



**The Commission for
Victims & Survivors**

Victims and Survivors Service

Quarterly Review Report

July to September 2019

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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 2019.
3. This reporting period was a busy operational time for the Victims and Survivors Service, with the ongoing delivery of the needs-based approach, embedding the Health and Wellbeing Caseworker and Case Manager Network and the ongoing development of monitoring and evaluation processes.

Recommendations

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

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 2019/20 Outcome Delivery Plan.
7. This is the second Quarterly Review Report of 2019/20 and covers an operational from July to September 2019.
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 processes, detailed 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. 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.

10. Data for this reporting period was provided to CVSNI and TEO on 25 November 2019.

11. As of 30 September 2019 direct support, through INP, was delivered to 6,045 unique individuals through 9,621 awards.

Improved the health and wellbeing of victims and survivors

12. 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*
Talking Therapies	VSP	887
Complementary Therapies	VSP	739*
Social Support	VSP	1,104*
Transgenerational Activities	VSP	243*
Disability Aids	INP	51
Persistent Pain	INP	684
Psychological Support	INP	110
Trauma-focused Physical Activity	PEACE IV	111

**Figures relate to up to end of August 2019 only.*

13. The headline figures provide a useful insight into the range of support services delivered directly to individuals and by funded service deliverers during the first half of 2019/20.

14. Clinical Outcomes in Routine Evaluation (CORE Net) continues to be used by all 21 organisations delivering Talking Therapies. This reporting tool has been used by VSS since mid-2017; however a new version, more aligned to the VSS service users, has been used since the beginning of 2019/20. All new client episodes continue to be added to this database, while ongoing therapies are being finished and closed down in the earlier version. By the end of this reporting period there had been 480 individuals added to the new database, however there have been insufficient numbers that have completed their therapies to provide full analysis. The VSS has advised that there are still 48 individuals that have still to complete their therapy in the earlier database, though this number is decreasing month-on-month. Funded organisations have been informed of a target to close the database by the end October 2019. Information provided by the VSS is included in Annex 1.

15. During this reporting period, additional funds became available for allocation within the 2019/20 year, specifically for Critical Health and Well-being (Talking Therapies), Social Support – Partnership and Collaboration and Befriending. The Service opened a call for funding requests from organisations who could provide the evidence needed for the additional funds during the period of October 2019 to March 2020. There were 23 applications received that totalled £275,364.
16. The long-term trend result for Talking Therapies has witnessed the percentage of those showing a reliable improvement stay relatively static at around 60%. The previous year had seen a sustained uptick in this trend, with the improvement trending towards 65%. A much smaller sample in the first quarter of 2019/20 saw this trend continue; however when reporting commenced on the new CORE Net database in the second quarter of 2019/20, the reliable improvement reduced to 57%, therefore the trend moved slightly lower than the long term trend of 60%.
17. During this reporting period Psychological Support was delivered to 110 individuals. The VSS advises that it is anticipated 60 individuals would access this service during 2019/20. The Commission notes the steady increase in individuals engaged with this element of the INP framework. This support remains important for those unable to access support through statutory services or not wishing to engage with funded organisations. The Commission would welcome an overview of any available outcome data from those delivering services to those availing of services from private practitioners.
18. Measure Yourself Medical Outcome Profile (MYMOP) continues to be used by all organisations funded to deliver Complementary Therapies. Historically, this measure has registered that 80% of clients have shown an improvement following therapy. However, data relating to this reporting report has shown a fall to 76%, given a sample size (n=1027), though it is expected to return to trend over time. Information provided by the VSS is detailed in Annex 2.
19. The Work and Social Adjustment Scale (WSAS) is a self-reporting measure designed to assess the individual's perceived functional impairment associated with a health problem. It is used to examine the individual's ability to function day-to-day while coping with the problem in their ability to work, home management, social leisure activities, private leisure activities and close relationships. Through increasing the collation of WSAS scores (particularly 'follow up' scores) will allow comparison and change in clients' scores to be assessed.
20. The Disability Aids scheme continues to provide a personalised approach to assessing and improving the safety and independence of victims and survivors living with conflict-related physical injuries, through providing functional aids and equipment. By the end of the second quarter the Disability Scheme has provided help to 71 people to date. The target for 2019/20 is estimated to reach up to 80 individuals.
21. The Persistent Pain framework aims to improve the health and wellbeing of victims and survivors living with persistent pain. This is provided through interventions that include home heat, physiotherapy and complementary/alternative therapies. To date the framework has engaged 684 individuals. The target for 2019/20 is that 750 participants are to be met.

