



CORPORATE PLAN 2021-2024

INCLUDING

**THE VICTIMS & SURVIVORS SERVICE
DELIVERY PLAN 2021-2022**

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FOREWORD

We are pleased to present our Corporate Plan for the next three years alongside our Delivery Plan for 2021/22. We are acutely aware that we are planning against the difficult backdrop and uncertainty of the Covid-19 pandemic. Since March 2020, VSS has moved to remote working and we have continually adapted our services to meet the evolving and immediate needs of the victims and survivors throughout this period.

VSS response to the Covid-19 pandemic

In March 2020, VSS undertook a review of every service, intervention and area of support we provide and worked with our community partners to put alternatives in place by 1st April 2020.

In April 2020, VSS issued self-directed assistance payments and persistent pain home heating to more than 6,000 victims and survivors who are bereaved, injured or carers. We also provided necessary resources and guidance to our 50 community partners. This enabled all local services to safely move to remote working and provided flexibility in meeting emerging needs. Most importantly, the strength of our community-led service delivery model became all the more evident during these difficult times. Our community partners provided food and essential parcels to over 3,000 individuals and more than 30,000 social support activities were delivered. In recognition of the financial vulnerabilities faced during this time by victims and survivors, more than 450 individuals were supported with utility bills alongside support with advocacy and assistance to work with utility providers to ensure continued services and more than 140 individuals were supported with telephone assistance to ensure telephone befriending and counselling could continue. More than 2,700 individuals availed of counselling and psychological therapies.

With a focus on practical support and a constantly evolving and improving system for capturing, recording and analysing outcomes in key areas, we know these services have had and continue to have a very real and positive impact on the lives of victims and survivors.

Service launch for Survivors of Historical Institutional Abuse

On 23 October 2020, The Executive Office requested VSS to provide health and wellbeing support and services to survivors of Historical Institutional Abuse (HIA). The dedicated service launched on 1 December 2020, following a period of valuable engagement and co-design with HIA survivor groups and other stakeholders. WAVE Trauma Centre and Advice NI were appointed as our community partners to enable survivors to access much needed local support and care.

By March 2021, 138 survivors had engaged with VSS accessing support including disability aids, psychological therapies, listening ear and persistent pain in addition to advocacy and casework support to engage with other agencies.

Interim Support for Mother and Baby Institutions and Magdalene Laundries

In early 2021, VSS worked with our colleagues in Health to establish support and assistance needed for victims and survivors engaged in the co-design of an investigation into Mother and

Baby Institutions and Magdalene Laundries. An interim support telephone line was established in March 2021 alongside the provision of emotional support at co-design sessions.

We look forward to continuing to support our colleagues in the Department of Health in relation to the co-design of permanent support and services for victims and survivors in 2021/22.

Partnership and Collaboration

The work we deliver is not possible without the close working relationships with our community and voluntary partners and other statutory bodies namely The Executive Office (TEO) , the Commission for Victims and Survivors (CVS) and the Commissioner for Survivors of Institutional Childhood Abuse (COSICA).

We have continued to maintain relationships with the Department for Communities (DfC) , the Department of Health (DoH) and the Department of Justice (DoJ) in relation to areas such as Welfare Reform, the Regional Trauma Network and the Troubles Permanent Disablement Payment Scheme. The necessity to work across sectors and collaboratively with a range of partners is evidence that the needs of victims and survivors today are complex, wide ranging and cannot be addressed with a 'one size fits all' approach. We welcome the support, understanding and best practice from our partners to improve how we deliver services to victims and survivors.

Looking ahead

Our priority for 2021-2022 is to maintain and develop the support and services required by victims and survivors as we continue to live through the Covid-19 pandemic. We will seek to review the impact of services provided during this time and to develop insight and learning in respect of remote service provision and to address new and emerging needs as restrictions reduce.

We look forward to the opening of the Troubles Permanent Disablement Payment Scheme and have made suitable preparations to ensure VSS and our community partners are ready to assist victims and survivors with applications to the scheme. We further hope to see renewed engagement on the Regional Trauma Network with our colleagues in the Department of Health.

Finally, the significant commitment and dedication of VSS Staff and Board Members must be acknowledged. With the difficult context of the last year, the staff and organisational culture of ensuring a victim-centred approach to service delivery has been of critical importance.



Oliver Wilkinson
Chair, VSS Board



Margaret Bateson
Chief Executive Officer

OUR VISION, MISSION, AND VALUES

OUR VISION

To improve the health and wellbeing of victims and survivors

OUR MISSION

We work to ensure that victims and survivors, and the wider community, are aware of the support and services available to them

We work to support victims and survivors to access quality services in line with their individual needs

We listen to and learn from victims and survivors and others, creating and maximising opportunities to share information and knowledge

OUR VALUES

TRUST

Working confidentially, impartially and respectfully with victims and survivors and others to develop and sustain an open and honest relationship

UNDERSTANDING

Listening to and learning from victims and survivors and others

RESPONSIVE

Continually developing our people and services through growth and innovation

ACCOUNTABLE

Applying good corporate and clinical governance to all that we do

1 INTRODUCTION

The Victims and Survivors Service (VSS) is the delivery body named in the 10-year *Strategy for Victims and Survivors* published by The Executive Office (TEO) (formerly OFMDFM) in 2009. In April 2012, the VSS was established to provide support and services for all victims and survivors of Troubles/Conflict-related incidents.

On 23rd October 2020, the VSS was appointed by TEO as the service delivery body to deliver dedicated Health and Wellbeing support and services for survivors of Historical Institutional Abuse (HIA).

The VSS provides a range of victim-centred services and support that responds to need and is safe, effective, and accessible.

In implementing this needs-based approach to allocating resources and defining support, the VSS works to ensure the highest standard of service provision for victims and survivors. The organisation also strives to measure and demonstrate service outcomes, and to continuously improve provision based on emerging evidence and best practice.

Victims and Survivors of the Troubles/conflict

The VSS is responsible for providing support in relation to seven key areas of need identified by the Commission for Victims and Survivors (CVS) in the *Comprehensive Needs Assessment* (2012). In each of the areas, VSS works to:

1. Health and Wellbeing

- Ensure sufficient capacity exists to deliver services to victims and survivors in need
- Ensure safe and effective delivery of services
- Develop referral and signposting pathways among our delivery partners, across the community/voluntary sector, and into the statutory sector
- Ensure awareness of the services and support available
- Engage with practitioners employed in our partner organisations, and in the community/voluntary and statutory sectors
- Participate in the co-design and development of the Regional Trauma Network (previously described as the Mental Trauma Service in the *Fresh Start – Stormont House Agreement* (2014)) in partnership with its community-based and statutory stakeholders

2. Social Support

- Improve and maintain victims' and survivors' quality of life
- Contribute to a healthier and more cohesive society
- Identify and develop co-working and effective signposting and referral with existing and emerging programmes in this area

3. Individual Financial Needs

- Direct financial assistance towards meeting needs and developing sustainable solutions for victims and survivors
- Develop pathways with TEO for engagement and cooperation with other key government departments and agencies

4. Truth, Justice and Acknowledgement

- Develop and improve the care and understanding shown to victims and survivors engaging with legacy institutions and processes
- Involve victims and survivors in the design and approach underpinning truth, justice, and acknowledgement mechanisms
- Offer holistic support services to individuals and families engaging with historical issues and legacy institutions

5. Welfare Support

- Identify, understand, and support the welfare needs and rights of victims and survivors
- Develop safe and effective signposting and referral pathways to support individuals' access to relevant advice and benefits
- Develop bespoke Welfare rights advice where gaps in provision are identified

6. Transgenerational Issues and Young People

- Develop an holistic and interdisciplinary approach to understanding the needs of young people affected by the Conflict/Troubles
- Develop an interagency approach to supporting families and young people
- Enable the delivery of high quality family therapy and support

7. Personal and Professional Development

- Enable the provision of personal and professional development opportunities that are relevant and accessible to victims and survivors

- Network and develop links with other education and training providers, to support and maximise victims' and survivors' access to them
- Add value to these existing opportunities by providing assistance towards specific education and training costs.

The VSS delivers this work by implementing three funding programmes:

- 1) The Individual Needs Programme (INP)**, which delivers financial support and access to goods and services to individual victims and survivors, via a needs-based health and wellbeing casework approach.
- 2) The Victims Support Programme (VSP)**, which provides Health and Wellbeing and Social Support services to victims and survivors through our partners in the community and voluntary sector based in Northern Ireland.
- 3) PEACE IV EU Programme for Peace and Reconciliation (PEACE IV)**. The VSS is the Lead Partner responsible for the **Provision of Services for Victims and Survivors Programme**. Funded under *Specific Objective 3: Shared Spaces and Services*, the key focus of this programme is to improve the health and wellbeing of victims and survivors.

Survivors of Historical Institutional Abuse

In its report, the inquiry into Historical Institutional Abuse recommended ***additional service provision and specialist care and help for those who were abused***. The Executive Office requested VSS to provide Health and Wellbeing services to survivors of Historical Institutional Abuse in October 2020, with this new service launching on 1 December 2020.

In this new role, our aims are to:

- Ensure the effective delivery of service provision and specialist care and support for survivors of Historical Institutional Abuse (HIA);
- Monitor and evaluate the quality and impact of services to inform and improve service provision; and
- Ensure that services are victim-led, trauma-informed, accessible and continually responsive to the health and wellbeing needs of victims and survivors.

During 2020, the VSS carried out several engagement and co-design sessions with survivors of Historical Institutional Abuse. We listened and learned from lived

experience and we have co-designed and developed a service delivery framework based on the needs identified by survivors themselves.

The delivery model for HIA-Health and Wellbeing Support and Services is based on a Health and Wellbeing Caseworker approach which will meet the needs of survivors holistically. In each of the following areas, VSS works to:

1. Health and Wellbeing

- Ensure sufficient capacity exists to deliver services to survivors in need
- Develop referral and signposting pathways among our delivery partners, across the community/voluntary sector, and into the statutory sector
- Ensure awareness of the services and support available
- Engage with practitioners employed in our partner organisations, and in the community/voluntary and statutory sectors

2. Social Support

- Improve and maintain survivors' quality of life
- Contribute to a healthier and more cohesive society
- Identify and develop co-working and effective signposting and referral with existing and emerging programmes in this area

3. Truth, Justice and Acknowledgement

- Develop and improve the care and understanding shown to victims and survivors engaging with redress and other processes
- Offer holistic support services to individuals and families engaging with redress and other processes.

4. Welfare Support

- Identify, understand, and support the welfare needs and rights of survivors
- Develop safe and effective signposting and referral pathways to support individuals' access to relevant advice and benefits
- Develop bespoke Welfare rights advice where gaps in provision are identified

5. Personal and Professional Development

- Enable the provision of personal and professional development opportunities that are relevant and accessible to survivors of HIA

- Network and develop links with other education and training providers, to support and maximise survivors' access to them
- Add value to these existing opportunities by providing assistance towards specific education and training costs.

This *Corporate and Delivery Plan 2021 - 2024* has been drafted on the basis of learning the VSS has gained since our establishment in 2012, by engaging with victims and survivors of the Troubles/conflict **and** survivors of Historical Institutional Abuse, our delivery partners, professional support and care givers across the community/voluntary and statutory sectors, and our own staff.

This learning, and our vision for the steps required to continue to deliver high quality and effective services and support, informs the detail of this document.

VSS looks forward to seeing an update to the 2012 Comprehensive Needs Assessment during 2020-21 by the Commission for Victims and Survivors, and funded via PEACE IV. This update will include a specific focus on the needs of victims and survivors in GB and Ireland.

The Commissioner for Survivors of Institutional Childhood Abuse (COSICA) took up position on 14th December 2020 and VSS look forward to extensive engagement in the coming months to shape and adapt services for survivors of HIA.

2 STRATEGIC CONTEXT

The strategic direction of the VSS is informed by a range of relevant policies and strategies. These include:

- The draft *Programme for Government* (2016-2021)
- *The Executive Office Departmental Business Plan*
- *The Strategy for Victims and Survivors* (2009-2019). Extended until 2021.
- *The PEACE IV Programme* (2014-2020)
- *The Fresh Start/Stormont House Agreement* (2014)
- *The Making Life Better* strategic framework (2014)
- The 'New Decade, New Approach' Agreement (2020)
- Report of the Historical Institutional Abuse Inquiry (2017)

The work of the VSS will evolve in line with the cross-departmental outworking of these policies and strategies, engaging with multiple departments including TEO, the Department of Health, the Department for Communities, and the Department of Justice. The work of the VSS will also involve engagement with our key stakeholders, including the Commission for Victims and Survivors (CVS), the Commission for Survivors of Institutional Childhood Abuse (COSICA), the Victims Forum, HIA support groups and our community and voluntary partners.

As in previous years, the VSS will continue to adopt a collaborative approach with all of its stakeholders and partners, to ensure that the best outcomes are realised for victims and survivors.

2.1 The draft Programme for Government (PFG) (2016-2021)

The work of the VSS aligns to the draft *Programme for Government* (PFG), in particular with reference to the following outcomes:

- *Outcome 4: We enjoy long, healthy, active lives*
- *Outcome 7: We have a safe community where we respect the law and each other*
- *Outcome 8: We care for others and we help those in need*
- *Outcome 9: We are a shared, welcoming and confident society that respects diversity*

The VSS delivery plan (see [Annex 4](#)) is designed to align and link with the **outcomes** listed above.

Any new areas of support consider the alignment with PfG Outcomes at the design stage, and also consider whether the associated specific Indicators within the PfG are suitable measures to apply within the VSS Schemes.

