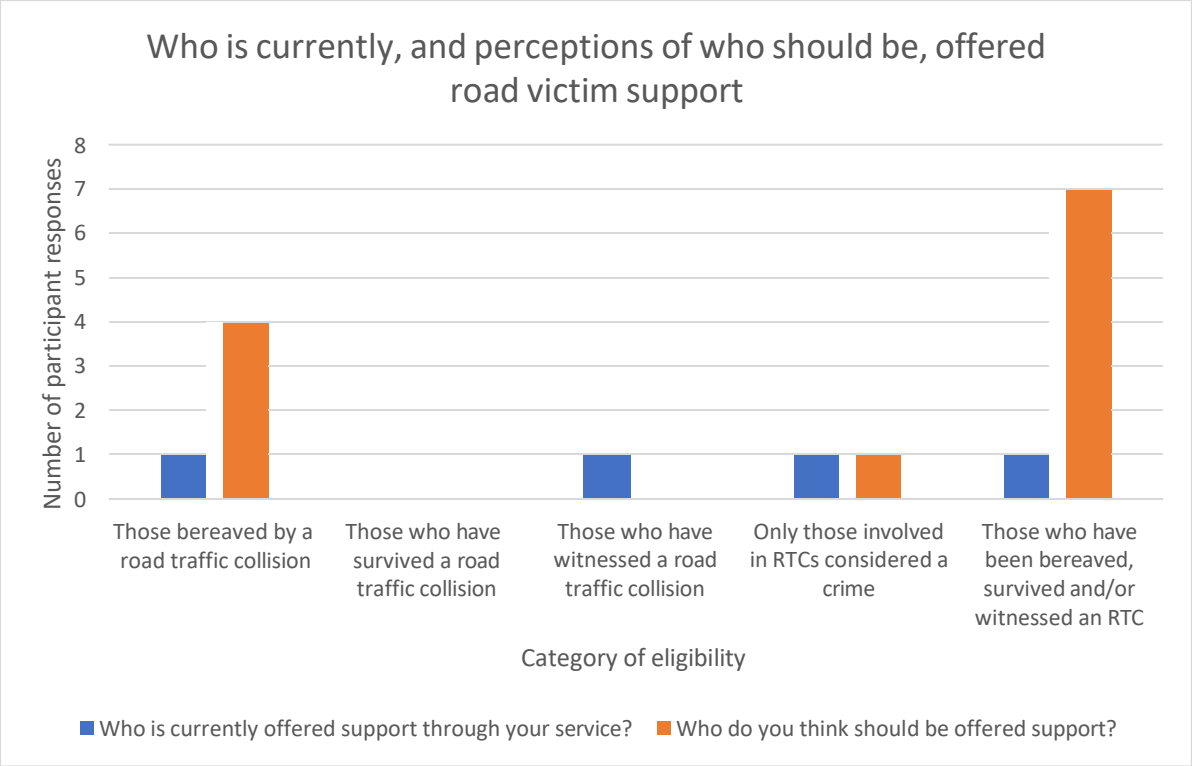

Figure 9: Bar chart depicting who is currently offered road victim support and who should be offered road victim support

When asked who should be responsible for deciding the eligibility of road victim support, the vast majority of participants (5 out of 8) suggested that the victim themselves should decide whether or not they are eligible/access road victim support, as presented in figure 10. Others indicated that those who fund such services should be responsible, but with a variation in who may be responsible for funding those services. This was particularly highlighted by the free text comment provided by

[9] One respondent indicated 'other' but did not provide additional information.

one participant who stated that "Police and Crime Commissioners [should be responsible], due to their responsibility for commissioning victim support in their area." (P14).

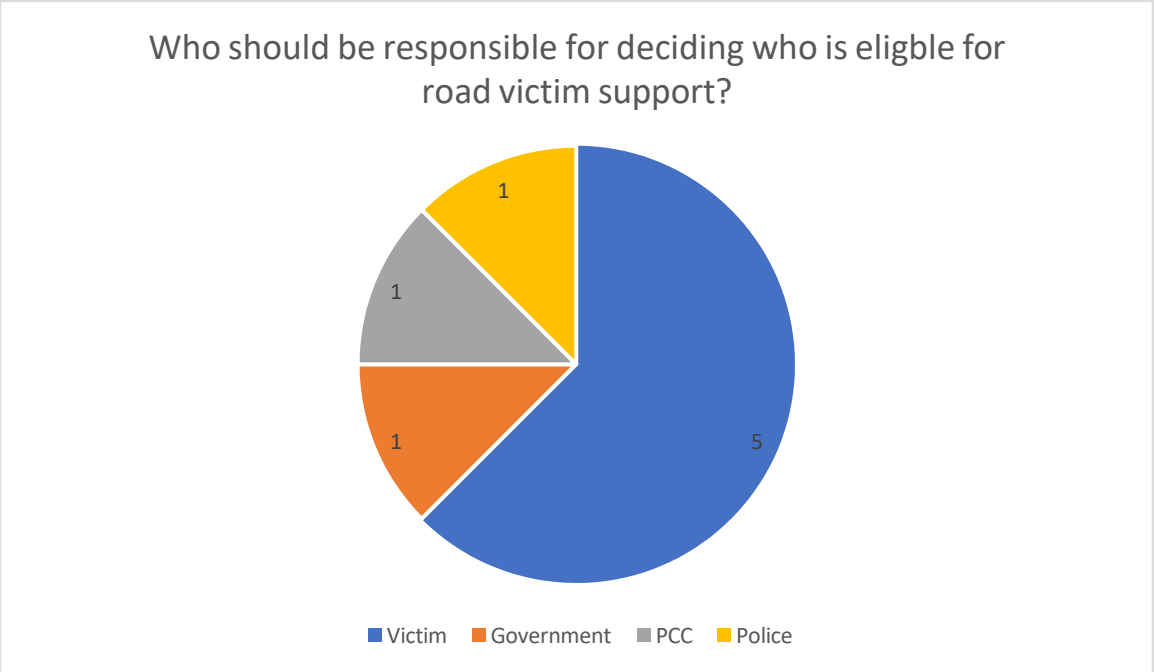

Figure 10: Pie chart depicting perceptions of who should be responsible for deciding the eligibility of road victim support.