22. The VSS continues to employ the WSAS to demonstrate the effectiveness of the Trauma-focused Physical Activity Scheme. Data is collected from individuals at the beginning of the scheme and again as they exit scheme. Looking at the scores from the same quarter last year there has been a small dip within this area from those who have felt there had been an improvement. In the same quarter last year 75% of individuals felt that there had been an improvement, compared to the same quarter this year where only 73% of participants felt that there had been an improvement.
23. The trauma-focused physical activity programme is funded through PEACE IV. Trauma-focused physical activity project helps to promote self-management of symptoms and facilitation of association therapeutic processes aimed at promoting health and wellbeing. This support has to date reached 111 individuals to date. Currently the target for 2019/20 was to reach 70 individuals during 2019/20.
24. The Commission welcomes the continued collation of WSAS scores for Disability Aids, Persistent Pain, Psychological Therapies and Trauma Focused Physical Activities. Whilst sample sizes are low, and work is ongoing to address reporting consistencies, information provided by the VSS indicates improvement (detailed in Annex 3).

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

25. This strategic outcome aims to help victims and survivors through the provision of support to improve their financial position, providing assistance to help meet day-to-day needs, and through the provision of access to advice in relation to welfare entitlements.
26. The Service has provided the following figures for welfare support and Self-Directed Assistance (year to date figures, to assist with an accurate reflection of delivery):

Support	Prog.	Individuals (year to date)
Self-Directed Assistance Payments	INP	5,802
Additional Needs Based Payments	INP	1,467
Transition Payments	INP	1,269
Welfare Support	VSP	1,043
PIP claims supported	INP	15

27. Welfare Support continues to be delivered by 6 organisations. This support service plays a vital role for individuals requiring assistance, particularly with the ongoing rollout of Welfare Changes across Northern Ireland. It is anticipated that the VSS will have 2,400 interventions during 2019/20. During this reporting report 443 individuals used the service. It can be assumed that the higher number of individuals that require support can be attributed to individuals going through the help and support relating to the PIP assessment process or appeals.
28. Financial support remains the most significant support service, in terms of monetary value, that the VSS operates. Outcomes in relation to financial support have been reported through qualitative case studies and feedback received.

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

29. This strategic outcome aims to facilitate the engagement of victims and survivors in legacy issues with confidence and trust.
30. The following headline figures for truth, justice and acknowledgement support services during this reporting period:

Support	Prog.	Individuals (Q2 2019/20)
Advocacy	PEACE IV	111
Truth, Justice and Acknowledgement	VSP	320

31. Advocacy Support, delivered by 8 organisations, has been assisted by PEACE IV funding. This additionality has led to the development of an advocacy support network consisting of 6 Advocacy Manager and 21.5 Advocacy Support Workers. During this period organisations continued to deliver support to individuals engaged with legacy-related bodies, information retrieval processes and inquests.

