Impact of the Individual Needs Programme

Prepared for the Commission for Victims and Survivors
by RSM McClure Watters

February 2015
Table of Contents

1 EXECUTIVE SUMMARY .................................................. 5
  1.1 BACKGROUND TO THE RESEARCH .................................. 5
  1.2 TERMS OF REFERENCE .............................................. 5
  1.3 METHODOLOGY ...................................................... 6
  1.4 CONCLUSIONS AND RECOMMENDATIONS .......................... 6
2 BACKGROUND TO THE RESEARCH ..................................... 11
  2.1 INTRODUCTION ...................................................... 11
  2.2 OVERVIEW OF THE INDIVIDUAL NEEDS PROGRAMME .............. 11
  2.3 TERMS OF REFERENCE .............................................. 13
  2.4 STRUCTURE OF THE REPORT ........................................ 14
  2.5 ACKNOWLEDGMENTS ................................................ 14
3 CONTEXT TO THE RESEARCH ........................................... 18
  3.1 INTRODUCTION ...................................................... 18
  3.2 POLICY CONTEXT ................................................... 18
  3.3 OPERATIONAL CONTEXT ............................................ 18
  3.4 THE NEED FOR SERVICES FOR VICTIMS AND SURVIVORS OF THE TROUBLES ........................................... 21
4 THE INP ASSESSMENT PROCESS ........................................ 29
  4.1 INTRODUCTION ...................................................... 29
  4.2 THE INTRODUCTION OF THE INR .................................... 29
  4.3 VSS PSYCHOLOGICAL THERAPIES SERVICE .......................... 30
  4.4 CONCERNS ABOUT THE INR .......................................... 33
  4.5 DEFERMENT OF THE INR ............................................ 34
5 REVIEW OF PROGRAMME DELIVERY .................................... 35
  5.1 INTRODUCTION ...................................................... 35
  5.2 PROGRAMME DELIVERY .............................................. 35
  5.3 PROGRAMME ADMINISTRATION ..................................... 36
  5.4 PROGRAMME EXPENDITURE ......................................... 36
  5.5 PROGRAMME AIMS, OBJECTIVES AND OUTCOMES ................. 38
  5.6 PROGRAMME AWARENESS RAISING ................................ 39
  5.7 MONITORING AND EVALUATION PROCESSES ...................... 39
6 FEEDBACK FROM INDIVIDUAL VICTIMS & SURVIVORS .................. 44
  6.1 INTRODUCTION ...................................................... 44
  6.2 ONLINE SURVEY RESULTS .......................................... 44
  6.3 IN-DEPTH INTERVIEWS WITH INDIVIDUALS ......................... 57
7 OTHER STAKEHOLDER FEEDBACK ...................................... 64
  7.1 INTRODUCTION ...................................................... 64
  7.2 VSS STAFF FEEDBACK .............................................. 64
  7.3 VICTIMS AND SURVIVORS’ FORUM FEEDBACK ...................... 66
  7.4 HEALTH AND SOCIAL CARE FEEDBACK ............................. 68
8 RESEARCH CONCLUSIONS ................................................ 70
  8.1 INTRODUCTION ...................................................... 70
  8.2 IMPACT OF INP ON INDIVIDUALS ................................... 70
  8.3 EFFECTIVENESS OF INP IN ADDRESSING NEEDS ................... 72
  8.4 EFFECTIVENESS OF PROGRAMME ADMINISTRATION ................ 79
  8.5 VALUE FOR MONEY .................................................. 82
  8.6 RECOMMENDATIONS ................................................ 83

Appendices
APPENDIX 1: SURVEY RESULTS ........................................... 91
1 EXECUTIVE SUMMARY

RSM McClure Watters (Consulting) Ltd, in conjunction with Professor Karola Dillenburger of Queen’s University Belfast, were appointed by the Commission for Victims and Survivors (CVS) to undertake research into the impact of the Individual Needs Programme (INP).

1.1 Background to the Research

The INP was launched by Ministers on 28th March 2013. Replacing the Northern Ireland Memorial Fund (NIMF), the Victims and Survivors Service (VSS) delivers funding and funded services via the INP directly to individual victims and survivors. The INP is delivered through six Schemes (Scheme 1: Education and Training; Scheme 2: Chronic Pain; Scheme 3: Care for Carers; Scheme 4: Disability Support; Scheme 5: Respite Breaks; and Scheme 6: Financial Assistance). The six INP schemes are combined in various ways to provide four packages of support (Support for the Bereaved; Support for the Injured; Support for Carers; and Support for Spouses/Partners and Children of Individuals Living with Injuries). Access to all of the options listed in each package is not guaranteed in every case, but is determined on the basis of an Individual Needs Review (INR) to establish the need for such support and services.

The INP operates alongside the Victims Support Programme (VSP), which provides direct funding to organisations to deliver a range of services to victims and survivors.

In terms of the financial assistance provided to eligible clients within this programme, the expected outcomes of the INP were:

- Improved quality of life;
- Positive Attitude; and
- New opportunities addressing poverty and vulnerability.

1.2 Terms of Reference

The Terms of Reference set the following objectives for this project:

- Evaluate the effectiveness of the INP in addressing the needs of victims and survivors throughout the year 2013-14. This should include an identification of the strengths and limitations of the six schemes and associated four Packages of Support of the INP during this period against the original objectives of the Programme Business Case;
- Utilise a range of appropriate methodology to establish the qualitative and quantitative impact of the INP. Appropriate stakeholder engagement and gap analysis should be undertaken to establish the effectiveness of the Programme’s operation and identify areas of emerging need and future development;
- Review the administration of the four existing Packages of Support by the VSS. This should include reviewing existing monitoring and evaluation arrangements of the individual impact of the INP on personal wellbeing of the four eligible groupings supported under the INP:
  - Individuals who have lost a parent, spouse/partner or child through bereavement;
  - Individuals living with a physical and/or psychological injury;
  - Primary Carers for individuals who have been physically injured; and
  - Child or spouse/partner of an individual who is living with a physical and/or psychological injury.
• Review the extent to which the INP has delivered Value for Money throughout the year 2013-14 and provide recommendations to improve the Value for Money in the future administration of the Programme. The Value for Money assessment should include the following:
  - Assessment of performance and funding allocation against the interim targets of the INP. Evaluation of performance data against the overarching scheme and programme targets should be used to devise future SMART outcome-based targets with a focus on establishing impact; and
  - Drawing conclusions on additionality and potential displacement of VSS services relating to similar services delivered elsewhere in the public and/or private sector.
• Make recommendations relating to the administration of future schemes or programmes to individuals. These should be costed and should include setting revised targets, including the criteria for accessing the schemes, and identifying alternative methods for the administration of the schemes.

1.3 Methodology

Our methodology to complete this project comprised the following main stages:

• Desk research: including a review of programme information and context;
• Strategic stakeholder Interviews: in-depth interviews with CVS, VSS Staff, VSS Assessors, Victim and Survivors Forum, OFMDFM and HSCB;
• Survey of Service Users: online survey of individuals who had used the INP – 65 responses were received;
• Service Users Interviews and Case Studies: in-depth interviews with 17 individuals who had used the INP and the development of 4 Case Studies; and
• Reporting: this final report presents key findings, conclusions and recommendations.

1.4 Conclusions and Recommendations

The following summarises the key findings against each of the research objectives set out in the Terms of Reference.

1.4.1 Overall Summary

This report highlights that:

• In 2013/14, the level of demand for INP support was significantly higher than that originally projected within the original VSS Business Case;
• The chronicity and complexity of both physical and mental health issues in individuals presenting through the INP necessitates a holistic assessment of client need;
• With the exception of Education and Training support, service data and service user feedback has confirmed the on-going need for the areas of support provided by the INP; and
• Despite the absence of programme wide impact data, our research and the impact data provided by Carecall suggests that the support provided by the INP has had a significant and positive impact on the psychological and physical well-being of its recipients.

Whilst we are cognisant of the current restrictions in public sector expenditure, implementation of the recommendations contained within this report provides the potential to achieve greater levels of efficiency and effectiveness in the medium to long term. At the core of these recommendations is a revised service delivery model that aims to identify and address the high priority needs of victims and survivors on an individualised basis.

1.4.2 Impact and Effectiveness of the INP

The aim of the INP, as set out in the original Business Case, is to assist those who have been directly impacted by loss or injury and have the greatest need. The expected outcomes were set for the programme:

• Improved quality of life;
• Positive Attitude; and
• New opportunities addressing poverty and vulnerability.

The following provides an overview of the extent to which each Scheme within the INP impacted on individuals, as reported by respondents to the online survey.

• Impact on Physical Health and Wellbeing: All six Schemes were viewed as having a positive impact on physical health and wellbeing, however, nine in ten users of Scheme 4: Disability Support (91%) and Scheme 5: Respite Breaks (90%) agreed that it impacted their physical health positively. This is to be expected given the nature of these two Schemes, and it is also unsurprising that Scheme 1: Education and Training scores lowest in this measure as improving physical health would not be a primary aim.
• Impact on Emotional Health and Wellbeing: It is interesting to note that the Scheme in which most users agreed that it had a positive impact in their emotional health and wellbeing was Scheme 2: Chronic Pain (95%). This could demonstrate that physical injuries can also affect mental and emotional wellbeing and therefore the impact of Scheme 2: Chronic Pain can be measured in ways not immediately obvious;
• Impact on Involvement in Community Life: Of all the impacts measured, helping users to become more involved in community life was the least successful across the Schemes. However, the majority of users in each Scheme still agreed that it had allowed them to get more involved. Seven in ten (69%) users of Scheme 1: Education and Training agreed that it had allowed them to become more involved in community life, just ahead of Scheme 4: Disability Support. It is also important to note that Scheme 3: Care for Carers, has the lowest agreement score of 56%.
• Impact on new opportunities in life/feeling more optimistic: Scheme 1: Education and Training (84%) has had the greatest impact in terms of opening up opportunities in life and making users feel more optimistic about what they can do. Of eight in ten (83%) users of Scheme 5: Respite Breaks also agree that it has had a positive impact in this area; and
• Impact on quality of life: Scheme 5: Respite Breaks (92%) leads all other Schemes in terms of the impact it has on users’ quality of life. However, scores for Scheme 4: Disability Support (91%), Scheme 6: Financial Assistance (90%) and Scheme 2: Chronic Pain (88%) are all similarly high.

A range of qualitative impacts were identified through the in-depth interviews and also through feedback provided in the open questions in the online survey.
• Users of the Education and Training Scheme had been able to find employment, enter further training/education and progress in their current employment as a result of the support they received;
• Money received through Care for Carers was very important to those who care for a family member. They stated that they would not have been able to afford the goods/services received without the support of the INP. Carers noted that this had a positive impact on their mental health and wellbeing as it was one less worry in their life;
• Money received through disability support was also very welcome. Interviewees reported using the money to pay for disability aids, home adaptations and to pay for heating. These had an impact on both physical and mental health as they would not be able to afford either in the absence of the INP;
• Interviewees reported that the support received through Chronic Pain impacted on physical health and, consequently, mental health; and
• Respite breaks were rated particularly highly by those who had received them for several reasons. Largely, it was an opportunity to get away from their home environment and spend time with their families. Interviewees reported that this impacted on both their physical and mental health, as well as that of their wider family.

1.4.3 Effectiveness of Programme Administration

Individuals responding to the online survey were asked to rate their level of satisfaction with different aspects of the administration of the INP by VSS. Just over half (52%) were satisfied with the quality of the service provided through the Programme.

However, a number of common concerns with the administration of the Programme were raised by individuals who were surveyed and interviewed, namely:
• The time taken to receive money and/or service;
• Lack of communication from VSS on the processing of applications;
• Difficulty in reaching VSS staff due to busy telephone lines;
• Frustration at having to speak to different members of VSS staff each time and provide the same information;
• Inconsistency in the information provided by different members of VSS staff; and
• Lack of advertising of VSS and their services.

Views on the assessment process were mixed among the individuals consulted with. The majority of those who were interviewed were happy with the process (these respondents had been through the INR in its original form). Positive feedback included:
• It was a thorough assessment process. This is required to i) ensure eligibility; ii) determine individual need; and iii) ensure that those most in need are prioritised;
• Assessors in VSS completing the INR were thought to be professional, courteous and compassionate.

VSS staff highlighted problems and delays with the transfer of client files from the NIMF, as well as delays in the implementation of a new Management Information System. This impacted on the delivery of the INP in 2013/14, causing delays in the process of client information.

There was a lack of monitoring and evaluation data collected for the INP in 2013/14. This was due to the deferment of the INR. The VSS report that significant data was collected and presented to the OFMDFM Committee which was to be used as a baseline, but this was deferred as part of the CVS review.

1.4.4 Value for Money

There are a number of difficulties in measuring the value for money of the programme due to the lack of monitoring and evaluation information and impact data. In the absence of this data, we have attempted to measure value for money in relation to the performance against targets set for the programme, additionally and displacement:
• Throughout 2013/14, a total of 3,922 individuals were issued with awards under the INP. The Business Case set a number of targets for the number of awards made and estimated costs for Schemes 1 to 5. Each target for the number of awards was met, or surpassed, with the exception of Carer awards made, which was on track to being met. In terms of actual programme performance, there was significantly greater demand for support from the various schemes than was expected. This increased demand impacted on the programme budget – the Business Case estimated the cost of Schemes 1 to 5 to be £1.9m, when the actual cost was £2.6m. Clearly the level of demand and the complexity of individual needs was underestimated; however, this can also be considered to be a successful outcome for VSS in targeting ‘hidden’ victims and survivors;
• Funding and services provided through the INP are targeted exclusively at victims and survivors. Although some of the services available through the INP are also available through other providers, there is some evidence of additionality under some of the Schemes, namely Care for Carers, Disability Support and Chronic Pain. Individuals who availed of these Schemes stated that they would not have been able to afford to buy the services and/or goods they received in the absence of the INP. Many of the individuals interviewed were not aware of anywhere else they would be able to receive similar services. Although the INP can only be considered to deliver partial additionality, this degree of additionality clearly has a large impact on the users of the programme; and
• The research has found no evidence that the INP is displacing or duplicating supports and/or services in mainstream provision.

The table below summarises the key funding, expenditure and beneficiary metrics for the INP. A total of 3,922 individuals were issued with awards under the INP, at an average cost of £1,123 per individual. A total of 6,019 awards were made (as individuals could receive awards through more than one scheme) at an average cost of £732 per award.

| Table 1:1: INP funding, expenditure and beneficiary metrics (2013/14) |
|-----------------|-----------------|-----|-----|-----|
| | Target | Actual | % | £ per metric |
| Funding | £3,669,834 | £4,404,407 | +20% | - |
| No. of individuals | n/a | 3,922 | n/a | £1,123 |
| No. of awards | 4,850 | 6,019 | +24% | £732 |

The administration costs of the INP by VSS were £995,792 (equivalent to £254 per individual or £165 per award made).
1.4.5 Recommendations

Based on the evidence presented within this report, the following details both strategic and operational recommendations for the future delivery of services to individual victims and survivors.

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. 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.

Strategic Level Recommendations:

• Recommendation #1: Develop a Code of Practice to inform Client Eligibility Checks;
• Recommendation #2: Outsource Client Assessments to A Multi-Disciplinary Third Party;
• Recommendation #3: Develop Robust Monitoring and Evaluation Processes/Procedures;
• Recommendation #4: Investment in a Management Information System to improve and automate management information;
• Recommendation #5: Cap the Level of Awards provided under Social Support;
• Recommendation #6: Minimise Duplication through Collaborative Working with Other Service Providers;
• Recommendation #7: Pilot the Use of Personalised Budgets; and
• Recommendation #8: Pilot the Use of Case Workers.

Operational Recommendations:

• Recommendation #9: Restructure Internal Management and Reporting of Service Delivery under the headings of ‘Health & Wellbeing’ and ‘Social Support’;
• Recommendation #10: Remove Packages of Support/Open Schemes to All Eligible Clients;
• Recommendation #11: Discontinue Scheme 1 (Education and Training);
• Recommendation #12: Set Targets and Manage Client Expectations on Processing Timescales; and
• Recommendation #13: Update of Service Delivery Targets based on available information and reflecting current and future staffing resource.

2 BACKGROUND TO THE RESEARCH

2.1 Introduction

This section provides an overview of the Programme, the Terms of Reference set for the project and our approach to completing the research.

2.2 Overview of the Individual Needs Programme

The INP was launched by Ministers on 28th March 2013. Replacing the NIMF, the VSS delivers funding and funded services via the INP directly to individual victims and survivors. The INP is delivered through six Schemes. The table overleaf outlines the six schemes along with their respective eligibility criteria.

Table 2:1: Overview of INP Schemes & Eligibility

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Funding</th>
<th>Eligibility</th>
</tr>
</thead>
</table>
| Education and Training | • Assists individuals with up to 80% of the cost of certain education and training courses.  
  • Up to £500 including up to £100 on books/equipment. | • Individuals living with injuries;  
  • Carers and children of individuals living with injuries;  
  • Bereaved partners/spouses, bereaved parents, or children who have lost a parent; and  
  • Award based on assessed need. |
| Chronic Pain         | • Assists individuals with the costs of services that offer relief from chronic pain conditions, or that help individuals to manage chronic pain. No caps on total costs. | • Award based on assessed need; and  
  • Individuals living with injuries (both psychological and physical). |
| Care for Carers      | • Assists with the costs of services that are accessed by individuals who are the primary carer of a person injured as a result of a Conflict-related incident. Up to £1,000 towards goods and services. | • Primary carers of individuals living with injuries; and  
  • Award based on assessed need. |
| Disability Support   | • Assists with the costs of services, aids, and adaptations used by people living with a disability as a result of a Conflict-related incident. No caps on total costs. | • Individuals living with injuries;  
  • Award based on assessed need; and  
  • VSS Assessors will also visit recipient at home to assess need. |
The six INP schemes are combined in various ways to provide four packages of support. Access to all of the options listed in each package is not guaranteed in every case, but is determined on the basis of an individual assessment. The packages of support are as follows:

Table 2: INP Packages of Support

<table>
<thead>
<tr>
<th>Package</th>
<th>Scheme Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support for the Bereaved</td>
<td>• Scheme 1 (Education and Training)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 5 (Respite Breaks)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 6 (Financial Assistance)</td>
</tr>
<tr>
<td>2. Support for the Injured</td>
<td>• Scheme 1 (Education and Training)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 2 (Chronic Pain)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 4 (Disability Support)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 5 (Respite Breaks)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 6 (Financial Assistance)</td>
</tr>
<tr>
<td>3. Support for Carers</td>
<td>• Scheme 1 (Education and Training)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 3 (Care for Carers)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 5 (Respite Breaks)</td>
</tr>
<tr>
<td></td>
<td>• Scheme 6 (Financial Assistance)</td>
</tr>
<tr>
<td>4. Support for Spouses/ Partners and Children of Individuals Living with Injuries</td>
<td>• Scheme 1 (Education and Training)</td>
</tr>
</tbody>
</table>

The INP operates alongside the VSP, which provides direct funding to organisations to deliver a range of services to victims and survivors.

In terms of the financial assistance provided to eligible individuals within this programme, the expected outcomes of the INP were:

- Improved quality of life;
- Positive Attitude; and
- New opportunities addressing poverty and vulnerability.