Of those who completed the questionnaire as, or on behalf of, a service provider, (n = 5), four stated that the support is made known to victims via a police referral. One of those also indicated that self-referrals were possible. The fifth participant did not provide further information.

Of those that provided information (n = 3), all indicated that approximately 50-75% of victims eligible for support ultimately access that provision. Although all three of these participants reported that they did not have a specific protocol for engaging hard to reach individuals, two indicated that they were considering or working towards this. All three also indicated that victim feedback does currently inform practice.

Of the five participants that provided information about needs assessment, the majority (4 participants) stated that a needs assessment was always undertaken, with one participant stating that a needs assessment was sometimes but not always undertaken. All participants providing information about monitoring progress (n = 3) stated that progress is tracked and discussed with victims as they progress through their experience of victim support.

When asked about areas of good practice in road victim support, some participants focused on generic skills, highlighting the importance of "reliability", "consistency", and "honesty". Others focused specifically on relationships between organisations, emphasising the benefits of "formal info sharing and service level agreements with Police" and "good communication between the advocate

and the collision investigation team". In addition to this, other participants focused on the nature of service provision itself, suggesting that support beyond that provided by FLOs is more beneficial to road victims:

> "The advocate gives much more rounded support for road traffic victims and goes further then the family liaison officer"

Others emphasised the importance of providing one-to-one and face-to-face support:

> "Face to face caseworker support can reveal hidden issues that cannot be identified by phone support. This type of contacts unlocks the issues which require support and allow a whole person / family support plan to be made and delivered."

> "One to one in person trauma informed counselling sessions with the offer of online sessions if these would meet the needs of the client"

When asked what they considered to be areas for development in the provision of road victim support, there was a particular emphasis from participants on the importance of providing and developing adequate support for road victims, by understanding who road victims are and ensuring they have access to appropriate support:

> "There is little support or signposting for victims of minor road traffic collisions or witness of road traffic collision. When they are involved in the police investigation it is very much form filling and they rarely get to speak to an officer face-to-face or be offered any support. We need to strengthen our response to these type of case as minor injuries can have a massive effect on people's lives."

> "Recognising that road victims are not always classed as victims of crime would prevent road victims falling through the gaps. A nationally delivered service with local face to face caseworkers who are co-commissioned by Police and Crime Commissioners (funded separately by central government) would allow for a nationally accredited service which works with all police forces, delivering local support which is controlled by PCCs and works together with other local organisations."

Offering a national service at a local level was seen to be an important area of development, according to participants. One suggested that this would help remove the current inconsistent service provision across force areas in England and Wales:

> "For all victims to be offered support by local organisations throughout the country. At the moment it's a postcode lottery."

Participants therefore considered there to be a need for a consistently provided service utilising local organisations to ensure effective victim support for all impacted by RTCs.

8. Road victims and survivors interview analysis

Interviews exploring the needs which arose following a RTC were carried out with ten participants from within Warwickshire and from other areas of the UK. It should also be noted that some Warwickshire participants RTCs pre-date the introduction of the Independent Road Victim Advocate (IRVA) service. The sample includes a range of experiences and perspectives, including from those injured and bereaved by RTC and their family members.

The needs reported within the participant interviews are set out thematically below, followed by the context-based needs within criminal and civil proceedings in relation to notions of justice and reparative activities.

8.1 Identified Needs

8.1.1 Information

The need for information was stated by all participants and was particularly acute in the immediate aftermath of the RTC. Interestingly, even those participants who were unable to take in information or did not remember what information they were given at that time, stated that they appreciated that the information was provided. It appears that the act of information provision was in itself reassuring, as it demonstrated transparency and that information would be available when participants wanted. Almost all participants commented that as a RTC was such a sudden and unexpected event, that they would not know what information they should or could have:

> "I realised, when I'm looking back at it with a clear mind, they were very quick in everything they could have done. I just wanted answers there and then." (IP9)

> "Things that I found helpful was to have a helpline that I could call up anytime and speak to somebody. And the access to information as well. Lots of information that families need, because it's such a shock and devastation to the family that you're not thinking properly. So, you need people there to help you and guide you through all the procedures. And something that you may not know about, or may forget to ask, they're just there for you. As you guardian angel, as I say." (IP2)

> "The police were surprised how much I was in control and how much information I wanted, and they were questioning that." (IP8)

Several participants described how the FLO contacted a friend or relative who was able to receive the information on behalf of the victim/affected person. Again, as above, several participants mentioned being aware that this was happening and the reassurance this provided. Adversely, where information was withheld or provided inconsistently to those involved in the RTC, this reduced trust and increased the uncertainty for participants:

> "We felt that information was being withheld, that we weren't being told everything." (IP2)

> "They led me to believe if we went with a civil claim, we could get more answers. I didn't even want this civil claim, I just wanted answers." (IP10)

The Brake information booklet was reported by participants to be a useful source of information which they could refer to as needed, although at first they could find the prospect of reading through a booklet unhelpful. The quote below highlights the importance of appropriate recruitment and training for FLOs as the first point of contact following an RTC and the conduit for information and service provision:

> "It took me a long time to even look at the pack. I thought, what difference is that pack going to make to my life? I don't want to read, I want answers, type of thing." (IP4)

> "When we got home, they stood in my kitchen and they put the Brake information booklet that every family receives if they lose a family member in a road traffic collision, they left that on my breakfast bar, didn't explain what it was, just said that they would leave me that, and then they went off again." (IP2)

8.1.2 Practical assistance and expert advice

This need links closely to the informational need above but focuses on the numerous practical tasks which arise following a RTC. There is a huge administrative burden placed upon those impacted. Participants described the daunting number of tasks which needed to be dealt with and the difficulty of managing this without assistance from experts:

> "There's no one saying, I'll do the navigating for you, I can't take the pain away, I can't take the grief away, but I can take some of the rubbish off you" (IP1)

> "Unless it's happened to you before, you just haven't got a clue what's happening, what might happen or should be happening." (IP7)

> "You're trying to deal with losing your mum in those situations, but you've got to deal with all this as well and it's just not fair." (IP10)

The areas within which the response to RTCs occur for victims and those affected are numerous. The below list, in table 2, exemplifies the range of areas that individuals may require information or support. Each element of the response to those areas provides/requires a level of expert assistance and may be part of the immediate response or longer-term support.

