Victims and Survivors Service

Quarterly Review Report

April to June 2018

CONTENTS

Summary

1. The Executive Office has requested that the Commission for Victims and Survivors Northern Ireland review the progress of the Victims and Survivors Service and produce a report that comments on that progress.

2. This report focuses on the period from April to June 2018.

3. This reporting period has been a busy operational time for the Victims and Survivors Service, with the continued rollout of the new service delivery model, embedding the Health and Wellbeing Case Manager and Caseworker approach, and the ongoing development of monitoring and evaluation processes.

Recommendations

4. The Commission is satisfied that any policy-related relating to this period have been addressed through information requests and operational and strategic engagement, as outlined in the Memorandum of Understanding. The Commission therefore does not propose any policy-related recommendations to the Executive Office.

Background

5. In line with the framework of strategic relationships outlined in the Strategy for Victims and Survivors, Commission for Victims and Survivors Northern Ireland (CVSNI, or 'the Commission') reports quarterly on the progress of services delivered by the Victims and Survivors Service (VSS, or 'the Service') to the Executive Office (TEO, or 'the Department').[1]

6. The requirement to produce four quarterly reports is detailed in Outcome 2.3 of the Commission's 2018/19 Outcome Delivery Plan.

7. This is the first report of 2018/19 and covers the period from April to June 2018.

8. In order to compile this report the Commission has collated information from a number of sources. The primary source of information is that supplied to CVSNI directly from the VSS through agreed reporting processes, outlined in the Memorandum of Understanding between the two organisations.

[1] The provision of these review reports represents a key component of the Commission's responsibility to 'keep under review the adequacy and effectiveness of services provided for victims and survivors by the Victims and Survivors Service' as outlined within the Strategy for Victims and Survivors: Office of the First Minister and deputy First Minister (2009) *Strategy for Victims and Survivors*, Belfast: The Stationery Office, p.7.

Impact of VSS Services

9. The need for robust evidence-based information is central to demonstrating improvement in the lives of victims and survivors and this is recognised by all strategic partners.

10. During this reporting period the VSS continued to provide monitoring and evaluation data for the established frameworks; Talking Therapies and Complementary Therapies. The Service also continued work to establish frameworks for all other support services in conjunction with service deliverers.

11. Reporting data provided by the VSS, for services delivered through the Individual Needs Programme (INP), Victims Support Programme (VSP) and PEACE IV are reviewed against an agreed collective set of strategic outcomes for victims and survivors:

    - Improved health and wellbeing of victims and survivors;
    - Victims and survivors, and those most in need, are helped and cared for;
    - Victims and survivors, and their families, are supported to engage in legacy issues; and
    - Improved access to opportunities for learning and development.

Improved the health and wellbeing of victims and survivors

12. The VSS has provided the following headline figures for health and wellbeing support services up to the end of this reporting period[2]:

Support	Prog.	Individuals	Budget allocated	Budget committed
Talking Therapies	VSP	384	£579,232	£579,232
Complementary Therapies	VSP	591	£447,477	£447,477
Psychological Therapies	INP	1	£50,000	£240
Disability Aids	INP	18	£160,000	£15,032
Trauma-Focused Physical Activity	PEACE IV	18	£26,966	£6,190.25
Persistent Pain • Medical and Psychological Assessment • Pain Management • Home Heating	INP	 43 174 532	£450,000	£366,570
Befriending	VSP	699	£136,584	£136,584
Respite	VSP	934	£250,173	£250,173
Truth, Justice and Acknowledgement Activities	VSP	320	£99,870	£99,870
Other Social Support Activities[3]	VSP	2,725	£248,069	£248,069
Transgenerational Activities	VSP	368	£40,434	£40,434

[2] Figures provided to CVSNI and TEO on 22 November 2018.
[3] Funded activities include coffee morning, drop-in services, cultural events and arts/crafts.

13. The headline figures provide a useful insight into the range of support services delivered directly to individuals and by funded service deliverers during this period of 2018/19.

14. Available evaluation data from the Service relates to Talking Therapies through Clinical Outcomes in Routine Evaluation (CORE Net) and Measure Yourself Medical Outcome Profile (MYMOP) for Complementary Therapies.

15. CORE Net continues to be used by all 22 organisations delivering Talking Therapies. The self-reporting system, administered at each session, covers 4 domains (wellbeing; risk; problems; functioning). The data available continues to state that, overall, 59% of individuals engaging with this service experienced a positive outcome across all 4 domain areas.

