



**The Commission for
Victims & Survivors**

Victims and Survivors Service

Quarterly Review Report

October to December 2018

CONTENTS

	Page
Summary	3
Recommendations	3
Background	3
Impact of Services	4
• Improved the health and wellbeing of victims and survivors	4
• Victims and survivors, and those most in need, are helped and cared for	7
• Victims and survivors, and their families, are supported to engage in legacy issues	8
• Improved access to opportunities for learning and development	8
Standards	9
• Compliance	9
• Workforce Training and Development Plan	9
Communications and Engagement	10
• Commissioner and VSS Board	10
• Collaborative Design	10
• Trilateral Meetings	10
• Victims and Survivors Forum	10
• Victims and Survivors Practitioners Working Groups	10
• Advocacy Support and Health and Wellbeing Caseworker Networks	10
• Legacy Consultation	10
Conclusions	10
Annex 1	12
Annex 2	16
Annex 3	18

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 October to December 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. This work will be key to informing the Commissioner's policy advice regarding programme funding, to be submitted during 2019/20.
4. The Commission is committed to partnership working with the Department, Service and funded organisations to ensure that all partners deliver the best for victims and survivors, enabling an appropriate support service.

Recommendations

5. The Commission is content that any policy-related matters during this reporting period have been addressed through information requests or operational and strategic engagement, as outlined in the Memorandum of Understanding.

Background

6. 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
7. The requirement to produce Quarterly Review Reports is detailed in Outcome 2.3 of the Commission's 2018/19 Outcome Delivery Plan.
8. This is the third Quarterly Review Report of 2018/19 and covers the operational period of October to December 2018.
9. In order to compile this report the Commission has collated information from a number of sources. The primary source of information is that supplied directly from the VSS.

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 Services

10. 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 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.

11. Data for this reporting period was provided to CVSNI and TEO on 27 February 2019.

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:

Support	Prog.	Individuals (cumulative total for 2018/19)	Budget allocated	Budget committed
Talking Therapies	VSP	1,921	£579,232	£579,232
Complementary Therapies	VSP	1,523	£447,477	£447,477
Psychological Therapies	INP	38	£50,000	£21,580
Disability Aids	INP	76	£240,182	£166,656.02
Trauma-Focused Physical Activity	PEACE IV	94	£96,965	£34,602
Persistent Pain	INP		£535,700	£486,579
• Medical and Psychological Assessment		35		
• Pain Management		44		
• Home Heating		708		
• Physiotherapy		146		
• Complementary Therapy		91		
Befriending	VSP	751	£136,584	£136,584
Respite	VSP	1548	£250,173	£250,173
Other Social Support Activities ²	VSP	3,990	£248,069	£248,069
Transgenerational Activities	VSP	270	£40,434	£40,434

13. The headline figures provide a useful insight into the range of support services delivered directly to individuals and via service deliverers for the period of October to December 2018. The Commission notes the increase in individuals accessing Talking Therapies (increase of 823 compared to October to December 2017).

14. Clinical Outcomes in Routine Evaluation (CORE Net) continues to be used by all 22 organisations funded to deliver Talking Therapies. The self-reporting system, administered at each session, covers 4 domains (wellbeing; risk; problems; functioning).

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

Echoing the last reporting period, data provided by the VSS for this period states that, overall, 62% of individuals engaging with this service experienced a positive outcome across all 4 domain areas. The data provided by the Service continues to show that those who complete therapy as planned have a much greater likelihood of a positive outcome (detailed as 76%). In addition, the VSS has advised that those who have an unplanned ending of therapy also experience a positive outcome (noted as 35%). The Service advises 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 account of why 33% of individuals did 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 VSS has advised the Commission that they plan to conduct an analysis of the 38% who did not experience a positive outcome following treatment. The Commission looks forward to this analysis being shared. Data provided by the VSS is included in Annex 1.

