Impact of the Victim Support Programme

Prepared for the **Commission for Victims and Survivors**

by RSM McClure Watters

February 2015

Commission for
Victims and Survivors

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Glossary	
CBT	Cognitive Behavioural Therapy
CNA	Comprehensive Needs Assessment
CORE-OM	Comprehensive Outcome in Routine Evaluation
CPD	Continuous Professional Development
CRC	Community Relations Council
CVS	Commission for Victims and Survivors
DGS	Development Grant Scheme
DHSSPS	Department of Health, Social Services and Public Safety
DLA	Disability Living Allowance
DP	Deputy Principal
EMDR	Eye Movement Desensitisation and Reprocessing
EU	European Union
FTE	Full Time Equivalent
GAD	Generalised Anxiety Disorder
GP	General Practitioner
HET	Historical Enquiries Team
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSS	Health and Social Services
ICRT	Initiative for Conflict Related Trauma
INP	Individual Needs Programme
INR	Individual Needs Review
LOO	Letter of Offer
MIS	Management Information System
MYMOP	Measure Your Medical Outcomes Profile
NHS	National Health Service
NI	Northern Ireland
NICE	National Institute of Clinical Excellence
NIMF	Northern Ireland Memorial Fund

Glossary	
NISCC	Northern Ireland Social Care Council
NIVT	Northern Ireland Voluntary Trust
OFMDFM	Office of the First Minister and deputy First Minister
PfG	Programme for Government
PHA	Public Health Agency
PHQ9	Patient Health Questionnaire 9
PTSD	Post-Traumatic Stress Disorder
PUL	Protestant/Unionist/Loyalist
SDQ	Strengths and Difficulties Questionnaire
UU	University of Ulster
VFM	Value for Money
VSP	Victims Support Programme
VSS	Victims and Survivors Service

Definitions:	
For the purposes of this report, the following definitions have been used throughout for individuals and beneficiaries:	
Individuals	The number of unique individuals who accessed services.
Beneficiaries	An individual may have accessed multiple services throughout the year. One person may have accessed three services and is therefore termed a beneficiary and counted three times.

1 EXECUTIVE SUMMARY

1.1 Introduction

RSM McClure Watters was appointed by the Commission for Victims and Survivors (CVS) to undertake a review of the impact of the Victims and Survivors Programme (VSP). The VSP is delivered and administered by the Victims and Survivors Service (VSS). This Executive Summary provides an overview of the VSP, our Terms of Reference and the key findings of the review.

1.2 Programme Overview

The VSP delivers funding to organisations that provide Health and Well Being services and Social Support to victims and survivors. The VSP commenced on 1st April 2013, replacing the previous Strategic Support Fund (SSF) and Development Grant Scheme (DGS), which were administered by the Community Relations Council (CRC).

The VSP is constituted by two main funding streams:

- Large Grants (more than £75,000); and
- Small Grants (up to £75,000).

1.3 Terms of Reference

The terms of reference for this assignment were to:

- Undertake a review of the investment and impact of the VSP administered by the VSS during the year 2013/14 including examining the impact of treatments and services on clients funded through the Health and Wellbeing Programme and the Social Support Programme;
- Compare data from outcome reports provided by funded service providers against the original objectives of the Health and Wellbeing Programme and Social Support Programme to establish the need to continue funding each of the different services under the Victims Support Programme;
- Conduct trend analysis to assess the development of practice (informed by the Skills Audit) across the VSP-funded service providers through 2013/14. Analysis should identify key priorities and future challenges for service providers in addressing the needs of victims and survivors;
- Assess the level of partnership working between the Victims and Survivors Service, VSP funded service providers and the statutory sector to date and recommend ways in which this can be enhanced in the years ahead;
- Review the extent to which the Victims Support Programme has delivered Value for Money throughout the year 2013/14 and provide recommendations for improvement in the future administration of the VSP Programme. Value for Money assessment should include the following:

- Assess performance and funding allocation against the interim targets of the VSP for 2013-15. Evaluation of performance data should be used to devise future SMART outcome-based targets with a focus on establishing impact; and,
- Draw conclusions on additionality and potential displacement of VSS services relating to similar services delivered elsewhere in the public and/or private sector;
- Undertake gap analysis and make recommendations in relation to the emergent service-related needs and alternative methods for the administration of the Victims Support Programme in the years ahead; and
- Recommendations relating to the administration of future schemes or programmes to individuals should be costed and should include setting revised targets including the criteria for accessing the schemes and identifying alternative methodologies for the administration of the schemes.

1.4 VSP 2013/14 Performance

1.4.1 Expenditure and outputs

In 2013/14, VSS had assessed 121 applications and 69 Letters of Offer were issued. The total amount of funding awarded under the Programme was £6,024,146 and by 31st March 2014, £5,705,600 had been spent.

1.4.2 Performance against interim targets

By March 2014, there were 27,680 beneficiaries of VSP services, with 9,228 individuals utilising these services. Of these, 6,369 accessed Health and Wellbeing services and 21,311 accessed Social Support services. This compares to targeted beneficiaries numbers of 6,000 and 7,000 respectively, for the first two years of the Programme[1]. Therefore, when actual outputs are compared against targets, the VSP has performed well by the end of year one. It was anticipated that the VSP funding would achieve a number of specific outcomes, these were:

- Improved physical, mental and emotional health and wellbeing for Victims and Survivors
- Improved health and wellbeing of the individual
- Positive Attitude
- Healthier Society
- Improved Integration
- Improved quality of life.

Whilst it is acknowledged that the VSS has established processes to collect quantitative data in terms of the number of beneficiaries and activities undertaken on a monthly basis, as well as year-end qualitative reports, the level of detail and quality provided varies greatly.

Monitoring and evaluation tools were devised and rolled out in 2013 to allow for an analysis of the extent to which these outcomes have been achieved. These monitoring and evaluation processes were suspended in late 2013. We understand that the VSS currently has a timetable and plan in place to engage with the sector to collate such impact data and analyse at a Programme level from 2015/2016. However, there are currently no consistent and agreed processes in place to allow the VSS to capture impact data which would allow an analysis of the extent to which outcomes have been achieved in 2013/14.

[1] 2013 – 2015 Funding Programme for Victims and Survivors (OFMDFM)

Two VSP funded service providers forwarded monitoring and evaluation data relating to health and well-being funding, that they routinely collect to the review team. This data included the results of robust and validated psychometric assessment tools that have been used to assess the baseline and post treatment position of clients availing of counselling services. Although this data is collected by a number of individual service providers, it is not being collected, collated and analysed at a Programme level.

1.5 Stakeholder Feedback

Stakeholder feedback was gathered via:

- A roundtable workshop with victims and survivor organisations;
- One-to-one interviews with representatives from 15 Victims & Survivor organisations;
- Interviews with 13 individual victims and survivors;
- VSS Staff; and
- Interviews with other key stakeholders including: the Victims and Survivors Forum; Chairs of the Independent Assessment Panel, OFMDFM, a representative from the Health and Social Care Board and representatives from Belfast Health and Social Care Trust staff.

An analysis of stakeholder feedback highlights the following key points:

- It was the overall perception that the vast majority of services provided through the VSP were effective;
- There was a high level of demand for the services and on-going issues such as Welfare Reform are likely to increase demand;
- Most of those involved in the funded organisations are qualified and are committed to continuous professional development but a lack of support has made it difficult for organisations to develop their practice within the current budgets.
- VSS staff noted that additional funding of £156,000 was made available specifically for training in 2013/2014, however, groups still report a difficulty in developing their practice;
- Whilst the funded services were regarded as highly additional to services provided by statutory organisations, some degree of duplication was noted within the sector, especially in relation to service provision within specific geographical locations;
- Partnership working within the sector is relatively limited and there were very few examples of funded organisations working collaboratively together. Furthermore, whilst there are many VSP funded organisations who accept referrals from statutory health care organisations the partnership working between the two sectors is also relatively limited;
- The victims and survivors sector and the service providers supported through VSP are very diverse. The sector includes a broad range of new and established organisations of various sizes and capacity. Therefore, it is unlikely that a one size fits all approach to supporting the sector will be effective for all those involved;
- There are a small number of gaps in service provision for victims and survivors, most notably in relation to counselling for addictions. The service providers noted a high level of reliance on alcohol and prescribed and non-prescribed drugs and that extra support/training should be available to service providers to help them support victims with addictions; and
- It was the perception of the funded organisations that the administration associated with the funding was particularly burdensome and that this created specific difficulties for organisations that were already operating with minimal administrative budgets and those who were reliant upon volunteer support.

1.6 Case Studies

Two individual victims and survivors agreed to be interviewed by the RSM McClure Watters team and they provided details on the impact of the VSP services on their day to day lives. Key highlights emerging from these case studies are as follows:

- Both individuals availed of a range of Social Support and Health and Wellbeing services which were funded through the VSP;
- Both individuals had experienced a range of negative physical and psychological impacts due to the trauma they experienced. Both were reluctant to leave the house, experienced poor sleep and a deterioration of family relationships;
- Prior to accessing the services neither had spoken about the psychological impact of the incident and the effect it has had on their everyday life and general wellbeing;
- Following the counselling and the on-going participation in social activities both individuals reported improved physical health, psychological wellbeing and improved family relationships; and
- Both individuals reported the importance of being able to access support as when they need it, as there are a number of factors that can set back their progress such as personal anniversaries or political events (e.g. Historical Enquiries Team or the On the Runs issue).

1.7 Conclusions and Recommendations

1.7.1 Outcomes and Impacts of VSP Funded Services

The VSP awarded just over £6 million of funding to 69 service provider organisations in 2013/14. This funding supported the delivery of services to over 9,000 individual, unique service users.

As the VSS were required to suspend their monitoring and evaluation processes late in 2013, the overall impact of the first year of the VSP (2013/14) cannot be determined. However, a small number of funded organisations provided data from feedback forms and clinical assessment tools completed by their clients. WAVE noted that 80% of their clients had positive impacts from the services they received and that 62.5% of clients had clinically significant changes as a result of therapy funded by the VSP[2]. Praxis also reported significant decreases in anxiety levels and depression amongst their victims and survivors clients[3].

The victims and survivors who were consulted on a one-to-one basis noted a range of physical, psychological and social impacts achieved through the services they accessed. These included an improvement in sleeping patterns and family relationships and a reduction in anxiety, social anxiety and a reduction in the reliance on prescribed and non-prescribed medication and alcohol.

[2] The expenditure by WAVE under the VSP represents around 22% of all VSP expenditure for 2013/14.
[3] Expenditure by Praxis under the VSP represented just over 0.5% of the total expenditure 2013/14

1.7.2 Value for Money

Value for Money was considered in terms of economy, effectiveness and efficiency, as well as consideration of any potential duplication and the additionality of the funding.

1.7.2.1 Efficiency

In 2013/2014 the VSP involved:

- Assessment of 121 applications and issue of 69 Letters of Offer ;
- Expenditure of £5,705,600 (or £6,069,882 inclusive of expenditure on small capital items and training for funded groups);
- Provision of support to 9,228 individuals; and
- Provision of support to 27,680 beneficiaries (i.e. over twice the number than originally anticipated).

The table overleaf highlights that the VSP incurred an average cost of £618 per individual. The average cost per beneficiary for Social Support services was £174[4] and £349[5] for Health and Wellbeing services.

The VSP Health and Wellbeing costs are broadly comparable to those noted in a 2010 study of Peace III funded counselling/psychotherapy services which found an average cost of £303 per client[6]. These costs also compare favourably with the average cost of mental health treatment within the statutory sector, which would include hourly Psychologist costs of around £167 per hour or £445 for Mental Health Nurse visits per client[7]. However, it should be noted that it is not possible to accurately compare services Voluntary and Community (V&C) sector service delivery costs with statutory sector costs, as the statutory sector costs will reflect higher levels of clinical governance, premises and management costs and it is not known if the funded service provider organisations were funded on a full costs recovery basis. Overall, the figures suggest that the VSP is an efficient mechanism for providing services to victims and survivors.

Table 1:1: VSP funding, expenditure and beneficiary metrics (2013/14)

	Target	Actual	% of target	Actual £ per metric
Funding	£6,024,146	£5,705,600*	95%	-
No. of individuals	n/a	9,228	n/a	£618
No. of beneficiaries	13,000	27,680	213%	£206
No. of awards	n/a	69	n/a	£82,690
* excluding expenditure on small capital items and training for funded groups				

The administration costs of the VSP by VSS were £492,774, equivalent to £53.40 per individual, £7,141 per award made, or a cost of £0.08 for every pound allocated under the programme

[4] Total expenditure on social support (£3,710,513)/ total number of service users (21,311)
[5] Total expenditure on health and wellbeing services (£2,223,448)/ total number of service users (6,369)
[6] SEUPB (2010) Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation, SEUPB (Deloitte)
[7] DHSSPS outpatient reference costs and NI Annual Trust Financial Returns (08/09).

1.7.2.2 Effectiveness

27,680 beneficiaries availed of VSP funded services (9,228 individuals) in its first year (2013/14). The service users target set out in the VSP Business Case was for 13,000 beneficiaries, therefore on this basis, we would suggest that the VSP has been effective in meeting quantitative targets. Due to a lack of detailed and consistent monitoring and evaluation data, the overall effectiveness of the funded services on victims and survivors is not known.

1.7.2.3 Additionality and Duplication

There is a wide consensus of opinion amongst those consulted that the VSP funded services do not duplicate services provided through the statutory sector and therefore the VSP is highly additional. However, there is some evidence to suggest that there could be potential duplication within localised geographical areas, in terms of the number of organisations and the types of services that have been funded.

Furthermore, in the past there has been a range of other funding sources available to service providers including EU funding, central and local government, philanthropic organisations and member based organisations (such as ex-services organisations); it is clear that no single funder has a strategic overview of the funding landscape to the sector. Therefore, on this basis it is possible that on a limited number of occasions and in specific areas, some aspects of the VSP funding may duplicate funding that is available from other sources.

1.7.3 Processes Supporting Programme Management

Our research highlights the absence of comprehensive monitoring and evaluation procedures for the first year of the VSP. This includes an inability to evidence service users' experience and personal progression through a range of interventions. Where applicable, monitoring data should illustrate the journey of recovery being experienced by service users.

1.7.4 Development of Practice

1.7.4.1 Access to training

The overwhelming feedback from service providers who have been consulted is that there has been very little development of practice within their organisation during 2013/2014. Consultees highlighted a number of reasons for the lack of development. Firstly, difficultly in accessing training was a major factor. Whilst it was noted that VSS has provided training directly to the sector, a number of consultees noted that they believed that the training that has been made available to date has not met the training needs of their staff.

Most of those who were consulted also commented on the Eye Movement De-sensitisation and Recovery (EMDR) training that was provided by VSS; whilst this was welcomed, a number of drawbacks were also noted with this training. Firstly, the training was only available to members of staff from VSP funded organisations and as most counsellors work on a sessional basis the majority of those working in the sector were not able to access this training. Also, many organisations noted that they could not provide cover to continue service delivery whilst staff were in training.

1.7.4.2 Continuous Professional Development (CPD)

In addition to training, a number of consultees highlighted issues which their staff and sessional counsellors had noted in relation to CPD. CPD was noted as an essential part of providing a professional service, but that cost was the greatest barrier to this. One organisation noted that their counsellors are registered with the Northern Ireland Social Care Council (NISCC), and that in order to maintain this registration there are a number of CPD requirements which their counsellors are having to pay for themselves to maintain their registration.

1.7.5 Other Training/Development Issues

All of those consulted noted that the needs of victims and survivors are often complex and therefore services should only be provided by highly trained and experienced staff. Furthermore, most consultees also noted that they would like to further develop their skills to meet growing and emerging needs. For example, addictions were noted by many consultees as an area in which they would like further training to meet an increasing level of demand from clients and potential clients. A skills audit of the sector (Bolton, D and Devine, B. 2014[8]) noted that less than 15% of funded organisations are delivering services to specifically meet these needs, this would therefore suggest that responding to addictions within the victims and survivors population could be a growing need.

A number of those consulted also believed that there was insufficient provision of trans-generational therapy and one consultee highlighted that there is also a general lack of trained family therapists in Northern Ireland, which could in part explain the gap in services. This is consistent with the findings of the skills audit which noted very few qualified family therapists.

