



**The Commission for
Victims & Survivors**

Victims and Survivors Service

Quarterly Review Report

July to September 2018

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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 looks at the period of July to September 2018.
3. This reporting period was a busy operational time for the Victims and Survivors Service, with the ongoing delivery of the Individual Needs Programme and associated processing of the needs-based approach, embedding the Health and Wellbeing Caseworker and Case Manager Network, the ongoing development of monitoring and evaluation processes and the rollout of pilot schemes.
4. Communication and interaction between the Commission and the Service has remained constructive during July to September 2018. This productive working relationship is essential regarding the preliminary work prior to Phase 2 of the Collaborative Design Programme.
5. The Commission is committed to partnership working with the Executive Office, the Victims and Survivors Service and the wider sector to ensure that everyone delivers the best for victims and survivors, enabling a robust and effective support service to those most in need within our society.

Recommendations

6. 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.

Background

7. 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
8. The requirement to produce four quarterly reports is detailed in Outcome 2.3 of the Commission's 2018/19 Outcome Delivery Plan.
9. This is the second Quarterly Review Report of 2018/19 and covers an operation from July to September 2018.

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.

10. 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 processes, detailed in the Memorandum of Understanding between the two organisations.

Impact of VSS Services

11. Reporting data provided by the Service, for services delivered through the Individual Needs Programme (INP), Victims Support Programme (VSP) and PEACE IV are reviewed against an a 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.

12. Data for this reporting period was provided to CVSNI and TEO on 27 November 2018.

13. As of 30 September 2018 direct support, through INP, was delivered to 6,045 unique individuals through 9,621 awards.

Improved the health and wellbeing of victims and survivors

14. The Service has provided the following headline figures for health and wellbeing support services up to the end of this reporting period:

| Support | Prog. | Individuals (for this reporting period) | Budget allocated | Budget committed |
|---|----------|--|------------------|------------------|
| Talking Therapies | VSP | 1,021 | £579,232 | £579,232 |
| Complementary Therapies | VSP | 423 | £447,477 | £447,477 |
| Psychological Therapies | INP | 11 | £50,000 | £7,605 |
| Disability Aids | INP | 32 | £160,000 | £88,652 |
| Trauma-Focused Physical Activity | PEACE IV | 32 | £26,966 | £18,991 |
| Persistent Pain | INP | | £450,000 | £354,964 |
| <ul style="list-style-type: none"> • Medical and Psychological Assessment • Pain Management • Home Heating | | 32 60 | | |
| Befriending | VSP | 649 | £136,584 | £136,584 |
| Respite | VSP | 982 | £250,173 | £250,173 |
| Truth, Justice and Acknowledgement Activities | VSP | 359 | £99,870 | £99,870 |
| Other Social Support Activities ² | VSP | 3,045 | £248,069 | £248,069 |
| Transgenerational Activities | VSP | 225 | £40,434 | £40,434 |

² Funded activities include coffee morning, drop-in services, cultural events and arts/crafts.

15. The headline figures provide a useful insight into the range of support services delivered directly to individuals and by funded service deliverers for the period of July to September 2018.
16. Clinical Outcomes in Routine Evaluation (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 provided by the VSS for this reporting period states that, overall, 62% of individuals engaging with this service experienced a positive outcome across all 4 domain areas, an increase of 3% from last reporting period. 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 76%). In addition, the VSS has advised that those who have an unplanned ending of therapy also experience a positive outcome (detailed as 35%). During this reporting period, 888 individuals commenced talking therapies and 802 completed therapy. 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'. During this reporting period the Service provided an overview of the reasons why 33% of individuals engaged with Talking Therapies do not complete their therapy as planned. Reasons include did not attend, non-attendance at final session, the individual moved or they transitioned to a Community Mental Health Team. The Service advised that they plan to conduct further analysis of the 38% who did not experience a positive outcome. Data provided by the VSS is included in Annex 1.
17. During this reporting period Psychological Therapies, delivered under INP, has been delivered to 11 individuals. The Service continues to highlight that individuals outside Northern Ireland, without direct access to VSP-funded organisations, will continue to require specific attention. Equally, there are individuals unable to attend VSP-funded organisations for Psychological Therapies, who can be facilitated by this scheme.
18. The VSS advises that all 25 organisations delivering Complementary Therapies use the Measure Yourself Medical Outcome Profile (MYMOP) evaluation framework. The analysis provided indicates an improvement in 82% of individuals engaged in Complementary Therapies. The Service advise that they plan to conduct further analysis of the 18% who did not experience improvement after therapy. The Commission looks forward to the analysis, once available. Information provided by the VSS is included in Annex 2.
19. Reporting for this programme will be measured in line with the clinical reporting mechanisms used by the provider alongside 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 need to be complemented by exit scores once individuals complete therapy. Health and Wellbeing Case Managers also continued to engage with partners in the Department of Health to discuss the development of a bio-psychosocial assessment tool prior to the rollout of the Regional Trauma Network.

