



**CORPORATE PLAN 2019-2022**

**INCLUDING**

**THE VICTIMS & SURVIVORS SERVICE  
DELIVERY PLAN 2019-2020**

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## FOREWORD

The Victims and Survivors Service (VSS) is pleased to present our strategic vision and direction for the coming three years, and our detailed delivery plan for 2019-2020. It continues to be a challenging programme of work that builds upon the cumulative learning and valued relationships developed over the last number of years and specifically from the first full year (2018-2019) of our new needs based service delivery model.

### *Learning and successful delivery to date*

We have continued to build on the positive foundation of 2017-2018 when the new needs based service delivery model was introduced. In 2018-2019, we successfully embedded our health and wellbeing caseworker network, an advocacy support programme and a more streamlined approach to financial assistance. We are pleased with initial feedback. 94% of respondents to our survey confirmed that they felt they were treated well when they contact us and 91% felt the support VSS offered was very helpful to them.

In 2018-2019, VSS provided support and services directly to more than 6,000 victims and survivors. Through our network of 55 community partners, more than 1,600 individuals availed of counselling, more than 2,400 of complementary therapies and more than 26,000 social support activities were delivered.

Just over 1,100 individuals have received an Individual Needs Consultation (INC) with a health and wellbeing caseworker which has resulted in a bespoke package of care based on unique and individual needs.

With an outcomes focus, we know these services are having a very real impact on the lives of victims and survivors.

### *Partnership and Collaboration*

The work we deliver is not possible without the close working relationships with our community and voluntary partners and other statutory bodies outlined in the Victims and Survivors Strategy 2019, namely The Executive Office (TEO) and the Commission for Victims and Survivors (CVS).

We have also expanded those relationships to include the Department for Communities (DfC) and the Department of Health (DoH) on Welfare Reform mitigations for victims and survivors and better access to mental health services respectively. The Regional Trauma Network (RTN) is currently under development in partnership with our colleagues in the Health and Social Care Board (HSCB) and each of the Health Trusts.

Progress up until now has been slow and dependent on a number of external factors, but we look forward to its progression in the upcoming months and years, with a pilot specifically dedicated to victims and survivors starting in November 2019.

The necessity to work across sectors and collaboratively with a range of partners is evidence that the needs of victims and survivors today in Northern Ireland, and further afield, are complex, wide ranging and cannot be addressed with a 'one size fits all' approach. We welcome the support, understanding and best practice from our partners to improve how we deliver services to victims and survivors.

### *Legacy Consultation*

An important milestone in 2018-2019 was the Northern Ireland Office (NIO) consultation on 'Addressing the Legacy of Northern Ireland's Past' which opened in May 2018 and closed in October 2018. VSS proactively and strategically communicated and engaged with a wide range of stakeholders and were pleased to learn over 17,000 consultation responses were submitted. We very much welcome the outcome of this consultation.

### *Looking ahead*

Our priority for 2018-2019 is to maintain the initial positive feedback to the new needs-based service delivery model, maintain a focus on outcomes and to keep learning and improving from our experience to date. We know for example that counselling and complementary therapies significantly improve the health and wellbeing of 60% and 80% of individuals respectively. However, we will now be specifically looking at those individuals where the interventions have not resulted in an improvement and understanding the context and reasons why.

We look forward to Phase 2 of the co-design programme and contributing to both the evaluation of the existing Victims Strategy 2009-2019 and the development of the new Victims Strategy post-2019 with these experiences of service delivery.

Finally, the significant commitment and dedication of VSS Staff and Board Members should be acknowledged. These significant changes in how we deliver services to victims and survivors would not be possible without them.



**Oliver Wilkinson**  
Chair, VSS Board



**Margaret Bateson**  
Chief Executive Officer

## OUR VISION, MISSION, AND VALUES

### OUR VISION

*To improve the health and wellbeing of victims and survivors*

### OUR MISSION

*We work to ensure that victims and survivors, and the wider community, are aware of the support and services available to them*

*We work to support victims and survivors to access quality services in line with their individual needs*

*We listen to and learn from victims and survivors and others, creating and maximising opportunities to share information and knowledge*

### OUR VALUES

#### **TRUST**

*Working confidentially, impartially and respectfully with victims and survivors and others to develop and sustain an open and honest relationship*

#### **UNDERSTANDING**

*Listening to and learning from victims and survivors and others*

#### **RESPONSIVE**

*Continually developing our people and services through growth and innovation*

#### **ACCOUNTABLE**

*Applying good corporate and clinical governance to all that we do*

## 1 INTRODUCTION

The Victims and Survivors Service (VSS) is the delivery body named in the 10-year *Strategy for Victims and Survivors* published by The Executive Office (TEO) (formerly OFMDFM) in 2009. In April 2012 the VSS was established to provide support and services for all victims and survivors of Troubles/Conflict-related incidents.

The VSS provides a range of victim-centred services and support that responds to need and is safe, effective, and accessible.

In implementing this needs-based approach to allocating resources and defining support, the VSS works to ensure the highest standard of service provision for victims and survivors. The organisation also strives to measure and demonstrate service outcomes, and to continuously improve provision based on analysis of this information.

The VSS is responsible for providing support in relation to seven key areas of need identified by the Commission for Victims and Survivors (CVS) in the *Comprehensive Needs Assessment* (2012). These areas of need and the associated work undertaken by the VSS can be summarised as follows:

### 1. Health and Wellbeing

The VSS works to:

- Ensure sufficient capacity exists to deliver services to victims and survivors in need
- Develop referral and signposting pathways among our delivery partners, across the community/voluntary sector, and into the statutory sector
- Ensure awareness of the services and support available
- Engage with Health Professionals employed in our partner organisations, and in the community/voluntary and statutory sectors
- Participate in the development of the Regional Trauma Service (previously described as the Mental Trauma Service in the *Fresh Start – Stormont House Agreement* (2014)) in partnership with its community-based and statutory stakeholders

### 2. Social Support

The VSS works to:

- Improve and maintain victims' and survivors' quality of life
- Contribute to a healthier and more cohesive society
- Identify and develop co-working and effective signposting and referral with existing and emerging programmes in this area

### **3. Individual Financial Needs**

The VSS works to:

- Direct financial assistance towards meeting needs and developing sustainable solutions for victims and survivors
- Develop pathways with TEO for engagement and cooperation with other key government departments and agencies

### **4. Truth, Justice and Acknowledgement**

The VSS works to:

- Develop and improve the care, understanding, and customer service shown to victims and survivors engaging with legacy institutions and processes
- Involve victims and survivors in the design and approach underpinning truth, justice, and acknowledgement mechanisms
- Offer holistic support services to individuals and families engaging with historical issues and legacy institutions

### **5. Welfare Support**

The VSS works to:

- Identify, understand, and support the welfare needs of victims and survivors
- Develop safe and effective signposting and referral pathways to support individuals' access to relevant advice and benefits
- Develop bespoke Welfare advice where gaps in provision are identified

### **6. Transgenerational Issues and Young People**

The VSS works to:

- Develop an holistic and interdisciplinary approach to understanding the needs of young people affected by the Conflict/Troubles
- Develop an interagency approach to supporting families and young people
- Enable the delivery of high quality family therapy and support

### **7. Personal and Professional Development**

The VSS works to:

- Enable the provision of personal and professional development opportunities that are relevant and accessible to victims and survivors
- Network and develop links with other education and training providers, to support and maximise victims' and survivors' access to them
- Add value to these existing opportunities by providing assistance towards specific education and training costs.

The VSS delivers this work by implementing three funding programmes:

- 1) **The Individual Needs Programme (INP)**, which delivers financial support and access to goods and services to individual victims and survivors, via a needs-based casework approach.
- 2) **The Victims Support Programme (VSP)**, which provides Health and Wellbeing and Social Support services to victims and survivors through our partners in the community and voluntary sector based in Northern Ireland.
- 3) **PEACE IV EU Programme for Peace and Reconciliation (PEACE IV)**. The VSS is the Lead Partner responsible for the **Provision of Services for Victims and Survivors Programme**. Funded under *Specific Objective 3: Shared Spaces and Services*, the key focus of this programme is to improve the health and wellbeing of victims and survivors.

This *Corporate and Delivery Plan 2019-2022* has been drafted on the basis of learning the VSS has gained since our establishment in 2012, by engaging with victims and survivors, our delivery partners, professional support and care givers across the community/voluntary and statutory sectors, and our own staff.

This learning, and our vision for the next steps required to continue to deliver high quality and effective services and support, informs the detail of this document.

## 2 STRATEGIC CONTEXT

The strategic direction of the VSS is informed by a range of relevant policies and strategies. These include:

- The draft *Programme for Government* (2016-2021)
- *The Executive Office Departmental Business Plan*
- *The Strategy for Victims and Survivors* (2009-2019)
- *The PEACE IV Programme* (2014-2020)
- *The Fresh Start/Stormont House Agreement* (2014)
- *The Making Life Better* strategic framework (2014)

The work of the VSS will evolve in line with the cross-departmental outworking of these strategies, engaging with multiple departments including TEO, the Department of Health, the Department for Communities, and the Department of Justice. The work of the VSS will also involve engagement with our key stakeholders, including the Commission for Victims and Survivors (CVS), the Victims Forum and our community and voluntary partners.

As in previous years, the VSS will continue to adopt a collaborative approach with all of its stakeholders and partners, to ensure that the best outcomes are realised for victims and survivors.

### 2.1 The draft Programme for Government (PFG) (2016-2021)

The work of the VSS aligns to the draft *Programme for Government* (PFG), in particular with reference to the following outcomes:

- *Outcome 4: We enjoy long, healthy, active lives*
- *Outcome 7: We have a safe community where we respect the law and each other*
- *Outcome 8: We care for others and we help those in need*
- *Outcome 9: We are a shared, welcoming and confident society that respects diversity*

The VSS delivery plan (see [Annex 4](#)) is designed to directly align and link with the **outcomes** listed above.

Any new areas of support consider the alignment with PfG Outcomes at the design stage, and also consider whether the associated specific Indicators within the PfG are suitable measures to apply within the VSS Schemes.

