

REPORT ON PROGRESS OF THE VICTIMS AND SURVIVORS SERVICE (VSS)

APRIL TO SEPTEMBER 2012

SUMMARY

1. OFMDFM has requested that the Commission submits a quarterly assessment report on the progress of the Victims and Survivors Service. This report is the first that the Commission has compiled and it comes at a time when the Service is very much in its formative stages. Therefore, the report reflects early and formative findings that can be built upon in subsequent reports as the Service becomes more fully operational. For these reasons this first report covers the period April to September 2012.

2. It is within this context that the Commission's main findings are that:
 - The Commission now welcomes the fact that the Service is operational and that 96 assessments of victims and survivors have taken place;

 - The Commission welcomes the fact that the analysis of these first 96 assessments is in line with the findings outlined in the CNA in relation to the areas of need where services would be required and the levels of individuals that would present with health and well-being needs;

 - The Commission also welcomes that the assessment process has been refined and evolved due to the experiences of the Service in the first few months;

 - The Commission recognizes that the Service is still in the process of recruiting its full staff complement and that resources are currently deployed towards achieving this goal;

 - The Commission also recognizes that resources are being deployed to ensure that the appropriate systems are designed in order for the Service

to function effectively as a modern organization. The Commission would recommend that an electronic information management system that allows for the effective monitoring and evaluation of the services provided is introduced at the earliest possible opportunity by the Service;

- The Commission would also recommend that the Service puts in place an effective Communication plan with the Victims and Survivors sector so that groups and individuals are aware of changes to the funding programmes at the earliest possible opportunity and is encouraged to see that this is planned to take place during November 2012;
- The Commission recommends that the Service works closely with the Commission over the next quarter to put in place a Memorandum of Understanding (MOU) between both organizations.

INTRODUCTION

3. Target 3.1 of the Commission for Victims and Survivors (CVSNI and ‘the Commission’) 2012/13 Work Programme requires the Commission to undertake a quarterly assessment of the progress made by the Victims and Survivors Service (VSS and ‘the Service’). This paper will comment where possible on the progress of the Service to date in developing and implementing future funding programmes and supporting the transition process towards a new service delivery model. The paper outlines briefly the background to establishing the Service as an integral part of the Victims and Survivors Strategy published by the Department in 2009. Subsequently, the paper comments on the progress achieved since the inception of the Service in April 2012 followed by brief comments on the areas of expected progress in the next six months.

BACKGROUND

4. The scope of this review is significantly constrained by the lack of presentable data that has been collected by the Service since it became operational in April 2012. In general, the information management system organizing the recording and collation of operational data including detailing the numbers and outcomes for clients receiving support from the Service is still in development.

5. Based on the limited response to information requests in support of this operational review, the Commission acknowledges the current shortcomings in data management reflective of a new organization operating in a formative phase of development. Considerable design and maintenance work will be required to effectively capture and organize the extensive quantitative and qualitative data generated from clients coming to the Service. The Commission recognizes that the outcomes from operating a new assessment model and from clients accessing new and existing treatments and services will need to be systematically recorded and collated by the Service. In the absence of a full complement of staff, the necessary resource and experience to effectively collect and collate data in a presentable form is currently not available.
6. The Commission are currently in the process of developing a Memorandum of Understanding (MOU) with the Victims and Survivors Service. The primary objectives of the MOU between the two organisations are to facilitate a positive and constructive working relationship that will ultimately improve the wellbeing of victims of the conflict. The MOU will formalise the regular exchange of key operational data that will be required to inform the Commission consideration of the performance of the new Service and subsequently to inform the analysis contained in future reports.
7. The Victims and Survivors Service opened its doors in April 2012 as part of a major change management programme that established the last significant part of the infrastructure design to meet the needs of victims and survivors of the Northern Ireland conflict. The main rationale for creating a dedicated new Service was to institute a new assessment and commission-based delivery model that would consolidate approximately £11 million of funding into a single, unified service.

PROGRESS TO DATE

8. As mentioned in the previous section, the Service's record keeping or information management system are currently in development and therefore some requested data is not available in a presentable form. Data relating to the number of clients who have been processed through the Service has been collected on two databases and currently these data sources are being merged into one new central database.