20. The Disability Aids scheme has been operational for over one year. All 32 individuals who engaged on the scheme this reporting period have had WSAS baseline data collected and exit data will be collected at the most appropriate time, which may be at the completion of support or at some point afterwards. The VSS also plans to engage with a sample of individuals for a qualitative survey. The Commission looks forward to the WSAS data and qualitative feedback received through the sample survey.
21. The VSS continues to employ the WSAS, qualitative case studies and CORE Net to demonstrate the effectiveness of the Trauma-focused Physical Activity scheme. Each of the 32 individuals engaged on the scheme during this reporting period have had WSAS baseline data collected, with exit data is to be collected upon at the end of support in order to detail outcomes. The Commission looks forward to the emerging findings.
22. The Persistent Pain framework 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 is 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. Monitoring continues for areas using the WSAS tool, with exit scores being collected and collated. In August 2018, the VSS completed a qualitative evaluation of the Medical and Psychological Assessment element of the framework. The VSS advises that a key outcome contained in the report was that injections for pain management are not currently recognised as a sustainable pain management approach by NICE guidelines, without additional intervention from statutory services. As a result the VSS advises they do not have an evidence base to support individuals to receive funding for privately funded injections.
23. Befriending, delivered by 14 organisations, continues to provide support and outreach to vulnerable or isolated victims and survivors. Similar to the support services referred to above, the VSS are exploring the use of WSAS for social support along with other qualitative monitoring tools and data collected by QE5 on behalf of the VSS.
24. Respite activities, delivered by 28 service deliverers, 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 these 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 delivering talking therapies to young people. Non-talking therapy outcomes will be measured through case studies, one-to-one interviews and the WSAS. Further, transgenerational services will be looked at through the PEACE IV-funded Transgenerational Legacy and Young People research.

26. Key to the continued rollout of the new service delivery model has been the implementation of the Health and Wellbeing Case Manager and Caseworker Network. From the beginning of 2018/19 25 Caseworkers have been in post, supported by 5 Case Managers. The Service advises that from 1 July to 30 September 2018 there were 806 individuals engaged with Caseworkers or Case Managers in order to access support under additional needs-based frameworks. 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 1087 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 this reporting period:

| Support | Prog. | Individuals | Budget allocated | Budget Committed |
|---------------------------------|--------------|--------------------|-------------------------|-------------------------|
| Self-Directed Assistance Awards | INP | 5,829 | £2,925,000 | £2,914,500 |
| Additional Needs Based Awards | INP | 1,453 | £740,000 | £726,500 |
| Transition Payments | INP | 1,300 | £205,000 | £195,000 |
| Welfare Advice and Support | VSP | 698 | £57,086 | £57,086 |

28. Financial support remains the most significant support service, in terms of monetary value, that the VSS operates. Impact in relation to financial support have been reported through qualitative case studies and feedback. The Service has advised that feedback from recipients indicate appreciation of the greater independence for addressing practical needs; recognised during this reporting period through 16 messages of thanks received during this reporting period, and 2 formal complaints being received from April to September 2018. The Commission anticipated that there may have been disappointment by some individuals who witnessed a reduction of the value of financial support. 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 Service, and funded organisations, to ensure that key messages were consistent in relation to the new delivery model needs to be acknowledged.