2.2 The Executive Office (TEO) Departmental Business Plan

The VSS Corporate Plan is directly linked to the *Business Plan* of its Sponsor Department, The Executive Office (TEO). Specifically, the work of the VSS is underpinned by the following TEO *Business Plan* objectives:

- Work with VSS, CVS and statutory partners to ensure the continued delivery of effective victim-centred services
- Complete formal evaluation of the Strategy for Victims and Survivors 2019
- Appoint an interim advocate for HIA victims and survivors
- Continue with HIA implementation work to establish the structures necessary to pay compensation and advocacy and support for victims and survivors.

2.3 Strategy for Victims and Survivors (2009-2019)

Three core themes frame the *Strategy for Victims and Survivors: Dealing with The Past, Improving Services, and Building for the Future*. These themes are underpinned by 11 overarching principles, which directly link to the work of the VSS and this Corporate Plan. The overarching principles of the strategy are to:

1. *Be victim and survivor centred and driven.*
2. *Address the practical and other needs of victims and survivors in a coordinated manner.*
3. *Ensure that services for victims and survivors are provided in response to assessed need, adhere to published standards and are designed to have clear outcomes.*
4. *Establish arrangements to ensure, through the work of the Commission and the Victims and Survivors Forum that the practical and other needs of victims and survivors are kept under review and that services are responsive to changing needs.*
5. *Promote collaborative working between statutory and voluntary organisations, community groups and others, where practicable.*
6. *Reduce the level of trauma for victims and survivors.*
7. *Build the trust and confidence of victims and survivors and assist them, where this is consistent with their wishes and wellbeing, to participate on a sustained basis in the building of a shared and better future.*
8. *Ensure that while recognising their particular needs, victims and survivors work does not become isolated and that people should not be defined solely as a victim or survivor but as people with the same needs and aspirations as the wider population.*
9. *Ensure, so far as is practicable, that victims and survivors work is integrated with and can influence other government policies and initiatives.*
10. *Ensure that victims and survivors play an active role in the development of ways to deal with the past and other transitional mechanisms affecting their journey towards recovery and wellbeing.*
11. *Assist victims and survivors, where this is consistent with their wishes and wellbeing, to participate as part of wider society in addressing the legacy of the past.*

The existing strategy was extended for a period of 2 years to November 2021. An evaluation of the existing strategy has been carried out by RSM UK Consulting LLP with a final report expected in Spring 2021. A process of co-design of the new victims and survivors strategy will commence in April 2021 with a new strategy expected to be in place in early 2022.

2.4 PEACE IV Programme (2014-2022)

The *PEACE IV Programme* aims to promote social and economic stability in the region, notably through actions designed to promote cohesion between communities.

In recognition of the need and demand of those who have suffered from the trauma of the Troubles/conflict, the Programme will develop capacity for services to meet the needs of victims and survivors. This work will be delivered under the Programme's *Shared Spaces and Services* theme.

The VSS is the single Lead Partner for this part of the Programme, and is focusing on the delivery of the following:

- Advocacy support: practical support for victims and survivors engaging with institutions, historical process and enquiries.
- The development of health and wellbeing case workers to identify and address the needs of victims and survivors.
- A resilience programme to address the individual needs of victims and survivors, including Step 1 and Step 2 mental health interventions.
- The development of the capacity of the sector through training and development to meet national and regional standards, research, and improved regulation.

During 2018/19, VSS made an application to SEUPB for additional funding (which had become available at a Programme level through exchange rate gains), amounting to £1.6m. With additional funding, and a revised project end date of 31 December 2022, the following new areas of work were proposed to be undertaken:

- Research – in conjunction with the CVS, review and update the Comprehensive Needs Assessment of 2012, along with a detailed assessment of victims & survivors living in Northern Ireland, the Border Region and Great Britain.
- Recording Lived Experience and Story Telling – review of existing networks, and facilitation of victims and survivors to record their own stories and lived experience.
- Gender Lens – agreement of gender principles, training and facilitation of community-led gender specific interventions.
- Community Peacebuilding & Dialogue – including guided /supported inter- and intra-community conversations, North/South and East/West partnerships.
- Transgenerational – family therapy pilot to complement existing CVS research project in this area.

The proposal was approved by SEUPB Steering Committee on 22 January 2020. A revised Letter of Offer was issued in July 2020 and implementation has commenced across all the new areas of work.

More information about the PEACE IV Programme can be found online at the following link: [PEACE IV Programme Overview | SEUPB](#)

2.5 A Fresh Start: The Stormont Agreement and Implementation Plan (2014)

The *Stormont House Agreement* (SHA) of 23 December 2014 included a number of commitments which relate to victims and survivors.

Final agreement on the establishment of new bodies to deal with the past, as described in the SHA, was not reached. However, the Northern Ireland Office (NIO) launched a public consultation on 11th May 2018 to get public feedback on proposals for Addressing the Legacy of the Northern Ireland's Past. Over 17,000 responses were submitted to the public consultation with the NIO publishing its [analysis](#) in July 2019.

Despite the commitment to implement SHA in the [New Decade, New Approach](#) (NDNA) in January 2020 (See 2.7 below), progress has stalled and the proposed mechanisms to deal with the legacy of the past are still not in place.

2.6 Making Life Better (2014)

Making Life Better is a 10-year strategic framework for public health launched by the Department for Health, Social Services and Public Safety (DHSSPS) in 2014 to provide direction for policies; actions to improve the health and wellbeing of the people of Northern Ireland; and reduce inequalities in health.

More information about this strategic framework can be found at the following link: [Making Life Better - strategy and reports | Department of Health \(health-ni.gov.uk\)](#)

2.7 New Decade, New Approach (2020)

This agreement facilitated the full restoration of the institutions of the Belfast/Good Friday Agreement including the Executive, the Assembly and the North/South Ministerial Council, with the Assembly and Executive forming in January 2020.

The agreement included a commitment for the Programme for Government to enable a move to a better, more prosperous and shared future, recognising the need to address the legacy of the past. To that end, the parties committed to working together and to doing everything possible to heal wounds and eliminate the issues that divide us.

A commitment was also given to publish and introduce legislation in the UK Parliament, within 100 days, to implement the Stormont House Agreement. This commitment has not been met and agreement has not been reached on how to implement the various proposed institutions.

2.8 Report of the Historical Institutional Abuse Inquiry (2017)

In September 2011, The Northern Ireland Executive announced that it intended to set up an Inquiry into the abuse in residential homes in Northern Ireland. The terms of reference provided that that the HIA inquiry would examine the period between 1922 and 1995.

The inquiry spent three and a half years conducting its public hearings and investigations from 19 January 2013 with 493 individuals having engaged with the inquiry. The final report of the inquiry was published on 20 January 2017.

In its report, the inquiry into Historical Institutional Abuse recommended:

- an apology
- a memorial
- ***additional service provision/specialist care and help for those who were abused***
- a statutory commissioner for survivors of institutional childhood abuse (COSICA)
- financial compensation to be administered by a redress board
- annual grant funding for the Child Migrants Trust

The Historical Institutional Abuse (Northern Ireland) Act 2019 became an Act of Parliament on 5 November 2019. This Act provided the legal framework for establishing a Redress Board and a Statutory Commissioner.

The Historical Institutional Abuse (HIA) Redress Board in Northern Ireland opened for applications on 31 March 2020. It has been set up to receive and process applications for compensation.

The First and Deputy First Ministers appointed Ms Fiona Ryan as the Commission for Survivors of Institutional Childhood Abuse (COSICA) on 6 October 2020 for a five-year term from 14 December 2020.

The Executive Office requested VSS to be the service delivery body for the provision of Health and Wellbeing service to survivors of Historical Institutional Abuse on 23 October 2020.

3 STRATEGIC OUTCOMES

The Strategic Outcomes of the VSS provide the framework for delivery and operational targets each year. The Strategic Outcomes of VSS in respect the Troubles/conflict services are shown in **Diagram 1** below, with the slightly different Strategic Outcomes for the HIA service shown at **Diagram 2**.

Diagram 1: VSS Strategic Outcomes – Troubles/conflict service

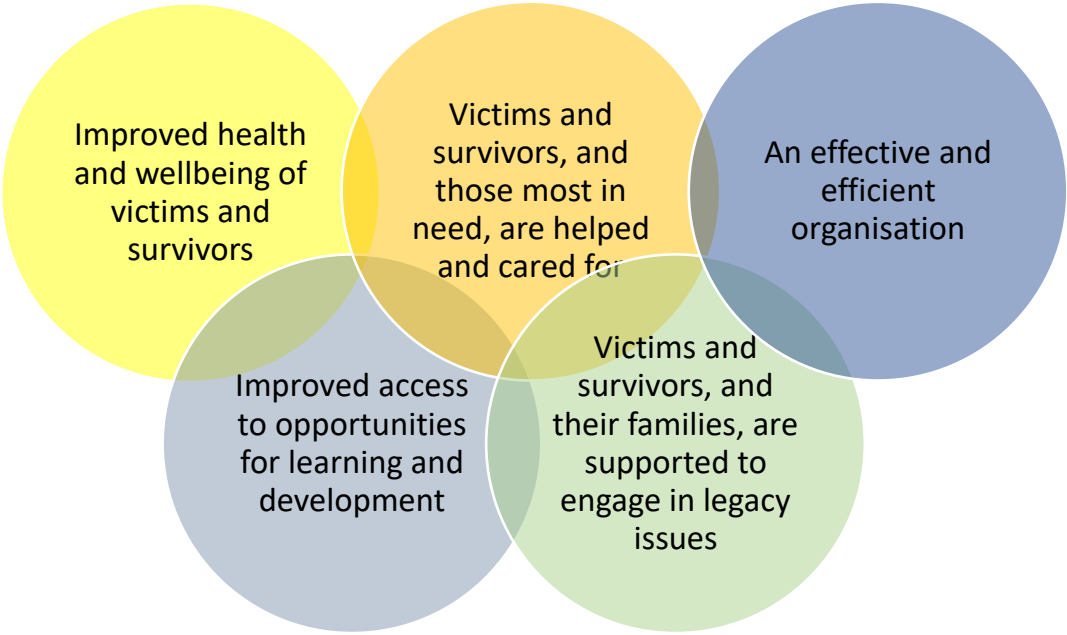
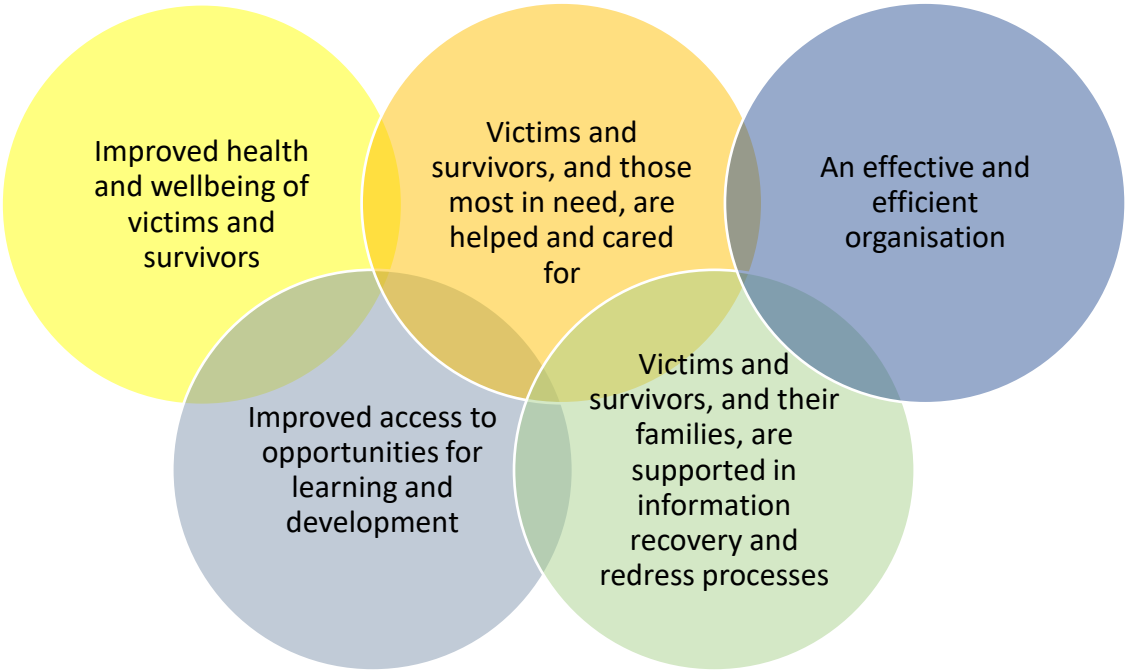


Diagram 2: VSS Strategic Outcomes – HIA service



3.1 Measuring achievement of these strategic outcomes: 2020-2021

Covid-19 and the government regulations introduced to help reduce the spread of the virus have had a significant impact on the ability of VSS to achieve a number of its business plan targets in 2020-2021.

- 27 of the 34 targets have been achieved in full.
- 4 targets in the areas of Complementary Therapies, Personal & Professional Development, volunteering and 1:1 literacy & numeracy were only partially achieved for this reason.
- There was also partial delivery against the targeted outcome in respect of Access to Welfare and Health and Wellbeing support for victims and survivors applying for the Victims Payment Scheme. This was due to the delay in the scheme launch. VSS did undertake preparatory work in 2020-21 to have services ready in preparation for the scheme launch.
- Covid19 has caused significant pressures on our colleagues in the Department of Health and has required them to prioritise dealing with the service impacts caused by the pandemic. As a result, there was limited delivery against the targeted outcome in respect of VSS engagement in a renewed co-design process for the Regional Trauma Network.
- A target to engage with TEO with a view to the establishment of a Partnership Agreement was not achieved in 2020-21 due to TEO staff capacity issues. This will be an urgent priority for 2021-22.

