



**The Commission for
Victims & Survivors**

Victims and Survivors Service

Quarterly Review Report

October to December 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 focuses on the period of October to December 2019.
3. This reporting period was a busy operational time for the Victims and Survivors Service, with the ongoing delivery of the needs-based service delivery model, continued embedding of the Health and Wellbeing Caseworker and Case Manager Network and the ongoing development of monitoring and evaluation processes.
4. Communication and interaction between the Commission and the Service has remained constructive during this reporting period. This productive working relationship was essential regarding informing the Commissioner's advice on extending the Victims and Survivors Strategy and Programme Funding, submitted during this period.

Recommendations

5. All policy-related matters during this period were addressed through information requests and operational and strategic engagement, as outlined in the Memorandum of Understanding. The Commission therefore does not propose any recommendations to the Executive Office.

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 four quarterly reports is detailed in Outcome 2.3 of the Commission's 2019/20 Outcome Delivery Plan.
8. This is the third Quarterly Review Report of 2019/20. Whilst building on previous reports, this report provides an update on the operation of the VSS during the period from October to December 2019.

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.

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 to CVSNI directly from the VSS through agreed processes.

Impact of VSS Services

10. Reporting data provided by the VSS, for services delivered through the Individual Needs Programme (INP), Victims Support Programme (VSP) and PEACE IV continue to be reviewed against 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 2 March 2020.

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* Q3 2019/20	Year to date (cumulative)
Talking Therapies	VSP	796	2141
Complementary Therapies	VSP	844*	1,932*
Social Support	VSP	1,844*	9194*
Transgenerational Activities	VSP	29*	311*
Disability Aids	INP	18	89
Persistent Pain	INP	205	1073
Psychological Support	INP	66	229
Trauma-focused Physical Activity	PEACE IV	112	283

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

13. The headline figures provide a useful insight into the range of support services delivered by quarter three of 2019/20.

14. Clinical Outcomes in Routine Evaluation (CORE Net) continues to be used by all organisations delivering Talking Therapies. This reporting tool has been used 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 796 individuals added to the new database, however there have been insufficient numbers that have completed their therapies to provide full analysis.

15. During the previous reporting period, additional funding became available for allocation within the 2019/20 year, specifically for Critical Health and Wellbeing (Talking Therapies), Social Support – Partnership and Collaboration and Befriending. The VSS 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. The Commission welcomes the Service's efforts to work with service deliverers to address increases in demand.
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%, which was slightly lower than the normal trend of 65%, and has remained relatively static throughout quarter 3.
17. During this reporting period, Psychological Support was delivered to 66 individuals. The VSS advises that it anticipates 60 individuals would access this service during 2019/20; currently the VSS has surpassed their predicted figure. 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. Information provided by the VSS is included in Annex 1.
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. From the last reporting period there has been a slight increase from 76% to 77%, from a sample size (n=1819), 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 third quarter, the Disability Scheme has provided help to 89 people. The target for 2019/20 was estimated to reach up to 80 individuals, however to date those accessing the scheme has surpassed the original estimation.

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 1,073 individuals. The target for 2019/20 was to engage 750 participants; again the VSS has exceeded their original target and it is expected that it will rise again in the final quarter of 2019/20.
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 the 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 76% of individuals felt that there had been an improvement, compared to the same quarter this year where only 77% of participants felt that there had been an improvement.
23. The PEACE IV-funded Trauma-focused Physical Activity programme aims to help to promote self-management of symptoms and facilitation of association therapeutic processes aimed at promoting health and wellbeing. This support has to date reached 112 individuals.
24. Areas such as Psychological Support, Disability Aids and Trauma-focused Physical Activity are likely to see continued growth in 2019/20; the Commission welcomes the expansion of such schemes and the efforts of VSS staff to help identify eligible victims and survivors who may not be aware of the support available to them.
25. 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 (information is detailed in Annex 3).
26. The Commission welcomes the results from the equine therapy pilot, which engaged nine individuals with a horse sense and healing programme. The VSS advises that 90% of participants demonstrated a clinical improvement in their symptoms. Prior to beginning the programme all participants showed a risk of suicide in their pre-programme scores and their post-intervention scores indicated no suicidal risk.

