

## **Draft Programme for Government (PfG) 2016-21 Outline Paper for Executive Office Committee On 23 November 2016**

### **1 Introduction and Background**

The previous CVS presentation outlined work undertaken to date in terms of the co-ordination of a response to the draft Programme for Government on behalf of the victims sector and the current development of strategic outcomes for victims and survivors aligned to the Programme for Government 2016-2021.

### **2 Strategic Outcomes for Victims and Survivors**

In conjunction with the CVS and TEO, the VSS have developed a set of draft strategic outcomes for all services delivered under the Victims Strategy 2009-2019.

**4 strategic outcomes** have been framed around the 7 areas of need identified in the Comprehensive Needs Assessment:

- We improve the health and wellbeing of Victims and Survivors and their families;
- We improve access to opportunities for learning and development for Victims and Survivors;
- We care for Victims and Survivors and help those most in need;
- We support Victims and Survivors and their families to engage in legacy issues.

No more than 20 indicators have been developed and a number of tools and methodologies identified in order to monitor progress in addition to the effectiveness and quality of services. These are attached in **Annex 1**.

### **3 VSS Operational Alignment**

The CVS have also previously outlined the strategic alignment to the PfG and the Comprehensive Needs Assessment (CNA).

Since December 2014, the VSS has undertaken a significant review in relation to monitoring and evaluation of services. This has been an incremental process and has included:

- Sectoral workshops on the concept of outcomes based accountability in December 2014 and early 2015 alongside a cultural shift to enable acceptance of this approach;
- Training, development and implementation of MYMOP and CORENET, two

outcomes focused tools for complementary therapies and counselling respectively, including internal VSS staff capacity building;

- Inclusive development of frameworks with regional Victims Practitioners Working Groups to ensure sensitivity and lack of bureaucracy.

#### **4 What will this mean in practice? A worked example...**

1,152 individuals have availed of complementary therapies from August 2016 to October 2016.

Prior to the implementation of MYMOP (the outcomes based monitoring and evaluation tool) which focuses on the change in the health and wellbeing of the individual victim and survivor, the VSS monitoring information was limited to the number of individuals accessing services and the number of sessions provided.

This new approach means we are now able to see much richer and valuable information: the things which are impairing victims to lead as fulfilling lives as possible, the main symptoms being experienced, what is working, what is not...

We can see that this type of intervention works for 4 out of 5 individuals.

More importantly, we can now start to develop better and more appropriate services for the 1 out of 5 individuals it has not worked for or seek to find out why.

A summary has been presented in **Annex 2**.

#### **5 Conclusions and Next Steps**

This new approach to monitoring and evaluation has required a significant cultural shift, training, support and a strong vision for the future of Victims and Survivors. We are pleased that our stakeholders have embarked positively with us on this journey to date in relation to counselling and complementary therapies.

We want to adopt this approach for everything that we do. Initial consultation was undertaken on these draft outcomes in October 2016 with our community and voluntary partners. Further and final consultation will take place in January 2017.

This strategic outcomes approach will be the basis of how we monitor and evaluate ourselves and our service delivery partners within the community and voluntary sector to ensure we are continually improving services and support to meet the changing needs of victims and survivors.

On 14th December 2016, the VSS, TEO and CVS will collectively undertake formal training on this approach to learn from others and incorporate this into our own thoughts to date. This training will be facilitated by the NISRA statisticians who led the OBA training on the PfG across TEO and NICS.

## ANNEX 1: DRAFT STRATEGIC OUTCOMES FOR VICTIMS AND SURVIVORS

Thematic Area per CNA	Strategic Outcome	Potential Indicators (for consultation and discussion)	How will this be measured?
<b>Health &amp; Wellbeing, Social Support and Transgenerational</b>	We improve the health and wellbeing of victims and survivors and their families	<ol style="list-style-type: none"> <li>1. Improved mental health</li> <li>2. Reduced risk</li> <li>3. Improved physical and social function</li> <li>4. Reduction of symptoms</li> <li>5. Positive Attitude</li> <li>6. Improved Integration</li> <li>7. Improved quality of life</li> <li>8. Reduced Isolation and improved social networks</li> <li>9. Improved family relationships</li> </ol>	<ul style="list-style-type: none"> <li>• <b>CORENET (Talking Therapies)</b> <i>Collects client reported outcome measures and uses this to manage therapeutic outcomes.</i> <a href="http://www.coreims.co.uk/About_Core_Tools.html">http://www.coreims.co.uk/About_Core_Tools.html</a></li> <li>• <b>MYMOP (Complementary Therapies)</b> <i>Client centred and individualised outcome questionnaire focusing on specific problems but also general wellbeing</i> <a href="http://www.bris.ac.uk/primaryhealthcare/resources/mymop/">http://www.bris.ac.uk/primaryhealthcare/resources/mymop/</a></li> <li>• <b>TAKE 5</b> Monitoring Framework under development by Victims Practitioners Working Group</li> </ul> 
<b>Personal Development</b>	We improve access to opportunities for learning and development (for V&S)	<ol style="list-style-type: none"> <li>1. Enhanced self esteem and self worth</li> <li>2. Enhanced opportunities to contribute to wellbeing of others</li> </ol>	<ul style="list-style-type: none"> <li>• Case Studies</li> <li>• Surveys (pre and post training)</li> </ul>
<b>Financial &amp; Welfare Support</b>	We care for Victims and Survivors and help those most in need	<ol style="list-style-type: none"> <li>1. Improved Financial Support</li> <li>2. Greater sense of responsibility and independence in addressing practical needs</li> <li>3. Increased access to benefits and support</li> </ol>	<ul style="list-style-type: none"> <li>• Surveys</li> <li>• Welfare Changes and Support reporting</li> </ul>
<b>Truth, Justice and Acknowledgement</b>	We support Victims and Survivors and their families to engage in legacy issues	<ol style="list-style-type: none"> <li>1. Renewed relationships and trust within families and communities</li> <li>2. Improved mental health and social networks</li> <li>3. Agreed narrative with families and agencies around the incident</li> <li>4. Increased confidence and reduced isolation due to being acknowledged and supported</li> </ol>	<ul style="list-style-type: none"> <li>• Case Studies</li> <li>• 1 to 1 interviews</li> <li>• External and Internal periodic evaluations.</li> </ul>