## **2.2 The Executive Office (TEO) Departmental Business Plan**

The VSS Corporate Plan is directly linked to the *Business Plan* of its Sponsor Department, The Executive Office (TEO). Specifically, the work of the VSS is underpinned by the following two TEO *Business Plan* objectives:

- *Work with VSS, CVS and statutory partners to ensure the continued delivery of effective victim-centred services*
- *Agree objectives with key stakeholders for the review of the Victims and Survivors Strategy*

## **2.3 Strategy for Victims and Survivors (2009-2019)**

Three core themes frame the *Strategy for Victims and Survivors: Dealing with The Past, Improving Services, and Building for the Future*. These themes are underpinned by 11 overarching principles, which directly link to the work of the VSS and this Corporate Plan. The overarching principles of the strategy are to:

1. *Be victim and survivor centred and driven.*
2. *Address the practical and other needs of victims and survivors in a coordinated manner.*
3. *Ensure that services for victims and survivors are provided in response to assessed need, adhere to published standards and are designed to have clear outcomes.*
4. *Establish arrangements to ensure, through the work of the Commission and the Victims and Survivors Forum that the practical and other needs of victims and survivors are kept under review and that services are responsive to changing needs.*
5. *Promote collaborative working between statutory and voluntary organisations, community groups and others, where practicable.*
6. *Reduce the level of trauma for victims and survivors.*
7. *Build the trust and confidence of victims and survivors and assist them, where this is consistent with their wishes and wellbeing, to participate on a sustained basis in the building of a shared and better future.*
8. *Ensure that while recognising their particular needs, victims and survivors work does not become isolated and that people should not be defined solely as a*

*victim or survivor but as people with the same needs and aspirations as the wider population.*

9. *Ensure, so far as is practicable, that victims and survivors work is integrated with and can influence other government policies and initiatives.*
10. *Ensure that victims and survivors play an active role in the development of ways to deal with the past and other transitional mechanisms affecting their journey towards recovery and wellbeing.*
11. *Assist victims and survivors, where this is consistent with their wishes and wellbeing, to participate as part of wider society in addressing the legacy of the past.*

## **2.4 PEACE IV Programme (2014-2020)**

The *PEACE IV Programme* aims to promote social and economic stability in the region, notably through actions designed to promote cohesion between communities.

In recognition of the need and demand of those who have suffered from the trauma of the Conflict/Troubles, the Programme will develop capacity for services to meet the needs of victims and survivors. This work will be delivered under the Programme's *Shared Spaces and Services* theme.

The VSS is the single Lead Partner for this part of the Programme, and is focusing on the delivery of the following:

- Advocacy support: practical support for victims and survivors engaging with institutions, historical process and enquiries.
- The development of qualified assessors, health and wellbeing case workers to identify and address the needs of victims and survivors.
- A resilience programme to address the individual needs of victims and survivors, including Level 1 and Level 2 mental health interventions.
- The development of the capacity of the sector through training and development to meet national and regional standards, research, and improved regulation.

During 2018/19, VSS made an application to SEUPB for additional funding (which had become available at a Programme level through exchange rate gains), amounting to £1.6m. At time of writing, the application (extending the value, scope and duration of the existing VSS PEACE project) remains under consideration with SEUPB. With additional funding, and a revised project end date of 31 December 2022, the following new areas of work are proposed to be undertaken:

- Research – in conjunction with the CVS, review and update the Comprehensive Needs Assessment of 2012, along with a detailed assessment of victims & survivors living in Northern Ireland, the Border Region and Great Britain.
- Story Telling – review of existing story-telling networks, and facilitation of victims & survivors recording their own stories.
- Gender Lens – agreement of gender principles, training and facilitation of community-led gender specific interventions
- Community Peacebuilding & Dialogue – including guided /supported inter- and intra-community conversations, North/South and East/West partnerships.
- Transgenerational – family therapy pilot to complement existing CVS research project in this area.

More information about the PEACE IV Programme can be found online at the following link:

[http://www.seupb.eu/2014-2020Programmes/PEACEIV\\_Programme/PEACEIV\\_Overview.aspx](http://www.seupb.eu/2014-2020Programmes/PEACEIV_Programme/PEACEIV_Overview.aspx).

## **2.5 A Fresh Start: The Stormont Agreement and Implementation Plan (2014)**

The *Stormont House Agreement* (SHA) of 23 December 2014 included a number of commitments which relate to victims and survivors.

Final agreement on the establishment of new bodies to deal with the past, as described in the SHA, was not reached. However, the Northern Ireland Office (NIO) launched a public consultation on 11th May 2018 to get public feedback on proposals for Addressing the Legacy of the Northern Ireland's Past. The consultation was initially due to close in September but was subsequently extended until the 5<sup>th</sup> October 2018. The purpose of the consultation was to get the views of the public about the mechanisms being proposed in draft legislation to address the legacy of the conflict / troubles.

Over 17,000 responses were submitted to the public consultation and at the time of writing, these are being processed by the NIO. Initial findings are due to be published in 2019 with the expectation that the feedback received will be used to inform the legislation and bring the proposed next steps into law, thus enabling the implementation of the SHA.

<https://www.gov.uk/government/publications/the-stormont-house-agreement>

## **2.6 Making Life Better (2014)**

*Making Life Better* is a 10-year strategic framework for public health launched by the Department for Health, Social Services and Public Safety (DHSSPS) in 2014 to provide direction for policies; actions to improve the health and wellbeing of the people of Northern Ireland; and reduce inequalities in health.

More information about this strategic framework can be found at the following link:

<https://www.dhsspsni.gov.uk/topics/health-policy/making-life-better>.

### 3 STRATEGIC OUTCOMES

The Strategic Outcomes of the VSS provide the framework for delivery and operational targets each year. In 2018-2019, the VSS set 31 targets across the 5 strategic outcomes shown in [Diagram 1](#) below.

**Diagram 1: VSS Strategic Outcomes**



#### 3.1 Measuring achievement of these strategic outcomes: 2018-19

In 2018-2019, the VSS successfully delivered 29 of these 31 targets in full, with significant delivery against target in the remaining 2 areas (social isolation and 1 to 1 literacy & numeracy). An overview of this work is provided in Section 4 below; full details are subject to audit and will be presented in the VSS Annual Report and Accounts for 2018-2019, to be laid at the Assembly and Companies House by the end of December 2019.

#### 3.2 Measuring achievement of the VSS strategic outcomes for victims and survivors: 2018-21

On an ongoing basis, and cumulatively over the whole period 2018-2021, the VSS is monitoring and reporting on the delivery of its strategic outcomes for victims and survivors under the **Monitoring & Evaluation Framework** agreed with our delivery partners. This framework is outlined in [Annex 1](#).

## 4 REVIEW OF PAST PERFORMANCE

**Table 1** below provides a summary review of the VSS past performance over the period 2017-2018 and 2018-2019, setting the context for the discussion of the VSS Stakeholders and Delivery Plan in the subsequent sections of this document.

**Table 1: Review of Past Performance 2017-2018 and 2018-2019\***

*\*Showing 2018-2019 indicative figures based as at 31<sup>st</sup> January 2019. These will be finalised by end of June 2019 and presented in the VSS Annual Report and Accounts for 2018-2019.*

<b>PART 1 : Individual Needs Programme (INP)</b>
<b>INP 2017-2018</b>
<ul style="list-style-type: none"> <li>• By 31 March 2018, VSS issued 9,482 awards to 5,985 individuals under the INP.</li> <li>• These awards were administered in line with the <b>new needs-based Health and Wellbeing service delivery model</b>, including: <ul style="list-style-type: none"> <li>○ <b>Self Directed Assistance Awards</b> issued to individuals registered with the VSS and confirmed eligible for direct payments as at 31 March 2017.</li> <li>○ <b>5 Health &amp; Wellbeing Case Managers</b> in post at VSS and <b>25 Health &amp; Wellbeing Case Workers</b> employed in VSP/PEACE IV-funded organisations across the region, enabling a flexible person-centered approach for individuals accessing the Programme.</li> <li>○ A <b>Health and Wellbeing Caseworker Network</b> established with regular meetings and information sharing, to promote collaborative working and communication.</li> <li>○ <b>Additional Needs Based Support Frameworks</b> established with clear guidelines for the provision of bespoke support in relation to <b>Persistent Pain, Disability Aids, Education and Training, Volunteering, Psychological Therapies</b> and <b>Trauma Focused Physical Activity</b>.</li> </ul> </li> <li>• In order to fulfil Audit requirements, the <b>Financial Assistance Scheme</b> was delivered with increased controls by comparison to previous years. This included a spot check on 10% of existing eligible clients to confirm their ongoing eligibility prior to the launch of the scheme. The process caused frustration for many clients, and the increased volume of queries and paperwork associated with the Scheme had considerable resource implications for the VSS.</li> <li>• Between 1 April 2017 and 31 March 2018 Caseworkers engaged with 1,105 unique individuals. 246 of these, or almost one-third, have accessed support under Additional Needs-Based Frameworks. The remainder have been supported to access existing services and support in the VSP, community/voluntary, and other sectors.</li> <li>• A <b>qualitative survey was issued to a 20% sample of recipients of Self Directed Assistance Awards</b> in January 2018, with <b>overwhelmingly positive responses received in relation to the way the VSS managed the change to the service delivery model</b>.</li> <li>• 1,193 victims and survivors have provided consent to VSS to share their information with the Department for Communities (DfC), in relation to welfare reform and mitigations for victims. The VSS has coordinated communication and engagement with DfC and Welfare Advice professionals within VSP organisations, to identify and resolve issues arising and improve outcomes for victims/survivors accessing these benefits.</li> </ul>

- Records of 223 victims and survivors have been shared with Capita as part of the agreement with DfC in relation to the welfare reform process to support their applications to transition from DLA to PIP
- Lessons learned from the delivery of the INP in 2017-2018 have been documented by the VSS and shared with the Commission for Victims and Survivors and The Executive Office as part of the Co-Design Programme and the Victims and Survivors Practitioner Working Group (VSPWG) and Caseworker Network to inform improvements to the service delivery model going forward.
- The final outturn of the INP in 2017-2018 amounted to £4.47m.

