



**The Commission for
Victims & Survivors**

Victims and Survivors Service

Quarterly Review Report

January to March 2017

CONTENTS

	Page
Summary	3
Recommendations	3
Background	3
Individual Support	4
Victim Support Programme/PeaceIV	6
Monitoring and Evaluation	8
Commission and Service Engagement	9
Conclusions	10

Summary

1. The Executive Office (TEO) has requested that the Commission for Victims and Survivors Northern Ireland (CVSNI) review the progress of the Victims and Survivors Service (VSS) and produce a report that comments on that progress.
2. This report focuses on the period from January to March 2017.
3. This reporting period has been a busy operational time for the Service, the Commission and the Department with preparation for the new service delivery model from April 2017 onwards. Significantly, the Victim Support Programme, enhanced by PeaceIV, was open and closed its call for applications for the 2017-2020 period. This provided much welcomed sustainability for the sector. In addition, new Standards were embedded for services provided to victims and survivors.
4. Communication and interaction between the Commission and the Service has remained constructive during this reporting period. This productive working relationship has been essential regarding finalising new monitoring arrangements and setting the direction of travel for phase two of the Collaborative Design process.

Recommendations

5. The Commission does not propose any recommendations to the Department.

Background

6. Target 1.2 of the Commission for Victims and Survivors (CVSNI and 'the Commission') 2016/17 Business Plan requires the Commission to produce four quarterly reports on the progress and operation of the Victims and Survivors Service (VSS and 'the Service').¹
7. This is the last Quarterly Review Report of 2016/17 and covers the period from January to March 2017.
8. In order to compile this report the Commission has collated information from a range of sources. The primary source of information is that supplied to CVS 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 Victims and Survivors Strategy: Office of the First Minister and deputy First Minister (2009) *Victims and Survivors Strategy*, Belfast: The Stationery Office, p.7.

Individual Support

Support Schemes

9. Schemes were administered on the basis of one award per person, alongside Financial Assistance, for the period of 2016/17.

Reporting Data

10. As of 31 March 2017 the VSS has provided the following summary of award letters issued to individuals in Table 1 below:

Table 1: Summary of Individual Awards

Scheme	Issued 15/16	Issued 16/17	Difference	Award value	Committed
Support for Injured (DLA Middle Rate Care)	606	1,002	+396	£500	£501,000
Support for Injured (DLA High Rate Care)	598	815	+217	£1,500	£1,222,500
Support for Bereaved	2,595	2,775	+180	£500	£1,387,500
Chronic Pain	45	44	-1	<i>variable</i>	£30,200
Support for Carers	511	558	+47	£500	£279,000
Financial Assistance	2,670	2,771	+101	£750	£2,077,850
Education and Training	24	14	-10	£500	£12,295
Disability Aids	29	26	-3	<i>variable</i>	£94,171
				Total	£5,604,516

11. The VSS has provided a summary position for 2016/17 compared to 2015/16. As of 31 March 2017 this stood at:

Table 2: Summary of Awards

	2015/16	2016/17
Number of individuals	5,125	5,675
Number of awards issued	7,078	8,004
Value of funding committed	£5,079,462	£5,604,516

12. As of 31 March 2017 852 new individuals registered during 2016/17.

Telephone calls and Unscheduled Client Visits

13. The Service has reported the following figures in Table 3 for telephone calls and unscheduled visits for this reporting period:

Table 3: Telephone calls and visits

Month	Telephone calls	Unscheduled visits
March	2,969	688
February	1,901	467
January	1,783	336

14. This quarter witnessed a significant increase in the levels of contact prior to the end of the financial year. The Service advises that this was following correspondence to individuals reminding them to use their INP awards (issued in February and March). Increase in contact can also be attributed to the launch of INP for the 2017/18 period.

Caseworker Approach

15. As of the 31 March 2017 the VSS has advised that a total of 908 individuals participated in the pilot Caseworker approach during 2016/17. This approach was facilitated by 29 Caseworkers within 16 funded organisations and by 1 located at the VSS.

16. During this period the Service continued to make good progress regarding preparation for the new Health and Wellbeing Caseworker network approach in 2017/18. This included the development of the Clinical Governance Framework and preparatory work prior to the appointment of Caseworkers under PeacelV.

17. Delivery of support under the Disability Aids Scheme was ongoing during this period. Procurement for a three year contract for the delivery of Occupational Therapist services, required as part of this framework, continued.

18. During this reporting period the Service continued to provide support for 44 individuals towards Chronic Pain treatments. Engagement with statutory services continued during January and March in order to cost and develop a framework for delivery in 2017/18.

19. The VSS also engaged in a procurement process for a short-term contract for a physiotherapist to assist with the development of a framework for Physiotherapy Services and associated three year contract from 2017/18. This followed a pilot delivered in conjunction with the Ashton Centre and WAVE.

20. During this period the Individual Needs Consultation framework was reviewed. It is planned to be finalised for implementation with the new Health and Wellbeing Caseworkers network in 2017/18. The Commission looks forward to seeing the developed framework, which will feed into the work of the Standards Working Group, which is due to convene in the second quarter of 2017/18.

Summary

21. During this reporting period, and throughout 2016/17, the Caseworker approach has been further embedded into service delivery through the VSS directly and VSP-funded organisations. This approach will be central to the roll-out of the needs-based approach from 2017/18 onwards; particularly when ascertaining needs through Victim Support Programme/PeacelV-funded service deliverers and engagement with statutory services.

Victim Support Programme/PeaceIV

22. During this reporting period the call for funding for Victim Support Programme (VSP) and PeaceIV closed and the majority of letters of offer were issued.

Reporting Data

23. The Service has provided reporting data received for 2016/17 and is illustrated in Table 4 below:

Table 4: VSP Reporting Data

March 2017 - Reflecting data submitted to VSS by 24 May 2017	
> £75k contracts	
Number of groups issued with the finalised M&E materials	39
Number of groups yet to be issued with the finalised M&E materials	0
< £75k contracts	
Number of groups issued with the finalised M&E materials	25
Number of groups yet to be issued with the finalised M&E materials	0
Gender	
Males (plus as a percentage of total)	5,115
Females (plus as a percentage of total)	7,248
Transgender	2
Blank	10
Age	
Age range	5 to 99
Average age	54
Primary identification with Victims & Survivors (Northern Ireland) Order 2006	
Injured (physically)	829
Injured (psychologically)	8,286
Bereaved	2,122
Carers	484
Identifies with more than one category	188
Blank	466
Health and wellbeing numbers accessing Services	
Total number of clients accessing HWB services (note: not unique records, includes duplicated instances of individuals accessing multiple services)	5,965
Counselling	2,411
Complementary Therapies	3,312
CBT/EMDR	147
Other H&W services	95
Total number who have exited services	4,544

Social Support numbers exited and numbers current	
Total number of clients accessing Social Support services (note: not unique records, includes duplicated instances of individuals accessing multiple services)	28,690
Total number who have exited services	25,589
Number of unique clients registered in VSS-funded organisations for the period 1 April 2016-31 July 2016	12,375
Number of clients that VSS can see have exited services for the period 1 April 2016-31 July 2016	30,133

24. Throughout 2016/17 there continued to be a growth in the number of individuals overall presenting for services; particularly in this period prior to beginning of the new financial year.
25. In relation to the primary identification of victims and survivors the consistent increase in those individuals presenting and registering with VSP-funded organisations as psychologically injured is significant throughout 2016/17. Table 5 highlights this below:

Table 5: Increase in Psychologically Injured

Period 2016/17	Numbers presenting	Increase
April –June	1,292	-
July-September	4,996	287%
October-December	6,086	22%
January-March	8,286	36%

26. The increase in registrations is important in the context of a static budget and the finalisation of the VSP/PeaceIV application process. The Commission acknowledges this as a significant increase and would warrant discussion at the next Collaborative Design meeting.