Table 2: Areas of informational/practical advice need

Police
Emergency healthcare
Rehabilitation
Schools/ colleges/ universities
Independent experts – crash investigators, medical assessors
Local Authority (housing, social care and adaptations)
IRVA / other third sector or specialist provider
Workplace/employer
Legal (probate etc)
Personal injury legal
Civil justice
Insurers
Housing (private rent and mortgage)
Finance
Criminal justice system (courts)
Coroner/inquest
Family/ friends
Welfare benefits
Religion

Participants reported different levels of support and assistance provided by employers and education providers. The need to continue with 'normal' life in terms of returning to work due to financial constraints, or to education in order to prepare for examinations, was especially difficult:

> "It's always hard to know whether you did the right things. I had no choice but to go back to work because I'd only just started at [employer] and wasn't entitled to any sick pay, so I just had to carry on." (IP3)

> "I had to go back to work because I'm self-employed." (IP5)

The provision of expert knowledge was stated as a key element in enabling participants to retain a focus on their own emotional wellbeing and the confidence to return to work or 'normal life' during the aftermath of the incident:

> "It was invaluable because it stopped that whirring headedness and allowed me to focus on the numerous other tasks that needed doing... Gave me the chance to go on living." (IP7)

> "And thank goodness I called Brake. I don't know where I'd be without them." (IP2)

An interesting finding was the difference in the experience of those who were able to access the IRVA service and those who could not. Those who did not receive the IRVA service described something very close to it, in response to the question of what would have made a positive difference to their experience:

> "I'm not exaggerating, I wouldn't have got to this point in time in the really good mental state that I am, if I hadn't had somebody there going over all the eventualities and explaining, you know, what my brief phone call with the police meant." (IP7)

Where provided, the IRVA acted as a gateway to receiving wider expert assistance and is discussed further in the section on proactive approaches below. This is also important for ensuring that the varied informational and practical assistance needs are met for individuals. One participant described an 'a la carte menu' which could be tailored to the needs of the individual, whilst ensuring that autonomy and independence was maintained:

> "In an ideal world there would be an a la carte menu list for different things you need help with and with different levels of help for each item, to suit the individual." (IP1)

Providing a suite of optional areas of advice and support was considered to be useful.

8.1.3 Proactive approaches

The need for multiple opportunities to engage with services emerged as a key need within the interviews. Proactive approaches to offering services and support were reported as a significant gap in the response, suggesting the need for an opt-out model of provision. It was considered important to enable individuals to receive guidance and support when they are ready for it, rather than a one chance offer. This was felt to be especially important for those who initially decline the offer of support:

> "You need people to reach out to you as well. You need someone to come out and ask you questions." (IP5)

The participants within this study are articulate, literate and had no additional access needs, and yet they all reported struggling to some degree to access or accept services due to the traumatic nature of the incident. Several participants expressed concern for those with less social support or confidence:

> "Just being able to get in touch with someone to give me advice on what my next step could be, because it's like [partner] died and then the rest was up to us and there are women out there, and men too as well, there are people who don't have a stable family unit. I'm one of the lucky ones." (IP9)

> "Again, it's you looking for everything, and if you don't know where to look, you know, especially if you're on your own, and a lot of people are, then you're stuffed." (IP5)

> "If people are isolated, I don't know how that would have been. It would be so hard." (IP4)

The provision of website addresses and phone numbers was not considered to be enough for those bereaved or seriously injured and their families. It was very easy to disengage from what little services there are available, especially in the context of long waiting lists for services. Suicidal thoughts were reported by several participants who were bereaved through RTC but in the absence of an IRVA service, there was no real risk assessment or safeguarding carried out:

> "The advocate has to walk with that person, if they haven't got support, completely walk with that person, do everything, well, or help them to do it. Help them with the paperwork." (IP5)

> "I wasn't offered anything, but just an email address or a number. It was me calling to sort that. Nobody helping me, making a call, telling the story I've got to tell because it was horrendous and I couldn't talk about it, it was so difficult for me to talk about it, even to go to my GP and talk about it was horrendous, let alone picking up the phone. It was all just left for me to sort." (IP10)

8.1.4 Empathy, appropriate language and approach

There is an acute need for more empathic responses and the use of appropriate, sensitive language across many of the locations of the response to RTCs. These are catastrophic events for those involved and every agency and individual who comes into contact with them needs to hold awareness of this at the heart of their response:

> "You really just wanted a bit of empathy. Not sympathy, you wanted empathy and understanding of, we haven't got a clue what's going on, this has never happened in our family before, it's not an everyday occurrence, you know." (IP2)

> "The question I really appreciated, because no one else had asked, was how are you?" (IP7)

Participants described how both the positive and negative responses received took on a significance to how they coped with the aftermath of the RTC. In the longer term, these experiences also formed indelible memories for participants, either positive or negative:

> "What I think is important, and the reason for sharing it is, that I think things like that just become very significant in terms of impact." (IP1)

> "When the police tell you you've forgotten stuff, I do doubt it because trauma does this imprint thing which is unbelievably strong." (IP8)

> "It's all them things that stick in your mind. If they'd have come in and sat down with me, and just sat and talked with me, and then said is it alright if we leave now, do you need anything, that would have stuck in my mind as well. I'd have thought, what lovely people. But it's stuck in my mind how quickly they came in, bluntly told me that my little girl, my daughter that I thought was out having fun, having a meal, was in a morgue. And that word – morgue. They could have just said to me, she's at the hospital. It's a choice of words, isn't it." (IP2)