#### INP 2018-2019

- As at 31 January 2019, VSS issued 8,599 awards to 5,840 individuals under the cash-based element of the INP. Self Directed Assistance Awards were issued to individuals registered with the VSS and confirmed eligible for direct payments as at 31 March 2017.
- Between 1 April 2018 and 31 January 2019 HWB Caseworkers & Case Managers engaged with 1,781 unique individuals.
- 1,287 additional awards were made to clients based on an assessment of their individual needs across a range of support areas including: Persistent Pain, Disability Aids, Education & Training, Psychological Therapies, Social Isolation, Volunteering and Trauma Focused Physical Activity
- These awards were administered in line with the **needs-based Health and Wellbeing service delivery model** with learning from implementation in 2017/18 applied.
- Additional frameworks to address and support Social Isolation and Volunteering have been developed and are awaiting approval before being rolled
- Records of 315 victims and survivors have been shared with Capita as part of the agreement with DfC in relation to the welfare reform process to support their applications to transition from DLA to PIP.
- A further spot-check of 10% of existing eligible clients was undertaken prior to the launch of INP2018/19. The current **maximum extrapolated error** for the pre18/19 spot check, **across a sample of 540 clients, stands at 0.4%**. This represents a **maximum potential error value of £15,156** over a total population of 5,321 awards with a value of £3,651,200.

#### PART 2: Victim Support Programme (VSP)

##### VSP 2017-2018

- VSS delivered funding to a total of **55 organisations across Northern Ireland**.
- This is the first year of a 3 year funding programme which will be delivered up to March 2020, providing stability for these organisations.
- The funded organisations delivered **26,170 Social Support interventions**, including respite support, befriending, informal and formal classes, drop-in and outreach support services, welfare advice, advocacy support and youth activities.
- **1,669 individuals accessed Counselling support**.
- Outcomes based monitoring and evaluation using the agreed **COREnet** tool was implemented in 2016- 17. During 2017-2018 the VSS began to report on this data and have been able to demonstrate **positive outcomes for at least 60% of individuals who avail of counselling**.
- It is relevant to note that, where data variations due to unplanned exit from therapy are excluded, the rate of positive outcomes recorded increases significantly, i.e. those who complete therapy or make a planned exit show the most consistent positive outcomes, beyond the 60% threshold. This information is useful because it helps the VSS and its funded organisations consider pertinent next steps, such as

how to identify and mitigate against barriers that individuals encounter, that prevent them from completing or exiting therapy in a planned way.

- **2,426 individuals accessed Complementary Therapies.**

Outcomes based monitoring and evaluation using the agreed **MYMOP** tool was implemented in 2016- 17. During 2017-2018 the VSS began to report on this data and have been able to demonstrate that **4 out of 5 individuals who avail of Complementary Therapies report an improvement in their health and wellbeing**

#### VSP 2018-2019

- VSS delivered funding to a total of **55 organisations across Northern Ireland.**
- This is the 2nd year of a 3 year funding programme which will be delivered up to March 2020.
- Up to the end of January 2019, the funded organisations delivered **26,258 Social Support interventions**, including respite support, befriending, informal and formal classes, drop-in and outreach support services, welfare advice, advocacy support and youth activities.
- **Up to the end of January 2019 2,254 individuals' accessed Counselling support.** We have achieved our Delivery Plan target of 2,100 individuals by the end of March 2019.
- Outcomes based monitoring and evaluation using the agreed **COREnet** tool was implemented in 2017-18. During 2018-2019 the VSS continued to report on this data. The data collected continues to show **positive outcomes for at least 60% of individuals who avail of counselling.**
- **2,258 individuals accessed Complementary Therapies.**
- Outcomes based monitoring and evaluation using the agreed **MYMOP** tool continued in 2018-19. The data collected continues to demonstrate that **4 out of 5 individuals who avail of Complementary Therapies report an improvement in their health and wellbeing**

### PART 3: Victims and Survivors Practitioners Working Group (VSPWG)

#### VSPWG 2017-2018

- The VSPWG continues as a valuable forum for sharing good practice and information, particularly during 2017-18 which was period of transition and change for organisations.
- The forum provided space for VSS and funded organisations to disseminate key messages around the new needs-based Health & Wellbeing service delivery model.
- Due to the number of new network meetings taking place during the year, the **VSS piloted reducing the number of Working Groups from three, (North West, Belfast and Dungannon) to two ( South West and North East.)**  
This has been positively received by practitioners and will continue into 2018-2019.

#### VSPWG 2018-2019

- In 2018 -2019 the VSPWG were reduced to two forums covering the North East and South West regions.
- The meetings are held every two months and they provide a valuable forum for updating VSP funded organisations on the ongoing work of VSS and continued sharing of good practice. The Commissioner for Victims and Survivors regularly attends these meetings, facilitating engagement between CVS and VSP funded organisations
- The focus of the meetings over this period has been to provide a platform for consultation with VSP funded organisations on the **Regional Trauma Network and PEACE IV research projects delivered through CVS.**

**PART 4: Workforce Training and Development Plan (WFTP)****WFTP 2017-2018**

- In 2017-18 the Workforce Training and Development Plan was incorporated as a **key element of the VSS PEACE IV project**.
- PEACE IV funding has been invested to build upon existing standards and capacity across the sector, and to continue the VSS work to promote and develop best practice.
- The summary tables below show that the training delivered in 2017-2018 primarily focused on induction training for Health and Wellbeing Caseworkers and Advocacy Workers, and other organisational training to build upon corporate and strategic planning training delivered in 2016-2017.

Health & Wellbeing Caseworker and Advocacy Worker Training	Dates Delivered
Introduction to Psychological Trauma	Nov – Dec 2017
Trauma and Addiction	Jan/Feb 2018
Theories of Traumatic Grief and Loss	Jan/Feb/March 2018
Self-Care and Resiliency	April/May 2018

Other Training	Dates Delivered
Social Media	Sept 2017
Safeguarding	Oct/Nov 2017
Fundraising	Oct 2017
Community Resiliency Model® (CRM) Train the Trainer	Oct 2017
SafeTALK	Dec 2017
Grant/Project Management Training	Jan-Mar 2018

**WFTP 2018-2019**

- The Workforce Training and Development Plan continued into 2018-19 as a key element of the **VSS Peace IV Project**
- Training identified and delivered during this period continued to focus on completing the induction training for Health and Wellbeing Caseworkers and Advocacy Workers as well as organisational development training.
- A Training Needs Analysis survey has been circulated to all organisations and this will form the basis of the WFTDP into 2019-20. Training will be tailored to the individual needs of organisations.
- The following courses were delivered in 2018 -2019

Trauma Training	Dates Delivered
Self-Care and Resiliency	April/May 2018
Psychological Trauma: Impacts and Effects	April 2018
Theories of Traumatic Grief	October 2018
The Living Legacy of Trauma	September 2018
Intergenerational Trauma	February 2019
Trauma and Addiction	February 2019

Other Training Courses	Dates Delivered
ASIST Training	April 2018
Mental Health First Aid	April 2018

WRAP (Wellness Recovery Action Plan) Training AP (Wellness Recovery Action Plan) Training	May 2018
First Aid	May 2018
Occupational Health and Safety	May 2018
GDPR Training	June 2018
Community and Trauma Resiliency Training	June 2018
Lone Worker Training	September 2018
Risk Assessment	November 2018
Personal Safety Training	November 2018
Mindfulness Training	January 2019

## **PART 5: PEACE IV Programme**

### **2017-18**

- The VSS is the Lead Partner for the delivery of the *Objective 3.3 Shared Spaces and Services for Victims and Survivors* element of the PEACE IV Programme (see Section 1 and Section 2 above for more detail).
- Over the period 2017-2018, the PEACE funding was deployed in line with the agreed Programme of work to employ 5 Health & Wellbeing Managers within the VSS, as well as 25 Health & Wellbeing Caseworkers, 6 Advocacy Managers and 18.5 Advocacy workers in community-based organisations across the region.
- Networks of communication and information sharing have been established to ensure all stakeholders understand the Programme objectives and to develop a collaborative approach to the delivery of Programme targets and outcomes.
- Financial and reporting mechanisms are now established, with regular Partner and Project Reports prepared and submitted to The Special EU Programmes Body for review and reimbursement.

### **2018-2019**

- During 2018-2019 PEACE IV funding continued to support the Health and Wellbeing Caseworker Network and the Advocacy Support Programme.
- Networks of communication and information sharing have been ongoing during this reporting period and this has ensured that all stakeholders understand the Programme objectives and we continue to promote collaborative working between all partners to ensure that we can deliver on the targets and outcomes of the project.
- To date the Health and Wellbeing Caseworker Network has supported 4,028 assessments with victims & survivors to identify health and wellbeing needs and enable access to the appropriate support. This is against an overall PEACE IV target of 11,350 to be achieved by the end of the funding period.
- The advocacy funded organisations played a key role in facilitating victims and survivors to respond to the NIO Consultation on Addressing the Legacy of Northern Ireland's Past.
- To date the advocacy funded organisation have supported 1,850 victims and survivors to access advocacy support. This is against an overall PEACE IV target of 6,300 to be achieved by the end of the funding period.
- A Partnership Agreement has been signed off and regular meetings are in place with Project Partners, CVS who deliver the research element of the project and WAVE Trauma Centre who have responsibility for the delivery of Trauma Training.
- As lead Partners the VSS continue to provide regular Partners and Projects reports to SEUPB for review and reimbursement of funds.
- In December 2018, VSS submitted a bid to SEUPB for additional funds to support the delivery of the current project and to embark on a number of new initiatives which have been identified as emerging gaps in service delivery. These include meeting gaps in

the delivery of health and wellbeing services within the Border Region, developing storytelling and oral history projects and applying a gender lens to the design and development of services. The project will also seek provide practical family therapy support to help address the transgenerational impact of the conflict/troubles. The proposed project will also have an emphasis on peacebuilding, engagement and dialogue.

