



**The Commission for  
Victims & Survivors**

**Victims and Survivors Service**

**Quarterly Review Report**

**April to June 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 from April to June 2019.
3. This reporting period has been a busy operational time for the Victims and Survivors Service, with the new service delivery model having now been operational for two years; the Health and Wellbeing Network becoming firmly established; the additionality facilitated by PEACE IV, providing welcome support and sector capacity building; and progress had been made regarding developing monitoring and evaluation processes.

## Recommendations

4. The Commission is satisfied that any policy-related matters during this period have been addressed through strategic engagement, as outlined in the Memorandum of Understanding. The Commission therefore does not propose any recommendations to the Executive Office.

## 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').<sup>1</sup>
6. The requirement to produce Quarterly Review Reports is detailed in Outcome 2.3 of the Commission's 2019/20 Outcome Delivery Plan.
7. This is the first report of 2019/20 and covers the period from April to June 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 directly from the VSS through agreed reporting processes, which were agreed in the Memorandum of Understanding between the two organisations.

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<sup>1</sup> 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

9. The need for evidence-based information is central to demonstrating improvement in the lives of victims and survivors and this is recognised by all strategic partners.
10. During this reporting period the VSS continued to provide monitoring and evaluation data for the established frameworks; Talking Therapies and Complementary Therapies. The Service also continued work to establish frameworks for all other support services in conjunction with service deliverers.
11. 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 agreed collective set of strategic outcomes for victims and survivors:
  - Improved health and wellbeing of victims and survivors;
  - Victims and survivors, and those most in need, are helped and cared for;
  - Victims and survivors, and their families, are supported to engage in legacy issues; and
  - Improved access to opportunities for learning and development.
12. Information for this reporting period was provided to CVSNI and TEO on 29 August 2019.

### **Improved the health and wellbeing of victims and survivors**

13. This strategic outcomes aims to help improve the health and wellbeing of victims and survivors through a range of services and support. This is provided through therapeutic activity, social support and other specific interventions to address need. Improvement in these areas can be indicated through reduced risk, improved physical and social function and through improvement to quality of life and family relationships.
14. The VSS has provided the following headline figures up to the end of this reporting period:

Support	Prog.	Individuals (Q1 2019/20)
Talking Therapies	VSP	458*
Complementary Therapies	VSP	349*
Social Support	VSP	2,166*
Transgenerational Activities	VSP	39*
Disability Aids	INP	27
Persistent Pain	INP	184
Psychological Support	INP	53
Trauma-focused Physical Activity	PEACE IV	60

\* Q1 19/20 figures relate to April and May 2019 only.

15. 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 period of 2019/20.

16. 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 client base, 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 458 individuals added to the new database, however there have been insufficient numbers that have completed their therapies to provide full analysis. The long term trend for Talking Therapies has seen the percentage of those showing a reliable improvement has stayed relatively static at 60%; however, there has been a sustained increase, with the improvement trending towards 65%. The VSS advises that they plan to conduct an analysis of the individuals who did not experience an improvement. The Commission looks forward to this analysis being shared. Information provided by the VSS is included in Annex 1.
17. During this reporting period Psychological Support was delivered to 53 individuals. The VSS advises that it is anticipated 70 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. All 25 organisations delivering Complementary Therapies continue to use the Measure Yourself Medical Outcome Profile (MYMOP) evaluation framework. Traditionally, the MYMOP measure has registered that 80% of individuals have shown an improvement following therapy; however data for this reporting period has shown a slight fall to 76%. This is a small sample size, relating 349 individuals, but this is expected to return to trend during 2019/20. The VSS also plans to conduct further analysis of the 41% who did not experience a positive outcome. Information provided by the VSS is detailed in Annex 2.
19. 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. It is estimated that this scheme will reach up to 80 individuals during 2019/20.
20. The Persistent Pain framework aims to improve the health and wellbeing of victims and survivors living with persistent pain. This will be provided through interventions that include home heat, physiotherapy and complementary/alternative therapies. It is estimated that this programme will help to support at least 750 individuals.
21. 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 associated therapeutic processes aimed at promoting health and wellbeing. This support intends to reach 70 individuals during 2019/20.

22. 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**

23. 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. The VSS funding programmes that contribute to this strategic outcome are Welfare Support (VSP) and Self-Directed Assistance (INP).