15. During this reporting period Psychological Therapies, delivered through INP, has been delivered to 23 individuals. The Service continues to highlight that individuals in Great Britain and the Republic of 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. 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. The Commission looks forward to emerging data, once available.
16. All 25 organisations delivering Complementary Therapies continue to use the Measure Yourself Medical Outcome Profile (MYMOP) evaluation framework. The analysis provided continues to indicate an improvement in 82% of individuals engaged in this therapy. The VSS 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. Information provided by the VSS is included in Annex 2.
17. The Disability Aids scheme has been operational since the second quarter of 2017/18. All 34 individuals engaged up to this reporting period have had WSAS baseline data collected and exit data collection has started to be collected. The Service also plans to engage with a sample of individuals for a qualitative survey in order to demonstrate impact. The Commission looks forward to the emerging findings.

18. The Service has advised that they continued to employ the WSAS, qualitative case studies and CORE Net to demonstrate the effectiveness of the Trauma-focused Physical Activity scheme. Each of the 44 individuals engaged on the scheme during this reporting period have had WSAS baseline data collected, with exit data collation ongoing. The Commission looks forward to the emerging findings.
19. The Persistent Pain framework continues to be delivered across five 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); Physiotherapy and Complementary Therapy. 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. During this reporting period VSS completed a review of the Medical and Psychological Assessment element of the framework with 35 individuals, with outcomes forwarded to the individual and their GP. During the second quarter of 2018/19 it was established 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 and the Service have been engaging with individuals on how best to support their needs. The Commission notes the increase in individuals accessing Home Heating during this reporting period (total number of individuals accessing support to 708 by 31 December 2018). The Commission recognises that this scheme provides valuable support to those with persistent physical pain, however the Commission is mindful of the cost associated with its implementing and possible impact upon INP delivery during 2019/20. The VSS plans to review the implementation and delivery of the scheme and the Commission looks forward to its findings, prior to the submission of the Commissioner's policy advice on programme funding in August 2019.
20. 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 intend on using the WSAS along with other qualitative monitoring tools. The VSS advises that baseline data continues to be collated throughout 2018/19.
21. 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 has started using WSAS for all these support areas. Further, a Monitoring and Evaluation Subgroup, through the Victims and Survivors Practitioners Working Group, has been established to assist organisations with recording outcomes.
22. Transgenerational Activities continue to be 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.

Additionally, a Monitoring and Evaluation Subgroup, through the Victims and Survivors Practitioners Working Group, has been established to assist organisations with recording outcomes. Further, transgenerational services will be looked at through the Commission-led PEACE IV-funded Transgenerational Legacy and Young People research.

23. A key element of the new service delivery model has been the implementation of the Health and Wellbeing Case Manager and Caseworker Network. As of 31 December 2018 23 Caseworkers were post (during this period there were 2 vacancies), supported by 5 Case Managers. The Service advises that from as of 31 December 2018 Caseworkers or Case managers have engaged with a total of 2,781 individuals 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 1,087 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

24. The Service has provided the following figures for this reporting period:

Support	Prog.	Individuals (cumulative total for 2018/19)	Budget allocated	Budget committed
Self-Directed Assistance Awards	INP	5,837	£2,925,000	£2,917,500
Additional Needs Based Awards	INP	1,460	£740,000	£740,000
Transition Payments	INP	1,300	£205,000	£195,000
Welfare Advice and Support	VSP	1,039	£57,086	£57,086

25. Financial support remains the most significant support service, in terms of financial commitment, that the Service operates. Impact in relation to financial support have been reported through qualitative case studies and feedback. The VSS has advised that feedback from recipients indicate appreciation of the greater independence for addressing practical needs; recognised during this reporting period through 98 messages of thanks received during this reporting period, and 4 formal complaints being received from April to December 2018.
26. Welfare advice and support delivered by 10 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 1,039 individuals accessed this service (an increase of 341 individuals from the July to September 2018 period). It can be assumed that this increase can be attributed to individuals going through the PIP assessment process and rollout of Universal Credit.