The initiation of this research project is timely and important in supporting the future funding requirements and delivery of the INP. Following completion of the Programme’s first full year of operation, this research project will reflect on the impact of the six schemes addressing the complex needs of individual VSS clients and review the resources required to support the Programme in the years ahead.

2.3 Terms of Reference

The Terms of Reference set a number of objectives for this research project. These are detailed in the table overleaf along with a description of how our methodology addressed each and any limitations in meeting the objectives of the research.
It is anticipated that the research will:

• Provide quality, empirical advice to CVS and OFMDFM in establishing the effectiveness of the INP in addressing the needs of victims and survivors; and
• Lead to improvements in the design and delivery of funding arrangements and service provision for victims and survivors administered by the VSS through the advice and recommendations provided through the research.

N.B. This research was carried out during a period when the public sector funding environment was becoming increasingly restrictive (August/September 2014). Where possible/appropriate, our recommendations have been developed with an aim of maximising future additionality and value for money whilst effectively addressing the needs of victims and survivors.

2.4 Structure of the Report

The remainder of the report is structured as follows:

• Section 3: Context to the Research;
• Section 4: The INP Assessment Process;
• Section 5: Review of Programme Delivery;
• Section 6: Feedback from Individual Victims & Survivors (including anonymised Individual Case Studies);
• Section 7: Other Stakeholder Feedback; and
• Section 8: Conclusions & Recommendations.

2.5 Acknowledgments

RSM McClure Watters (Consulting) would like to thank all individuals who took part in the survey and gave their time to be interviewed. We would also like to thank VSS staff for providing information, and CVS staff who facilitated the research and provided assistance and support at all times.

<table>
<thead>
<tr>
<th>Research objective</th>
<th>How Our Methodology addresses this</th>
<th>Limitations to the Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the effectiveness of the INP in addressing the needs of victims and survivors throughout the year 2013-14. This should include an identification of the strengths and limitations of the six schemes and associated four Packages of Support of the INP during this period against the original objectives of the Programme Business Case.</td>
<td>The views of individual users of the INP were collected through in-depth interviews with 17 individuals and an online survey of 65 individuals. Questions were asked on impact(s) of each Scheme. Anonymised Case Studies were developed from interviews to demonstrate the effectiveness of the INP in addressing need at an individual-level.</td>
<td>Only a small sample of individuals was involved in the research due to time and budget restrictions. This sample is therefore not representative of the total population accessing the INP during 2013/14. Quantitative and qualitative data gathered from individuals can, therefore, only be illustrative of the total population.</td>
</tr>
<tr>
<td>Utilise a range of appropriate methodology to establish the qualitative and quantitative impact of the INP. Appropriate stakeholder engagement and gap analysis should be undertaken to establish the effectiveness of the Programme’s operation and identify areas of emerging need and future development.</td>
<td>All consultees (individual service users and other stakeholders) were asked their views on how the INP had impacted on beneficiaries. Stakeholders and individuals interviewed were asked to make recommendations for future delivery of the INP.</td>
<td>Stakeholders and individual service users were asked if there were any areas of unmet need – no gaps in current provision were identified.</td>
</tr>
<tr>
<td>Research objective</td>
<td>How Our Methodology addresses this</td>
<td>Limitations to the Research</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Review the administration of the four existing Packages of Support by the VSS. This should include reviewing existing monitoring and evaluation arrangements of the individual impact of the INP on personal wellbeing of the four eligible groupings supported under the INP:</td>
<td>Responses to the survey of individual service users were cross-tabulated to analyse impact reported by the four eligible groupings supported under the INP. Similarly, views on various aspects of programme delivery by VSS were analysed by Scheme and Packages of Support to determine how levels of satisfaction differed among each. In-depth interviews were also conducted with individuals from each of the four eligible groupings to explore views among each cohort. Stakeholders were asked their views on the effectiveness of the four existing Packages of Support and the impact of the programme on the four eligible groupings supported.</td>
<td>There was a limited amount of Monitoring and Evaluation information gathered on the individual impact of the INP on personal wellbeing of the four eligible groupings. Due to the deferment of the monitoring and evaluation tools in November 2013 (as a result of a decision taken by the Programme Board) and the INR in January 2014, a systematic approach to collection of data across all Schemes and beneficiaries could not be employed during 2013/14. However, some data was captured through:</td>
</tr>
<tr>
<td>• Individuals who have lost a parent, spouse/partner or child through bereavement;</td>
<td>• Responses from 781 individuals responding to a Scheme 6 (Financial Assistance) Client Feedback Survey; and • A Clinical Audit (Outcome Evaluation completed by CareCall, showing the demographic and clinical profile of 58 clients who completed a stage two psychological VSS assessment, alongside a preliminary outcome evaluation of 31 clients who entered treatment and attended a minimum of two sessions. Quantitative data from the survey and qualitative data from interviews with individuals and stakeholders is based on a small sample. Analysis of the survey data was based on very small base numbers for some Packages of Support, further reducing their reliability.</td>
<td></td>
</tr>
<tr>
<td>• Individuals living with a physical and/or psychological injury;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Carers for individuals who have been physically injured; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child or spouse/partner of an individual who is living with a physical and/or psychological injury.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Research objective**

Review the extent to which the INP has delivered Value for Money throughout the year 2013-14 and provide recommendations to improve the Value for Money in the future administration of the Programme. Value for Money assessment should include the following:

- Assess performance and funding allocation against the interim targets of the INP. Evaluation of performance data against the overarching scheme and programme targets 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.

**How Our Methodology addresses this**

The review of Programme information assessed performance data against original targets set in the Business Case. Additionality and displacement was assessed through interviews with individuals and stakeholders.

**Limitations to the Research**

A lack of impact data for 2013/14 led to restrictions in measuring programme impact, effectiveness and value for money at both a Scheme and overall Programme level. There was no Monitoring and Evaluation information gathered on additionality or displacement for 2013/14. Judgements on this have been made based on feedback from consultees.
3 CONTEXT TO THE RESEARCH

3.1 Introduction

This section outlines the policy and operational context in which the INP has been delivered. This section also provides details on previous research relating to the support needs of victims and survivors and the effectiveness of services provided to them.

3.2 Policy Context

3.2.1 Programme for Government

The Programme for Government (PIG) 2011-15 notes the publication of the ten year Victims and Survivors Strategy (outlined below) and that £50m was secured for work with victims and survivors during that period. The current PIG (2011-15) highlights the Victims and Survivors Strategy as a building block of the PIG 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”.¹

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 a 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:

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

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

The Strategy also notes that the role of the VSS, using appropriately qualified staff, will be to:

- Process applications against a clearly published set of criteria;
- Speak directly with individual victims and survivors and groups to identify with them what needs they have;
- Direct individual victims and survivors and victims and survivors groups towards other services and to relevant grants; and
- Keep relevant information that will be useful for the Commission and OFMDFM in needs analysis.

Moreover, the strategy notes that in relation to individual needs:

‘What is important varies greatly from individual to individual. Many face the consequences of trauma and / or physical disability. There remains a demand for support services including counselling, befriending and a variety of therapies while for many people simply getting information about available services is a problem.’

Also that:

‘Some victims and survivors wish to find out more about the circumstances surrounding the death of a relative. Many suffer financial hardship, social isolation, exclusion and a variety of other problems arising from loss or injury. There are those who wish to have their individual stories heard, documented, archived, shared and appropriately acknowledged. Public acknowledgement including memorials and other forms of public recognition of loss is also important to many people.’

3.3 Operational Context

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

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

‘The vision of the VSS is 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.’

3.3.2 CVS Independent Assessment Report on the Victims and Survivors Service (2013)

An independent assessment of the VSS was carried out in November 2013. The Terms of Reference for the Independent Assessment covered four main areas of the work of the VSS:

1. Interactions with individuals;
2. Interactions with groups;
3. Governance, strategy and policy; and
4. Management of people, resources and information.

Both assessment reports, though noting some positive elements, overall found there to be significant problems with the operation of the VSS. In terms of ‘Interactions with individuals’ and ‘Interactions with groups’, the key issues were:

• A lack of strategic leadership, policy development and basic operational management functions;
• Poor relationships and communication both with staff, strategic partners and victims and survivors themselves; and
• A lack of tailored person-centred support.

3.4 The Need for Services for Victims and Survivors of the Troubles

3.4.1 Comprehensive Needs Assessment

CVS carried out a Comprehensive Needs Assessment (CNA) in 2010 (Phase 1) and 2012 (Phase 2). The 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. The purpose of the CNA is to examine the current needs of victims and survivors and assess whether the provisions and services that have been put in place since 1998 meet those needs. It also seeks to anticipate the areas of emerging and growing needs that occur over time and in relation to changing social and economic environments.’

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; and
7. Personal and Professional Development.

These are addressed via two separate reports: WKM Solutions were commissioned to assess areas 1 and 2, while the Chartered Institute of Public Finance and Accountancy (CIPFA) assessed areas 3 and 4.
Phase 2 of the CNA also presents the following key findings:

• The seven Areas of Need that were identified within Phase I are confirmed as the accepted Areas of Need and no evidence has been found to change the order of their priority;
• Health and Wellbeing is still identified as the main priority area of need for victims and survivors and is the area where service delivery is the most complex and expensive;
• It is recognised that the new Service has a crucial role to play in the delivery of services to address the needs of victims and survivors;
• The Commission is of the opinion that in order for this new Service to function effectively improvements are required in the engagement of the statutory sector. For example there will need to be more cross departmental co-operation. This is particularly important between OFMDFM and the Department of Health, Social Services and Public Safety (DHSSPS) on the issues of mental health, physical health and trans-generational issues;
• The Commission recognises that a significant amount of funding is available on an annual basis to address the needs of victims and survivors. In these current economically difficult times, it is incumbent upon us all to use these resources as effectively and efficiently as possible. Therefore, it is hoped that the advice and information contained within this CNA Phase II Report enables the statutory and community and voluntary sectors to provide the best services possible to meet the current needs of victims and survivors.

In its entirety, the CNA illustrates that there are a range of issues affecting individuals injured through conflict in Northern Ireland, therefore emphasising that a range of person-centred services must be available for victims and survivors. The Commission makes 47 recommendations for the provision of support as part of the CNA.

In relation to the financial needs of individuals, the Commission recommended the ending of schemes delivered by the NIMF and the implementation, from April 2012, of the following financial assistance Programmes (which make up the 6 Schemes of the INP):

• Carers Programme;
• Chronic Pain Management Support Programme;
• Disability Support Programme;
• Educational Bursary;
• Financial Assistance Programme – Regular Allowance – loss of partner/child;
• Financial Assistance Programme – Regular Allowance – injured; and

3.4.2 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% of the total population).

The table opposite 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 3:1: Categories as per Victims and Survivors (Northern Ireland) Order 2006

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of VSS clients that identify with this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereaved</td>
<td>333</td>
</tr>
<tr>
<td>Physically injured</td>
<td>393</td>
</tr>
<tr>
<td>Psychologically injured</td>
<td>350</td>
</tr>
<tr>
<td>Carer</td>
<td>72</td>
</tr>
<tr>
<td>Witnessed an incident</td>
<td>127</td>
</tr>
</tbody>
</table>

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 who completed the GAD-7 measure. The table highlights that when assessed against the GAD-7 measure, over half of the client sample were presenting with ‘severe anxiety’ and that 72% were presenting with ‘severe’ or ‘moderate’ anxiety.

Table 3:2: Clients who completed GAD-7 measure and their scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage of respondents who scored in this bracket</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>11%</td>
</tr>
<tr>
<td>5-10</td>
<td>17%</td>
</tr>
<tr>
<td>10-15</td>
<td>19%</td>
</tr>
<tr>
<td>15+</td>
<td>53%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

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 overleaf shows their scores on the PHQ-9 measure. The proportion of clients in each outcome bracket is shown as a percentage of all those clients who completed the PHQ-9 questionnaire. This table highlights that when assessed against the PHQ-9 measure, 49% of the client sample were presenting with ‘severe depression’ and that 68% were presenting with ‘severe’ or ‘moderate’ depression.
Table 3:3: Clients who completed PHQ-9 measure

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage of respondents who scored in this bracket</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>12%</td>
</tr>
<tr>
<td>5-10 Mild depression</td>
<td>20%</td>
</tr>
<tr>
<td>10-15 Moderate depression</td>
<td>19%</td>
</tr>
<tr>
<td>15+ Severe depression</td>
<td>49%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

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 3.4 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 3:4: Clients who completed Trauma Symptom Checklist

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage of respondents who scored in this bracket</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGATIVE: No trauma symptoms identified</td>
<td>6%</td>
</tr>
<tr>
<td>POSITIVE: Trauma symptoms identified</td>
<td>94%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

NB: the table shows all clients who identified trauma symptoms, including those that only identified with 1 or 2 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.

As this sample is representative of clients accessing VSS services over the period 1st April 2012 to 30th June 2014, and in the absence of more robust data, this profile information provides a useful basis to assess the needs of the entire population of victims and survivors. This information also provides empirical data to support the CNA findings.

3.4.3 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 Table 3.6.

Table 3:5: Summary Needs Identified as per Comprehensive Needs Assessment

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

As this sample is representative of clients accessing VSS services over the period 1st April 2012 to 30th June 2014, and in the absence of more robust data, this profile information provides a useful basis to assess the needs of the entire population of victims and survivors. This information also provides empirical data to support the CNA findings.

3.4.3 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 Table 3.6.

Table 3:6: Needs of Victims and Survivors as identified by research

<table>
<thead>
<tr>
<th>Research</th>
<th>Identified Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of the Troubles Study (1999)[1]</td>
<td>• Over 40,000 people have been affected by the Troubles and experience ongoing physical and psychological problems; • Many of those who have been disabled are dependent on benefit/removed from the job-market. 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; and • Measures should not therefore be based on principles of restorative justice, but rather on the principles of meeting existing and future need</td>
</tr>
</tbody>
</table>

### Evaluation of Services to Victims and Survivors of the Troubles (2001)

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 co-ordinate 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; and
- **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; and
  - There should be appropriate support, training, and communication systems for groups; groups should build in monitoring and evaluation practice.

---

### NIMF Evaluation (2005)

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; and
- **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 effective networking and development of agreed area based service delivery strategies.

---

---

---
4 THE INP ASSESSMENT PROCESS

4.1 Introduction

During the evaluation period, April 2013 - March 2014, a number of changes were made to the way in which individuals were assessed for the INP. The application process for the INP followed one of two processes depending on which scheme individuals were applying for.

For Scheme 6 (Financial Assistance), the Financial Assistance application form was used. Only one individual per household could apply and this scheme was means-tested. The form asked individuals to detail the incident which brought them to apply for funding, e.g. bereavement; injury; carer information. Information on income was required as this scheme was means tested. This followed the same process as the previous Northern Ireland Memorial Fund.

All other schemes were not means tested and used an individual assessment, the Individual Needs Review (INR) form, or later, the Gateway Process (Expression of Interest' Form). Throughout 2013/14, 3,922 individuals were issued with awards under the INP. Of these, approximately 2,800 completed an INR and approximately 1,200 completed a Gateway form (via groups). This was a change from an application grant-led process under the Northern Ireland Memorial Fund.

This section details the evolution of the assessment process over the evaluation period, with particular reference to the INR.

4.2 The Introduction of the INR

The INR (in its original 36 page form) was introduced in November 2012. The INR was to be facilitated with clients both new to the VSS, and those previously registered with other support organisations. It was designed to identify individuals’ areas of priority need, and was facilitated by a healthcare professional engaged by the VSS. The INR took the form of a guided conversation, discussing client needs in relation to mental and physical health needs and exploring their concerns and priorities.

The area of Mental Health was explored in some detail in the original INR, building a picture of the client’s need relating to support for their emotional and mental wellbeing. The discussion examined past and current support availed of by the client, screening to identify levels of anxiety/depression and risk to self or others. To measure mental health, the INR used the Patient Health Questionnaire 9 (PHQ9) to measure depression symptoms; the Generalised Anxiety Disorder (GAD) test to measure anxiety symptoms; a trauma questionnaire which indicates PTSD and; a risk assessment which assesses support mechanisms.

As this process can mean the client recalling a traumatic event or loss of a loved one, in some instances this can cause distress. The process was therefore facilitated by a team of qualified and experienced healthcare professionals equipped to offer immediate support if concerns were to arise.

---

### Research

<table>
<thead>
<tr>
<th>Identified Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary sector services seem to be achieving their stated aims of helping services users who experienced Troubles-related trauma;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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; and</td>
</tr>
<tr>
<td>The majority of services did not seem to be effective in lowering levels of Post Traumatic Stress Disorder (PTSD) symptom severity; perhaps due to inappropriate classification or lack of appropriate support.</td>
</tr>
</tbody>
</table>

---

![Research](Dillenburger et al.)
Where immediate risk was identified, it was appropriately managed to safeguard the client or others involved. This was primarily done by facilitating contact between the client and their General Practitioner (GP) or in some instances with emergency services.

Based on the answers to the various components of the INR, an individual would be considered eligible or ineligible for the VSS support. If eligible, the VSS assessor could offer an individual a specific service, the costs of which are covered by VSS funds, e.g., high scores on the mental health tests could result in a VSS assessor referring an individual to a course of mental health treatment. The referral or signposting to treatment resulting from the INR process is provided to individuals via VSS funded organisations or a statutory organisation.

4.3 VSS Psychological Therapies Service

Where the client shared issues or concerns regarding their mental or emotional wellbeing at the INR (Stage I), they were invited to re-engage for a further meeting with a mental health professional in VSS (all psychological assessments were carried out by Chartered Clinical/Counselling Psychologists). At this stage (Stage II) they engaged in a further semi-structured interview lasting around 1.5 hours. This was an in-depth, semi-structured, therapeutic assessment that provided clients with an opportunity to discuss in a private, confidential, safe manner the impact of the ‘Troubles’ related trauma(s) on their mental well-being. The VSS note, that for many, it was the first time they had ever spoken about their past. The information gathered enabled both the client and psychologist to draw up a formulation of their difficulties and crucially, a psychological intervention/treatment plan tailored specifically to their needs. This process was client-centred at all times and the approach adopted was collaborative as clients always had a choice and say in whether or not they wanted to avail of psychological therapy.

The client ‘journey is shown in Table 4.1 below.

Table 4:1: Client Journey through Psychological Therapies Services

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening of mental health as part of Individual Needs Review Process:</td>
<td>Psychological Assessment</td>
<td>Write up of psychological report and referral onwards to appropriate VSS funded agency for psychological therapy and/or referral to Health and Social Care Trust where appropriate.</td>
<td>Agency follow-up and offer of counselling to client. Timeframe from receipt of referral by agency to offer of initial appointment to client dependent upon each agency’s waiting list. Typical waiting time however were weeks indicating rapid response.</td>
</tr>
<tr>
<td>PHQ9 (Measure of depression)</td>
<td>In-depth, guided conversation exploring current and past issues related to ‘Troubles’ related trauma, impact on psychological well-being, development and social history, leading to formulation and individually tailored psychological therapeutic intervention plan. Psychometrics included Impact of Events Scale (IES) and CORE10.</td>
<td>Ten day turnaround from attending stage 2 assessment to referral onwards.</td>
<td></td>
</tr>
<tr>
<td>GAD (Measure of anxiety)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHQ9 (Features indicative of PTSD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The VSS model of service delivery of psychological therapies reflected best practice guidelines as out in the ‘Strategy for the Development of Psychological Therapy Services’, adopting and promoting a stepped care model, as shown in the following figure overleaf.