An overview of this work is provided in Section 4 below. Full details are subject to audit and will be presented in the VSS Annual Report and Accounts for 2020-21, to be laid at the Assembly and Companies House by the end of December 2021.

3.2 Measuring achievement of the VSS strategic outcomes for victims and survivors: 2021-2024

On an ongoing basis, and cumulatively over the whole period 2021-2024, the VSS monitors and reports on the delivery of its strategic outcomes for victims and survivors under the **Monitoring & Evaluation Framework** agreed with our delivery partners. This framework is outlined in [Annex 1](#).

4 REVIEW OF PAST PERFORMANCE

Table 1 below provides a summary review of the VSS past performance over the period 2019-2020 and 2020-2021, setting the context for the discussion of the VSS Stakeholders and Delivery Plan in the subsequent sections of this document.

Table 1: Review of Past Performance 2019-2020 and 2020-2021*

**Showing 2020-2021 indicative figures based as at 31 January 2021. These will be finalised by end of June 2021 and presented in the VSS Annual Report and Accounts for 2020-2021*

| PART 1 : Individual Needs Programme (INP) |
|--|
| INP 2019-2020 |
| <ul style="list-style-type: none"> • By 31 March 2020, VSS issued 8,537 awards to 5,794 individuals under the cash based element of the INP. • These cash awards were administered in parallel with the needs-based Health and Wellbeing service delivery model, including: <ul style="list-style-type: none"> ○ Self-Directed Assistance Awards issued to individuals registered with the VSS and confirmed eligible for direct payments as at 31 March 2017. ○ 5 Health & Wellbeing Case Managers in post at VSS and 25 Health & Wellbeing Case Workers employed in VSP/PEACE IV-funded organisations across the region, enabling a flexible person-centered approach for individuals accessing the Programme. ○ A Health and Wellbeing Caseworker Network established with regular meetings and information sharing, to promote collaborative working and communication. ○ Additional Needs Based Support Frameworks established with clear guidelines for the provision of bespoke support in relation to Persistent Pain, Disability Aids, Education and Training, Volunteering, Psychological Therapies, Trauma Focused Physical Activity and Social Isolation. • Between 1 April 2019 and 31 March 2020, Caseworkers engaged with 2,152 unique individuals who had not had an engagement with a caseworker before. 702 of these (almost one-third) have accessed support under Additional Needs-Based Frameworks. The remainder have been supported to access existing services and support in the VSP, Community/Voluntary, and other sectors. • A qualitative survey was issued to a 10% sample of recipients of Self Directed Assistance Awards in February 2020 with overwhelmingly positive responses received in relation to the way the VSS managed the change to the service delivery model. • 1,231 victims and survivors have provided consent to VSS to share their information with the Department for Communities (DfC), in relation to welfare reform and mitigations for victims. The VSS coordinated communication and engagement with DfC to identify and resolve issues arising and improve outcomes for victims/survivors accessing these benefits. • Records of 15 victims and survivors have been shared with Capita as part of the agreement with DfC in relation to the welfare reform process to support their applications to transition from DLA to PIP. • Lessons learned from the delivery of the INP in 2019-2020 were documented by the VSS and shared with the Commission for Victims and Survivors and The Executive Office as part of the Co-Design Programme, the Victims and Survivors Practitioner Working Group (VSPWG) and Caseworker Network to inform improvements to the service delivery model going forward. • The final outturn of the INP in 2019-2020 amounted to £4.871m. |

INP 2020-2021

- As at 31 January 2021, VSS issued 7,191 awards to 5,734 individuals under the cash-based element of the INP.
- Between 1 April 2020 and 31 January 2021 HWB Caseworkers & Case Managers engaged with 1,406 unique individuals who had not had an engagement with a caseworker before. Of these, 227 unique individuals have accessed support under Additional Needs-Based Frameworks. The remainder have been supported to access existing services and support in the VSP, community/voluntary, and other sectors.
- 1,641 needs based framework awards were made to clients based on an assessment of their individual needs across a range of support areas including: Persistent Pain, Disability Aids, Education & Training, Psychological Therapies, Social Isolation, Volunteering, Trauma Focused Physical Activity and Social Isolation.
- Lessons learned from implementation of INP in 2019-2020 have been applied with revisions to guidance and criteria for support agreed with the HWB Caseworker Network
- Development of frameworks to address and support Social Isolation and Volunteering have been developed and are being accessed by victims and survivors
- Further spot-checks of existing eligible clients were undertaken prior to the launch of INPs for 2019/20, and for 2020/21. Extrapolated error rates in each year were within tolerance allowing the schemes to open promptly.

PART 2: Victims Support Programme (VSP)**VSP 2019-2020**

- VSS delivered funding to a total of 53 organisations across Northern Ireland.
- This was the final year of a 3-year funding programme, which was delivered up to March 2020.
- Up to the end of March 2020, the funded organisations delivered 33,856 Social Support interventions, including respite support, befriending, informal and formal classes, drop-in and outreach support services, welfare advice, advocacy support and youth activities.
- Up to the end of March 2020, 2,770 individuals' accessed Counselling support.
- Outcomes based monitoring and evaluation using the agreed COREnet tool was first implemented in 2017-2018. During 2019- 2020 the VSS continued to report on this data. The data collected continues to show positive outcomes for at least 60% of individuals who avail of counselling.
- 2,831 individuals accessed Complementary Therapies up to the end of March 2020.
- Outcomes based monitoring and evaluation using the agreed MYMOP tool continued in 2019-2020. The data collected continues to demonstrate that approximately 4 out of 5 individuals who avail of Complementary Therapies report an improvement in their health and wellbeing.

VSP 2020-2021

- VSS delivered funding to a total of 50 organisations across Northern Ireland.
- This is the first year of a two-year extension of the VSP. The extension of the programme will enable the evaluation of the Victims Strategy and the co-design and public consultation of a new Victims Strategy for the future.
- The Covid 19 pandemic has impacted the delivery of the VSP. From March 2020 all organisations moved to provide support services remotely. VSS moved quickly to introduce a Resource Guide to provide flexibility for organisations to meet the emerging needs of victims and survivors. The priority was to keep victims and survivors safe.
- Up to the end of November 2020, the funded organisations delivered 21,087 Social Support interventions, including, befriending, zoom classes, outreach support services,

welfare advice, and youth activities. Organisations also provided food parcels and hobby items, mobile phone top up as well as electricity/gas/oil top ups for vulnerable victims and survivors.

- Up to the end of January 2021, 2,164 individuals accessed Counselling support. We have increased our Delivery Plan target from 2,100 to 2,700 to reflect an overall increase in the number of individual assessing talking therapies during this challenging year. We expect to achieve our Delivery Plan target of 2,700 individuals by the end of March 2021
- Outcomes based monitoring and evaluation using the agreed COREnet tool was first implemented in 2017-18. During 2020-2021 the VSS continued to report on this data. The data collected continues to show positive outcomes for at least 60% of individuals who avail of counselling.
- 499 individuals accessed Complementary Therapies up to the end of November 2020. This target has been greatly impacted by Covid 19 due to the restrictions place on close contact services. Many organisations reallocated expenditure from this budget into other support such as the provision of food/hobby parcels etc.
- Outcomes based monitoring and evaluation using the agreed MYMOP tool continued in 2020-2021. However due to the limited amount of complementary therapies and the data available it is difficult to report outcomes for this period.

PART 3: Victims and Survivors Practitioners Working Group (VSPWG)

VSPWG 2019-20

- VSPWG continued to be held every two months in the North East and South West areas.
- The meetings facilitate VSS funded organisations to engage with each other and share best practice in the delivery of services to victims and survivors. The forums also provide opportunities for funded organisations to engage directly with CVS and TEO on key policy issues.
- The focus of the meetings over this period has been to consult with VSS funded organisations on how to overcome the challenges of establishing the Regional Trauma Network, as well as engaging with TEO on the evaluation of the Victims Strategy. The Commissioner for Victims and Survivors regularly attended these meeting to provide information on key policy advice.

VSPWG 2020-2021

- Due to the Covid 19 pandemic, the VSPWG meetings were unable to take place.
- VSS ensured that there was ongoing engagement with the sector through regular communications and updates and the provision of the VSS Resource Guide that was regularly updated as restrictions changed over the year.

PART 4: Workforce Training and Development Plan (WFTDP)**WFTDP 2019-2020**

- In 2019-2020 the Workforce Training and Development Plan continued to be a key element of the VSS PEACE IV project.
- PEACE IV funding has been invested to build upon existing standards and capacity across the sector, and to continue the VSS work to promote and develop best practice.
- A Training Needs Analysis survey was been circulated to all organisations and this will form the basis of the WFTDP into the remaining years of the project. Training will be tailored to the individual needs of organisations.
- The summary tables below show the training delivered in 2019-2020.

| Trauma Training | Dates Delivered |
|---|-----------------------------|
| Intergenerational Trauma | July 2019 |
| Trauma and Family | October 2019 + January 2020 |
| Intergenerational Trauma & Adverse Childhood Experiences Conference | October 2019 |
| Approaches to Storytelling: Conflict and Legacy | November 2019 |
| Other Training Courses | Dates Delivered |
| Welfare Advice Training | April 2019 |
| City and Guilds Level 3 Certificate in Independent Advocacy | April 2019 – March 2020 |
| Safeguarding | January + February 2020 |

WFTP 2020-2021

- The Workforce Training and Development Plan continued into 2020-2021 as a key element of the VSS Peace IV Project
- The Training Needs Analysis completed in 2019-2020 identified the need to enable VSS funded organisations to apply for funding to deliver bespoke training plans. A call was opened in June 2020 and 22 organisations were awarded a total £127,698 to delivery their own training plans.
- In addition the following courses were also delivered in 2020-2021

| Trauma Training | Dates Delivered |
|---|---|
| Psychological Trauma: Impact and Effects (Introduction to Trauma) - Online | April 2020 |
| Speaking the Unspeakable – Communication and COVID 19 – Online | May, June 2020 |
| Supporting Children and Young People to Build Resilience During Covid-19 – Online | May 2020 |
| Trauma & Addiction - Online | May, June /July 2020 |
| Why Self Care Matters Now – Online | May, June, July, August, October, November 2020 |
| Misuse of Over the Counter Drugs - Online | June, August 2020 |
| Why We Sleep - Online | June, August 2020 |
| Embodied Yoga for Self-Regulation - Online | June, October 2020 |

| | |
|---|----------------------------|
| Developing a Compassionate Mind and Heart - Online | June, August, October 2020 |
| Trauma, Growth, and Possibilities for the Helping Professions - Online | June, July, August 2020 |
| Talking Trauma: Speaking the Unspeakable - Online | July, August 2020 |
| Supporting Children and Young People to Build Resilience - Online | July, August 2020 |
| Intergenerational Trauma - Online | August 2020 |
| Developmental Trauma - Online | October 2020 |
| Cycle of Change - Unhelpful habits, Motivation and the Cycle of Change Model - Online | November 2020 |
| Dealing with the Legacy of the Past in Northern Ireland: Where are we now and how did we get here? By Damien McNally - Online | November 2020 |
| The Cost of Caring – Can Caring Cost Too Much? - Online | November 2020 |
| Brain Development in the Context of Childhood Trauma - Online | November 2020 |
| Masterclass - Silent Testimony | December 2020 |
| Trauma and Family - Online | January – February 2021 |
| The Living Legacy of Trauma – Giving the Body Its Due - Online | January – March 2021 |
| Trauma and Family - Online | Jan-Feb 21 |
| The Living Legacy of Trauma – Giving the Body Its Due - Online | Feb- March 21 |
| Other Training Courses | Dates Delivered |
| Suicide First Aid | January 21 |

PART 5: PEACE IV Programme

2019-2020

- During 2019-2020 PEACE IV funding continued to support the Health and Wellbeing Caseworker Network and the Advocacy Support Programme.
- Networks of communication and information sharing have been ongoing during this reporting period and this has ensured that all stakeholders understand the Programme objectives and we continue to promote collaborative working between all partners to ensure that we can deliver on the targets and outcomes of the project.
- To date the Health and Wellbeing Caseworker Network has supported 5,447 assessments with victims & survivors to identify health and wellbeing needs and enable access to the appropriate support. This is against an overall PEACE IV target of 11,350 to be achieved by the end of the funding period.

- To date the advocacy funded organisations have supported 1,850 victims and survivors to access advocacy support. This is against an overall PEACE IV target of 6,300 to be achieved by the end of the funding period.
- As Lead Partner, the VSS continues to provide regular Partners and Projects reports to SEUPB for review and reimbursement of funds.
- In December 2018, VSS submitted a bid to SEUPB for additional funds to support the delivery of the current project and to embark on a number of new initiatives which have been identified as emerging gaps in service delivery. These include meeting gaps in the delivery of health and wellbeing services within the Border Region, developing storytelling and oral history projects and applying a gender lens to the design and development of services. The project will also seek to provide practical family therapy support to help address the transgenerational impact of the conflict/troubles. The proposed project will also have an emphasis on peacebuilding, engagement and dialogue.
- This bid was approved on 22 January 2020, allowing VSS to focus on delivery of the new elements from 2020/21.