29. Welfare advice and support delivered by 10 VSP-funded organisations plays a role for individuals requiring assistance, particularly with the continued rollout of Welfare Changes. Outcomes for Welfare Advice and Support have been measured through the qualitative case studies. During this reporting period 698 individuals accessed this service (an increase of 236 individuals from the April to June 2018 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. During this reporting period headline figures for truth, justice and acknowledgement support services are as follows:

| Support | Programme | Individuals | Budget allocated | Budget committed |
|---|-----------|-------------|------------------|------------------|
| Advocacy Support Service | PEACE IV | 920 | £4,112,092 | £4,223,092 |
| Truth, Justice and Acknowledgement Activities | VSP | 359 | £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 19.5 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 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 individual/group evaluation. The PEACE IV-funded Effective Advocacy Services research project will also be used to demonstrate impact.

Improved access to opportunities for learning and development

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

| Support | Prog. | Individuals | Budget allocated | Budget committed |
|--|----------|-------------|------------------|------------------|
| Personal and Professional Development ³ | VSP | 611 | £79,398 | £79,398 |
| Education and Training Support | INP | 40 | £200,000 | £86,687 |
| Literacy and Numeracy | PEACE IV | 9 | £72,495 | £36,450 |
| Social Isolation | PEACE IV | 25 | £85,411 | £5,305 |
| Volunteering (Resilience) | PEACE IV | 5 | £85,411 | £1,434 |

34. Personal and professional development is delivered by 27 organisations. The VSS advises that outcomes in these areas will be measured through case studies, interviews and using the WSAS. Other possible tools will be explored by the Monitoring and Evaluation subgroup.

³ Funded activities include accredited courses or activities that assist individuals to connect.

35. During this reporting period 40 individuals engaged with the Education and Training Support service. Outcomes in this area will be measured through qualitative case 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 and reporting based on the WSAS 2 scores will commence by the next reporting period. Outcome monitoring for Literacy and Numeracy also took the same approach. It is noted that 9 individuals are now engaged with Literacy and Numeracy support, with WSAS Time 1 scores obtained. The Commission understands the complexities with establishing a support scheme designed to assist individuals whose educational attainment has been significantly impacted by a conflict-related incident(s) and is pleased to see individuals engaged on the scheme.
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 through PEACE IV-funding. The Commission is pleased that 5 individuals are now engaged on the programme.
37. During this reporting period delivery of the Social Isolation pilot scheme, designed to deliver assistance to assist and support volunteering experiences, continued. The VSS advises that 25 individuals are now engaged in the pilot. The VSS has begun monitoring, with Time 1 WSAS scores collected and Time 2 scores to be obtained in order to detail 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 Service.⁴
39. During this reporting period the VSS advised at Trilateral meetings that Programme Officers continued to monitor compliance as part of support visits to service deliverers.

Workforce Training and Development Plan

40. Training delivered during this reporting period included Trauma Resiliency Model in July, Lone Worker Training in September and Living Legacy of Trauma in September.

Communications and Engagement

Commissioner and VSS Board

41. During this reporting period the Commissioner and the VSS Chair had a face-to-face meeting on 10 August 2018.

⁴ CVSNI (2016) *Standards for Services Provided to Victims and Survivors*, Belfast: CVSNI.

Collaborative Design

42. In this reporting period there were two Collaborative Design meetings, held on 27 July and 18 August 2018.

Trilateral Meetings

43. The Commission can report that trilateral meetings for this period took place on 4 July and 19 September 2018.

Victims and Survivors Forum

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

Victims and Survivors Practitioners Working Groups

45. During this period the South West Region area group met on the 11 August 2018.

Health and Wellbeing Caseworker Network

46. There were two Caseworker Working Group meetings during this reporting period, taking place on 24 July and 4 September 2018.

Welfare Changes

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

48. As of 30 September 2018 1,204 individuals provided the VSS with consent to share information held by them with DfC in order to support their PIP application.