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

27. During this reporting period headline figures for truth, justice and acknowledgement support services are as follows:

Support	Prog.	Individuals (cumulative total for 2018/19)	Budget allocated	Budget committed
Advocacy Support Service	PEACE IV	1,529	£4,112,092	£4,223,092
Truth, Justice and Acknowledgement Activities	VSP	505	£99,870	£99,870

28. Advocacy Support, delivered by 9 organisations and Truth, Justice and Acknowledgement Activities are delivered by 11 organisations. There are currently 5 Advocacy Managers and 19.5 Advocacy Support Workers. During this period organisations continued to deliver support to individuals engaged with legacy-related bodies, information retrieval processes and inquests, and importantly, assisting individuals with legacy-related queries as a result of the NIO's legacy consultation. 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

29. The VSS has provided the following information for personal and professional development-focused programmes during this reporting period.

Support	Prog.	Individuals (cumulative total for 2018/19)	Budget allocated	Budget committed
Personal and Professional Development ³	VSP	1,085	£79,398	£79,398
Education and Training Support	INP	96	£140,00	£114,310
Literacy and Numeracy	PEACE IV	15	£72,495	£56,700
Social Isolation	PEACE IV	39	£100,000	£10,070
Volunteering (Resilience)	PEACE IV	5	£85,411	£1,434

30. Personal and professional development is delivered by 27 organisations, offering a range of accredited training courses. The Service advises that outcomes in these areas will be measured through qualitative case studies, interviews and using the WSAS. Other possible tools will be explored by the Monitoring and Evaluation Subgroup of the Victims and Survivors Practitioners Working Group.

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

31. During this reporting period 44 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 Time 2 scores will be available for review by the final quarter of 2018/19 reporting period.
32. 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, facilitated by PEACE IV-funding. The Commission is pleased that 5 individuals continue to be engaged on the programme. The Commission understands the complexities with establishing such a support scheme and recognises the efforts being made to develop a volunteering programme.
33. During this reporting period delivery of the pilot Social Isolation scheme, designed to deliver assistance to assist and support volunteering experiences, continued to be delivered. The VSS advises that 39 individuals are now engaged on the programme. Work to develop the programme during this reporting period included continued identification of individuals through the Health and Wellbeing Caseworker Network and continued collation of learning.

Standards

Compliance

34. 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
35. During this reporting period the Service advised at Trilateral meetings that Programme Officers continued to monitor compliance as part of support visits. Alongside this mechanism, the Commission requested additional information to inform the Commissioner during this reporting period.⁵

Workforce Training and Development Plan

36. Training delivered during this reporting period included Risk Assessment and Personal Safety training in November and October, the Living Legacy of Trauma of Trauma and Theories of Traumatic Grief and Loss in October and the ongoing delivery of BSc Hons in Psychological Trauma Studies.

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

⁵ This information was issued to the Commission on 31 January 2019 and will be referred to in the Quarterly Review Report for the January to March 2019 period.

Communications and Engagement

Commissioner and VSS Board

37. During this reporting period the Commissioner and the VSS Chair had a face-to-face meeting on 30 October 2018.

Collaborative Design

38. In this reporting period there were two Collaborative Design meetings, held on 26 October and 12 December 2018.

Trilateral Meetings

39. The Commission can report that the trilateral meeting for this period took place 4 December 2018.

Victims and Survivors Forum

40. There were no engagements during this reporting period.

Victims and Survivors Practitioners Working Groups

41. During this period the North East Region met on 6 December 2018 and the South West Region area group met on the 11 December 2018.

Advocacy Support and Health and Wellbeing Caseworker Networks

42. There was one Health and Wellbeing Caseworker Working Group meeting during this reporting period, taking place on 16 November 2018.

Legacy Consultation

43. During this reporting period the Northern Ireland Office closed their consultation on Addressing the Legacy of Northern Ireland's Past.⁶ During this reporting period the VSS made efforts to assist individuals with understanding and engaging with the consultation process, if required. This included direct contact with 120 individuals. In addition, at the request of funded organisations, also chaired four public events during this reporting period.