Improved access to opportunities for learning and development

32. The key outcomes for this area include increasing confidence and reducing isolation, through acknowledgement and support; renewed relationships and trust within families and communities; and helping to improve mental health and social networks.
33. The Service has provided the following details for personal development during his reporting period:

Support	Prog.	Individuals (Q2 2019/20)
Personal and Professional Development	VSP	457
Education and Training	INP	54
1-1 Literacy and Numeracy	PEACE IV	7
Social Isolation	PEACE IV	56
Volunteering	PEACE IV	4

34. Personal and Professional development is now delivered by 23 organisations. Outcomes in these areas are measured through case studies, interviews and the WSAS.
35. For individuals in receipt of support through the Education and Training or the 1-1 Literacy and Numeracy frameworks, almost 72% record a positive change using the WSAS metric.²

² It is noted that the positive change percentage has decreased from the last reporting period (detailed as 83% during April-June 2019). The VSS has advised the Commission that given small data samples, particularly in this case, WSAS data can fluctuate. Further, the score can be viewed as a snapshot of how the individual is feeling at a given point in time, and can be influenced by an external factor that is not linked to the intervention (for example, bereavement).

Standards

Compliance

36. 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 the grant made by the VSS.³
37. VSS advised the Commission at Trilateral meeting on 3 September 2019 that funded organisations remain aware of the standards and continue to engage with Programme Officers regarding compliance.
38. Following from a meeting with the VSS on 3 June 2019, it was agreed that reporting processes would be focused on identified standard areas, on a rotational basis. This work will be taken taking forward during the next reporting period and it is envisaged a schedule will be agreed prior to the beginning of 2020/21.

Standards Working Group

39. The Standards Working Group held a meeting on 20 August 2019.

Communications and Engagement

Commissioner and VSS Board

40. The Commissioner met with the VSS Board during this reporting period on the 26 July and the 13 September 2019.

Collaborative Design

41. In this reporting period there were two Collaborative Design meetings, held on the 2 and 24 September 2019.

Trilateral Meetings

42. During this reporting period there was one Trilateral meeting, held on the 3 September 2019.

Victims and Survivors Forum

43. There was no engagement between the Victims and Survivors Forum and the VSS during this reporting period. Engagement is planned for the third quarter of 2019/20.

Victims and Survivors Practitioners Working Groups

44. During this reporting period the North East Region had no meetings, while the South East Region met on the 15 August 2019.

³ CVSNI (2016) *Standards for Services Provided to Victims and Survivors*, Belfast: CVSNI.

Health and Wellbeing Caseworker Working Network and Advocacy Support Working Group

45. The Health and Wellbeing Caseworker Network met twice during this reporting period (6 August 2019 and 24 September 2019).
46. The Advocacy Support Working Group met twice during this reporting period (1 August 2019 and 19 September 2019).

Informing advice on an Extension to the Strategy for Victims and Survivors and Programme Funding

47. During this reporting period the Commission initiated planning for informing advice on an extension of the Strategy for Victims and Survivors 2009-2019 and the current VSS funding programmes.
48. Strategic engagement was initiated and facilitated through one-to-one engagements with the VSS CEO and staff (20 August 2019) and at Collaborative Design meetings (held on 2 and 24 September 2019). Additionally, all partners worked frequently throughout this reporting period regarding information requests to help shape and inform the Commissioner's draft advice paper.

Conclusions

49. The Commission remains committed to continuing the tripartite relationship whereby the Department, Service and Commission work together in order to improve service delivery. This collaborative approach proved essential in the planning stages of the Commissioner's advice on an Extension to the Strategy for Victims and Survivors and Programme Funding.
50. Monitoring, evaluating and measuring outcomes has been a key focus for the Commission. The Commission would like to recognise the efforts made by the Service the continued efforts made during 2019/20 to collect data and information and looks forward to further insights.
51. 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 continue to be delivered.