- It is anticipated that a decision on this additional funding bid will be made by SEUPB by March 2019.

## **PART 6: Clinical Governance**

### **2017-2018, 2018-2019**

- In 2017-2018, the VSS continued to **review and enhance the policies and protocols supporting its Client Services function**. The current framework includes training, policies, and protocols in relation to lone working, safeguarding, and managing challenging and unacceptable behaviour from members of the public. Recently a Protect Life Policy has been approved and is now in place focusing on mental health promotion for VSS staff, those in funded organisations and our client group.
- The VSS has also established a robust framework of policies and protocols to support the **Health and Wellbeing Caseworker Network**. This includes the training outlined above, and verification of all VSP funded organisations' policies on lone working, safeguarding, and clinical risk monitoring and management. In 18/19 these will be audited to ensure they are in place and "fit for purpose" in funded organisations who employ caseworkers.
- As outlined above, the **outcomes-focused monitoring and evaluation approach established in 2016-2017 was maintained, to continue monitoring and reporting on impact, and to enable the VSS to ensure ongoing improvements** to the quality of services provided to victims and survivors.
- **The TAKE 5 Monitoring Framework**, developed by the Victims Practitioners Working Group and Belfast Strategic Partnership, will be introduced to funded organisations who deliver Step 1 support and interventions
- A repository of case studies reflecting outcomes for each framework will be created through the caseworker network and from funded organisations. This will provide qualitative information for reports and other VSS documentation

## **PART 7: Corporate Governance**

### **2017-2018, 2018-2019**

- **The VSS Annual Report and Accounts for the financial year ending 31 March 2018 have been certified with an unqualified audit opinion by the Northern Ireland Audit Office.** These have been laid at the Northern Ireland Assembly and submitted to Companies House by the required deadlines.
- The VSS Annual Report and Accounts for the financial year ending 31 March 2019 will be prepared promptly after year end, and will be presented for audit by August 2019 in line with the NIAO timetable.
- **All areas audited by Internal Audit in 2017-2018 received a *Satisfactory* assurance level.**
- The 2018-2019 Internal Audit Programme is ongoing at the time of preparing this Corporate Plan. *Satisfactory* assurance has been provided in all 2018-2019 reports issued to date (including areas such as MIS, Corporate Governance and Clinical Governance).

## 5 OUR STAKEHOLDERS

In order to understand and better support victims and survivors, the VSS needs and values a strong network of partners with whom we can communicate and work effectively.

Since the VSS was established in 2012, we have worked to establish and grow positive and productive working relationships with a range of stakeholders. This engagement remains a priority for the VSS, and will continue to shape our work over the coming years.

**Diagram 2** overleaf shows the broad range of partners and stakeholders with whom the VSS is currently engaged. It is important to note that, over the lifetime of the VSS to date, the scope of our external engagement has grown, in particular with regard to our relationships with statutory health care providers both:

- within Northern Ireland – where the VSS is engaged with the Department of Health to establish safe and effective referral pathways for victims and survivors, and to develop and implement elements of the Regional Trauma Network; and
- the border regions – where the VSS engagement with Cooperation and Working Together (CAWT) has been strengthened by the PEACE IV Programme and continued engagement with the Department of Foreign Affairs and Trade in Ireland.

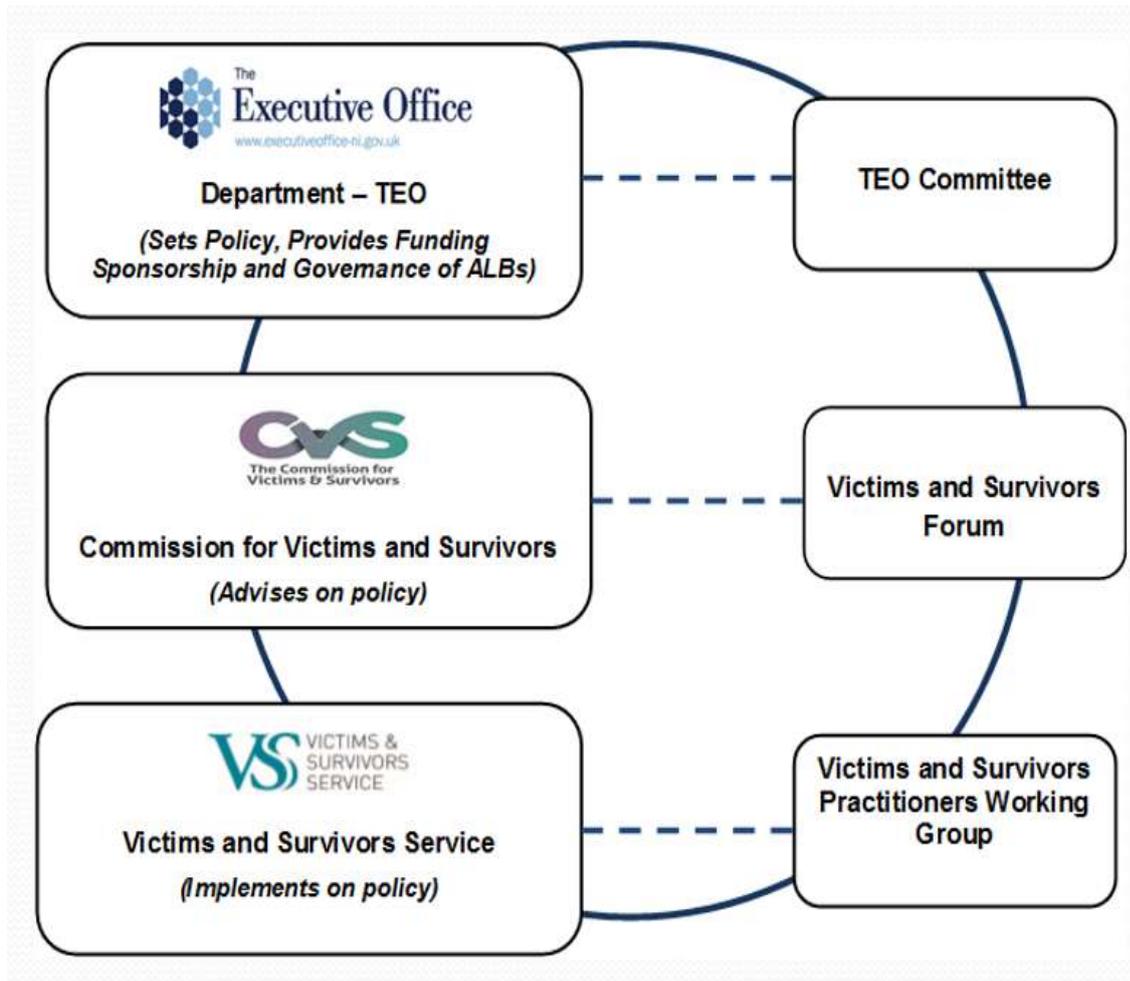
Diagram 2: VSS Stakeholder Map



**Key Partnership-Level Stakeholders per the Strategy for Victims and Survivors**

The *Strategy for Victims and Survivors* (2009-19) highlights the key strategic partners that support the VSS to deliver on its aims and objectives, namely: The Executive Office (TEO), the Commission for Victims and Survivors (CVS), and the Victims and Survivors Forum. This framework is illustrated in **Diagram 3** below.

**Diagram 3: Partnership-Level Stakeholders**



In practical terms, these relationships function as follows:

**3.1 Links between the VSS and TEO**

The VSS is an executive non-departmental public body of TEO. It was established by the then OFMDFM (now TEO) to administer funding and support to victims and survivors. TEO directs VSS on matters of policy. The VSS is accountable to TEO in terms of its procedures, activities, and financial responsibilities which are managed through a Management Statement and Financial Memorandum (MSFM) and regular Accountability meetings.

### **3.2 A pathway of communication and reporting between the VSS, CVS, and the Victims and Survivors Forum.**

These bodies work together to scrutinise the delivery of services for victims and survivors (as well as other matters, including the impact on victims and survivors of the thematic areas of work referred to as *Dealing with the Past, and Building for the Future*). On the basis of this analysis and insight, the Commission is responsible for developing advice for TEO on policy matters affecting victims and survivors. As part of its role the Commission also promotes the interests of victims and survivors, undertakes research and reviews the effectiveness of the services provided to victims and survivors.

### **3.3 Regional Victims and Survivors Practitioners' Working Groups**

There is a close link between the VSS and the Victims and Survivors Practitioners' Working Groups. These two regional groups represent a vital strategic network of communication and collaboration between professionals who work with victims and survivors, and have developed expertise in effective treatments, good governance, and support strategies for staff and volunteers in the sector.

This structure builds strategically upon the achievements and experience to date, ensuring more coordinated, efficient and effective service delivery for victims and survivors.

### **3.4 Victims and Survivors Collaborative Design Programme**

In November 2014, a Victims Collaborative Design Programme Team was established, bringing together expertise from across the TEO Victims and Survivors Unit, the CVS, and the VSS Board and Senior Management in a facilitated process focused on re-designing service provision and delivery mechanisms in light of the learning accumulated to date. The first phase of this programme results in the new service delivery model implemented from 1<sup>st</sup> April 2017.

The second phase of the Co-Design Programme commenced in 2018 to consider:

- The design, development and implementation of the Regional Trauma Network.
- *Dealing with the Past* including consultation on the establishment of legacy mechanisms under the Stormont House Agreement.
- Findings of the CVS Mid-Term Review of the existing strategy.
- Post-2019 strategy.

### **3.5. The Regional Trauma Network**

In December 2016 a Partnership Agreement was established between the DOH, TEO, Victims and Survivors Service (VSS), Health & Social Care Board (HSCB), and CVS. This outlined how the VSS would interface with HSC services to ensure relevant, timely, accessible, and comprehensive trauma care for those whose mental health has been impacted by the Troubles/Conflict.