The Stepped Care Framework was used as a guide to decision making in the delivery of psychological therapies. Given the complexity and chronicity of clients’ psychological difficulties, and based on the assessment and formulation details, some were offered trauma focused interventions, namely Cognitive Behaviour Therapy (CBT)4 and Eye Movement Desensitisation and Reprocessing (EMDR)5. Others may have availed of lower intensity therapies such as counselling, CBT for depression, anxiety or psychoeducation, with the option of ‘stepping up’ if necessary. Some required specialist interventions such as addictions services or bereavement counselling for traumatic grief reactions, and in some instances where clients were presenting with multiple and complex, psychological problems, for example, self-harm, referral to statutory services was made on their behalf. Any decisions made concerning the client’s need for psychological intervention were always discussed and agreed with the client, taking into consideration their psychological mindedness, resilience, social support, motivation, chronicity, complexity of issues and stage of presentation. Generally, the timeframe from stage 1 to stage 2, referral to counselling agency and commencing therapy was short, meaning that clients were able to avail of psychological help in as brief a time as possible.

A total of 2,508 INRs were facilitated between April 2012 and November 2013, the VSS estimated that 70% of clients (i.e., 1,756 individuals) were presenting with moderate to severe anxiety and trauma symptoms. A consistent average of 17% of clients (i.e., 426 individuals) attending for an INR were also moving onto a Stage II Psychological Assessment. As at November 2013, 199 people had completed therapy (based on 8-18 session packages) following a stage II psychological assessment, with a further 227 either beginning, or waiting to begin, therapy. The waiting time was approximately 13 weeks however it is important to note that the waiting list was not managed chronologically but rather on levels of risk identified (high/moderate/low).

Depending on the presenting issue and recommendations made by the psychologist, referrals were made to partner organisations or therapists to deliver the psychological intervention.

4 CBT is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviours and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures.

5 EMDR is a psychotherapy treatment that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. It is often used to alleviate the symptoms of post-traumatic stress disorder.
At this time, psychological assessments and services in the VSS were delivered by:

- One part-time psychologist (working 2 days per week with capacity to see 4 clients per week) employed directly by VSS;
- Further capacity in this area was commissioned through a direct award contract with Carecall NI. Carecall had fluctuating capacity with an average of 16 sessions per week;
- The VSS contract with Carecall extended to the provision of therapy but there was limited capacity for CBT;
- Recognising a gap in service provision at this level the VSS procured additional capacity using Direct Award Contracts (4 CBT/EMDR qualified therapists); and
- Clients presenting with low intensity support needs (i.e. Steps 1-3) were flowed to organisations funded under the VSP that have the requisite capacity/availability. Client choice was key in this process.

Where the client declines the offer of attending a funded organisation they were flowed to Carecall or the other freelance therapists.

The VSS Psychological Therapies service was withdrawn in January 2014. Any outstanding clients awaiting psychological assessment (stage 2) and therapy were passed to the HSCB. These clients were contacted to advise them of the changes and to gain their consent to transfer their details. There were a number of issues following the withdrawal of the service:

- Not all clients who were waiting for psychological assessment consented to their details being passed to the HSCB. Reported reasons for not wishing to be passed over to the HSCB ranged from having had a previous poor relationship with statutory services, stigma, difficulty accessing statutory services through their GP in the past, and what they perceived to be insufficient treatment in the past, such as medication only, perceived unsafe location/venue, and fear and concern over what would happen once they enter the mental health care system, for example, feeling judged and out of control;
- A number of clients were presenting with suicidal ideation warranting immediate assessment and risk management. Clients were signposted to their GP and follow-up calls made to the GP (with the client’s consent) in exceptional circumstances. However, some clients were reluctant to attend their GP for follow-up due to poor relationships in the past or issues pertaining to stigma; and
- Many clients had just started or were half way through their therapy when they were informed that it could no longer continue. Clients were forced to complete their counselling early and seek further counselling in another agency if they believed they needed to continue (this was facilitated by VSS).

As the outcomes of these clients could not be tracked, it is not known if they continued with any form of therapy, or sought help from statutory or other services.

4.4 Concerns about the INR

However, following concerns raised by victims and survivors groups about the original INR form, that it carried the potential to re-traumatise individuals, shortly after its implementation in April 2013. As a result of this, various questions (namely relating to the screening of mental health) were removed from the form and variable versions of the form were used up until June 2013. At this point, a shorter 24 page INR form was implemented. The 24 page INR was broadly the same as the 36 page version, except all mental health questions were removed and there was some subtle re-phrasing of questions.

As noted above, in November 2013, an independent assessment of the VSS was carried out, with specific reference to the process of the Individual Needs Review (INR). With specific relation to the INR process, the Commissioner’s advice on the reports emphasised that:

‘…the process of the INR has clearly left many people very unhappy. The report highlights many examples of people being very upset and feeling humiliated. It is clear that the INR process had become something it was never intended to be. It became a process of assessing need rather than addressing needs. It became a “one size fits all” approach, with every victim, whatever their needs, being subject to an intrusive process, involving psychological screening. The original intention of the process was to provide a gateway to other services based on informed choice. The reality has become “take it or leave it”. There has been no adequate screening process or way in which to prioritise victims’ needs. Nor has there been any adequate follow-up pending take-up of recommended services; and there have been unacceptable and inexplicable delays in clients being informed of the outcome of their assessment.’

4.5 Deferment of the INR

The Commissioner for Victims and Survivors made a recommendation to suspend the INR process at a Programme Board meeting on 17th January 2014. This was based on preliminary findings from an independent review of the INR (carried out by WKM Solutions).

This resulted in a series of correspondence between the Commissioner and Chair of VSS highlighting the risks and detailing response plans to manage risks. Ultimately, the Commissioner did not change her advice to Ministers on the deferment of the INR until a new assessment process was developed. The final advice to Ministers in February 2014 makes a series of recommendations around the assessment process.

In the absence of an agreed assessment process, the Gateway Review was introduced by the VSS in February 2014 as an interim measure to continue with services. The ‘Gateway Process: Expression of Interest form’ was to be completed alongside a ‘Self-Declaration Form’ which required individuals to declare that they fit the Victims and Survivors (NI) Order (2006) criteria. At this point, victims and survivors groups were also allowed to complete assessments, where previously this had been the sole responsibility of VSS.

The form was completed by individuals who wish to access INP services, it requires individuals to detail their needs, in their own words and not in relation to structured questions, under six areas: Chronic Pain; Respite Break; Mental Health and Wellbeing; Carers; Disability Support and Education. The VSS then check an individual’s eligibility against the criteria outlined in table 4.1 regarding each scheme, by checking statutory records (e.g. health and social services to verify disability, bereavement etc.) or VSS records and provide appropriate support or signposting to services under these areas of need.

Although there was unease over the mental health questions included in the INR the Gateway form includes a ‘Mental Health and Wellbeing’ section. This section is a blank box which allows individuals to express their need and to facilitate subsequent signposting to appropriate services. Given that the Gateway process is also carried out by groups (who deliver counselling and complementary therapies), this section enables them to identify if a client wants to avail of those services in addition to any INP support that they may be eligible to receive. At the same time, it was noted by VSS that this format of mental health and wellbeing responses can be problematic for the service because the person facilitating the gateway process may not be a healthcare professional. This means that the Service has received returned forms where the Mental Health section is only ticked; the word ‘yes’ is inserted; or vague comments like ‘feeling really low’, ‘fed up’ may be inserted. This does not allow for the VSS to make an informed referral or to understand the presenting issues, which often results in a VSS assessor having to call the client to explore further.

The ‘Gateway’ form remained in operation until the recent introduction of registration forms for access to services in August 2014.

5 REVIEW OF PROGRAMME DELIVERY

5.1 Introduction

This section provides an overview of the INP delivery, including programme expenditure, aims, objectives and targets, staff and resources, monitoring and evaluation arrangements and a summary of evaluative impact data collected to date.

5.2 Programme Delivery

The original Business Case for the INP set the following criteria for supporting individual victims and survivors.

The new funding programme (i.e. the INP) will use professionally qualified staff to:

• Carry out an assessment of an individual’s overall needs, following a referral;
• Put together a ‘package’ of help in response to the assessment of needs which might include financial assistance, practical help, befriending and various types of therapeutic support;
• Make referrals to voluntary, community, private or statutory agencies which provide specific services;
• Purchase specialist professional support for the individual where this is both necessary and practicable and the need cannot be addressed through existing statutory or voluntary services;
• A ‘call-off list’ will be used to acquire this specialist support when required; there will be an appropriate Service Level Agreement in place before any professional service is purchased;
• Monitor the position to ensure that any objectives for the support provided are being met and to take account of changing needs and to avoid any re-traumatisation associated with having to repeatedly detail and give evidence on the loss or injury of a relative etc; and
• Retain information on need which over time will help inform the strategic assessment of need. This will include information on ‘unmet need’ which is not collected under current application based arrangements.

All spend on victims and survivors must be in line with the statutory definition of a victim and survivor as set out in the Victims and Survivors (Northern Ireland) Order 2006. Article 3 of the Order defines a victim 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 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.
Table 5.2 overleaf details the number of awards issued, paid and claimed, and expenditure by Scheme, in 2013/14. This shows that a total of 5,529 awards were made under Schemes 1 to 5 in 2013/14. Of these awards, 4,265 were paid and 1,264 were not claimed. Expenditure on Schemes 1-5 was £2,576,367. The highest average expenditure per award was under Disability Support with an average of £1,234 awarded per individual. There were 1,754 awards paid under Scheme 6: Financial Assistance, with a total expenditure of £1,828,040.

Award letters were issued for the period 1st April 2013 to 31st March 2014. The VSS did not strictly impose the deadline of 31st March 2014 for return of all invoices. Therefore, a number of unclaimed awards moved into the 2014/15 financial year and have been accounted for in this financial year as the activity did not take place until April 2014 onwards. Any invoices received as at 31st March 2014 for which valid supporting documentation was received have been processed.

The VSS have confirmed that there are 25 invoices (amounting to £11,860) that relate to the 2013/14 financial year for which there is outstanding information required. VSS aims to process these as soon as possible. Information requests range from:

- Outstanding confirmation from suppliers;
- Supporting documentation does not include a valid invoice; and
- Goods and Services do not match Award Letter recommendations.

Consultation with the VSS confirmed that, under the NIMF, it was quite usual that not everyone issued an award would claim it and they have seen the same trends continue under the INP. They have found that the one exception is with the education and training.

There were large numbers who did not claim this - 56% of awards issued under this Scheme in 2013/14 were not claimed. Clients were not asked individually why this is so the exact reasons for this are unknown. However, consultation with VSS suggests that as it is an open question ‘do you have any education needs’, it is human nature to respond yes, but clients are more reluctant when it comes to proactively identifying a course.

## 5.3 Programme Administration

The main resource requirement for the INP was for processing award letter payments for the various programme schemes. The staff structure and resourcing for the INP was as follows in 2013/14:

- 1 x Full Time Deputy Principal (DP) Programmes Manager (also oversees VSP); two thirds of DP’s time is dedicated to the INP;
- 1 x Full Time Administration Manager (Grade EO2);
- 3 x Full Time Administration Officers (Grade AO);
- 3 x Full Time Administration Officers (Grade AO) working on temporary basis; and
- Client Services: Head of Client Services, Client Services Manager, Client Services Officer, 5 x Support Officers, 10 Assessors, 1 Receptionist.

Salary and operational costs for the INP are shown in the table below. The total administration costs in 2013/14 were circa £854k (N.B. these figures are based on approximations of the proportional time spent by staff on the INP and should therefore be treated with caution).

### Table 5:1: Direct Programme Administration Costs 2013/14

<table>
<thead>
<tr>
<th>Area of Expenditure</th>
<th>£s</th>
</tr>
</thead>
<tbody>
<tr>
<td>INP Staff Costs (INP payments processing)</td>
<td>£260,926</td>
</tr>
<tr>
<td>Client Services (front line call handling, client assessors and issuing award letters, so assumed to be all INP)</td>
<td>£442,672</td>
</tr>
<tr>
<td>Operating Costs</td>
<td>£150,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£853,598</strong></td>
</tr>
</tbody>
</table>

1 Reflecting an apportionment of staff time/cost to the INP

2 This figure is an approximation based on applying the salary apportionments to total expenditure in the following operational areas: Rents & Service Charges; Rates; IT Services; Staff Recruitment; Telephones; Heat, Light & Power; Office Expenses; NIAO Audit; Premises Expenses; Professional Fees; Staff Training; Travel & Subsistence; Hospitality; Postage & Carriage; Insurance; Bad Debt Provision; and Depreciation.

## 5.4 Programme Expenditure

Expenditure on the INP in 2013/14 was £4,546,601. This equates to £4,404,407 on awards paid under Schemes 1 to 6, and £142,194 on the VSS psychological therapies service.

An individual may be psychologically injured as a result of or in consequence of:

(a) Witnessing a Conflict-related incident or the consequences of such an incident; or
(b) Providing medical or other emergency assistance to an individual in connection with a Conflict-related incident.

### Table 5.2: INP awards issued, paid and claimed, and expenditure by Scheme, 2013/14

<table>
<thead>
<tr>
<th>Scheme</th>
<th>No. Awards Issued</th>
<th>Number Paid</th>
<th>Awards not claimed</th>
<th>Expenditure</th>
<th>Avg expenditure per award paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education &amp; Training</td>
<td>1,268</td>
<td>559</td>
<td>709</td>
<td>£226,453</td>
<td>£405</td>
</tr>
<tr>
<td>2. Chronic Pain</td>
<td>884</td>
<td>805</td>
<td>79</td>
<td>£584,541</td>
<td>£726</td>
</tr>
<tr>
<td>3. Disability Support</td>
<td>410</td>
<td>358</td>
<td>52</td>
<td>£441,928</td>
<td>£1,234</td>
</tr>
<tr>
<td>4. Care for Carers</td>
<td>242</td>
<td>223</td>
<td>19</td>
<td>£174,359</td>
<td>£782</td>
</tr>
<tr>
<td>5. Respite Breaks</td>
<td>2,725</td>
<td>2,320</td>
<td>405</td>
<td>£1,148,726</td>
<td>£495</td>
</tr>
<tr>
<td>6. Financial Assistance</td>
<td>N/A -</td>
<td>1,754</td>
<td>-</td>
<td>£1,828,040</td>
<td>£1,040</td>
</tr>
</tbody>
</table>

**Total** | 5,529             | 6,019       | 1,264              | £4,404,407   | -                             |
5.5 Programme Aims, Objectives and Outcomes

The aim of the INP, as set in the original Business Case, is to assist those who have been directly impacted by loss or injury and have the greatest need. The expected outcomes were set for the Programme:

- Improved quality of life;
- Positive Attitude; and
- New opportunities addressing poverty and vulnerability.

The Business Case aims and objectives informed the VSS corporate and business planning process. The Corporate Business Plan (2013-2015) reflects the steps that needed to be taken, to achieve the aims and objectives in the Business Case. The steps in the Business Plan give detail to the ‘key associated activities’ noted above, and acknowledge the numbers of beneficiaries expected in each instance. The expected outcomes are what the VSS aim to evaluate in their Monitoring and Evaluation framework.

However, in recording programme activities and progress, the corporate plan objectives and targets were used. The system used for this was to record progress against targets on a monthly basis, using a ‘RAG’ colour system to indicate progress as follows:

- Blue (Completed);
- Green (Achieved or on track for delivery);
- Green/Amber (Broadly on track and there is justifiable confidence of getting close to target outcomes);
- Amber (Progress less than planned. Significant doubt around the achievement of targeted outcomes); and
- Red (Commitments not achieved or not expected to be achieved within the current PfG period).

A number of targets were set that relate directly to INP activity. Progress, as of the end of March 2014 is included in the table below, along with the estimated and actual costs of delivery targets and outcomes.

Table 5.3: INP performance against targets 2013/14

<table>
<thead>
<tr>
<th>Awards made</th>
<th>Target no. of awards</th>
<th>Actual no. of awards</th>
<th>Estimated cost</th>
<th>Actual cost</th>
<th>Target Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Training</td>
<td>1,300</td>
<td>1,268</td>
<td>£424,944</td>
<td>£226,453</td>
<td>98%</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>300</td>
<td>884</td>
<td>£215,570</td>
<td>£584,541</td>
<td>296%</td>
</tr>
<tr>
<td>Disability Support</td>
<td>300</td>
<td>410</td>
<td>£567,168</td>
<td>£441,928</td>
<td>137%</td>
</tr>
<tr>
<td>Respite Breaks</td>
<td>800</td>
<td>2,725</td>
<td>£432,300</td>
<td>£1,148,726</td>
<td>340%</td>
</tr>
<tr>
<td>Care for Carers</td>
<td>300</td>
<td>242</td>
<td>£270,852</td>
<td>£174,359</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,000</strong></td>
<td><strong>5,529</strong></td>
<td><strong>£1,910,834</strong></td>
<td><strong>£2,576,007</strong></td>
<td><strong>355%</strong></td>
</tr>
</tbody>
</table>

In terms of the completed targets, it is clear that there has been significantly greater demand for support from the various schemes than was expected. This increased demand also impacted on programme costs – the Business Case estimated the cost of Schemes 1-5 to be £1.9m when the actual cost was £2.6m. The most significant difference in estimate versus actual cost was in the Respite Breaks awarded (£722,145 of a difference). The cost of Chronic Pain awards made was also higher than estimated. The actual costs of three Schemes, Education and Training, Disability Support and Care for Carers, was lower than estimated.

5.6 Programme Awareness Raising

To raise awareness for the INP, an advertisement was placed in the regional and local newspapers in April 2013. The advert introduced the new Programme, outlined the key eligibility for the Programme and the relevant contact information. The advert was followed up by information sessions (to which all funded groups were invited, and encouraged to bring members/colleagues/friends) on 15th and 16th April 2013.

5.7 Monitoring and Evaluation Processes

A Monitoring and Evaluation Working Group was established in November 2012. The Group was convened by OFMDFM and VSS, and comprised staff members from VSS (Including the Programme Manager, IT Officer, and Information Officer), the Department (including staff from the Victims’ Unit and from the Statistics and Research Branch), and a representative from the Northern Ireland Memorial Fund. CVS was invited to contribute to the work of the Group, but declined on the basis they would prefer to maintain an oversight role and be able to objectively review the information provided to them through this mechanism.

The main purpose of the Monitoring and Evaluation Working Group was to:

1. Develop a functional interim system for capturing and managing data around the progress and outcome of the VSP, as well as the VSS INR process;
2. Scope the requirements for the new bespoke database i.e. a Management Information System (MIS); and
3. Complete all appropriate steps from putting the contract for the MIS out to tender through to establishing and using the new database into 2014.

The key deliverables of the Group included:

- Interim arrangements for data capture by VSS;
- A set of standardised Monitoring and Evaluation tools for both the VSP and VSS INP;
- Communication and training arrangements for groups and other stake holders regarding the Monitoring and Evaluation requirements and processes;
- A bespoke method for assigning a VSS Unique Reference Code or Number to facilitate identification of individual service users;
- Scoping document that captures all the requirements for the VSS bespoke data base; and
- Agreement on Data security/ data protection arrangements.

