

Director of Social Investment & Victims
Ricky Irwin
Room E4.20, Castle Buildings
Stormont
BELFAST
BT4 3SR



8 March 2016

Update to Stakeholders

**VICTIMS AND SURVIVORS
COLLABORATIVE DESIGN PROGRAMME**

Collaborative Design Seminars 17-19 February 2016

The Department held the third series of collaborative design engagement in conjunction with the Commission for Victims and Survivors (CVS) and the Victims and Survivors Service (VSS) on the 17, 18 and 19 February 2016. The aim of the seminars was to provide you with an update on the collaborative design programme, which included details of the evaluation of the pilot on personalised budgets, caseworkers and assessment process, Victims and Survivors funding programmes for 2016-2017 including the PEACE IV Programme and proposed next steps for the incoming year.

A total of 84 delegates attended over the 3 separate sessions in Antrim, Cookstown and Derry/Londonderry with representation from victims' groups, the Victims & Survivors Forum, the VSS Board, CVS and OFMDFM. Unfortunately I was unable to attend the seminars but I understand feedback was very positive. We are very grateful for the feedback received and I have provided below a sample of comments submitted by the participants for your information.

“thoroughly enjoyable day, discussion group was excellent and a great opportunity for networking”

“I welcome the opportunity to be involved in the co-design process, it would be good to have similar input into the proposed mental health / trauma service to ensure existing good practice isn't lost under a medicalised service”

“Found the day very informative, there is a lot of work ahead but I am going from this meeting with a very positive attitude”

“Thank you for clarity of information on Peace IV and moving forward and networking opportunity”

“I feel everything, all aspects were particularly well covered, explained well and very well presented”

Workshop Presentations

Presentations from the workshop are available by clicking the following link: <https://www.ofmdfmi.gov.uk/sites/default/files/publications/ofmdfm/victims-survivors-collaborative-design-programme-presentation.pdf> alternatively, they can be requested by contacting the team at the following email address: vsmdp@ofmdfmi.gov.uk

Feedback

As part of the collaborative approach, VSS asked attendees for input to support the development of the key themes within the Victims' PEACE IV Programme. We received excellent feedback from the table exercises and this information will directly feed into the development of the key themes of the victims' element of the PEACE IV Programme. A summary of the views and ideas put forward are noted at **Annex A**. It was also noted that CVS are currently undertaking key areas of research on Advocacy and Resilience Training and the outcomes of this work will also help to inform the PEACE IV Programme.

Progress to date

As noted at the seminars on 17 to 19 February, significant progress has been made across the collaborative design programme. In February 2015, an independent assessment by the CVS identified improvements required in a number of key areas. The following areas noted in Table 1, have been progressed to such an extent that they would now be regarded as necessary core elements of business which are used to support the day to day business delivery of services to Victims.

Table 1

Provision of Services by groups (VSP)	Provision of Services for Individuals (INP)
Monitoring and Evaluation	Monitoring and Evaluation
Management Information Systems	Management Information Systems
Evidence Based Practice	Managing Client Expectations
Partnership and Collaboration	

Next Steps:

However, we all noted that although progress has been made we recognised there is still more work to do. The next priority areas have been summarised in Table 2 below. We will continue to engage with you throughout this year as your views and expertise are essential to help address and find workable solutions on key issues that affect delivery of services to meet needs of victims and survivors.

Table 2

Provision of Services by groups (VSP)	Provision of Services for Individuals (INP)
Eligibility	Eligibility
Strategic Allocation	Strategic Allocation based on Need

Collaborative Design Programme and Engagement in 2016/17

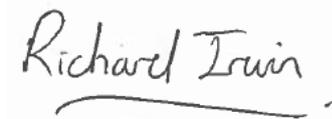
We are very conscious that it continues to be a very busy time for many of you with a number of events / conferences due to take place over the next couple of months. We have listened to you and acknowledge how precious your time is. Therefore, rather than having a number of conferences, we will in the immediate future, continue to work collaboratively and engage with you through a number of smaller work focused avenues. These include:

1. Bi-Monthly Victims Practitioners Working Groups;
2. Onsite visits by the Department, CVS and VSS Board and SMT;
3. Monthly meeting of caseworkers involved in the personalised budget pilot;
4. Workforce Training and Development Plan;
5. Monitoring and Evaluation working groups lead by VSS.

If there are any of these that you would like to get more involved in and have to date been perhaps reluctant for whatever reason, please let your VSS project officer know.