The above findings are also consistent with the findings of a workshop held by VSS (June 2014) for organisations providing services to victims and survivors, where there was a high level of agreement that those within the sector are keen to acquire new skills and that specialist training is required given the complex needs of the client group that they work with[9].

1.7.6 Partnership working

There was little evidence of partnership working between victims and survivors organisations from the interviews completed as part of this research. Whilst a small number of consultees noted that they would sign-post or refer clients to other victims' organisations there was little evidence of partnership working in the development of services or the identification of need. Very few organisations noted the Practitioners Working Group in Belfast.

Similarly, there was little evidence of partnership working between the victims and survivors sector and the statutory sector. Most organisations consulted noted that they receive referrals from statutory sector staff such as GPs or Community Mental Health Nurses but, there was little evidence of any actual partnership working, so far.

[8] The skills, audit and knowledge Transfer Project. Bolton, D. and Devine, B. (2014)
[9] VSS internal report on the findings from service provider workshops held in June 2014.

1.7.7 Other Challenges

1.7.7.1 Evidence Based Practice

Those consulted highlighted a number of challenges in addressing the needs of victims and survivors, in line with the Bolton and Devine (2014) study, they included:

- Prohibitive costs of specialist trauma focused training;
- The difficulties of staff within the victims and survivors sector to maintain CPD requirements;
- A need to support organisations within the sector to work together more effectively to share good practice, and share learning and resource;
- The short-term funding which impacts on organisation's abilities to invest time and resources into developing staff;
- Sustainability of the sector in the context of reducing budgets (increasing pressure on budgets from central government departments and a lack of other sources of funding) and increased service delivery pressures.

1.7.7.2 Funding Cycles

Short-term (annual) funding was noted as a significant challenge to those in the sector in relation to planning and delivering services. This short-term nature created significant difficulties for service providers in relation to retaining experienced staff and planning services as efficiently as possible. The instability of the funding and therefore staffing also had a negative impact on a highly vulnerable client group.

1.7.8 Recommendations

The following paragraphs set out the recommendations emerging from this study. The recommendations relate to both strategic and operational/process issues, with strategic level recommendations being detailed first.

It is acknowledged that the VSS currently has limited budgetary and staff resource and that the implementation of a number of these recommendations will have significant resourcing implications. Within the main body of this report, we have identified (where possible) a suggested timescale for implementation and the potential resource implications of each recommendation.

It is also acknowledged that VSS will require a sufficient 'lead in' time to design implementation tools and information systems to support the delivery of these recommendations.

1.7.9 Strategic Recommendations

Recommendation		Detail
1	Develop a Code of Practice to inform client eligibility checks	We recommend that initial screening of all clients wishing to access the VSP is to be carried out by service provider organisations and VSS. In order to provide a consistent approach to this process VSS, CVS and funded service providers should develop and agree a Code of Practice to be applied by all parties. This Code of Practice should clearly articulate agreed responsibilities, processes and protocols relating to risk management and clearly define programme eligibility. This will enable a consistent approach across all clients and facilitate centralised and coherent collection of monitoring information. Service provider compliance with Code of Practice requirements should be regularly monitored and controlled.
2	Work towards a strategic allocation of funding	Recommendations contained within this report that relate to improving information on need, impact and supply of services (such as improved mapping and MIS data) should be used to inform decision making relating to the strategic allocation of resources. This approach should aim to maximise impact and VfM of future service delivery.
3	Embed sustainability of the sector within Programme requirements/ processes	We suggest that the sustainability of future service provision should be a key objective of OFMDFM, CVS & VSS and the demonstration of sustainable service provision should be central to future application, assessment, monitoring and decision making activities. Going forward funding should be focused towards areas of clearly identified need.
4	Embed partnership working within Programme requirements/ processes	VSS and CVS should actively encourage victims and survivors' organisations to work collaboratively to enable them to deliver services to their client group in a more efficient and joined-up way. This could include, embedding the need for evidence of collaboration/ partnership working within the funding application and assessment process.
5	VSS should work collaboratively with the sector	Linked to the above recommendation, in order to maximise the potential for a strategic approach to the development of services within the sector, and to embed the principles of partnership working and sustainability, VSS should work collaboratively with the sector to support in the development of service plans/funding applications. Applications should then assessed by an Independent Panel to avoid any conflict of interest where VSS staff have supported potential service providers in the development of plans.
6	Introduce longer term funding cycles	Assuming that funded organisations can meet the required monitoring and evaluation criteria, funding should be provided on a more long term basis (e.g. 3 -5 years). The outputs and the impacts of this funding should be monitored on a quarterly basis to ensure the on-going effectiveness of the funding. We note that a mid-term review of the Victims Strategy (2009 – 2019) is due shortly. This provides OFMDFM, CVS and VSS with an opportunity to clearly define aims and objectives for the sector for the remainder of the Strategy period. The implementation of a longer funding cycle should be aligned to and support the achievement of the Strategy's future objectives.
7	Develop robust monitoring and evaluation processes/ procedures	Funded service providers should be required to collect and collate impact data from beneficiaries using standardised, robust/evidence-based evaluation and outcome tools for both Health and Wellbeing and Social Support Services. This could include tools such as CORE for Health and Wellbeing services and quality of life scales for Social Support Services. The collation and analysis of this data will help to enhance the understanding of the most effective treatments for addressing conflict related mental health conditions. Future monitoring systems should allow service user progress to be tracked and impact during the journey of recovery to be measured. Any future M&E should be cognisant of the amount of funding provided and the capacity within the organisation; thus allowing for variance or the inclusion of a small number of standard outcome measures across VSP funded organisations if sensible.

1.7.10 Operational Recommendations

Recommendation		Detail
8	Restructure and enhance internal management and reporting of service delivery	Both the INP and VSP contain common areas of service provision which creates the potential for overlap/duplication, particularly in the absence of effective monitoring and evaluation. In order to help reduce potential duplication and to allow for a greater alignment of management information/decision making on a service delivery basis, the VSS should consider restructuring management and reporting procedures to reflect service delivery under the headings of 'Health & Wellbeing' and 'Social Support'. Furthermore, financial reporting systems should be augmented so that they can produce timely and accurate financial information by service area i.e. identifying front-line/service delivery costs, administration salaries and other running/administration costs by each service area. Counselling and complementary therapies should be reported separately.
9	Establish SMART Targets	In line with Recommendation 1, the annual VSS Business Plans should set out specific SMART targets and objectives for the VSP. These should relate to the number of individual beneficiaries and the impacts of the funded services. The monitoring system should support data capture to assess performance against stated targets.
10	Assessment of compliance with LOO requirements	The 'Letter of Offer' provides an opportunity to clearly identify the standards and practices that must be adopted by funded organisations in order to qualify for funding (e.g. compliance with M&E process and Code of Practice standards). In order to ensure adherence to these requirements, VSS must invest sufficient time/resources to routinely monitor and review service provider performance against these requirements. Any areas of poor performance/non-compliance should be highlighted and addressed. VSS processes/procedures for addressing these issues should be developed and clearly communicated to service providers at Letter of Offer stage.
11	Investment in a Management Information System to improve and automate management information	The VSS should progress their plans to establish a Management Information System to manage client data. This will improve the efficiency and effectiveness of programme management and administration. The MIS should support the timely and accurate capture of impact information from service providers and the feasibility of the provision of an on-line system, whereby service providers routinely upload monitoring information for collation and analysis by VSS should be explored.
12	Develop a workforce training and development plan	VSS should work with the victims and survivors sector and the statutory sector to develop a workforce development plan to ensure that there is sufficient appropriately trained staff to meet the needs of victims and survivors who require additional support relating to addictions and trans-generational therapy.
13	Update service mapping	In order to assess the potential for duplication in the future, an updated mapping of service provision should be carried out. This mapping should also be updated on a regular basis. CVS should examine ways to target funding to ensure that gaps in service were addressed. Services should also be mapped against statutory services.
14	Commission research to inform evidence based practice	There is a need for further research into best practice interventions for victims and survivors and their feasibility in terms of future delivery within Northern Ireland. By way of example this could include the most effective treatments for those with living with chronic pain or, effective counselling approaches for those suffering with Post Traumatic Stress Disorder (PTSD) and multiple trauma. Funding for service delivery and training should then be focussed on those services which are in line with best practice.

1.7.11 Overall Summary

This report highlights that:

- In the first year of the VSP (2013/14), the level of demand for VSP funded support was significantly higher than that originally projected within the original VSS Business Case. 27,680 beneficiaries received VSP funded services, i.e. over twice the target identified within the Business Case;
- Despite the absence of programme wide impact data, stakeholder feedback and impact data provided by a number of funded organisations suggests that services funded by VSP are effective and contribute to a range of positive (health and social) impacts; and
- Based on the output and input figures presented, the VSP Health and Wellbeing costs compare favourably to statutory sector costs (albeit there are significant limitations with this comparison) and the VSP appears to be an efficient mechanism for providing services to victims and survivors.

This research also highlights a range of issues impacting on the efficiency, effectiveness and sustainability of the sector, including:

- The cost of training, which is a significant barrier to the development of practice;
- A limited level of partnership working between victims and survivors organisations and between victims and survivors organisations and the statutory sector;
- The emergence of addictions and trans-generational therapy as key areas of unmet need; and
- Short-term funding, which presents a significant challenge to service planning and delivery within the sector.

Whilst we are cognisant of the current restrictions in public sector expenditure and that implementation of the recommendations contained in this report will require additional resource provision, the recommendations outlined above provide an opportunity to significantly enhance the efficiency and effectiveness of the sector in the medium to long term, and to equip the VSS so that it can effectively support the sector in achieving these goals.

2 INTRODUCTION AND BACKGROUND

2.1 Introduction

This section provides an overview of the Victims Support Programme (VSP) and an overview of the methodology used in this review.

2.1.1 Programme Overview

The Victims Support Programme (VSP), delivers funding to organisations that provide Health and Well Being services and Social Support to victims and survivors. The VSP commenced on 1st April 2013, replacing the previous Strategic Support Fund (SSF) and Development Grant Scheme (DGS), which were administered by the Community Relations Council (CRC). The VSP is delivered and administered by the Victims and Survivors Service (VSS).

The VSP is constituted by two main funding streams:

- Large Grants (more than £75,000); and
- Small Grants (up to £75,000).

The budget for this programme in 2013/14 was £6.5 million.

2.1.2 Health and Wellbeing Programme

The central aim of the VSP Health and Wellbeing Programme 2013/14 is: 'to contribute to the health and social care of victims and survivors through the provision of individualised courses of treatment and care'. The Programme has two key objectives:

- To provide packages of treatment of care designed for specific individuals, to monitor progress made and the outcomes for individuals over a one year period from April 2013-March 2014; and
- By 31st March 2014, provide high quality care for individuals through direct support and referrals to organisations who work to professional best practice standards.

Types of services funded under the Health and Wellbeing Programme include counselling, psychotherapy and complementary therapy. The expected outcomes associated with the Health and Wellbeing Programme are:

- Improved Physical, Mental and Emotional Health and Wellbeing for Victims and Survivors;
- Improved Health and Wellbeing of the Individual;
- Positive Attitude;
- Healthier Society;
- Improved Integration; and
- Improved Quality of Life.

2.1.3 Social Support Programme

The central aims of the VSP Support Programme 2013/14 and 2014/15 are:

- To support and maintain the resilience of victims and survivors;
- To assist victims and survivors in addressing the legacy of the past; and
- To assist victims and survivors in building a shared and better future.

The Social Support Programme has two main objectives which are:

1. To provide a two year funding programme from 1st April 2013 to 31st March 2015 (reviewed after year 1) to services and activities aimed at group activity and informal engagement with victims and survivors; and
2. By 31st March 2015, provide services and activities to support the needs of individual victims and survivors for which there is an evidence base and using best practice standards.

Types of services funded under the Support Programme include: befriending, life coaching, storytelling, welfare advocacy and mentoring. The expected outcomes associated with the Support Programme are:

- Improved Wellbeing;
- Improved Social Interaction;
- Positive Attitudes;
- Healthier Society;
- Improved Cohesion;
- Improved Quality of Life; and
- New Opportunities.

2.1.4 Programme Awareness Raising

To raise awareness for the Victims Support Programme, an advertisement was placed in the regional and local newspapers in November 2012, which included a call for applications for the Victims Support Programme and contact information. Further activities to advise service providers on the changes from the previous victims funding schemes are outlined in Section 4.

2.2 Terms of Reference

The following table identifies the objectives for this research and where these have been addressed throughout the report.

Table 2.1: Terms of Reference and how this report addresses them/associated constraints

Research objective	How the report addresses this	Issues / constraints
Undertake a review of the investment and impact of the Victims Support Programme (VSP) administered by the Victims and Survivors Service (VSS) during the year 2013/14 including examining the impact of treatments and services on clients funded through the Health and Wellbeing Programme and the Social Support Programme.	Section 4: Expenditure and Outputs, considers budget data and outputs both collectively and by scheme. Section 5&6: outlines stakeholder feedback from stakeholders within the sector, individual consultations with service provider managers / coordinators and service users. Section 5 also provides an analysis of the impact data that was provided by three of the service providers.	The VSS were required to suspend their monitoring and evaluation process in December 2013 and to implement a more simplified process. Consequently, there is very little data relating to the impact of the funding at a programme level. For the purposes of this review we have relied on the evidence of a small number of larger organisations who routinely collect impact data.
Compare data from outcome reports provided by funded service providers against the original objectives of the Health and Wellbeing Programme and Social Support Programme to establish the need to continue funding each of the different services under the Victims Support Programme.	Section 4: Performance Against Aims and Objectives, presents programme data; Section 7: includes a section on Value for Money.	The outcome reports are primarily focused on quantitative output data and provide very little indication on the impacts achieved. Evidence on the continued need for funding was collected from interviews with organisations, individual victims and survivors and other key stakeholders.
Conduct trend analysis to assess the development of practice (informed by the Skills Audit) across the VSP-funded service providers through 2013/14. Analysis should identify key priorities and future challenges for service providers in addressing the needs of victims and survivors.	Section 3: Evaluation Context, outlines the Skills Audit process and findings in relation to sector needs and priorities. Section 5 outlines the feedback from those consulted regarding practice development across their VSP funded services.Section 7: Conclusions and Recommendations, highlights key priorities and future challenges which emerged as a result of the research.	Very little additional data exists from either VSS Programme Management Information of the service providers themselves on the development of practice over the evaluation period. Organisations (service providers) and practitioners were able to identify a number of priorities and challenges impacting on the demand for their services.

Research objective	How the report addresses this	Issues / constraints
Assess the level of partnership working between the Victims and Survivors Service, VSP funded service providers and the statutory sector to date and recommend ways in which this can be enhanced in the years ahead;	Section 5: Consultation Feedback, primarily addresses the issue of partnership working. Section 6: on Consultations from Service Users, also provides assessment of this issue.	
Review the extent to which the Victims Support Programme has delivered Value for Money throughout the year 2013/14 and provide recommendations to improve value for money in the future administration of the VSP Programme. Value for Money assessment should include the following: • Assess performance and funding allocation against the interim targets of the VSP for 2013-15. Evaluation of performance data should be used to devise future SMART outcome-based targets with a focus on establishing impact; and • Draw conclusions on additionality and potential displacement of VSS services relating to similar services delivered elsewhere in the public	Section 4 includes information on programme expenditure against budgets and targets as set out in the VSP Business case. Sections 5: provides feedback from organisations (service providers) and individuals on the additionality of the funding. Section 7 includes a section on Value for Money elements and overall conclusions in relation to these.	

Research objective	How the report addresses this	Issues / constraints
Undertake gap analysis and make recommendations in relation to the emergent service-related needs and alternative methods for the administration of the Victims Support Programme in the years ahead.	Section 5 & 6: Consultations with service providers' staff, service users and other key stakeholders presents analysis on gaps in the services provided to victims and survivors in relation to current and emergent need. Section 7 suggests recommendations for the future administration of the Victims Support	

2.3 Methodology

Our methodology for this assignment consisted of five key stages as summarised below.

Table 2:2: Our Methodology

Stage	Key activities
1: Project Initiation	• Meeting with CVS to agree the methodology and key stage of work
2: Desk Based Review of Information	• Analysis of programme management information
3: Consultation	• Interviews with strategic stakeholders • Workshop with VSP funded organisations • In-depth discussions with 15 funded organisations • One-to-one interviews with service users
4: Analysis	• Analysis of qualitative and quantitative data collected during the previous stages
5: Reporting	• Development draft and final reports

3 EVALUATION CONTEXT

3.1 Introduction

The following section summarises the strategic context in which the VSP operates.