The Group met 12 times (approximately every 10 days) between November 2012 and May 2013 to make progress on achieving the objectives and key deliverables of the project.
5.7.1 Monitoring and Evaluation Tools

From June 2013, the VSS operated a month-end timetable to report key performance indicators internally and progress including:

- Progress reports for each team incorporating Client Services, Programmes and Information and Engagement;
- Progress against Business Plan targets across all areas;
- NDPB Consumption budget report and accompanying analysis;
- Cash utilisation and drawdown requests; and
- Risk Register and management of risks.

From October 2013 to date, this was enhanced to include:

- Weekly KPI relating to service delivery targets on the INP; and
- Detailed narrative on budget risks following allocation of additional £1.1m (this additional funding was part of the £4.5m spent on the INP in 2013/14. The £1.1m absorbed the additional unexpected number of INP applicants to the programme in addition to £181,000 corporate costs which the opening budget was short versus the business case for funding).

The standard tools were suspended on a temporary basis during 2013/14. However, the following monitoring and evaluation data was available for the INP for this time period:

- Progress against Business Plan targets (see previous section on performance against targets);
- Data from Scheme 6 questionnaire issued to clients during 2013/2014; and
- An Audit/Outcome Evaluation of Carecall’s psychological therapies on psychological engagement and client outcomes.

Scheme 6 Client Survey

In August 2013, the VSS issued a Feedback Survey to clients who were currently in receipt of Scheme 6 (Financial Assistance) of the INP. VSS received 781 responses from individuals. This survey included a number of questions asking about the impact of the Financial Assistance on the individual.

As shown in the table overleaf, when asked what they have used their Financial Assistance for, the largest proportion (85%) reported that they used it to pay for household bills, followed by purchasing household goods (60%) and personal goods (49%).

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>To pay for household bills</td>
<td>85%</td>
</tr>
<tr>
<td>To purchase household items</td>
<td>60%</td>
</tr>
<tr>
<td>To purchase personal items</td>
<td>49%</td>
</tr>
<tr>
<td>To pay for travel costs</td>
<td>17%</td>
</tr>
<tr>
<td>To pay for recreational activities</td>
<td>11%</td>
</tr>
</tbody>
</table>


Individuals were also asked to rank the most important things that the Financial Assistance (£260 per quarter) represents for them. The table below collates all of the responses received by VSS, showing the options that were selected in order of their importance to the respondents. Ranked top was that it is ‘an acknowledgement of the fact that I am a victim/survivor’ followed by ‘something that improves my quality of life’.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Aspects of Financial Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An acknowledgement of the fact that I am a victim/survivor</td>
</tr>
<tr>
<td>2</td>
<td>Something that improves my quality of life</td>
</tr>
<tr>
<td>3</td>
<td>Something that makes me feel more positive about my life in general</td>
</tr>
<tr>
<td>4</td>
<td>Something that enables me to live a full life</td>
</tr>
<tr>
<td>5</td>
<td>Something that brings me opportunities for personal development</td>
</tr>
</tbody>
</table>


Carecall® was contracted to deliver in-house psychological therapies for VSS. A Clinical Audit/Outcome Evaluation of their psychological therapies was completed®. This provides a snapshot of the demographic and clinical profile of the first cohort of 58 clients who completed a stage two psychological VSS assessment, alongside a preliminary outcome evaluation of thirty one clients who entered treatment and attended a minimum of two sessions.

Carecall® is a Northern Ireland provider of mental health and wellbeing support services

® Author: Dr David Cameron: NIAMH/Carecall Clinical Lead Psychological Therapies
The evaluation notes that of these 58 clients, the majority (78%) were male and the average age was 49 years. Over two thirds (69%) also reported multiple, repeated exposures to trauma. In conducting the evaluation, all clients were routinely administered two self-report standardised and psychometrically validated questionnaires at the point of assessment (the Comprehensive Outcome in Routine Evaluation (CORE-OM)) and the Impact of events Scale Revised (IES-R), then again at after a number of sessions of treatment and at the end of a treatment course. Findings from the evaluation were as follows:

**Pre-treatment**

Of the 31 clients who entered treatment and attended a minimum of two sessions and completed a CORE-OM:

- All met clinical “caseness” criteria at assessment, of these:
  - 86% reported experiencing moderate severe – severe levels of psychological distress;
  - 14% fell in the low - mild category of psychological distress.
- The pre-treatment group mean of 23 fell in the moderate – severe category of psychological distress.

**Post-treatment**

- Following the intervention, 88% of clients reported a positive change in their psychological well-being, of these:
  - 52% fell in the moderate severe – severe category of psychological distress representing a decrease of 34% for clients in this category; and
  - 48% fell in the low - mild category of psychological distress representing an increase of 34% of clients falling in this category.
- The post-treatment group mean of 16 fell in the moderate category of psychological distress.

Moreover, in terms of the ‘Effectiveness of the intervention’, the evaluation states that:

- For clients who attended a minimum of two sessions:
  - 87% reported positive and reliable change in psychological well-being – with a 34% reduction in moderate severe – severe distress;
  - 36% reported clinically meaningful improvement in psychological well-being, moving from a so-called in need “clinical” to a “non-clinical” population;
  - 39% reported clinically meaningful and reliable change in their psychological well-being following treatment; and
  - The reported improvement in psychological well-being represents a large positive effect for the intervention.
- Clients who attended a minimum of 6 sessions reported a notable reduction in the trauma based symptoms of intrusive re-experiencing, hyper-arousal and avoidance representing a large positive effect for the intervention.

The evaluation highlights that the large majority of those (86%) who entered treatment were experiencing moderate severe to severe levels of psychological distress and that, on the whole, the psychological therapies provided by VSS were successful in improving clients’ psychological wellbeing/their level of psychological distress, at least on the short term basis as observed in the evaluation.

5.7.2 VSS Management Information System

The VSS had intended to establish a more streamlined and automated Management Information System (MIS) to collate and capture organisation-wide data, however, progress towards an automated system was suspended on a temporary basis during 2013/14.

During this time, the following information systems were (and are still) in operation in the VSS for the INP:

- ICONI on-line database for INP funding (inherited from NIMF): Captures individual client profile information, awards and payments;
- Client Services MS access database: Captures individual client profile information relating to the INR/gateway to services, recommendations, client contacts;
- SAGE Accounting Software: Records all payments to individuals and is reconciled to ICONI;
- Budget Analysis MS Excel workbooks: Complex series of spreadsheets updated each month end and capturing award letters, contracts, payments and expenditure by client, group and corporate budget headings; and
- VSS Telephony System: Upgrades April 2014 to allow automated reports on total number of calls, hang ups, dropped, taken, number of rings to answer etc.

The key issue, as highlighted by VSS, is that each of the above systems are standalone. This means they do not integrate with each other and therefore ad hoc information requests often have to be prepared manually, often involving reconciliations between two high volume spreadsheets downloaded from two different databases. The VSS have been attempting to collate and reconcile this information on an automated basis, but have insufficient staff resource to do.
6 FEEDBACK FROM INDIVIDUAL VICTIMS & SURVIVORS

6.1 Introduction

Victims and survivors who had accessed the services and supports offered through the INP were consulted as part of the research. The aim of this was to gain insight into the following areas:

- The needs individuals hoped the service(s) would address, the extent to which these were met and any reasons why they were not;
- The impact of the service(s) on individuals' quality of life, attitude and opportunities to address poverty and vulnerability;
- Any resultant impacts on individuals' wider family/social network as a result of their involvement with the service(s);
- The extent to which these impacts would have been achieved in the absence of the INP;
- Their knowledge/use/experiences of other services for victims and survivors;
- Their views on the management and delivery of the service(s) by VSS; and
- Their views on the assessment process and any suggested changes/improvements;
- Any suggested changes/improvements to the service(s).

Victims and survivors were consulted through two methods:

1. An online self-completion survey was developed and advertised on the CVS and VSS websites. Paper copies of the survey were also made available to those who did not have access to a computer. A total of 65 responses were received during the period 1st to 29th August 2014; and

2. In-depth interviews were conducted with 17 victims and survivors. These were completed through face-to-face and telephone interviewing depending on individuals' preferences.

The sample of individuals that we have consulted is intended to provide an overview of experiences of service users; it is not intended to be representative of all individuals who have used the INP.

This section details the key findings from the survey and interviews with victims and survivors.

6.2 Online Survey Results

This section summarises the results of the survey of individuals (full survey results are included in Appendix 1). A total of 65 individuals who had accessed the INP in 2013/14 responded to the survey.

6.2.1 Profile of sample group

Just over six in ten (61%) had lost a member of their immediate family through bereavement, by far the largest group to take part in the research. One in five (21%) had been physically or psychologically injured in the Troubles/Conflict, 13% were the registered primary carer of an immediate family member injured and 6% were a relative of someone physically or psychologically injured.

Just over one third (36%) of those taking part in the survey was a member of Victims and Survivor groups. Of those who mentioned what group they were a member of, most were members of Wave or Phoenix. The majority (57%) of the respondents were not members of Victims and Survivor groups while the remaining 7% declined to provide an answer to this question.

6.2.2 Impact of Scheme 1: Education and Training

Scheme 1: Education and Training assists individuals with up to 80% of the cost of certain education and training courses.

The majority of participants who availed of Scheme 1: Education and Training were positive about their experiences. In particular, over eight in ten (84%) agree overall that it opened up new opportunities in their life, with 44% strongly agreeing with this statement. Three quarters (76%) agree with the statement, ‘It contributed to an improvement in my quality of life’ with 33% strongly agreeing.

Interestingly, while 38% strongly agreed that the Scheme had a positive impact on their physical health and well-being, just 29% agreed resulting in an overall agreement percentage of 67%, the lowest across all five statements pertaining to Scheme 1.

Table 6.1: Scheme 1: Education and Training Participant Ratings*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does not apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>It has opened up new opportunities in my life</td>
<td>44%</td>
<td>40%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>It has contributed to an improvement in my quality of life</td>
<td>33%</td>
<td>42%</td>
<td>4%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>It had a positive impact on my emotional health and wellbeing</td>
<td>40%</td>
<td>32%</td>
<td>4%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>It has allowed me to get more involved in community life</td>
<td>30%</td>
<td>39%</td>
<td>4%</td>
<td>9%</td>
<td>17%</td>
</tr>
<tr>
<td>It had a positive impact on my physical health and wellbeing</td>
<td>38%</td>
<td>29%</td>
<td>6%</td>
<td>8%</td>
<td>17%</td>
</tr>
</tbody>
</table>

* totals may not equal 100% due to rounding

Source: RSM McClure Watters Base: 26
Examples of comments provided by survey respondents on Scheme 1 include:

- “It has given our children a great help which has furthered their education”.
- “It has helped me be more sociable and to meet more people which helped my self-esteem loads”.
- “Boosts confidence by improving my knowledge”.
- “I am using it to help with university fees. It is essential”.
- “The thing I enjoyed about doing this is it got me into routine and gave me something to look forward to each week and it gave me an hour with someone I could trust other than family”.
- “I am currently in start-up phase of a renewable energy business. My current self-employment is as a result of not being physically capable of doing a 9-5 desk job due to chronic pain. This training gives me hope that I may one day become financially independent despite my disability. I also have to manage anxiety and depression and again this makes self-employment a ‘safer’ option. Thus training awards are really important to me in my early days of business start-up”.

6.2.3 Impact of Scheme 2: Chronic Pain

Scheme 2: Chronic Pain assists individuals with the costs of services that offer relief from chronic pain conditions, or that help individuals to manage chronic pain.

Almost all (95%) of those who accessed Scheme 2: Chronic Pain agreed that it had a positive impact on their emotional health and wellbeing. There was also a strong agreement that Scheme 2 contributed to an improvement in the quality of life (88% overall, 66% strongly agree) and had a positive impact on physical health and wellbeing (85% overall, 61% strongly agree). Although just 60% agreed overall that Scheme 2 allowed them to get more involved in community life, a quarter (25%) of participants felt that this statement did not apply to them. When looking solely at those who thought that it did apply to them, 81% agreed overall that it allowed them to get more involved in community life.

Table 6:2: Scheme 2: Chronic Pain Participant Ratings*

<table>
<thead>
<tr>
<th>Rating</th>
<th>Emotional Health</th>
<th>Quality of Life</th>
<th>Physical Health</th>
<th>Opportunities</th>
<th>Community Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>63%</td>
<td>66%</td>
<td>61%</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Agree</td>
<td>32%</td>
<td>22%</td>
<td>24%</td>
<td>28%</td>
<td>16%</td>
</tr>
<tr>
<td>Disagree</td>
<td>9%</td>
<td>9%</td>
<td>6%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>3%</td>
<td>Does not apply to me</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* totals may not equal 100% due to rounding

Source: RSM McClure Watters

Examples of comments provided by survey respondents on Scheme 2 include:

- “Recognition of PTSD as an illness. CBT was a great help and has furnished me with information to control my demons also therapist was very professional and empathetic in helping me with my illness.”
- “Time out away from your negative thoughts. Invaluable!”
- “My husband does not go out much due to mental health, however the items and funding he gets makes life a little easier for him emotionally and physically.”
- “I find these sessions very relaxing and help me to sleep better on the night after they have been completed.”
- “Beyond all other assistance this is the one that has proved crucial to my quality of life. As well as providing physiotherapy to manage pain it also part funded major surgery on my spine to arrest the further deterioration of my condition. It has provided a psychological and physical health safety net which has given me the confidence to come off benefits.”
- “Body massage provided short term relief, but had no long term benefit. VSS finances could have been used more effectively in other Schemes.”
- “Helps for few days /weeks after treatment.”
6.2.4 Impact of Scheme 3: Care for Carers

Scheme 3: Care for Carers assists with the costs of services that are accessed by individuals who are the primary carer of a person injured as a result of a Conflict/Troubles-related incident.

Care for Carers was the least used Scheme among participants but views among those who had availed of it were similarly positive to other schemes.

Just over eight in ten (82%) agreed overall that this Scheme had a positive impact on their emotional health and wellbeing, it contributed to an improvement in quality of life and had a positive impact on physical health and wellbeing. A third (32%) strongly agreed with each of these statements.

Given that this Scheme is specifically aimed at those caring for victims, the statement 'It has opened up new opportunities in my life' is perhaps one of the most important. One in ten participants strongly agreed with this statement and 50% agreed indicating that the majority of those availing of this scheme have seen a positive impact in this aspect of their life.

Table 6.3: Scheme 3: Care for Carers Participant Ratings*

- It had a positive impact on my emotional health and wellbeing
  - Strongly agree: 32%
  - Agree: 50%
  - Disagree: 6%
  - Strongly Disagree: 13%

- It has contributed to an improvement in my quality of life
  - Strongly agree: 32%
  - Agree: 50%
  - Disagree: 6%
  - Strongly Disagree: 13%

- It had a positive impact on my physical health and wellbeing
  - Strongly agree: 32%
  - Agree: 50%
  - Disagree: 6%
  - Strongly Disagree: 13%

- It has opened up new opportunities in my life
  - Strongly agree: 19%
  - Agree: 50%
  - Disagree: 6%
  - Strongly Disagree: 13%

- It has allowed me to get more involved in community life
  - Strongly agree: 31%
  - Agree: 25%
  - Disagree: 13%
  - Strongly Disagree: 6%
  - Does not apply to me: 25%

* totals may not equal 100% due to rounding

Source: RSM McClure Watters  
Base: 18

Examples of comments provided by survey respondents on Scheme 3 include:

- "Gives empowerment to the carer for carrying the burden of looking after someone injured in the Troubles".
- "My wife who is my carer, never having applied for anything before, found this beneficial in that the contribution toward a fridge-freezer, which we wouldn't normally afford."
- "Care for Carers - specifically finances for home-heating oil, and Short Break assistance - gave me vital encouragement with financial pressures to carry on with day to day long-term injury/disability. Just having something to look forward to - a brief period away from danger and tension - helped me cope with long-term family injuries/pressures."

6.2.5 Impact of Scheme 4: Disability Support

Scheme 4: Disability Support assists with the costs of services, aids and adaptations used by people with a disability as a result of a Conflict/Troubles-related incident.

Disability support is one of the most positively viewed Schemes offered under the INP. Over nine in ten (91%) participants agree overall that the Scheme has:

- Contributed to an improvement in quality of life;
- Had a positive impact on emotional health and wellbeing; and
- Had a positive impact on physical health and wellbeing.

Table 6.4: Scheme 4: Disability Support Participant Ratings

- It has contributed to an improvement in my quality of life
  - Strongly agree: 65%
  - Agree: 26%
  - Disagree: 4%
  - Strongly Disagree: 4%

- It had a positive impact on my emotional health and wellbeing
  - Strongly agree: 61%
  - Agree: 30%
  - Disagree: 4%
  - Strongly Disagree: 4%

- It had a positive impact on my physical health and wellbeing
  - Strongly agree: 61%
  - Agree: 30%
  - Disagree: 4%
  - Strongly Disagree: 4%

- It has opened up new opportunities in my life
  - Strongly agree: 52%
  - Agree: 22%
  - Disagree: 9%
  - Strongly Disagree: 13%

- It has allowed me to get more involved in community life
  - Strongly agree: 50%
  - Agree: 18%
  - Disagree: 9%
  - Strongly Disagree: 19%

* totals may not equal 100% due to rounding

Source: RSM McClure Watters  
Base: 23
Examples of comments provided by survey respondents on Scheme 4 include:

• “The simple knowledge that help is there if I need it has been a mental boost. I have so far used the facility once for an ergonomic chair and desk and was this year going to spend my award on a laptop which is crucial for working in a position that doesn’t aggravate my neck and shoulder.”

• “It helped with buying a new wheelchair. I hope to use it this year to buy hand controls for my car.”

• “I had help towards [a] scan that give me reassurance.”

Examples of comments provided by survey respondents on Scheme 5 include:

• “It has allowed me quality time with my children.”

• “This is probably the most valuable of services as it impacts on a family as a whole as well as, the individual - continuation is vital!”

• “I suffer from PTSD it helps to pay for a caravan so I can get away from my surroundings where I live. People say I am a different person at the caravan. I know I am, I feel a better person away from my house.”

• “Good for your wellbeing.”

• “Respite breaks are a God send we as a family had never really been away until this started and it give us all a breakaway from the Northern Ireland situation even in this time of so-called peace. Money well spent.”

• “Really enjoy these breaks allows me to spend time with my son out of our home environment.”

• “This VSS Scheme has had the most major impact on my life and the lives of my family - since being able to get out of the location of danger, tension, and hostilities to another location, means we can live (if only for a week or two) in some semblance of ‘normality’ of life. The Respite Breaks Scheme is a very real help to us as a family, and impacts our lives immensely.”

• “Knowing that I will be getting a respite break gives me something to look forward to throughout the year.”

• “Absolute necessity. Has given me the courage and support needed to get out of the house.”

• “At a time in my life when I struggled, the break renewed energy to cope with life.”

6.2.6 Impact of Scheme 5: Respite Breaks

Scheme 5: Respite Breaks assists with certain costs associated with respite breaks.