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

27. 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.

28. The VSS 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	5,779 ²
Additional Needs Based Payments	INP	1,469
Transition Payments	INP	1,269
Welfare Support	VSP	1,501*
PIP claims supported	INP	15

**Q3 19/20 figure relate to up to end of November only*

29. Welfare Support continues to be delivered by six organisations. This support service continues to play a vital role for individuals requiring assistance, particularly with the ongoing rollout of Welfare Changes across Northern Ireland. The VSS advises that they anticipate 2,400 interventions during 2019/20.

30. 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.

31. Whilst feedback on the streamlined process and approach has been positive, the Commission does acknowledge that many individuals are dissatisfied that eligibility only extends to those registered with the VSS up to 31 March 2017. During this reporting period the VSS, as a result of their engagement process, has stated that the overwhelming feedback they receive continues to indicate the deadline must be extended. The Commission does recognise the disappointment expressed by a number of individuals, and their representatives, regarding ineligibility. The Commission also recognises the positive feedback and complementary nature of the support delivered through the service delivery model. Equally important is the need to be mindful of budgetary constraints and the overall direction of travel regarding needs-based service delivery.

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

32. This strategic outcome aims to facilitate the engagement of victims and survivors in legacy issues with confidence and trust.

33. The following headline figures for truth, justice and acknowledgement support services during this reporting period have been provided by the VSS:

Support	Prog.	Individuals (Q3 2019/20)
Advocacy	PEACE IV	66*
Truth, Justice and Acknowledgement	VSP	252**

** Q3 19/20 figures relate from September up to end-October only due to other monthly data not being received in time for inclusion*

***Q3 19/20 figures relate from September up to end-November only*

² It is noted that the number of individuals availing of Self-Directed Assistance Payments has decreased from the last reporting period (5,802 detailed for July-September 2019). The VSS has advised the Commission that this is as a result of a number of individuals being reported as deceased.

34. Advocacy Support, delivered by eight 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. 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

35. 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.

36. The VSS has provided the following details for personal development during his reporting period:

Support	Prog.	Individuals (Q3 2019/20)	2019/20 Cumulative
Personal and Professional Development	VSP	1195*	2304*
Education and Training	INP	33	118
1-1 Literacy and Numeracy	PEACE IV	5	17
Social Isolation	PEACE IV	36	97
Volunteering	PEACE IV	4	12

37. Personal and Professional development is now delivered by 23 organisations. Outcomes in these areas are measured through case studies, interviews and the WSAS.

38. For individuals in receipt of support through the Education and Training or the 1-1 Literacy and Numeracy frameworks, almost 66% recorded a positive change using the WSAS metric. This represents a slight decrease from last quarter in which 72% recorded a positive change.

Standards

Compliance

39. The VSS advised CVSNI and TEO at Trilateral meeting on 3 December 2019 that funded organisations remain aware of the standards and continue to engage with Programme Officers regarding compliance.

Standards Working Group

40. During this reporting period the VSS and CVSNI engaged regarding developing standards for Health and Wellbeing Case Managers and Caseworkers. This work will be concluded before the end of 2019/20.

Communications and Engagement

Commissioner and VSS Board

41. During this reporting period the Commissioner met with the VSS Board on 26 November 2019.

Collaborative Design

42. In this reporting period there were two Collaborative Design meetings, held on the 9 October and 2 December 2019. There were also two seminars, held on the 19 and 25 November.

Trilateral Meetings

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

Victims and Survivors Forum

44. The Victims and Survivors Forum and the VSS met during this reporting period on the 16 October 2019.

Victims and Survivors Practitioners Working Groups

45. During this reporting period the North East Region met on the 10 October 2019 and the 5 December 2019, while the South East Region met on the 17 October 2019 and the 11 December 2019.

Health and Wellbeing Caseworker and Advocacy Working Networks

46. The Health and Wellbeing Caseworker Network met once during this reporting period (5 November 2019).
47. The Advocacy Support Working Group met once during this reporting period (7 November 2019).