VSP and PEACE IV Programmes

27. The funding call for VSP and PeaceIV applications closed on the 4 January 2017. A total of 86 applications were received by the Service. There were a total of 55 successful applications under both programmes.
28. From 2017/18 onwards there will be two funding streams: large grants (more than £30,000) and small grants (up to £30,000).
29. As of the 31 March the VSS engaged with 44 of the large grant organisations to discuss indicative budget allocation and finalise work plans. Engagement with the 11 small grant funded organisations and unsuccessful applications took place in April.

Workforce Training and Development Plan

30. Work in this area included the delivery of Safeguarding Adults and Children at Risk training in March.
31. In preparation for 2017/18, work was ongoing with the Head of Health and Wellbeing, Health and Wellbeing Programmes Manager and the Health and Wellbeing Case Managers to ensure that the delivery of training can take place in the first quarter of

the year. The Commission understands that the focus will be ensuring organisations can comply with Standards as required in their letters of offer.

Victims and Survivors Practitioners Working Groups

32. There were no meetings held during this period in recognition of operational pressures on service deliverers and finalising of letters of offer to successful organisations.

Summary

33. The Commission would like to acknowledge the Service's efforts to engage with service deliverers during this this busy operational period. The three year funding term and additional funding through PeaceIV provides much welcomed service provision sustainability.

Monitoring and Evaluation

34. Demonstrating the effectiveness of service delivery remains a matter of priority for the Commission. The Commission acknowledges the efforts made by the Service with VSP-funded organisations during the 2016/17 period and in continuing steps to develop and progress data collection processes.

Complementary Therapies

35. During this period the VSS continued to work with 24 organisations to introduce the MYMOP (Measure Yourself Medical Outcome Profile) evaluation framework. The Service has advised that data collection from organisations runs at 100%. Data collected relates to 2,589 individuals having completed therapies (with 283 stopping early).
36. Analysis of this data and data provided by the Service is detailed in Annex 1.

37. The analysis on symptoms, activities and general wellbeing indicates clinically significant outcomes for reduced symptom distress, improved capability to complete activities of daily living and general client wellbeing. The analysis provided also determined a clinically significant improvement in 82% of the overall MYMOP profile of individuals engaged in complementary therapies with 18% reporting no improvements. The VSS concludes that Complementary Therapies are not for everyone but the results indicate that an improvement occurs in 4 out of 5 individuals.

Physiotherapy

38. A MYMOP system to monitor the Physiotherapy pilot was initiated during this period and the first set of results have been returned. Two organisations participated in the pilot, with data relating to 9 individuals. The initial clinical statistics provided by the VSS is attached in Annex 2.

Counselling

39. The CORE Net system went live on 1 August 2016 for the first phase of organisations delivering counselling services. To date, 1,240 individuals have started therapy with 574 completing counselling sessions.
40. Data provided by the Service is attached in Annex 3.

41. The VSS continues to implement the rollout of CORE Net in collaboration with service deliverers. During this period this included continuous engagement with organisations and establishing a working group to highlight issues relating to its rollout, including addressing quality issues.
42. The Commission is also pleased to hear that, under the Caseworker approach, the VSS has engaged with individuals registered under INP and looks forward to information, once available.

Commission and Service Engagement

VSS Board

43. During this reporting period the Commissioner and the VSS Chair held one face-to-face meeting in January 2017.

Forum Engagement

44. The Victims and Survivors Forum met with the VSS board and senior management on 17 February 2017 to discuss the new service delivery model for the Individual Needs Programme.

Trilateral Meetings

45. CVS, VSS and TEO met on 29 March 2017 to discuss the format and approach of trilateral meetings during 2017/18.

Collaborative Design

46. In this reporting period CVS and the VSS attended three Collaborative Design meetings (20 January, 1 March and 27 March). Three workshops were also held with the sector on 20 January, 24 January and 26 January. The purpose of these workshops was to provide the sector with an overview of the new service delivery model for 2016/17 onwards.

Memorandum of Understanding

47. A Memorandum of Understanding exists to clarify the ways in which the Commission and the Service will deal with matters of mutual interest. It was highlighted at the trilateral meeting in March that the document requires updating based on future monitoring arrangements agreed through the Collaborative Design process. The Commission and Service will be working to agree a revised version of the document as a matter of priority during the first quarter of 2017/18.

Queries and Complaints

48. The Service has a complaints procedure in place to manage complaints from individuals and organisations. In addition, the Commission also logs complaints from individuals not wishing to make a formal complaint.

49. For this period, the Service received three complaints:

	VSS	CVS
1-31 March	2	0
1-28 February	1	0
1-31 January	1	0

50. No queries were received by the Commission and no individuals were registered under challenging or unacceptable behaviour.

51. Complaints received by the VSS and CVS have remained low. This has been the case throughout 2016/17, with the VSS receiving a total of 20 and CVS receiving 3 during the year.

Welfare Changes

52. Throughout 2016/17 the Service, Department and Commission engaged with the Department for Communities regarding the transition from Disability Living Allowance to Personal Independent Payment. This included engagement with the Department for Communities in order to minimise the impact of transition for victims and survivors. In January the VSS issued correspondence to 1,545 individuals registered under Support for the Injured scheme in order to offer them the option to share relevant information with the Department for Communities in order to reduce the need for face-to-face assessment.

Commission Research

53. During this period the Commission's research activity focussed on progressing the development of the PEACE IV Victims and Survivors Research Programme and completion of the Review of the Victims and Survivors Strategy Summary Report. Following confirmation that CVS has secured £250,000 of funding as part of the PEACE IV Victims and Survivors Programme, Commission staff focussed on drafting Project Delivery Plans for each of the three research projects. These delivery plans will form the basis for establishing the management structure for the Research Programme and communication around each of the research projects. An update on the Research Programme related to the management structure and promotion of the funded research studies will be provided in the next reporting period.

54. During this period Commission staff continued to work with PACEC in finalising the Review of the Victims and Survivors Strategy Summary Report. The Final Summary Report was received by the Commission in March 2017.

Conclusions

55. This reporting period, and the 2016/17 period, represented an important moment for service delivery to victims and survivors.

56. Partnership approaches included continued interaction through the Collaborative Design process and ongoing engagement with VSP-funded organisations regarding funding arrangements and the new service delivery model for 2017/18 onwards. Of

particular note was ongoing engagement with the Department of Communities regarding assessments as a result welfare changes.