16. The data provided by the VSS continues to show that those who complete therapy as planned have a much greater likelihood of a positive outcome (noted as 73%). In addition, the VSS has advised that those who have an unplanned ending of therapy also experience a positive outcome (detailed as 31%). The VSS advise that individuals to date started therapy with an average score in the 'Moderate' range and with the average score after therapy being just above the non-clinical range; it can be concluded therefore at this stage that on average the recorded improvement is a 'reliable change'.

17. During this reporting period the VSS provided an overview of the reasons why 31% of individuals engaged with Talking Therapies do not complete their therapy as planned. Reasons include did not attends, non-attendance at their final session, the individual moved or thet transitioned to a Community Mental Health Team. The VSS has advised that they plan to continue to analyse data received from service deliverers. This will be assisted by the subgroup of the Victims and Survivors Practitioners Working Group, which has been setup to look at outcomes with a view to making the CORE Net system more relevant to trauma-focused therapies. The VSS also plans to conduct further analysis of the 41% who did not experience a positive outcome. Information provided by the VSS is included in Annex 1.

18. Psychological Therapies, delivered under INP, has been delivered to one individual during this reporting period. The VSS advises that there is continued significant demand on for psychological services, with VSP-funded organisations meeting the needs of many with needs in this area. The VSS has highlighted that individuals outside Northern Ireland, without direct access to VSP-funded organisations, will continue to require specific attention. The Commission would welcome any insights on service access in Great Britain and the Republic of Ireland, as this area of support was highlighted during engagements with victims and survivors during the legacy consultation process. The VSS advise that improved wellbeing under this programme will be measured in line with the clinical reporting mechanisms used by the provider. The VSS has also advised that going forward the Work and Social Adjustment Scale (WSAS), measuring ability to work; home management; social leisure activities; private leisure activities; close relationships, will be used alongside clinical measures. During this reporting period the collection of baseline data under the WSAS tool for each individual continued, which will be complemented by exit scores once individuals complete therapy. The Health and Wellbeing Case Managers have also engaged with

the Department of Health partners to discuss the development of a bio-psychosocial assessment tool prior to the rollout of the Regional Trauma Network.

19. The VSS advises that 24 of the 26 organisations delivering Complementary Therapies use the MYMOP evaluation framework. The analysis provided indicate that there is an improvement in 81% of individuals engaged in Complementary Therapies. The Service advice that they plan to conduct further analysis of the 19% who did not experience improvement after therapy. The Commission looks forward to the analysis, once available. Data provided by the VSS is included in Annex 2.

20. Delivery of the Disability Aids scheme began during the second quarter of 2017/18. All 18 individuals engaged on the scheme have had WSAS baseline data collected and exit data will be collected upon completion of support. The VSS also plans to engage with a sample of individuals to provide qualitative feedback. The Commission looks forward to the WSAS data and qualitative feedback received through the sample survey.

21. The Service has employed the WSAS, qualitative case studies and CORE Net to demonstrate the effectiveness of the Trauma-focused Physical Activity scheme. Each of the 18 individuals engaged on the scheme have had WSAS baseline data collected, with exit data is to be collected upon at the end of support in order to detail the impact of the service. Considering low uptake of the scheme, the VSS plans to engage in activity to highlight the service.

22. The Persistent Pain framework commenced delivery in the second quarter of 2017/18 and continues to be delivered across three areas: Medical and Psychological Assessment (assessment by pain management specialists); Pain Management (assistance to accessing therapies); Home Heating (assistance towards the cost of heating to support management of persistent pain). Outcomes and impact for Medical and Psychological Assessment will be measured through clinical assessment and reporting by pain management specialists and Pain Management and Home Heating will be measured by using the WSAS and qualitative case studies. The Service advises that monitoring has commenced for areas using the WSAS tool and exit scores to be established, and a sample study of users is planned, in order to demonstrate impact. The Commission welcomes the development of this framework and looks forward to the availability of data during the remainder of 2018/19.

23. Befriending, delivered by 14 service deliverers, continues to provide support and outreach to vulnerable or isolated victims and survivors. Similar to the support services referred to above, the VSS plan to employ the WSAS alongside qualitative case studies and data collected by an evaluation conducted by QE5.

24. Respite activities, delivered by 28 organisations, and Other Support Services, delivered by 38, and continues to be measured through case studies, interviews, focus groups and use of the WSAS. The VSS is started the use of using the WSAS for all three support areas. Further, a Monitoring and Evaluation subgroup has been established to assist organisations with recording outcomes.

25. Transgenerational Activities are delivered by 15 organisations and primarily comprise of social activities, with some organisations delivering talking therapies to young people. Non-talking therapy outcomes will be measured through case studies, interviews and the WSAS is being explored. The Service advises that a Monitoring and Evaluation subgroup will be established to assist service deliverers with how best to record outcomes. Further, this aspect of service delivery will be subject to the PEACE IV-funded Transgenerational Legacy and Young People research.