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

48. During this reporting period, the Commission delivered advice on extending the Strategy for Victims and Survivors and VSS programme funding.³ The advice consisted of two complementary elements. The first part addressed the need to extend the Strategy, based on supporting evidence from stakeholder consultation and continued focus on addressing the needs of victims and survivors and their families in the years ahead. Secondly, in making a clear and supported rationale for extending the Strategy for a specified timeframe, the paper discussed and recommended the continuation of Programme Funding to inform how services are delivered up to March 2022.

³ CVSNI (2019) *Extension to the Strategy for Victims and Survivors (2009-19) and Programme Funding Policy Advice Paper*, Belfast: CVSNI.

49. In producing this advice the Commission took into consideration recent research, policy positions, engagement and through strategic engagement which was initiated and facilitated through one-to-one engagements with the VSS CEO and staff (29 November 2019) and at Collaborative Design meetings (held on 19 and 25 November 2019). Additionally, CVSNI and VSS staff engaged frequently throughout this reporting period regarding information requests to help shape and inform the Commissioner's advice paper.

Victims Payment Scheme

50. During this period the UK Government's consultation on 'A legal framework for a Troubles-related incident Victims Payment Scheme' opened and closed. During October to November the VSS had significant engagement with TEO and CVSNI and service deliverers regarding its potential operation.

Memorandum of Understanding

51. The Memorandum of Understanding between the Service and the Commission was signed and revised during this period (signed by CVS on 16 December and VSS on 31 December 2019).

Conclusions

52. The Quarterly Review Reports remain an important element of the Commission's responsibility to keep under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors. The reports are used by the Commissioner, in line with her statutory duties, to keep under review services provided for victims and survivors. They also act as a useful reference point for other stakeholders.

53. The Commission is committed to partnership working with the Department, Service and the wider sector to ensure that everyone delivers the best for victims and survivors, enabling an effective support service for those accessing support. 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.

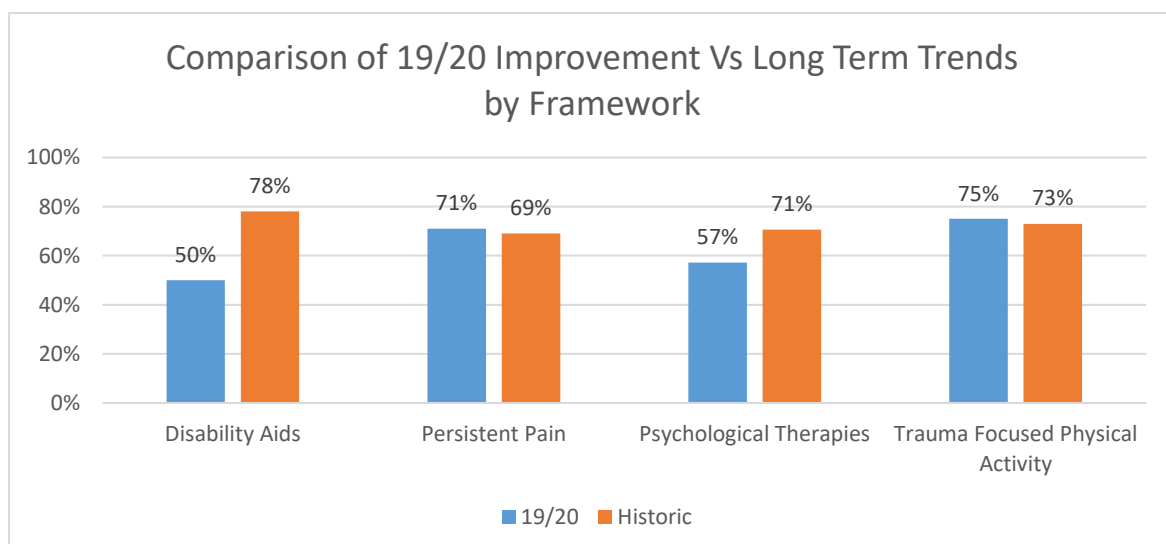
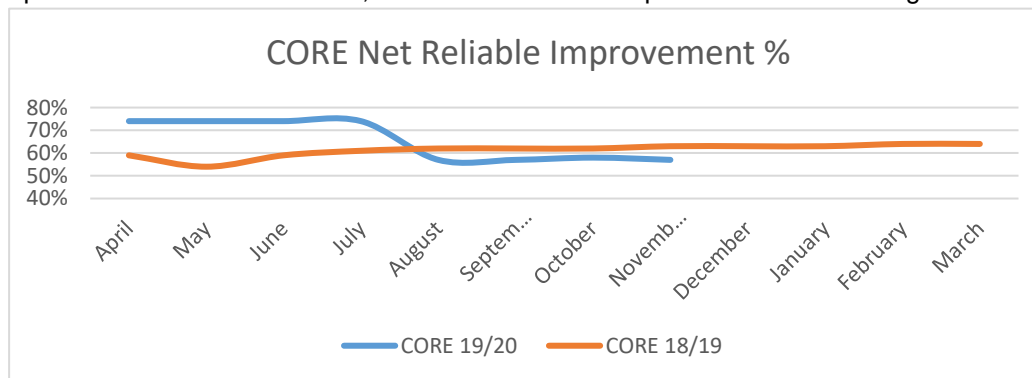
Annex 1 – Talking Therapies