Conclusions

44. The model of support delivered through INP and VSP, complemented by PEACE IV, has successfully embed new practices to address the individual needs of victims and survivors.
45. Demonstrating the impact of support services remains a focus for the Commission. The need for evidence-based information is key to showing improvement in the lives of victims and survivors and the sustainability of service delivery. The Commission acknowledges the efforts made by the VSS throughout 2018/19. The Commission looks forward to findings from WSAS outcome data, once supplemented with exit scores, and to data on those did not experience positive outcomes for Talking and Complementary Therapies.

⁶ The Northern Ireland Office's consultation closed on 5 October 2018.

This information, alongside emerging findings from the research elements of the PEACE IV programme, will play an important role in shaping future service delivery.

46. In reviewing this report's content the Commission believes the needs of victims and survivors can be addressed collaboratively to ensure that all partners can deliver the best for victims and survivors, enabling targeted and appropriate services for those accessing support.

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	
	947	458	516		1,921	
Proposed Outcome: 62% of individuals report positive outcomes and this improvement is across all 4 domains						
<p>Description:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Wellbeing ○ Risk ○ Problems ○ Functioning <p>Outcomes/Impact:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Too many DNAs (Organisation Policy) ○ Client moved ○ Client DNA final session ○ Client transferred 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: 						

[Female 28], availed of CBT and after completing Therapy stated 'The difference these months with you has changed my life so much, I really wanted to be a Paramedic. I would never have been confident in the past to even contemplate looking into the training but now I am determined to give it a shot- Thank-you all for everything.'

'I feel better in myself since receiving therapy – I feel positive about my future and would recommend anyone to come and seek therapy, it has made me a stronger person. Thank you so much for helping me.'

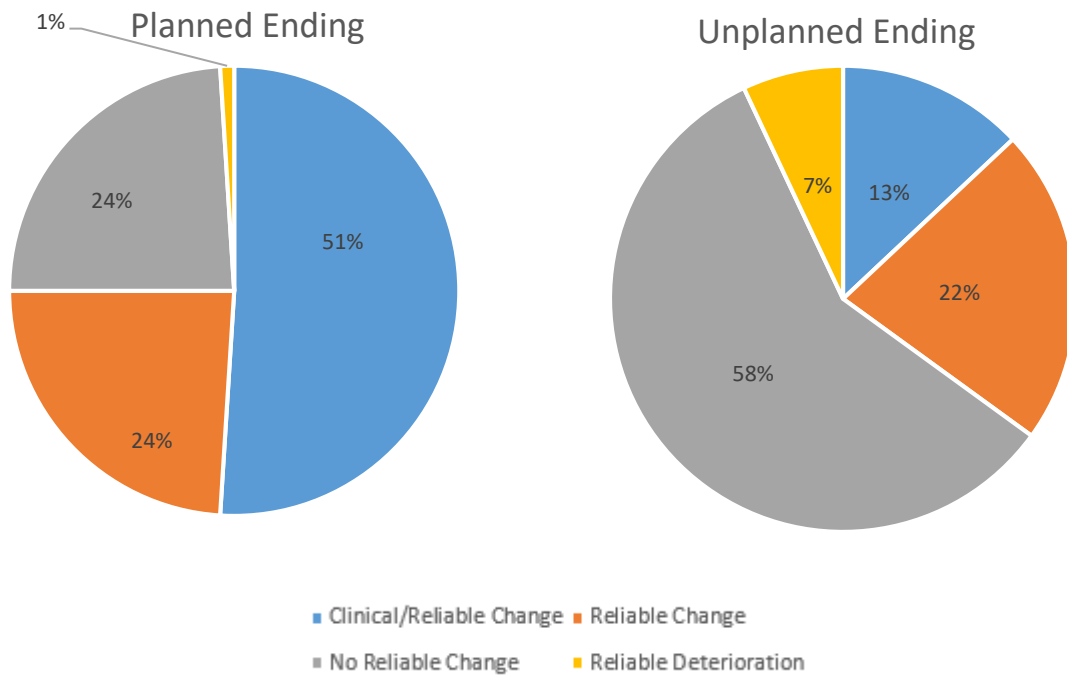
'Although I have not resolved my problems, I feel that with the tools I have been given and my self-belief I will overcome them in the near future. This all thanks to encouragement in the last 6 weeks'