Scheme 5: Respite Breaks is the most positively viewed among respondents. Similar to Scheme 4: Disability Support, Over nine in ten participants agree overall that the Scheme has contributed to an improvement in quality of life (92%), had a positive impact on emotional health and wellbeing (92%); and had a positive impact on physical health and wellbeing (90%). Just over eight in ten (83%) also agree that respite breaks have opened up new opportunities in my life.

As has been the case with most Schemes, fewer participants (65%) agree with the statement ‘it has allowed me to get more involved in community life’, however there was no difference between the proportion of those who did not feel the statement applied to them and those disagreeing (17%).

Table 6.5: Scheme 5: Respite Breaks Participant Ratings

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does not apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>It had a positive impact on my emotional health and wellbeing</td>
<td>63%</td>
<td>29%</td>
<td>4%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>It has contributed to an improvement in my quality of life</td>
<td>58%</td>
<td>34%</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>It had a positive impact on my physical health and wellbeing</td>
<td>60%</td>
<td>30%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>It has opened up new opportunities in my life</td>
<td>48%</td>
<td>35%</td>
<td>4%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>It has allowed me to get more involved in community life</td>
<td>43%</td>
<td>22%</td>
<td>13%</td>
<td>4%</td>
<td>17%</td>
</tr>
</tbody>
</table>

* totals may not equal 100% due to rounding

Some respondents to the survey raised issues with having to pay upfront and then reclaim the money:

• “I find it unacceptable that I should pay first and reclaim on the invoices, I would have thought it would be ok to submit estimates from recognized companies hotels and airlines if acceptable and pay on those and then have receipts to validate having taken the holiday.”

• “Disappointing that we have to buy and then reclaim, surely if we price and show where price obtained/brochure, as most victims are at the lower end of the purchasing scale and don’t have money/funds to lay out - otherwise we’d go away anyway.”

NB: The terms and conditions of award allowed VSS to pay supplier directly. VSS report that they did this in most cases.
6.2.7 Impact of Scheme 6: Financial Assistance

Scheme 6: Financial Assistance provides direct financial assistance to certain individuals.

Financial Assistance is the second most used Scheme and the second most positively viewed. Users of this Scheme were most likely to agree that it had contributed to an improvement in quality of life (90%). This was closely followed by a positive impact on both their physical and emotional health (89% and 88% respectively).

Table 6.6: Scheme 6: Financial Assistance Participant Ratings*

<table>
<thead>
<tr>
<th>Rating</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does not apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Quality of Life</td>
<td>61%</td>
<td>29%</td>
<td>5%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Improved Emotional and Wellbeing</td>
<td>56%</td>
<td>33%</td>
<td>7%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Improved Physical and Wellbeing</td>
<td>51%</td>
<td>37%</td>
<td>7%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>New Opportunities</td>
<td>46%</td>
<td>33%</td>
<td>8%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>More Involved Community</td>
<td>38%</td>
<td>25%</td>
<td>18%</td>
<td>5%</td>
<td>15%</td>
</tr>
</tbody>
</table>

* totals may not equal 100% due to rounding

Source: RSM McClure Watters Base: 43

Examples of comments provided by survey respondents on Scheme 4 include:

• “It has really helped me to purchase essentials that I could not afford as I struggle terribly financially. It has helped to get heating oil which I know I couldn’t have purchased without this financial help.”

• “I have been able to afford things for myself and my home which has given me a great boost.”

• “The financial assistance helps me with my bills and I don’t feel like a beggar.”

• “It allowed me to make my surroundings more comfortable. As I am mostly housebound the help allows me to pay for decorators and things I need. Thank you.”

6.2.8 Overall Scheme Impacts

It is important to understand which Schemes had the biggest impact for users across each of the measurements. The following sub-section provides an analysis of each impact measurement by the total agree score for each Scheme.

• Impact on Physical and Wellbeing: All six Schemes were viewed as having a positive impact on physical and wellbeing, however, nine in ten users of Scheme 4: Disability Support (91%) and Scheme 5: Respite Breaks (90%) agreed that it impacted their physical health positively. This is not unexpected given the nature of these two Schemes and it is also unsurprising that Scheme 1: Education and Training scores lowest in this measure as improving physical health would not be a primary aim;

• Impact on Emotional and Wellbeing: It is interesting to note that the Scheme in which most users agreed that it had a positive impact in their emotional health and wellbeing was Scheme 2: Chronic Pain (95%). This could demonstrate that physical injuries can also affect mental and emotional wellbeing too and therefore the impact of Scheme 2: Chronic Pain can be measured in ways not immediately obvious;

• Impact on Involvement in Community Life: Of all the impacts measured, helping users to become more involved in community life was the least successful across the Schemes. However, the majority of users in each Scheme still agreed that it had allowed them to get more involved. Seven in ten (69%) users of Scheme 1: Education and Training agreed that it had allowed them to become more involved in community life, just ahead of Scheme 4: Disability Support. It is also important to note that Scheme 3: Care for Carers, has the lowest agreement score of 56%;

• Impact on New Opportunities in Life/Feeling More Optimistic: Scheme 1: Education and Training (84%) has had the greatest impact in terms of opening up opportunities in life and making users feel more optimistic about what they can do. Over eight in ten (83%) users of Scheme 5: Respite Breaks also agree that it has had a positive impact in this area; and

• Impact on Quality of Life: Scheme 5: Respite Breaks (92%) leads all other Schemes in terms of the impact it has on users’ quality of life. However, scores for Scheme 4: Disability Support (91%), Scheme 6: Financial Assistance (90%) and Scheme 2: Chronic Pain (88%) are all similarly high.
6.2.9 Overall satisfaction with the service offered by VSS through the Individual Needs Programme

Overall satisfaction with the service offered by VSS through the INP varies across the four aspects participants were asked to consider. A majority were satisfied with the assessment process (53%) and the quality of the service provided through the Scheme (52%).

However, just over half (52%) were unsatisfied with the follow-up support provided by VSS staff (with 33% very unsatisfied) and 69% were unsatisfied with the time taken to receive money/and or service (with 42% very unsatisfied).

Table 6:7: Ratings of the VSS Service*

<table>
<thead>
<tr>
<th>Service Aspect</th>
<th>Very satisfied</th>
<th>Quite satisfied</th>
<th>Quite unsatisfied</th>
<th>Very unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The assessment process</td>
<td>27%</td>
<td>26%</td>
<td>15%</td>
<td>31%</td>
</tr>
<tr>
<td>The quality of the service provided</td>
<td>20%</td>
<td>32%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>through the Scheme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any follow-up support provided by VSS staff</td>
<td>21%</td>
<td>19%</td>
<td>19%</td>
<td>33%</td>
</tr>
<tr>
<td>The time taken to receive money</td>
<td>13%</td>
<td>16%</td>
<td>27%</td>
<td>42%</td>
</tr>
<tr>
<td>and/or service (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* totals may not equal 100% due to rounding

Source: RSM McClure Watters

6.2.10 Drivers of dissatisfaction with service offered by VSS

When looking at satisfaction with service delivery, it is often dissatisfaction that is most revealing. There are two areas of the service offered by VSS under the INP where the majority of participants stated they were unsatisfied, they are:

- The time taken to receive money and/or service – 69%; and
- Any follow-up support provided by VSS staff – 52%.

The users of Scheme 1: Education and Training (88%) and Scheme 4: Disability Support (76%) are particularly unsatisfied with this aspect of the service provided by VSS. Therefore, the views of participants who have used these two Schemes are having an significant impact in driving dissatisfaction with the time taken to receive money and/or service at an overall level.

In contrast to dissatisfaction with the time taken to receive money and/or service, the proportion of participants unsatisfied with any follow up support provided by VSS staff is more consistent across the schemes. This would indicate that there are not any particular Schemes driving dissatisfaction and it is an issue across the board. However, it is important to note that dissatisfaction with this aspect of service was again highest among users of Scheme 1: Education Training (65%).
Lack of support for individuals:
• “It was supposed to be about need. Now it seems to be how many people can we give money to, no matter how small the amounts are.”
• “Funding is most definitely weighted to groups and not adequately weighted to individuals. For me, the only person in my area affected by the Troubles, there are no such groups, not even another family affected. The old service was all about the individual. I do feel that there's very little for me to avail of, that money goes to communities and this is not really the purpose of the service or its schemes. The staff who deliver the current schemes though, do this adequately. These decisions are not of their doing.”
• “I believe the VSS gives more support and financial assistance to groups and agencies than individuals/families, most of these groups will only give help to you if you are in their circle. This has been my experience time and time again.”

6.3 In-depth Interviews with Individuals
In-depth interviews were conducted with 17 individuals who had accessed the INP. Individuals were asked about their experiences of the INP, the extent to which it met their needs and how it impacted on them. The following groups of individuals were interviewed:
• 4 carers of an individual who had been injured: all female;
• 7 individuals who had been injured: 4 male and 3 female;
• 4 individuals who had been bereaved: 1 male and 3 female; and
• 2 children of an individual who had been injured (1 male and 1 female).

This section summarises the salient points emerging from these interviews.

6.3.1 Impacts of INP
Individuals were asked how the supports and services offered through the INP had impacted on them. A range of impacts were cited by individuals:
• One interviewee who had received training through the Education and Training Scheme had been able to “pick up bits and pieces of work” as a result of the training. This was very important to him because as a victim and survivor, he has always had difficulty in finding employment. His children were also able to get their driving licences through INP support, so it has had a wider impact on his whole family.
• Money received through Care for Carers was very important to those who care for a family member. Many carers’ only source of income is their benefits so the additional source of financial support is very welcome. Carers noted that this had a positive impact on their mental health and wellbeing as it was “one less thing to worry about”;
• Money received through disability support was also very welcome. Interviewees reported using the money to pay for disability aids, home adaptations and to pay for heating. These had an impact on both physical and mental health as they would not be able to afford either in the absence of the INP;

6.2.11 Other comments
Respondents were asked if they had any further comments on their experiences of the service offered by the VSS through the INP. The following responses are indicative of the key themes arising.

Positive feedback on INP and the VSS
• “The people working there [the VSS] are great. They welcome you with open arms. I can't complain, they are doing their job well”.
• “It has been a privilege to be part of it and has changed my life for the better. Just knowing that the VSS is there to help people in unfortunate positions is a huge relief in itself”.
• “The 2013 VSS Programme impacted on my life and the lives of my wife and daughter in a manner that really set out the VSS Service as totally relevant to our needs.”

Information provided by VSS and general customer service issues:
• “Information from VSS is very poor they do not reach out to victims. I feel the service provided is of a poor standard and does not reflect the real issues regarding to people like myself.”
• “Every time I rang VSS I was told different things by different people, I felt I was being fobbed off and told what I wanted to hear.”

Table 6:9: % Unsatisfied with any follow-up support provided by VSS staff

<table>
<thead>
<tr>
<th>Scheme</th>
<th>% Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 1: Education and Training</td>
<td>65%</td>
</tr>
<tr>
<td>Scheme 2: Chronic Pain</td>
<td>59%</td>
</tr>
<tr>
<td>Scheme 3: Care for Carers</td>
<td>63%</td>
</tr>
<tr>
<td>Scheme 4: Disability Sport</td>
<td>53%</td>
</tr>
<tr>
<td>Scheme 5: Respite Breaks</td>
<td>55%</td>
</tr>
<tr>
<td>Scheme 6: Financial Assistance</td>
<td>56%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters
Base: Users of each Scheme
• One interviewee noted the impact of the Chronic Pain support on his physical health has improved. He has always been very conscious of whom he would work with due to scarring on his body etc., but he found a practitioner that he trusts and is comfortable working with. This has encouraged him to continue with his treatment; and
• Two interviewees who had received CBT through the VSS Psychological Therapies Service spoke about the impact of this. One noted that it: “Let me get on with my life. It gave me a purpose to get up in the morning. It was someone to speak to as I can’t burden my family with that type of information”. He also found that the VSS was a secure place to talk as he had concerns about security and people finding out his past. The therapist he worked with had experience of dealing with people from the security forces, which he thinks helped him a lot as he had an understanding of the issues. Both were in the middle of their courses of CBT when the Psychological Therapies Service was withdrawn, which both were very upset about. Both stated that they had not sought psychological help since then as they do not ‘trust’ both statutory services and victims and survivors groups.

Individual Case Study: Kate

Kate’s father was injured as a result of the Troubles. She was aware of the services available to Victims and Survivors (and their families) as her family had been on respite breaks in the past through the NIMF. Her father made her aware of the support available through the INP. She received money through Scheme 1: Education and Training which enabled her to study for her A-Levels full-time. She has a young baby so she would not have been able to study full-time without the financial support she received.

Kate believes that the main impact of the support has been an increase in her confidence. Studying has increased her self-esteem and she goes out and socialises more than she did previously. She believes that the combination of studying for her A-levels and respite break (that she went on with her father) has contributed to a general increase in her overall quality of life.

While her overall satisfaction with the service offered by the VSS is high, she did think the VSS could provide more follow-up support. However, the money did arrive on time and she had no difficulties in this regard. Overall, the services she used through the INP met her expectations. She is not aware of any other programmes or anywhere else were she could have accessed the same or similar services.

When asked how the INP could be improved, she suggested that the VSS could be more proactive with information they provide - they should be reaching out to the people entitled to use these services so they know what they can avail of.

NB: This Case Study has been anonymised to protect the identity of the individual.

Respite breaks were rated particularly highly by those who had received them (14 of the 17 interviewees). The following impacts were noted:
• It is a chance to get away from their home environment. Many interviewees have concern about security (of their home and personal security) so being away from this gives them an opportunity to relax;
• One number of interviewees reported that the break was “something to look forward to” and so made them feel hopeful;
• One interviewee noted that he would never have gone ahead with a holiday if he had to organise it himself. The fact that someone else was paying for it gave him the push he needed to go ahead with it. He would have felt that he was letting people down if he didn’t go and he was very happy that he had to courage to go away; and
• Several interviewees noted that respite breaks also had a wider impact on family members as they were able to relax, knowing that the individual was under less pressure for a short time. One individual’s family commented that he was like a “different person” when he came back from his respite break and that this impact lasted for months.

6.3.2 Assessment Process

All interviewees went through the INR and the majority did not have any issues with this process, or the questions asked, on the whole. Most found the Assessors to be professional, courteous and compassionate. However, a number of common issues were reported with the assessment process in general:

• Some interviewees were told at the assessment that they would be entitled to more than they actually received. There was a feeling that their expectations had been raised and that this was unfair. Some suggested that they would have preferred to have in writing what they were told they were entitled to; and
• A common criticism from individuals, who had been involved with the NIMF (8 of the 17 interviewees who had previously been involved with the NIMF), was the requirement to provide proof /documentation of what had happened to them in the past. There was a feeling that the ‘full’ INR process should only be for new clients.

Individual Case Study: Sarah

Sarah is a full-time carer for her husband who was injured as a result of the Troubles in the mid-1980s. Sarah’s family have been involved with the NIMF in the past and so she was aware of the VSS and the supports they provide through the INP. In 2013/14, Sarah accessed Scheme 3: Care for Carers and Scheme 5: Respite Breaks.

She received £1,000 through Scheme 3. This money was used to have rooms in their home repainted. She would not have been able to do this work herself as she had recently injured her wrist. Their family rely on her carer’s allowance and her husband’s benefits, so she was very grateful for the support. She believes this has a very positive impact on her mental health as it is ‘one less thing to worry about’. Sarah also received a three-day respite break. Again, she was very grateful for this as it gave her a chance to ‘get away from everything for a while’.

Overall, Sarah believes that the INP has had a positive impact on her mental health, and subsequently her physical health as she is less stressed. It has also impacted on her family’s quality of life. She appreciates the support available to carers as it is recognition of the important work they do. She found VSS staff to be helpful, although it was often difficult to get through to them as their phone lines were busy.

In terms of future improvements, she believes there could be more support in place for carers, such as counselling or complementary therapies, for when things get too much for them.

NB: This Case Study has been anonymised to protect the identity of the individual.
6.3.4 Weaknesses of INP

were raised about the administration of the INP by the VSS: establishing itself, which had led to some problems with administration. A number of issues There was also recognition that the VSS was a new organisation and in the process of Generally, interviewees were positive about the help and support received from VSS staff. Generally, interviewees were positive about the help and support received from VSS staff. There was also recognition that the VSS was a new organisation and in the process of establishing itself, which had led to some problems with administration. A number of issues were raised about the administration of the INP by the VSS:

• Many interviewees would like more communication from the VSS on the progress of their application. They find that the onus is on them to follow-up with them to get information;
• Most interviewees reported difficulty in getting through to VSS as their phone lines were always busy;
• A number of interviewees suggested that it would be good to have one point of contact in VSS, like a dedicated Case Worker;
• A number of interviewees (who had not been involved with the NIMF) found out about the VSS and INP through word of mouth. There was a feeling that the VSS could do more to advertise and promote the INP;
• Many interviewees found it took a long time to get their payments through; and
• It was recognised that the VSS didn’t have the files transferred from the NIMF or proper systems in place to deal with the demand of applications they received, which led to delays. This led to a lot of additional administration for the VSS, and must have cost a lot of extra money that could be used elsewhere.

6.3.3 Administration of INP

Generally, interviewees were positive about the help and support received from VSS staff. There was also recognition that the VSS was a new organisation and in the process of establishing itself, which had led to some problems with administration. A number of issues were raised about the administration of the INP by the VSS:

• Many interviewees would like more communication from the VSS on the progress of their application. They find that the onus is on them to follow-up with them to get information;
• Most interviewees reported difficulty in getting through to VSS as their phone lines were always busy;
• A number of interviewees suggested that it would be good to have one point of contact in VSS, like a dedicated Case Worker;
• A number of interviewees (who had not been involved with the NIMF) found out about the VSS and INP through word of mouth. There was a feeling that the VSS could do more to advertise and promote the INP;
• Many interviewees found it took a long time to get their payments through; and
• It was recognised that the VSS didn’t have the files transferred from the NIMF or proper systems in place to deal with the demand of applications they received, which led to delays. This led to a lot of additional administration for the VSS, and must have cost a lot of extra money that could be used elsewhere.