3.2 Strategic and Policy Context

3.2.1 Programme for Government (2011-15)

The Programme for Government (PfG) 2011-15 notes the publication of the ten year Victims and Survivors Strategy' (outlined below) and that £50 million was secured for work with victims and survivors during that period. The current PfG (2011-15) highlights the Victims and Survivors Strategy as a building block of the PfG and the establishment of the Victims and Survivors Service by 2012/13 was set under the key commitment to: *"Deliver a range of measures to tackle poverty and social exclusion through the Delivering Social Change delivery framework".*[10]

3.2.2 OFMDFM: Strategy for Victims and Survivors (2009)

The overall aims of this ten year strategy are to:

- Put in place comprehensive arrangements to ensure that the voice of victims and survivors is represented and acted upon at a governmental and policy level;
- Secure through the provision of an appropriate range of support services and other initiatives a measurable improvement in the wellbeing of victims and survivors;
- Assist victims and survivors, where this is consistent with their wishes and wellbeing, to play a central role, as part of wider society in addressing the legacy of the past; and
- Assist victims and survivors to contribute to building a shared and better future.

The Victims and Survivors (Northern Ireland) Order (2006), defines 'victims and survivors' as:

a) Someone who is or has been physically or psychologically injured as a result of or in consequence of a conflict-related incident;
b) Someone who provides a substantial amount of care on a regular basis for an individual mentioned in paragraph (a); or
c) Someone who has been bereaved as a result of or in consequence of a conflict-related incident.

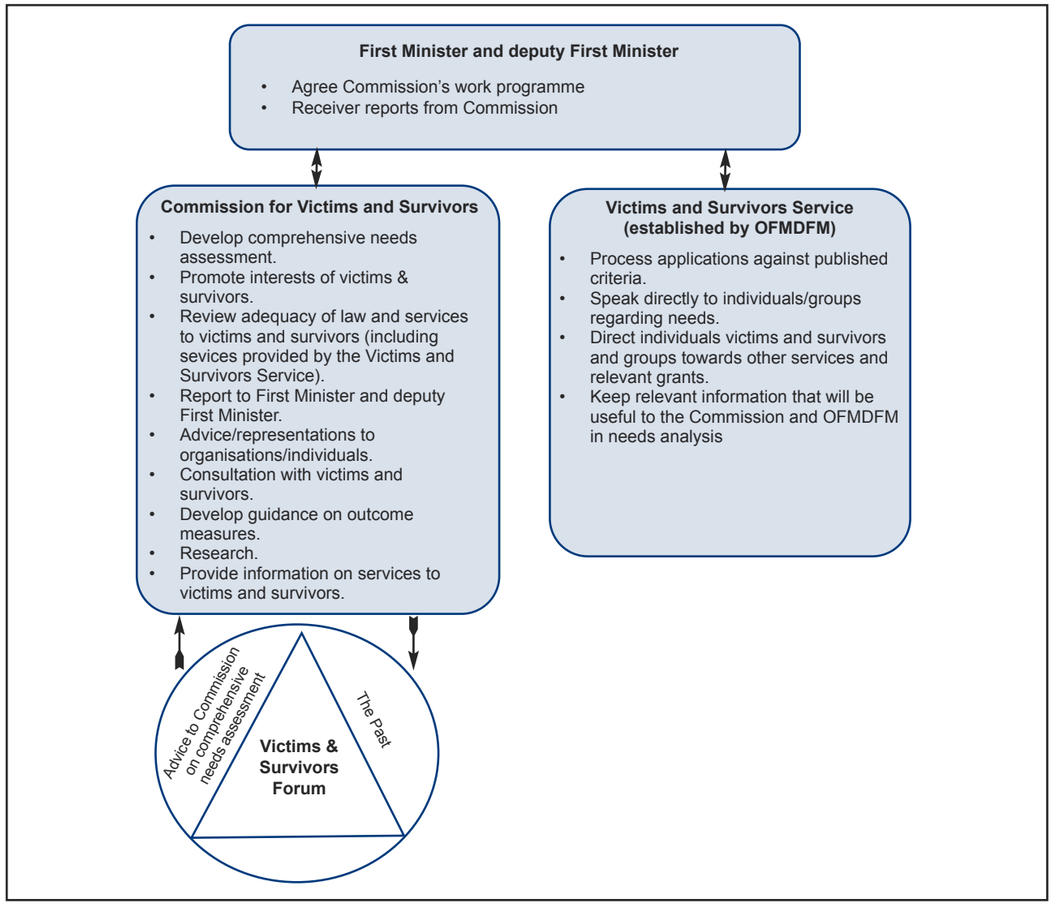
The OFMDFM strategy acknowledges that individuals fitting the definition above suffer from financial hardship, social exclusion, and various other issues as a result of their conflict experience. The approach of the strategy is therefore 'victim and survivor centred'. The VSS, as the delivery body for the Strategy for Victims and Survivors, provides support and assistance to those identified above, indeed, provision of long-term funding for this assistance is a key part of the department's action plan. The strategy outlines the need for action in three key areas:

[10] http://www.northernireland.gov.uk/pfg-2011-2015-final-report.pdf. The Official Reports from the NI Assembly (Hansard) note that £50m funding has been made available to victims and survivors during 2011 – 2015. http://www.niassembly.gov.uk/Documents/Official-Reports/Plenary/2014-15/Hansard_plenary_080914.pdf

- Comprehensive needs assessment to inform the development of services (linked to the provision of long-term funding and support services for victims/survivors);
- Dealing with the 'past'; and
- Building for the future.

There is also a link between the VSS and the Victims and Survivors Practitioners' Working Group. This group builds upon the important work accomplished by the Trauma Advisory Panels between 1998 and 2012. The following diagram depicts these relationships.

Figure 3.1 Structure and relationships within the victims and survivors sector



Source: OFMDFM

3.2.3 VSS Corporate Plan and Strategic Priorities (2013-2015)

The VSS Corporate Plan vision for 2013-2015 is as follows:

To provide support for all victims in a co-ordinated and efficient manner. The VSS will listen and be responsive to the needs of victims, and will work closely with key stakeholders in an open and transparent way to improve the lives of victims and survivors.

*T*he four strategic objectives for the VSS for the same period are:

1. **Business Results:** Ensure the effective and efficient delivery of funding for Health and Wellbeing and Social Support through the Victim Support Programme and Individual Needs Programme.
2. **Customer Results:** Identify and agree the needs of individual victims and survivors through the Individual Needs Review process and recommend individual packages of support.
3. **Growth and Learning:** Promote Best Practice in Services and Therapies and extend opportunities for learning and sharing both internally and through networks of specialists, policy makers and service providers.
4. **Internal Business Processes:** Implement effective business and operational strategies to improve the performance of the VSS and strengthen its Corporate Governance

In relation to the Victim Support Programme, the plan includes the following relevant aims and objectives:

BUSINESS RESULTS	
Strategic Objective 1: Ensure the effective and efficient delivery of funding for Health and Wellbeing and Social Support through the Victim Support Programme and Individual Needs Programme Needs Programme. This will be achieved by the VSS in delivering a single source of funding for victims and survivors through the implementation of the Victim Support Programme (funding to individuals through organisations) and Individual Needs Programme (funding directly to individuals). These programmes provide both Health and Wellbeing and Social Support to individual victims and survivors.	
Victim Support Programme	
Health and Wellbeing	
Aim	• To contribute to the wellbeing of victims/survivors by providing treatment and/or care appropriate to the individual
Objectives	• To provide packages of treatment or care designed for specific individuals • To provide high quality care for individuals through direct support and referrals to organisations who work to professional best practice standards • To monitor progress made by individuals

BUSINESS RESULTS	
Social Support	
Aim	• To support and maintain the resilience of victims and survivors • To assist victims and survivors to address the legacy of the past • To assist victims and survivors to build a shared and better future
Objectives	• To provide a two-year funding programme from 1 April 2013 to 31 March 2015 (reviewed after year 1) for services and activities aimed at group activity and informal engagement with victims and survivors • To provide services and activities to support the needs of individual victims and survivors for which there is an evidence base and using best practice standards • To monitor and evaluate progress made by individuals

3.3 Previous Research on the Need for and Effectiveness of Services for Victims and Survivors of the Troubles

The table overleaf provides an overview of key issues emerging from research carried out over the period 1994 – 2010 relating to services for Victims and Survivors. This section also detailed the key findings from Phase 1 and Phase 2 of the CVS Comprehensive Needs Assessment, which brought together all previous research including those detailed in Table 3.2) and data relating to the needs of the sector.

3.3.1 Comprehensive Needs Assessment (2010; 2012)

CVS carried out a Comprehensive Needs Assessment (CNA) in 2010 (Phase 1) and 2012 (Phase 2). The CNA was informed by previous research within the sector, and the overall aim of this assessment was: "to inform Government of the services required to improve the quality of life and create the conditions where victims and survivors can flourish in society."

Phase 1 of the CNA (2010) found the priority of needs of victims and survivors to fall under the following categories, which were confirmed in Phase 2 (2012):

1. Health and Wellbeing;
2. Social Support;
3. Individual Financial Support;
4. Truth, Justice and Acknowledgement;
5. Welfare Support;
6. Trans-generational Issues and Young People;
7. Personal and Professional Development.

The Commission made 47 recommendations for the provision of support as part of the CNA[11]; the key recommendations that directly related to the VSP were as follows:

Table 3:1: Summary of CNA Key Findings and Recommendations Relevant to the VSP

Theme	Recommendation
Social Support	The Commission recommends that Social Support services should remain as eligible activities for funding and that financial support should be maintained at current levels within the Strategic Support Fund. From the 2013/14 year, Social Support should be funded within a new programme, the 'Support Programme for Victims and Survivors', contributing to core salary costs, running costs and programme costs associated with befriending, respite to carers, art, craft and music therapy, personal development, adult education and social and cultural activities.
Social Support	The expected impacts that would result from funding the 'Support Programme for Victims and Survivors' would be that the quality of life for victims and survivors is improved and maintained and that a contribution is made to a healthier and more cohesive society. The Commission will make recommendations and provide advice on a relevant monitoring and evaluation framework in this regard.
Truth, Justice and Acknowledgement	The evidence presented in this paper also points to the important role of community and voluntary sector organisations working alongside the statutory services. The Commission recommends that families and individuals who are engaging with statutory agencies be offered access to independent support services while they are participating in these processes.
Welfare Support	In light of the impending changes and implementation of welfare reform over the next four years, it is important that appropriate consideration is given to victims and survivors. The reduction or removal of current benefits and allowances will potentially affect many individuals and families and will in many instances place an additional financial burden on them. Within this context, it is clear that there is a pressing need to continue to assist victims and survivors with financial support. Therefore, the Commission recommends that financial support schemes continue to be supported and administered through the Victims and Survivors Service.
Trans-generational Issues and Young People	The new Victims and Survivors Service is expected to develop a care pathway for the victims sector during 2012/13. We recommend that access to family therapy and family-based practice should be included as an option within the care pathway.
Personal and Professional Development	It is understood that from April 2012 the new VSS will assess individually each victim and survivor who has needs. This assessment should identify the best Personal and Professional Development service required for each individual. The Service or individual can then choose how best this service is provided, either via statutory provision, group provision or direct sourcing by the individual. It would be expected that this mechanism would reduce the costs of providing Personal and Professional services in subsequent years. The Commission recommends that any savings identified could be applied to the other areas of need appropriately.

[11] Available from the Phase 2 report.

3.3.2 VSS Client Profile Information

The VSS collected data from clients completing the INR process, as part of the INP, between 1st April 2012 and 30th June 2013. The information presented below relates to **882** out of **1,003 clients** who presented at VSS during this time period (i.e. approximately 88%). The table below shows how many clients have identified with each of the different categories of victim/survivor as per the Victims and Survivors (Northern Ireland) Order 2006.

Table 3:2: Categories as per Victims and Survivors (Northern Ireland) Order 2006

Category	Number of VSS clients that identify with this category
Bereaved	333
Physically injured	393
Psychologically injured	350
Carer	72
Witnessed an incident	127
NB: Individuals sometimes identify with more than one category.	

A total of 661 clients completed the GAD-7 (Generalised Anxiety Disorder – 7) questionnaire, a standardised measurement of anxiety. In other words, 75% of the clients completed this measure. The table below shows their scores on the GAD-7 measure. The proportion of clients in each outcome bracket is shown as a percentage of all of those clients completed the GAD-7 questionnaire. This table highlights that when assessed against the GAD-7 measure, over half of the client sample was presenting with 'severe anxiety' and that 72% were presenting with 'severe' or 'moderate' anxiety.

Table 3:3: Clients who completed GAD-7 measure and their scores

Score	Percentage of respondents who scored in this bracket
0-5	11%
5-10 Mild anxiety	17%
10-15 Moderate anxiety	19%
15+ Severe anxiety	53%
Total	**100%**

650 clients completed the PHQ-9 (Patient Health Questionnaire – 9) questionnaire, a standardised measurement of depression. In other words, 74% of the clients completed this measure. The table below shows their scores on the PHQ-9 measure. The proportion of clients in each outcome bracket is shown as a percentage of all of those clients completed the PHQ-9 questionnaire. This table highlights that when assessed against the PHQ-9 measure, 49% of the client sample was presenting with 'severe depression' and that 68% were presenting with 'severe' or 'moderate' depression.

Table 3:4: Clients who completed PHQ-9 measure

Score	Percentage of respondents who scored in this bracket
0-5	12%
5-10 Mild depression	20%
10-15 Moderate depression	19%
15+ Severe depression	49%
Total	**100%**

726 clients completed the Trauma Symptom Checklist, a standardised questionnaire testing for evidence of trauma symptoms. In other words, 82% of the clients completed this measure. Table 3.5 overleaf shows the percentage of these clients who identified trauma symptoms in response to this questionnaire and highlights that trauma symptoms were identified among 94% of the sample.

Table 3:5: Clients who completed Trauma Symptom Checklist

Score	Percentage of respondents who scored in this bracket
NEGATIVE: No trauma symptoms identified	6%
POSITIVE: Trauma symptoms identified	94%
Total 100%	

NB: the table shows all clients who identified trauma symptoms, including those that only identified with one or two questions in the questionnaire. This should therefore not be read as an indication of the prevalence of PTSD among VSS clients. This data requires further analysis.

The table below shows the percentage of clients who have identified needs in each of the areas cited in the CNA (2012) and highlights that financial, mental health and physical needs predominate.

Table 3:6: Summary Needs Identified as per Comprehensive Needs Assessment

Area of Need as per the CNA	Percentage of VSS Clients with identified needs in this area
Physical Needs	58%
Mental Health Needs	68%
Support and Advocacy Needs	19%
Financial Needs	69%
Welfare Support Needs	14%
Personal and Professional Development Needs	31%
Housing Needs	17%
Truth Justice and Acknowledgement Needs	19%
Trans-generational Needs	23%

3.4 Other Research

A number of other research studies have sought to identify the specific needs of victims and survivors and the services they may require. These are summarised in the following table.

Table 3:7: Summary of the key pieces of research that are relevant to this review.