**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.

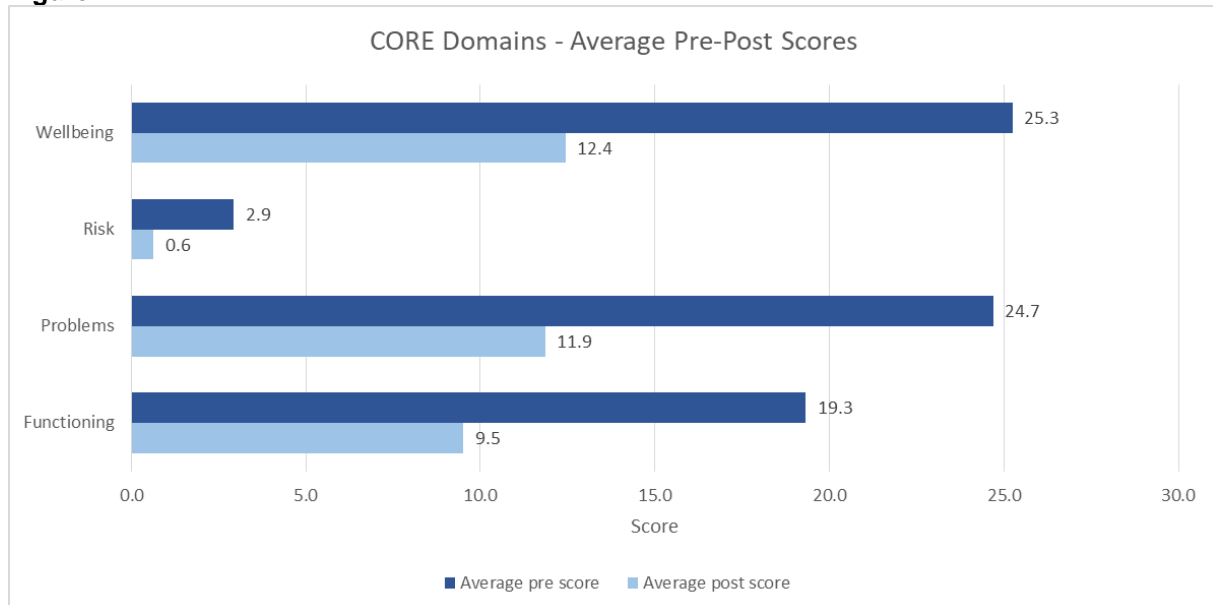
Figure 1



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.

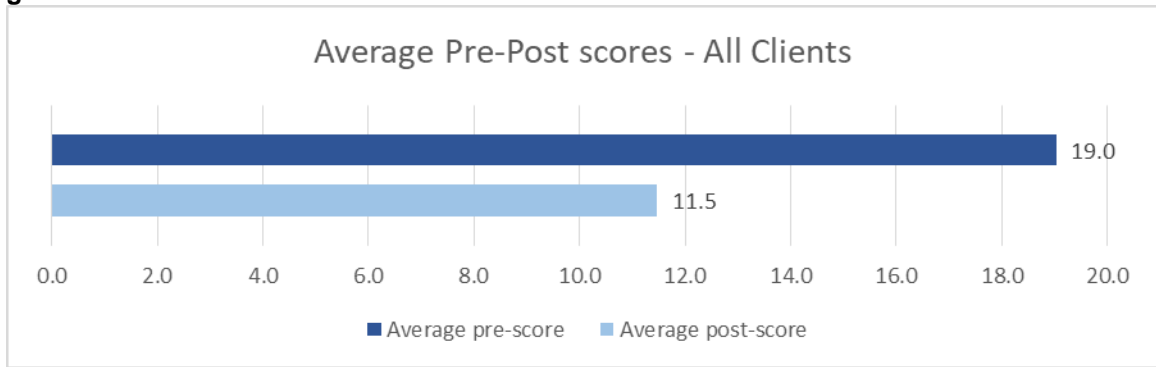
Clinical Change - when an individual's score has moved from the 'clinical range' (i.e. a score of 10 or more) into the 'non-clinical range' (i.e. a score of less than 10).