26. Key to the embedding of the new service delivery model has been the ongoing implementation of the Health and Wellbeing Case Manager and Caseworker Network. The VSS reports that 25 Caseworkers are now in post, supported by 5 Case Managers. The Service advises that from 1 April 2018 to 31 June 2018 there were 633 individuals engaged with Caseworkers or Case Managers. Outcomes and impact will be demonstrated by use of the WSAS and qualitative case studies. The VSS advises that outcome data collection has commenced with baseline WSAS scores obtained for 786 individuals, with exit scores to be collected. The WASA Time 1 scores provided by the VSS is included in Annex 3.

Victims and survivors, and those most in need, are helped and cared for

27. The Service has provided the following figures for financial and welfare support services for this reporting period:

Support	Prog.	Individuals	Budget allocated	Budget Committed
Self-Directed Assistance Awards	INP	5,800	£2,925,000	£2,900,000
Additional Needs Based Awards	INP	1,443	£740,000	£721,500
Transition Payments	INP	1,297	£205,000	£194,550
Welfare Advice and Support	VSP	462	£57,086	£57,086

28. Financial assistance remains the most significant support service, in terms of monetary value, that the Service operates. Outcomes in relation to financial support have been reported through qualitative case studies and feedback received. The Service has advised that feedback from recipients indicate appreciation of the greater independence for addressing practical needs; recognised during this reporting period through 69 messages of thanks compared to two formal complaints. The Commission anticipated that there may have been disappointment by some individuals who witnessed a reduction of the value of their awards in comparison with support received prior to 2018/19. Further, it was anticipated that new individuals wishing to access financial assistance, may have been disappointed with the new needs-based approach. The efforts from the VSS to ensure that key messages were consistent in relation to the new delivery model needs to be acknowledged.

29. Support delivered by the 10 VSP-funded organisations plays a role for individuals requiring assistance, particularly with the ongoing rollout of Welfare Changes across Northern Ireland. Outcomes for Welfare Advice and Support have been measured through the qualitative case studies. The Commission notes that during the same reporting period in 2017/18 46 individuals availed of the service, compared to 462

during this period. It can be assumed that this increase can be attributed to individuals going through the PIP assessment process and subsequent help and support.

Victims and survivors, and their families, are supported to engage in legacy issues

30. The following headline figures for truth, justice and acknowledgement support services during this reporting period:

Support	Programme	Individuals	Budget allocated	Budget committed
Advocacy Support Service	PEACE IV	704	£4,112,092	£4,112,092
Truth, Justice and Acknowledgement Activities	VSP	320	£99,870	£99,870

31. Advocacy Support, delivered by 9 organisations, has been assisted by PEACE IV funding. This additionality has led to the development of an advocacy support network consisting of 6 Advocacy Managers and 21.5 Advocacy Support Workers. Truth, Justice and Acknowledgement Activities are delivered by 11 organisations. During this period organisations continued to deliver support to individuals engaged with legacy-related bodies, information retrieval processes and inquests. Advocacy workers also assisted individuals with legacy-related queries as a result of the NIO's consultation.

32. Work to progress demonstrating impact of this area of service delivery included ongoing engagement through the Advocacy Support Working Group network. The VSS advises that a number of measures will be utilised in order to demonstrate impact, including qualitative case studies and focus groups.

Improved access to opportunities for learning and development

33. The Service has provided the following detail for personal development during this reporting period.

Support	Prog.	Individuals	Budget allocated	Budget committed
Personal and Professional Development[4]	VSP	544	£79,398	£79,398
Education and Training Support	INP	14	£200,000	£10,023.46
Literacy and Numeracy	PEACE IV	0	£72,495	£0
Social Isolation	PEACE IV	21	£85,411	£0
Volunteering (Resilience)	PEACE IV	0	£85,411	£0

34. Personal and professional development is now delivered by 27 organisations. The VSS advises that outcomes in these areas will be measured through case studies, interviews, the possibility of using the WSAS will be explored and a Monitoring and Evaluation subgroup will explore how best to record outcomes.

35. During this reporting period 14 individuals engaged with the Education and Training Support service. Outcomes in this area will be measured through qualitative case

[4] Funded activities include accredited courses or activities that assist individuals to connect.

studies, the WSAS and through the Take 5 Framework. The Service advises that outcome data collection has commenced with baseline WSAS scores obtained for each individual. Outcome monitoring for Literacy and Numeracy also took the same approach. It is noted that as of 30 June 2018 no individuals had been engaged with Literacy and Numeracy support. The Commission understands the complexities with establishing a support service that is designed to specifically assist individuals whose educational attainment has been significantly impacted by a conflict-related incident(s). Further work to develop these support services took place during this period, including procurement for a larger scale programme, will be delivered during 2018/19.