Research Report	Key Points
Cost of the Troubles Study (1999)[12] : Identified the effects of the Troubles on the Northern Ireland population.	• Over 40,000 people have been affected by the Troubles and experience on-going physical and psychological problems; • Many of those who have been disabled are dependent on benefit. Services for disabled people are often inadequate to their needs; • There is a particular need for the provision of an effective pain management service to cater for those in chronic pain as a result of gunshot and shrapnel wounds; • There is also a need to support carers of those with disabilities acquired as a result of the troubles. • Certain groups of people have specific and different needs e.g. civilians; security forces; families of those disappeared, those killed; • Measures should not therefore be based on principles of restorative justice, but rather on the principles of meeting existing and future need

[12] http://www.incore.ulst.ac.uk/publications/pdf/cottreport.pdf

Research Report	Key Points
Evaluation of Services to Victims and Survivors of the Troubles (2001)[13]: The overall aim of the evaluation was: 'to provide a baseline measure of the views of victims on the range and quality of services provided for them.'	• Defining Service Provision: the research highlighted ambiguities in defining service provision within the victims sector – The delivery model should differentiate services and clarify the respective roles of the statutory, voluntary and community sectors in victims' work. • Co-ordinating Service Provision: the report acknowledged the need to coordinate services and avoid duplication and weak delivery of services within: Policy and Departmental Co-ordination; Service Delivery Co-ordination; District Partnerships; Voluntary and Community Based Responses. • Priority Areas for Government Intervention: Information Deficit – more should be done to inform victims and survivors on the roles and responsibilities of government agencies. Individual Victims: more should be done to engage and support individual victims as opposed to solely organised groups. • Compensation and Recognition: this was found to be of paramount importance to victims and survivors.
CLIO Evaluation Consortium Report (2002): measured the impact and effectiveness of the Core Funding Programme (Northern Ireland Voluntary Trust, NIVT) for Victims' and Survivors' Groups between 2000 and 2002.	NIVT was successful in attempting to deliver a human and compassionate face to the funded groups, especially through its support workers. Nevertheless, there were shortcomings in the administration of the programme. The evaluation consequently made a series of recommendations, including: • Funding for the development of victim-related work be continued and the funding base broadened; • A more strategic, targeted, long-term and reflective approach be taken to funding in this area of work and new criteria drawn up to reflect this; • There should be appropriate support, training, and communication systems for groups; groups should build in monitoring and evaluation practice.
Evaluation of Health and Social Services for Victims of the Conflict (DHSSPS, 2003): addressed the efficacy of specialist HSS services to victims of the conflict. This evaluation largely focused on the services provided by the Family Trauma Centre, which was funded by the DHSSPS.	• Relatively small number of dedicated services for victims across the general Health and Social Services (HSS) • While the Family Centre was operating according to best practice in treatment services and the majority of those using the Centre found it to provide a good quality, effective service, it was found to be not readily accessible or attractive to a large percentage of the Northern Ireland population. • Some decisions in relation to specialist services were politicised or done on an ad-hoc basis, as opposed to fulfilling need • Mainstream services do not have the appropriate levels of awareness or skills to treat victims of the conflict. • The trans-generational nature of victim issues requires that a long-term plan for service provision and development.

[13] Deloitte and Touche (2001)

Research Report	Key Points
Evaluation of the Northern Ireland Memorial Fund (Deloitte, 2005): consulted staff, users, and board members as to the effectiveness of the services provided under the Northern Ireland Memorial Fund (NIMF).	The report found that the NIMF was welcomed but that its administrative procedures caused concern. Recommendations included: • **Defining Service Provision:** The Victims Unit of OFMDFM should develop a service delivery model. This model, with full explanations of roles and responsibilities, should be circulated to all victims groups. • **Coordinating Service Provision:** The public and voluntary and community sectors should perform complementary roles rather than the overlapping and competitive situation that currently prevails, through e.g. effective networking and development of agreed area based service delivery strategies.
Pave Report (2007)[14]: explored the effectiveness of services for victims of the Troubles in Northern Ireland.	• Voluntary sector services seem to be achieving their stated aims of helping services users who experienced Troubles-related trauma. • Statistical analysis showed that there were clear indications that some services, specifically **befriending, self-help/support groups** as well as **reflexology** were related to significant improvements in general psychological health and levels of depression • The results for some of the other services, such as advice and information, massage, aromatherapy, group therapy, respite care/time-out, youth work, narrative work and counselling were not as clear, but all were highly valued by interviewees. • Community-based and some complementary services were significantly related to improvements in generally psychological wellbeing and lowering levels of depression. These findings were corroborated by the interviews, which confirmed the helpfulness and philanthropic utility of these services. • The majority of services did not seem to be effective in lowering levels of PTSD symptom severity: perhaps due to inappropriate classification or lack of appropriate support.
Evaluation CRC Victims Funding Programme (Deloitte: 2010)	• The administration of the funding was found to be effective • The importance of tailored services for victims and survivors, based on priority need, was emphasised for future service provision. • The report recommended the funding of the following service categories: counselling and therapy; befriending/support and respite; organisational development; education/training/employment; welfare advice; truth; justice and acknowledgement; trans-generational/young people; emerging/hidden needs.

[14] (Dillenburger et. al. 2007)

Research Report	Key Points
Acknowledging and Dealing with the Past: Review of Implementation (Deloitte, 2010): This research used desk research and stakeholder consultations to review Theme 1.2 of the Peace III programme 'Acknowledging and Dealing with the Past'.	• Trauma and conflict projects funded under this programme were found to be well attended. • The quality of the support offered was found to vary and potential gaps in service provision were identified, e.g. in Southern Border counties and the PUL community. • The report recommended that future need and interventions should be in line with the Peace III operational programme, and that the significant and in some cases, increasing incidence of conflict-related trauma/mental health issues, sectarianism and segregation be identified by funders and providers of victims and survivor services. • The importance of addressing need according to a solid evidence base was highlighted, alongside a strategic, collaborative approach to delivering services.

3.5 Operational Context and Processes

3.5.1 Key Events

The below timeline presents the key events that contributed to the establishment and delivery of the:

Date	Key Events
December 2009	Ten Year Victims Strategy Published
March 2012	VSS and interim board established and functions/staff of victims unit CRC transfer
April 2012	VSS opens and Individual Needs Reviews (INR) begin[15]
November 2012	VSP Launched
November 2012	Staff transfer from Victims Unit CRC to VSS
November –December 2012	Application period runs for VSP (finishes December 2013 for small grants)
December 2012	Applications received from 55 organisations for >£75,000 Grants
January - February 2013	Applications assessed
March 2013	Letter of Offers issued to 43 successful applicants for >£75,000 Grants and Letters of Offer issued for <£75,000 Grants in 2013/2014 financial year
November 2013	OFMDFM task CVS Commissioner with an independent assessment of the VSS
December 2013	Small grants (<£75,000) application period closes
December 2013	Permanent VSS Board established
December 2013	Commissioner appoints independent consultants to review VSS
December 2013	Roundtable Consultation Event on VSS
January 2014	Permanent Board meet for first time
January 2014	INR Process deferred as Interim Measure
February 2014	Review report finalised and makes key recommendations

[15] INR: The Individual Needs Review was an assessment process which was originally carried out by VSS Assessors to assess those applying for the Individual Needs Programme (INP). Following concern amongst some victim and survivor organisations about the INR process, a summarised version of the review (a Gateway process) is now completed by the service providers with the individuals. This form is used to allow individuals to access the INP as well as VSP funded services

During the period February – October 2013, a number of concerns were raised by the Community and Voluntary sectors and by the Commissioner regarding aspects of the VSS programmes. For instance, in February, a letter was sent from the Commissioner to the First and Deputy First Ministers outlining concerns about the Individual Financial Support Programme. In September, a letter was sent from the Commission to the Interim Chair of the VSS expressing concerns over the VSS operation and its support programmes. These events led to a letter being sent from Ministers to the Commissioner requesting the Independent Assessment of the VSS in November[16], which led to a series of recommendations for the service.

3.5.2 Skills Audit

In 2013, VSS carried out a skills audit of the capacity and standards of support provided by VSS funded organisations under the Health and Wellbeing scheme. The aim of the audit was twofold:

- To build a clear picture of the skills and capacity within VSP-funded service providers to deliver counselling and psychological therapies;
- To enable the VSS to identify the training needs of groups and individuals, and to develop opportunities for that training.

Questionnaires were administered to 26 organisations which resulted in participation from 109 therapists. Information was gathered on:

- Organisation type;
- Council areas served;
- Which, if any, HSC Trust each organisation provides services to;
- Number of therapists within organisation;
- Number of students, full-time and part-time therapists;
- Hourly rate;
- Categories of need;
- Client groups served;
- Types of therapies provided;
- Accreditation and professional body;
- Supervision;
- Peer Supervision.

The VSS summary of key findings was as follows:

- Reflects positively on professional governance, standards and capacity within funded organisations;
- Majority work part-time;
- Main reported title 'Counsellor' – small number described professional role as 'psychotherapists', 'therapist' and 'counselling psychologist';
- Vast majority are registered/accredited with professional bodies;
- Vast majority receive regular, individual supervision of approximately 1.67 hours per week;
- Around 50% engage in peer supervision;
- Range of therapies offered includes PCT, CBT, EMDR;
- Majority services provided to adults over 18 to include elderly;
- Areas of need: trauma, depression and anxiety disorders;
- Majority not gender specific.

[16] See the following link for more detail on the chronology of these internal actions: http://www.ofmdfmni.gov.uk/vss-independent-assessment-appendix-c-chronology-events.pdf

There were a series of issues and recommendations made in light of the VSS audit such as the need for training and support for practitioners; these were explicated further in the Bamford Centre report (below).

3.5.3 Bamford Centre (2014): Report on Meetings with VSS Health & Wellbeing Providers

This report collated findings from a series of meetings with organisations funded under the Health and Wellbeing programme (as above). The meetings were part of a Knowledge Transfer programme being undertaken by the Bamford Centre for Mental Health & Wellbeing (UU) and the Initiative for Conflict-Related Trauma (ICRT) on behalf of the VSS. From October 2013 until early January 2014, the team visited 26 of the 27 VSS providers being funded in that period. The aim of the report was to:

(a) 'add colour' to a skills analysis of providers that had previously been undertaken by the VSS; and

(b) to support the development of a workforce plan for the sector.

The researchers specifically sought to find out more about:

- The needs that providers are endeavouring to address in their communities or amongst their members/users;
- The nature of trauma focused work being undertaken by providers;
- Providers' understanding of the complexity of service users' needs and how providers are responding to these, and
- The training and development needs and aspirations of the sector.

The key findings, relevant to this evaluation are as follows:

Table 3:8: Key Findings from Bamford Centre Report

Key Issues	Recommendations
Co-ordination and Collaboration	• Good practice sharing • Partnership within sector • Statutory links
Increasing client numbers	• Support and training
Complexity of issues and co-morbidity	• Support and training
Assessment, Monitoring and Evaluation	• Standardisation
Stepped Care Framework	• Knowledge and understanding • Competencies • Referral processes • Counselling version

Key Issues	Recommendations
Gaps in Service Provision	• Family therapy • Couple counselling • Inequity
Theoretical Frameworks	• Person Centred • Trauma focused • Trauma informed approaches
Training	• Need for further training especially trauma related interventions • CPD
Accreditation	• Requirements • Support • CPD • Mentoring
Occupational Hazards	• Vicarious Trauma • Compassion Fatigue / Need for support • Burnout

3.6 Application and Assessment Processes

For the funding period, April 2013 – March 2015, the application process for the VSP was through an application form (Victim Support Programme application form). Under this application process, organisation representatives were required to submit an application form indicating the needs of their members, and the corresponding services they will deliver under the Health and Wellbeing and/or the Social Support Scheme. Individuals will then visit organisations and avail of these services which have been funded via either or both of these VSS schemes by the VSS.

Organisations were required to answer a range of questions including, their members' needs, and their objectives, targets and achievements, and how these fit with the objectives of the relevant scheme for which they were applying. Organisations were also required to state how they intend to work in collaboration with other organisations in order to share knowledge and provide a better range of services.

Applications were assessed by an Independent Assessment Panel. The panel scored the answer to each question (some of which are weighted) of the application from 0 (no evidence), to 3 (robust/excellent evidence), with some questions applicable to both the Health and Wellbeing and the Social Support programme, and others for each specific programme. A score of 65% and above is considered for funding and each element of the specific programme is accepted, rejected or deferred and the rationale for the panel's decision is included. For unsuccessful applications, there is an Independent Appeals Panel to ensure that the decisions taken and procedures followed for each application are applied fairly and consistently.

In total 212 applications were received. Applications for funding of over £75,000 closed in December 2012 and applications for funding under £75,000 closed in September 2013. The application form and details of the overall VSP assessment process is provided in Appendix 1 for reference.

3.6.1 Staff Structure and Resourcing

Nine VSS staff are responsible for the delivery of the VSP, as follows:

- 1 x Full Time Deputy Principal (DP) Programmes Manager (also oversees Individual Needs Programme): one third of DP's time is dedicated to the VSP, two thirds of DP's time is dedicated to the INP;
- 4 x Full Time Support Officers/Case Workers (approximately three quarters of these posts were dedicated to the VSP and one quarter to the INP);
- 2 x Full Time Administrative Officers; and
- 2 x Full-time Verification Officers (Corporate Services Team, Grade E01)

This equates to around 7.3 FTE staff dedicated

4 REVIEW OF PROGRAMME DELIVERY

4.1 Introduction

This section of the report provides an overview of the VSP budget and expenditure for 2013/14 and progress towards the interim targets that were for the Programme in the OFMDFM Business Case.

4.2 Expenditure and Outputs

The allocation for 2013/14 funding for the VSP is set out in the following table.

Table 4:1: VSP Budget Allocation and Expenditure 2013/14

Scheme	Funding allocated	Expenditure (as of March 2014)	Proportion of expenditure
Health and Wellbeing	£2,313,634	£2,464,819	43.20%
Social Support	£3,710,512	£2,082,544	36.50%
Running costs	Running costs included in Scheme costs cited above.	£1,158,237	20.30%
Total	**£6,024,146**	**£5,705,600**	**100%**
Small Capital Items Scheme	£230,602	£228,119	
Training Scheme	£155,750	£136,163	
Total VSP Expenditure		**£6,069,882**	

Source: VSS.

As illustrated above, in 2013 the total funding allocation for the VSP in 2013/14 was just over £6 million, by 31st March 2014 over £5.7 million of this allocation had been drawn down by the funded organisations. Of this expenditure almost 80% was spent on frontline Health and Wellbeing and Social Support services and 20% on running costs such as overhead and administration[17].

In addition to the £5.7 million funding awarded and additional £155,750 was made available to provide training to funded organisation and a £230,602 for a small capital items scheme.

[17] Due to the limitations of VSS financial reporting systems, the value for 'Running Costs' reflects budgeted costs (as set out in Letters of Offer) applied to actual expenditure information.

It should be noted that the VSS financial reporting systems have been set up in line with statutory reporting requirements and transferred from CRC. Expenditure is vouched and verified on a line by line and invoice by invoice basis. This information is electronically recorded by scheme and per letter of offer on the VSS management information system. However, the information system does not allow for front line, service delivery and administration costs to be isolated/readily determined.

The following table provides an overview of the number of organisations funded and the levels of funding provided.

Table 4:2: Number of organisations funded over and under £75,000 (nearest £)[18]

2013/14 Awards	Over 75k Scheme	Under 75k Scheme
No. of awards	43	26
Value of awards	£5,571,300	£452,847
Spend to date	£5,320,898	£384,702
Range	£78,740 - £1,115,172	£3,135 - £67,790
Average award	£129,565	£17,417

Source: VSS.

The tables below summarise the categories of services provided by the organisations under the Health & Wellbeing and Social Support schemes, alongside the number of organisations providing these services and the corresponding number of beneficiaries for 2013-2014.

Data returns from funded organisations to VSS indicated that from April 2013 to March 2014, 9,228 individuals were supported.

4.2.1 Health & Wellbeing

The following tables provide an overview of the total number of service users and amount awarded by category.

Table 4:3: Funding and Service Users under the Health and Wellbeing Scheme

Service category	Total Number of Service Providers	Amount awarded	Number of beneficiaries
Counselling/Psychotherapy	26	£1,096,873	2,568
Complementary therapies	24	£374,193	3,801
Running Costs	---	£309,155	---
Salaries	---	£533,413	---
Total	**50**	**£2,313,634**	**6,369**

Source: VSS.

[18] It should be noted that there were 2 additional schemes administered in year: a small Capital Grant Scheme and a small training scheme and these figures have been excluded from this table.

There were 6,369 beneficiaries of the Health and Wellbeing services funded under the VSP in 2013/14, however, these are not unique beneficiaries as individuals can avail of more than one service, for example counselling and complementary therapy.

4.2.2 Social Support[19]

The following table provides an overview of the number of awards made and beneficiaries under the Social Support category.

Table 4:4: Funding and beneficiaries under the Social Support Scheme

Service category	Total Number of Service Providers	Amount awarded	Number of beneficiaries
Befriending /Group Activities/ Personal development	54	£731,217	15,923
Welfare Support	10	£94,756	1,637
Truth/ Justice acknowledgement/ Advocacy	14	£150,282	2,363
Trans generational & Youth activities	10	£159,150	1,388
Running Costs	---	£736,518	---
Salaries	---	£1,838,590	
	Total	**£3,710,513**	**21,311**

Source: VSS.