Investigations into the circumstances of the RTC were conveyed to some participants in a way which appeared to be 'victim-blaming'. Participants felt that the investigation of the incident site was often rushed due to pressure to reopen the road, and that often assumptions were quickly made as to which parties were culpable and which should be treated as witnesses only. This perception then significantly impacted upon victims trust in the processes:

> "It just blames my mum from the outset." (IP10)

> "You do feel like it was all [daughter] fault, and you're sort of going well no, it wasn't. It wasn't her fault that the road was flooded, and it wasn't her fault that the woman didn't take evasive action. The police report said she was speeding, but there was no evidence from the witness statements that she was speeding." (IP3)

> "The assumption very early on was that she was a young novice driver, and it was her fault. Immediately. And that investigation immediately came from that end, working backwards as opposed to looking at the evidence." (IP8)

Despite the frequency with which such agencies deal with these types of incidents, there appears a clear need for training and improved communications with service users. The language used by those engaging directly with victims was often quite brutal. There also seemed to be a lack of recognition that the sharing of information could have a significant impact on the victim's ability to cope and recover:

> "[husband] on the Sunday before had taken it to KwikFit to have the tires checked, and some needed changing so they swopped some round, put some new ones on, whatever he did. Police get the car to be be looked at and they find a bald patch on one of the tires on the upper inside bit. And the remark was we won't prosecute you for your bald tire because you've just lost your daughter." (IP8)

> "[He said], I can tell you that she wasn't alive when the car was on fire because her aorta valve was broken. Great. A relief, because I had dreamt, I'd imagined her in a car, screaming, for three months, trapped, burning, that's all I'd imagined. They had that information really early on, two to three weeks after her death." (IP8)

> "I even said to them, this is probably one of the hardest parts of this whole ordeal, is trying to get through to you people and deal with this. Instead, I'm having to repeat myself again and again. The police officer who was in charge of my late partners case had also been in touch with them and he was exhausted." (IP9)

8.1.5 Choice

Almost all participants described how therapeutic and other services offered to them were not a 'good fit', and how they either sourced their own at a later date or the need went unmet. This included child and family therapy, individual counselling provided by the NHS or through an employer scheme, and group and individual support offered by specialist road death charities. The lack of provision and long waiting lists impacted upon participants ability to choose a service which met their needs. The mandating of services in relation to employer return to work policies also made the provision of support an experience to be endured:

> "The girl I saw was heavily pregnant and was overly emotional with me. I did that for six weeks because that's what I had to do." (IP8)

> "Its not just what you get, it's who you get... There has to be a good fit." (IP3)

The timing of the offers of support was also frequently raised as an issue, with participants clear that the offer was not right for them at that time but then might be needed at a later date. Meaningful choice also included the ability to choose when to engage with services:

"I don't think I've still been offered any proper support. I did look at paying for it myself to be honest. I don't sleep very well. I relive the accident all the time in my head." (IP10)

"So, nobody has made me do anything I didn't want to do and that has been really good, that respect." (IP4)

8.1.6 Media guidance

The impact of both social media and approaches by the press was reported as particularly impactful by participants. This need relates to several elements of media involvement following an RTC. Firstly, the sharing of details of the RTC by friends or witnesses on social media created additional stress on the victims and their families as they then raced to inform people directly before they saw details online:

"What [FLO] said to me was, don't look at the internet, don't look at the papers, don't look at the news, she says, because they will get snippets straight away and they will make the rest up because they don't have the full story." (IP5)

There is a need for support and guidance regarding responding to and interacting with media, with several participants reporting being pursued and called repeatedly by newspapers. There is also a further need for broader guidance and support around the potential impact of viewing media content about the RTC and the errors and inconsistencies which could appear both within formal media outputs and social media platforms:

"I was told I wasn't allowed to talk to the press." (IP10)

"Once the coroner had agreed to the Preventing Future Deaths report, the media attention did pick up on that and a few days afterward I was so shocked that it was in all the main newspapers, kind of thing. And it was being spoken about on TV, on the Jeremy Vine Show and no media had spoken to me. But its all out of your hands at the inquest. You can't say who can and can't be there. And the BBC were there." (IP2)

8.2 Legal contexts

The needs arising from the participant interviews within each context are set out below. Not all RTCs will result in criminal or civil proceedings, and a suggestion for further research would be to map the pathways for different victim types through civil and criminal proceedings to ensure that needs are being met and the correct advice is being provided within these contexts.

8.2.1 Civil proceedings

Personal Injury proceedings emerged as a key site of best practice for victim care. The practical support provided by personal injury solicitors far exceeded participants expectations. Provision included the arrangement of interim payments whilst awaiting the final settlement, support at the inquest to question witnesses or bring independent experts and importantly, a consistent named contact or team to provide information and guidance throughout:

> "Without the solicitors I don't know what we would have done, I really don't. So I'm very grateful to the person who suggested [we contact] them." (IP6)

> "The most useful thing has been to arrange the case manager… that case manager role far exceeded our expectations." (IP7)

Personal Injury solicitors often facilitated the arrangement of a Case Manager to coordinate the rehabilitation of those who sustained serious, lifechanging injuries. Case Managers also emerged as an example of victim care best practice. The role focuses on restoring the individual to how they were prior to the incident, and where this is not possible works with the client to identify and progress towards an alternative positive future:

> "She liaised with his GP to get a fitness pass, so that's not only aiding his recovery but also filling his time... You think it's just about cheques, but it's about quality of life." (IP7)

However, the uptake of personal injury services appears to be held back by a lack of awareness regarding the function they serve, and through conflation with claims management and other types of company who chase victims following incidents. The personal injury sector appears to suffer from misrepresentation and, as firms cannot approach potential clients themselves, requires a more robust referral and triage process from police and other agencies to ensure that victim needs within this space are met. There was a significant positive impact from providing clients with time to think through their options and come to terms with how their lives had changed:

> "It's going to be four years before we're settled in somewhere for our new lives. And that is a long time. But, see me again, look on the positive, it could have been pushed through quicker and some people will want to push it through quicker, but when you've had such bad injuries your body can either continue to improve or it can spike and get worse, or it can plateau. So really you need to take the three years to see what your body is doing, and what things you are going to need." (IP6)

> "It's the fact that he's enjoying his life, he's not just suffering until he goes back to work, is really important." (IP7)

The varied accounts of participants interactions with the civil law sector highlight the need for the promotion of dedicated, specialised personal injury provision. Even within this small participant sample there arose examples of poor and possibly incorrect advice.