36. During 2017/18 the VSS reviewed the findings from a scoping exercise in order to establish need and best approach for the delivery of the Volunteering (Resilience) programme. Delivery of the scheme indicated a limited uptake in support and the VSS are currently engaged in exploring options for delivery.

37. During this reporting period delivery of the Social Isolation scheme, designed to deliver assistance to assist and support volunteering experiences, commenced as a pilot. The pilot commenced with 21 individuals engaged in support. The VSS has begun monitoring, with Time 1 WSAS scores collected and Time 2 scores to be obtained in order to analyse impact.

Standards

Compliance

38. Organisations funded under VSP for 2017-2020 and PEACE IV Programme - Shared Spaces and Services - Victims and Survivors 2017-2021 are obliged to adhere to the requirements contained in the standards document, according to the conditions of grant made by the VSS.[5]

39. The VSS advises that Programme Officers continue to monitor compliance as part of support visits to funded organisations. With the new service delivery model being operational for over a year, the Commission looks forward to compliance data being supplied during 2018/19.

Workforce Training and Development Plan

40. During this reporting period the Workforce Training and Development Plan for the 2018/19 period was finalised.

41. Training delivered during this reporting period included Self Care and Resiliency, Introduction to Psychological Trauma and Mental Health First Aid in April, Applied Suicide Intervention Skills Training during April and May, Wellness Recovery Action Plan in May, Foundation Certificate in Occupational Health and Safety and appointed First Aid Training during May and June and GDRP Awareness, Community Resiliency Model and Trauma Resilience Model in June.

[5] CVSNI (2016) *Standards for Services Provided to Victims and Survivors*, Belfast: CVSNI.

Communications and Engagement

Commissioner and VSS Board

42. During this reporting period the Commissioner and the VSS Chair held face-to-face meetings on 16 April, 17 May and 22 June 2018.

Collaborative Design

43. In this reporting period there was one Collaborative Design meeting, held on 29 May 2018.

Trilateral Meetings

44. There were no trilateral meetings held during this reporting period.

Victims and Survivors Forum

45. During this period there were no engagements between Victims and Survivors Forum and the VSS.

Victims and Survivors Practitioners Working Groups

46. During this period the North East Region area met on 9 May and the South East Region area group met on the 5 June 2018.

Health and Wellbeing Caseworker Network

47. There were three Caseworker Working Group meetings during this reporting period, taking place on 17 April, 1 May and 12 June 2018.

Welfare Changes

48. During this reporting period the VSS continued to engage with the Department for Communities (DfC) regarding the transition from Disability Living Allowance to Personal Independent Payment (PIP).

49. As of 30 June 2018 1,199 individuals provided the VSS with consent to share information held by them with DfC in order to support their PIP claims.

50. During this period the findings of the review of how the PIP assessment process is working in Northern Ireland were published.[6] The review includes a number of recommendations in line with both CVSNI's and the VSS's consultation responses, which aimed to reflect the experiences of VSP-funded Welfare Advisors and individuals engaged with the PIP assessment process. The review referred to the process for sharing information held by the VSS, referring to it as a strong and positive working relationship between the VSS and DfC staff.[7]

51. With the increase in demand in service, information sharing processes and ongoing engagement with DfC, the Commission would be keen to find more regarding outcomes for individuals who have consented to share information or have been assisted by VSP-funded organisations.

[6] Walter Radar (2018) *Personal Independence Payment – An Independent Review of The Assessment Process Northern Ireland Report, 28 June 2018,* DfC: Belfast.
[7] Ibid, p.80.

Legacy Consultation

52. On the 11 May 2018 the Northern Ireland Office launched their consultation on Addressing the Legacy of Northern Ireland's Past.[8]

53. After the consultation's launch the VSS put in place a communications plan in order to distribute information and prepare for managing queries from individuals. By the end of this reporting period the VSS issued correspondence to 6,938 individuals. In addition, communications were issued to the 56 funded organisations to ensure that consistent information was communicated to individuals. The VSS also issued correspondence to individuals in Great Britain regarding events that were organised by organisations with a presence there.

Conclusions

54. At the opening of 2018/19 the Service was in a stable starting position. The new service delivery model had been operational for a year; the Health and Wellbeing Caseworker and Case Manager Networks established; the additionality facilitated by PEACE IV providing much welcome support and sectoral capacity building; and progress has been made regarding developing monitoring and evaluation processes.

55. During this period the VSS communicated extensively with service deliverers regarding the ongoing rollout of the new service delivery model. This engagement has been essential in facilitating the smooth delivery of the focus on needs-based approaches. Since 2017/18, this effective engagement has ensured that expectations are manged expectations accordingly and helped to embed the new landscape of service delivery.