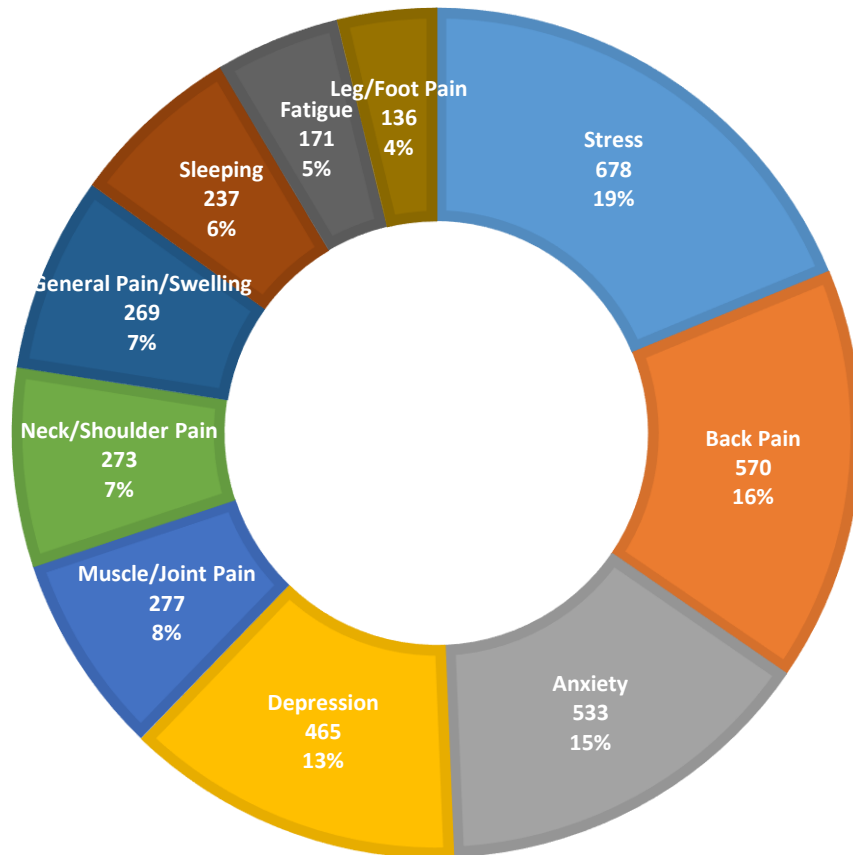
57. The last quarter of the year will always present pressures for the Service. This year this was enhanced due to preparation for the new service delivery model, managing PeaceIV-related activities, assessing VSP/PeaceIV applications and awarding letters of offer to successful organisations.
58. It should be noted that during 2016/17 the Commission made one recommendation through the mechanism of the Quarter Review Reports (made in the July-September 2016 report). This was as a result of service-related improvements being facilitated through the Collaborative Design process and the Commissioner's policy advice issued to the Department in August 2016.
59. In September 2016 it was acknowledged that the future approach and format of the trilateral meetings and reporting mechanisms would be reviewed. The Commission, Service and Department engaged during this period in order to agree a new monitoring framework in line with an outcomes-based approach. The agreed approach will shape engagement and reporting from 2017/18 onwards.

Annex 1 – Complementary Therapies (MYMOP)

Clinical Statistics (Treatment Outcomes)

MYMOP Scores	Before Treatment		After Treatment		Change In Score		Sample Size
	Score	SD	Score	SD	Score	SD	
Symptom 1	4.90	1.06	3.13	1.44	1.77	1.37	2589
Symptom 2	4.79	1.18	3.17	1.46	1.62	1.41	2166
Activity	4.75	1.26	3.16	1.53	1.57	1.42	2589
Wellbeing	4.29	1.33	2.77	1.40	1.53	1.36	2589
MYMOP Profile	4.66	0.98	3.03	1.27	1.63	1.13	2589

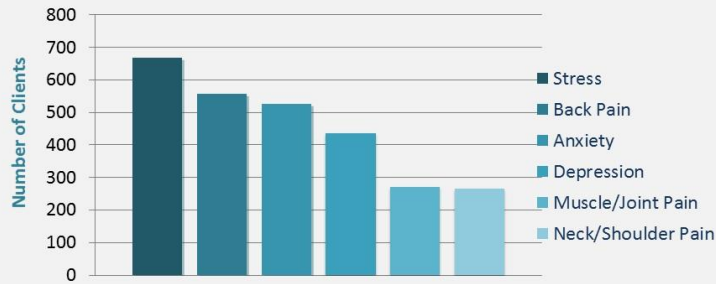
Top 10 Symptoms Experienced



Complementary Therapies

Measuring the impact of Complementary Therapies provided by VSS supported organisations

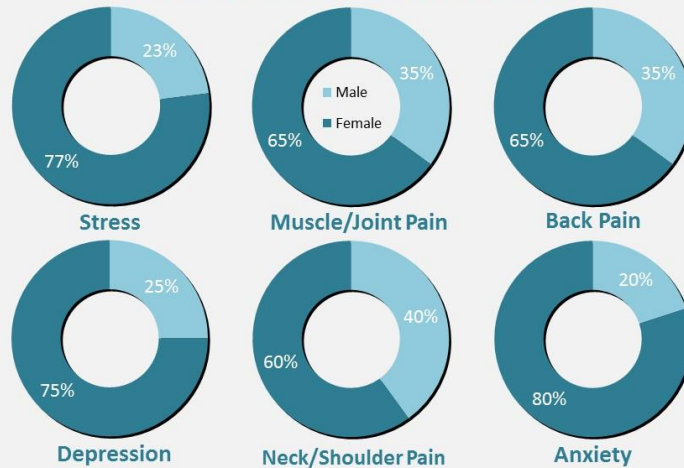
Main Symptoms Reported



Impaired Activities of Daily Living



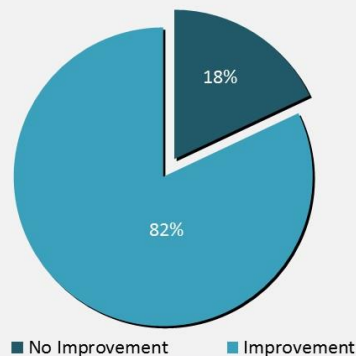
The number of females availing of Complementary Therapies exceeds the number of males for all reported symptoms



Individual Outcomes, Pre- Vs Post-Treatment

A change in rating score in MYMOP is clinically significant when it represents a change that is of importance to the individual client 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 client, 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.]



Complementary Therapies are not for everyone, but results indicate an improvement in 4 out of 5 individuals