24. The Service has provided the following figures for activity undertaken within the 2017/18 to 2019/20 delivery period, and more specifically within quarter one of 2019/20:

Support	Prog.	Individuals (Q1 2019/20)
Self-Directed Assistance Payments	INP	5,784
Additional Needs Based Payments	INP	1,457
Transition Payments	INP	1,269
Welfare Support	VSP	600
PIP claims supported	INP	15

25. Welfare Support is now delivered by 6 VSP-funded organisations. This service plays a vital role for individuals requiring assistance, particularly with the ongoing rollout of Welfare Changes across Northern Ireland. The VSS anticipates 2,400 interventions during 2019/20. The Commission notes that during the same reporting period in 2018/19 462 individuals availed of the service, compared to 600 during this period. It can be assumed that this increase can be attributed to individuals going through the help and support relating to the PIP assessment process or appeals. During this reporting period the Service made an additional call to organisations as a result of increased numbers accessing this service.

26. 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. In February 2019, the VSS conducted a survey of just over 10% of the 5,848 individuals that are in receipt of Self Directed Assistance Payments. There were 612 individuals surveyed, to which 265 responded, representing a response rate of 43%. Participants of the survey were asked 'How do you feel about the support we offer?' the majority (91%) stated 'Very Helpful', with a further 8% stating that they were 'Helpful in some ways'. Participants were asked 'Do you feel that we treat you well when you contact us?' the majority answered 'Yes'. There were 88% of respondents who added qualitative responses which indicated that the Self Directed Assistance Payments had improved their quality of life, their personal independence, or enabled them to have a positive attitude to do or purchase things that they would not normally be able to afford. This has risen significantly from last year's results to the same question which saw respondents less than half respondents (44%) make similar comments. One in two respondents added

qualitative comments that indicated the Self Directed Assistance Payment relieved worry and improved a sense of personal independence by easing financial pressure. Many also emphasised that because they no longer were required to submit claims reduced their worry and stress. The results from the survey have demonstrated that the delivery of Self Directed Assistance have had a positive impact on the health and wellbeing of victims and survivors during 2018/19.

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

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

28. The following headline figures for truth, justice and acknowledgement support services during this reporting period:

Support	Prog.	Individuals (Q1 2019/20)
Advocacy	PEACE IV	115
Truth, Justice and Acknowledgement	VSP	241

29. 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 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**

30. 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.

31. The Service has provided the following detail for personal development during this reporting period:

Support	Prog.	Individuals (Q1 2019/20)
Personal and Professional Development	VSP	259
Education and Training	INP	31
1-1 Literacy and Numeracy	PEACE IV	5
Social Isolation	PEACE IV	6
Volunteering	PEACE IV	4

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

33. For individuals in receipt of support through the Education and Training or the 1-1 Literacy and Numeracy frameworks, almost 83% recorded a positive change using the WSAS scoring metric.

34. Both the Social Isolation and Volunteering frameworks are in the early stages of implementation and no monitoring and evaluation data is available this stage. The Commission looks forward to outcomes being shared, once available.

## Standards

### Compliance

35. 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 VSS.<sup>2</sup>

36. VSS continues to advise at Trilateral meetings that funded organisations are aware of the standards and fully engage with Programme Officers regarding compliance.

37. On 3 June 2019 the Commission and Service met to discuss the VSS's review of clinical and corporate governance structures within the funded organisations the best way of reporting on compliance.<sup>3</sup> It was agreed that reporting processes could be focused on identified standard areas, and other areas could be focused on in rotation.

### Workforce Training and Development Plan

38. During this reporting period the VSS concluded a sectoral training needs analysis. This work will be used to inform the provision of training throughout the sector within the PEACE IV-funded Workforce Training and Development Plan for the remainder of 2019/20.

## Communications and Engagement

### Commissioner and VSS Board

39. The Commissioner had no engagements with the VSS Board during this reporting period.

### Collaborative Design

40. In this reporting period there were two Collaborative Design meetings, held on the 16 April 2019 and 24 June 2019.

### Trilateral Meetings

41. During this reporting meeting there was one Trilateral meeting, held on the 4 June 2019.

<sup>2</sup> CVSNI (2016) *Standards for Services Provided to Victims and Survivors*, Belfast: CVSNI.

<sup>3</sup> CVS received VSS Overview: Corporate and Clinical Governance as at January 2019 & CVS Standards Annex 1 to 5 papers on 1 February 2019. The information provided by the VSS focused on 3 key areas: areas of progress since the implementation of the new service delivery model; outstanding recommendations; priorities and actions for the remainder of 2018/19. Papers were reviewed and a policy-focused paper was provided to the Commissioner for consideration on 5 March 2019.



### **Victims and Survivors Forum**

42. The Victims and Survivors Forum met twice during this reporting period. The dates they met on were the 14 May 2019 and 21 June 2019.

### **Victims and Survivors Practitioners Working Groups**

43. During this reporting period the North East Region area met on the 4 April 2019 and 6 June 2019. The South East Region met on the 11 April 2019 and the 20 June 2019.