8.2.2 Criminal proceedings

As with all aspects of the response to RTCs, management of expectations is fundamental for the wellbeing of victims and those affected. Participants reported being unclear as to why there were no criminal proceedings, with no explanation given by the Crown Prosecution Service:

> "It got sent to the CPS and they sent it back the first time saying no case to answer, and literally everyone involved in the case was absolutely gobsmacked. They've all seen the CCTV footage, they cannot believe there isn't at least a driving without due care and attention. So they sent it off to CPS again saying we need to review this, we think this is wrong and another six months later they sent it back saying still no criminal case to answer." (IP7)

> "The other two people, that weren't involved, but were involved, they caused the accident and they just walked away with a fine. So, you know, that way I don't feel supported at all. Nobody could make me understand how they've got away with it, and I've asked so many people and nobody can explain it to me." (IP5)

Several participants also reported dissatisfaction with the initial police investigation. The issues centred around poor communication and a lack of transparency. Participants also reported issues with the accuracy of the details provided in police reports:

> "We went to the inquest a year later and two weeks before the inquest we got all the papers, and the police report was wrong. They got the cars in the wrong order. They'd misunderstood stuff, erm, so we'd had that going on for a year where we just weren't hearing anything. Then we discovered that the senior investigating officer, there'd been a missing person and he'd been pulled off and they didn't do anything at all." (IP3)

Opportunities to meet with the defendant/ negligent driver as a form of restorative justice were raised within the interviews. This included incidents where the standard of proof for criminal proceedings were not met, and civil proceedings were underway:

> "He did look very sorry for what he'd done, didn't he, which is all I wanted to see… I wanted him to see me now, and what I'm like now, see what he'd done." (IP6)

Participants notions of justice and reparation differed greatly, although due to the lack of criminal outcomes in the sample, much of these statements related to missed opportunities to achieve a form of justice. Justice did not emerge as a key need in itself for the participants, as it tended to be combined with other needs such as information and expert assistance.

9. Road victims and survivors' questionnaire analysis

Three participants completed the questionnaire, all indicating that the collision in question had involved somebody they care about and had taken place in either 2020 or 2021. All three participants stated that they had access to a police family liaison officer and that they were informed of road victim support services via the FLO. Although all three indicated that they received support from a FLO, two of the three participants reported that they also received support from a dedicated RTC organisation. Two of three participants stated that they were contacted by service providers, whilst the third stated that they contacted the service themselves in order to access support.

The support and practical needs of the participants differed, although all three indicated that they required general advice and two of three indicated the need for emotional support, as indicated in figure 11.

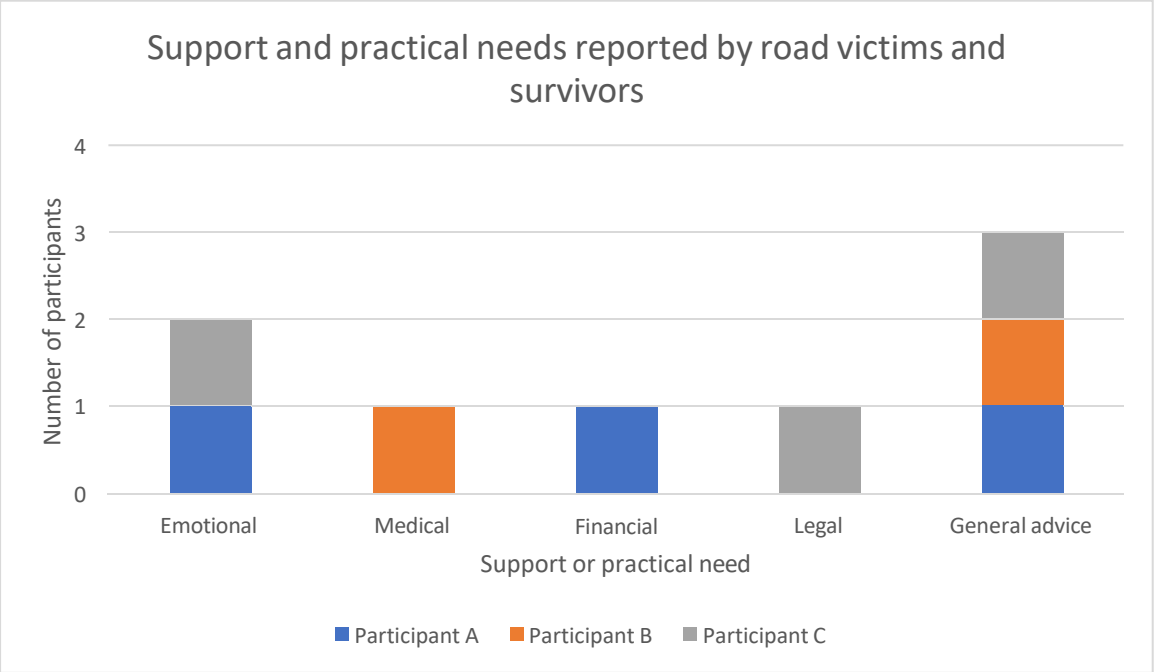

Figure 11: A stacked bar chart of support and practical needs reported by road victims and survivors

When asked to what extent they wanted to talk through their support and practical needs when contact was made with/from the support services, and when they thought was best to re/assess needs, all participants highlighted difficulties in understanding and articulating needs immediately after a RTC:

> "At the time I did not want to talk - I found it difficult to talk about how I felt and issues, with people I did not know. Even though they were for support." (PB)

> "To be honest we were in such shock and those early days are a fog." (PC)

> "For me personally the first few weeks were just trying to find out what happened and what caused my husband to die. At this time and even a while after found it hard to talk to anybody how I felt. I used brakes which gave some very good advice. But did stop this after a while saying I was fine. I was not - just found it difficult getting upset in front of people. My anxiety set in around 4 months after then after a further 3 or 4 months needed help from doctor with medication and waiting for counselling using the NHS app silver cloud helps. I believe people should be re assessed over a period of time. Due to everybody's mental state and circumstances are very different." (PB)

> "I think every week in the first few months and then to a lesser extent as time passes but still regularly." (PC)

According to the participants, reassessments over time are important to ensure that longer-term issues and needs are identified and responded to. It appears important, however, that there is not an overly frequent or unnecessary number of reassessments that unnecessarily require victims to re-engage with their pain. It is essential that these re/assessments are undertaken sensitively and that individuals feel safe enough to open up about their needs and are comfortable with their emotional responses in front of those undertaking assessments of needs.

Of the two participants that answered questions relating to safety and support end, one of two participants indicated that their service provider did not discuss feelings about personal safety. The same participant stated that they were not aware how long the support would last and when it was coming to an end. For the participant who stated that they did experience a discussion about feelings of personal safety, they also stated that was useful, indicating that this may be an important element of discussion throughout support provision. When asked if there is anything they needed help with that they were unable to, one participant suggested a desire for face-to-face support, which aligns with comments made by stakeholders in the stakeholder questionnaire:

> "I would have rather had face to face support but due to covid I had to have telephone support" (PA)

As such, consideration of the type of support, when it is provided and also the form in which it is provided are all essential to ensure effective and appropriate road victims support services.

10. Discussion, implications, and recommendations

This research project has provided insight into experiences and perspectives of those impacted by RTCs (who may be considered road victims) and stakeholders with specialist knowledge in road victims and/or their support provision. Utilising the data generated as part of this research project, and the analysis presented above, it has been possible to produce a series of discussion points alongside some recommendations for future practice. It is important to reflect on these discussion points and associated recommendations in light of the data that have been collected and analysed, recognising that although an effective mixed-methods approach has been adopted and insightful sources of data produced, this includes only the perspectives of a relatively small group of individuals impacted by RTCs in respect of the considerable number who experience, in some form, impacts of them on a daily basis throughout Warwickshire, and England and Wales more broadly. To further develop these analyses, discussion points and recommendations, we urge this research project to act as the momentum for future research in this under-researched area.

10.1 Contextual provision

The roads context is unique in nature and therefore support should be roads-specific to account for nuanced differences in context. Within the road's context, there is significant variance in incident type and individuals affected, which could not be adequately addressed within a generic victims' service. A further aspect which sets road victims apart is the duration of proceedings and the extent of the requirement for expert advice in RTC cases. In comparison to other crime types, a greater level of action can be required of road victims, over a longer period of time, due to the impact of death or serious, lifechanging injuries.

> We recommend commissioning a dedicated service to support road victims from the time of the incident through to the end of civil and criminal proceedings, and for sufficient time for the victim to begin to cope with and recover from the RTC.

10.2 Victim and affected person terminology

It is important to consider terminology when referring to ‘road victims’ and it is interesting to note that no standard terminology for this cohort currently exists. Using the phrase ‘road victims and survivors’ may be more inclusive; however, survivors may not consider themselves victims and may therefore not seek/accept support when needed. There is also the issue of road death, and the use of the term survivor may be problematic or insensitive for those who have been bereaved. More generally, the use of victim and survivor labels is problematic, as those who access or require services tend to be indirect victims (partners and relatives of those killed or seriously injured) who were not themselves involved in the RTC.

The absence of an agreed terminology for those affected by RTCs is a symptom of the lack of focus on this cohort, especially in comparison to other victim/ crime categories. Analysis and segmentation of the road victim cohort, and the development of service pathways and journey maps should form

the basis of any further work on road victim needs. Specific attention should be given to capturing the experiences of those who do not engage with services, and those for who the civil and criminal proceedings are not available.

> We suggest that further research in this area focuses on the examination and classification of road victims, to develop a robust framework for understanding victim needs and developing effective interventions, as well as understanding preferred terminology for them.

> In light of this requirement for future research, we would provisionally recommend that support services be described as 'available to those impacted by road collisions or incidents' as an inclusive phrase.

10.3 Eligibility for services

It is clear that those affected by RTCs can both be directly or indirectly involved in that collision; however, the absence of clear victim categories also impacts on who is considered eligible for or receives services. Offenders are often not eligible for road victim support, but they are likely to also be impacted, as are their families and witnesses that may be present in an offending vehicle. Often those involved in RTCs, even in offending vehicles, are otherwise law-abiding and respectable individuals unfamiliar with criminal justice processes. They will also likely return to society (if they receive a prison sentence at all) very shortly after prosecution given the short sentences and low penalties associated with RTCs. Similarly, excluding witnesses from road victim support means that those impacted may not be receiving the context-specific support needed. Some level of support provision to this group would ensure specialised road victim needs are more likely to be met and longer-term impacts are also managed.

> We recommend that commissioners consider the impact of RTCs on all those involved and that support is available to all, including the negligent or culpable driver and their passengers, as well as those directly impacted and witnesses. This model of provision already exists in some areas, offering the opportunity for learning.

10.4 Support choice and availability

Even within the small sample of participants for this study, there was significant variation in needs that differed not only between individual victims but also over time and within different contexts. As needs change over time, they should be re-assessed in a way that allows victims to feel comfortable and confident opening up to seek further/alternative support. Choice emerged as a key consideration for participants within the study; choice in type of service and the timing of the engagement provided participants with a sense of control over the situation and empowered them to take an active role in their recovery.

We recommend that a variety of support options are made available to individuals impacted by RTCs. Support should be available to all when needed and of a sufficient variety to enable the individual to feel a sense of control over their support provision.