In the period leading up to the Partnership Agreement, the PEACE IV EU Programme for Peace and Reconciliation named the VSS as Lead Partner to deliver a *Victims and Survivors Programme*. This Programme aims to improve the health and wellbeing of victims and survivors, and to build capacity within the sector to deliver high quality services. It complements existing TEO funding for health and wellbeing services delivered by community and voluntary organisations for victims and survivors across the region.

The VSS PEACE IV application was approved in November 2016. It secured funding for a network of Health & Wellbeing Case Managers and Caseworkers, and resources for training and capacity building. On this basis, the community and voluntary sector element of the RTN for victims and survivors was established in April 2017. The implementation of the HSC element of the RTN, funded by commitments made by Health Ministers in 2015 and 2016, will be incremental.

In Phase 1 the VSS Caseworker Network will be integral to the identification, referral and assessment of Victims and Survivors who have trauma that requires Step 3 to 5 interventions delivered by statutory services. The learning from this phase will inform further roll-out of the Regional Trauma Service.

## **6 OUR PEOPLE**

### **6.1 The VSS Board**

The VSS Board currently consists of six permanent members. Two of these members were appointed in December 2013. The Chair and three members were appointed to the Board in April 2015. TEO are continuing to work towards appointment of at least one additional Board Member in the short term, and towards succession planning in the medium term.

The Board meets monthly and has an oversight role, holding the Senior Management Team (SMT) to account for the implementation of this Plan. This is achieved through regular performance reporting, and appraisal of key performance indicators, targets, and any recommendations emerging as a result of internal or external reviews or assessments.

### **6.2 Senior Management Team**

The Chief Executive Officer (CEO) is the Accounting Officer for the VSS for all matters relating to financial propriety, regularity and all prudent and economic administration of the organisation.

The CEO is supported at SMT level by a Head of Corporate Services and Head of Health and Wellbeing Services, who are responsible for the following key functions within the VSS:

#### **Health and Well Being Services**

- Best practice in services delivery
- Assistance and support to individual victims and survivors
- Development of referrals and signposting to support services
- Clinical governance
- INP Programme implementation

#### **Corporate Services**

- Corporate governance
- Monitoring and reporting
- Human resources
- ICT
- Communications
- Finance
- VSP & PEACE Programme Implementation

The structure of the teams managed and led by the SMT to deliver these key functions is detailed in the **VSS Organisational Chart** (see [Annex 2](#)).

## **7 OUR 2019-2020 DELIVERY PLAN**

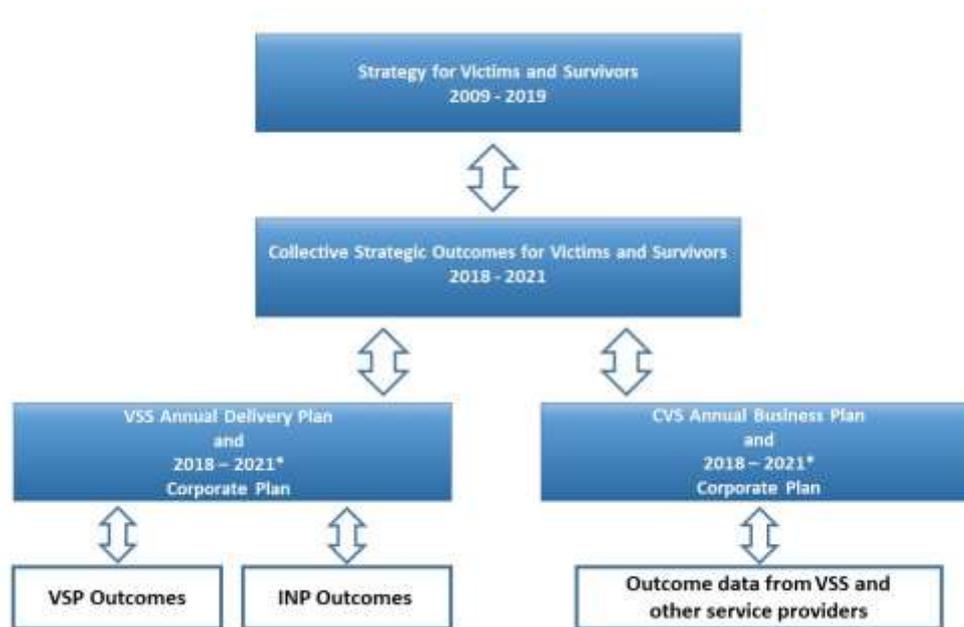
In line with the strategic outcomes outlined in Section 4, and taking into account the VSS responsibilities and its commitments to collaborative working and engagement discussed above, the VSS developed a Delivery Plan for the 2019-2020 period.

The **Budget** that underpins this programme of work is included at [Annex 3](#), and the detail of the indicative **2019-2020 Delivery Plan** is outlined in [Annex 4](#)

## 8 WHEN WILL WE MAKE THE DIFFERENCE WE AIM TO DELIVER?

This is the last VSS Corporate Plan that will be developed and implemented under the current ten year *Strategy for Victims and Survivors* (2009-2019). The impact of **Services for Victims and Survivors** delivered by the VSS under the **Victims Support Programme, Individuals Needs Programme, and PEACE IV Programme** is being evaluated on an ongoing basis and reported on annually under the annual Outcome Delivery Plan illustrated in **Diagram 4** below.

**Diagram 4: Annual Outcome Delivery Plan**



On this basis, and taking into account the information outlined above in this Corporate Plan, the VSS anticipates a positive impact resulting from the implementation of the needs-based service delivery model through these three funding programmes. However, it is possible that the other two key thematic areas of the *Strategy for Victims and Survivors* may not be fully delivered within the 2017-2020 period, for the following reasons:

- **Building for the Future**, which largely concerns transgenerational impact and services, is still at the research stage. Therefore, any specific improvements to transgenerational services will likely only commence at the end of this period. Within the PEACE IV bid for additional resources submitted in late 2018, funding has been requested for Transgenerational activity, including post-graduate training in Family Therapy, alongside a Family Therapy Pilot scheme, engaging with 30 families by January 2022.

- ***Dealing with the Past*** is dependent on political agreement on the measures outlined in the *Stormont House Agreement* (2014). While the NIO Public Consultation on Addressing the Legacy of Northern Ireland's Past to take forward the SHA went out in 2018 and responses are being analysed and collated at the time of writing, the current political uncertainty in this regard may defer any meaningful impact to beyond 2020.

## Annex 1: Monitoring & Evaluation Framework

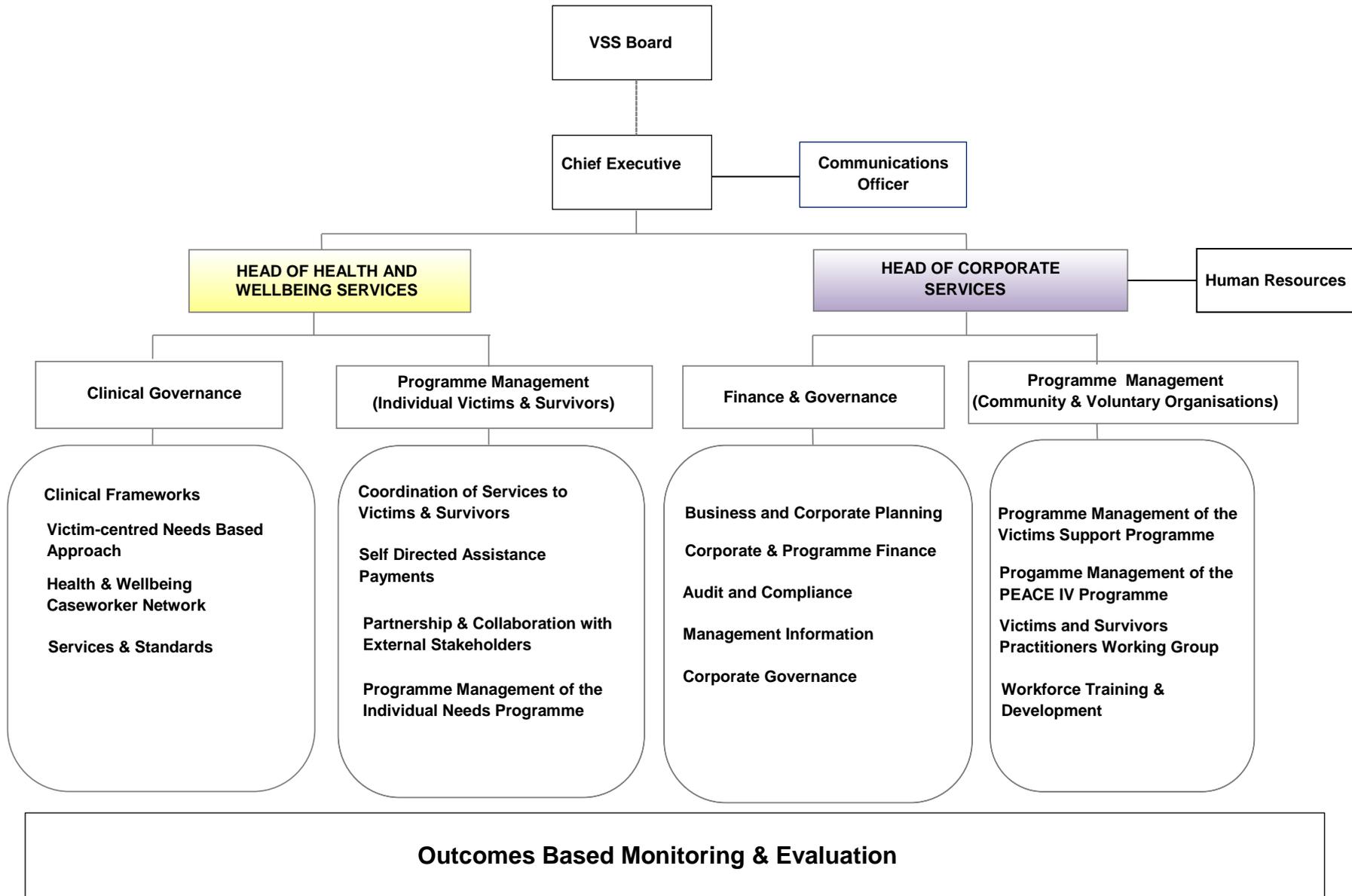
*Measuring the VSS Strategic Outcomes for Victims and Survivors 2018-2021.*