56. The monitoring of outcomes remains a focus for the Commission. The need for evidence-based information is key to demonstrating improvement in the lives of victims and survivors and the sustainability of service delivery beyond the current Strategy for Victims and Survivors. The Commission acknowledges the efforts made during 2017/18 and the continuation during the first quarter of 2018/19. The Commission looks forward to WSAS outcome data, once supplemented with exit scores.

57. Support delivered through VSP, complemented by PEACE IV, will be essential for many individuals facing the impact of external factors, particularly in relation to welfare changes and engagement with existing, and the possibly of new, legacy processes.

58. In reviewing the content of this report the Commission believes needs can be addressed by all partners to ensure that targeted and appropriate support services are delivered.

[8] NIO (2018) *Consultation Paper: Addressing the Legacy of Northern Ireland's Past*, NIO: London.

Annex 1 – Talking Therapies

Budget Allocated	£579,232	**Amount Committed**	£579,232			
No of Individuals engaged in therapies April 2018 – March 2019		**Q1**	**Q2**	**Q3**	**Q4**	**Total**
		384				
Proposed Outcome: 59% of individuals report positive outcomes and this improvement is across all 4 domains						

Description:

- CORE Net - Clinical Outcomes in Routine Evaluation is a web based system to record outcome measures which track the progress and recovery of individuals accessing these therapies. It is a client self-report questionnaire administered at each session covering four domains:
    - Wellbeing
    - Risk
    - Problems
    - Functioning

Outcomes/Impact:

- CORE Net is in use with all 22 organisations offering Talking Therapies. Overall **59%** of individuals utilising this service experience a positive outcome and this improvement is across all 4 domains.
- Data shows that individuals who complete therapy as planned with their therapist, have a much greater likelihood of a positive outcome (**73%**). However it is noteworthy that a significant % of individuals who have an unplanned ending of therapy also experience a positive outcome (**28%**).
- Indications are that **9-12** sessions are more effective than the current most common number of **6**, with **11** appearing to be most effective.
- Reasons as to why **31%** of Talking Therapy clients do not complete their therapy as planned have been investigated, with the most common reasons listed as:
    - Too many DNAs (Organisation Policy)
    - Client moved
    - Client DNA final session
    - Client switched to Community Mental Health Team
- To date, individuals have started therapy with an average score in the **Moderate** range. The average score after therapy is just above the **non-clinical range**; it can be concluded therefore at this stage that on average the recorded improvement is a **reliable change**.*
- Below are quotes from an individuals who received support which helps to demonstrate the impact of the service:

"Being able to say things that I have been carrying for a lifetime. Going away from sessions a lot happier man. I feel better. Being able to talk is something I couldn't do before – clamed up and stressed".

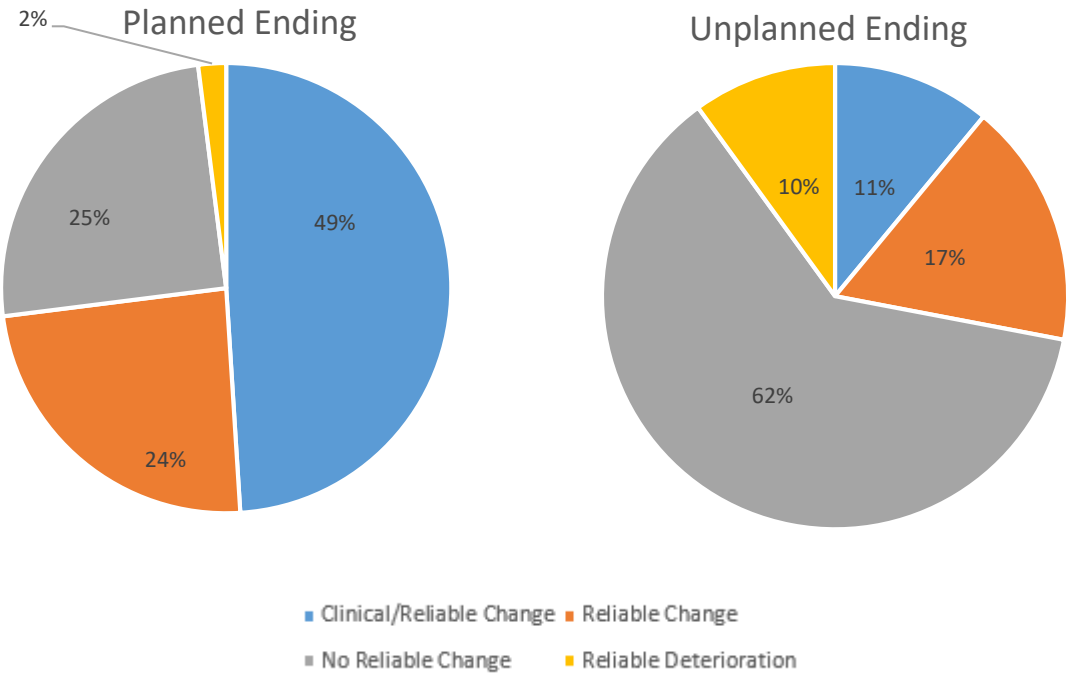
"I feel very confident about the future. I feel I have the tools and mechanisms to help when I'm feeling negative. I found this to be a very positive experience in my life".