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	
	638	1,307	1,523		1,523	
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

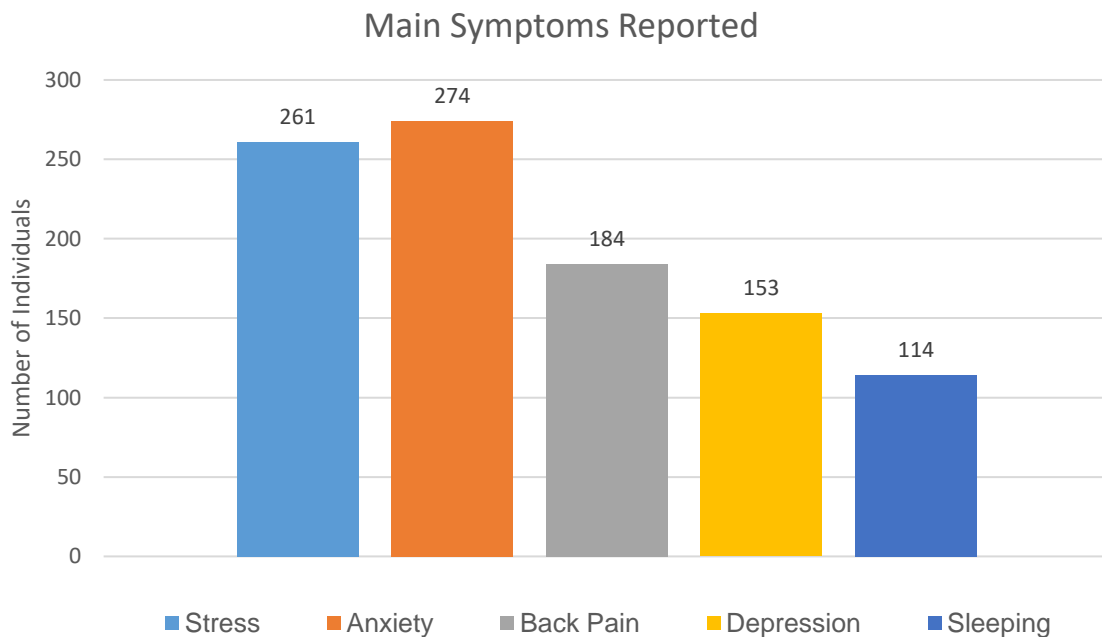
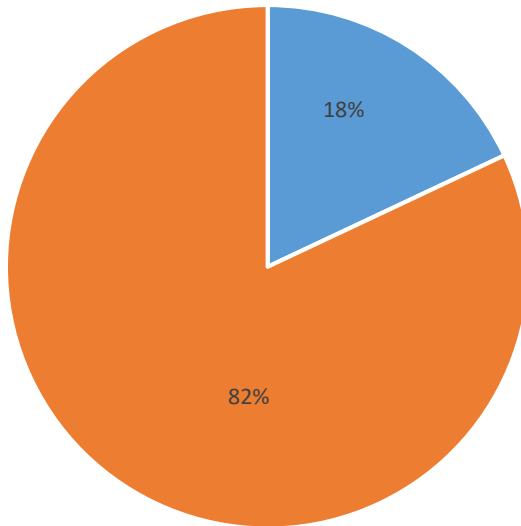


Figure 5

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.