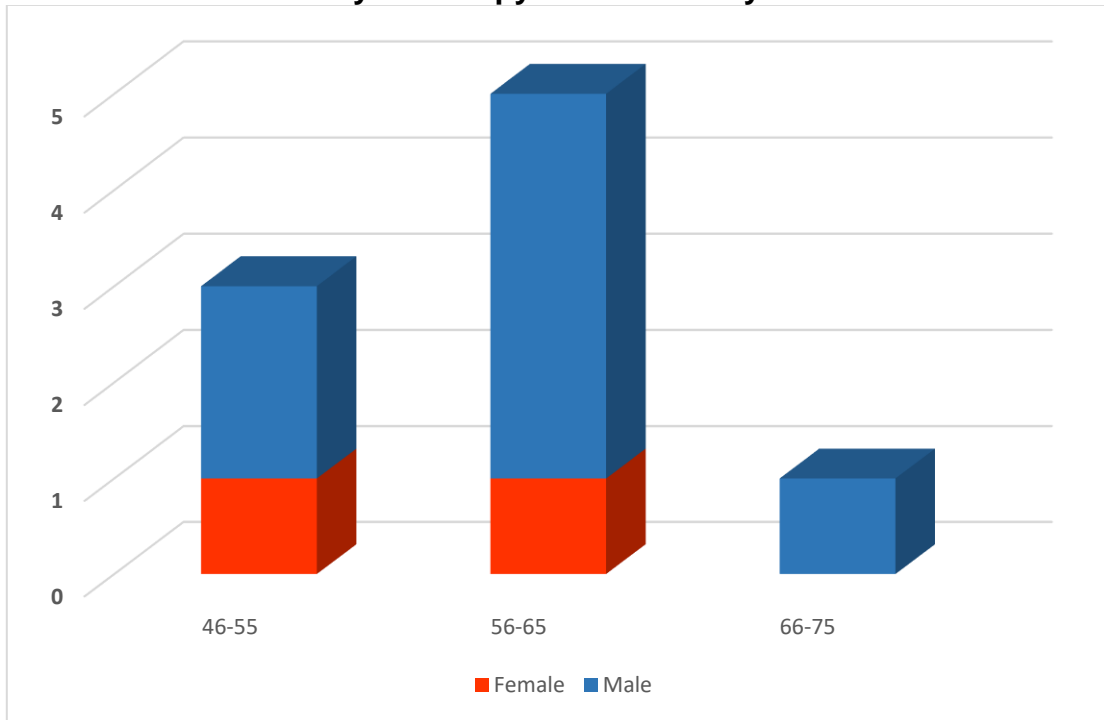


*As with all data analysis, it is important to consider results in the context of other interventions and experiences which will have a contribution to both the positive and negative outcome of any treatment.