Due to limitations in programme management information systems, the number of individuals is not available under each service category.

As with Health and Wellbeing services, individuals can access more than one Social Support service therefore the number of beneficiaries under each service category includes all victims and survivors using all types of services. For example, one person could attend a social class and make use of a befriending service, which would therefore be counted as two beneficiaries. However, overall there has been 9,228 individuals availing of the VSP funded services

[19] It should be noted that in the Social Support work area, individual clients may access a number of services and for that reason they may have been double counted. Therefore, it should be noted that the numbers under Social Support should be seen as the total number of individual interventions rather than number of clients.

4.3 Geographical coverage of funding

The following maps provide an overview of the geographical coverage of the organisations receiving funding under the VSP.

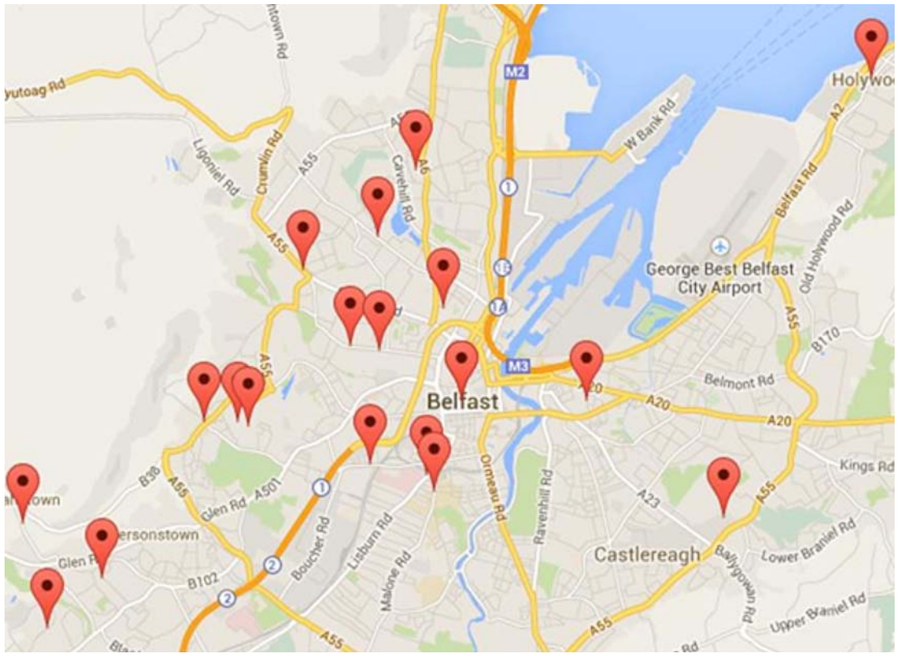
Figure 4:1: Location of organisations receiving funding under VSP

Source: VSS.

Whilst these maps can only provide a highly level overview of where the funded services are provided in, they do demonstrate that there is relatively high levels of coverage in areas of population density such as Belfast, Derry City, Omagh and Armagh, whereas other areas such as rural County Londonderry and North Antrim have comparatively fewer VSP funded service providers.

The following map sets provides a closer overview of the funding provided in the Greater Belfast area.

Figure 4:2: Location of VSP funded Service Providers in Belfast



Source: VSS.

The above map shows a high level representation of VSP funding in the Belfast area. It highlights that the majority of victims and survivors service providers in Belfast are located in the North and West; this is reflective of the location of the majority of fatalities. The map also shows that the organisations seem to be in clusters with a number of service providers located in relatively close proximity.

4.4 Performance against Aims and Objectives

In the following paragraphs we have considered the performance of the VSP against the interim targets that were set for in the OFMDFM Business Case.

4.4.1 Health and Wellbeing

The Business Case for the VSP[20] states that the overall aim of the Health and Wellbeing Programme under the VSP is to:

"contribute to the health and social care of victims/survivors through the provision of individualised courses of treatment and/or care".

[20] 2013 – 2015 Funding Programme for Victims and Survivors

The expected outcomes were:

- Improved physical, mental and emotional health and wellbeing for victims and survivors;
- Improved health and wellbeing of the individual;
- Positive Attitude;
- Healthier Society;
- Improved Integration; and
- Improved quality of life.

It was anticipated that 6,000 individuals would benefit from this element of the Programme.

As noted previously, by 31st March 2014 there were 9,228 individual VSP service users. Of these 6,369 beneficiaries had benefitted from Health and Wellbeing services such as counselling, psychotherapy or, complementary therapies. Therefore, the Health and Wellbeing Programme had achieved its overall target numbers within the first year of operation.

However, the business case also notes a number of expected outcomes for the funding (as set out above) and it is less clear to what extent these outcomes have been achieved. It is not possible to accurately assess the VSP's performance against these outcomes due to a lack of detailed monitoring and evaluation data.

Feedback from consultees indicates that many organisations routinely collect evaluation and impact data on their services, for example all of those consulted who provide counselling or therapy reported using the Clinical Outcomes tool CORE 10 or another validated tools such as the SDQ[21] to assess the progress of their counselling clients, however, generally speaking this data is not collated at a service level or, shared with VSS.

All of those consulted either on a one-to-one basis or as part of the VSP workshop noted that their services provide very clear positive health and wellbeing outcomes for victims and survivors particularly in relation to improved physical and mental health and quality of life. However, as this data in not currently collated or, analysed at programme level it is not possible to assess the overall impact of the Health and Wellbeing Programme.

During our consultations with service providers, a small number of organisations were able to provide collated impact data for the services they provide, the results of which are summarised below.

4.4.1.1 WAVE

WAVE received just over £1.19 million in VSP funding in 2013 for two years, this represented around 22% of the total amount of VSP funding awarded in 2013/14. The funding supported both Health and Wellbeing services and Social Support services. The Health and Wellbeing services included counselling and complementary therapy (reflexology, massage and aromatherapy) which were delivered in 5 centres across Northern Ireland. Data provided by WAVE[22] shows that on average WAVE clients accessed 9.8 counselling sessions and 3.7

[21] The Strengths and Difficulties Questionnaire is a clinical tool used to measure emotional health, relationships and behavioural issues. http://www.sdqinfo.com/a0.html
[22] WAVE Trauma Centre, Counselling Evaluation 2014

complementary therapy sessions. The majority of clients were traumatised (42%) or, bereaved (31%). WAVE also noted that 36% of their health and wellbeing clients live in the top five most deprived Local Government Districts in Northern Ireland. Between April 2013 and March 2014 WAVE received 645 new referrals for their services.

All WAVE counsellors use CORE 10 to assess the on-going effectiveness of the services with their clients. WAVE's analysis of this data demonstrates high levels of effectiveness amongst their clients. WAVE found that 82.5% of clients showed an improvement[23] and 62.5% of clients showed a clinically significant improvement.

WAVE has also assessed the effectiveness of their complementary therapy service using the Measure Your Medical Outcome Profile (MYMOP) questionnaire. The MYMOP data also demonstrated significant improvements in the wellbeing of clients who accessed the complementary therapy services, for example clients noted a significant reduction in symptoms such as physical pain, depression and anxiety and an increase in general wellbeing following their complementary therapy sessions.

These findings are consistent with other studies which have demonstrated clear indications that some services, specifically befriending, self-help/support groups as well as reflexology were related to significant improvements in general psychological health and levels of depression.[24]

4.4.2 Praxis Care

Praxis Care received £25,000 in 2013/14 to deliver counselling services for victims and survivors for one year[25]. Praxis counsellors are specially trauma trained and primarily deliver Cognitive Behavioural Therapy (CBT) and EMDR counselling to their trauma clients in line with NICE guidelines for Post-Traumatic Stress Disorder (PTSD)[26]. Praxis counsellors use both the Patient Health Questionnaire (PHQ -9) and the Generalised Anxiety Disorder scale (GAD) at assessment and, on an on-going basis to assess the progress of their clients. Praxis have noted that many of the victims and survivors who come to them were experiencing severe PTSD as well as other psychological and physical wellbeing issues, including depression and chronic pain and many had expressed suicidal ideation. Praxis noted that the complex needs of victims and survivors and the severity of their trauma often meant that the victims and survivors who come to them for treatment require more counselling sessions than other client groups, for example up to 24 sessions, rather than six.

Praxis provided the anonymised baseline and exit (or latest) results of 34 clients whose treatment had been funded via the VSP to demonstrate the effectiveness and impact of the funded services. The table opposite provides a summary of the scores on PHQ-9 to highlight the changes in the level of depression amongst those who completed at least two counselling sessions.

[23] The remaining 17.5% showed no change.
[24] For example, PAVE report. K. Dillenberger et al 2007, *"An Evaluation of the Effectiveness of Complementary Therapies on Trauma Related Illnesses"*, South East Fermanagh Foundation, (2011)and CNA (2010 and 2012)
[25] The funding received by Praxis (2013/14) equated to around 0.6% of the total expenditure in 2013/14
[26] http://www.nice.org.uk/guidance/cg26/chapter/key-priorities-for-implementation

Table 4.5: Changes in depression levels pre and post treatment

Depression Severity (PHQ-9)	Number Before treatment	Number after treatment	% of clients before treatment	% of clients after treatment
Minimal depression (1-4)	1	4	3%	11.8%
Mild depression (5-9)	0	2	0.0%	5.9%
Moderate depression (10-14)	8	10	23.5%	29.3%
Moderately severe depression (15-19)	5	4	14.7%	11.8%
Severe depression (20-27)	20	14	58.8%	41.2%
Total	**34**	**34**	**100.0%**	**100.0%**

As shown above before treatment 74% of clients were classified as moderately severe or severely depressed. Following treatment (on average 7 sessions) this reduced to 53% and conversely, the proportion of those who were classified as minimally depressed increased from 3% to 12% following treatment.

The following table provides an overview of the analysis of the GAD scores.

Table 4:6: Changes in anxiety levels pre and post treatment

Level	Number Before treatment	Number after treatment	% of clients before treatment	% of clients after treatment
Mild (0-5)	0	5	0.0%	14.7%
Moderate (6-10)	4	6	11.8%	17.6%
Moderate severe anxiety (11-15)	5	7	14.7%	20.6%
Severe anxiety (15+)	25	16	73.5%	47.1%
Total	**34**	**34**	**100.0%**	**100.0%**

As set out above, prior to treatment 74% of clients were experiencing severe anxiety and following treatment this reduced to 47%. Also, prior to treatment none of the Praxis clients were classified as having mild anxiety, this increased to 15% following treatment, reflecting a decrease in those with moderate or severe anxiety.

The data provided by Praxis would indicate that the counselling provided to victims and survivors funded through the VSP has had a significant, positive impact on those receiving the services.

In addition to improvements on clinical scales counsellors noted other general improvements in their client's wellbeing such as a reduction in use of alcohol, re-engagement with family and improvement in self-care.

4.4.2.1 Bridge of Hope

Bridge of Hope received £692,000 over two years from VSP to provide a range of Health and Wellbeing and Social Support Services[27], including: counselling, complementary therapies, life coaching and truth, justice and acknowledgement services. They provided initial monitoring and evaluation data (that was collected using the VSS's original evaluation tools for 798 victims and survivors who had accessed their services from September 2013 to December 2013. Of these 497 (63%) accessed complementary therapies. Evaluation data that is currently available for 50% of these clients which shows that the therapists recorded an improvement in client wellbeing. Bridge of Hope highlighted that the data shows an improvement in wellbeing amongst all those clients for whom full monitoring and evaluation data was collected on.

4.4.3 Social Support

The Business Case for the VSP[28] notes that the overall aims of the Support Programme are to:

- Support and maintain the resilience of victims and survivors;
- Assist victims and survivors in addressing the legacy of the past; and
- Assist victims and survivors in building a shared and better future.

The business case also notes that it is expected that 7,000 beneficiaries would benefit from the Programme. The expected outcomes for the Support Programme are the same as those for the Health and wellbeing Programme (as noted above).

Programme data from VSS shows that in 2013/14 there were 21,311 beneficiaries, this would suggest that this target has been over achieved.

As with the Health and Wellbeing Programme, data is not collected from service providers on the impacts achieved with the funding delivered. Social support activities are in their nature difficult to measure in terms of impact. The previous monitoring tools were seen as too intrusive and the VSS is currently developing new tools for this area of work in conjunction with the VSP groups.

Anecdotal evidence from those consulted suggested that the services funded under the Support Programme have been very beneficial to users have achieved a number of impacts such as improved physical and mental health and improved quality of life. A small number of organisations also highlighted that they believed that the low levels of support provided by activities such as befriending or hobby groups often reduce the need for more intensive and expensive forms of support such as counselling.

[27] Expenditure by Bridge of Hope under the VSP equated to around 7% of the total VSP expenditure in 2013/14.
[28] 2013 – 2015 Funding Programme for Victims and Survivors (OFMDFM)

4.5 Summary of Performance to date

As set out above, just over £6 million of funding was awarded to service providers in 2013, of this £5.5 million was spent by April 2014. The VSP performed well in relation to meeting quantitative targets. In total, there were over 27,680 beneficiaries of VSP funded services, this equated to 9,228 individuals, against a target of 13,000 'beneficiaries' for both the Health and Wellbeing and Social Support Programmes.

All of the organisations that were with consulted noted a range of anecdotal data indicating high levels of effectiveness of the services delivered. In addition, a small number of organisations have also provided data relating the impact of their services. Two of these (WAVE and Praxis) demonstrated clinically significant changes in clients who were using counselling services.

5 STAKEHOLDER FEEDBACK

5.1 Introduction

This section of the report provides a summary of key findings emanating from the following consultation activities:

- A stakeholder roundtable event;
- Interviews with fifteen VSP funded service providers; and
- Interviews with a range of other key stakeholders (a list of the other stakeholders interviewed is set out in Appendix 2).

5.2 Key themes from the Roundtable Event

A consultation event with organisations providing services to victims and survivors was hosted by CVS on 11th August 2014. 48 individuals representing a total of 34 funded organisations attended the workshop. The following paragraphs highlight a summary of key findings against each of the topics discussed.

5.2.1 Assessment and award processes

There was a general perception amongst those who attended the workshop that the assessment process took too long. The lengthy assessment process and therefore the time between application and receiving a Letter of Offer (LOO) appeared to cause the most difficulties for those organisations who were establishing new services. For example, a number of attendees noted that their application was first submitted in March 2013 and that they received their LOO during the Christmas holidays in December 2013, which effectively only left the remaining three months of that year to establish their project and deliver services.

Almost all attendees indicated that they believed the administration associated with the application process and the funding generally was too resource intensive. This was a particular issue for smaller (largely volunteer based) organisations.

It was also the perception amongst many of those at the workshop that the eligibility criteria for funded services changed during the application process, meaning attendees said that they felt "the goal posts had been shifted". Some attendees noted that they adjusted and amended their planned projects to ensure they met the funding criteria.

5.2.2 Effectiveness of V&S Service Provision

Attendees were also asked how effective are the services provided under the VSP. There was a widespread consensus that the vast majority of services funded under the VSP were highly effective. A number of reasons for the effectiveness of the VSP funded services were noted.

Firstly, there was agreement amongst those consulted that community based groups were regarded by many of their users as more accessible both in terms of their location, community background and security, this was a particular issue for victims who may feel marginalised or socially isolated.

Secondly, it was believed that the organisations that were funded under the VSP had a detailed understanding of the specific needs of victims and survivors, many of whom described themselves as trauma specialists and noted that this level of expertise does not exist in the statutory sector.

Those who attended the workshop noted that the range of services on offer from the funded organisations was particularly effective, in that they were able to offer a suite of support to meet their clients' needs. A small number of attendees [circa five] who provided counselling services noted that victims and survivors require access to a range of services to meet their individual needs and circumstances. For example, the National Institute of Clinical Excellence (NICE) recommends both Trauma Focussed Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing therapy (EMDR) when treating those with the symptoms of Post-Traumatic Stress Disorder (PTSD); therefore these interventions should be widely available to victims and survivors.

Almost all attendees also highlighted the importance of funding social activities. There was a general consensus that social activities allowed organisations to provide a low level of on-going support to victims and survivors which often reduced the need for more intensive and expensive interventions such as counselling. It was also noted that for many service users the social activities offered organisations the opportunity to 'reach out' to victims and survivors and provides a gateway to the health and wellbeing services if they are required. A number of attendees noted examples of service users who had achieved great benefits from accessing social support, such a reduction in the reliance on medication and over-coming agoraphobia (fear of going outside).