Legacy Consultation

49. The Northern Ireland Office launched their consultation on Addressing the Legacy of Northern Ireland's Past on 11 May 2018.⁵ During this reporting period the government announced a three week extension to the consultation deadline, to 5 October 2018. In reaction to the consultation extension, the VSS issued correspondence to 6,631 individuals notifying of the extension and offering assistance.

50. During this reporting period the Advocacy Support Working Group met with the Northern Ireland Office and the Department of Foreign Affairs and Trade on 24 July and 24 August 2018 to discuss matters relating to the consultation. The VSS, at the request of funded organisations, also chaired four public events during this reporting period.

⁵ NIO (2018) *Consultation Paper: Addressing the Legacy of Northern Ireland's Past*, NIO: London.

Conclusions

51. By the second quarter of 2018/19 Service was in a stable operating position. The new service delivery model had been operational for over a year; the Health and Wellbeing Caseworker and Case Manager networks firmly established with good working relationships with service deliverers and a growing knowledge amongst individuals; the additionality facilitated by PEACE IV providing much welcome support and capacity building; and ongoing progress regarding developing monitoring and evaluation processes.
52. 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 the first half of 2018/19. The Commission looks forward to WSAS outcome data, once supplemented with exit scores, and to data on those did not experience positive outcomes for Talking and Complementary Therapies.
53. The new model of support delivered through INP and VSP, complemented by PEACE IV, has successfully embed new practices to address the bespoke needs of victims and survivors. Further, the opportunities presented by the research elements of the PEACE IV programme will enable further opportunities to demonstrate the effectiveness of support services. This will play an important role in shaping future service delivery.
54. 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.

Annex 1 – Talking Therapies

Talking Therapies (VSP)

| | | | | | | |
|---|----------|-------------------------|--------------|-----------|-----------|--------------|
| Budget Allocated | £579,232 | Amount Committed | £579,232 | | | |
| No of Individuals engaged in therapies April 2018 – March 2019 | | Q1 | Q2 | Q3 | Q4 | Total |
| | | 384 | 1,021 | | | 1,405 |
| Proposed Outcome: 62% 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 **62%** 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 (**76%**). However it is noteworthy that a significant % of individuals who have an unplanned ending of therapy also experience a positive outcome (**35%**).
- Indications are that **9-11** sessions are more effective than the current most common number of **6**, with **11** appearing to be most effective.
- Reasons as to why **33%** 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:

“Counselling has reminded me to be kind to myself. To evaluate situations with patience and to consider other options”.

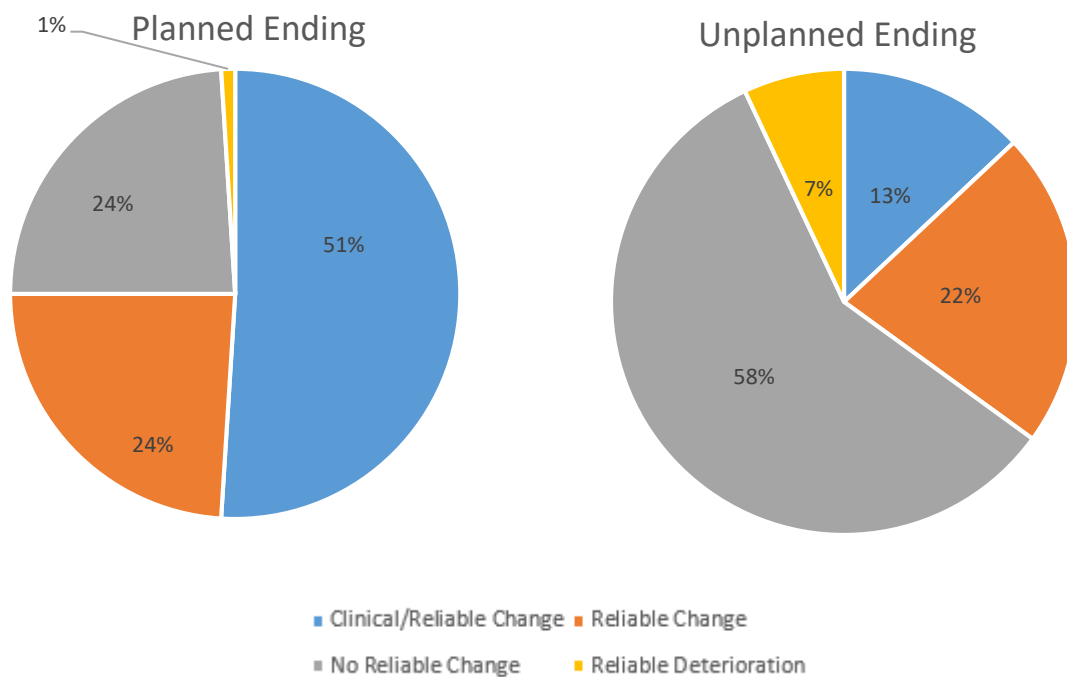
“It gave me coping techniques. It helped me to talk through my Trauma and to make sense of my emotions/feelings”.