6.3.4 Weaknesses of INP

A number of common weaknesses in the INP were raised by interviewees:

• The use of DLA as an eligibility criterion was raised as a concern by several individuals. This was thought to be unfair for a number of reasons:
  - Several interviewees felt that there was no correlation between being a victim or survivor and being in receipt of DLA;
  - There was a feeling that there is no link between mental health conditions, such as PTSD, and DLA. This would mean that many people with complex mental health conditions in need would not be eligible for support;
  - Several interviewees, who are on mid-rate DLA, feel they are disadvantaged and treated like they are ‘second class’ as they are not on higher-rate DLA; and
  - Many interviewees believe they would be eligible for higher-rate DLA if they applied for it, but do not wish to do so for a variety of reasons e.g. one did not want to go through the DLA assessment process as it is very unpleasant and he does not want to discuss his mental health issues, another respondent did not wish to claim as she felt she would be a “drain on the tax system”.
• One interviewee felt that the process of having to apply for support each year made him feel like “a beggar”. He feels that an annual pension should be provided to victims and survivors in place of this;

<table>
<thead>
<tr>
<th>Individual Case Study: June</th>
</tr>
</thead>
<tbody>
<tr>
<td>June was injured as a result of the Troubles. She has received a range of INP supports through Scheme 2: Chronic Pain, Scheme 4: Disability Support, Scheme 5: Respite Breaks, Scheme 6: Financial assistance.</td>
</tr>
<tr>
<td>June was very positive about all the supports she received. The reflexology and aromatherapy massage reduced her levels of pain and helped her sleep at night, however the biggest impact was the new wheelchair she received through Disability Support. This has been life changing for her.</td>
</tr>
<tr>
<td>She had previously been given a wheelchair through the NHS, but this was just a standardised wheelchair which she found too uncomfortable to spend any length of time in. Her physical condition had deteriorated so much that she had become house-bound.</td>
</tr>
<tr>
<td>Her new wheelchair has gas suspension and is tailor-fitted to her needs. It is much more comfortable as it takes the pressure off her spine and causes much less pain when she spends time in it. As a result of this, she has been able to leave the house for the first time in years. She has been able to spend more time with her grandchildren and take them to the park. She can also go shopping and get about on her own. This has improved June’s quality of life, physical and emotional health ‘immeasurably’.</td>
</tr>
<tr>
<td>NB: This Case Study has been anonymised to protect the identity of the individual.</td>
</tr>
</tbody>
</table>

• The removal of the Psychological Therapies Services through the VSS impacted hugely on two interviewees who were mid-way through their course of treatment at the time. Both were exceptionally upset by this. One was so upset that his counsellor offered to contact other groups offering counselling on his behalf. Unfortunately these were both too far away for him to attend as he has epilepsy and doesn’t feel confident enough to travel long distances. This interviewee stated that he “felt respected” for the first time when he started the counselling. When this was taken away with no warning, he stated that he felt even worse than when he started; and
• There was a feeling that the schemes are very rigid. For example, it was noted that a number of quotes have to be provided, interviewees found this to be difficult if they are using larger shops/department stores for example.
6.3.5 Suggested Changes and Improvements

Interviewees were asked to suggest ways in which the INP could be improved to make it more effective. The following changes were suggested:

- A number of interviewees expressed discontent at having to speak to different people every time they contact VSS. This is time-consuming and frustrating having to give the same information over and over again. They believe it would be very beneficial to have a dedicated Case Worker;
- One interviewee would like to see the eligibility criteria widened a bit. This interviewee made particular reference to the number of people suffering from PTSD and how this often goes unrecognised if they have never been to the GP and there’s no ‘evidence’ of it. He knows a lot of people who should be eligible, but would currently be excluded as they have no medical history as they cannot talk to their GP about it;
- One interviewee suggested that the assessment process should consist of one interview, facilitated by a panel of doctors, that determines how you have been impacted upon by what happened to you, and then be awarded an annual amount based on your needs, almost like a pension;
- Two interviewees who are carers would like to see more support on offer for carers. They suggested having access to other services, such as counselling or complementary therapies, for when things get too much for them to cope with;
- Interviewees were aware that the VSS have faced budget cuts. They feel that the VSS should have more certainty over their funding so they can plan ahead with the services they can offer. This in turn would give more certainty and consistency to individuals around what they will be entitled to each year as there is currently a lot of uncertainty and this causes concern;
- Several interviewees believe there should be a more rigorous assessment process, conducted by more experienced assessors. This would remove a lot of the people who currently receive services, and ensure that funding reaches those most in need;
- All interviewees suggested that individuals should be given a personalised budget, based on their assessed need, rather than having to apply to rigid schemes. This would provide them with more flexibility in choosing services that meet their needs;
- Both interviewees who had accessed the Physiological Therapies Service in the VSS believe that this should be reinstated; and
- Several interviewees made reference to the number of victims and survivors groups that currently exist. There was a feeling that there are too many groups, that they duplicate each other’s work and receive a lot of funding. Two suggestions were made in relation to this:
  - Groups doing similar work or working in the same geographical areas, should be merged and the additional funding should be given to the VSS to distribute to individuals; and
  - All victims and survivor funding should be given to VSS to act as a hub of centralised services. The VSS could then have regional office to reach all areas of the country.

Individual Case Study: John

John was injured as a result of the Troubles. In 2013/14, he accessed INP support through Scheme 2: Chronic Pain, Scheme 5: Respite Breaks and Scheme 6: Financial Assistance. John had been attending Justice for Innocent Victims of Terrorism and they told him about VSS - he had no awareness of them and had no previous involvement with NIMF.

John received physiotherapy, which was very helpful in addressing his physical needs. He also received CBT through the VSS Psychological Therapies Service and he found this be very helpful. He stated that it was someone to speak to as he has never felt able to talk to his family about the things that happened to him. He also found that the sessions were a secure place to talk as he had concerns about security and people finding out his past. The therapist he worked with had experience of dealing with people who had experienced trauma, which he thinks helped him a lot as he had an understanding of the issues. John found that the ‘CBT let me get on with my life. It gave me a purpose to get up in the morning’. However, he was in the middle of his course of CBT when Psychological Therapies Service was withdrawn. He found this upsetting as it was really making a difference to his life.

John also found the respite break to be very helpful. He stated that he would never had gone ahead with it if he had to organise it himself. The fact that someone else was paying for it gave him the ‘push’ he needed to go ahead with it.

John found the VSS staff to be very good on the whole, “if they couldn’t answer your questions then they passed you onto someone else who could, or would get back to you with an answer”. However, he suggested that having one point of contact in VSS would help and suggested this as an improvement to the programme.

NB: This Case Study has been anonymised to protect the identity of the individual.
7 OTHER STAKEHOLDER FEEDBACK

7.1 Introduction

A range of stakeholders were consulted throughout the research study. This section presents an overview of the salient points emerging from these interviews.

7.2 VSS Staff Feedback

A number of VSS staff members were interviewed, including Programme Management Staff, three Assessors and the Psychologist/Service Manager.

7.2.1 Effectiveness of Schemes in Addressing Needs

The Psychological Therapies Services were considered to be very important by VSS staff and all highlighted the adverse impact on clients of its removal for a range of reasons:

- Many clients who accessed the Psychological Therapies Services were speaking about their problems for the first time ever. This is evident in the demographic profile of the clients using the service with a high proportion of middle-aged men, who are the cohort least likely to access clinical therapy. The sudden removal of the services had huge impacts on these individuals who were very vulnerable;
- Many clients would never contact statutory psychological services for fear of their background being exposed. Others would not wish to be involved with victims and survivors groups for various reasons. The VSS offered a neutral location where people could be open without fear of recriminations;
- Statutory services often aren’t equipped to deal with complex trauma cases, whereas the VSS offer a tailored service to the very specific needs of this client base; and
- There are long waiting lists to access statutory services. The VSS were in a position to offer services within a much shorter timescale with emergency cases being fast-tracked.

Some limitations of the Schemes were also highlighted:

- The provision of services through set Schemes can be too rigid. Clients have a range of often very complex needs and there should be more flexibility in tailoring services to meet these;
- Many clients have literacy issues. Offering these people Education and Training was felt to be redundant;
- Clients had to book and pay for their respite break and then reclaim the money. Many do not have enough money for this upfront outlay; and
- Bereaved, over 60s in particular, were unable to avail of Education and Training and Respite Breaks.

7.2.2 Assessment Process

It was felt that the INR in its initial form was fit-for-purpose and was an important tool in assessing individual client need. Subsequent changes to the INR and the removal of questions, particularly in relation to mental health, made it substantially less effective.

Enabling groups to complete assessments through the Gateway process led to a large increase in the number of applicants to the INP. This led to an increase in the workload of the VSS as eligibility checks had to be completed on each application. Importantly, it also had budgetary implications as the number of applicants was much greater than had been projected in the Business Case.

7.2.3 Administration of INP

Programme staff highlighted the delay in the transfer of files from the NIMF to the VSS and delays in the implementation of a new Management Information System. This impacted on their ability to deal with clients’ information effectively and led to delays in processing.

There was an influx of applicants through the Gateway Process. Each application had to be verified by VSS and this placed an unanticipated administrative burden on them.

The number of people accessing the INP was hugely underestimated. Targets and budget had been set on the historic demand for the NIMF. The increased demand for the INP had budgetary impacts as well as placing an administrative burden on VSS, who were not adequately staffed to deal with this.

7.2.4 Monitoring and Evaluation

The VSS had targets to i) establish a monitoring and evaluation framework for measuring the impact on victims and survivors and ii) report on the outcomes of programmes and services on individual victims and survivors, both by April 2013. However, as highlighted in section 5, in November 2013 the Programme Board decided to cease the use of VSS monitoring and evaluation tools. Consequently, no impact monitoring and evaluation data was collected in 2013/14.

From a clinical point of view, VSS staff highlighted the importance of collecting standardised monitoring and evaluation data on impact and client outcomes. This will provide an evidence base for the efficacy of different services to ensure that the most appropriate and effective approaches are offered.

7.2.5 Other Issues

The Peace IV Programme (2014-2020) could potentially offer opportunities to further develop services for victims and survivors. The PEACE IV Programme is currently under development; however the PEACE IV Consultation document highlights that:

In recognition of the need and demand of those who have suffered from the trauma of the Conflict, the Programme will develop upon the services to meet the needs of victims and survivors. The PEACE IV Programme has an opportunity to add to the significant contribution that PEACE Programmes have made to the victims sector over the years by investing in the development of services to victims. The development of these services will be targeted at those individuals presenting with mental health disorders that are attributable to the Conflict. The PEACE IV Programme would aim to address the needs of victims of the Conflict in the area of mental health on both sides of the border.
CVS’ response to the PEACE IV Consultation recommends the development of a specific project within the Programme that would contribute to addressing the following issues:

- The capacity to develop specialised services to treat chronic mental health conditions as a consequence of the Conflict;
- The development of a care pathway to deal with complex mental health issues in conjunction with DHSSPS and DOHC in Ireland;
- The development of family therapy services;
- Funds and resources groups to meet the highest possible standards of Service delivery in relation to mental health needs;
- Funds further research and investigation of treatments in relation to dealing with trauma and complex grief with the Universities; and
- The development of a world renowned Regional Trauma Centre located in Northern Ireland and the Border Region.

7.3 Victims and Survivors’ Forum Feedback

A group session was held with members of the Victims & Survivors Forum. Members were asked their views on the effectiveness of each of the Schemes in terms of meeting the needs of victims and survivors, the assessment process and the administration of the Programme by VSS.

7.3.1 Effectiveness of Schemes in Addressing Needs

Forum members provided the following feedback on each of the Schemes:

**Education and Training:** It was recognised that Education and Training was important to some people, but there was also a feeling that, of all the schemes, it was the least important;

**Chronic Pain:** This is a very important Scheme and felt it is essential. Changes in the Scheme in 2014/15 have seen awards reduced and capped, there is a feeling that it is moving away from being ‘needs based’ to what they can afford to give to people due to a reduction in funding;

**Care for Carers:** This is a very important Scheme. The government needs to acknowledge the huge impact carers have on society and the economy. Carers deserve recognition for the work they do;

**Disability Support:** Again this was recognised as a very important scheme. The removal of the heating allowance will impact on a lot of people as adequate home heating is very important for those suffering from disabilities and pain;

**Respite Breaks:** Forum members believe that while respite breaks are very important, they need to be targeted at those most in need. There was a belief that too many people had been awarded money for respite breaks and that this had resultant impacts on the overall INP budget; and

**Financial Assistance:** As with the respite breaks, Forum members felt this scheme was vital, but must be appropriately targeted at those most in need.

7.3.2 Assessment Process

Forum members had varied views on the INR process (as it was first introduced). One member, who had gone through the INR process, found the experience to be traumatic as he had to go over events from the past as well as provide proof that they had happened. This member had previously been accessing the NIMF and had provided all this information in past. He therefore couldn’t understand why he had to go through this process again.

Other Forum members did not have any issues with the assessment process or the INR. They were of the opinion that a stringent assessment process should be in place to ensure that the Programme benefits those most in need.

There was a feeling that the Gateway Process had created problems as it led to a huge influx of applicants to the Programme. This, in turn, put pressure on the budget and the VSS in processing the applications. There was a feeling amongst Forum members that this detracted funding from those most in need and slowed the whole funding process for everyone.

The consensus was that eligibility criteria should be tightened. There was a recognition that budgets will inevitably be cut, and so tighter eligibility criteria will ensure those most in need are targeted.

Many Forum members believe that VSS should have sole responsibility for conducting any assessment and/or eligibility checks and that the groups should have no role in this.

7.3.3 Administration of Programme

Forum members recognised that the VSS was a newly established organisation and that there had been a number of issues in the early delivery of the INP.

Forum members all experienced delays in receiving confirmation of their funding. However, they believe this is due to the huge volume of applications received through the Gateway Process, and beyond the control of VSS.

They also experienced difficulty in contacting VSS as they have an automated phone line and it is always busy. Again, they believe this is due to the administrative burden of the VSS receiving more applications than anticipated.

7.3.4 Suggested Changes

Forum members were of the opinion that the current schemes are too rigid. There was a general feeling that the INP had lost its focus on being ‘needs-based’. The proper identification and assessment of individual need must be the central focus in any future Programme design and delivery.

The idea of a personalised budget was suggested, whereby individuals would be allocated an annual award, based on need, and would have the freedom to spend this as they choose on a package of care tailored to their specific needs. To avoid misuse of funding, it was suggested that certain parameters could be set on spending. For example, a suite of services
could be offered with costs per hour, individuals could then choose which provider they wished to use and the number of hours they could allocate to this within their personalised budget. This would also empower victims and survivors as they will be making their own choices.

7.4 Health and Social Care Feedback

The Head of Service Improvement, from the HSCB Social and Community Care Services, provided feedback on the HSCB’s proposed Health and Social Care Regional Trauma Services Model. This is an outline model designed to provide joined-up services to those suffering trauma. Although this model is intended for those experiencing any type of trauma, and is not exclusively aimed at victims and survivors, it could potentially transform the provision of health services for victims and survivors.

The model will be delivered through a Regional Trauma Care Network and will include the following services:

- Trust trauma service leads;
- Children, young people and families trauma centre;
- Regional adult trauma and recovery team;
- Psychological medicine health care and pain and rehabilitative medicine provisions; and
- Public Health Agency (PHA) R&D mental health research collaborative.

The design of the model is founded on evidence-based trauma care guidelines and research. It also employs the Stepped Care model and is based on the following core elements of trauma care response:

Figure 7:1: Proposed Health and Social Care Regional Trauma Services Model

The following care pathway has been developed for victims and survivors accessing the proposed trauma services for, including access points through both the VSS and victims and survivors groups.

Figure 7:2: Proposed Care Pathway

HSCB highlighted that this is an outline model and is still subject to approval. If implemented, a full business case will need be conducted and joint funding arrangements put in place.
8 RESEARCH CONCLUSIONS

8.1 Introduction

This section details our conclusions against each of the research objectives set in the Terms of Reference.

8.2 Impact of INP on Individuals

There is no formal impact data for the programme for 2013/14 due to the deferment of the previous monitoring and evaluation tools in November 2013. Some attempts have been made to measure the impact of various elements of the INP, for example:

- The Feedback Survey issued by VSS to clients who were currently in receipt of Scheme 6; and
- The Clinical Audit/Outcome Evaluation of Carecall’s psychological therapies.

This research has sought to gather qualitative and quantitative impact data through direct consultation with individuals. Due to the small sample sizes, it should be noted that these findings are for illustrative purposes only and are not representative of the total population accessing the INP. However, they do provide useful insight into how the INP impacts on those using the services.

8.2.1 Quantitative Impact

Data from the survey of individuals was analysed to show which Schemes had the greatest impact on the different groups of victims and survivors. However, as noted before, caution should be exercised when considering these results as the base size for two groups (registered primary carer for an immediate family member who has been injured and child/spouse of someone who has been physically or psychologically injured) are particularly low.

**Support for the Bereaved**

Data from the survey shows that Schemes 6 and 5 had a greater impact on this group than Scheme 1. Three quarters (75%) agree that the Financial Assistance and Respite Breaks had a positive impact on them in some form, while 69% agreed that Education and Training impacted on them.

**Table 8:1: Bereaved: Overall Scheme impacts**

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 6 (Financial Assistance)</td>
<td>75%</td>
</tr>
<tr>
<td>Scheme 5 (Respite Breaks)</td>
<td>75%</td>
</tr>
<tr>
<td>Scheme 1 (Education and Training)</td>
<td>69%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters

**Support for the Injured**

By far the largest group of participants had been physically or psychologically injured and it is perhaps unsurprising, given the injuries, that Scheme 2: Chronic Pain has had the greatest impact on this group. Almost eight in ten (79%) agree that it has had a positive impact on them in some way. This is closely followed by Scheme 4: Disability Support and Scheme 5: Respite Breaks (both 78% respectively).

**Table 8:2: Support for the Injured: Overall Scheme impacts**

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 6 (Financial Assistance)</td>
<td>62%</td>
</tr>
<tr>
<td>Scheme 5 (Respite Breaks)</td>
<td>78%</td>
</tr>
<tr>
<td>Scheme 4 (Disability Support)</td>
<td>78%</td>
</tr>
<tr>
<td>Scheme 2 (Chronic Pain)</td>
<td>79%</td>
</tr>
<tr>
<td>Scheme 1 (Education and Training)</td>
<td>59%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters
Support for Carers

As the base size for this group is so small (9) caution should be exercised when examining the results. Scheme 5: Respite Breaks (78%) is the Scheme which has had the greatest impact on this group. Interestingly, Scheme 3: Care for Carers, which is specifically aimed at this group, is only the third highest rated Scheme in terms of positive impact (69%).

Table 8:3: Support for Carers: Overall Scheme impacts

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 6 (Financial Assistance)</td>
<td>70%</td>
</tr>
<tr>
<td>Scheme 5 (Respite Breaks)</td>
<td>78%</td>
</tr>
<tr>
<td>Scheme 3 (Care for Carers)</td>
<td>69%</td>
</tr>
<tr>
<td>Scheme 1 (Education and Training)</td>
<td>55%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters

8.3 Effectiveness of INP in Addressing Needs

The aim of the INP, as set out in the original Business Case, is to assist those who have been directly impacted by loss or injury and have the greatest need. The expected outcomes were set for the programme:

- Improved quality of life;
- Positive Attitude; and
- New opportunities addressing poverty and vulnerability.

8.3.1 Strengths and Limitations of Schemes

The following sub-sections highlight the strengths and limitations (where applicable) of each of the six Schemes based on feedback from the survey of individuals and in-depth interviews with both stakeholders and individual service users.

Scheme: Education and Training

The majority of survey respondents who availed of Scheme 1: Education and Training were positive about their experiences. The vast majority (84%) agree overall that it opened up new opportunities in their life, while 76% agree that it contributed to an improvement in their quality of life.

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“The thing I enjoyed about doing this [was that] it got me into a routine and gave me something to look forward to each week. And it gave me an hour with someone I could trust other than family.”

“It has helped me be more sociable and to meet more people, which helped my self-esteem loads.”

“It boosts confidence by improving my knowledge.”

“I am using it to help with university fees. It is essential.”

Interviewees reported finding employment, progressing within current employment and onto other training/education as a result of the support received through this Scheme.

One limitation in this Scheme was highlighted by a number of interviewees. They reported that, although they were eligible for support under Education and Training, they had chosen not to use it as they did not feel it was relevant to their needs. Reasons given for this were due to being older, issues with attending classes or courses due to mobility and accessibility issues and perceived limited impact of education and training on their lives.