### **Health and Wellbeing Caseworker Working Network and Advocacy Support Working Group**

44. The Health and Wellbeing Caseworker Network met twice during this reporting period (30 April 2019 and 25 June 2019).

45. There were no meetings of the Advocacy Support Working Group held during this reporting period.

## **Conclusions**

46. At the opening of 2019/20 the Service was in a stable starting position. The new service delivery model had been operational for two years; the Health and Wellbeing Network firmly established; the additionality facilitated by PEACE IV providing welcome support and sector capacity building; and progress had been made regarding developing monitoring and evaluation processes.

47. Demonstrating impact remains a focus for the Commission. The need for evidence-based information is key to demonstrating improvement in the lives of victims and survivors and the sustainability of service delivery beyond the current Strategy for Victims and Survivors. The Commission acknowledges the efforts made during 2018/19 to collect data and information and looks forward to further insights during 2019/20.

48. 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.

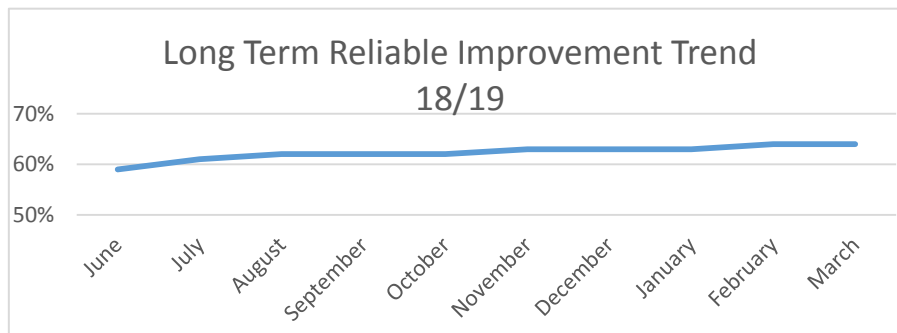
## Annex 1 – Talking Therapies

**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.

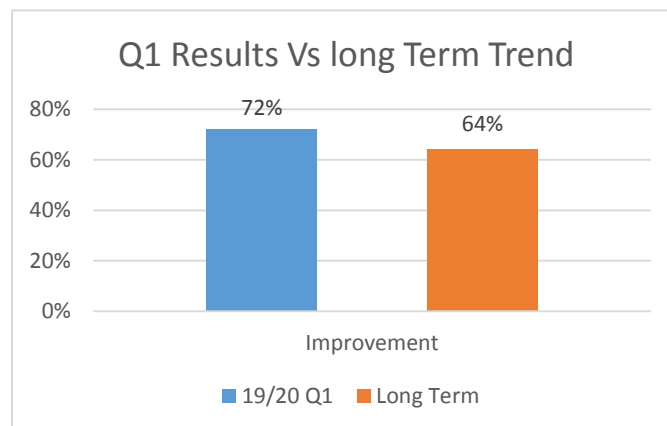
This measure is used to monitor Talking Therapy outcomes.

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. 458 Clients have been added to the new database, but insufficient numbers have completed their therapies to provide any meaningful analysis as yet. 238 clients have still to complete their therapy in the earlier database, but this 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%.



Q1 data, although based on a much smaller sample (n=223), has seen this trend continue.



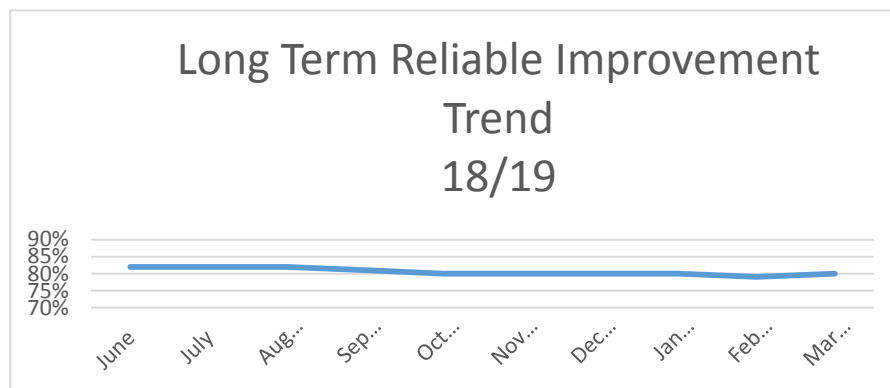
## Annex 2 – Complementary Therapies

### Description:

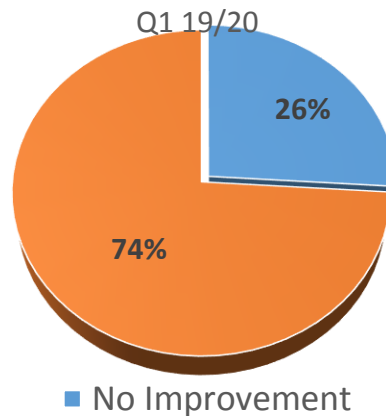
- **MYMOP** – (Measure Yourself Medical Outcome Profile), is a patient-generated, or individualised, outcome questionnaire. It is problem-specific but also includes general wellbeing. It is applicable to all patients who present with symptoms, which can be physical, emotional or social.
- It is a client 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 a fall to 76%, given a relatively small sample size (n=349), but it is expected to return to trend over time.