**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 **38%** 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.

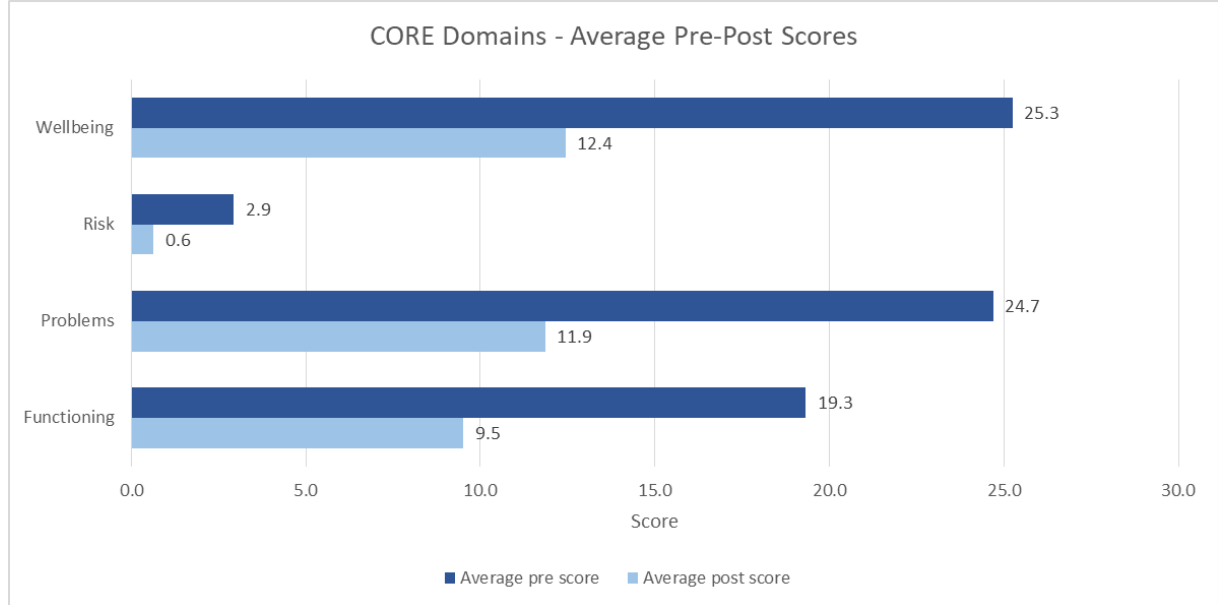
Figure 1



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.