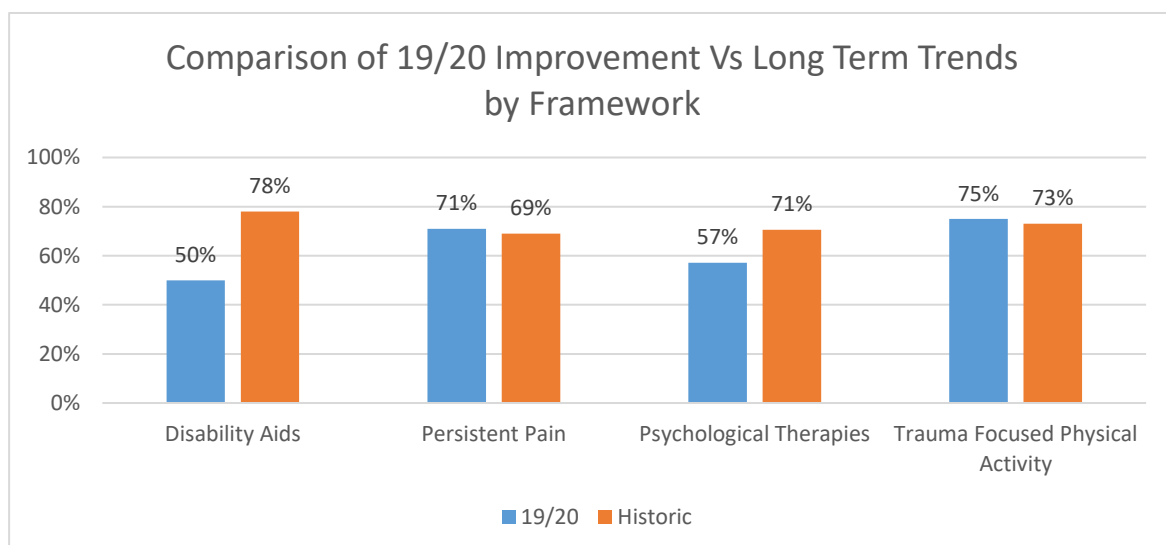
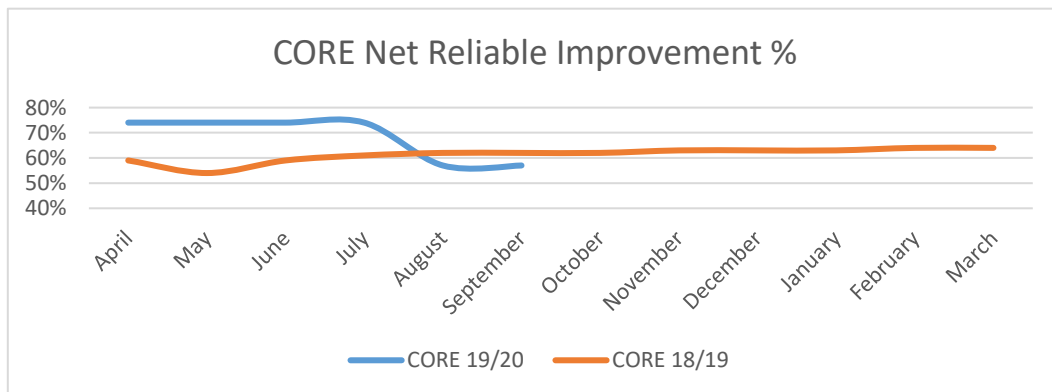
Annex 1 – Talking Therapies

CORE – The “**C**linical **O**utcomes in **R**outine **E**valuation” system is a set of inter-dependent tools for measuring psychological distress, developed around the CORE Outcome Measure (CORE-OM), and is the system of choice for routine outcomes measurement in psychological therapies in the UK and increasingly in other EU countries such as the Netherlands, Denmark, Sweden and Portugal.

This measure is used to monitor Talking Therapy outcomes.

Talking Therapy data is captured via the CORE Net system, which has been utilised by VSS since mid-2017. A new version of the database, more aligned to the needs the VSS client base, has been in use since the beginning of the current financial year. All new client episodes are being added to this database, while ongoing therapies are being finished and closed down in the earlier version. 480 Clients have been completed their therapies to in this database, providing an initial sample for outcomes monitoring. There are still 45 clients that have still to complete their therapy in the earlier database; however the number is decreasing month-on-month.