2020-2021

- During 2020-2021 PEACE IV funding continued to support the Health and Wellbeing Caseworker Network and the Advocacy Support Programme.
- Networks of communication and information sharing are well established and this has ensured that all stakeholders understand the Programme objectives and we continue to promote collaborative working between all partners to ensure that we can deliver on the targets and outcomes of the project. All PEACE IV organisations adapted well to remote working and communication continued via online network meetings. A VSS Resource Guide was issued in late March which provided a clear framework and advice on how services could be adapted whilst restrictions were in place.
- To date the Health and Wellbeing Caseworker Network has supported 7,608 assessments with victims & survivors to identify health and wellbeing needs and enable access to the appropriate support. This is against an overall PEACE IV target of 11,500 to be achieved by the end of the funding period.
- To date the advocacy funded organisation have supported 3,192 victims and survivors to access advocacy support. This is against an overall PEACE IV target of 6,300 to be achieved by the end of the funding period.
- As Lead Partner, the VSS continues to provide regular Partners and Projects reports to SEUPB for review and reimbursement of funds.
- In 2018, VSS applied to SEUPB for additional funding to support identified gaps in service provision around the delivery of health and wellbeing services within the Border Region, developing storytelling and oral history projects and applying a gender lens to the design and development of services. We received the Letter of Offer from SEUPB in July 2020 and have recruited a Service Delivery Officer to progress these key pieces of work, along with our Project Partners CVS and WAVE Trauma Centre.
- The project also seeks to provide practical family therapy support to help address the transgenerational impact of the conflict/troubles. We have recruited 15 participants from our VSS funded organisations to participate on the QUB Postgraduate Systemic Practice and Family Therapy course.

PART 6: HIA**2020-2021 (Year 1)**

- On the 23 October 2020, The Executive Office requested that VSS would deliver health and wellbeing support and services to survivors of Historical Institutional Abuse (HIA).
- Following extensive engagement and co-design with HIA survivors groups and other relevant stakeholders, the VSS launched a new service dedicated to supporting the health and wellbeing of survivors of HIA on the 1 December 2020, supported by community partners Wave Trauma Centre and Advice NI.
- As at March 2021, 138 survivors have engaged and registered with VSS for support services.
- 64 Individual Needs Consultations completed and support delivered across a range of areas including: Persistent Pain, Disability Aids, Education & Training, Psychological Support, Social Isolation and Trauma Focused Physical Activity.
- The Covid-19 pandemic has impacted on the delivery of the HIA Support Programme (HSP). Interventions, including, befriending, complementary therapies outreach support services and resilience programmes will take place when restrictions ease.

PART 7: Clinical Governance**2019-2020, 2020-2021**

- In 2019-20, the VSS continued to review and enhance the clinical policies and protocols supporting all areas of our work. A revised Clinical Governance Framework has been developed to encompass the range of clinical policies and procedures in place. Several key policies have been reviewed and updated in line with best practice, including Protect Life, Adult Safeguarding, Reporting Serious Adverse Incidents, and Lone Working. The VSS Health & Wellbeing Committee played a key role in scrutinising and approving these policies.
- The VSS has also commenced a programme of review of key clinical policies in place within funded organisations, with safeguarding the first policy to be considered. Individual policies have been reviewed, and funded organisations supported to address any areas for improvement. This programme will continue into 2020-21, prioritising the most clinically important policies.
- As outlined above, the outcomes-focused monitoring and evaluation approach established in 2016-2017 was maintained, to continue monitoring and reporting on impact, and to enable the VSS to ensure ongoing improvements to the quality of services provided to victims and survivors.
- A repository of case studies reflecting outcomes for each framework has been created through the caseworker network and from funded organisations. This has fully embedded and continues to provide qualitative information for reports and other VSS documentation, and represents a key tool for monitoring outcomes in certain areas.

PART 8: Corporate Governance**2019-2020, 2020-2021**

- The Northern Ireland Audit Office has certified the VSS Annual Report and Accounts for the financial year ending 31 March 2020 with an unqualified audit opinion. These have been laid at the Northern Ireland Assembly and submitted to Companies House by the required deadlines.
- The VSS Annual Report and Accounts for the financial year ending 31 March 2021 will be prepared promptly after year-end, and will be presented for audit by September 2021 in line with the NIAO timetable.
- All areas audited by Internal Audit in 2019-2020 received a *satisfactory* assurance level.
- The 2020-21 Internal Audit Programme is ongoing at the time of preparing this Corporate Plan. *Satisfactory* assurance has been provided in all 2020-2021 reports issued to date (including areas such as VSP Vouching and Verifications and PEACEIV).

5 OUR STAKEHOLDERS

In order to understand and better support victims and survivors, the VSS needs and values a strong network of partners with whom we can communicate and work effectively.

Since the VSS was established in 2012, we have worked to establish and grow positive and productive working relationships with a range of stakeholders.

This engagement remains a priority for the VSS, and will continue to shape our work over the coming years.

Diagram 2 overleaf shows the broad range of partners and stakeholders with whom the VSS is currently engaged.

Diagram 2: VSS Stakeholder Map



Key Partnership-Level Stakeholders

VSS delivers Health and wellbeing support and services to victims and survivors of the Troubles/conflict and survivors of Historical Institutional Abuse.

Key Partnership-Level Stakeholders per Strategy for Victims and Survivors

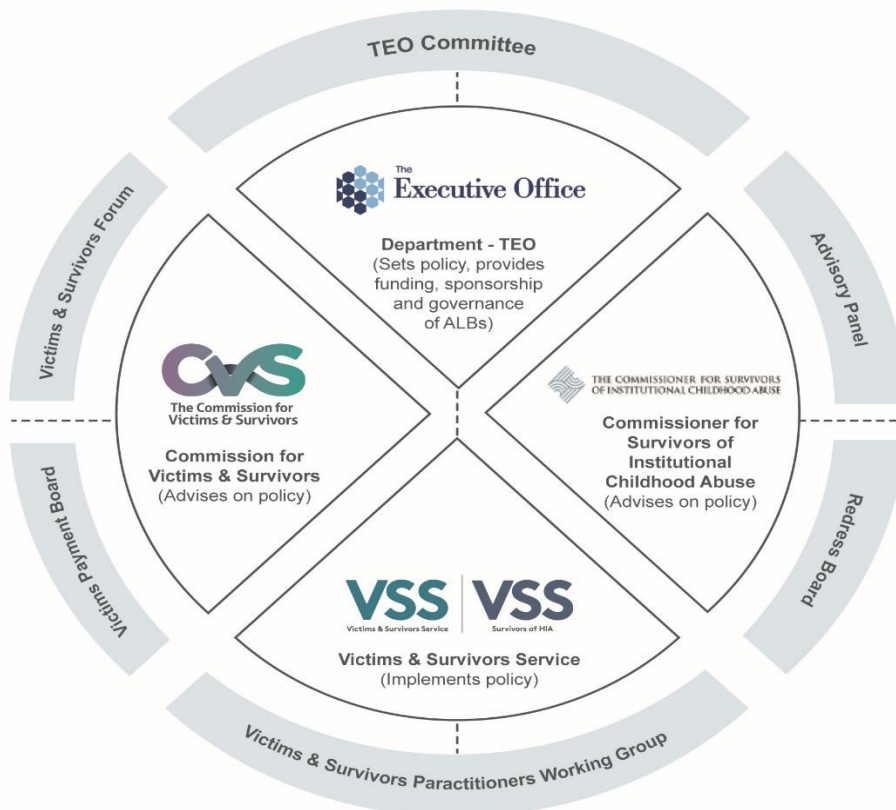
The *Strategy for Victims and Survivors* (2009-19) highlights the key strategic partners that support the VSS to deliver on its aims and objectives for victims and survivors of the Troubles/conflict, namely: The Executive Office (TEO), the Commission for Victims and Survivors (CVS), and the Victims and Survivors Forum.

Key Partnership-Level Stakeholders in delivery of services for survivors of HIA

VSS, in its work to provide support and services to survivors of Historical Institutional Abuse has identified key strategic partners that support it to deliver on its aims and objectives, namely: The Executive Office (TEO), the Commission for Survivors of Institutional Childhood Abuse (COSICA), and the Advisory Panel. It is anticipated that relationships will also be built with the Redress Board from 2021/22.

This framework is illustrated in **Diagram 3** below.

Diagram 3: Partnership-Level Stakeholders



In practical terms, these relationships function as follows:

5.1 Links between the VSS and TEO

The VSS is an executive non-departmental public body of TEO. It was established by the then OFMDFM (now TEO) to administer funding and support to victims and survivors of the Troubles/Conflict. In October 2020, TEO further appointed VSS to provide Health and Wellbeing Services to survivors of Historical Institutional Abuse (HIA). VSS is accountable to TEO in terms of its procedures, activities, and financial responsibilities which are managed through a Management Statement and Financial Memorandum (MSFM) and regular Accountability meetings.

During 2021/22, VSS looks forward to working with TEO to develop an appropriate Partnership Agreement and Engagement Plan (which will replace the MSFM). This represents an opportunity for TEO and VSS to define an approach to working more closely in partnership and focusing on outcomes in the coming years.

5.2 A pathway of communication and reporting between the VSS, CVS, and the Victims and Survivors Forum.

These bodies work together to review the delivery of services for victims and survivors (as well as other matters, including the impact on victims and survivors of the thematic areas of work referred to as *Dealing with the Past, and Building for the Future*). On the basis of this analysis and insight, the Commission is responsible for developing advice for TEO on policy matters affecting victims and survivors. As part of its role the Commission also promotes the interests of victims and survivors, undertakes research and reviews the effectiveness of the services provided to victims and survivors.

5.3 Regional Victims and Survivors Practitioners' Working Groups

There is a close link between the VSS and the Victims and Survivors Practitioners' Working Groups (VSPWG). These two regional groups represent a vital strategic network of communication and collaboration between professionals who work with victims and survivors, and have developed expertise in effective treatments, good governance, and support strategies for staff and volunteers in the sector.

This structure builds strategically upon the achievements and experience to date, ensuring more coordinated, efficient and effective service delivery for victims and survivors.

During 2021/22, VSS will establish working groups from the VSPWG's to input into the design of new service areas such as story-telling and oral history, the application of a gender lens to our services, addictions and social prescribing.

5.4 Victims and Survivors of the Troubles Collaborative Design Programme

In November 2014, a Victims Collaborative Design Programme Team was established, bringing together expertise from across the TEO Victims and Survivors Unit, the CVS, and the VSS Board and Senior Management in a facilitated process focused on re-designing service provision and delivery mechanisms in light of the learning accumulated to date. The first phase of this programme resulted in the new service delivery model implemented from 1st April 2017.

The second phase of the Co-Design Programme commenced in 2018 to consider:

- The design, development and implementation of the Regional Trauma Network.
- *Dealing with the Past* including consultation on the establishment of legacy mechanisms under the Stormont House Agreement.
- Findings of the CVS Mid-Term Review of the existing strategy.
- Post-2019 strategy.

As a result, a 2 year extension to funding was provided up to March 2022 alongside a 2 year extension to the strategy.

Further work was subsequently delayed due to Covid-19 but will be re-established in April 2021 with a dedicated focus on the Victims and Survivors Strategy post-2021, service delivery and funding from March 2022 and the Peace Plus programme.

5.5. The Regional Trauma Network

In December 2016, a Partnership Agreement was established between the DOH, TEO, Victims and Survivors Service (VSS), Health & Social Care Board (HSCB), and CVS. This outlined how the VSS and community and voluntary organisations would develop prioritised and protected communication and pathways with HSC services to ensure relevant, timely, accessible, and comprehensive trauma care for those whose mental health has been impacted by the Troubles/Conflict.

The PEACE IV programme has enabled the network of Health and Wellbeing Case Managers and Caseworkers, and resources for training and capacity building. On this basis, the community and voluntary sector element of the RTN for victims and survivors was established in April 2017 delivering step 1 to step 3 interventions.

The implementation of the HSC element of the RTN remains outstanding, primarily due to a number of design issues raised by VSS and the community and voluntary sector around the assessment process, duplication of services, dual-diagnosis and lack of co-design. The prioritisation and protection of support and services for victims and survivors also remains unclear. More recently, there have been further delays due to the Covid-19 pressures on our colleagues in Health.

5.6 A pathway of communication and reporting between the VSS, COSICA, and the Advisory Panel.

The Commissioner for Survivors of Institutional Childhood Abuse (COSICA) was appointed by the First and Deputy First Minister in October 2020 and took up post on 14 December 2020. It is expected that in 2021/22, the Commissioner will appoint an Advisory Panel comprising survivors of HIA.

These bodies will work together to review the delivery of services for survivors of HIA. On the basis of this analysis and insight, the Commission is responsible for providing advice to TEO on policy matters affecting survivors of HIA.

It is expected that a Co-Design Programme to continue learning and development around the support needs of survivors of HIA will commence in 2021/22. This will bring together expertise from across the TEO Historical Institutional Abuse Implementation Branch, COSICA, VSS and the Redress Board.

6 OUR PEOPLE

6.1 The VSS Board

The VSS Board currently consists of a Chair and four permanent members (all in their final terms, with term expiry dates between December 2023 and March 2024). This is three members below the full complement. TEO continues to work towards appointment of at least two additional Board Members, and towards succession planning in the longer term. This will be a critical and urgent priority for 2021/22.

The Board meets monthly and has an oversight role, holding the Senior Management Team (SMT) to account for the implementation of this Plan. This is achieved through regular performance reporting, and appraisal of key performance indicators, targets, and any recommendations emerging as a result of internal or external reviews or assessments.

6.2 Senior Management Team

The Chief Executive Officer (CEO) is also the Accounting Officer for the VSS for all matters relating to financial propriety, regularity and all prudent and economic administration of the organisation.