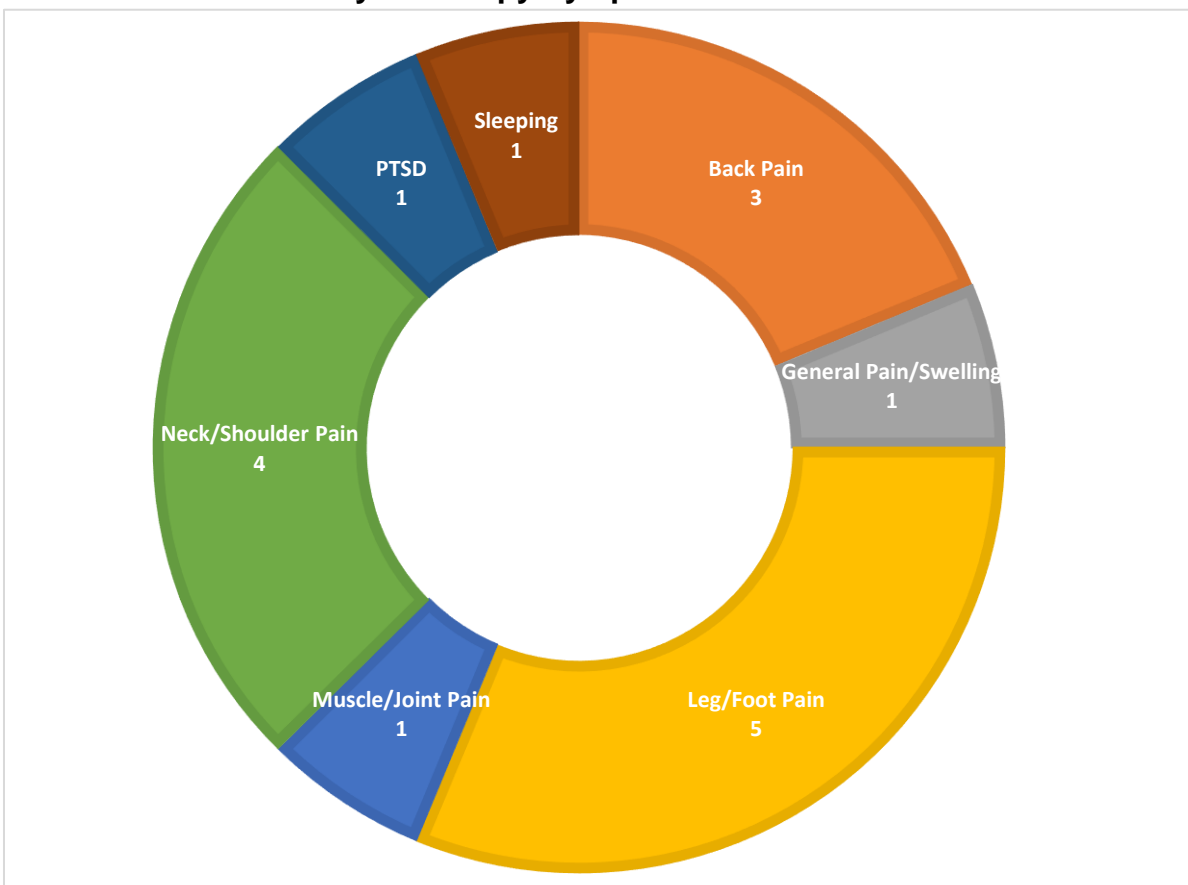
Sample Size: 2589

Annex 2 - Physiotherapy MYMOP Reporting

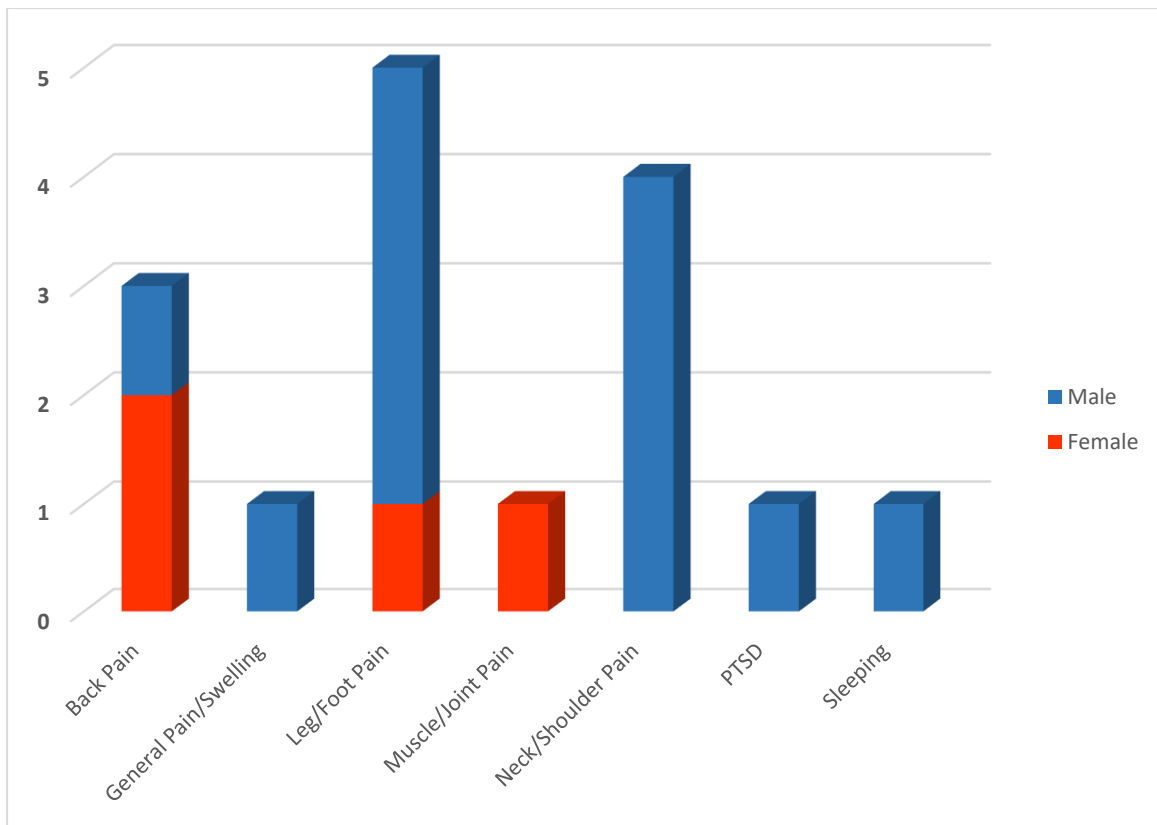
Physiotherapy Patients Analysis



Physiotherapy Symptoms Addressed



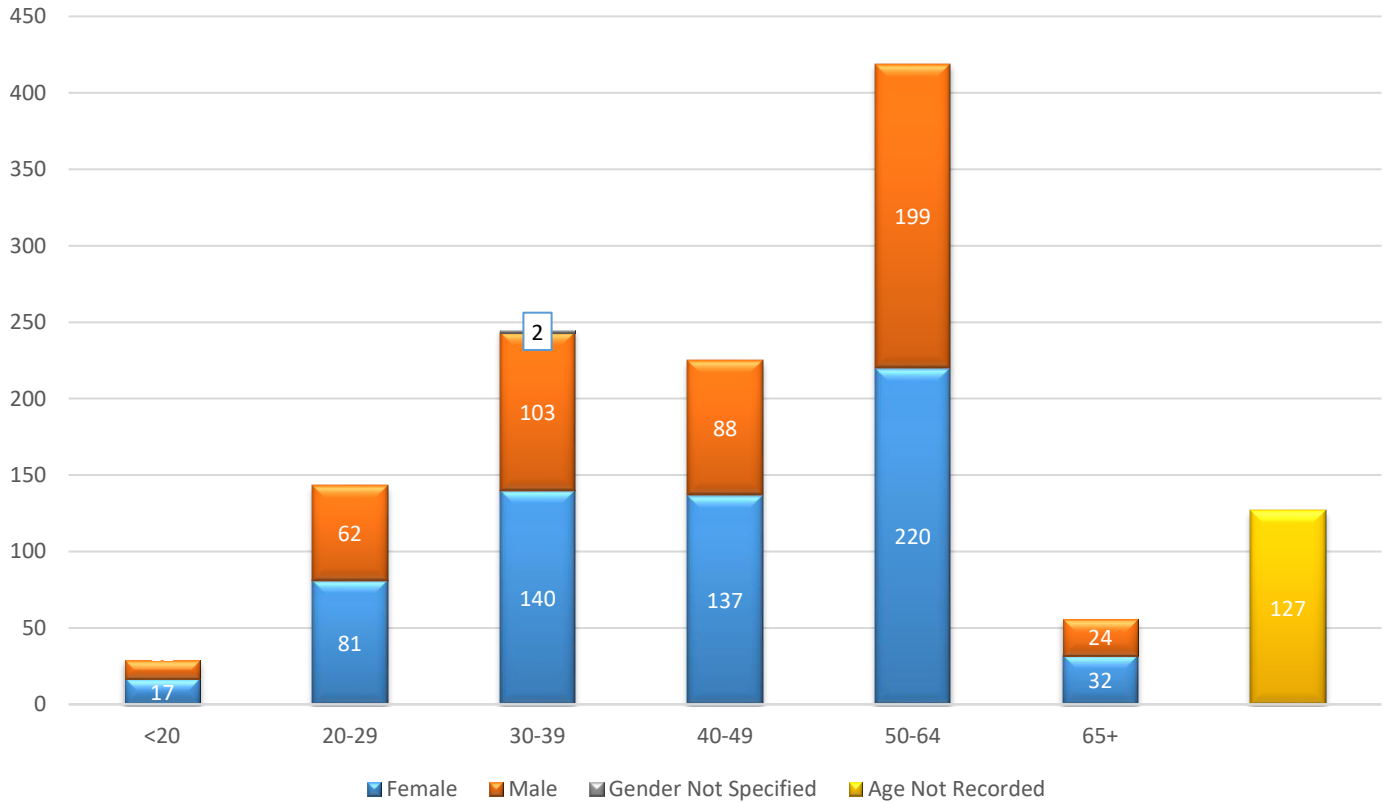
Symptoms Experienced by Gender



Annex 3 – Counselling (CORE Net)

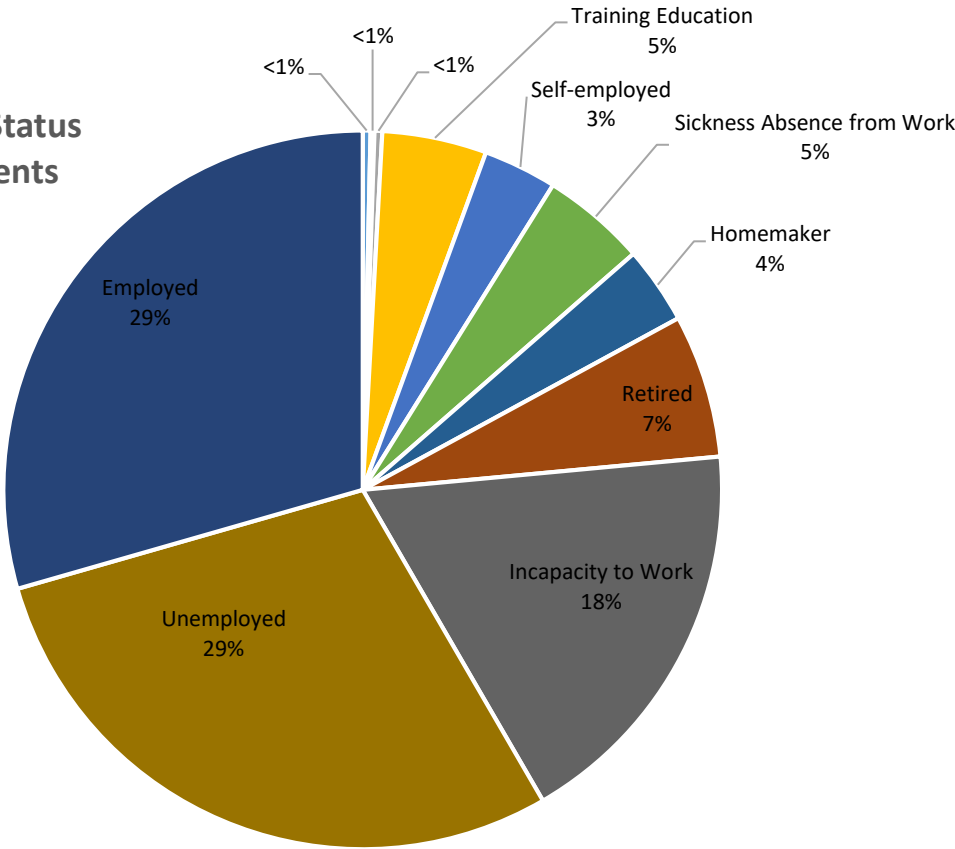
Please note: Due to known inaccuracies within the CORE Net data entry by organisations, some of these results may not be correct or consistent. VSS are working closely with Organisations to correct these issues.