**Based on an aggregation of individual data across all participating organisations and a sample size of 379 individuals.*

Actions for next Quarter:

- Ongoing data quality confirmation and analysis.
- Mechanism of data reporting to CVS to be set-up re: research, etc.
- Further analysis needed of the **41%** of individuals who did not experience a positive outcome following treatment.
- Further analysis and learning re: outcomes in relation to number of sessions attended.
- Training for new practitioners and refresher sessions to be provided.
- Sub-group of VSPWG to meet looking specifically at outcomes with a view to making CORE Net more relevant to trauma-focused therapies.
- An additional funding call was opened on 4 June 2018 in order to allocate funds to funded organisations with Talking Therapy waiting lists longer than 8 weeks, with client and clinical risk implications. These will be assessed and addendums issued in the next quarter.

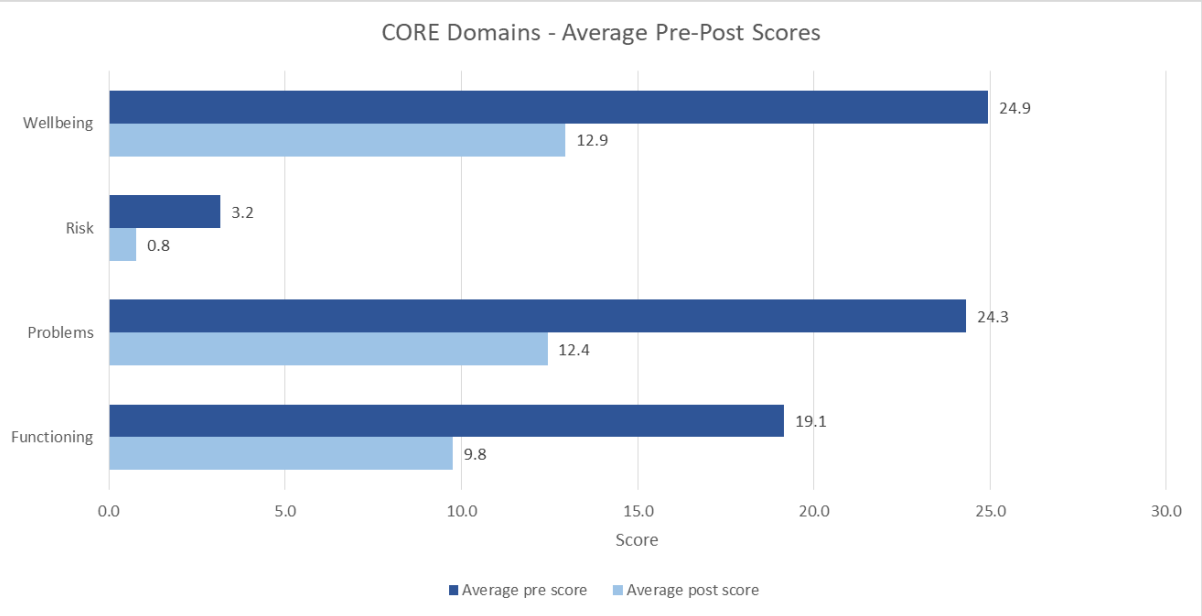
Figure 1



Reliable Change - considered to be due to something other than a random fluctuation of scores. In the CORE measure, a change of **5 or more** is considered **'reliable'**. This means it is likely there has been some kind of meaningful improvement in their wellbeing.