The long term trend result for Talking Therapies has seen the percentage of those showing a reliable improvement stay relatively static at around 60%. Recently however, there has been a sustained uptick in this trend, with the Improvement trending towards 65%.



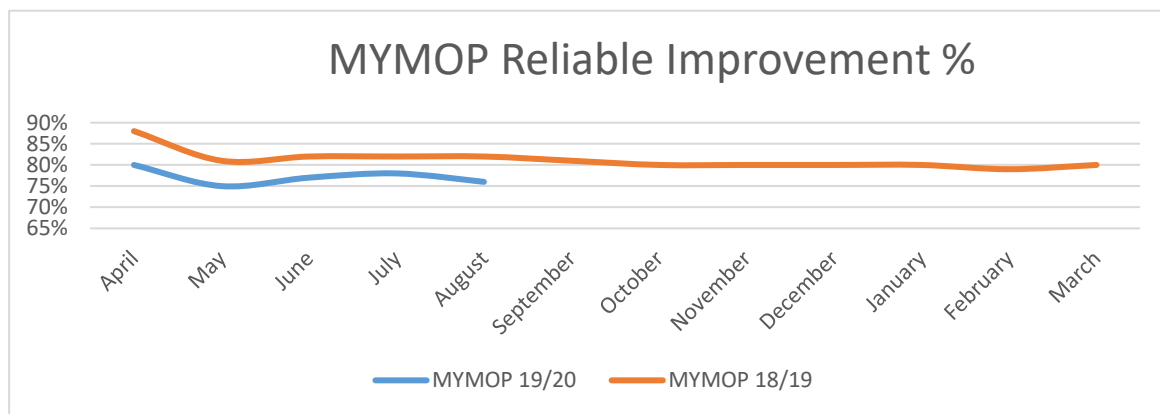
Annex 2 – Complementary Therapies

Description:

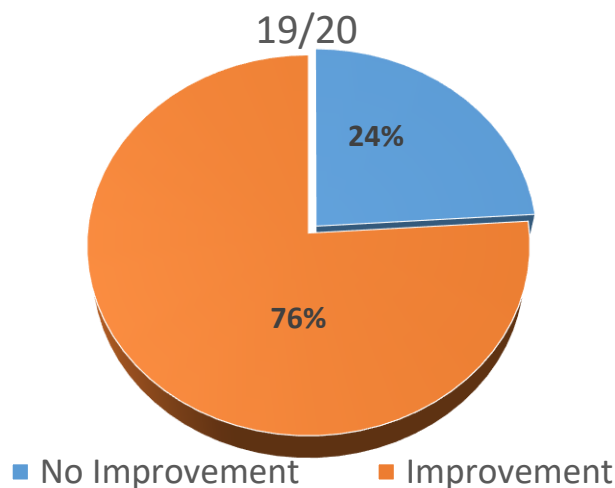
- **MYMOP** – (**M**eaure **Y**ourself **M**edical **O**utcome **P**rofile), is a patient-generated, or individualised, outcome questionnaire. It is problem-specific but also includes general wellbeing. It is applicable to all patients who present with symptoms, which can be physical, emotional or social.
- 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:

- Historically, this measure has registered 80% of clients showing an improvement following Complementary Therapy.
- The most recent data has shown a fall to 76%, given a relatively small sample size (n=1027), but it is expected to return to trend over time.