5.2.3 Capacity and ability of funded organisations to deliver

Attendees were asked for their views on current standards of delivery and what factors impact upon these standards. Whilst the standard of services delivered under the VSP funding was generally regarded as being very high, attendees expressed concern over the future availability of resources and the impact that reduced budgets might have on their capacity to address client needs.

Attendees noted high a level of demand for their services and that cuts to their funding has made it increasingly difficult to meet these demands. A small number of organisations who provided specialist services such as CBT and EMDR noted that they are now operating waiting lists due to the high level of demand.

Access to training and Continuous Professional Development (CPD) was also regarded as a factor that has impacted upon the organisations' ability to support a wide range of individuals. Whilst it was noted that VSS did provide EMDR training which was welcomed and was highly regarded by those who participated, many attendees also noted that accredited training is generally very expensive and that they would like further training in specialist areas such as EMDR and CBT to enable them to increase their capacity to support victims and survivors.

Attendees also noted some gaps in service provision which they believed should be addressed. For example, Health and Wellbeing Practitioners believed that there was a need for more trained family therapists/ trans-generational therapy.

Whilst many attendees noted that they received referrals from statutory bodies, particularly community mental health teams most of those consulted generally believed that there was very little real partnership working with statutory bodies and that this was an area that could be enhanced.

5.2.4 Monitoring and evaluation processes

There was a high level of consensus amongst attendees that the current monitoring and evaluation processes do not provide them with the opportunity to demonstrate the impact of the services they provide. There was a general consensus of opinion that the previously developed tools were too time consuming. However, the current processes have limited value and that the VSS should work with the sector to develop a process to collect meaningful evaluation data.

Attendees also highlighted that in line with good practice, all organisations providing counselling or psychological therapies should be assessing their clients on an on-going basis to assess the client's progress. It was anticipated that all those funded under the VSP would be doing this and many attendees noted the use of a CORE to do this. It was noted that the VSS do not ask for this information and therefore many organisations may not collate this information to assess the effectiveness of the overall service. Consultees generally agreed that the collation of this information would provide robust evidence of the effectiveness of the funded services.

5.2.5 Duplication and additionality

Attendees were also asked to comment on the extent to which the VSP funded services duplicate other services and the extent to which the VSP services were additional. There was a high level of consensus amongst consultees that the VSP funded services were highly additional to those services provided within the statutory sector, for a number of reasons:

- Mainstream services were generally regarded as inappropriate or inaccessible to many victims and survivors;
- Many victims and survivors are reluctant and fearful to divulge the reasons why they need support to statutory agencies and that specialist victims and survivors services are regarded as 'safe';
- There are long-waiting lists for many statutory health and wellbeing services, as evidenced by the high level of referrals by statutory agencies for counselling and CBT; and
- Staff in statutory agencies are not experienced or trained in the specific needs of survivors or complex trauma and therefore many of the statutory services are not appropriate for victims and survivors.

However, a number of consultees noted concern that in some geographical areas there were relatively large numbers of organisations in close proximity that appeared to be delivering very similar services to the same group of victims. A small number of consultees believed that this was an issue that CVS should consider.

5.2.6 Funding versus Commissioning of services

Attendees were asked what impact would a move to commissioning services have on service users and if there was sufficient capacity within the sector to move towards commissioning.

There was a general agreement that a commissioning model would disadvantage smaller organisations that do not have sufficient business experience or administrative support to manage a commissioned contract. There was a general anxiety amongst many of those consulted that a commissioning approach would reduce the number of services that victims and survivors could avail of as some organisations would simply not be able to deliver services on a commissioned basis.

A small number of those consulted noted that a commissioned approach to services may also force some of the smaller organisations to work in partnership which could in the long term be beneficial to the overall sector.

5.3 Individual interviews with funded service providers

Representatives from 15 organisations that received funding under the VSP were interviewed as part of the review. The following paragraphs summarise the key findings from these interviews.

5.3.1 Impact of funded services

All of those consulted noted a range of anecdotal, qualitative and quantitative evidence of the positive impact of their services on the victims and survivors they supported. Several commented that the services provide a 'lifeline' for individual victims and survivors. In particular, all of the organisations that provided counselling services noted that they used CORE 10[29] or, other validated tools to assess the progress of individuals and results from these test at the start and end of the counselling sessions demonstrated that the services provided were highly effective.

Only one of the organisations consulted provided an analysis of this data on a service wide basis, this analysis showed that the counselling services was highly effective and that individuals achieved significant and clinically relevant results from the service.

The majority of consultees also highlighted the positive impacts for victims and survivors using social support services. All organisations consulted noted that social support services are often an effective way of providing their client group with an on-going low level support service and often those in need for more intensive support (such as counselling) are more inclined to access social support in the first instance. The majority of those consulted also believed that the social support services also provided very good value for money as they are relatively inexpensive to deliver and often prevent individuals requiring more intensive and expensive support in the future[30].

5.3.2 The need for continued funding

There was wide ranging consensus amongst those consulted that there is an on-going demand for support by victims and survivors.

Around one third of consultees also noted that in many areas (particularly Belfast and Derry~Londonderry) 'the troubles' have not ended and that there continues to be high level of control, intimidation and physical violence by paramilitary groups which is creating new victims and increasing anxiety levels amongst those who have already been traumatised.

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[29] Clinical Outcomes in Routine Evaluation (CORE) is a validated tool designed to measure psychological distress.

[30] This cost effectiveness of social support (such as befriending) in supporting the reduction or prevention of the use of other (typically more expensive) health services has been confirmed by a number of studies, including Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2010) Building Community Capacity: Making an Economic Case, Personal Social Services Research Unit, PSSRU Discussion Paper 2772,

It was also noted by most consultees that many of the people they worked with experienced an event many years before they sought help, indicating that there high levels of hidden need and latent demand.

The majority of those consulted highlighted that, once those who have suffered a traumatic event have requested support, they should receive this support as soon as possible in order to avoid creating undue stress or anxiety. Many of the statutory mental health services have long waiting lists (one organisation noted up to two years), and on this basis these services are not appropriate for victims and survivors.

All consultees stated that they believed that the financial strains and anxieties caused by welfare reform had increased the demand for their services and it is likely that these demands are likely to increase in the near future. This view is consistent with data provided by VSS[31] which profiled the needs of victims and survivors accessing the INP, which notes that 75% of VSS clients were in receipt of benefits.

Around one third of the service providers consulted also commented that they were concerned about how their clients would cope if they had to stop the service due to lack of funding. They believed that government had no contingency or follow on plan to support vulnerable people if funding to organisations comes to an end.

5.3.3 Development of Practice

All those consulted were asked to what extent there was any development of practice within their organisation during the lifetime of the VSP funding. The vast majority of consultees stated that:

- They believed that the VSP did not proactively support any development within their organisation;
- There was no budget for training within the VSP and service providers are not able to fund training from other sources; and
- Whilst the VSS had provided some training, it was restricted to employees and that most counsellors work on a sessional basis.

Around half of those consulted believed that VSS should engage with the sector to determine what additional training is required to allow service providers to continue to meet the needs of victims and survivors and then develop a training programme around this.

The insecurity of funding was also noted as a factor that impacted on the development of practice within the sector and retention of staff. For example, one organisation noted that a number of highly qualified and experienced staff left their organisation because of the uncertainty with victims funding. As a result the organisation lost 40 years of experience.

It was also noted that the short-term nature of the funding also impacted on the ability of service providers to plan their services strategically and to offer their staff development plans.

These findings are also consistent with the findings of a workshop held by VSS (June 2014) for organisations providing services to victims and survivors, where there was a high level of agreement that those within the sector are keen to acquire new skills and that specialist training is required given the complex needs of the client group that they support[32].

[31] Key information relating to the Individual Needs Review (INR) Process and Individual Needs Programme (INP) For the period 1 April 2012 – 30 June 2013. VSS 213.

[32] VSS internal report on the findings from service provider workshops held in June 2014

5.3.4 Partnership working

There was very little evidence of partnership working both within the sector and with external organisations. A small number of those consulted noted that they received referrals from statutory organisations but that there was no real partnership working in relation to the development of services or individual care plans. Similarly, there was little evidence of partnership working between the funded organisations. Most organisations noted that they were aware of what activities other (usually local) organisations deliver and they may sign post their clients to these activities.

Three organisations also noted they believe that to some extent there was a degree of protectionism within the sector, whereby some service providers would actively discourage their clients from accessing the services of other providers.

This feedback is consistent with the view of service providers who attended a VSS workshop (June 2014)[33], where it was noted that service providers were working in isolation from one another. During this workshop it was noted that many organisations are willing to work in greater partnership, however, funding shortages are often a barrier to this.

5.3.5 Additionality and Duplication

Most consultees noted that they believed there was very little duplication especially as the services provided by the statutory sector were either not appropriate or there were very long waiting lists.

As identified at the roundtable event, a small number of consultees noted a growing number of organisations who appear to be offering services to the same target client groups in the same geographical areas.

5.3.6 Gaps in services

Consultees were asked if they believed there were any gaps in services for victims and survivors. The following areas were identified:

- **Addiction focussed services** - circa half of the organisations consulted stated that many of their clients have become dependent upon prescription and non-prescription medicationand/or alcohol;
- **Trans-generational trauma** - circa one third of the organisations consulted highlighted this as a particular area of need. A number of consultees stated that there is a general shortage of qualified family therapists in Northern Ireland which may indicate why this is a particular gap in this area;
- **Welfare Advice** - almost all of those consulted highlighted that on-going developments in welfare reform had a particular impact on victims and survivors and that this has increased the need for additional support in relation to welfare advice; and
- **Advocacy** - circa one quarter of those consulted identified advocacy as an emerging area of need. For example, it was stated that there is a need to support those who are impacted by on-going political and legal developments such as ‘On the Run’ (OTRs) or, the Historical Enquiries Team (HET).

[33] VSS. Thematic analysis of findings from the Inter-provider workshops (June 2014).

5.3.7 Administration of the funding

Consultees were also asked about their views on the administration of the VSP funding.

All consultees believed that the administration required of the VSP was overly burdensome and that at times it detracted from their ability to deliver services. There was a general perception that the vouching and verification processes were excessive. Organisations who were in receipt of smaller grants (i.e. less than £75,000) noted that the administration processes were particularly resource intensive and streamlining of the process was suggested for organisations with smaller awards.

Almost all consultees commented that the year to year administration of funding was restrictive, created additional administrative burdens and caused continued uncertainty amongst staff. They suggested that longer funding cycles (e.g. 3 years) would enable them to plan more strategically for the use of funds and to ensure quality staff members are incentivised to remain committed to their organisation.

The representative of one organisation noted that capital funding was often made known very late in the budget timeframe, meaning it needed to be spent immediately and under pressure.

Furthermore, all of those consulted highlighted that they operate within a very limited administrative budget with little room for greater efficiencies and therefore, any additional administrative requirements by funders can have a large impact.

5.4 Other Key Stakeholders

As part of this study we consulted a range of other key stakeholders such as: the Chairs of the Independent Assessment Panel; the Victims Forum; staff from VSS; OFMDFM; Belfast Health and Social Care Trust; HSCB and CVS. The key issues identified by these stakeholders are detailed below:

- The VSP was delivered in the midst of a lot of structural change and that this assessment will reflect the outputs and impacts which were achieved during a period of transition;
- There are number of high quality organisations and services being funded through the VSP. This was also reflected in the applications that were received. That said, the victims and survivors sector and the organisations supported through VSP are very diverse. The sector includes a broad range of organisations of various sizes, capacity and levels of experience. Therefore, it is unlikely that a 'one size fits all' approach to supporting the sector will be effective for all those involved;
- There is a lack of partnership working across the sector and between the victims and survivors sector and the statutory service providers. It was noted that whilst some Health and Social Care Trust staff refer clients to VSP funded services, there is a lack of planning integrated service provision across services. Staff from statutory organisations noted that they believed that the victims and survivors health and wellbeing services should be included within the planned, new model for primary care hubs aimed at improving the care pathways for people who require mental health care and support[34];

[34] Regional Mental Health Care Pathway. Health and Social Care Board (2014).

- It was the perception of some key stakeholders that there has been a lack of innovation amongst service providers and sector should consider if new or different services would be most beneficial to their clients. There was a concern amongst some of those consulted that there are organisations in the sector who have been receiving funding (from various funders) for many years to deliver the same services and that it is difficult to ascertain if the people receiving these services are benefiting positively, i.e. if there is any real personal progression. Consultees noted that whilst there is a need for victims and survivors organisations to receive longer term funding, these service providers should also be required to demonstrate progression amongst service users and that services should be recovery focused. The Comprehensive Needs Assessment completed by CVS[35] also noted the need for recovery focused models of care; and
- The short-term nature of the funding is very difficult for the organisations to work within; it is difficult for them to develop and then deliver services and to maintain experienced and qualified staff within short funding periods.

5.5 VSS Perspective

During the consultation process a number of issues were raised by organisations that were at odds with the VSS perspective. For example, in relation to the administration of the funding the VSS (like all public bodies) are required to abide by public sector accountability regulations and are audited by the Northern Ireland Audit Office (NIAO), who require them to have a number of checks and controls in place. VSS developed an operating manual and guidance notes in August 2013 to help simplify accountability processes. In March 2014 VSS also contacted all groups asking them to identify paperwork which could be further simplified or removed and no responses were received.

Furthermore, in relation to the time taken from the submission of applications to receiving a letter of offer, VSS staff noted that this was not one single application process and that often groups are asked to re-submit their applications with additional information to support their application. VSS representatives also state that all groups were met within one month of the first Independent Panel meeting and that the maximum amount of time between the receipt of application and the Independent Panel meeting was 8 weeks.

The VSS were required to suspend the monitoring and evaluation process which they had implemented in 2013. During 2014 they have been working with funded organisations to collate impact data and have identified the usefulness of the CORE evaluation data that is currently used by many organisations.

5.6 Summary

There was consensus amongst those consulted that the services being delivered under the VSP were highly beneficial to service users, however the monitoring and evaluation processes did not allow service providers the opportunity to demonstrate the positive impacts of these services. We note that the VSS is currently working on developing revised monitoring and evaluation tools.

[35] Comprehensive Needs Assessment. Commission for Victims and Survivors (2012)

Consultees highlighted that there are a number of factors impacting on the ability to continue to deliver high quality services, including the lack of funding for further specialist training and the increasing numbers of victims and survivors who are seeking support. In addition to the number of larger experienced organisations, the victims and survivors sector also includes a large number of relatively small voluntary groups who primarily provide social support service, therefore the capacity within these groups to undertake training and to demonstrate their impacts is likely to me much less than the larger organisations.

Whilst a number of organisations noted referrals from statutory agencies there was a general lack of partnership working with statutory agencies and it was noted that this is perhaps an area for development.

Representatives of funded organisations believed that the application process, the administration and the financial verification associated with the VSP funding was generally regarded as being resource intensive and that it detracted from their ability to deliver services to clients. VSS representatives note that they are required to implement a number of checks and controls by the NIAO and therefore have little control over the financial verification process. VSS representatives also state that there were no cases where it took nine months to process a funding application and that the perceived extended timeframe might have been as a result of an application having been withdrawn and then re-submitted.

Most consultees agreed that commissioning of services would be very difficult for many of those in the victims and survivors sector to administer, particularly smaller groups who are reliant upon volunteer support. It was agreed that this could potentially reduce the number and range of services that are offered to victims and survivors.

6 SERVICE USER INTERVIEWS AND CASE STUDIES

6.1 Introduction

During the consultations with funded organisations we asked them to identify individuals who would be happy to talk a member of the research team about the benefits they gained from using the VSP funded services and how the services impacted on their day to day lives.

In total 13 one-to-one interviews were completed with victims and survivors, two of these individuals were able to discuss in more detail the impacts achieved through the services and these interviews are set out as case study examples. All interviewees were assured that their responses were completely anonymous and they would not be identified in any report, that they did not have to answer any questions if they felt uncomfortable and that they could finish the interview at any time.

The following paragraphs summarise the key themes arising from the interviews with the individual victims and survivors.

6.2 Key themes from interviews with victims and survivors

6.2.1 Services used

The majority of those interviewed used both social and health and wellbeing services. However, there was a large range in the actual type of services used. Almost all of those interviewed used some form of social support, this ranged from craft classes, to walking groups, to welfare advice.