Client Age/Gender Analysis



	Age Bands						
	<20	20-29	30-39	40-49	50-64	65+	
Female	17	81	140	137	220	32	627
Male	12	62	103	88	199	24	488
Gender Not Specified			2				2
Age Not Recorded							127
						Total	1244

Employment Status of Closed Clients

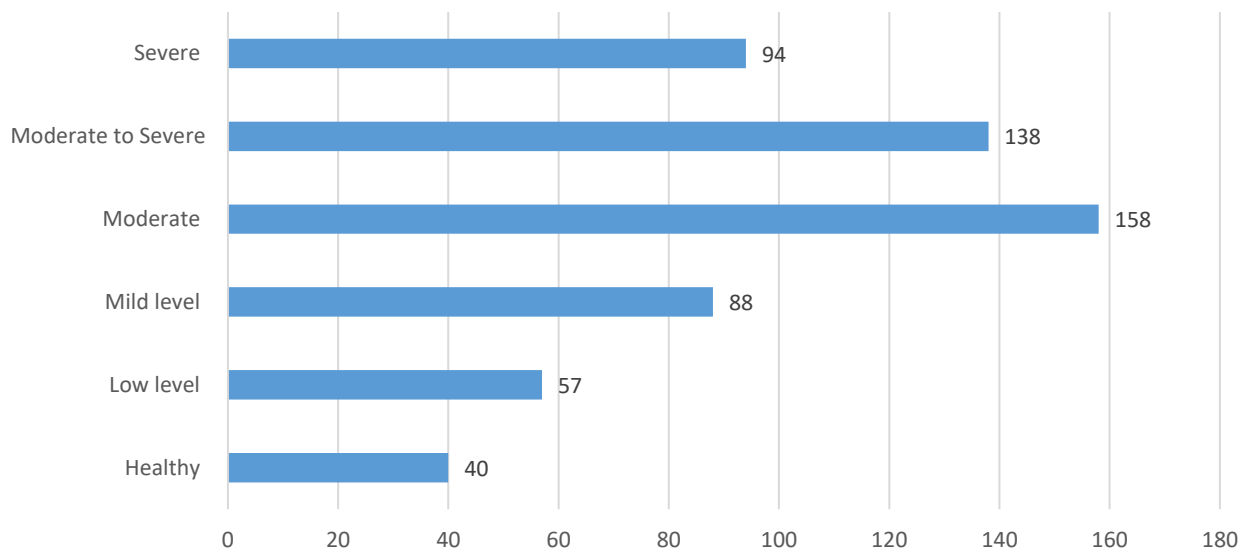


CORE

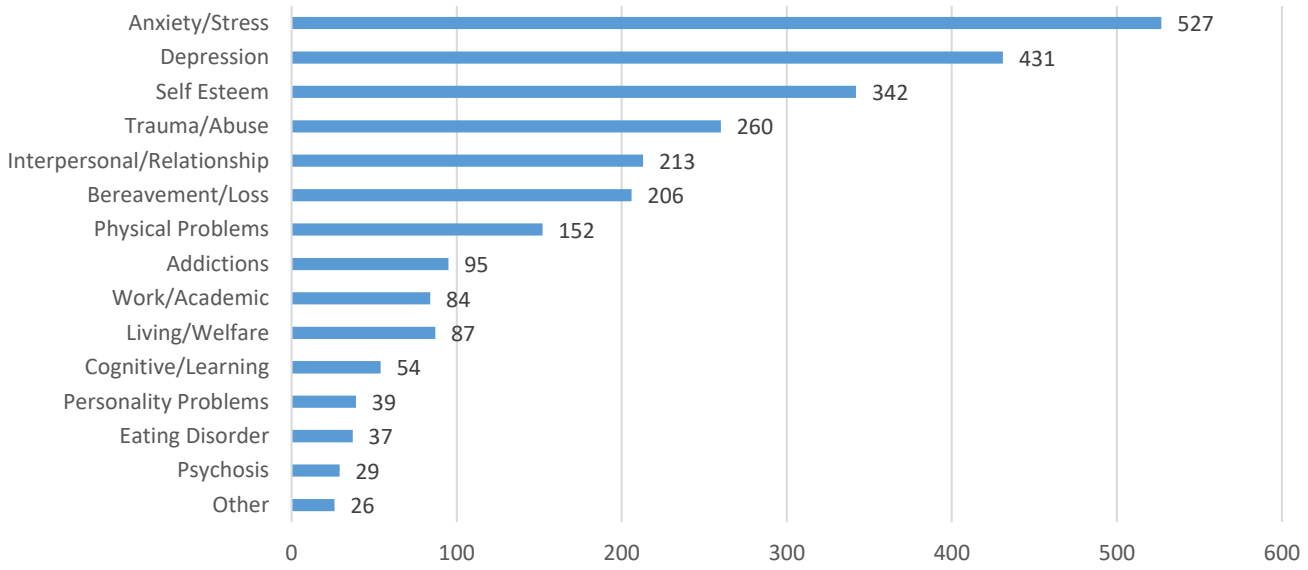
A score of **less than 10** is 'non-clinical'. In other words it is a score that would be similar to someone in a non-clinical sample who is not seeking help for psychological difficulties.

Score Range	Severity level
0-4	healthy non-clinical
5-9	mild non-clinical
10-14	mild level
15-19	moderate level
20-24	moderate-to-severe level
25-40	severe level

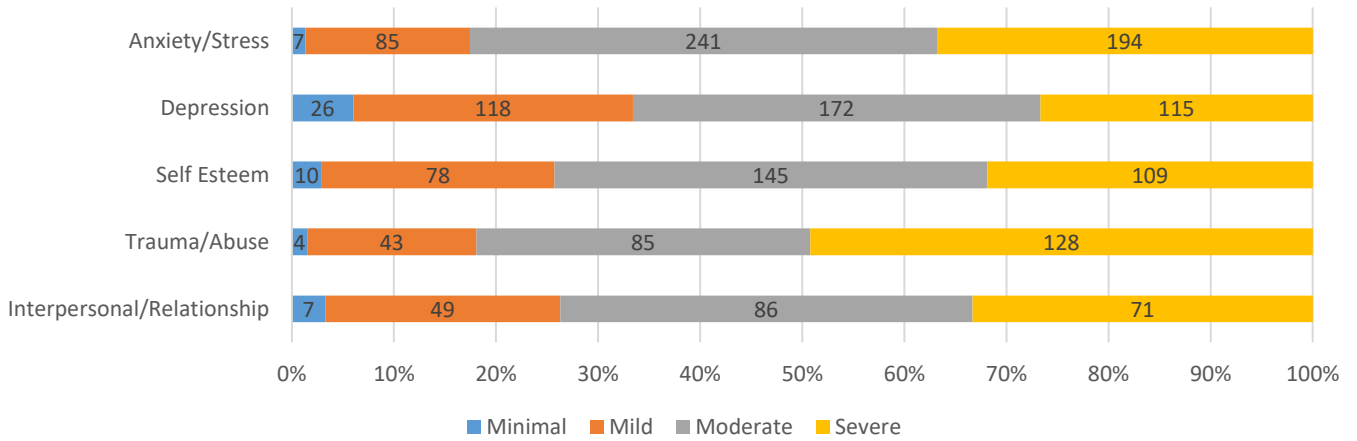
Client CORE Severity Categories at Assessment