'The benefits I derived from my therapy treatments are many, it helped me to de-stress from the many things I had to deal with, I felt more calm and able to cope better with all my difficulties. My therapist made me feel very welcome and relaxed, I am grateful for these sessions to help me cope at a very difficult time.'

'I have more energy and feeling of peace and wellbeing. I am able to sleep 'better and there has been ease of stiffness and pain.'

'My therapist has helped to guide and free me from immense pain and sorrow that I have felt most of my adult life. There has been reduction in anxiety and I have a more positive outlook.'

Actions for next Quarter:

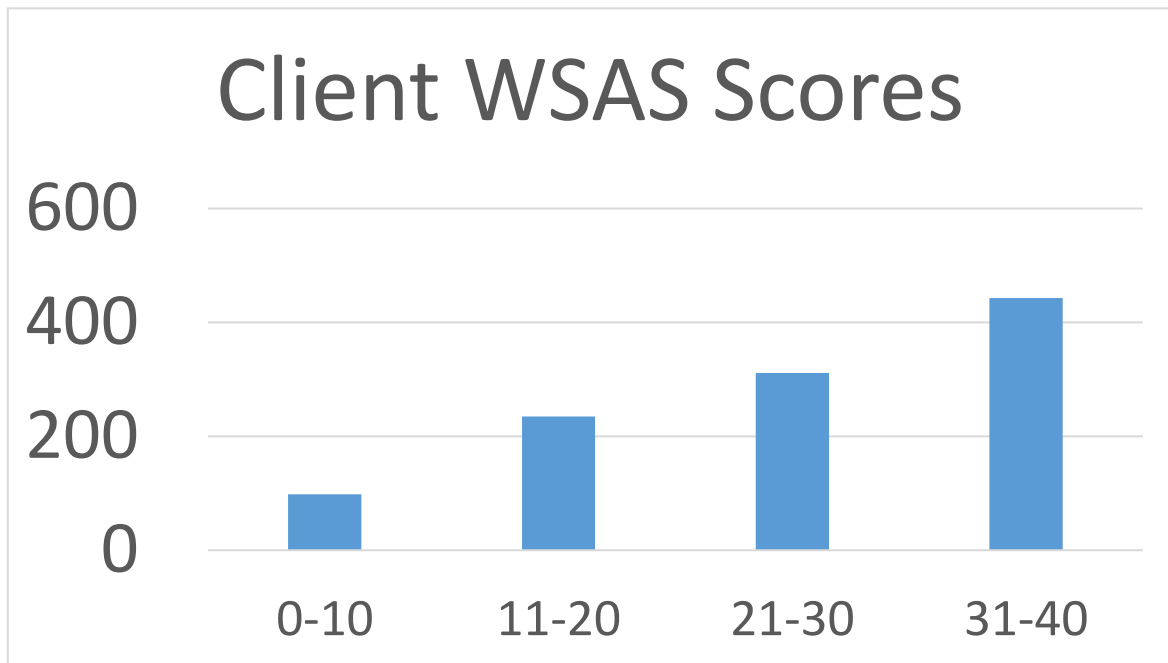
- Further analysis needed of the **18%** of individuals who did not experience any improvement following treatment.
- MIS staff to attend working group meetings, to discuss monitoring and evaluation needs with organisations.

*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 3 - Case Worker Network

Overview: Work and Social Adjustment Scale (WSAS) Scores

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



Notes:

- Figure 7 shows WSAS Time 1 scores for 1,087 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. The VSS MIS team are cleaning and analysing the data received to date through WSAS Time 2 scores and it is anticipated that this will be available in the final quarter.

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 19th February 2019
- Encourage the completion of WSAS2 scores with individuals who have received Framework support to date. Caseworkers have been provided with client lists of outstanding WSAS2 scores.
- Continue monitoring outcomes and begin reporting on these.
- Ensure all Caseworkers are engaging in Workforce Development Training.