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. All clients have now completed their therapies, and it is intended that the previous CORE Net system will be closed in January 2020.

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%.



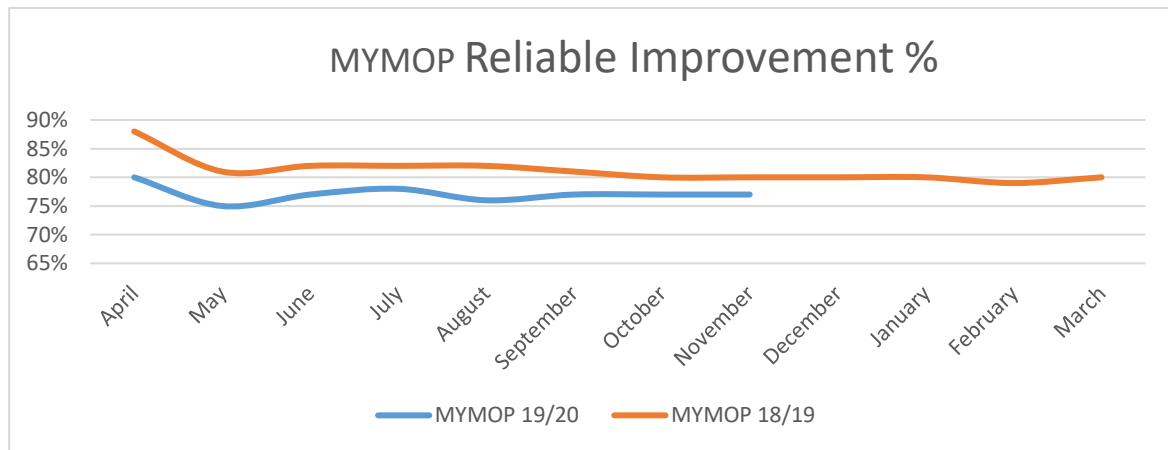
Annex 2 – Complementary Therapies

Description:

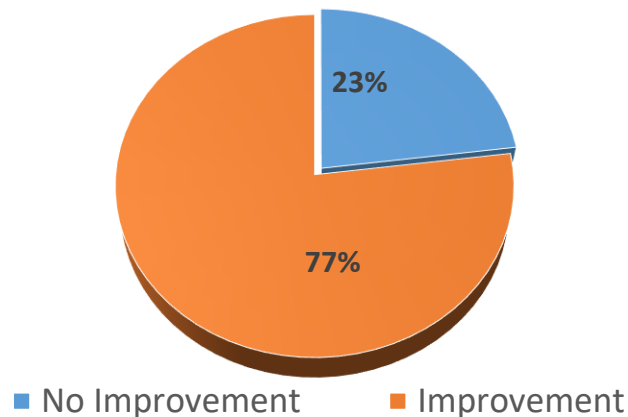
- **MYMOP** – (Measure Yourself Medical Outcome Profile), is a patient-generated, or individualised, outcome questionnaire. It is problem-specific but also includes general wellbeing. It is applicable to all patients who present with symptoms, which can be physical, emotional or social.
- It is a client 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 slight increase from 75% to 76% this Quarter, given a relatively small sample size (n=1819), but it is expected to return to trend over time.