The CEO is supported at SMT level by a Head of Health and Wellbeing Services, a Head of Service Development and a Head of Corporate Services who are responsible for the following key functions within the VSS:

Health and Well Being Services

- Best practice in service delivery
- Assistance and support to individual victims and survivors
- Development of referrals and signposting to support services
- Clinical governance
- INP Programme implementation

Service Development

- VSP & PEACE programme implementation
- Workforce training and development
- Information and research
- Monitoring and reporting
- Information and communication

Corporate Services

- Business and corporate planning
- Corporate governance
- Human resources
- ICT
- Finance

The structure of the teams managed and led by the SMT to deliver these key functions is detailed in the **VSS Organisational Chart** (see [Annex 2](#)).

7 OUR 2021-2022 DELIVERY PLAN

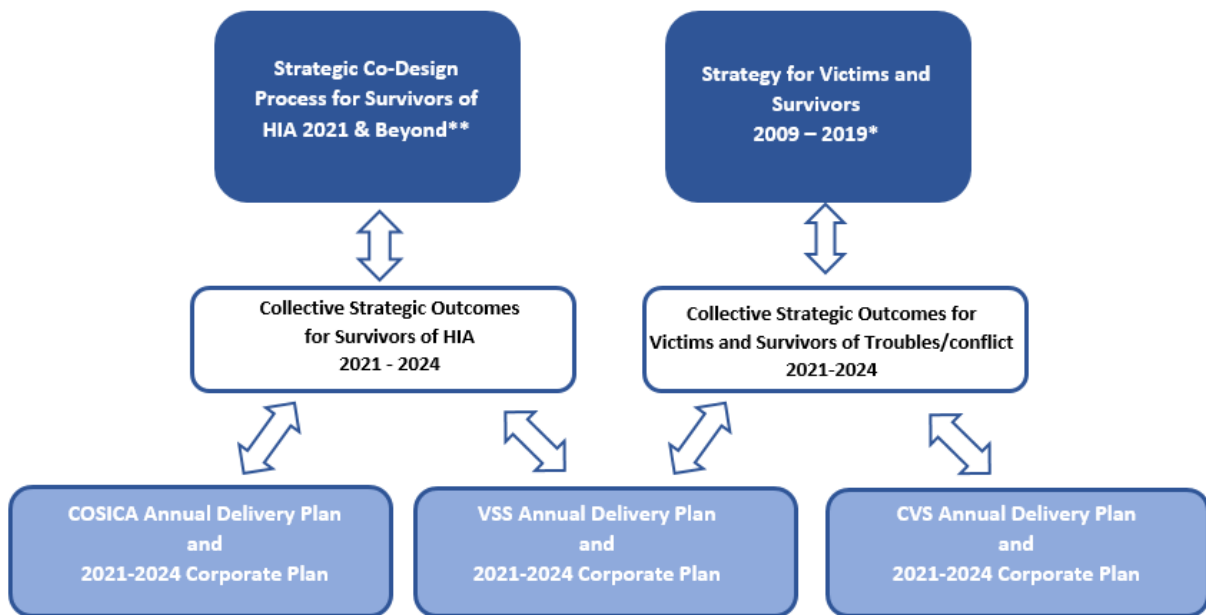
In line with the strategic outcomes outlined in Section 3, and taking into account the VSS responsibilities and its commitments to collaborative working and engagement discussed above, the VSS developed a Delivery Plan for the 2021-2022 period.

The **Budget** that underpins this programme of work is included at [Annex 3](#), and the detail of the indicative **2021-2022 Delivery Plan** is outlined in [Annex 4](#).

8 WHEN WILL WE MAKE THE DIFFERENCE WE AIM TO DELIVER?

The impact of **Services for victims and survivors** of the Troubles/conflict delivered by the VSS under the **Victims Support Programme, Individuals Needs Programme, and PEACE IV Programme** and the **Services for Survivors** of HIA delivered by VSS through our Health & Wellbeing **needs based frameworks** and through the **work of our Community Partners** is being evaluated on an ongoing basis and reported on annually under the annual Outcome Delivery Plan illustrated in **Diagram 4** below.

Diagram 4: Annual Outcome Delivery Plan



**The Victims Strategy has been extended for two years whilst current strategy is being evaluated and co-design of the new strategy is undertaken.*

***The Commission for Survivors of Institutional Childhood Abuse took up post in December 2020. It is expected that a co-design programme will commence in 2021/22 which will drive strategic outcomes in the future.*

Annex 1: Monitoring & Evaluation Framework 2021-2024

Measuring the VSS Strategic Outcomes for Victims and Survivors of the Troubles/conflict.

| Area | Strategic Outcome | Potential Indicators | How will this be measured? |
|--|--|--|---|
| Health & Wellbeing Social Support | Improved health and wellbeing of victims and survivors | <ul style="list-style-type: none"> • Improved mental health • Reduced risk • Improved physical and social function • Reduction of symptoms • Positive Attitude • Improved Integration • Improved quality of life • Reduced Isolation and improved social networks • Improved family relationships | <ul style="list-style-type: none"> • CORENET (Talking Therapies) <i>Collects client reported outcome measures and uses this to manage therapeutic outcomes.</i> http://www.coreims.co.uk/About_Core_Tools.html • MYMOP (Complementary Therapies) <i>Client centred and individualised outcome questionnaire focusing on specific problems but also general wellbeing</i> http://www.bris.ac.uk/primaryhealthcare/resources/mymop/ • Work & Social Adjustment Scale (WSAS) <i>A Client-centred self-report scale of functional impairment attributable to an identified problem</i> • TAKE 5 Monitoring Framework under development by Victims Practitioners Working Group and Belfast Strategic Partnership. www.makinglifebettertogether.com/take5/; www.mentalhealthireland.ie/ |



| Area | Strategic Outcome | Potential Indicators | How will this be measured? |
|---|---|--|--|
| Personal Development | Improved access to opportunities for learning and personal development | <ul style="list-style-type: none"> • Enhanced self esteem and self worth • Enhanced opportunities to contribute to wellbeing of others | <ul style="list-style-type: none"> • Case Studies • Surveys (pre and post training) • Other measurement tools |
| Financial & Welfare Support | Victims and survivors, and those most in need, are helped and cared for | <ul style="list-style-type: none"> • Improved Financial Support • Greater sense of responsibility and independence in addressing practical needs • Increased access to benefits and support | <ul style="list-style-type: none"> • Qualitative Surveys • Welfare Changes and Support reporting • Other measurement tools |
| Truth, Justice & Acknowledgement | Victims and survivors, and their families, are supported to engage in legacy issues | <ul style="list-style-type: none"> • Renewed relationships and trust within families and communities • Improved mental health and social networks • Agreed narrative with families and agencies around the incident • Increased confidence and reduced isolation due to being acknowledged and supported | <ul style="list-style-type: none"> • Case Studies • 1 to 1 interviews • External and Internal periodic evaluations • Other measurement tools |

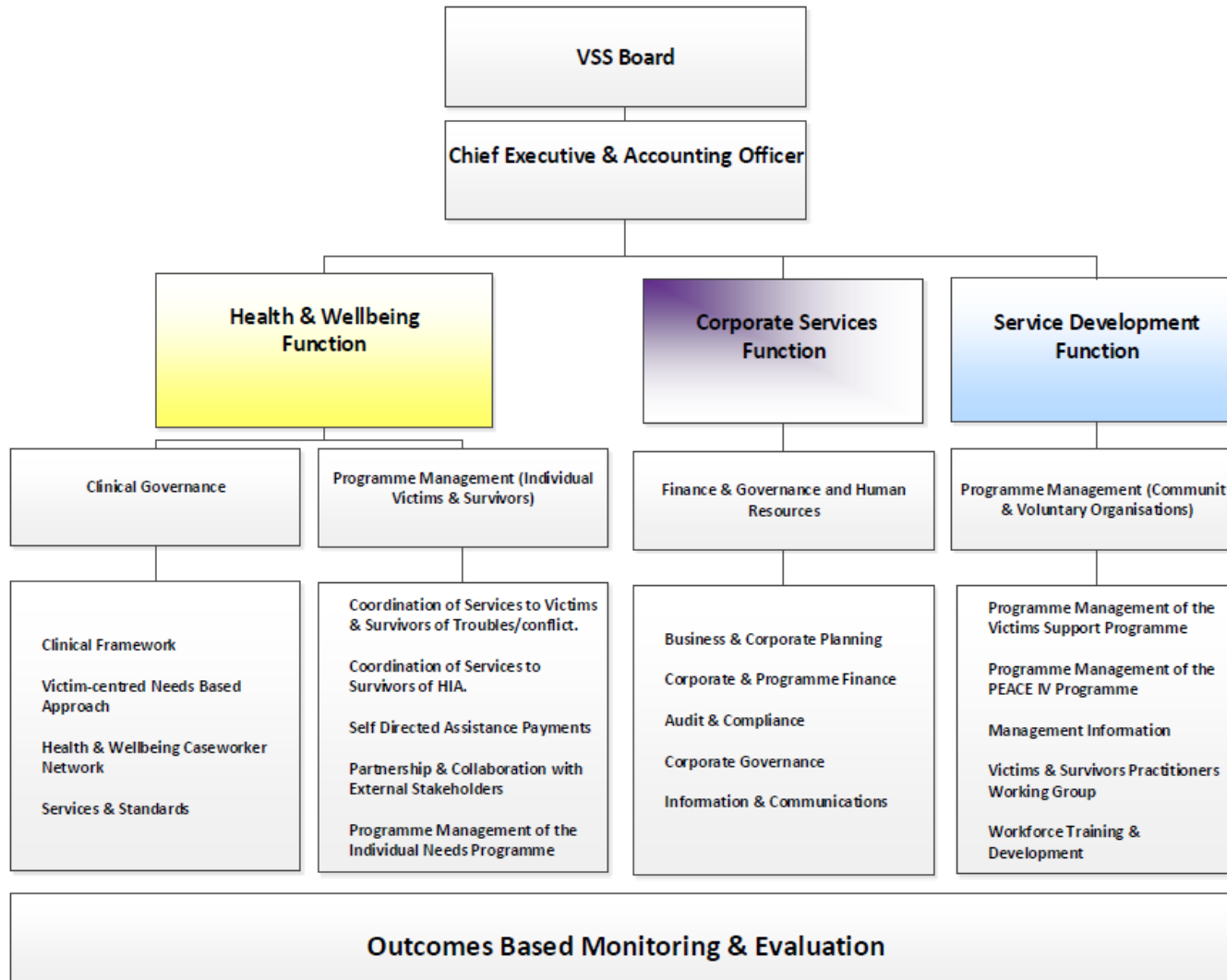
Measuring the VSS Strategic Outcomes for Survivors of Historical Institutional Abuse (HIA).

| Area | Strategic Outcome | Potential Indicators | How will this be measured? |
|---|--|--|---|
| <p>Health & Wellbeing</p> <p>Social Support</p> | Improved health and wellbeing of survivors | <ul style="list-style-type: none"> • Improved mental health • Reduced risk • Improved physical and social function • Reduction of symptoms • Positive Attitude • Improved Integration • Improved quality of life • Reduced Isolation and improved social networks • Improved family relationships | <ul style="list-style-type: none"> • CORENET (Talking Therapies) <i>Collects client reported outcome measures and uses this to manage therapeutic outcomes.</i> http://www.coreims.co.uk/About_Core_Tools.html • MYMOP (Complementary Therapies) <i>Client centred and individualised outcome questionnaire focusing on specific problems but also general wellbeing</i> http://www.bris.ac.uk/primaryhealthcare/resources/mymop/ • Work & Social Adjustment Scale (WSAS) <i>A Client-centred self-report scale of functional impairment attributable to an identified problem</i> • TAKE 5 Monitoring Framework under development by Victims Practitioners Working Group and Belfast Strategic Partnership. www.makinglifebettertogether.com/take5/; www.mentalhealthireland.ie/ |



| Area | Strategic Outcome | Potential Indicators | How will this be measured? |
|--|--|--|---|
| Personal Development | Improved access to opportunities for learning and personal development | <ul style="list-style-type: none"> • Enhanced self esteem and self worth • Enhanced opportunities to contribute to wellbeing of others | <ul style="list-style-type: none"> • Case Studies • Surveys (pre and post training) • Other measurement tools |
| Financial & Welfare Support | Survivors, and those most in need, are helped and cared for | <ul style="list-style-type: none"> • Improved Financial Support • Greater sense of responsibility and independence in addressing practical needs • Increased access to benefits and support | <ul style="list-style-type: none"> • Qualitative Surveys • Welfare Changes and Support reporting • Other measurement tools |
| Information Recovery | Victims and survivors and their families, are supported in information recovery and redress processes. | <ul style="list-style-type: none"> • Increased confidence due to being acknowledged and supported • Victims and survivors feel informed and empowered. | <ul style="list-style-type: none"> • Case Studies |

Annex 2: VSS Organisational Chart



Annex 3: VSS Budget

A3.1 VSS Troubles/Conflict Budget 2021/22

| Budget Heading | Funding Stream | 2021/22 Initial Allocation (£'000) | Allocation of Front Line Staff Costs (£'000) | 2021/22 Budget (£'000) |
|--|----------------|------------------------------------|--|------------------------|
| IMPROVED HEALTH & WELLBEING OF VICTIMS & SURVIVORS | | | | |
| Talking Therapies, Complementary Therapies | VSP | 1,397 | 1,942 | 3,339 |
| Transgenerational Issues & Young People | VSP | 39 | 22 | 61 |
| Psychological Support | INP | 86 | - | 86 |
| Disability Aids | INP | 240 | - | 240 |
| Persistent Pain Management | INP | 491 | - | 491 |
| Social Support | VSP | 534 | 1,403 | 1,937 |
| | | 2,787 | 3,367 | 6,154 |
| IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING & DEVELOPMENT | | | | |
| Education & Training | INP | 270 | - | 270 |
| Personal & Professional Development | VSP | 122 | - | 122 |
| | | 392 | - | 392 |
| VICTIMS & SURVIVORS, AND THEIR FAMILIES, ARE SUPPORTED TO ENGAGE IN LEGACY ISSUES | | | | |
| Truth, Justice & Acknowledgement | VSP | 54 | - | 54 |
| | | 54 | - | 54 |
| VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR | | | | |
| Self Directed Support - Bereaved | INP | 1,392 | - | 1,392 |
| Self Directed Support – Carers | INP | 264 | - | 264 |
| Self Directed Support - Injured | INP | 960 | - | 960 |
| Self Directed Support – Financial Support | INP | 219 | - | 219 |
| Self Directed Support – Additional Needs | INP | 718 | - | 718 |
| Bereaved Scheme | INP | 242 | - | 242 |
| Welfare Support | VSP | 59 | 690 | 749 |
| | | 3,854 | 690 | 4,544 |
| Victims Organisations Overheads | VSP | 1,020 | - | 1,020 |
| RTN Clinical Restructure | VSP | - | 74 | 74 |
| CORPORATE | CORE | 2,143 | - | 2,143 |
| | | 3,163 | 74 | 3,237 |
| TOTAL | | 10,250 | 4,131 | 14,381 |
| Capital | CORE | 90 | - | 90 |
| TOTAL | | 10,340 | 4,131 | 14,471 |

£944k of costs related to the Troubles Permanent Disablement Payment Scheme (TPDPS) have been incorporated into the figures above. A non-cash (depreciation) budget of £25k is also excluded from the above.