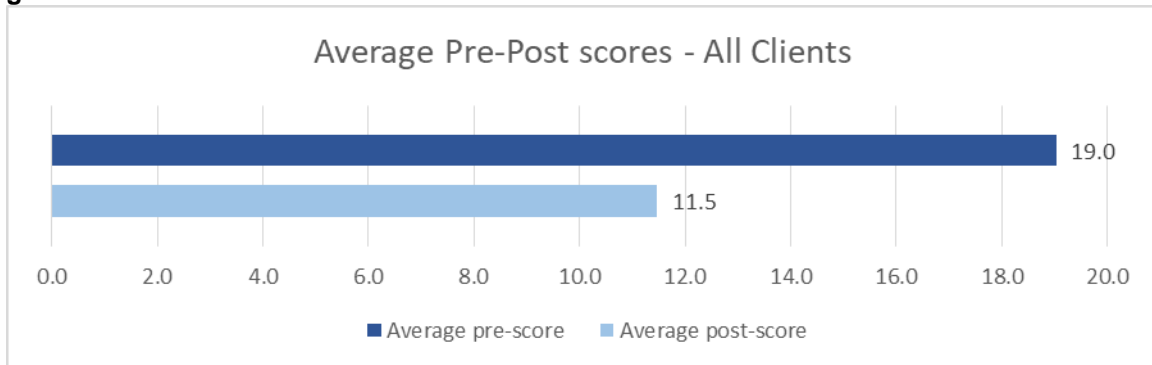
Clinical Change - when an individual's score has moved from the **'clinical range'** (i.e. a score of 10 or more) into the **'non-clinical range'** (i.e. a score of less than 10).

Figure 2



On average, these figures all fall within the target, non-clinical range for post-therapy in all four domains.

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 | 423 | | | 1,014 | |
| Proposed Outcome: 80% of individuals report an improvement in their health and wellbeing | | | | | | |

Description:

- **MYMOP** (Measure Yourself Medical Outcome Profile) is in use by all 25 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

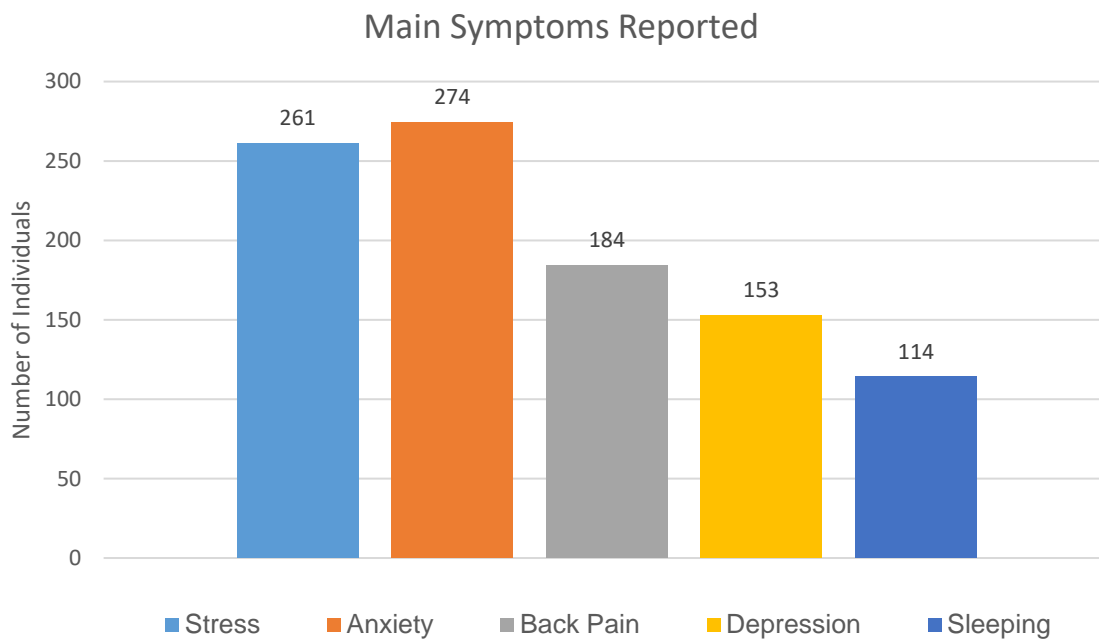
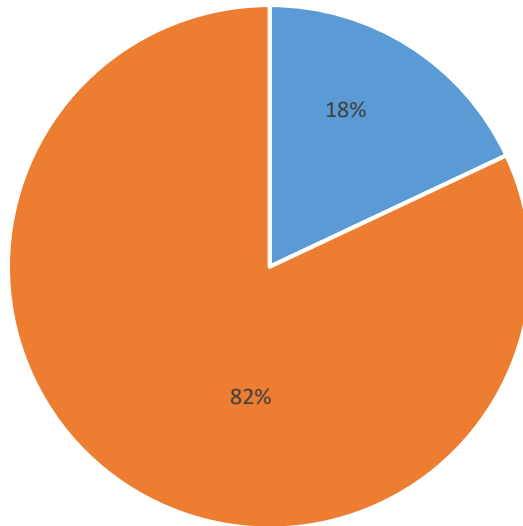