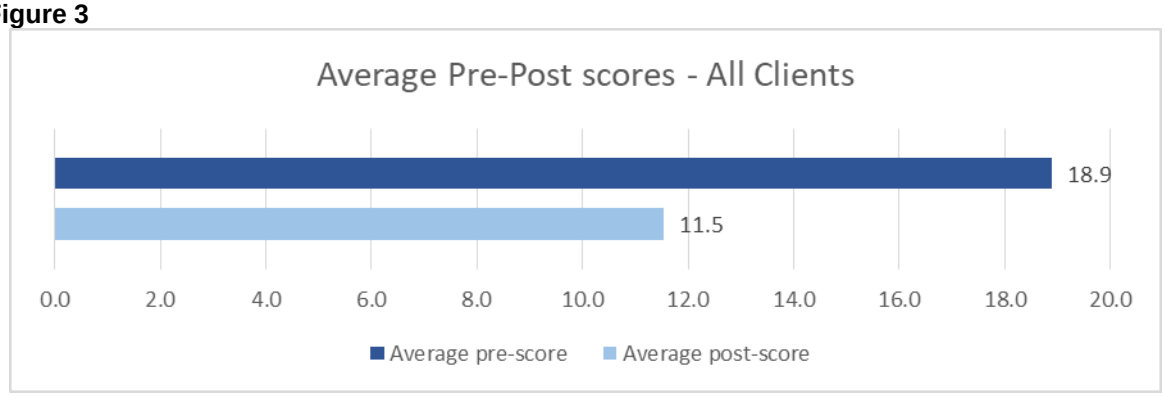
Clinical Change - when an individual's score has moved from the **'clinical range'** (i.e. a score of 10 or more) into the **'non-clinical range'** (i.e. a score of less than 10).

Figure 2



On average, these figures fall within the target, non-clinical range of 10 or under post-therapy in the areas of risk and functioning and close in the areas of wellbeing (11.7) and problems (11.5).

Figure 3



***As with all data analysis, it is important to consider results in the context of other interventions and experiences which will have a contribution to both the positive and negative outcome of any treatment.*

Annex 2 – Complementary Therapies

Budget Allocated	£447,477	**Amount Committed**		£447,477		
No of Individuals engaged April 2018 – March 2019		**Q1**	**Q2**	**Q3**	**Q4**	**Total**
		591				
Proposed Outcome: 80% of individuals report an improvement in their health and wellbeing						

Description:

- **MYMOP** (Measure Yourself Medical Outcome Profile) is in use by 24 out of the 26 organisations offering Complementary Therapies. MYMOP is a client-generated, or individualised, outcome questionnaire. It is problem-specific but includes general wellbeing. It is applicable to all individuals who present with symptoms, and these can be physical, emotional or social.
- It is a client self-report questionnaire administered at the beginning and end of treatment covering client's wellbeing and symptoms and activities curtailed or desired.

Outcomes/Impact:

- Results currently indicate an improvement in around 4 out of 5 individuals*

Figure 4

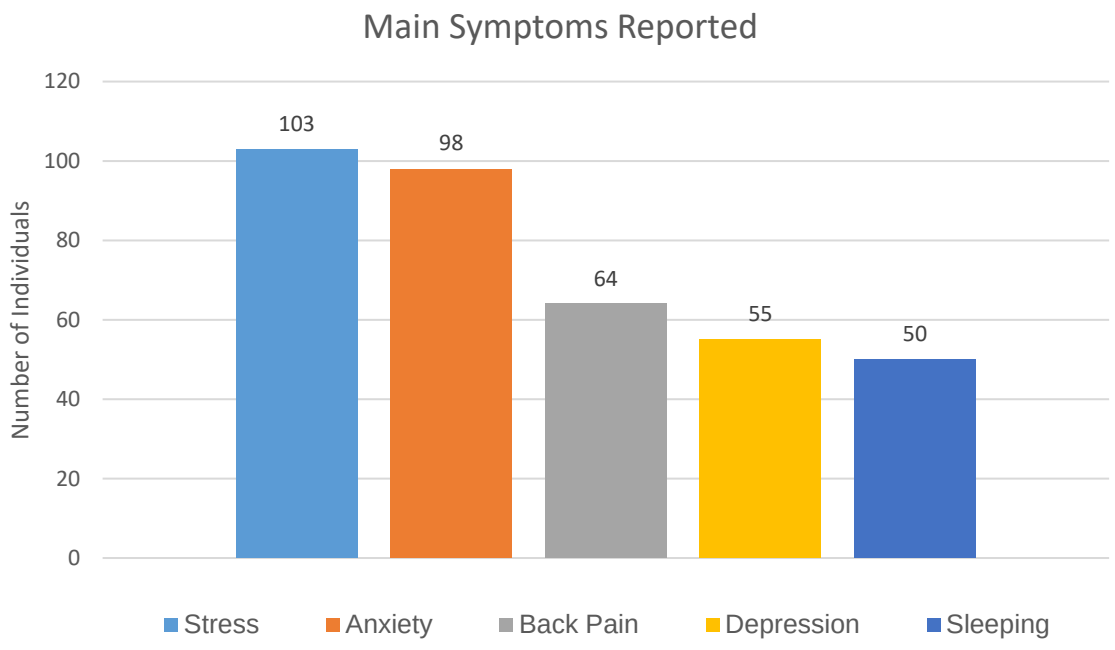
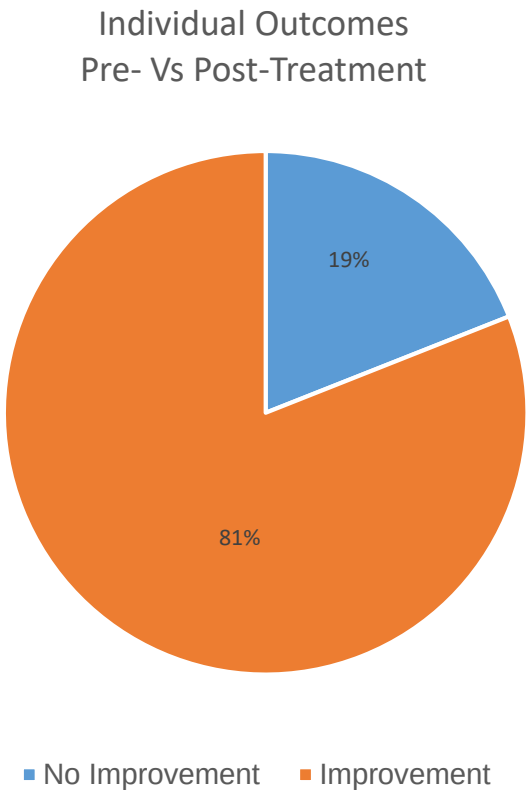