6.2.2 How they became aware of the services

Most of those interviewed stated that they became aware of the service through word of mouth or through membership of other organisations (e.g. ex –services groups). A small number of individuals consulted were aware of the services because the organisation was local to them.

6.2.3 Use of other services for victims and survivors

Very few individuals noted that they had made use of other services (circa one quarter). Most of those who had used other services, said that they had been referred on to them by the group, to enable them to access new or additional services. One individual reported that he had attended counselling with another victims group but he wasn't very happy with the counsellor so he looked for another organisation that could help him. Another interviewee from a rural area noted that they had started receiving counselling from another organisation over the phone but this wasn't really working for her and then sought face to face support nearer home.

6.2.4 Why individuals accessed the services

Interviewees noted a wide variety of reasons for accessing the service. Many of those who were using health and wellbeing services noted that they had originally contacted the organisation for other types of support, for example, benefits advice or advocacy. Whilst

they were in the process of receiving this support they were advised of the counselling and/or complementary therapies. One lady noted that she contacted the organisation seeking some advocacy and during this process she was made aware of the counselling service. She then accessed the counselling and art therapy classes. Whilst her counselling has now come to a conclusion she still attends the art therapy classes.

Another man contacted the organisation seeking benefits advice, as a result of this advice the welfare support worker referred him on to the organisation's counselling service. He noted that he never would have contacted the organisation seeking counselling in the first instance but that he was glad he did.

Another common theme amongst those who were interviewed was the length of time between the traumatic event and seeking help. Many of those interviewed noted that it had taken them a long time to come forward and seek help, for some victims this was forty years. One lady noted that, when her husband was murdered, there were so many things happening, so many people in her area were bereaved or injured: *"you just said nothing and got on with it".*

6.2.5 The extent to which needs were met

There was an overall consensus amongst the interviewees that their needs had been met and many of those interviewed reported that they had been pleasantly surprised about the holistic nature of the services provided and the quality of service provision.

6.2.6 Impact of the service(s) on individuals' wellbeing, social interactions, attitude, quality of life and opportunities

All of those interviewed were keen to highlight the range of positive impacts from the support they received. Not all of the impacts seem momentous, but all of those interviewed were keen to point out the impact on the quality of their life. A number of themes were evident in relation to the impacts of the services, as discussed below.

Around half of those people interviewed noted that prior to receiving support they had difficulties sleeping and that their sleeping patterns had significantly improved as a result of the support. For example, one man noted that he hadn't slept adequately for three years and as a result of the counselling he received he is now sleeping much better.

Around one quarter of those interviewed noted a number of physical improvements as a result of the support they received. For example, one woman noted that she had stopped eating and was very underweight, but after receiving support (social support and counselling) she is now eating better and is close to normal weight.

Many of those interviewed reported that before they received the support they were either afraid to leave their house or, did so infrequently. Interviewees were keen to point out the positive impact on their overall wellbeing, for example one man noted that prior to being put in touch with the organisation he didn't really go out of the house, and he didn't really feel safe. Now he has somewhere to go at least once a week and noted that he feels better for getting out of the house and that his mood and has improved. Another man noted that

because of the incident "so much of society was off-limits", but that the group supported him to go out more. Another lady noted that she hadn't really left the house in years, and that she was very reliant on other family members. After attending an art therapy class for a number of weeks her confidence began to grow and she now puts her own bin out. She noted that whilst this is a very small and normal thing it was a big issue for her and being able to do small things like this for herself is helping her self-confidence.

A small number of those interviewed noted that they had built up a new circle of friends as a result of using the services and that they were now in contact with these people outside of the group activities. They noted that this had helped to increase their confidence even further and it has provided them with an extra layer of support.

Many of those interviewed noted that they had not fully realised the impact of their trauma on their family until they started using the services and that the relationships within the family had improved as a result. For example, one lady noted that she is now much calmer and has a better relationship with her children as a result. One man noted that since he had been attending a social support group he 'feels better within himself' and that he is 'getting on better' with his wife. One man noted that he had dis-associated himself with his family because of the PTSD and as a result of the counselling he had accessed he is now reconnecting with them and becoming close to them again.

6.2.7 Extent to which these impacts would have been achieved in the absence of the VSP

All interviewees believed that without the support from their organisation (and therefore the VSP), they would not have had the positive outcomes that they had. The majority of those interviewed noted that it was important to them that the organisation focussed on the needs of victims and survivors because this created a greater understanding of their needs or made the individual feel safer or more comfortable. Therefore, they would not be able to get the services (and impacts) elsewhere.

The provision of opportunities to socialise with other people 'who are in the same boat' was clearly important to those interviewed. As one man noted,

> *'you can't talk to everybody about what happened to me, it's not the sort of conversation you can have down the pub, but its ok to talk about it here'.*

Another lady pointed out:

> *'some days you don't want to talk and that's OK here they understand'.*

Around half of those interviewed noted that either they could not get the support they need from statutory services at all or, that the statutory services they were referred to were not suitable for their needs. One man explained how after a two and half year wait he got counselling from an NHS counsellor and at the first appointment he explained what had happened to him and that the NHS counsellor felt that they did not have the skills or expertise to help him. Another man pointed out that even though his GP was very good and very understanding there was nowhere that his GP could have sent him to.

Around half of the individual interviewees noted that on-going support provided to them was very important. For example, a number of those who had used a counselling service said that it was important to them to know that there is someone there if we need to talk about something. These interviewees highlighted that a number of events such as the OTRs, the HET or even events in the local news (such as anti-social behaviour) can increase their anxiety levels and that it is important that there is someone there who knows their background and understands them that they can turn to. It was the general perception that this type of service would not be available to them outside of the victims and survivors sector.

Almost all of those interviewed noted that the location of the support they received was important to them. For some interviewees it was important to them that the services were nearby for others they preferred to access services out of their area, as this was regarded as more confidential. Therefore, it was important to the victims and survivors who were interviewed that a range of services were available in a number of locations, which is unlikely to be available through any other means.

6.2.8 Views on the management and delivery of the service by VSS

Whilst all of those interviewed were aware that the services they used were funded via VSS, they were not generally aware of the management processes or the way in which the organisation they were connected with received funding from the VSS.

A small number (around one quarter) of those interviewed recognised that the organisation that was providing the services was constrained by the level of resources they receive from VSS and felt that more funding should be made available to them.

6.2.9 Suggested changes/improvements to the service(s)

The overwhelming feedback from those interviewed was that their overall quality of life had improved because of the services they had used and that access to them should be extended.

6.3 Case Studies

The following paragraphs provide a more detailed, qualitative overview two individuals experiences of using VSP funded services.

Case Study 1: Male, aged 45 – 60 years old, physically and psychologically injured. One traumatic event. Lives in an urban area.

Mr D availed of a range of Social Support and Health and Wellbeing services which were funded through the VSP. This included men's support groups and social activities and counselling. Mr D originally contacted the organisation seeking support in finding out more information about a traumatic event that he had been caught up in and injured over twenty years ago. He explained that he went into talk to staff to explain to them what had happened and found for the first time he became very emotional.

Mr D said the member of staff was very understanding and helpful and immediately told him about their counselling service that he could access, that would help him to deal with the

psychological impacts of his trauma. He explained that whilst his physical injuries had been dealt with immediately this was the first time he had told anyone about how the incident continued to impact on his everyday life and general wellbeing. Mr D accessed the counselling service very soon after this referral and for the first time he felt safe in telling someone how he was constantly haunted by the memory of what happened to him. He said before he felt he had to "act the big man" and had been drinking heavily as a way to "block out" what happened to him. He attended counselling for several months and as a result he no longer drinks and he says that the relationships within his family have improved too.

The counsellor also recommended that Mr D accessed some social support activities and as a result he participated in creative writing and art classes within the same organisation. He said that he attended the activities as they were held in the same building as the counselling and that he felt 'safe' and 'comfortable' and that he knew he would be mixing with people who had also experienced trauma. He noted that as a result of this he has made some very good friends and now looks forward to meeting up with them every week. Mr D noted that, like himself many of the men in the social support services did not like going out anymore as they fear for their security or think that if others find out what happened to them they will be judged. But the social support services provide them with a "safe haven" and give them something to look forward to every week. As a result of the friendships that have been established in the classes, a number of men have taken trips away together. He noted that "it does me good" to get out of the area and *"forget about it all for a while".* Mr D also noted that whilst he no longer sees the counsellor regularly it is very important to him to know that the counsellor is there if he has a set-back.

Mr D believes that it was the holistic approach that the organisation took was very important, the fact that they understood his needs as a victim and were able to provide him with a range of services that really helped him, including the intensive support from a counsellor when he needed it most and then the less intensive social support through the provision of the classes "keeps me going".

Mr D noted a wide range of impacts of the services on his general wellbeing; he reported that he sleeps better,

> *"as you get older you get more flashbacks, but I can sleep better at night now as I know [the support] is only a phone call away".*

Specifically Mr D said that without the support provided by the organisation (funded through the VSP),

> *"I wouldn't be here. I would have drank myself to death".*

Mr D noted that there are many things that can impact upon victims and survivors and cause setbacks; family anniversaries, holiday times and political events such as OTRs and the HET and for this reason it is very important they have on-going support and that the VSP funding was vital. He also noted that the organisation is local to him and the ability to 'drop in' and the accessibility of the organisation was an important consideration to him in using the services.

Case Study 2: Male, aged 65+ years old, Physically and psychologically injured. Multiple traumatic events. Lives in a rural area.

Mr C availed of a number of Health and Wellbeing and Social Support services funded by the VSP. He received weekly counselling for 12 weeks, as well as aromatherapy, via the Health and Wellbeing scheme and the opportunity to participate in horticultural activities through Social Support. Mr C also received one off assistance in the form of hearing aids. He was made aware of all of these support services through a Victims and Survivors Group, and a friend he had met through the group specifically recommended counselling.

Mr C explained that he had suffered two traumatic events over forty years ago and had not spoken to anyone about the psychological effect they had on him. He often had disturbing nightmares about the incidents, which was affecting his ability to sleep; he was also unable to visit or even walk through certain areas which would trigger a memory of the event, for example, a memorial site in his local town caused Mr C great anxiety and led to him not wanting to leave the house. As a result of his traumatic experiences Mr C also has poor hearing. Both the psychological and physical impacts of the trauma had negatively affected Client C's emotional and physical wellbeing and overall quality of life.

Mr C reported extremely positive impacts from the counselling he received. He said it was;

> *"the best thing I ever did".*

As a result of the counselling he can now talk about his experience openly and his anxiety around this vastly reduced. Mr C commented that since the counselling, he now has little to no nightmares and his sleeping has drastically improved. As his anxiety levels have now reduced and he can now visit places he would normally have avoided in case they triggered distress. Consequently, Mr C stated that his marriage and family life have also significantly improved, before this, his marriage was close to breakdown. All of these results have contributed to a positive increase in his overall wellbeing and quality of life for both him and his family.

Mr C further stated that following the initial support he received he now takes part in a VSP funded allotment at one of the victims and survivors groups. This enabled him to get socially involved with other group members and also allowed him to share his gardening skills with others, which gave him a sense of achievement and self-esteem.

Mr C was keen to emphasise the extremely positive effects of the hearing aids which he was able to get through VSP support. The group helped Mr C to apply to the VSS Individual Needs Programme (INP) for hearing aids. These hearing aids, which were not available through the NHS and were too expensive for him to buy personally, were instrumental to the ending of his tinnitus (which was caused by the traumatic event). He recalled that when he first started using the hearing aids and went to test them while walking his dog that he was "able to hear sounds he hadn't heard in forty years", such as the wind through the grass and the birds. Mr C commented that this experience moved him to tears of joy.

Mr C said he was not aware of any other services (other than those funded through VSP) that provide this kind of support. He commented that he thought that the administration of the service was straightforward and appropriate, noting that the individual who interviewed him was professional, respectful and empathetic. The group that he approached for help were able to provide him with support relatively quickly.

In conclusion, Mr C said that he hoped the VSP would carry on providing services as it does and that:

> "*without the VSP, his life would be a lot worse".*

6.4 Summary

There were a number of common themes arising from the individual interviews with victims and survivors, as follows:

- In many cases victims and survivors first made contact with the support for help with practical matters, such as welfare advice or for advocacy. This then led to the provision of services to support physical and psychological wellbeing. Therefore, in this respect the holistic approach to their needs was an important aspect of the effectiveness of the services;
- Many of those interviewed had been impacted by 'the troubles' a long time ago and had not sought support for many years (e.g. up to 40 years). Therefore they had been living with the consequences of the incident(s) for a long time;
- Most of the victims and survivors interviewed noted that the location of where the services were provided was important to them; they needed to feel 'safe' or 'comfortable' in the surroundings;
- All of those interviewed report a number of positive impacts on their physical, psychological and social wellbeing. Many interviewees noted seemingly small factors that have made a big impact on their quality of life, such as getting better quality sleep and being less anxious about leaving the house;
- A majority of those interviewed also noted that the services had also impacted positively on their family and that in many instances family relationships had improved as a result; and
- The majority of interviewees stated that they did not know of anywhere else that they could get appropriate, victims focused help, without the support of the VSP funded organisations.

7 CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

This sections draws conclusions against each of the research objectives set out in the Terms of Reference, based on the findings of the research to date, and highlights recommendations for future delivery of the VSP.

7.2 Conclusions

7.2.1 Outcomes and Impacts of VSP Funded Services

The VSP awarded just over £5.7 million of funding to 69 service providers in 2013/14. This funding supported the delivery of services to 9,228 individuals. In addition to this, £136,000 and £228,000 was made available to the funded organisations for training and capital items, respectively.

A small number of organisations provided evidence of the positive impacts of the funded services. This data was collated from feedback forms and clinical assessment tools which their clients have completed. For example, WAVE noted that 80% of their clients had positive impacts from the services they received and that 62.5% of clients had clinically significant changes as a result of therapy funded by the VSP. Praxis also reported significant decreases in anxiety levels and depression amongst their victims and survivors clients.

The victims and survivors who were consulted on a one-to-one basis noted a range of positive physical, psychological and social impacts achieved through the services they accessed. These included an improvement in sleeping patterns and family relationships and a reduction in anxiety, social anxiety and a reduction in the reliance on prescribed and non-prescribed medication and alcohol.

7.2.2 Value for Money

Value for Money was considered in terms of economy, effectiveness and efficiency, as well as consideration of any potential duplication and the additionality of the funding.

7.2.2.1 Economy

By March 2014, VSP Health and Wellbeing and Social Support expenditure amounted to £5.7 million, as set out in Table 7.1. When support for small capital items and training is added, the total expenditure equates to £6.07 million.

Table 7:1: VSP budget allocation and expenditure 2013/14

Scheme	Funding allocated	Expenditure (as of March 2014)	Proportion of expenditure (as of March 2014)
Health and Wellbeing	£2,313,634	£2,464,819	43.20%
Social Support	£3,710,512	£2,082,544	36.50%
Running costs	Running costs included in Scheme costs cited above.	£1,158,237	20.30%
Total	**£6,024,146**	**£5,705,600**	**100%**
Small Capital Items Scheme	£230,602	£228,119	
Training Scheme	£155,750	£136,163	
Total VSP Expenditure		**£6,069,882**	

Source: VSS.

7.2.2.2 Efficiency

In total from April 2013 to March 2014 the VSP funding supported 9,228 individuals. This equates to an average cost of £618 per beneficiary (or £658 when training and small capital items are included).

The average cost per beneficiary for Social Support services was £174 (£3,710,513)/ 21,311 beneficiaries).

The average cost per beneficiary for Health and Wellbeing services was £349 (£2,223,448)/6,369 beneficiaries). This compares favourably with the average cost of mental health treatment within the statutory sector, which would include hourly Psychologist costs of around £167 per hour or £445 for Mental Health Nurse visits per client[36]. However, it should be noted that it is not possible to accurately compare V&C sector service delivery costs with those of the statutory sector, as the statutory sector costs will reflect higher levels of clinical governance, premises and management costs and it is not known if the funded organisations were funded on a full costs recovery basis. However, overall the figures suggest that the VSP is an efficient mechanism for providing services to victims and survivors in the community.

The VSP costs are also broadly comparable to a 2010 study[37] of Peace III funded counselling/psychotherapy services which found an average cost of £303 per client.