Figure 5

Individual Outcomes
Pre- Vs Post-Treatment



■ No Improvement ■ Improvement

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 1014 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".

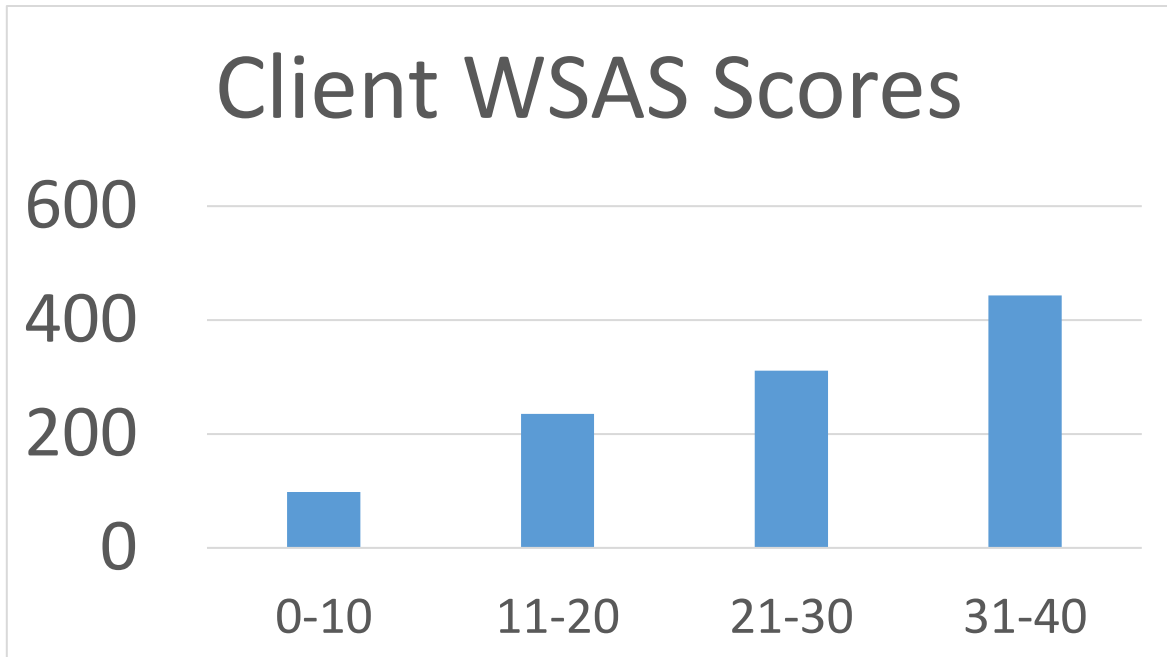
"I really enjoyed the programme, very relaxing, gave me a chance to have time out for myself and self-care for my depression".

Actions for next Quarter:

- Further analysis needed of the **18%** 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

* All figures reported in this section are correct and cumulative for the period ending month end August 2018; the VSS normally reports on these particular figures one month in arrears,



Notes:

- Figure 7 shows WSAS Time 1 scores for 1087 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.

Actions for next Quarter:

- The next Caseworker Network Meeting is scheduled for 16th October 2018
- Encourage the completion of WSAS2 scores with individuals who have received Framework support by Q2. Caseworkers have been provided with client lists of outstanding WSAS2 scores.
- Continue monitoring outcomes and begin reporting on these.
- WSAS Portal established for caseworkers to report remotely
- Ensure all Caseworkers are engaging in Workforce Development Training.