Thematic Area per Comprehensive Needs Assessment (CVS, 2012)	Strategic Outcome	Potential Indicators	How will this be measured?
<b>Health &amp; Wellbeing</b>  <b>Social Support</b>	Improved health and wellbeing of Victims and Survivors	<ul style="list-style-type: none"> <li>Improved mental health</li> <li>Reduced risk</li> <li>Improved physical and social function</li> <li>Reduction of symptoms</li> <li>Positive Attitude</li> <li>Improved Integration</li> <li>Improved quality of life</li> <li>Reduced Isolation and improved social networks</li> <li>Improved family relationships</li> </ul>	<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>Work &amp; Social Adjustment Scale (WSAS)</b> <i>A Client-centred self-report scale of functional impairment attributable to an identified problem</i></li> <li><b>TAKE 5 Monitoring Framework</b> under development by Victims Practitioners Working Group and Belfast Strategic Partnership. <a href="http://www.makinglifebettertogether.com/take5/">www.makinglifebettertogether.com/take5/</a>; <a href="http://www.mentalhealthireland.ie/">www.mentalhealthireland.ie/</a></li> </ul>



Thematic Area per Comprehensive Needs Assessment (CVS, 2012)	Strategic Outcome	Potential Indicators	How will this be measured?
<b>Personal Development</b>	Improved access to opportunities for learning and personal development	<ul style="list-style-type: none"> <li>Enhanced self esteem and self worth</li> <li>Enhanced opportunities to contribute to wellbeing of others</li> </ul>	<ul style="list-style-type: none"> <li>Case Studies</li> <li>Surveys (pre and post training)</li> <li>Other measurement tools</li> </ul>
<b>Financial &amp; Welfare Support</b>	Victims and Survivors, and those most in need, are helped and cared for	<ul style="list-style-type: none"> <li>Improved Financial Support</li> <li>Greater sense of responsibility and independence in addressing practical needs</li> <li>Increased access to benefits and support</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative Surveys</li> <li>Welfare Changes and Support reporting</li> <li>Other measurement tools</li> </ul>
<b>Truth, Justice &amp; Acknowledgement</b>	Victims and Survivors, and their families, are supported to engage in legacy issues	<ul style="list-style-type: none"> <li>Renewed relationships and trust within families and communities</li> <li>Improved mental health and social networks</li> <li>Agreed narrative with families and agencies around the incident</li> <li>Increased confidence and reduced isolation due to being acknowledged and supported</li> </ul>	<ul style="list-style-type: none"> <li>Case Studies</li> <li>1 to 1 interviews</li> <li>External and Internal periodic evaluations</li> <li>Other measurement tools</li> </ul>

**Annex 2: VSS Organisational Chart**



## Annex 3: VSS Budget

## A3.1 VSS Budget 2019/20

Budget Heading	Funding Stream	2019/20 Initial Allocation (£'000)	Allocation of Front Line Staff Costs (£'000)	2019/20 Budget (£'000)
<b>IMPROVED HEALTH &amp; WELLBEING OF VICTIMS &amp; SURVIVORS</b>				
Talking Therapies, Complementary Therapies	VSP	1,183	1,783	2,966
Transgenerational Issues & Young People	VSP	36	21	58
Psychological Support	INP	40	-	40
Disability Aids	INP	280	-	280
Persistent Pain Management	INP	456	-	456
Social Support	VSP	629	1,409	2,038
		<b>2,624</b>	<b>3,214</b>	<b>5,838</b>
<b>IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING &amp; DEVELOPMENT</b>				
Education & Training	INP	160	-	160
Personal & Professional Development	VSP	80	-	80
		<b>240</b>	<b>-</b>	<b>240</b>
<b>VICTIMS &amp; SURVIVORS, AND THEIR FAMILIES, ARE SUPPORTED TO ENGAGE IN LEGACY ISSUES</b>				
Truth, Justice & Acknowledgement	VSP	108	-	108
		<b>108</b>	<b>-</b>	<b>108</b>
<b>VICITMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR</b>				
Self Directed Support - Bereaved	INP	1,426	-	1,426
Self Directed Support – Carers	INP	286	-	286
Self Directed Support - Injured	INP	988	-	988
Self Directed Support – Financial Support	INP	223	-	223
Self Directed Support – Additional Needs	INP	732	-	732

Self Directed Support - Transition	INP	130	-	130
Welfare Support	VSP	314	167	482
		<b>4,098</b>	<b>167</b>	<b>4,265</b>
Victims Organisations Overheads	VSP	1,061	-	1,061
<b>CORPORATE</b>		<b>1,887*</b>	<b>-</b>	<b>1,887</b>
<b>TOTAL</b>		<b>10,018</b>	<b>3,381</b>	<b>13,399</b>
Capital		-	-	-
<b>TOTAL</b>		<b>10,018</b>	<b>3,381</b>	<b>13,399</b>

\* The corporate budget line includes £67k in respect of depreciation, which is not included within the opening budget allocation. VSS intends to bid for this additional amount at the earliest opportunity in 2019/20 monitoring.

## A3.2 VSS Budget 2017/18 – 2018/19

Budget Heading	Funding Stream	2017/18 Out-turn (restated)	2018/19 Provisional Out-turn
		(£'000)	(£'000)
<b>IMPROVED HEALTH &amp; WELLBEING OF VICTIMS &amp; SURVIVORS</b>			
Talking Therapies, Complementary Therapies	VSP	3,034	2,935
Transgenerational Issues & Young People	VSP	58	62
Psychological Support	INP	4	34
Disability Aids	INP	108	233
Persistent Pain Management	INP	324	539
Social Support	VSP	2,207	2,015
Collaboration and Working Together	VSP	-	13
		5,735	5,831
<b>IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING &amp; DEVELOPMENT</b>			
Education & Training	INP	79	150
Personal & Professional Development	VSP	87	82
		166	232
<b>VICTIMS &amp; SURVIVORS, AND THEIR FAMILIES, ARE SUPPORTED TO ENGAGE IN LEGACY ISSUES</b>			
Truth, Justice & Acknowledgement	VSP	147	234
		147	234
<b>VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR</b>			
Self Directed Support - Bereaved	INP	1,428	1,426
Self Directed Support – Carers	INP	296	283
Self Directed Support - Injured	INP	999	985
Self Directed Support – Financial Support	INP	226	223
Self Directed Support – Additional Needs	INP	749	731
Self Directed Support - Transition	INP	262	195
Welfare Support	VSP	233	345
		4,193	4,188
Victims Organisations Overheads	VSP	1,148	1,013
<b>CORPORATE</b>		1,774	1,825
<b>TOTAL</b>		13,163	13,323
Capital		95	36
<b>TOTAL</b>		13,258	13,359

## Annex 4: Indicative 2019-2020 Delivery Plan (1st April 2019 – 31st March 2020)

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PFG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
1	Ensure access and availability of <b>Psychological Therapies</b> to <b>2,100</b> individuals <b>delivered by VSS-funded organisations</b>	- 21 organisations deliver talking therapies that assist victims and survivors in improving their health and wellbeing.	- <b>60%</b> of individuals report positive outcomes and improvement is across all 4 domains.	- Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - CORENet. (Outcomes focused monitoring tool) - Number of clients benefitting. - Case Studies	Quarterly & Monthly	March 2020
2	Ensure access and availability of <b>Complementary Therapies</b> to <b>3,000</b> individuals in line with best practise and minimum standards.	- 25 organisations deliver complementary therapies that assist victims and survivors in improving their health and wellbeing.	- <b>80%</b> of individuals report an improvement in their health and wellbeing.	- Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - MYMOP (Measure Your Medial Outcomes Profile) - Number of clients benefitting. - Case Studies	Quarterly & Monthly	March 2020
3	Develop analysis of outcomes to date from <b>Psychological Therapies</b> and <b>Complementary Therapies</b> , in particular in respect of those not reporting positive outcomes/improvement.	- Baseline data on trends in relation to clients reporting improvement, and those not reporting improvement.  - Report, and recommendations on possible actions to address cohort of clients for whom these therapies are not successful.	- Improved understanding of the underlying factors which impact on success rate for therapies.  - Adoption of strategy/further actions to begin to positively impact the success rates.	- Report & Recommendations - Strategy for application of recommendations	Quarterly	Dec 2020

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
4	Ensure access and availability of <b>Disability Aids</b> to <b>80</b> individuals physically injured as a result of the Conflict/Troubles.	<ul style="list-style-type: none"> <li>- Framework reviewed.</li> <li>- Continued relationships with Statutory, Community &amp; Voluntary Services.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved wellbeing, function and independence for <b>60%</b> of individuals as a result of disability aid provided.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of clients benefitting.</li> <li>- Work &amp; Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas.</li> <li>- Qualitative feedback (case studies)</li> </ul>	Quarterly	March 2020
5	Ensure access and availability of <b>Trauma-focused Physical Activity</b> that supports <b>70</b> individuals engage in a therapeutic process to address Conflict/Troubles-related trauma.	<ul style="list-style-type: none"> <li>- Framework reviewed.</li> <li>- Continued training of caseworkers in use of framework.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved wellbeing, function and independence for <b>60%</b> of individuals as a result of trauma focused-physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of clients benefitting.</li> <li>- Work &amp; Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas.</li> <li>- Qualitative feedback (case studies)</li> </ul>	Quarterly	March 2020
6	Ensure access and availability of support towards managing <b>Persistent Pain</b> to <b>750</b> individuals (includes Home Heating provision) Offer persistent pain review to <b>100 individuals</b>	<p>Improved communication and referral pathways with GPs, private providers and statutory services for those with persistent pain</p> <p>Completion of assessments and care plans through review of each individual's persistent pain</p> <p>Increased access to additional VSS Frameworks following assessment of need</p>	<ul style="list-style-type: none"> <li>- Improved wellbeing, function and independence for <b>60%</b> of individuals as a result of persistent pain interventions.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of client supported through the persistent pain framework</li> <li>- Number of completed pain reviews</li> <li>- Number of clients accessing additional frameworks as a result of pain review</li> <li>- Work &amp; Social Adjustment Scale (WSAS).</li> <li>- Qualitative feedback (case studies)</li> </ul>	Quarterly	March 2020
7	Ensure access and availability of <b>Psychological Support</b> to		<ul style="list-style-type: none"> <li>- Improved wellbeing, function and</li> </ul>	<ul style="list-style-type: none"> <li>- Number of clients benefitting.</li> </ul>	Quarterly & Monthly	March 2020