A3.2 VSS HIA Budget 2021/22

| Budget Heading | Funding Stream | 2020/21 Initial Allocation (£'000) | Allocation of Front Line Staff Costs (£'000) | 2020/21 Budget (£'000) |
|--|------------------|------------------------------------|--|------------------------|
| IMPROVED HEALTH & WELLBEING OF VICTIMS & SURVIVORS | | | | |
| Talking Therapies, Complementary Therapies | HIA - Groups | 86 | 77 | 163 |
| Psychological Support | HIA - Individual | 10 | | 10 |
| Disability Aids | HIA - Individual | 66 | | 66 |
| Persistent Pain Management | HIA - Individual | 18 | | 18 |
| Trauma Focussed Physical Activity | HIA - Individual | 8 | | 8 |
| Social Isolation | HIA - Individual | 15 | | 15 |
| Numeracy & Literacy | HIA - Individual | 12 | | 12 |
| Social Support | HIA - Groups | 1 | 68 | 69 |
| | | 216 | 145 | 361 |
| IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING & DEVELOPMENT | | | | |
| Education & Training | HIA - Individual | 10 | | 10 |
| Personal & Professional Development | HIA - Groups | 1 | | 1 |
| | | 11 | - | 11 |
| VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR | | | | |
| Welfare Support | HIA - Groups | | 63 | 63 |
| | | - | 63 | 63 |
| Victims Organisations Overheads | HIA - Groups | 44 | | 44 |
| CORPORATE | HIA | 211 | | 211 |
| | | 255 | | 255 |
| TOTAL | | 482 | 208 | 690 |
| Capital | | - | - | - |
| TOTAL | | 482 | 208 | 690 |

The HIA budget is indicative and will be further revised during 2021-22 through the Monitoring Round process. Discussions are ongoing with TEO regarding the most appropriate funding mechanisms.

A3.3 VSS Budget 2019/20 – 2020/21 Outturn

| Budget Heading | Funding Stream | 2019/20 Out-turn | 2020/21 Provisional |
|--|----------------|------------------|---------------------|
| | | (£'000) | Out-turn (£'000) |
| IMPROVED HEALTH & WELLBEING OF VICTIMS & SURVIVORS | | | |
| Talking Therapies, Complementary Therapies | VSP | 1,187 | 957 |
| Transgenerational Issues & Young People | VSP | 35 | 24 |
| Psychological Support | INP | 110 | 45 |
| Disability Aids | INP | 272 | 225 |
| Persistent Pain Management | INP | 505 | 425 |
| Social Support | VSP | 637 | 583 |
| Environmental Improvements | VSP | - | 339 |
| Collaboration and Working Together | VSP | 24 | - |
| | | 2,770 | 2,598 |
| IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING & DEVELOPMENT | | | |
| Education & Training | INP | 211 | 295 |
| Personal & Professional Development | VSP | 92 | 93 |
| | | 303 | 388 |
| VICTIMS & SURVIVORS, AND THEIR FAMILIES, ARE SUPPORTED TO ENGAGE IN LEGACY ISSUES | | | |
| Truth, Justice & Acknowledgement | VSP | 105 | 66 |
| | | 105 | 66 |
| VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR | | | |
| Self Directed Support - Bereaved | INP | 1,425 | 1,406 |
| Self Directed Support – Carers | INP | 275 | 265 |
| Self Directed Support - Injured | INP | 981 | 964 |
| Self Directed Support – Financial Support | INP | 217 | 219 |
| Self Directed Support – Additional Needs | INP | 748 | 728 |
| Self Directed Support - Transition | INP | 127 | - |
| Welfare Support | VSP | 50 | 59 |
| | | 3,823 | 3,641 |
| Victims Organisations Overheads | VSP | 4,491 | 4,895 |
| CORPORATE | CORE | 1,852 | 1,977 |
| TOTAL | | 13,344 | 13,565 |
| Capital | | 25 | 3 |
| TOTAL | | 13,369 | 13,568 |

£131k of costs related to the Troubles Permanent Disablement Payment Scheme (TPDPS) have been incorporated into the 2020/21 figures above.

A3.4 VSS HIA Projected Outturn 2020/21

| Budget Heading | Funding Stream | 2020/21 Provisional Out-turn |
|--|------------------|------------------------------|
| | | (£'000) |
| IMPROVED HEALTH & WELLBEING OF VICTIMS & SURVIVORS | | |
| Psychological Support | HIA - Individual | 5 |
| Disability Aids | HIA - Individual | 55 |
| Persistent Pain Management | HIA - Individual | 5 |
| | | 65 |
| | | |
| IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING & DEVELOPMENT | | |
| Education & Training | HIA - Individual | 1 |
| | | 1 |
| | | |
| Victims Organisations Overheads | HIA - Groups | 93 |
| CORPORATE | HIA | 75 |
| | | 168 |
| TOTAL | | 234 |
| Capital | HIA | 4 |
| TOTAL | | 238 |

Annex 4: Indicative 2021-2022 Delivery Plan (1st April 2021 – 31st March 2022)

4.1 Victims and survivors of the Troubles/conflict

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|---|---|--|--|--------------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 1 | Ensure access and availability of Psychological Therapies to 2,100 individuals delivered by VSS-funded organisations | -up to 20 organisations deliver talking therapies that assist victims and survivors in improving their health and wellbeing. | - 60% of individuals report positive outcomes and improvement is across all 4 domains. | - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - CORENet (Outcomes focused monitoring tool) - Number of clients benefitting. - Case Studies | Quarterly & Monthly | March 2022 |
| 2 | Ensure access and availability of Complementary Therapies to 1,500 individuals in line with best | - up to 21 organisations deliver complementary therapies that assist victims and survivors in improving their health and wellbeing. | - 80% of individuals report an improvement in their health and wellbeing. | - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. | Quarterly & Monthly | March 2022 |

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| | practise and minimum standards. | | | <ul style="list-style-type: none"> - MYMOP (Measure Your Medial Outcomes Profile) - Number of clients benefitting. - Case Studies | | |
| 3 | Ensure access and availability of Disability Aids to 100 individuals physically injured as a result of the Conflict/Troubles. | <p>Continuous review of framework and operational guidance.</p> <p>Conduct a review of physically injured individuals in receipt of high rate care to identify individuals who have not availed of the framework.</p> | - Improved wellbeing, function and independence for 65% of individuals as a result of disability aid provided. | <ul style="list-style-type: none"> - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. - Qualitative feedback (case studies) -- Number of clients accessing multiple frameworks framework as per caseworker engagement | Quarterly | March 2022 |

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| 4 | <p>Ensure access and availability of Trauma-focused Physical Activity that supports 200 individuals engage in a therapeutic process to address Conflict/Troubles-related trauma.</p> | <p>Continuous review of framework and operational guidance.</p> <p>Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically meeting the needs of victims and survivors.</p> <p>Attendance and engagement at Statutory, Community Voluntary health and physical activity initiatives</p> | <p>- Improved wellbeing, function and independence for 65% of individuals as a result of trauma focused-physical activity.</p> | <p>- Number of clients benefitting.</p> <p>- Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas.</p> <p>- Qualitative feedback (case studies)</p> | Quarterly | March 2022 |
| 5 | <p>Continued access to home heating support for 750+ individuals who have received this award in 17/18 to 2020/21.</p> <p>Continued support for 150 individuals to access physiotherapy to manage their persistent pain.</p> <p>Continued support for 35 individuals to access complementary therapy in instances whereby the therapy cannot be offered within a VSS funded organisation.</p> | <p>Continuous review of framework and operational guidance.</p> <p>Maintain continued cross-organisational relationships and referral pathways developed and formalised between statutory and community services.</p> <p>Facilitate the delivery of educational workshops to the HWB Caseworker Network to promote best practice interventions in managing persistent pain.</p> | <p>- Improved wellbeing, function and independence for 65% of individuals as a result of persistent pain interventions.</p> | <p>- Number of client supported through the persistent pain framework</p> <p>-Number of new clients accessing caseworker support</p> <p>- Number of clients accessing multiple frameworks framework as per caseworker engagement</p> | Quarterly | March 2022 |

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| | | | | <ul style="list-style-type: none"> - Work & Social Adjustment Scale (WSAS). - Qualitative feedback (case studies) | | |
| 6 | <p>Ensure access and availability of Psychological Support: Talking Therapies to 60 individuals with Conflict/Troubles-related trauma (outside of talking therapies provided via VSP-funded organisations).</p> <p>Ensure access and availability of Psychological Support: Alternative Therapies to 25 individuals.</p> <p>Ensure access and availability of Psychological Support: Complementary Therapies to 62 individuals who are unable to access complementary therapies through VSS funded organisations.</p> | <p>Continuous review of framework and operational guidance.</p> <p>Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically meeting the needs of victims and survivors.</p> <p>Maintain continued cross-organisational relationships and referral pathways with GPs, private providers and statutory services for those who require psychological support.</p> | <ul style="list-style-type: none"> - Improved wellbeing, function and independence for 70% of individuals as a result of psychological support interventions. | <ul style="list-style-type: none"> - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. - Qualitative feedback (case studies) -Core/ alternative outcome measures captured for all psychological interventions. | Quarterly & Monthly | March 2022 |

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| 7 | <p>Provision of Social Support activities to 11,000 individuals through VSS funded organisations including befriending, respite, and other activities in line with the Take 5 framework.</p> <p>www.makinglifebettertogether.com</p> <p>Review of the delivery of social support programmes</p> | <ul style="list-style-type: none"> - The delivery of social support activities that improve the health and wellbeing of victims and survivors in line with the Take 5 Framework - The completion of a review into how social support is currently delivered through the Victim Support Programme with recommendations for the future implementation of social support programmes. VSS funded groups will be involved in designing any new programmes that may be recommended as part of the review. | <ul style="list-style-type: none"> - Improved mental health - Improved physical and social function -Reduction of symptoms -Positive Attitude -Improved Integration -Improved quality of life -Reduced Isolation and improved social networks -Improved family relationships | <ul style="list-style-type: none"> - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies <p>Social Support Review Report completed with an implementation plan for future delivery</p> | Quarterly & Monthly | March 2022 |
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| <p>8</p> | <p>Develop a strong regional network of up to 26 HWB Caseworkers and 5 HWB Case Managers with agreed processes, procedures and referral pathways, ensuring appropriate geographical spread and equity of access</p> <p>Identify and agree KPIs in relation to client pathway and completion of INCs</p> <p>Develop a stakeholder engagement plan to enable outreach to wider Health and Wellbeing-oriented networks.</p> | <p>Continued development and training of HWB Caseworker Network with quarterly meetings and engagement with organisational management.</p> <p>Increased engagement by caseworkers with local organisations with potential to benefit victims and survivors</p> <p>Development and implementation of stakeholder engagement plan to enable outreach to wider Health and Wellbeing-oriented networks.</p> <p>Caseworker coverage for border regions.</p> <p>Review of Clinical Governance arrangements, compliance with standards and policies/procedures within the HWB Network</p> | <p>Ongoing improvement in:</p> <ul style="list-style-type: none"> - communication across victims/survivors sector -responsiveness to individual needs. - pathways of referral and communication with statutory sector. - clinical governance compliance - equity of access <p>Consistent, timely pathway for access to support and interventions</p> | <p>Numbers of HWB Caseworkers and Managers.</p> <p>Schedule of HWB Caseworker meetings and engagement, training and development.</p> <p>Number of clients engaged with a caseworker / case manager.</p> <p>Number of INCs completed.</p> <p>Referrals and signposting records between VSS funded organisations and other community, voluntary and statutory services.</p> | <p>Quarterly</p> | <p>Ongoing to March 2022</p> |
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VSS Indicative Delivery Plan 2021-2022 (DRAFT)