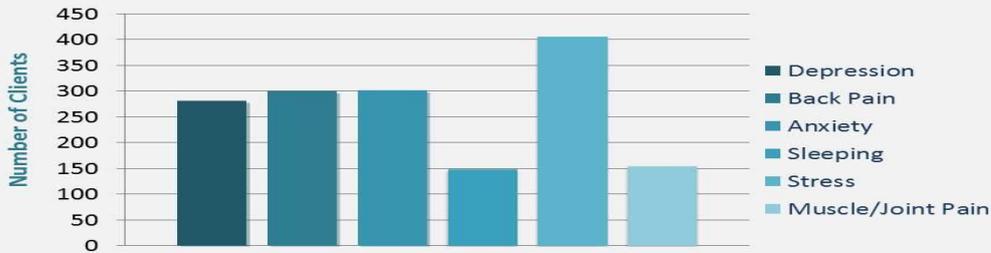
# ANNEX 2: COMPLEMENTARY THERAPIES IMPACT MEASUREMENT

## Sample from August to October 2016

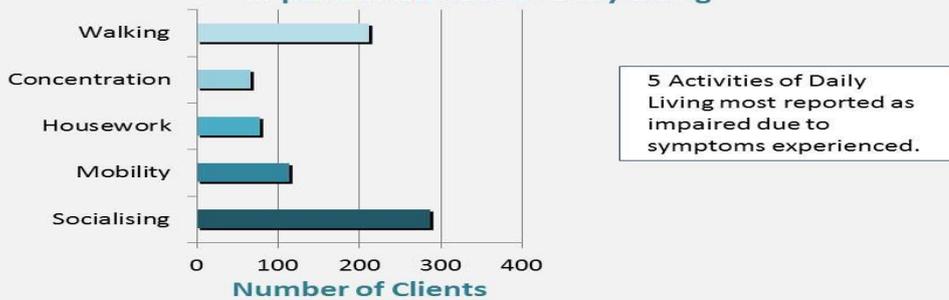
### Complementary Therapies

Measuring the impact of Complementary Therapies provided by VSS supported organisations

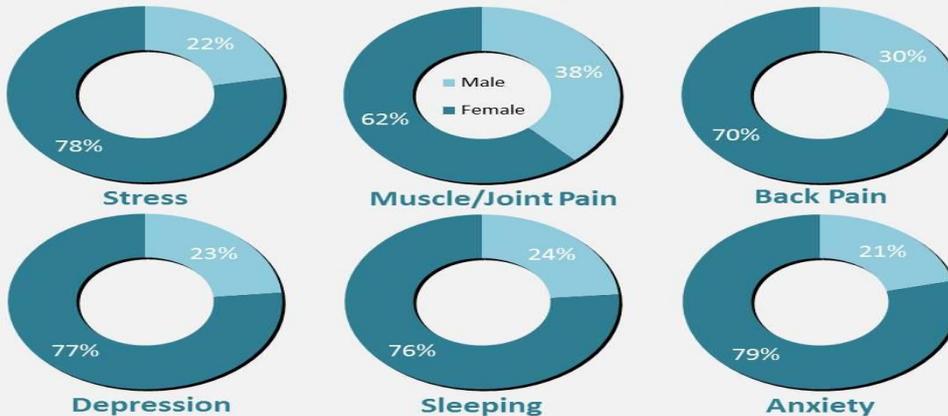
#### Main Symptoms Reported



#### Impaired Activities of Daily Living



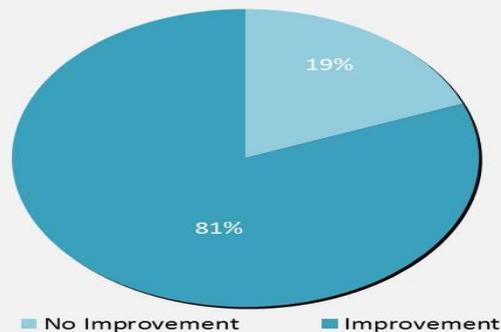
The number of females availing of Complementary Therapies exceeds the number of males for all reported symptoms



#### Individual Outcomes, Pre- Vs Post-Treatment

A change in rating score in MYMOP is clinically significant when it represents a change that is of importance to the individual client concerned\*. Using a seven point score such as MYMOP, the clinically minimal important difference for the change score is between 0.5-1.0. This means that any change below '0.5' does not represent a change of any importance to the client, and any change above '1' does.

[Guyatt GH, Juniper EF, Walter S, Griffith L, Goldstein RS. Interpreting treatment effects in randomised trials. British Medical Journal 1998;316:690-693.]



**Complementary Therapies are not for everyone, but results indicate an improvement for 4 out of 5 individuals**

\*As with all data analysis, it is important to consider results in the context of other interventions and experiences which will have a contribution to both the positive and negative outcome of any treatment.



Sample Size: 1461