### Complementary Therapy Outcomes

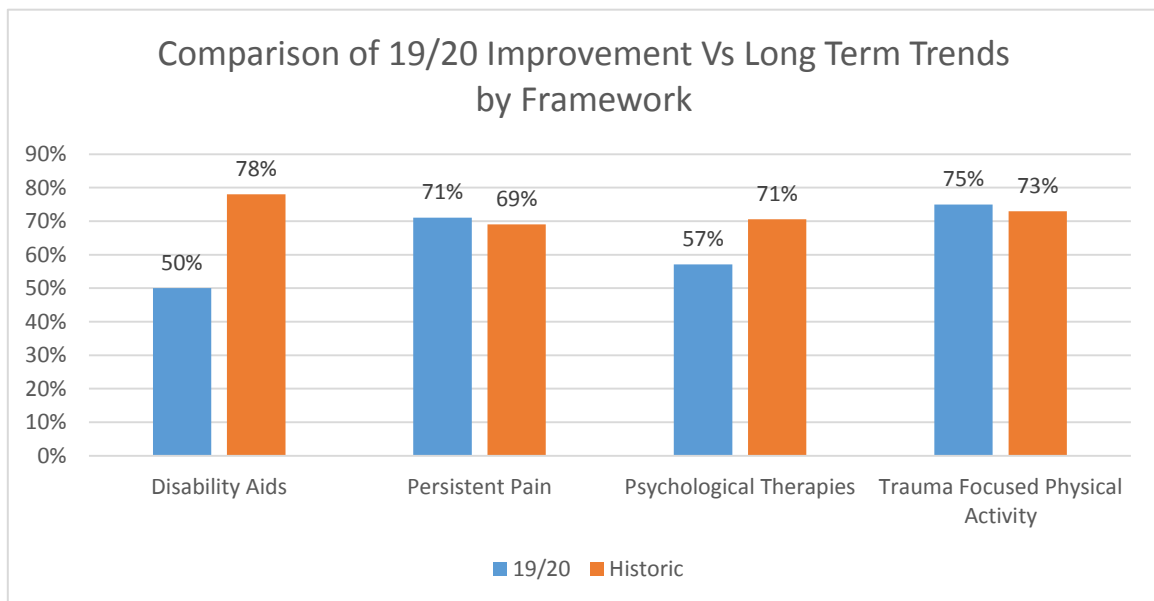
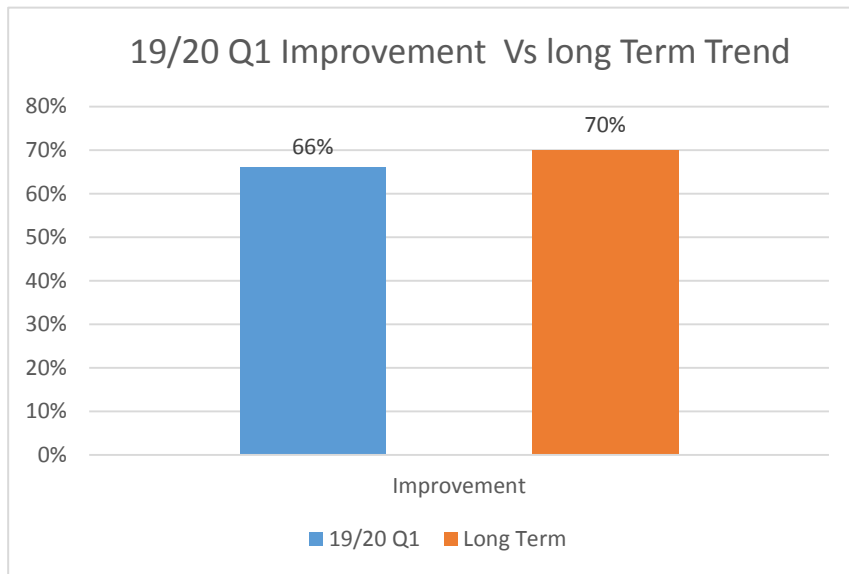


(sample size 349)

## 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*