9. In response to the Commission's request for operational data from the Service in relation to completed assessments, the following information was provided for the period 2nd of April to 27th September 2012¹:

- 96 assessments were completed by the VSS (72 in the Belfast Office, 8 in the Regional Office in Dungannon and 11 conducted in client's homes, 5 other assessments occurred in other locations;
- Of the 96 assessments, 33 clients have been injured, 39 has suffered a bereavement and 14 clients have witnessed a conflict-related incident;
- In 10 client assessments, the nature of impact of the conflict (i.e. injured, bereaved or witnessed a conflict-related incident) was 'unknown';
- 36 per cent of the total number of clients who completed an assessment had no prior association with a victims groups or other victims-specific funded service provider;

10. In response to a question relating to the specific needs of clients presenting to the Service, the Commission received the following information:

The areas of need or support have been categorized into six themes, which reflect six of the seven areas of need identified in the CNA. The current categorization and record keeping system reflects the proportion of clients identified as needing assistance in each of these areas is as follows:

Table 1: Clients Needs in the first three months of operation

Area of Need	Proportion of Clients identified %
Health and Wellbeing	45
Financial Assistance	14
Social Support	13
Welfare Support	10
Personal and Professional Development	9
Truth, Justice and Acknowledgement	3

Funding Programmes

11. CVSNI staff have been engaging on an ongoing basis with key stakeholders and the Department in the development of future funding arrangements that will be

¹ A complete list of the questions submitted by the Commission to the Victims and Survivors Services is located in the Appendix.

administered by the VSS. Following consideration of the commentary and analysis that emerged during the CNA process, the Commission recommended that future funding should be administered through the following programmes:

- *The Support Programme* - to provide funds for projects aimed at group activity and informal engagement with victims;
- *The Health and Wellbeing Programme* - focused on providing packages of treatment or care designed for specific individuals;
- *The Individual Needs Programme* to allocate direct financial assistance to individual victims and survivors.

12. To support sustainability in the sector, the Commission recommended that these programmes should operate for a two year period from April 2013 to March 2015. At the time of writing, the Commission has submitted these recommendations to the Department as advice and it is expected that this advice will directly inform the strategic direction of funding programmes addressing the needs of victims and survivors over the next two years. While the final detail of the financial programmes has not been confirmed there are strong indications that the Commission's advice will underpin the design of the new programmes. It is envisaged that the Service will roll out the new financial programmes out in the weeks ahead. The Commission will therefore monitor the progress in implementing these financial programmes and how they engender greater sustainability in the funding and delivery of treatments and services to victims and survivors.

New Service Delivery Model

13. In recent months, the VSS have taken a number of steps to utilize the CNA as a blueprint for reviewing and reforming the way treatments and services are delivered to victims and survivors.

14. Research conducted as part of the CNA process, discovered the importance of understanding the link between psychological trauma and the development of serious physical health conditions. The Troubled Consequences Report revealed that previous trauma research indicated significant associations between the experience of traumatic events, PTSD and chronic physical health conditions (see Ferry *et al*, 2008; Schnurr, 2000). While the report could not identify a distinct difference

between conflict and non-conflict-related trauma and the development of chronic physical health conditions, it did conclude that exposure to a traumatic experience was associated with adverse physical health, (specifically having one or more chronic physical health condition). Subsequently, the Report recommended that 'to make holistic assessments of [victims] need, mental health and physical health should each be part of a comprehensive assessment.'

15. In responding to the findings contained in the CNA Phase II Report which highlighted examples of best practice as identified within the trauma treatment model applied by the Trauma Resource Centre, VSS have included an assessment of both mental *and* physical health in their (comprehensive) assessment process. VSS is currently considering plans to undertake comprehensive assessments for all victims and survivors wishing to avail of treatments through the Service.
16. A key observation highlighted by CVSNI throughout the CNA process is the imperative of direct engagement between OFMDFM and the DHSSPS and the wider health and social care sector. In the CNA Final Report, the Commission argues that effective partnership working between OFMDFM and DHSSPS represents the cornerstone of collective cross-departmental cooperation required to ensure effective delivery of mental health treatments within the new Victims Service. A number of reasons underpinning the importance of direct engagement between OFMDFM and DHSSPS are identified including ensuring a bi-directional relationship between VSS and the General Practitioner (GP) and the development of integrated care pathways for victims accessing treatments from both the statutory sector and the Victims Service.
17. CVSNI and VSS have recently established a Psychological Therapies Working Group which has facilitated this important cross-departmental engagement. Including representatives from CVSNI and VSS, the Group also comprises officials from OFMDFM, DHSSPS, the Health and Social Care Board and the Public Health Agency. The meetings of the Group have provided an opportunity for the health officials to brief other members on the relevant developments of the Psychological Therapies Strategy. These include the outworking of the stepped care model and ongoing plan to enhance capacity within both primary and secondary care sectors.