Figure 5



A change in rating score in MYMOP is clinically significant when it represents a change that is of importance to the individual concerned. Using a seven point score such as MYMOP, the clinically minimal important difference for the change score is between 0.5-1.0. This means that any change below '0.5' does not represent a change of any importance to the individual, and any change above '1' does.

[Guyatt GH, Juniper EF, Walter S, Griffith L, Goldstein RS. Interpreting treatment effects in randomised trials. British Medical Journal 1998;316:690-693.]

**Based on an aggregation of individual data across all participating organisations and a sample size of 385 individuals.*

Below is a quote from an individual who received support which helps to demonstrate the impact of the service:

"It was lovely to chill out and relax and have time out for myself. I am in a better place emotionally. I feel more balanced and uplifted".

"I have enjoyed my treatments thoroughly, helped me relax and feel more calm. I'm not as anxious and my sleep pattern has improved well".

"I really enjoyed the programme, very relaxing, gave me a chance to have time out for myself and self-care for my depression".

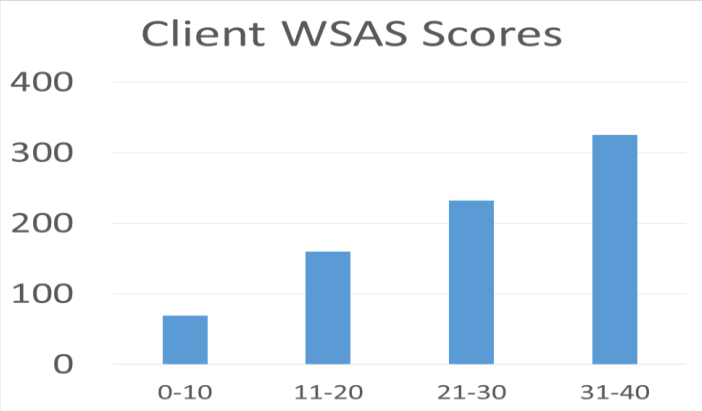
Actions for next Quarter:

- Further analysis needed of the **19%** of individuals who did not experience any improvement following treatment.
- MIS staff to attend working group meetings, to discuss monitoring and evaluation needs with organisations.

Annex 3 - Case Worker Network

Work and Social Adjustment Scale (WSAS) Scores

Cumulative as at month end May 2018 – activity normally reported 1 month in arrears



Notes:

- Figure 7 shows WSAS Time 1 scores for 786 individuals.
- The WSAS is mandatory in cases where the individual's INC is escalated to the VSS to access support under an Additional Needs Based Support Framework but can be completed at the discretion of the case worker in all other cases.
- Table 5 above shows Time 1 scores only. This is normal at this early stage of the Programme. Application of the WSAS measure involves collecting responses twice – Time 1 at start of engagement, Time 2 at end of engagement.

Guide to WSAS scores:

- The maximum score of the WSAS is 40, lower scores are better.
- A WSAS score above 20 appears to suggest moderately severe or worse psychopathology in terms of functioning.
- Scores between 10 and 20 are associated with significant functional impairment.
- Scores below 10 appear to be associated with subclinical populations.