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| | | <p>Review equality of access for victims and survivors in current model and produce recommendations for further development of the HWB Network.</p> <p>Finalised pathway with timescales in relation the client journey.</p> <p>Continuous review of training and development needs with the HWB Network.</p> | <p>60% of individuals engaged with a Health and Wellbeing Caseworker report an improvement in functioning</p> | <p>Audit of clinical governance policies/procedures and standards with associated reporting.</p> <p>Work & Social Adjustment Scale (WSAS) outcomes.</p> <p>KPIs with associated timescales.</p> <p>Monthly caseworker report submitted to the MIS team.</p> <p>Client feedback.</p> <p>Case Studies.</p> | | |
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VSS Indicative Delivery Plan 2021-2022 (DRAFT)

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| <p>9</p> | <p>Support communication and engagement through the Victims and Survivors Practitioners Working Groups (VSPWG) Specific thematic Working Groups will be established to provide a forum for engagement and co-design with VSS Funded organisations.</p> | <p>- 4 working groups established. At least 2 meetings per working group. Feedback and recommendations in each theme to inform direction in each area.</p> | <p>Increased engagement between agencies and organisations involved in delivery services to victims and survivors. -Partnership and collaboration between organisations.</p> | <p>Minutes of meetings group Quarterly Feedback Reports</p> | <p>Quarterly</p> | <p>Ongoing to March 2022</p> |
| <p>10</p> | <p>Engage in renewed co-design with HSCB / TEO / Statutory Sector / Victims and Survivors Sector in respect of the Regional Trauma Network (RTN) Preparatory work in respect of process for assessment and referrals by VSS HWB Case Managers and VSS Community Partners.</p> | <p>Contribution to all aspects of RTN development - Attendance at meetings / sub-groups - Comments/amendments to documentation Methodology to identify initial clients to access RTN Agreed pathway from initial contact with VSS to referral</p> | <p>Provision for increased access to step 4 interventions for victims and survivors requiring this level of support.</p> | <p>Approved Implementation documentation Pathway documentation with associated timeframes</p> | <p>Monthly/quarterly</p> | <p>March 2022</p> |

| | | | | | | |
|--|--|---|--|--|--|--|
| | | Data-base developed to monitor and collate information on referrals to RTN and outcomes | | | | |
|--|--|---|--|--|--|--|

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|---|--|--|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| OPPORTUNITIES FOR VICTIMS AND SURVIVORS | | | | | | |
| 11 | Ensure access and availability of Personal and Professional Development : Supporting, 1,500 interventions through the VSP. | - 31 organisations deliver a broad range of personal and professional development (PPD) activities. | - Increased opportunities to develop interests and time to connect with other people. | - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies | Quarterly / Six monthly Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|--|---|--|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 12 | Ensure access and availability of Education and Training through the INP framework to meet specific needs for 120 individuals in addition to those already accessing framework | <p>Continuous review of framework and operational guidance.</p> <p>Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically meeting the needs of victims and survivors.</p> | <p>- Increased opportunities for employment progression and/or career development.</p> <p>- Improved psychological, physical and social functioning and subjective wellbeing of 65% of individuals who engage in education & training.</p> | <p>Number of clients benefitting.</p> <p>Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas.</p> <p>-- Number of clients accessing multiple frameworks framework as per caseworker engagement.</p> | Quarterly | March 2021 |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|--|--|---|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| | | | | Qualitative feedback (case studies) | | |
| 13 | <p>Ensure access and availability of 1:1 Literacy and Numeracy tuition for 5* individuals whose educational attainment has been significantly impacted by Conflict/Trouble-related trauma or events. This is in addition to those already accessing framework</p> <p><i>* This framework cannot be delivered outside of face to face contact due to the specific learning needs of those victims and survivors requiring this support.</i></p> | <p>Continuous review of framework and operational guidance.</p> <p>Increased promotion of the framework through the stakeholder engagement plan.</p> | <p>- Improved psychological, physical and social functioning and subjective wellbeing of 60% of individuals who engage in numeracy and literacy tuition.</p> <p>- 80% of individuals who engage in numeracy and literacy tuition demonstrate improved numeracy and literacy skills</p> | <p>- Number of clients benefitting.</p> <p>- Work & Social Adjustment Scale (WSAS).</p> <p>- Case Studies</p> <p>- Outcome measurement tool in use by contracted service provider</p> | Quarterly | March 2022 |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|--|---|--|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 14 | Delivery of a Social Isolation Programme to support 500 individuals who have been affected by the Conflict/Troubles. | <p>Continuous review of framework and operational guidance.</p> <p>Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically meeting the needs of victims and survivors.</p> | - Improved psychological, physical and social functioning and subjective wellbeing for 65% of individuals engaged in Social Isolation programme. | <ul style="list-style-type: none"> - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS). - ULCA Loneliness Scale - Case Studies - Qualitative feedback - Loneliness Scale -- Number of clients accessing multiple frameworks framework as per caseworker engagement | Quarterly | March 2022 |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|---|--|--|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 15 | <p>Delivery of a Volunteering Programme to support 70 individuals who have been affected by the Troubles/conflict.</p> <p>Support 10 VSS organisations to engage with Volunteer Now and complete their Volunteer Accreditation A further 10 organisations will be encouraged to complete the Volunteer Now Health Check.</p> | <p>Continuous review of framework and operational guidance.</p> <p>Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically meeting the needs of victims and survivors.</p> <p>Increased promotion of the individual element of the framework through the stakeholder engagement plan.</p> | <p>- Improved psychological, physical and social functioning and subjective wellbeing for 80% of individuals engaged in Volunteering Programme.</p> | <p>- Number of clients benefitting. - Work & Social Adjustment Scale (WSAS). - Case Studies - Qualitative feedback - Volunteer Impact Tool -Number of VSS organisations attaining the accreditation.</p> | Quarterly | March 2022 |
| OPPORTUNITIES FOR VSS STAFF and OUR PARTNERS | | | | | | |
| 16 | <p>Continued implementation of the Workforce Training and Development Plan -2020-22 in line with the CVS Minimum Standards published in November 2016.</p> | <p>-Suite of high quality vocational and non-vocational training and development opportunities for staff /volunteers and committee members.</p> | <p>- Increased capacity and confidence within VSS funded organisations leading to a higher quality of</p> | <p>- Number of courses delivered.</p> | Quarterly / Six Monthly | March 2022 |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|-------------|--|--|--|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| | | <ul style="list-style-type: none"> - Consistent high standards of delivery in line with the CVS Minimum Standards. - Capacity plan in line with the changing service delivery model. | <ul style="list-style-type: none"> service delivery for victims and survivors. - Increased capacity and confidence within VSS leading to a higher quality of service delivery for victims and survivors. | <ul style="list-style-type: none"> - Number of participants attending. - Caseworker and Advocacy Worker Forums - Support Visits including section on adherence to minimum standards and ongoing training and development needs. - Post training evaluations. | | |

| STRATEGIC OUTCOME 3: VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|---|--|--|---|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 17 | Provide access to Welfare and Health & Wellbeing Support for victims and survivors applying for the Troubles Permanent Disablement Payments Scheme. | <p>4 VSS funded organisations increasing welfare support capacity.</p> <p>VSS will provide co-ordination of welfare support activity for clients being assisted with applications to Troubles Permanent Disablement Payments Scheme.</p> <p>Fully trained staff at VSS and funded organisations who are capable of assisting victims and survivors to make applications to the Troubles Permanent</p> | <p>Victims and survivors satisfied with the support they received from VSS & funded organisations to make an application for the Victim's Payment</p> <p>VSS Staff and Welfare Officers in post and prepared to support eligible clients in making applications for the Troubles Permanent Disablement Payments Scheme within an efficient timescale</p> <p>VSS Staff and Welfare Officers support ineligible clients by</p> | <p>- Quarterly / Six monthly support visits.</p> <p>- Quarterly Feedback Reports.</p> <p>- Case Studies</p> <p>- Number of staff in post;</p> <p>- Number of individuals supported;</p> <p>- Number of applications made</p> | <p>Quarterly / Six monthly</p> <p>Quarterly & Monthly</p> | May 2021 |

| STRATEGIC OUTCOME 3: VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|---|--|---|--|--|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| | | Disablement Payments Scheme in line with the governing legislation. | signposting to other VSS and funded organisations Health and Wellbeing Support | | | |
| 18 | Provide Self Directed Assistance Payments to up to 6,000 individuals. | - Payments delivered by 31 May 2021 | - improved financial position for clients in receipt of support - recognition of victimhood | - Number of payments issued. - Front line delivery activity – call handling, drop-ins. - Annual survey and case studies | One-off event Monthly Annual | May 2021 March 2022 March 2022 |
| 19 | Provide Additional Needs Payments to up to 1,600 individuals. | | | | | |

| STRATEGIC OUTCOME 4: VICTIMS AND SURVIVORS, AND THEIR FAMILIES, ARE SUPPORTED TO ENGAGE IN LEGACY ISSUES (PfG Outcomes 7 & 8) | | | | | | |
|---|---|--|--|---|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 20 | Maintain a strong Advocacy Support Network with agreed processes, procedures and referral pathways to provide support and assistance to victims and survivors. | - A regional network of 21.5 Advocacy Support Caseworkers and 6 Case Managers established with regular schedule of meetings/engagement and agreed Terms of Reference | - Increased confidence and reduced isolation due to being acknowledged and supported. - Renewed relationships and trust within families and communities. - Improved mental health and social networks. - Agreed narrative with families and agencies around the incident. | - Numbers of Advocacy Support. Workers and Advocacy Support Managers. - Schedule of Advocacy Support Worker meetings and engagement, training and development. - Case Studies / Surveys. - External and Internal periodic evaluations. | Monthly | March 2022 |
| | Advocacy Support Network to continue to engage with legacy institutions which are already established in the absence of the Stormont House legacy institutions that were to be established under the New Decade New Approach agreement | Increased access to Truth Justice and Acknowledgment for victims and survivors | | | Annually | March 2022 |

4.2 Survivors of Historical Institutional Abuse

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|---|--|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| 22 | Ensure access and availability of Psychological Therapies to 100 individuals delivered by VSS-funded organisation. | 1 organisation with regional coverage to deliver talking therapies that assist survivors in improving their health and wellbeing. | - 60% of individuals report positive outcomes and improvement is across all 4 domains. | - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - CORENet (Outcomes focused monitoring tool) - Number of clients benefitting. - Case Studies | Quarterly & Monthly | March 2022 |
| 23 | Ensure access and availability of Complementary Therapies to 100 individuals in line with best practise and minimum standards. | 1 organisation with regional coverage to deliver complementary therapies that assist victims and survivors in improving their health and wellbeing. | - 80% of individuals report an improvement in their health and wellbeing. | - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - MYMOP (Measure Your Medial Outcomes Profile) - Number of clients benefitting. - Case Studies | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|---|--|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| 24 | Ensure access and availability to Resilience activities to 100 survivors. | 1 organisation with regional coverage to deliver resilience activities to assist survivors in improving their health and wellbeing. | 60% of individuals report an improvement in their health and wellbeing. | Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Number of clients benefitting. - Case Studies | Quarterly & Monthly | March 2022 |
| 25 | Ensure access and availability of Disability Aids to 30 individual survivors of HIA. | Continuous review of framework and operational guidance. | - Improved wellbeing, function and independence for 60% of individuals as a result of disability aid provided. | - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. - Qualitative feedback (case studies) | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|--|--|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| | | | | -- Number of clients accessing multiple frameworks framework as per caseworker engagement | | |
| 26 | Ensure access and availability of support towards managing Persistent Pain to 35 individuals. Support 25 individuals to access physiotherapy to manage their persistent pain . | Continuous review of framework and operational guidance. Train and develop the HWB Caseworker's to embed the stepped care approach in holistically meeting the needs of Survivors. | Improved wellbeing, function and independence for 60% of individuals as a result of persistent pain interventions | - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. - Qualitative feedback (case studies) | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|---|---|---|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| | Support 10 individuals to access complementary / alternative therapies in instances whereby the therapy cannot be offered within the funded organisation. | | | | | |
| 27 | Ensure access and availability of social isolation aids to 30 individual survivors of HIA. | Continuous review of framework and operational guidance. Train and develop the HWB Caseworker's to embed the stepped care approach in holistically | - Improved wellbeing, function and independence for 60% of individuals as a result of interventions to reduce isolation. | - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS). - Qualitative feedback (case studies) -ULCA Loneliness Scale | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|---|---|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| | | meeting the needs of Survivors. | | | | |
| 28 | Ensure access and availability of Psychological Support: Talking Therapies to 10 individuals who are unable to access therapies through VSS funded organisation. | Continuous review of framework and operational guidance. Train and develop the HWB Caseworker's to embed the stepped care approach in holistically meeting the needs of Survivors. | - Improved wellbeing, function and independence for 60% of individuals as a result of psychological support interventions. | - Number of clients benefitting. - Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. - Qualitative feedback (case studies) -Core/ alternative outcome measures captured for all psychological interventions. | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|--|---|--|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| | Ensure access and availability of Psychological Support: Complementary / Alternative Therapies to 10 individuals who are unable to access complementary therapies through VSS funded organisations. | | | | | |
| 29 | Ensure access and availability of Trauma-focused Physical Activity that supports | Continuous review of framework and operational guidance. | Improved wellbeing, function and independence for 60% of individuals as a | Number of clients benefitting. - Work & Social Adjustment Scale (WSAS) monitoring | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|---|--|--|--------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 21 | Provide HWB Caseworker support to 150 survivors to collectively identify needs and put in place a package of care | 2 HWB Caseworkers provide appropriate supportive interventions to improve health and wellbeing. | 150 packages of care in place | Monthly activity reports Quarterly / Six monthly support visits. Quarterly Feedback Reports. Number of clients benefitting. | Quarterly & Monthly | March 2022 |
| | 25 individuals engaged in a therapeutic process | Train and develop the HWB Caseworker's to embed the stepped care approach in holistically meeting the needs of Survivors. | result of trauma focused-physical activity. | individual outcomes across 5 functional areas. - Qualitative feedback (case studies). | | |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|---|--|--|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| OPPORTUNITIES FOR VICTIMS AND SURVIVORS | | | | | | |
| 30 | Ensure access and availability of Personal and Professional Development to support 25 survivors | 1 organisation with regional coverage to deliver activities to assist victims and survivors in improving their health and wellbeing. | Increased opportunities to develop interests and time to connect with other people. Improved psychological, physical and social wellbeing of 60% of individuals who engage in personal and professional development. | - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies | Quarterly & Monthly | March 2022 |
| 31 | Ensure access and availability of Education and Training through the INP framework to meet specific needs for 10 individuals. | Continuous review of framework and operational guidance. Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically | - Increased opportunities for employment progression and/or career development. - Improved psychological, physical and social functioning and subjective | Number of clients benefitting. Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. Qualitative feedback (case studies) | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|--|--|---|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| | | meeting the needs of Survivors. | wellbeing of 60% of individuals who engage in education & training. | | | |
| 32 | Ensure access and availability of 1:1 Literacy and Numeracy tuition for 5 individuals whose educational attainment has been significantly impacted by their childhood experiences. | <p>Continuous review of framework and operational guidance.</p> <p>Continued development and training of HWB Caseworker Network to embed the stepped care approach in holistically meeting the needs of Survivors.</p> | <p>- Improved psychological, physical and social functioning and subjective wellbeing of 60% of individuals who engage in numeracy and literacy tuition.</p> <p>- 80% of individuals who engage in numeracy and literacy tuition demonstrate improved numeracy and literacy skills</p> | <p>- Number of clients benefitting.</p> <p>- Work & Social Adjustment Scale (WSAS).</p> <p>- Case Studies</p> <p>- Outcome measurement tool in use by contracted service provider</p> | Quarterly & Monthly | March 2022 |