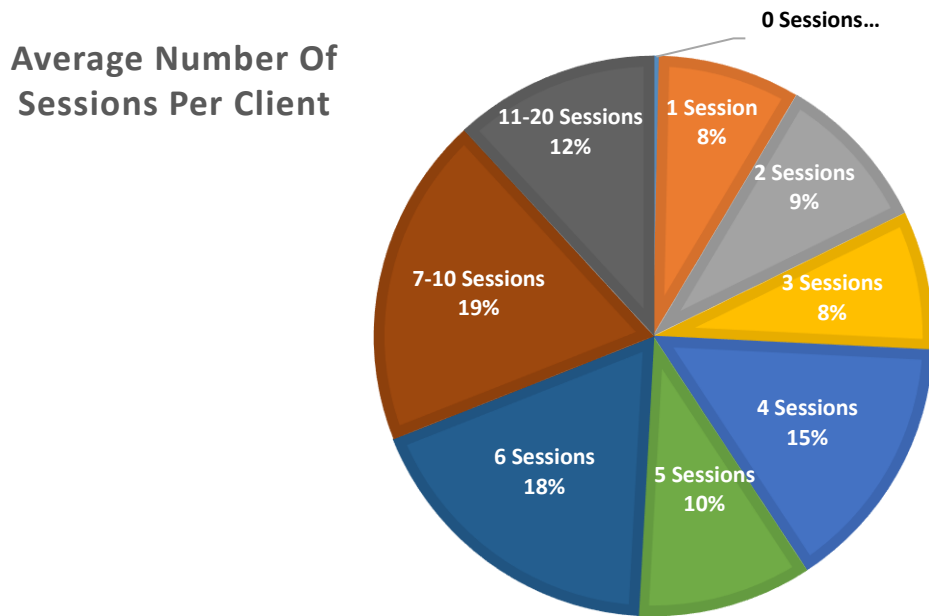
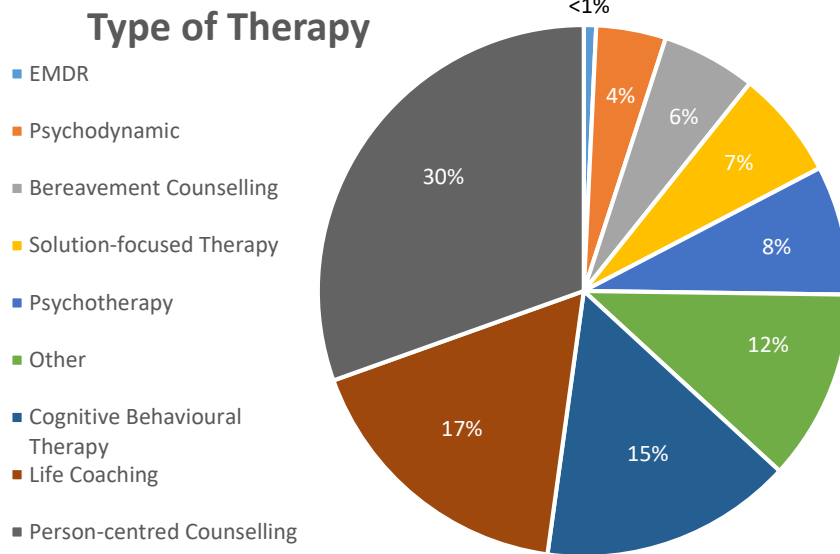