When considering programme expenditure and award uptake, this Scheme also had the highest proportion of awards not claimed - 56% of awards issued in 2013/14 were not claimed.

Scheme 2: Chronic Pain

Almost all (95%) of those who accessed Scheme 2: Chronic Pain agreed that it had a positive impact on their emotional health and wellbeing. There was also a strong agreement that Scheme 2 contributed to an improvement in the quality of life (88% overall) and had a positive impact on physical health and wellbeing (85%).

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“Beyond all other assistance this is the one that has proved crucial to my quality of life. As well as providing physiotherapy to manage pain it also part funded major surgery on my spine to arrest the further deterioration of my condition. It has provided a psychological and physical health safety net which has given me the confidence to come off benefits and I am currently deeply upset to find out that this years and all future awards are likely to be taken away from me due to a radical change in criteria reserving assistance for only the most severely disabled.”

“I find these sessions very relaxing and they help me to sleep better on the night after they have been completed.”
“Having some financial assistance to purchase home-heating oil is a real God-send; it lifts the extra burden of ‘heat or eat’ strategies low income families like mine are required to employ continually.”

“The simple knowledge that help is there if I need it has been a mental boost. I have so far used the facility once for an ergonomic chair and desk and was this year going to spend my award on a laptop which is crucial for working in a position that doesn’t aggravate my neck and shoulder.”

“I had help towards [a] scan, which gave me reassurance.”

Interviewees who had accessed this Scheme were particularly emphatic when describing how positively it had affected them. New equipment (such as wheelchairs and car parts) and home adaptations enabled them to “live a more normal life” by increasing their mobility. This also enabled them to engage more in social and community life, and in many cases eased their incidences of physical pain by making them more comfortable.

**Scheme 5: Respite Breaks**

This Scheme was also one of the most positively viewed. The majority of participants agree overall that the Scheme contributed to an improvement in their quality of life and had a positive impact on their emotional health and wellbeing (92% respectively); and had a positive impact on physical health and wellbeing (90%). Just over eight in ten (83%) also agree that respite breaks had opened up new opportunities in their life.

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“This VSS Scheme has had the most major impact on my life and the lives of my family. Being able to get out of the location of danger, tension, and hostilities to another location, means we can live (if only for a week or two) in some semblance of ‘normality’ of life. The Respite Breaks Scheme is a very real help to us as a family, and impacts our lives immensely.”

“Time out away from your negative thoughts. Invaluable!”

“Recognition of PTSD as an illness which was caused by being held hostage. CBT was a great help and has furnished me with information to control my demons. The therapist was also very professional and empathetic in helping me with my illness.”

“Having some financial assistance to purchase home-heating oil is a real God-send; it lifts the extra burden of ‘heat or eat’ strategies low income families like mine are required to employ continually.”

Interviewees were very positive about the efficacy of the supports and services they received through this Scheme. These were reported to have had physical impacts, through the reduction in pain, which in turn has positive impacts on mental health and their ability to engage in social and community life.

**Scheme 3: Care for Carers**

Just over eight in ten (82%) agreed overall that this Scheme had a positive impact on their emotional health and wellbeing, contributed to an improvement in their quality of life and had a positive impact on their physical health and wellbeing (82% respectively).

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“My wife, who is my carer, never having applied for anything before, found this beneficial in that the contribution toward a fridge-freezer, which we wouldn’t normally afford.”

“Gives empowerment to the carer for carrying the burden of looking after someone injured in the Troubles.”

Individuals who were interviewed felt that money received through Care for Carers was very important as:

- A lot of carers only source of income is their benefits so the additional financial support is very welcome;
- Carers noted that this financial support had a positive impact on their mental health and wellbeing as it was “one less thing to worry about”; and
- It is recognition of the work they do and the wider contribution they make to society.

A number of individuals who were interviewed did suggest that additional services could be made available for carers under this Scheme, such as counselling or complementary therapies. There was a feeling that this would give carers “an escape” and “a chance to get away from things when it all gets too much”.

**Scheme 4: Disability Support**

Disability support is one of the most positively viewed Schemes, with the vast majority agreeing that it contributed to an improvement in their quality of life and had a positive impact on emotion and physical health and wellbeing (91% respectively).

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“Having some financial assistance to purchase home-heating oil is a real God-send; it lifts the extra burden of ‘heat or eat’ strategies low income families like mine are required to employ continually.”

“The simple knowledge that help is there if I need it has been a mental boost. I have so far used the facility once for an ergonomic chair and desk and was this year going to spend my award on a laptop which is crucial for working in a position that doesn’t aggravate my neck and shoulder.”

“I had help towards [a] scan, which gave me reassurance.”

Interviewees who had accessed this Scheme were particularly emphatic when describing how positively it had affected them. New equipment (such as wheelchairs and car parts) and home adaptations enabled them to “live a more normal life” by increasing their mobility. This also enabled them to engage more in social and community life, and in many cases eased their incidences of physical pain by making them more comfortable.

**Scheme 5: Respite Breaks**

This Scheme was also one of the most positively viewed. The majority of participants agree overall that the Scheme contributed to an improvement in their quality of life and had a positive impact on their emotional health and wellbeing (92% respectively); and had a positive impact on physical health and wellbeing (90%). Just over eight in ten (83%) also agree that respite breaks had opened up new opportunities in their life.

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“This VSS Scheme has had the most major impact on my life and the lives of my family. Being able to get out of the location of danger, tension, and hostilities to another location, means we can live (if only for a week or two) in some semblance of ‘normality’ of life. The Respite Breaks Scheme is a very real help to us as a family, and impacts our lives immensely.”

“Absolute necessity. It has given me the courage and support needed to get out of the house.”

“This is probably the most valuable of services as it impacts on a family as a whole as well as the individual - continuation is vital!”

Interviewees rated respite breaks particularly highly for the following reasons:

- Many interviewees have concern about security (of their home and personal security) so being away from this gives them an opportunity to relax;
- A number of interviewees reported that the break was “something to look forward to” and so made them feel hopeful;
- Several interviewees noted that respite breaks also had a wider impact on family members as they were able to relax, knowing that the individual was under less pressure for a short time.
Scheme 6: Financial Assistance

Users of this Scheme were most likely to agree that it had contributed to an improvement in quality of life (90%). This was closely followed by a positive impact on both their physical and emotional health (89% and 88% respectively).

The following feedback was also provided through the survey that shows the effectiveness of this Scheme:

“Capital payment allows me to purchase one-off items I would otherwise have to get a personal loan for. It is a great solace to know it is there.”

“[The Scheme] has really helped me to purchase essentials that I could not afford as I struggle terribly financially. It has helped me to get heating oil which I know I couldn’t have purchased without this financial help.”

“Again, I stress the vital importance of this aspect of VSS Schemes to us as a very low income family. Mentally, and as a consequence, physically, this aspect of VSS Schemes remains of huge importance to us.”

Feedback from interviewees was similar to that received through the survey. It was reported that the financial assistance had enabled users to pay for household bills and goods and had been therefore reduced their levels of worry and everyday stress.

Support for Spouses/Partners and Children of Individuals Living with Injuries

This group had the smallest base of all (4) and so the sample is almost too small for any meaningful analysis. However, we have included this analysis below for indicative purposes.

Spouses/Partners and Children of Individuals Living with Injuries were only eligible to receive support through Scheme 1: Education and Training. All four respondents who received support under this scheme were satisfied with it.

8.3.2 Qualitative Impact

A range of qualitative impacts were identified through the in-depth interviews and also through feedback provided in the open questions in the online survey:

• Users of the Education and Training Scheme had been able to find employment, enter further training/education and progress in their current employment as a result of the support they received;
• Money received through Care for Carers was very important to those who care for a family member. They stated that they would not have been able to afford the goods/services received without the support of the INP. Carers noted that this had a positive impact on their mental health and wellbeing as it was one less worry in their life;
• Money received through disability support was also very welcome. Interviewees reported using the money to pay for disability aids, home adaptations and to pay for heating. These had an impact on both physical and mental health as they would not be able to afford either in the absence of the INP;
• Interviewees reported that the support received through Chronic Pain impacted on physical health and, consequently, mental health; and
• Respite breaks were rated particularly highly by those who had received them for several reasons. Largely, it was an opportunity to get away from their home environment and spend time with their families. Interviewees reported that this impacted on both their physical and mental health, as well as that of their wider family.

8.3.3 Areas of Emerging Need and Future Development

Individuals who were interviewed were asked if they had any needs that were currently not met by the provisions under the INP. No emergent new needs were identified. However, several suggestions were provided by both individuals and stakeholders on how the delivery of the INP could be amended in order to make it more effective.

• The use of DLA as an eligibility criterion was raised as a concern by several individuals, and was thought to be unfair for a number of reasons. Individuals would like to see this removed as an eligibility criterion;
• Several interviewees made reference to the number of victims and survivors groups that currently exist. There was a feeling that there are too many groups, that they duplicate each other’s work and receive a lot of funding. Suggestions were made to i) consolidate groups doing similar work or working in the same geographical areas; or ii) provide all victims and survivor funding to VSS as part of a hub of centralised services. The VSS could then have regional office to reach all areas of the country; and
• interviewees were aware that the VSS have faced budget cuts. They feel that the VSS should have more certainty over their funding so they can plan ahead with the services they can offer. This in turn would give more certainty and consistency to individuals around what they will be entitled to each year as there is currently a lot of uncertainty and this causes concern.

There was consensus among the majority of all stakeholders and individuals interviewed that INP funding should be delivered through a personalised budget, based on their assessed need, rather than having to apply to rigid schemes.

Personal budgets are commonplace in the provision of social care in England, and were first introduced in 1997 under the Community Care (Direct Payments) Act 1996. Initially, local authorities were given a power, rather than a duty, to make payments for working age disabled adults. From April 2013, everyone who receives help from social services in England has been given the option of having a personal budget.

Personal budgets are an allocation of funding given to users after a social services assessment of their needs. The aim of personal budgets is to increase individuals’ independence and choice by giving them control over the way services they receive are delivered. A person uses their personal budget to meet their agreed social care outcomes. In an attempt to shift control to consumers, personal budgets support the move away from the offer of a fixed range of services with little choice, by allowing people to exercise choice and control in how they are supported, by whom and when. Evidence from pilots shows that some people use the flexibility to buy a broader range of services, while others prefer to use more traditional services, making them more responsive to their own needs. There are rules set about what payments can be used for and what they can’t. The money must be used to meet the needs identified in an individual’s assessment. Users can take their personal budget as:
The introduction of personalised budgets to the INP would represent a significant change from the current system of delivery and would have to be implemented in an incremental way. However, this would provide individuals with more flexibility in choosing services that meet their needs.

A number of evaluations of Personal Budgets have been completed in England. One evaluation completed on behalf of the Department of Health (2012) looked at the impact on users of Personal Budgets compared to a control group not in receipt of Personal Budgets. This evaluation analysed the impact that personal health budgets had on both clinical and subjective outcomes between a baseline and main follow-up 12 month period. A range of clinical outcomes were explored (mortality rates, and health-specific measures for diabetes and COPD) as well as more subjective measures (health-related quality of life; care-related quality of life; psychological well-being; and subjective well-being).

Key overall findings were:

- Personal health budgets had a significant positive impact on care-related quality of life, psychological wellbeing and subjective well-being compared to individuals in the control group;
- Personal health budgets had little impact on health status as measured by the clinical effect indicators and mortality rates (although, as the follow-up period was for one year it may not be expected that personal health budgets would have an impact on health status); and
- People in the personal health budget group did not report significant improvements in health-related quality of life compared to those in the control group.

The evaluation assessed whether personal health budgets are cost effective, assessed by estimating whether personal health budgets generate greater net benefit than conventional service delivery. This concluded that, in many cases, personal health budgets are cost-effective. Key findings regarding the cost analysis were:

- Services such as primary and secondary care, not covered by personal health budgets (hence ‘indirect’), were found to be significantly lower for the personal health budget group compared to the control group after accounting for baseline differences;
- There was no difference in the costs of services that could be directly secured using a personal health budget (such as for nursing, therapy and care services);
- Total costs (direct plus indirect) were not statistically significantly different between the personal health budget and control groups after accounting for baseline differences; and
- Total costs were significantly lower in the group of people with high-value personal health budgets compared to the controls.

8.4 Effectiveness of Programme Administration

8.4.1 Overall Administration

Respondents to the online survey were asked to rate their level of satisfaction with different aspects of the administration of the INP by VSS. Just over half (52%) were satisfied with the quality of the service provided through the Scheme. When looking at satisfaction with service delivery, there are two areas of the service offered by VSS where a majority of participants stated they were unsatisfied, they are:

- The time taken to receive money and/or service – 69%; and
- Any follow-up support provided by VSS staff – 52%.

VSS staff highlighted problems and delays with the transfer of client files from the NIMF, as well as delays in the implementation of a new Management Information System. This impacted on the delivery of the INP in 2013/14, causing delays in the process of client information. The evaluation process also identified that management information which would normally be available was not readily accessible as a result of this. One of the stated roles of VSS in the OFMDFM: Strategy for Victims and Survivors (2009) is to: ‘Keep relevant information that will be useful for the Commission and OFMDFM in needs analysis’. A fully integrated Management Information System is required to enable VSS to fulfil this requirement.

Interviews with individuals and the Victims and Survivors Forum provided more in-depth information on users’ views of VSS. On the whole, these individuals were positive about the help and support received from VSS staff and there was recognition that it was a newly-established organisation and that it takes time for proper systems to be put in place, which had led to some problems with administration. A number of common issues were also raised in the interviews that back-up the views of the survey respondents:

- Lack of communication from VSS on the processing of applications;
- Delays in getting payments through;
- Difficulty in reaching VSS staff due to busy telephone lines;
- Frustration at having to speak to different members of VSS staff each time and provide the same information;
- Inconsistency in the information provided by different members of VSS staff; and
- Lack of advertising of VSS and their services.

Communication with clients was highlighted as a recommendation in the Independent Assessment of the VSS in 2014:

“Independent Assessment Recommendation 6: We recommend that urgent consideration be given to the culture, process and overall management of communication within VSS, particularly with individual victims and survivors.”

12 http://www.york.ac.uk/inst/spru/research/pdf/phbe.pdf (accessed September 2014)
8.4.2 Assessment Process

Clearly, there were a number of concerns raised about the assessment process, and the INR in particular, through 2013/14. Views on the assessment process were mixed among the individuals consulted with. The majority of those who were interviewed were happy with the process (these respondents had been through the INR in its original form). Positive feedback included:

- It was a thorough assessment process. This is required to i) ensure eligibility; ii) determine individual need; and iii) ensure that those most in need are prioritised;
- Assessors in VSS completing the INR were thought to be professional, courteous and compassionate.

A number of common issues were reported with the assessment process in general:

- There was a feeling that the ‘full’ assessment/INR process should only be for new clients presenting to the VSS for the first time. Those previously involved with the NIMF had provided relevant documentation in the past and so should not have to do so again;
- Some interviewees felt that their expectations had been raised at the assessment process in terms of what they might receive;
- Individuals and stakeholders feel that the current programme design is too rigid and that support should be based on individual need; and
- Interviewees recognised that the Assessor’s role is a difficult one and feel that this should only be filled by a qualified clinical professional.

When asked their views on the assessment process, just over half (53%) of respondents to the online survey stated that they were satisfied with their experiences of this (27% were very satisfied, while 26% were satisfied). Of the respondents who were dissatisfied with the assessment process, those who had been physically or psychologically injured were the most likely to report this (50% were either dissatisfied or very dissatisfied), followed by those who were the registered primary carer for an immediate family member who has been injured (44% were either dissatisfied or very dissatisfied).

Strategic stakeholders raised issues with the evolution of the assessment process and many questioned the effectiveness of what it has become and the potential risks to service users. They state that a high proportion of individuals are presenting with complex mental health needs – VSS estimated that 70% of clients had moderate to severe anxiety and trauma symptoms in all INRs facilitated between April 2012 and November 2013. The current Gateway assessment process does not adequately screen mental health needs and so cannot make recommendations to address these needs.

A number of stakeholders also raised concerns about Groups funded through the VSS conducting assessments. There is clearly a conflict of interest when the assessor is also a provider of services. Managing potential conflicts of interest appropriately is needed to protect the integrity of the both the VSS and the interests of individuals.

N.B. The Independent Assessment of the VSS in 2014 made a recommendation in relation to the effective screening of need at the assessment stage:

“Independent Assessment Recommendation 21: We recommend a triage approach to needs assessments so that those who need simpler assessments can be managed separately from those with more complex needs”.

There are number of potential developments that could hugely impact on the delivery of health and social care services for victims and survivors within the coming years, namely:

- The development of Trauma Services through PEACE IV: If included in the PEACE IV Programme, it is estimated that this this could be operational in 2015/16; and
- The development of the Health and Social Care Regional Trauma Services Model: As this is only an outline model, it is difficult to estimate how long it would take to operationalise. This is likely to be a longer-term development over five plus years and is dependent on cross-Departmental funding agreements.

Both the above could lead to changes in the way in which victims and survivors are both assessed and access health and social care services. However, there is a degree of uncertainty around these developments, both in terms of their introduction and timescales. In the interim, the INP will play a pivotal role in addressing the needs of individuals.

The current assessment process should be reviewed to ensure that it provides a robust and holistic assessment of individuals’ health and wellbeing needs, including physical health and mental health need, as well as programme eligibility. All clients wishing to access support through the INP should be routed through the VSS (as recommended above) for an initial eligibility check.

The chronicity and complexity of both physical and mental health needs in individuals presenting through the INP necessitates the use of a multi-disciplinary assessment team to conduct a holistic assessment of clients’ health and wellbeing. The capacity to do this does not currently exist within the VSS however, this could be outsourced to an appropriate third party (i.e. an organisation that is able to meet all appropriate clinical regulations).

N.B. The following recommendation within the Independent Assessment of the VSS in 2014 related to the effective screening of need at the assessment stage:

“Independent Assessment Recommendation 23: We recommend that where victims and survivors are identified as requiring acute psychological or psychiatric interventions, then protocols with statutory health services must be in place and are subject to monitoring and evaluation. This should be a priority for consideration by CVSNI, OFMDFM, DHSSPS and the Health and Social Care Board advising the VSS”.

8.4.3 Monitoring and Evaluation

There was a lack of monitoring and evaluation data collected for the INP in 2013/14. This was due to the deferment of the INR and the monitoring and evaluation framework. VSS collected client profile information over the period 1st April 2012 to 30th June 2013, which was presented by VSS to the OFMDFM Committee - refer to Section 3.4.2. The collection of this information was to form a baseline assessment of client needs; however the collection of this data came to a halt when concerns with the INR process were raised.
Robust monitoring and evaluation processes are necessary to measure the impact, effectiveness and efficacy of the programme and its interventions. N.B. This was also included as a recommendation in the The Independent Assessment of the VSS in 2014:

“Independent Assessment Recommendation 22: We recommend that the monitoring and evaluation of the available packages of care and support are scrutinised regularly, carefully and sensitively to ensure that they are meeting the needs of victims and survivors, and any relevant professional standards or regulatory requirements as necessary”.

8.5 Value for Money

This section considers the extent to which the INP delivered value for money throughout its operation in 2013/14. There are a number of difficulties in measuring the value for money of the programme due to the lack of monitoring and evaluation information and impact data.