18. These meetings have allowed discussions relating to the application of clinical guidance in the treatment of a range of mental health conditions, including clinical depression and posttraumatic stress disorder. It is envisaged that the Working Group meetings will continue in the months ahead exploring areas of mutual cooperation to enhance provision of evidence-based psychological interventions to ensure victims can access therapy-based treatment in a timely and effective manner.

19. Following completion of the CNA process, officials from CVS and the VSS have been considering the next steps in creating a general mental health care pathway for victims and survivors. The development of a general mental health care pathway is a key recommendation contained in the CNA Final Report as an effective mechanism that can deliver a range of evidence-based treatments addressing victim's mental (and physical) health needs.

EXPECTED FUTURE PROGRESS

20. CVSNI acknowledge that the Victims and Survivors Service has been operational for just over six months and therefore is an organization that is still in the early stages of developing key processes and procedures. The Commission would however stress the importance for the Victims Service to develop and implement a bespoke set of monitoring and evaluation processes as quickly as possible. A consistent weakness that characterized the funding and delivery of services to victims over the past decade has been the lack of effective monitoring and evaluation processes/measurement tools to capture the outcomes experienced by victims. The Victims and Survivors Strategy emphasizes the imperative of establishing outcome measures to assess levels of improvement in the wellbeing of victims and survivors. In accordance with the Strategy the Commission has developed good practice guidance in assisting the development of effective outcome measures. The Commission is now keen to ensure the Victims Service utilize this guidance to develop and operationalise an appropriate monitoring and evaluation system as soon as possible to establish individual outcomes for victims accessing the range of funded treatments and services. Commission staff will continue to engage with the Service in taking forward this key piece of work.

OCTOBER 2012

APPENDIX

Questions submitted to the Victims and Survivors Service:

Assessments

- How many assessments have been completed to date broken down by month since April 2012:
 - at your Belfast Office?
 - at your Dungannon Office?
 - on home visits?
- How many of these assessments were undertaken on individuals who have been:
 - (i) Injured
 - (ii) Bereaved
 - (iii) Witnessed a conflict-related event.
- What are the specific needs that clients have presented with broken down into percentages based on a total number of assessments undertaken?

'Hidden Victims'

- How many victims and survivors have indicated no prior engagement with victims funded service providers?

Service/Treatments Accessed

- What are all the treatments and services that have been provided by the VSS since April 2012?
- Provide a percentage breakdown of the services/treatments that the VSS have referred clients to since April 2012?

Clients receiving Psychological Therapy Treatment

- How many clients have been referred by the VSS to the Police Rehabilitation and Retraining Trust (PRRT) for assessment?
- How many of these clients have been diagnosed with:
 - (i) a mental health disorder;
 - (ii) a physical health disorder;
 - (iii) both a mental *and* physical health disorder?
- How many of these clients have been diagnosed with PTSD?

- How many clients were not diagnosed with PTSD but with another mental health condition e.g. general anxiety disorder and/or clinical depression?
- How many clients were diagnosed with a substance disorder?
- How many clients diagnosed with PTSD are receiving or have received a course of Trauma-focused Cognitive Therapy?
- How many clients diagnosed with PTSD are receiving or have received a course of Eye Movement Desensitisation and Reprocessing (EMDR)?

Physical Assessment 'Pilot Study'

- How many clients are participating in this pilot study?
- Where are clients being referred to for the treatment of their mental health needs and what psychological therapy treatments are they receiving?
- What treatments are currently being provided to address both 'mental' and 'physical' health conditions?
- How many clients have completed their course of mental and physical health treatment?

Service Provision

- What is the average waiting time (between referral and treatment commencement) for clients accessing a counsellor or psychotherapist provided by the VSS?

Monitoring & Evaluation

- What are the monitoring and evaluation processes currently employed by the VSS and what are the plans to further develop these process in next 6 months?