| STRATEGIC OUTCOME 3: VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|---|--|--|---|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 33 | <p>Ensure access and availability of Welfare Advice: Facilitate 500 interventions to 200 survivors, and monitor the impact of Welfare Reform on victims and survivors.</p> <p>Engagement with the Department for Communities (DfC), Housing providers and others to support and advocate for individual survivors</p> | <p>- 2 organisations directly delivering services to assist survivors make sense of what they are entitled to as well as provide support and guidance during changes implemented through welfare reform.</p> <p>- Prompt provision of welfare advice/support to survivors.</p> | <p>- Increased access to welfare support for survivors</p> <p>Financial maximisation for clients (receiving benefits entitled to, appealing where appropriate and justified)</p> | <p>- Quarterly / Six monthly support visits.</p> <p>- Quarterly Feedback Reports.</p> <p>- Case Studies</p> <p>Financial Maximisation metrics</p> | Quarterly | March 2022 |

| STRATEGIC OUTCOME 3: VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|---|--|---|---|--|---------------------------------------|-------------|
| REF | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| 34 | Provide outreach/befriending support to 100 survivors | 1 organisation with regional coverage to deliver outreach/ befriending support to reduce social isolation and improve health and wellbeing. | 80% of individuals report a decrease in social isolation and feel acknowledged and cared for | <ul style="list-style-type: none"> - Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies | Quarterly | March 2022 |

| STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
|--|--|--|---|---|---|-----------------------|
| Ref | Key Actions | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? | Target date |
| PROGRAMME MANAGEMENT | | | | | | |
| 35 | Maintain robust corporate governance arrangements within VSS (including Board, Committees, Policies, Partnership Agreement etc). | <ul style="list-style-type: none"> - Monthly Board meeting and minutes published on website and forwarded to TEO within 5 working days. - Quarterly ARC and HWB Committee meetings and minutes published on website. - Compliance with legal, statutory and departmental requirements. - Quarterly reporting to TEO & engagement in Accountability Meeting | <ul style="list-style-type: none"> - Maintenance of a high degree of transparency on the accountability arrangements with VSS. - Transparency over governance arrangements. - Assurance over VSS activities and use of public funds. | <ul style="list-style-type: none"> - Board Minutes and Action points. - Annual self-assessment of Board, ARC and Health and Wellbeing Committee. - Monitoring of register of policies and their review dates. - Internal audit assurance. - External Audit assurance | <ul style="list-style-type: none"> Monthly Annual Ongoing Ongoing | Ongoing to March 2022 |

Annex 3: VSS Budget4: Indicative Delivery Plan 2021-2022

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| 36 | Ensure a robust risk management process is in place and followed. | <ul style="list-style-type: none"> - Monthly Strategic Risk Register. - Monthly Operational Risk Logs. - Quarterly Assurance Statements. | <ul style="list-style-type: none"> - Assurance over VSS management of risk - Appropriate mitigating strategies applied to identified risks. | <ul style="list-style-type: none"> - Included within month end management papers. - Minimise impact of risk. | Monthly | Ongoing to March 2022 |
| 37 | Ensure robust financial processes and procedures are being developed and followed. | <ul style="list-style-type: none"> - Regular review of Financial Policies and Procedures. - Draft financial statements 2020/21: JUNE 2021. - Final financial statements 2020/2021: SEPT 2021. - Implementation of Internal Audit Plan. - Implementation of NIAO recommendations. | <ul style="list-style-type: none"> -Unqualified accounts for 2020/21 -Satisfactory Internal Audit Assurance | <ul style="list-style-type: none"> -Report to those charged with governance from NIAO -Annual Assurance Report from Internal Audit | Annual | December 2021 March 2022 |
| 38 | Engage with TEO with view to establishment of a Partnership Agreement. | <ul style="list-style-type: none"> -Signed Partnership agreement between VSS and TEO (including Agreed Engagement Plan). -Annual review of Partnership agreement by VSS Board. | <ul style="list-style-type: none"> - Maintenance of a high degree of transparency on the accountability arrangements with VSS | <ul style="list-style-type: none"> -Quarterly assurance statements & partnership meetings | Quarterly | March 2022 |

Annex 3: VSS Budget4: Indicative Delivery Plan 2021-2022

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| 39 | By year-end operate within allocated budget avoiding overspend and managing underspend within a tolerance of 1.5%. | <ul style="list-style-type: none"> - Monthly monitoring or expenditure and cash - Month end closure within 3 working days of month end. | <ul style="list-style-type: none"> -98.5% of the budget utilised -95% of INP & Corporate invoices paid within the statutory time frame of 30 days - 90% of Corporate invoices paid within 10 days | <ul style="list-style-type: none"> - Month end Budget Analysis. - Month end monitoring of prompt payments - Month end reporting on cash balances | Monthly | Ongoing to March 2022 |
| 40 | Ensure eligibility of expenditure across all programmes. | <ul style="list-style-type: none"> -100% vouching of PEACE IV expenditure. -implementation of sample based vouching of VSP Expenditure -Debt recovery in line with VSS Debt Recovery Procedure -Co-design and pilot electronic claim submission system (portal) | <ul style="list-style-type: none"> - No increase in sample size issued by SEUPB due to errors found - Consistency in implementation of Programme rules. | <ul style="list-style-type: none"> - Review of error rates on VSP and PEACE IV - Completion of Governance checks and application of risk rating to funded organisations. - Outcome Report for annual Verification checks exercise for all groups | Quarterly | Ongoing to March 2022 |

Annex 3: VSS Budget4: Indicative Delivery Plan 2021-2022

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|------------------|---|--|---|--|--|------------------------------|
| <p>41</p> | <p>Continue to manage and develop the VSP 2020-2022 with a focus on 4 strategic outcomes.</p> <p>Prepare for the continuation of the VSP post March 2022 – Open call for applications in line with the new victims and survivors strategy or extension of the current VSP.</p> | <ul style="list-style-type: none"> - Annual monitoring of funded organisation budgets and delivery plans. - Monitoring and evaluation framework agreed with each funded organisation. - Consistent and up to date monitoring of progress towards meeting VSS outcomes. -Call process completed to allow continuation of services post March 2022 | <ul style="list-style-type: none"> - Improvement in quality of services provided by VSS and funded organisations. -Improved partnership working and relationships between VSS and funded organisations. -Clarity on position post 2022 | <ul style="list-style-type: none"> - Delivery plans and budgets agreed. - CORENet - MYMOP - WASA - Quarterly Feedback Reports. Quarterly / Six monthly support visits. | <p>Monthly</p> <p>Quarterly / Six monthly</p> | <p>Ongoing to March 2022</p> |
| <p>42</p> | <p>Programme Management of PEACE IV in line with EU Programme Rules and national rules and legislation.</p> <p>Liaise with SEUPB, TEO, CVS and VSS funded groups on the new PEACE PLUS Programme and the preparation of VSS application.</p> | <ul style="list-style-type: none"> - Annual monitoring of budget and work plans. - Progress against overall PEACE IV outputs (11,350 HWB Assessments, 6,300 Advocacy – over full project life) - Regular meetings between VSS and its PEACE IV Partners (CVS & WAVE) Completed application to SEUPB for future funding | <ul style="list-style-type: none"> -Improved quality of services and care - Effective management of PEACE Partnership - enhanced opportunity for future funding to | <ul style="list-style-type: none"> - Delivery plans and budgets agreed. - Quarterly Feedback Reports. - Quarterly / Six monthly support visits. - CORENet - MYMOP - WASA - ULCA - Volunteer Impact Tool - The 5 Framework – Social Support. | <p>Monthly</p> <p>Quarterly / Six monthly</p> <p>Quarterly</p> | <p>Ongoing to March 2022</p> |

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| | | under the PEACE PLUS programme. | support victims and survivors | - Achievement of claim and report submission within SEUPB deadlines | | |
| STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 & 9) | | | | | | |
| REF | Key Actions | | Outputs | Outcomes | How will this be measured? | How frequently will this be measured? |
| MANAGEMENT INFORMATION SYSTEM (MIS) and MONITORING & EVALUATION | | | | | | |
| 43 | Maintain and develop Management Information Systems across the VSS with a view to integration and consolidation with outcomes based monitoring and evaluation strategy and GDPR requirements. | <ul style="list-style-type: none"> - Reduction in office storage requirement by allowing records to be stored off-site/archived. - Increased digitisation of paper records - Audited updated policies & procedures in relation to GDPR (inc DSAs) | <ul style="list-style-type: none"> - Improved access and quality of information. - Improved quality control and consistency of records. -Compliance with GDPR requirements - Implementation of updated website | <ul style="list-style-type: none"> - Number of paper based forms/templates which have been digitised. - Power BI reports and charts implemented -Number of articles shared/reports distributed | Quarterly | Ongoing to March 2022 |

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| | | <ul style="list-style-type: none"> - Implementation of more efficient reporting procedures/processes <p>Improving Advocacy & welfare reporting</p> | | | | |
| COMMUNICATIONS & ENGAGEMENT | | | | | | |
| 44 | Implement communication and engagement plan. | <ul style="list-style-type: none"> - Current and accurate framework of stakeholders. - Strong communication with relevant agencies & sectors. - Strong and relevant key messages. - Updated publicity and communications information. | <ul style="list-style-type: none"> - Improved communication and engagement with key stakeholders - Informed and dynamic engagement with key stakeholders that is responsive to changing views and emerging concerns. | <ul style="list-style-type: none"> - Updated actions and key messages. - Accuracy of stakeholder map. - Engagements diary, corporate calendar. - CEO, Board and MLA Correspondence Registers. - Monitoring of implementation of Communication Plan. - Stakeholder satisfaction with levels of information provided – feedback from VSPWG and individual clients. | <p>Quarterly and as required</p> <p>Weekly</p> <p>Weekly and monthly updates for VSS Board and SMT</p> | March 2022 |

Annex 3: VSS Budget4: Indicative Delivery Plan 2021-2022

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| 45 | Continue to develop an effective and efficient workforce | <ul style="list-style-type: none"> - Staff development plan - Appropriate provision of training - Staff succession plan - VSS Staff H&WB Programme | <ul style="list-style-type: none"> - Reduced reliance on key staff - Highly skilled, flexible VSS workforce with evolving skillsets aligned to VSS activities and objectives, succession planning and business continuity - Staff Health and Wellbeing is improved | <ul style="list-style-type: none"> - Staff training records - Staff feedback & staff survey (HWB Staff Programme) | Quarterly | March 2022 |
| 46 | <p>Agree and embed the VSS Clinical governance Framework with VSS staff and VSS funded organisations.</p> <p>Audit of clinical governance policies/procedures and standards with associated report</p> | <ul style="list-style-type: none"> - All interventions delivered in line with best practice guidelines. - A transparent and consistent approach to addressing the needs of victims and survivors. - Robust policies and procedures in place to ensure safety of victims and survivors and the staff who are engaged with them. | <ul style="list-style-type: none"> - Increased staff confidence and competence - 80% of VSS staff feel supported in their work - 80% of staff across the sector report an increased understanding or trauma and evidence based practise Confidence that clinical governance is embedded in practice and consistently applied | <ul style="list-style-type: none"> - CORENet - WSAS - MYMOP - CVS Standards - audit of compliance to framework - Supervision processes and records. - Other measurement tools appropriate to need. | Monthly | Ongoing to March 2022 |

Note – This Delivery Plan is prepared with an expectation that the restrictions put in place in response to the Coronavirus pandemic continue until June 2021. VSS continue to adapt and direct resource towards services and support most effective in the prevailing circumstances. A review and re-statement of targets and outcomes above will be carried out if considered necessary at an appropriate time during 2021/22 with the agreement of TEO.