Complementary Therapy Outcomes Q2

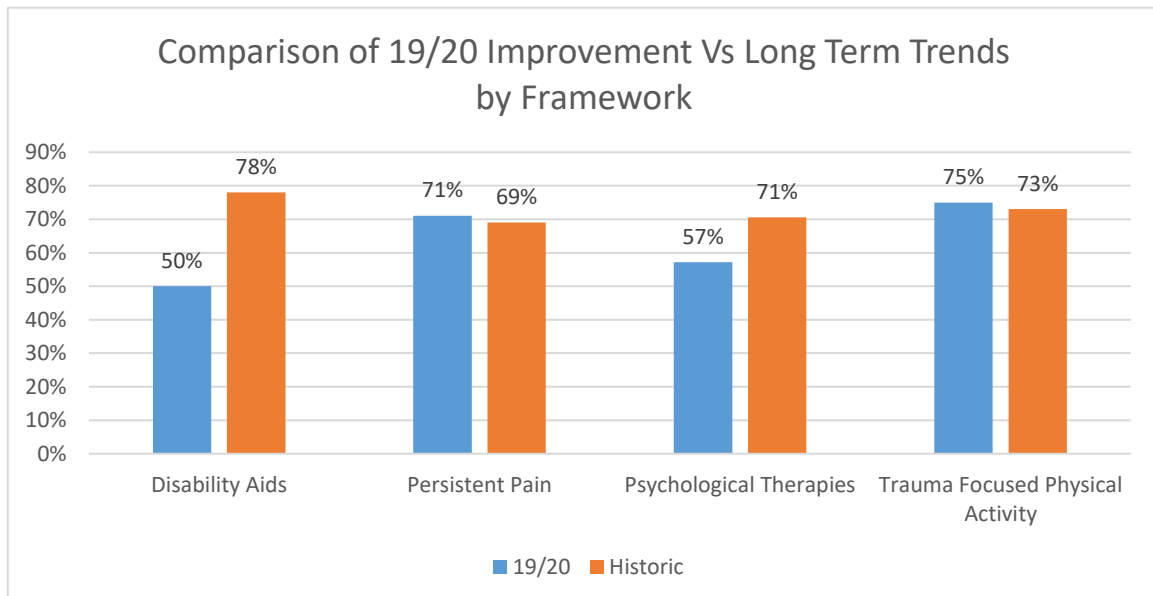
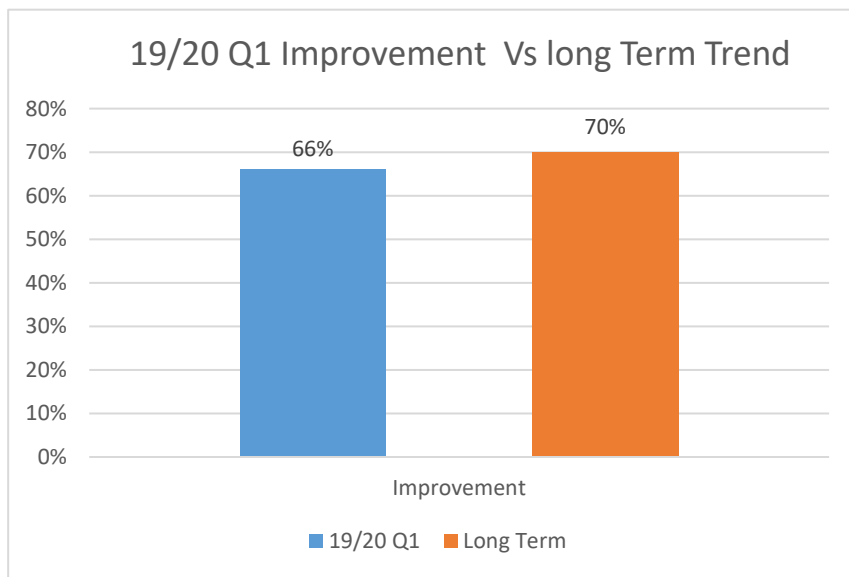


(sample size 1027)

Annex 3 – Work and Social Adjustment Scale Scores

WSAS – The **Work and Social Adjustment Scale** is a simple self-reporting measure designed to assess patients' perceived functional impairment associated with a health problem. It examines their ability to function day-to-day while coping with the problem in their ability to work, home management, social leisure activities, private leisure activities and close relationships.

This measure is used to monitor the perceived effects of various INP Framework outcomes on each client, over time. In each case, the effect cannot necessarily be attributed solely to framework, as more than one award may have been given.



Sample sizes for 19/20 are still quite small