Complementary Therapy Outcomes Q3 19/20

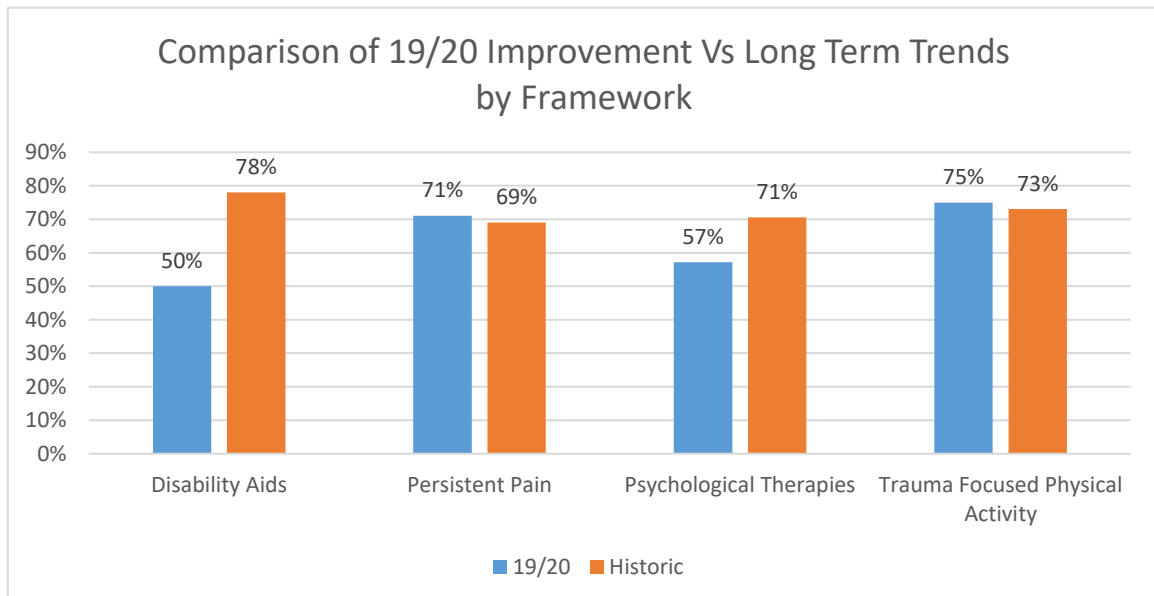
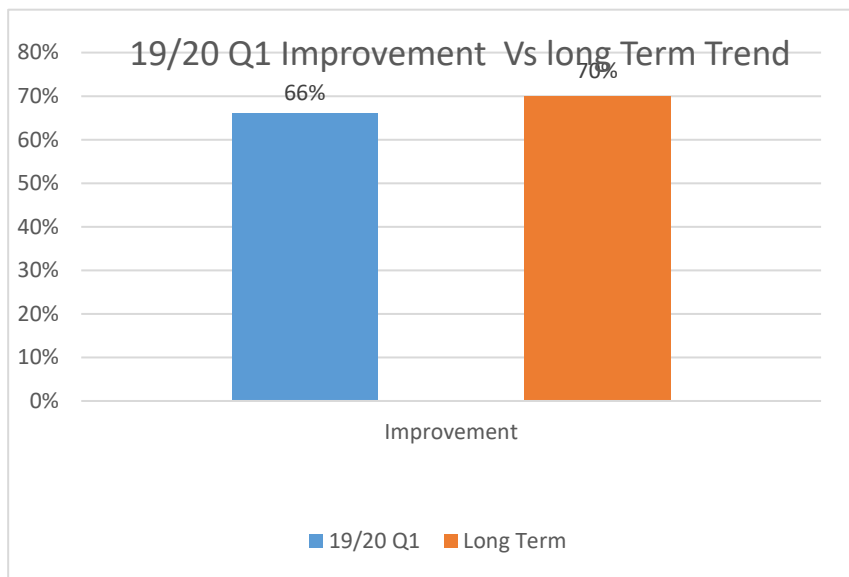


(sample size 1819)

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