Client Reported Problems at Assessment

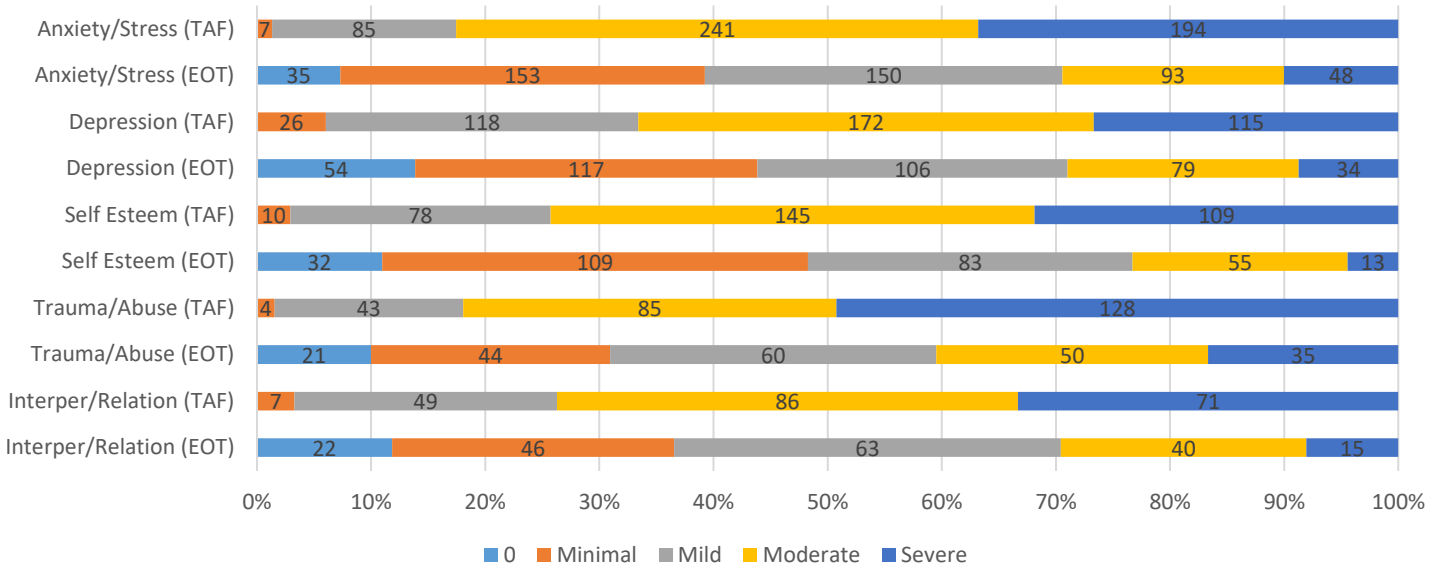


Severity of Top 5 Problems at Assessment

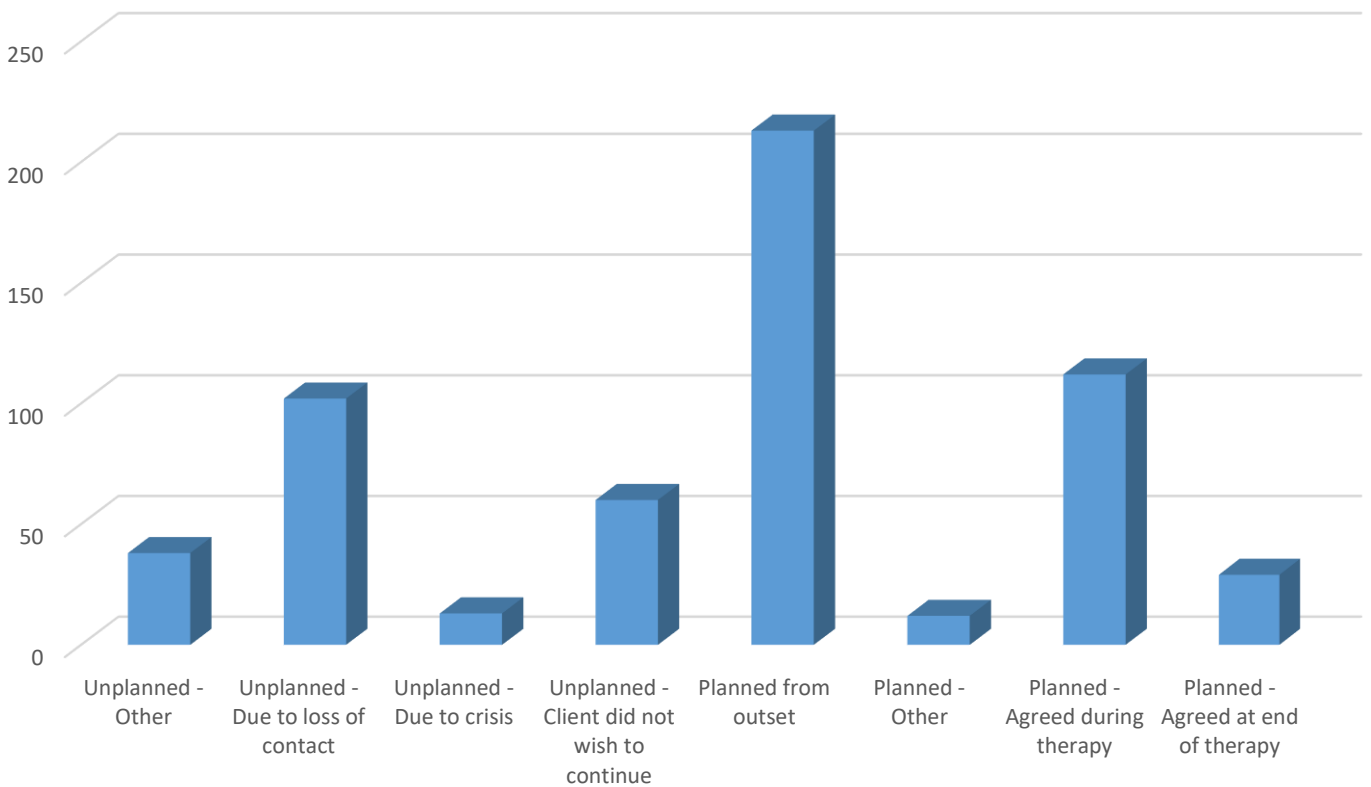




Top 5 Problems Comparison at Assessment and End of Therapy



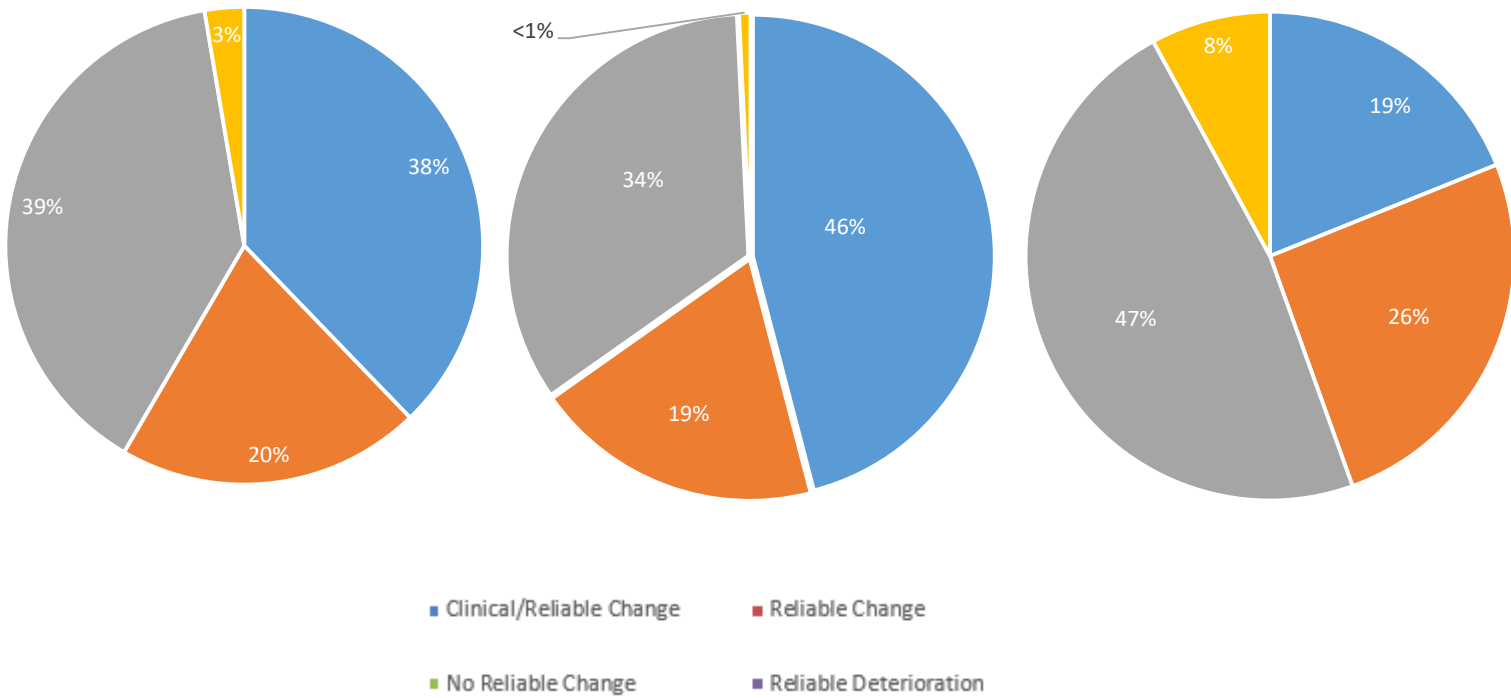
Therapy Endings



Overall Clinical & Reliable Change

Clinical & Reliable Change with Planned Ending

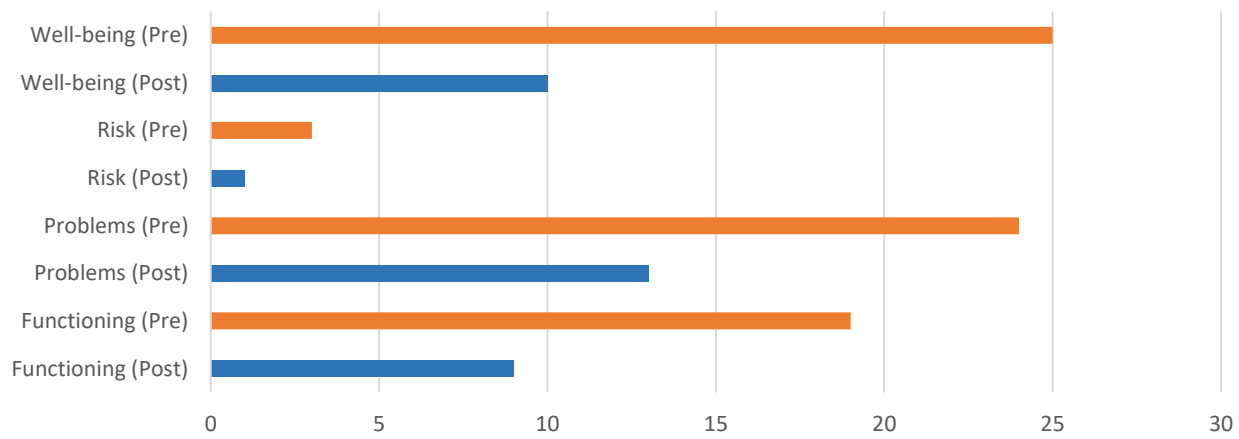
Clinical & Reliable Change with Unplanned Ending



Reliable Change
 This is change which is 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'**. If a client score improves by 5 or it is likely there has been some kind of meaningful improvement in their wellbeing.

Clinical Change
 A change is described as 'clinical change' when a client'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).

Pre and Post Average Domain Scores



Average Pre and Post CORE Scores