[36] DHSSPS outpatient reference costs and NI Annual Trust Financial Returns (2010).
[37] SEUPB (2010) *Theme 1.2: Acknowledging and Dealing with the Past – Review of Implementation*, SEUPB (Deloitte)

This would suggest that the VSP is an efficient mechanism for providing services to victims and survivors.

The administration costs of the VSP by VSS were £492,774, equivalent to £53.40 per individual, £7,141 per award made, or a cost of £0.08 for every pound allocated under the programme

7.2.2.3 Effectiveness

The VSP has been effective in that there were 27,680 beneficiaries of VSP funded services (9,228 individuals) in its first year (2013/14). The service users target set out in the VSP Business case was of 13,000 beneficiaries, therefore on this basis we would suggest that the VSP has been effective in achieving quantitative targets. Whilst there is a lack of monitoring and evaluation data at a programme level, data provided by two organisations demonstrated that the VSP funded counselling services provided clinically significant impacts to their clients.

7.2.2.4 Additionality and Duplication

There is a wide consensus of opinion amongst those consulted that the VSP funded services do not duplicate services provided through the statutory sector and therefore the VSP is highly additional. However, there is some evidence to suggest that there could be potential duplication within localised geographical areas, in terms of the number of service providers and the types of services that have been funded. Furthermore, in the past there has been a range of funding sources available to organisations providing services for victims and survivors, including EU funding, central and local government, philanthropic organisations and member based organisations (such as ex-services groups), it is clear that no single organisation has a strategic overview of the funding landscape to the sector. Therefore, on this basis it is possible that on a limited number of occasions and in specific areas, some aspects of the VSP funding may duplicate funding that is available from other sources.

7.2.3 Process Supporting Programme Management

Our research highlighted that a comprehensive monitoring and evaluation process has not been in place since December 2013. This includes an inability to evidence the experience of service users and their progression through a range of interventions and the overall impact of the services at a programme level. The Comprehensive Needs Assessment undertaken by CVS (2012) also noted that a lack of a sector-wide set of monitoring and evaluation processes.

7.2.4 Development of Practice

7.2.4.1 Access to Training

The overwhelming feedback from organisations who were consulted, either on a one-to-one basis or during the workshop is that there has been very little development of practice within their organisation during 2013/2014.

Consultees suggested that the lack of development was due to difficulties in accessing training and cost.

Whilst it was noted that VSS have provided training directly to the sector, it was regarded as either irrelevant to the needs of their staff or clients. For example, a number of consultees highlighted that the conflict training which was recently provided by VSS, either was too rudimentary to be useful to experienced counsellors and therapists or, it did not help them to meet the needs of their client group. A number of consultees also highlighted that in order to arrange suitable cover for the delivery of their services more notice is required to enable staff to attend training sessions.

Most of those who were consulted also noted the EMDR training that was provided by VSS. Again, whilst this training was welcomed, consultees highlighted that the training was only available to members of staff from VSP funded organisations, and as most counsellors work on a sessional basis, the majority of those working in the sector were not able to access this training.

One consultee noted that it can be very expensive to keep up to date with the Continuous Personal Development (CPD) requirements associated with this training which is impossible for organisations to fund in the context of reduced budgets and no training budgets.

7.2.4.2 CPD

CPD was also noted as an essential part of providing a professional service, but that cost was the greatest barrier to this. One organisation noted that their counsellors are registered with the Northern Ireland Social Care Council (NISCC) and that in order to maintain this registration there are a number of CPD requirements which their counsellors are having to pay for themselves in order to maintain their registration.

Collated feedback from VSS on the outcomes of workshops with service providers (June 2014)[38] also highlighted that there are many service providers who are keen to expand their skills and that there was a need for more training in specific areas.

7.2.5 Other Training and Development Issues

Funded organisations and other key stakeholders who were consulted were asked if they believed that there were any specific gaps in services for victims and survivors and what the challenges would be in meeting these needs. All of those consulted noted that they provide services to a highly traumatised client group whose needs are often complex and therefore, services should only be provided by highly trained and experienced staff. However, most consultees also noted that they would like to further develop their skills to meet growing and emerging needs. For example, addictions were noted by many consultees as an area in which they would like further training to meet an increasing level of demand from clients and potential clients. The recent skills audit of the sector (Bolton and Devine, 2014) noted that less than 15% of funded organisations are delivering services to specifically meet these needs, therefore, this would also suggest that responding to addictions within the victims and survivors population could be a growing need.

A number of those consulted also believed that there was insufficient provision of trans-generational therapy and one consultee highlighted that there is also a general lack of trained family therapists in Northern Ireland, which could in part explain the gap in services. This

[38] VSS internal report. Thematic analysis of findings from inter-provider workshops June 2014.

is consistent with the findings of a skills audit of groups funded under the VSP which noted only 5 out of 42 counsellors were qualified family therapists. This further highlights the need for the implementation of recommendation 5, the development of a workforce training and development plan.

7.2.6 Partnership Working

The interviews completed as part of this research provided little evidence of partnership working between victims and survivors organisations. Whilst a small number of consultees noted that they would sign-post or refer clients to other victims' organisations there was little evidence of partnership working in the development of services or the identification of need. Very few organisations noted the Practitioners Working Group in Belfast.

Similarly, there was little evidence of partnership working between the victims and survivors sector and the statutory sector. Most organisations consulted noted that they receive referrals from statutory sector staff such as GPs or Community Mental Health Nurses but there was little evidence of any actual partnership working, so far. This feedback is consistent with the views expressed by service providers at a workshop hosted by CVS, in which it was noted that those within the sector felt that they were not recognised by the statutory sector as a valuable resource and that there was a lack of clearly defined referral pathways.

7.2.7 Challenges

7.2.7.1 Evidence based practice

Those consulted highlighted a number of challenges in addressing the needs of victims and survivors, in line with the Bolton and Devine study, they included:

- Prohibitive costs of specialist trauma focused training;
- The short-term funding which impacts on organisations' abilities to invest time and resources into developing staff.

7.2.7.2 Funding Cycles

Almost all of those consulted noted that the short-term (annual) funding was a significant challenge to those in sector in relation to planning and delivering services. This short-term nature created significant difficulties for funded organisations to retain experienced staff and to plan services as efficiently as possible. The instability of the funding and therefore staffing also had a negative impact on a highly vulnerable client group.

7.2.8 Recommendations

This section presents a number of strategic and operational recommendations for the future design and delivery of VSS support to victims and survivors, with strategic level recommendations being detailed first. Where possible, attempts have been made to estimate the direct cost of implementing recommendations. Indicative timescales for implementation have also been presented.

It is acknowledged that the VSS has limited staff resources and that the implementation of a number of these recommendations will have significant resourcing implications. Whilst it is also acknowledged that the current public sector funding environment is highly restrictive, these recommendations aim to provide the basis for enhancing the value for money and additionality of future operations, while also providing a more effective basis to meet the needs of victims and survivors.

7.2.8.1 Strategic Recommendations

Recommendation #1: Develop a Code of Practice to inform client eligibility checks

We recommend that initial screening of all clients wishing to access the INP is to be carried out by service provider organisations and VSS. In order to provide a consistent approach to this process VSS, CVS and funded service providers should develop and agree a Code of Practice to be applied by all parties. This Code of Practice should clearly articulate agreed responsibilities, processes and protocols relating to risk management and clearly define programme eligibility. This will enable a consistent approach across all clients and facilitate centralised and coherent collection of monitoring information. Service provider compliance with Code of Practice requirements should be regularly monitored and controlled.

Timescale: To be implemented for 2015/16 programme.

Indicative cost: The implementation of this recommendation may have staff and resourcing implications for VSS. This is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #2: Work towards a strategic allocation of funding

Recommendations contained within this report that relate to improving information on need, impact and supply of services (such as improved mapping and MIS data) should be used to inform decision making relating to the strategic allocation of resources. This approach should aim to maximise impact and VfM of future service delivery.

Timescale: To be implemented by 2017.

Indicative cost: The implementation of this recommendation may have staff and resourcing implications for VSS. This is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #3: Embed sustainability of the sector within Programme requirements/processes

We suggest that the sustainability of future service provision should be a key objective of OFMDFM, CVS & VSS and the demonstration of sustainable service provision should be central to future application, assessment, monitoring and decision making activities. Going forward funding should be focused towards areas of clearly identified need.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: No significant additional costs are anticipated.

Recommendation #4: Embed partnership working within Programme requirements/processes

VSS and CVS should actively encourage victims and survivors organisations to work collaboratively to enable them to deliver services to their client group in a more efficient and joined-up way. This could include, embedding the need for evidence of collaboration/partnership working within the funding application and assessment process.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: No significant additional costs are anticipated.

Recommendation #5: VSS should work collaboratively with the sector

Linked to the above recommendation, in order to maximise the potential for a strategic approach to the development of services within the sector, and to embed the principles of partnership working and sustainability, VSS should work collaboratively with the sector to support in the development of service plans/funding applications. Applications should then be assessed by an Independent Panel to avoid any conflict of interest where VSS staff have supported potential service providers in the development of plans.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: The implementation of this recommendation may have staff and resourcing implications for VSS. This is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #6: Introduce longer term funding cycles

Assuming that funded organisations can meet the required monitoring and evaluation criteria, funding should be provided on a more long term basis (e.g. 3-5 years). The outputs and the impacts of this funding should be monitored on a quarterly basis to ensure the on-going effectiveness of the funding.

We note that a mid-term review of the Victims Strategy (2009-2019) is due shortly. This provides OFMDFM, CVS and VSS with an opportunity to clearly define aims and objectives for the sector for the remainder of the Strategy period. The implementation of a longer funding cycle should be aligned to and support the achievement the Strategy's future objectives.

Timescale: To be implemented as soon as possible, by 2016/17 at the latest.

Indicative cost: No significant additional costs are anticipated.

Recommendation #7: Develop robust monitoring and evaluation processes/ procedures

Funded service providers should be required to collect and collate impact data from beneficiaries using standardised, robust/evidence-based evaluation and outcome tools for both Health and wellbeing and Social Support Services. This could include tools such as CORE for Health and Wellbeing services and quality of life scales for Social Support Services. The collation and analysis of this data will help to enhance the understanding of the most effective treatments for addressing conflict related mental health conditions.

Future monitoring systems should allow service user progress to be tracked and impact during the journey of recovery to be measured.

Any future M&E should be cognisant of the amount of funding provided and the capacity within the organisation; thus allowing for variance or the inclusion of a small number of standard outcome measures across VSP funded organisations if sensible.

Timescale: The monitoring and evaluation framework should be in place and operational for delivery of the 2015/16 programme.

Indicative cost: The implementation of this recommendation will have staff and resourcing implications for VSS. This is to be further investigated by OFMDFM, CVS and VSS.

7.2.8.2 Operational Recommendations

Recommendation #8: Restructure and enhance internal management and reporting of service delivery

Both the INP and VSP contain common areas of service provision which creates the potential for overlap/duplication, particularly in the absence of effective monitoring and evaluation. In order to help reduce potential duplication and to allow for a greater alignment of management information/decision making on a service delivery basis, the VSS should consider restructuring management and reporting procedures to reflect service delivery under the headings of 'Health & Wellbeing' and 'Social Support'.

Furthermore, financial reporting systems should be augmented so that they can produce timely and accurate financial information by service area i.e. identifying front-line/service delivery costs, administration salaries and other running/administration costs by each service area. Counselling and complementary therapies should be reported separately.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: No significant additional costs are anticipated.

Recommendation #9: Establish SMART Targets

In line with Recommendation 1, the annual VSS Business Plans should set out specific SMART targets and objectives for the VSP. These should relate to the number of individual beneficiaries and the impacts of the funded services. The monitoring system should support data capture to assess performance against stated targets.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: No significant additional costs are anticipated.

Recommendation #10: Assessment of compliance with LOO requirements

The 'Letter of Offer' provides an opportunity to clearly identify the standards and practices that must be adopted by funded organisations in order to qualify for funding (e.g. compliance with M&E process and Code of Practice standards). In order to ensure adherence to these requirements VSS must invest sufficient time/resources to routinely monitor and control service provider performance against these requirements. Any areas of poor performance/non-compliance should be highlighted and addressed. VSS processes/procedures for addressing these issues should be developed and clearly communicated to service providers at Letter of Offer stage.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: The implementation of this recommendation may have staff and resourcing implications for VSS (i.e. enhanced service provider monitoring). This is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #11: Investment in a Management Information System to improve and automate management information

The VSS should progress their plans to establish a Management Information System to manage client data. This will improve the efficiency and effectiveness of programme management and administration. The MIS should support the timely and accurate capture of impact information from service providers and the feasibility of the provision of an on-line system, whereby service providers routinely upload monitoring information for collation and analysis by VSS should be explored.

Timescale: Initial investment in new system by 2015/16

Indicative cost: The VSS have estimated the cost of a Management Information System to meet their requirements to be £354,000 over a circa 5 year period. This investment would serve all functions of the VSS. N.B. the indicated cost includes provision for initial system costs and annual servicing. It does not include for additional in-house (VSS) resource to procure and manage the implementation of the system. The need, extent and cost of additional in-house resource is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #12: Develop a workforce training and development plan

VSS should work with the victims and survivors sector and the statutory sector to develop a workforce development plan to ensure that there is sufficient appropriately trained staff to meet the needs of victims and survivors who require additional support relating to addictions and trans-generational therapy.

Timescale: To be developed in 2015.

Indicative cost: The development and implementation of this recommendation may have staff and resourcing implications for VSS and other stakeholders. This is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #13: Update service mapping

In order to assess the potential for duplication in the future, an updated mapping of service provision should be carried out. This mapping should also be updated on a regular basis. CVS should examine ways to target funding to ensure that gaps in service were addressed. Services should also be mapped against statutory services.

Timescale: To be implemented for the 2015/16 programme.

Indicative cost: No significant additional costs are anticipated.

Recommendation #14: Commission research to inform evidence based practice

There is a need for further research into best practice interventions for victims and survivors and their feasibility in terms of future delivery within Northern Ireland. By way of example this could include the most effective treatments for those with living with chronic pain or, effective counselling approaches for those suffering with Post Traumatic Stress Disorder (PTSD) and multiple traumas. Funding for service delivery and training should then be focussed on those services which are in line with best practice.

Timescale: Research to be carried out in 2015/16

Indicative cost: The costs associated with research would be dependent on the scope and scale of the research.

APPENDIX 1: VSP APPLICATION FORM AND ASSESSMENT PROCESS

Under both the initial and revised processes, those eligible for the Victims Support Scheme, are those individuals meeting the legislative criteria (2006) for a victim or survivor. The current situation is that assessment for the Health and Wellbeing Programme and the Social Support programme is based on a Comprehensive Needs Assessment. The Assessment Process for individual applicants is completed by a qualified assessor by the VSS. For group applications – for both the Health and Wellbeing programme and the Social Support programme – group representatives must complete a Victim Support Programme application form. Groups must answer a range of questions (as set out in the appendix) which outline, for instance, their members' needs, detail their group's objectives, targets and achievements.

Applications are assessed by an Independent Assessment Panel. The panel score each question of the application according from 0 (no evidence) to 3 (robust/excellent evidence); with some questions applicable to both the Health and Wellbeing and the Social Support programme, and others for each specific programme. A score of 65% and above is considered for funding and each element of the specific programme is accepted, rejected or deferred and the rationale for the panel's decision is included. For unsuccessful applications, there is an Independent Appeals Panel to ensure that the decisions taken and procedures followed for each application are applied fairly and consistently.

VSS also provides guidance to applicants on http://www.victimsservice.org, where the application form is also available.

APPENDIX 2: LIST OF STAKEHOLDERS CONSULTED

Person	Organisation
Mary Corry	Belfast Health and Social Care Trust (Trauma Resource Centre)
Arlene Healey	Belfast Health and Social Care Trust (Family Trauma Centre)
Sharon Campbell, Declan O'Loan	Chairs of the Independent Assessment Panel
Rodney Morton	Health and Social Care Board (HSCB)
Forum members	Victims Forum
Ricky Irwin, Patricia McIntrye	Office of the First Minister and Deputy First Minister (OFMDFM)
John Beggs, Adrian McNamee, Neil Foster	Commission for Victims and Survivors (CVS)
Kat Hifney, Margaret Bateson, Brian Mullan	Victims and Survivors Service (VSS) staff
Oliver Wilkinson	Interim Chair of the Victims and Survivors Service

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