In the absence of this data, we have attempted to measure value for money in relation to the performance against targets set for the programme, additinally and displacement.

8.5.1 Performance against Targets

The Business Case set targets for the number of awards made and the estimated cost of Schemes 1 to 5. Each target for the number of awards was met, or surpassed, with the exception of Carer awards, which was on track to being met.

In terms of actual programme performance, there was significantly greater demand for support from the various schemes than was expected. This increased demand impacted on the programme budget – the Business Case estimated the cost of Schemes 1 to 5 to be £1.9m, when the actual cost was £2.6m. Clearly the level of demand was underestimated; however, this can also be considered to be a successful outcome for VSS in targeting ‘hidden’ victims and survivors.

8.5.2 Additionality and Displacement

Funding and services provided through the INP are targeted exclusively at victims and survivors. In order to demonstrate that the services provided through the INP is additional to other supports and/or services currently provided, a list of comparative services provided by statutory services and elsewhere is shown in the table below.

Although some of the services available through the INP are also available through other providers, there is some evidence of additionality under some of the Schemes, namely Care for Carers, Disability Support and Chronic Pain. Individuals who availed of these Schemes stated that they would not have been able to afford to buy the services and/or goods they received in the absence of the INP.

Many of the individuals interviewed were not aware of anywhere else they would be able to receive similar services. Indeed, many individuals stated that the health-related supports they received through the INP Schemes Disability Support and Chronic Pain (such as physiotherapy, new wheelchairs etc.) would not be available to them on the NHS. A number of individuals also stated that they would be unwilling to engage with statutory services or victims and survivors groups.

Although the INP can only be considered to deliver partial additionality, this degree of additionality clearly has a large impact on the users of the programme.

Table 8:4: List of Statutory Service Providers of INP services

<table>
<thead>
<tr>
<th>Need</th>
<th>Services</th>
<th>Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and well-being</td>
<td>Complementary therapies</td>
<td>OFMDFM Funded VSS</td>
</tr>
<tr>
<td>(includes mental and physical health)</td>
<td>Counselling</td>
<td>The Health Service, OFMDFM funded VSS</td>
</tr>
<tr>
<td></td>
<td>Psychotherapies</td>
<td>The Health Service, Private Consultant, OFMDFM funded VSS</td>
</tr>
<tr>
<td></td>
<td>Psychiatric help</td>
<td>The Health Service or Private Consultant</td>
</tr>
<tr>
<td></td>
<td>Chronic Pain Management</td>
<td>The Health Service or Private Consultant</td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Education &amp; Training</td>
<td>DEL funded further and higher education colleges</td>
</tr>
<tr>
<td>Individuals’ Financial Needs</td>
<td>Direct Financial Assistance</td>
<td>OFMDFM funded VSS</td>
</tr>
</tbody>
</table>

Source: VSS Business Case: 2013 – 2015 Programme Funding For Victims and Survivors

Although limited in scope, this research has found no evidence that the INP is displacing or duplicating supports and/or services in mainstream provision.

8.6 Recommendations

This section presents a number of strategic and operational recommendations for the future design and delivery of VSS support to individual victims and survivors.

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.
8.6.1 Strategic Level 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 both groups 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: Outsource Client Assessments

We recommend that OFMDFM, CVS and VSS conduct an assessment of the feasibility of outsourcing the assessment process to a multi-disciplinary third party – this will be a Managed Service by VSS with opportunities for knowledge transfer between VSS and the third party. There are a number of options for this third party that should be explored further by OFMDFM, CVS and VSS. Any new Assessment Tool(s) should be designed to complement processes already in place in Health and Social Care.

Timescale: The multi-disciplinary assessment process should be in place and operational for delivery of the 2015/16 programme.

Indicative cost: The cost of implementing this recommendation will depend on the choice of multi-disciplinary third party and the level of service outsourced to them, as well as the level of management required by VSS. This is to be further investigated by OFMDFM, CVS and VSS.

Recommendation #3: Develop Robust Monitoring and Evaluation Processes/Procedures

A robust monitoring and evaluation framework should be established in line with the aims and objectives set in the Business Case. This should be based on the Monitoring & Evaluation Framework developed by CVS, and include measures of:

- Financial and economic impact: Programme delivery cost and activities, the number and cost value of beneficiaries or physical hours of support undertaken;
- Client Information: Key profile information such as gender; age; marital status; employment status; and number of dependents should be collected at client registration; and
- Social Impact: Improved physical, mental & emotional health & well-being; Improved health & well-being on the individual; Improved quality of life; Attitudinal Changes; Improved well-being; Improved social interaction; Positive attitude; Improved social interaction; and New Opportunities. Impact information should be collected directly from individuals, pre- and post-intervention.

The future monitoring and evaluation system should be developed in consultation with service providers and applied in a consistent manner across all service providers. It should allow for service user progress to be tracked during the journey of recovery and for the impact of interventions to be assessed throughout that period.

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.
Recommendation #4: 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.

Recommendation #5: Cap the Level of Awards Provided Under Social Support

To reduce budgetary pressure, awards should be capped in line with the prioritisation of needs identified in the CNA. As Scheme 2: Chronic Pain and Scheme 4: Disability Support fall under Health and Wellbeing, they should not be capped, but allocated based on need. Upper limits should be set on Schemes that can categorised as Social Support i.e. Scheme 3: Care for Carers, Scheme 5: Respite Breaks and Scheme 6: Financial Assistance, based on revised budgets and projected beneficiary numbers.

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

**Indicative cost:** There is no direct cost associated with implementing this recommendation.

Recommendation #6: Minimise Duplication through Collaborative Working with Other Service Providers

In order to ensure Value for Money, mechanisms should be put in place to ensure that services provided through the VSS are additional to supports provided by other agencies and do not duplicate or displace mainstream services. The VSS should work in collaboration with other agencies, sign-posting to their services where appropriate, to ensure effective delivery and minimal duplication of services.

**Timescale:** Measures of additionality and displacement should be included in the new monitoring and evaluation framework to be in place and operational for delivery of the 2015/16 programme.

**Indicative cost:** There is no direct cost associated with implementing this recommendation.

Recommendation #7: Pilot the Use of Personalised Budgets

We recommend that OFMDFM, CVS and VSS pilot personalised budgets as a delivery mechanism for the INP during 2015/16. The pilot should be reviewed and inform a decision on the use of personalised budgets as an option for future delivery of the INP.

**Timescale:** To be piloted during 2015/16 programme.

**Indicative cost:** The cost of implementing the pilot will depend on the size of the pilot cohort and subsequent VSS staffing implications. This is to further be investigated by OFMDFM, CVS and VSS.

Recommendation #8: Pilot the Use of Case Workers

We recommend that OFMDFM, CVS and VSS pilot a Case Worker approach, whereby individuals are assigned to a dedicated member of VSS staff, alongside the personalised budget pilot in 2015/16 on a cohort of INP beneficiaries. This should enable consistency in individuals’ contact with VSS. This should also be reviewed following the pilot and a decision taken on the Case Worker approach an option for future delivery of the INP.

**Timescale:** To be piloted during 2015/16 programme.

**Indicative cost:** The cost of implementing the pilot will depend on the size of the pilot cohort, corresponding number of Case Workers and subsequent VSS staffing implications. This is to be further investigated by OFMDFM, CVS and VSS.

Based on our recommendations relating to eligibility checks, multi-disciplinary assessments and the piloting of personalised budgets/case workers, the following figure aims to illustrate the pathway by which a VSS client may access future support. This diagram also highlights the stages at which key monitoring and evaluation should be collected.
8.6.2 Operational Recommendations

Recommendation #9: Restructure 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’.

**Timescale:** To be implemented for 2015/16 programme

**Indicative cost:** There is no direct cost associated with implementing this recommendation.

---

Recommendation #10: Remove Packages of Support/Open Schemes to All Eligible Clients

Stakeholder feedback suggests that eligibility for support under the current Packages of Support is too rigid. Access to the Schemes should be based on individual need as identified through the assessment process (see later recommendations on assessment process). We therefore recommend that Packages of Support should be removed with all Schemes open to all eligible victims and survivors.

**Timescale:** To be implemented for 2015/16 programme

**Indicative cost:** There is no direct cost associated with implementing this recommendation.

---

Recommendation #11: Discontinue Scheme 1 (Education and Training)

Scheme 1 (Education and Training) has the lowest uptake rate and anecdotal feedback suggests that it is considered to be of low relevance to many who are eligible to receive it. Due to funding restrictions and the need to demonstrate value for money, we therefore recommend that Scheme 1: Education and Training is discontinued and the funding redistributed across other Schemes. An exception should be made for current clients who received funding under Scheme 1 for long-term education (e.g. degree courses). These clients should continue to receive funding for the duration of their course.

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

**Indicative cost:** There is no direct cost associated with implementing this recommendation.
Recommendation #12: Set Targets and Manage Client Expectations on Processing Timescales

Clear and realistic timescales for the processing of applications and payments (i.e. for those elements that are within the control of VSS) should be set and adhered to by the VSS. These should be communicated to clients at the outset of the application process. The impact of potential delays in the transfer of information from third party sources should also be highlighted and client expectations should be managed. Any variation from the timescales should be communicated to clients in a timely fashion.

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

**Indicative cost:** There is no direct cost associated with this recommendation.

Recommendation #13: Update of Service Delivery Targets Based on Available Information and reflecting current and future staff resource.

Targets in the Business Case were set based on historical NIMF performance. Future targets should be revised upwards to reflect the increase in the number of clients now known to the VSS. Future service delivery activity and targets should also be informed by client profile/needs information obtained during the period 1st April 2012 to 30th June 2013 (refer to Section 3.4.2) and reflect the current and future level of staff resource available to VSS.

**Timescale:** The revised targets should be included in the new monitoring and evaluation framework to be in place and operational for delivery of the 2015/16 programme.

**Indicative cost:** There is no direct cost associated with implementing this recommendation.
Figure A1: Groups of victims and survivors

- 61%: I have been physically or psychologically injured
- 21%: I have lost a parent, spouse/partner, or child through bereavement
- 13%: I am the registered primary carer for an immediate family member who has been injured
- 6%: I am the child or spouse/partner of someone who has been physically or psychologically injured

Source: RSM McClure Watters Base: 65

Figure A2: Membership of groups that provide services to victims and survivors

Q. Are you a member of a group that provided services to victims and survivors?

- Yes: 36%
- No: 57%
- Would rather not say: 7%

Source: RSM McClure Watters Base: 58

Figure A3: Scheme participation (multiple response question)

Q. Which of the following Schemes...have you availed of?

- Scheme 1: Education and Training: 45%
- Scheme 2: Chronic Pain: 58%
- Scheme 3: Care for Carers: 32%
- Scheme 4: Disability Support: 42%
- Scheme 5: Respite Breaks: 87%
- Scheme 6: Financial Assistance: 73%

Source: RSM McClure Watters Base: 65

Figure A4: Scheme 1: Education and Training Participant Ratings

- It has opened up new opportunities in my life: 44%
- It has contributed to an improvement in my quality of life: 33%
- It had a positive impact on my emotional health and wellbeing: 40%
- It has allowed me to get more involved in community life: 30%
- It had a positive impact on my physical health and wellbeing: 38%

Source: RSM McClure Watters Base: 26
Figure A5: Scheme 2: Chronic Pain Participant Ratings

- It had a positive impact on my emotional health and wellbeing (63% Strongly agree, 32% Agree, 6% Disagree, 3% Strongly Disagree, 8% Does not apply to me)
- It has contributed to an improvement in my quality of life (66% Strongly agree, 22% Agree, 9% Disagree, 4% Strongly Disagree, 6% Does not apply to me)
- It had a positive impact on my physical health and wellbeing (61% Strongly agree, 24% Agree, 6% Disagree, 8% Strongly Disagree, 5% Does not apply to me)
- It has opened up new opportunities in my life (44% Strongly agree, 28% Agree, 13% Disagree, 16% Strongly Disagree, 5% Does not apply to me)
- It has allowed me to get more involved in community life (44% Strongly agree, 16% Agree, 16% Disagree, 25% Strongly Disagree, 5% Does not apply to me)

Source: RSM McClure Watters  
Base: 33

Figure A6: Scheme 3: Care for Carers Participant Ratings

- It had a positive impact on my emotional health and wellbeing (32% Strongly agree, 50% Agree, 8% Disagree, 13% Strongly Disagree, 2% Does not apply to me)
- It has contributed to an improvement in my quality of life (32% Strongly agree, 50% Agree, 8% Disagree, 13% Strongly Disagree, 2% Does not apply to me)
- It had a positive impact on my physical health and wellbeing (32% Strongly agree, 50% Agree, 8% Disagree, 13% Strongly Disagree, 2% Does not apply to me)
- It has opened up new opportunities in my life (19% Strongly agree, 50% Agree, 6% Disagree, 13% Strongly Disagree, 13% Does not apply to me)
- It has allowed me to get more involved in community life (31% Strongly agree, 25% Agree, 13% Disagree, 6% Strongly Disagree, 25% Does not apply to me)

Source: RSM McClure Watters  
Base: 18

Figure A7: Scheme 4: Disability Support Participant Ratings

- It has contributed to an improvement in my quality of life (65% Strongly agree, 26% Agree, 4% Disagree, 4% Strongly Disagree, 5% Does not apply to me)
- It had a positive impact on my emotional health and wellbeing (61% Strongly agree, 30% Agree, 4% Disagree, 4% Strongly Disagree, 5% Does not apply to me)
- It had a positive impact on my physical health and wellbeing (61% Strongly agree, 30% Agree, 4% Disagree, 4% Strongly Disagree, 5% Does not apply to me)
- It has opened up new opportunities in my life (52% Strongly agree, 22% Agree, 9% Disagree, 4% Strongly Disagree, 13% Does not apply to me)
- It has allowed me to get more involved in community life (50% Strongly agree, 18% Agree, 9% Disagree, 5% Strongly Disagree, 19% Does not apply to me)

Source: RSM McClure Watters  
Base: 23

Figure A8: Scheme 5: Respite Breaks Participant Ratings

- It had a positive impact on my emotional health and wellbeing (63% Strongly agree, 29% Agree, 2% Disagree, 4% Strongly Disagree, 4% Does not apply to me)
- It has contributed to an improvement in my quality of life (58% Strongly agree, 34% Agree, 2% Disagree, 4% Strongly Disagree, 4% Does not apply to me)
- It had a positive impact on my physical health and wellbeing (60% Strongly agree, 30% Agree, 2% Disagree, 6% Strongly Disagree, 2% Does not apply to me)
- It has opened up new opportunities in my life (48% Strongly agree, 35% Agree, 4% Disagree, 6% Strongly Disagree, 17% Does not apply to me)
- It has allowed me to get more involved in community life (43% Strongly agree, 22% Agree, 13% Disagree, 4% Strongly Disagree, 17% Does not apply to me)

Source: RSM McClure Watters  
Base: 52
Figure A9: Scheme 6: Financial Assistance Participant Ratings

- It has contributed to an improvement in my quality of life: 61% Strongly agree, 29% Agree, 5%  Disagree
- It had a positive impact on my physical health and wellbeing: 56% Strongly agree, 33% Agree, 7% Disagree
- It had a positive impact on my emotional health and wellbeing: 51% Strongly agree, 37% Agree, 7% Disagree
- It has opened up new opportunities in my life: 46% Strongly agree, 33% Agree, 8% Disagree
- It has allowed me to get more involved in community life: 38% Strongly agree, 25% Agree, 18% Disagree

Source: RSM McClure Watters  Base: 43

Figure A11: Ratings of Schemes in terms of improving physical health

- It had a positive impact on my physical health and wellbeing:
  - Scheme 4: Disability Support: 91%
  - Scheme 5: Respite Breaks: 90%
  - Scheme 6: Financial Assistance: 89%
  - Scheme 2: Chronic Pain: 85%
  - Scheme 3: Care for Carers: 82%
  - Scheme 1: Education and Training: 67%

Source: RSM McClure Watters  Base: Users of each scheme

Figure A10: Ratings of the VSS Service

- The assessment process: 27% Very satisfied, 26% Quite satisfied, 15% Quite unsatisfied, 31% Very unsatisfied, 2% Does not apply to me
- The quality of the service provided through the Scheme: 20% Very satisfied, 32% Quite satisfied, 16% Quite unsatisfied, 29% Very unsatisfied, 4% Does not apply to me
- Any follow-up support provided by VSS staff: 21% Very satisfied, 19% Quite satisfied, 19% Quite unsatisfied, 33% Very unsatisfied, 8% Does not apply to me
- The time taken to receive money and/or service (if applicable): 13% Very satisfied, 16% Quite satisfied, 27% Quite unsatisfied, 42% Very unsatisfied, 2% Does not apply to me

Source: RSM McClure Watters  Base: 55

Figure A12: Ratings of Schemes in terms of improving emotional health

- It had a positive impact on my emotional health and wellbeing:
  - Scheme 2: Chronic Pain: 95%
  - Scheme 5: Respite Breaks: 92%
  - Scheme 4: Disability Support: 91%
  - Scheme 6: Financial Assistance: 88%
  - Scheme 3: Care for Carers: 82%
  - Scheme 1: Education and Training: 72%

Source: RSM McClure Watters  Base: Users of each scheme
**Figure A13: Ratings of Schemes in terms of community involvement**

*It has allowed me to get more involved in community life*

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 1: Education and Training</td>
<td>69%</td>
</tr>
<tr>
<td>Scheme 4: Disability Support</td>
<td>68%</td>
</tr>
<tr>
<td>Scheme 5: Respite Breaks</td>
<td>65%</td>
</tr>
<tr>
<td>Scheme 6: Financial Assistance</td>
<td>63%</td>
</tr>
<tr>
<td>Scheme 2: Chronic Pain</td>
<td>60%</td>
</tr>
<tr>
<td>Scheme 3: Care for Carers</td>
<td>56%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters  
Base: Users of each scheme

**Figure A14: Ratings of Schemes in terms of opportunities in life/optimism**

*It has opened up new opportunities in my life. It has made me feel more optimistic about things that I can do*

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 1: Education and Training</td>
<td>84%</td>
</tr>
<tr>
<td>Scheme 5: Respite Breaks</td>
<td>83%</td>
</tr>
<tr>
<td>Scheme 6: Financial Assistance</td>
<td>79%</td>
</tr>
<tr>
<td>Scheme 4: Disability Support</td>
<td>74%</td>
</tr>
<tr>
<td>Scheme 2: Chronic Pain</td>
<td>72%</td>
</tr>
<tr>
<td>Scheme 3: Care for Carers</td>
<td>69%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters

**Figure A15: Ratings of Schemes in terms of quality of life**

*It has contributed to an improvement in my quality of life*

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheme 5: Respite Breaks</td>
<td>92%</td>
</tr>
<tr>
<td>Scheme 4: Disability Support</td>
<td>91%</td>
</tr>
<tr>
<td>Scheme 6: Financial Assistance</td>
<td>90%</td>
</tr>
<tr>
<td>Scheme 2: Chronic Pain</td>
<td>88%</td>
</tr>
<tr>
<td>Scheme 3: Care for Carers</td>
<td>82%</td>
</tr>
<tr>
<td>Scheme 1: Education and Training</td>
<td>75%</td>
</tr>
</tbody>
</table>

Source: RSM McClure Watters