We recommend that victims are offered multiple opportunities to engage or re-engage with services following initial contact with the provider. This could take the form of agreed check-ins over time and the provision of contact phone numbers, tailoring the approach to meet the needs of those who are reluctant to accept help when needed and those at risk of becoming dependent on support.

10.5 The IRVA service

We heard directly from victims of the positive impact from the services they received from the Independent Road Victim Advocate within Warwickshire. When participants were asked what made a positive difference to their ability to cope and recover, those who had received the IRVA service stated that this service was the main factor. Those participants who did not receive the IRVA service described a similar role to it when asked what they needed. Having an individual to 'walk beside' them throughout the aftermath and provide information and guidance emerged as the preferred service model within the study participants.

We recommend that any future commissioned service includes an advocate role which provides a bespoke level of guidance and support dependent on the needs of the individual victim and circumstances of the RTC.

10.6 Referral mechanisms and awareness of services

The role of the FLO has a significant impact on the victim experience. Effective delivery of this role can facilitate access to other services, reduce anxiety through the provision of information and provide victims with the confidence to return to work/ normal life. Victims feel valued and their voices heard within the process. Alternatively, where the performance of the FLO is poor, or the role is absent, victims are left unsupported and must navigate the impact and procedures of the RTC themselves. Additionally, the FLO is often unable to provide support after a court proceeding, when a victim may be most in need of support services, and so FLO support alone falls short of meeting the needs of road victims.

A robust triage stage within the initial and immediate response to road victims is recommended. This triage should include referral to specialist personal injury solicitors for any appropriate cases. FLOs and other service providers should be trained to inform victims of the range of support mechanisms which personal injury solicitors can put in place as a separate facility to a final financial settlement. FLOs and other service providers must facilitate this information as the solicitors

themselves are not allowed to approach potential clients. It is also of significant benefit to victims as the impact of not taking up this support where eligible can result in unrecovered physical health issues, in addition to the financial and emotional impact of the absence of support.

> We recommend training and awareness raising of the function of personal injury provision for FLOs and other relevant personnel. Personnel should be able to discuss personal injury provision with victims in a way which informs whilst managing expectations.

Awareness of available services at a local and national level is essential for effective service provision and a 'warm referral' (i.e., a request to pass on the victim's personal details) to any specialist road victim service in that police force area, or to a national road victim helpline. Self-referral processes need to be made clear to ensure those impacted are able to access available support. There will always be a tension between signposting and referring to services to meet the current needs of victims, where the extent of the waiting list means that the service will not be available for many months.

However, despite the prevalence of waiting lists, attempts to meet the needs of victims must be made. Assessing victim needs within a context of scarce resources must be balanced with robust management of expectations and a realistic timeframe for delivery. Participants reported needing information and assistance in the immediate aftermath of the RTC, and only being ready for emotional support several months on. It might be feasible to devise a system whereby victims could join a waiting list within the first few weeks and then consider the appropriate timing when they are offered a place within the service.

> We recommend that needs assessments are undertaken within a pragmatic approach which sets out to the victim the extent of the waiting lists for services and the options available to them, including self-funding and applications to grants or other charitable funds. Road victim service providers should liaise with the wider support sector to monitor waiting lists and develop referral pathways where possible.

10.4 Self-support seeking

Interestingly, almost all interview participants expressed concern for those who did not have the support network, confidence or cognitive ability to actively seek out support. The needs of those who do not engage with services were absent from this study and represent a significant gap in knowledge in respect of developing services to meet road victim needs.

> We recommend that further research is undertaken to identify and engage with those affected by RTCs who have not accessed any support or other services in relation to the

impact of the incident. Until the experiences and needs of this group are known the full extent of service provision cannot be known.

10.6 Justice outcomes

Where criminal proceedings did not take place, victim participants spoke in terms of being denied any attempt to secure justice. There was a common point made by victim/survivor participants of cases being returned by the Crown Prosecution Service (CPS) as no criminal case to answer, but without sufficient explanation as to why that decision had been made. It was also noted that those who did attend court received no support from the Witness Service, who could have offered pretrial visits to the court and a quiet place to wait at court.

We recommend that in cases where the CPS decides not to pursue a case, the victim is made aware of the Victims' Right to Review scheme and supported to access this.

10.7 Postcode lottery of support

Current provision for road victims in England and Wales has been described as a 'postcode lottery' of support. A consistent service may need to be centrally funded by Government and locally delivered according to agreed service standards. A national model of provision is particularly relevant in this context as the RTC will frequently take place in a different county to the one where the victim or others involved live. One incident may require involvement from several police forces and local authorities. Any commissioned service must ensure that there is an effective facility to transfer victims across police and local authority areas, reducing opportunities for victims to fall through the gaps during referral.

Although this is a broader recommendation that we recognise is not relevant o local service providers, we recommend that future consideration is given to the provision of a national support service for road victims, to address gaps in both geographical provision and victim type and to level up the disparity in support services received by road victims.

11. Summary

Although restrictions during the Covid pandemic have blurred an understanding of the level of road fatalities and injuries, high rates remain, with 296 recorded casualties of RTCs in 2021 within Warwickshire. Although only 15 of those were fatal, 215 were serious and therefore potentially resulting in life-changing injuries. Males generally are disproportionately more likely to be killed or seriously injured on Warwickshire's roads, and males aged 21-30 in particular. Even for females, those aged 21-30 were most likely to be represented in KSI statistics. As RTCs take place in public spaces, at all times of day and often during busy periods of road traffic, they are highly visible and therefore subject many individuals to the difficulties that can be associated with simply witnessing an incident as well as being directly involved. As such, the roads context is a unique one in which individuals can unexpectedly and frequently become what may be considered a 'roads victim', with potentially considerable and long-lasting physical, emotional and psychological needs that result.