Finally, myself and my colleagues benefited from ongoing engagement over the summer months and early autumn where we had the opportunity to speak to many individuals – this was facilitated by many of you and I know I personally found it both an enlightening and in many cases a very humbling experience. Following the opening of the INP and VSP programmes in April, we would like to reactivate this process and engage with individuals again. We feel that this is very informal approach provides individuals with the opportunity to put forward their views and ideas on improvements in service provision. We would like to ask again for your help and support to facilitate this. It is anticipated that our next programme of engagement with individuals will take place before the summer. If your organisation could assist us with this, I would be grateful if you would contact the team at the following email address vsmdp@ofmdfmi.gov.uk to help us to make the arrangements with you.

Yours sincerely



RICKY IRWIN

Annex A

KEY THEME		ANALYSIS OF FEEDBACK	
	What are we doing well which should be built upon?	What are we not doing well?	Top priorities to consider
Qualified assessors and health and wellbeing caseworkers	<ul style="list-style-type: none"> • Good referral system • Good quality and knowledge out there • Good communication / problem solving through regular meetings • Localised Case workers approach useful • Access to VSS support, building relations and partnership work • Already have a standard set – Caseworker qualification from pilot 	<ul style="list-style-type: none"> • No financial support for caseworkers • No dedicated worker as yet • Case workers need to be employed outside of local area as well as in to ensure confidentiality • Contradiction within recommendations of pilot evaluation – need to define “complex needs” • More guidance required to support the Individual Needs Consultation • Need to consider expertise within groups • Lack of clear roles • Need to define roles better • Need to define skills better • More trans-generational, welfare and advocacy support required 	<ul style="list-style-type: none"> • Need to define “complex needs” • Need to identify how many clients will need a Caseworker • Support and training for Caseworkers • Caseworkers should be within VSS and group setting • Targeted recruitment • Strategic delivery i.e. hubs • Consult current Case workers regarding job description / specification • Review need for Caseworkers and geographic representation in areas with more INP clients • Ensure value for money and combine posts together • Caseworkers should be impartial
Training and Development (to meet national and regional standards), research and improved regulation	<ul style="list-style-type: none"> • Good at identifying and building relationships; • Good relevant training programme provided by VSS last year 	<ul style="list-style-type: none"> • Open up more with other groups – share and train • Not enough knowledge of referrals to other services • More bespoke courses to meet standards • Skills audit required within groups to identify current skills • Standardised job descriptions • Standardised approach to monitoring and evaluation of all services • Governance training • Short notice – need for a training calendar • Progression route to accreditation 	<ul style="list-style-type: none"> • Define and set minimum standards • Caseworker outside organisations must be open to different needs • Assessor is the most important person for recognition and identifying what people need • Training Needs Assessment i.e. skills audit and calendar/schedule for delivery of training • More focus on specific good quality training • Building programme for advocacy • Trans-generational training • Trauma training

Annex A

KEY THEME		ANALYSIS OF FEEDBACK		
	What are we doing well which should be built upon?	What are we not doing well?	Top priorities to consider	
Advocacy	<ul style="list-style-type: none"> Engaging with families Explaining processes Welfare rights and signposting knowledge Understanding family histories Knowledge and expertise of relevant agencies 	<ul style="list-style-type: none"> There is a need to define “advocacy” Disjointed approach Different roles for different services Broad spectrum of knowledge required Eligibility of access to be considered – needs to be broader Recognition of continuity of services in context of ongoing cases, life events Knowledge of when to refer on 	<ul style="list-style-type: none"> Clear definition of advocacy services Minimum standards and expertise – taking account of different roles according to needs Training Social prescribing – integrate client into community sector Database of service provision Need to be able to measure success Eligibility for this service Needs to be adequately resourced Trust – key issue 	
Resilience Programme	<ul style="list-style-type: none"> Groups are currently doing good work in this area Dependent on needs - different needs at different times Groups can adapt to changing demands Lots of support through befriending, respite trips, drop in centre, coffee mornings, complementary therapies and peer support Counselling – signposting and support for clients through referrals 	<ul style="list-style-type: none"> Need to be more responsive to individual needs Need to do more for hidden victims – find them, respond to their needs, listen to them and identify issues Need to improve empathy – understand peoples experience Need to be innovative Encourage people to find other identities other than victim/survivor - Post trauma growth Young men – difficult to engage Engage with specific groups i.e. bereaved siblings Advertising and PR Strengthening family relationships In- house counselling – more resources 	<ul style="list-style-type: none"> Clearly define “Resilience” Improved partnership working Pathway approach (for clients) Wider consultation required Match allocation of resource to needs Research further afield – outside UK Sustained funding required Delivery of proper services – listen to what the client wants - framework Monitor and evaluate delivery of services Planning / communication – keep people informed 	