This project involved employing a series of research methods to explore the needs of those who may be considered road victims and how those needs align with current provision of road victims services, particularly focusing on identifying any gaps and constraints in support and the efficiency of current services and processes. The research gathered insight into stakeholder and victim perspectives and experiences within these areas, to provide a broad exploration of this under-researched topic area, through the use of FOI request data and focus groups and interviews, as well as questionnaires, with both stakeholders and those impacted by RTCs as victims/survivors. The analysis has provided novel insight into a considerably under-researched area.

Within the FOI information, many force areas reported to offer support to victims of both fatal and serious or life-changing injury collisions, with a smaller but considerable proportion of force areas offering support only to those who are considered victims of crime. This means that those victims are provided only a generic service, and indeed that only those road 'victims' who are victims of road crime, rather than merely involvement in a collision, are routinely provided such support. This misses a considerable group of people who may be impacted by non-crime RTCs.

For some forces, only fatal collisions involved road victim support but the majority offer support to both fatal and serious. All forces offering support to those involved in any type of fatal and/or serous collision, whether a crime or not, offered that support to the next of kin (NOK). Some also offered support to additional family members, friends, witnesses, and, least frequently, offenders. Most forces did not mention offering support to those considered 'offenders' in investigations relating to road crime within the FOI information, and the focus group participants confirmed the lack of eligibility for those individuals. This was a mixed picture and there is a lack of consistency across police forces in relation to *who* would be eligible for referral to support services.

Focus group discussions suggested that even less serious injuries can have significant impacts upon individuals lives and create needs that could be supported by specialist road victim support services, with severity of injury not an equivalent measure to severity of support needs. Indeed, some suggested that fatal collisions allow for a subsequent grieving process that is easier to facilitate than long-term care needs for somebody impacted with life-changing injuries, for them directly and their family/carers. However, those needs would be neglected for services only available to fatal collision victims. Also, where there is a period of time where the seriousness of an injury is unknown,

somebody impacted by a RTC may or may not be eligible, and that could change with the worsening/improving of the seriousness of the injury.

Although it was suggested in the focus groups that self-referrals were in place for some services and therefore anybody considering themselves a 'victim' or impacted person could receive some form of support, that was not the case for all support services and places the responsibility and burden on victims to seek support out for themselves which they may not be aware of and struggle to identify. This is likely to exacerbate exclusion of certain vulnerable groups.

Indeed, there is a lack of clarity regarding what services are available, who has access to them and how they should be accessed. Although there are benefits to a specialised roads service, this must be made well-known to individuals to ensure they are aware of the nuanced differences and availability of support in a way that is not currently being achieved. For example, the Air Ambulance Service provides some victim support services but this is a developing area that the service provider suggested few forces were familiar with and therefore referring road victims to.

Overall, there is some common provision in the use of FLOs and Brake in the provision of road victim support. However, considerable differences between force areas can be seen in the level and type of provision, as with eligibility to it. It is important to note that the performance of the FLOs within Warwickshire was reported by interview participants as being of a high standard, especially when compared to the performance of other police force areas. Although many forces referred to their use of specialist road victim support services, some forces referred to their deployment of FLOs as that 'specialised' road victim support. This was seen as problematic to other support providers as they suggested that this adds pressure to the workload of a FLO and means that road victims are unable to receive the dedicated support that they may need. Even FLOs and other stakeholders commented that the FLO support stops earlier than is needed by many victims and that victims may be reluctant to seek help from an individual they associate with a police investigation or process. Therefore, there is a strong argument that FLO provision alone is not an adequate road victim support service.

In contrast to this, however, the scarcity of resources and the extent of waiting lists provide a restrictive context for any recommendations regarding service provision. The factor which was claimed to make the biggest positive impact was the performance of the FLO or the presence of the IRVA. These roles facilitated access to wider practical services, including practical assistance for aspects such as funeral arrangements, viewing the crash site, and contacting or updating family and friends. The biggest impact appeared to be the referral to personal injury specialists, and rehabilitation case managers where appropriate. The impact of personal injury provision is especially encouraging in terms of service development as it does not require external funding. The FLO therefore does play an important role, but should not be the only provision of support as it is unlikely to be limited in its ability to fulfil the array of support needs of road victims.

It is interesting to note that some forces consider email or telephone contact facilitated or offered by a member of their Road Collision Support team to be 'road victim support', highlighting the variation in what might be considered 'support' in this context. Although this rate of take-up was also varied, all forces providing specialist road victim service reported higher rates of support acceptance than those offering only non-specialist provision. This may be an indicator that victims feel more comfortable or receive more appropriate support with specialist services, although that can only be speculated at this stage and more research is needed to further explore that possibility. It should be an important consideration, nevertheless, in future decisions relating to the funding of support services specifically targeted at road victims.

In addition to the 'postcode lottery' of service and the issues that poses, other barriers to access and areas for development were identified. Focus group discussion suggested that the term victim itself may be a barrier to those who *are* impacted by RTCs to seek or receive support, because of the heavily emotive and complex nature of the term. Some may not consider themselves 'victims' even though they require support, or some may be reluctant to seek out help as a 'victim' because of negative social stigma around the term. Indeed, those who have witnessed a RTC may not consider themselves direct 'victims' so may not seek help that is directed at 'victims' only.

For some individuals, road victim support may not be needed at a specific point in time, as both 'victims' and stakeholders identified. Offering support at a single point in time, without making clear that such support does not have a deadline date, may be a barrier to access for those who subsequently recognise support needs in weeks, months or even years following a RTC.

Interestingly, it appears from the interviews with those impacted by road death/serious injury that the key needs of road victims relate not to emotional support, but to informational and practical assistance, especially in the immediate aftermath of the RTC. The victim interviews highlighted the diversity of needs within the road victim cohort, and the necessity for an individual, tailored approach within the family unit, but the most frequently stated need was that of information, which was reported as both the primary immediate need and an ongoing significant need in terms of coping with the aftermath. This need for information sat across all other expressed needs and can be described as a need to be and to remain informed. As such, support services that neglect to recognise this important need for victims is unlikely to meet the needs of victims and may be a barrier to their successful coping/recovery.

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