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
	60 individuals with Conflict/Troubles-related trauma (outside of talking therapies provided via VSP-funded organisations).	Improved communication and referral pathways with GPs, private providers and statutory services for those who require 1 to 1 psychological support	independence for 60% of individuals as a result of psychological support interventions.	- Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas. - Qualitative feedback (case studies)		
8	Provision of <b>Social Support</b> activities to <b>9,800</b> individuals through VSS funded organisations including befriending, respite, and other activities in line with the Take 5 framework. <a href="http://www.makinglifebettertogether.com">www.makinglifebettertogether.com</a>	- Engagement with community and statutory partners to develop Take 5 outcomes based monitoring and evaluation tools.	- Baseline data to be established throughout 19/20 to establish outcome to measure improved wellbeing, function and independence	- Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies and/or focus groups	Quarterly & Monthly	March 2020
9	Develop a strong regional network of up to <b>26</b> HWB Caseworkers and <b>5</b> HWB Case Managers with agreed <b>processes, procedures and referral pathways</b> , ensuring appropriate geographical spread and equity of access  Identify and agree KPIs in relation to client pathway and completion of INCs	Continued development of HWB Caseworker Network with regular schedule of meetings/engagement.  Increased engagement by caseworkers with local organisations with potential to benefit Victims and Survivors  HWB Case Manager team to progress outreach to wider Health	Ongoing improvement in: - communication across victims/survivors sector - responsiveness to individual needs. - pathways of referral and communication with statutory sector. - clinical governance compliance - equity of access	Numbers of HWB Caseworkers and Managers.  Schedule of HWB Caseworker meetings and engagement, training and development.  Number of clients engaged with a caseworker / care manager.  Number of INCs completed	Quarterly	March 2020

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
	Define and Identify needs of <b>50</b> “Hard to Reach” victims and survivors who may require support and intervention through VSS frameworks	<p>and Wellbeing-oriented networks – including development of stakeholder engagement plan.</p> <p>Caseworker coverage for border regions</p> <p>Review of Clinical Governance arrangements, compliance with standards and policies/procedures within the Network</p> <p>Review equality of access for Victims and Survivors in current model and produce recommendations for development of the network</p> <p>Finalised pathway with timescales in relation to contact with Caseworkers to issue of awards in VSS</p> <p>Review of training and development needs</p> <p>Client Pathway KPIs to provide baseline expectations in 20/21</p>	<p>Consistent, timely pathway for access to support and interventions</p> <p>Increased contact and support with Hard to Reach individuals</p> <p><b>60%</b> of individuals engaged with a Health and Wellbeing Caseworker report an improvement in functioning</p>	<p>Referrals and signposting records between VSS funded organisations and other local services</p> <p>Audit of clinical governance policies/procedures and standards with associated report</p> <p>Work &amp; Social Adjustment Scale (WSAS) outcomes</p> <p>KPIs with associated timescales</p> <p>Number of “Hard to Reach” victims and survivors identified</p> <p>Client feedback. Case Studies</p>		

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
		Develop a definition of “hard to reach” victims and survivors Identify through engagement strategy and caseworker network Assess needs through INC process Identify any specific needs relating to this group to inform development of frameworks				
10	Support communication and engagement through the <b>Victims and Survivors Practitioners Working Groups (VSPWG)</b> meetings, including sub committees and <b>Co-Design Programme</b> engagement	- Continuation of Monitoring & Evaluation sub-group to look at focussed pieces of work.  - 5 meetings per year covering the North East and South West areas	Baselines established in 18/19 to monitor improvement in: - communication between agencies and organisations involved in delivery services to victims and survivors. - partnership and collaboration between organisations.	Minutes of meeting and sub group.  Referrals and signposting records between VSS funded organisations and other local services  Quarterly Feedback Reports	Bi monthly  Quarterly  Quarterly	March 2020

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
11	<p>Plan and deliver <b>Phase 1 of Regional Trauma Network</b> in collaboration with HSCB / TEO / Statutory Sector / Victims and Survivors Sector</p> <p>Attendance at all levels of RTN Regional and local development groups and Board</p> <p>Development and completion of VSS Phase 1 Implementation Plan and associated documentation</p> <p>Contribution to recommendations for Phase 2</p> <p>Case-managers to engage with <b>100 clients</b> resulting in <b>60 referrals to the RTN</b> (on basis of Sep 19 start date)</p>	<p>Contribution to all aspects of RTN development</p> <ul style="list-style-type: none"> <li>- Attendance at meetings / sub-groups</li> <li>- Comments/amendments to documentation</li> </ul> <p>VSS Stage 1 Implementation Plan</p> <ul style="list-style-type: none"> <li>- PID</li> <li>- Risk / issue log</li> <li>- Highlight reports</li> <li>- Stakeholder engagement plan</li> </ul> <p>Methodology to identify initial clients to access RTN</p> <p>Agreed pathway from initial contact with VSS to local RTN teams</p> <p>Training of case-managers in use of assessment protocol and pathway</p> <p>Data-base developed to monitor and collate information on referrals to RTN and outcomes</p>	<p>Coordinated and planned implementation of Phase 1 RTN</p> <p>Victims and Survivors receive the most appropriate intervention to meet their needs</p> <p>Learning from Phase 1 will contribute to further roll-out of RTN</p>	<p>Record of attendance at meetings/subgroups</p> <p>Approved Implementation documentation</p> <p>Pathway documentation with associated timeframes</p> <p>Evidence of training completed</p> <p>Data on number of clients</p> <ul style="list-style-type: none"> <li>- Engaged with case-manager</li> <li>- Assessed and referred to RTN with/without VSS frameworks</li> <li>- Assessed as inappropriate and referred to other services, VSS frameworks</li> <li>- Accepted to RTN</li> </ul> <p>WSAS scores</p> <p>Additional client outcome scores relating to trauma</p> <p>Case studies</p>	Monthly/quarterly	Dec 2019

STRATEGIC OUTCOME 1: IMPROVED HEALTH AND WELLBEING OF VICTIMS AND SURVIVORS (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
				Client feedback on experience of pathway and intervention		

STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
<b>OPPORTUNITIES FOR VICTIMS AND SURVIVORS</b>						
<b>12</b>	Ensure access and availability of <b>Personal and Professional Development</b> : Supporting <b>2,400</b> interventions through the VSP.	- 23 organisations deliver a broad range of personal and professional development (PPD) activities.	- Increased opportunities to develop interests and time to connect with other people.	- Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies	Quarterly / Six monthly Quarterly & Monthly	March 2020
<b>13</b>	Ensure access and availability of <b>Education and Training</b> through the INP framework to meet specific needs for <b>70</b> individuals in addition to those already accessing framework	Continued relationships with Statutory, Community & Voluntary Services.  Identification of clients through the caseworker network and funded organisations	- Increased opportunities for employment progression and/or career development. - Improved psychological, physical and social functioning and subjective wellbeing of <b>60%</b> of individuals who engage in education & training.	Number of clients benefitting.  Work & Social Adjustment Scale (WSAS) monitoring individual outcomes across 5 functional areas.  Qualitative feedback (case studies)	Quarterly	March 2020
<b>14</b>	Ensure access and availability of 1:1 <b>Literacy and Numeracy</b> tuition for <b>25</b> individuals whose educational attainment has been significantly impacted by Conflict/Trouble-related trauma or events.	- Continued review & implementation of Literacy & Numeracy Framework (PEACE IV)  - Complete mid-term review of contract.	- Improved psychological, physical and social functioning and subjective wellbeing of <b>60%</b> of individuals who engage in numeracy and literacy tuition.	- Number of clients benefitting. - Work & Social Adjustment Scale (WSAS). - Case Studies - Outcome measurement tool in use by contracted service provider	Quarterly	March 2020

STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
	This is in addition to those already accessing framework		- <b>80%</b> of individuals who engage in numeracy and literacy tuition demonstrate improved numeracy and literacy skills			
<b>15</b>	<p>Delivery of a <b>Social Isolation Programme</b> to support individuals who have been affected by the Conflict/Troubles.</p> <p><b>150 from VSS-funded organisations</b> <b>100 individuals identified through caseworker network</b></p>	<p>-- Continued review &amp; implementation of Social Isolation Framework (PEACE IV).</p> <p>- Improved opportunities to engage in pass-time courses and activities.</p> <p>- Facilitation of client engagement with programme through consideration of barriers such as travel</p> <p>Identification of clients through the caseworker network and funded organisations</p>	- Improved psychological, physical and social functioning and subjective wellbeing for <b>80%</b> of individuals engaged in Social Isolation programme.	<p>- Number of clients benefitting.</p> <p>- Work &amp; Social Adjustment Scale (WSAS).</p> <p>- ULCA Loneliness Scale</p> <p>- Case Studies</p> <p>- Qualitative feedback</p> <p>- Loneliness Scale/Take 5</p>	Quarterly	March 2020
<b>16</b>	Delivery of a <b>Volunteering Programme</b> to support individuals who have been	- Continued review & implementation of	- Improved psychological, physical and social functioning and subjective	<p>- Number of clients benefitting.</p> <p>- Work &amp; Social Adjustment Scale (WSAS).</p>	Quarterly	March 2020

STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
	<p>affected by the Conflict/Troubles.</p> <p><b>150 from VSS-funded organisations</b></p> <p><b>100 individuals identified through caseworker network</b></p>	<p>Volunteering Framework (PEACE IV)</p> <ul style="list-style-type: none"> <li>- Improved opportunities to engage in volunteering activities.</li> <li>- Cross-organisational relationships and referral pathways developed and formalised.</li> </ul> <p>Identification of clients through the caseworker network and funded organisations</p> <ul style="list-style-type: none"> <li>- Large Annual Event to mark VOLUNTEERS WEEK (June) annually.</li> </ul>	<p>wellbeing for <b>80%</b> of individuals engaged in Volunteering Programme.</p>	<ul style="list-style-type: none"> <li>- Case Studies</li> <li>- Qualitative feedback</li> <li>- Take 5 outcome measures</li> <li>- Volunteer Impact Tool</li> </ul>		
<b>OPPORTUNITIES FOR VSS STAFF and OUR PARTNERS</b>						
<b>17</b>	<p>Design, develop and implement <b>Workforce Training and Development Plan</b> -2019/20 in line with the CVS Minimum Standards published in November 2016.</p>	<p>-Suite of high quality vocational and non-vocational training and development opportunities for staff /volunteers and committee members.</p>	<p>- Increased capacity and confidence within VSS funded organisations leading to a higher quality of service delivery for victims and survivors.</p>	<ul style="list-style-type: none"> <li>- Number of courses delivered.</li> <li>- Number of participants attending.</li> <li>- Caseworker and Advocacy Worker Forums</li> <li>- Support Visits including section on adherence to minimum standards</li> </ul>	<p>Quarterly / Six Monthly</p>	<p>March 2020</p>

STRATEGIC OUTCOME 2: IMPROVED ACCESS TO OPPORTUNITIES FOR LEARNING AND DEVELOPMENT (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
	- Align training provision with outcome of 2018/19 Skills Audit exercise.	- Consistent high standards of delivery in line with the CVS Minimum Standards. - Capacity plan in line with the changing service delivery model.	- Increased capacity and confidence within VSS leading to a higher quality of service delivery for victims and survivors.	and ongoing training and development needs. - Post training evaluations.		

STRATEGIC OUTCOME 3: VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
18	Ensure access and availability of <b>Welfare Advice</b> : Facilitate <b>2,400</b> interventions, and monitor the impact of <b>Welfare Reform</b> on victims and survivors.	- 6 organisations directly delivering services to assist victims and survivors make sense of what they are entitled to as well as provide support and guidance during changes implemented through welfare reform.  - Establishment of monitoring processes, and a baseline for measurement of positive outcomes	- Increased access to welfare support for victims & survivors  - Financial maximisation for clients (receiving benefits entitled to, appealing where appropriate and justified)	- Quarterly / Six monthly support visits. - Quarterly Feedback Reports. - Case Studies  - Financial Maximisation metrics	Quarterly / Six monthly Quarterly & Monthly  Quarterly	March 2020

STRATEGIC OUTCOME 3: VICTIMS AND SURVIVORS, AND THOSE MOST IN NEED, ARE HELPED AND CARED FOR (Pfg Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
	Engagement with the <b>Department for Communities (DfC)</b> to support and advocate for individual victims and survivors transitioning to Personal Independence Payment (PIP), and to Universal Credit (UC).	- Prompt provision of welfare advice/support to victims & survivors.	- Clients successfully moving from DLA to PIP, following VSS provision of information to DfC/Capita	- Number of PIP claims progressed with VSS support.	Quarterly	March 2020
<b>19</b>	Provide <b>Self Directed Assistance Payments</b> to up to <b>5,850</b> individuals.	- Payments delivered by 30 June 2019	- improved financial position for clients in receipt of support  - recognition of victimhood	- Number of payments issued.	One-off event	June 2019
				- Front line delivery activity – call handling, drop-ins.	Monthly	March 2020
<b>20</b>	Provide <b>Additional Needs Payments</b> to up to <b>1,470</b> individuals.			- Annual survey and case studies	Annual	March 2020
<b>21</b>	Provide <b>Transition Payments</b> to up to <b>1,300</b> individuals.					



<b>STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 &amp; 9)</b>						
<b>REF</b>	<b>Key Actions</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>How will this be measured?</b>	<b>How frequently will this be measured?</b>	<b>Target date</b>
<b>CORPORATE GOVERNANCE</b>						
<b>23</b>	Maintain robust corporate governance arrangements within VSS (including Board, Committees, Policies, MSFM etc).	<ul style="list-style-type: none"> <li>- Monthly Board meeting and minutes published on website and forwarded to TEO within 5 working days.</li> <li>- Quarterly ARC and HWB Committee meetings and minutes published on website.</li> <li>- Compliance with legal, statutory and departmental requirements.</li> <li>- Quarterly reporting to TEO &amp; engagement in Accountability Meeting</li> </ul>	<ul style="list-style-type: none"> <li>- Maintenance of a high degree of transparency on the accountability arrangements with VSS.</li> <li>- Transparency over governance arrangements.</li> <li>- Assurance over VSS activities and use of public funds.</li> </ul>	<ul style="list-style-type: none"> <li>- Board Minutes and Action points.</li> <li>- Annual self-assessment of Board, ARC and Health and Wellbeing Committee.</li> <li>- Monitoring of register of policies and their review dates.</li> <li>- Internal audit assurance.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>Annual</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	Ongoing to March 2020
<b>24</b>	Ensure a robust risk management process is in place and followed.	<ul style="list-style-type: none"> <li>- Monthly Strategic Risk Register.</li> <li>- Monthly Operational Risk Logs.</li> <li>- Quarterly Assurance Statements.</li> </ul>	<ul style="list-style-type: none"> <li>- Assurance over VSS management of risk</li> <li>- Appropriate mitigating strategies applied to identified risks.</li> </ul>	<ul style="list-style-type: none"> <li>- Included within month end management papers.</li> <li>- Minimise impact of risk.</li> </ul>	Monthly	Ongoing to March 2020

<b>STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 &amp; 9)</b>						
<b>REF</b>	<b>Key Actions</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>How will this be measured?</b>	<b>How frequently will this be measured?</b>	<b>Target date</b>
<b>FINANCIAL MANAGEMENT AND SYSTEMS</b>						
<b>25</b>	Ensure robust financial processes and procedures are being developed and followed.	<ul style="list-style-type: none"> <li>- Regular review of Financial Policies and Procedures.</li> <li>- Annual review of MSFM by VSS Board to ensure VSS compliance.</li> <li>- Draft financial statements 2018/2019: JUNE 2019.</li> <li>- Final financial statements 2018/2019: SEPT 2019.</li> <li>- Implementation of Internal Audit Plan.</li> <li>- Implementation of NIAO recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>-Unqualified accounts for 2018/19</li> <li>-Satisfactory Internal Audit Assurance</li> </ul>	<ul style="list-style-type: none"> <li>-Report to those charged with governance from NIAO</li> <li>-Annual Assurance Report from Internal Audit</li> </ul>	Annual	December 2019  March 2020
<b>26</b>	By year end operate within allocated budget avoiding overspend and managing underspend within a tolerance of 1.5%.	<ul style="list-style-type: none"> <li>- Monthly monitoring or expenditure and cash</li> <li>- Month end closure within 3 working days of month end.</li> </ul>	<ul style="list-style-type: none"> <li>-98.5% of the budget utilised</li> <li>-100% of INP &amp; Corporate invoices paid within the statutory time frame of 30 days</li> <li>- 95% of Corporate invoices paid within 10 days</li> </ul>	<ul style="list-style-type: none"> <li>- Month end Budget Analysis.</li> <li>- Month end monitoring of prompt payments</li> <li>- Month end reporting on cash balances</li> </ul>	Monthly	Ongoing to March 2020
<b>27</b>	Ensure eligibility of expenditure across all programmes.	<ul style="list-style-type: none"> <li>-100% vouching and verification of PEACE IV and VSP Expenditure</li> <li>- Debt recovery in line with VSS Debt Recovery Procedure</li> </ul>	<ul style="list-style-type: none"> <li>- PEACE error rate less than 2%</li> <li>VSP error rate (per internal spot checking exercise) &lt; 2% by value</li> </ul>	<ul style="list-style-type: none"> <li>- Review of error rates on VSP and PEACE</li> <li>- Outcome Report for annual Verification checks exercise for all groups</li> </ul>	Monthly	Ongoing to March 2020

STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 & 9)						
REF	Key Actions	Outputs	Outcomes	How will this be measured?	How frequently will this be measured?	Target date
		<ul style="list-style-type: none"> <li>- Management of irregularities in line with VSS Irregularity Procedures.</li> <li>- Review approach to verification of VSP expenditure, following outcome of 18/19 Verification Reviews.</li> </ul>	<ul style="list-style-type: none"> <li>- Consistency in implementation of Programme rules.</li> </ul>			
PROGRAMME MANAGEMENT						
<b>28</b>	<p>Continue manage and develop the <b>VSP 2017-2020</b> with a focus on 4 strategic outcomes above.</p> <p>Plan for continuation of support to victims organisations post-March 2020 (i.e. following end of existing 3-year programme)</p>	<ul style="list-style-type: none"> <li>- Annual monitoring of funded organisation budgets and delivery plans.</li> <li>- Monitoring and evaluation framework agreed with each funded organisation.</li> <li>- Consistent and up to date monitoring of progress towards meeting VSS outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>- Improvement in quality of services provided by VSS and funded organisations.</li> <li>-Improved partnership working and relationships between VSS and funded organisations.</li> <li>-Clarity on position post 2020</li> </ul>	<ul style="list-style-type: none"> <li>- Number delivery plans and budgets agreed.</li> <li>- CORENet</li> <li>- MYMOP</li> <li>- WASA</li> <li>- The 5 Framework – Social Support.</li> <li>- Quarterly Feedback Reports.</li> <li>Quarterly / Six monthly support visits.</li> </ul>	<p>Monthly</p> <p>Quarterly Quarterly / Six monthly</p>	<p>April 2019- March 2020</p>
<b>29</b>	<b>Programme Management of PEACE IV</b> in line with EU Programme Rules and	<ul style="list-style-type: none"> <li>- Annual monitoring of budget and work plans.</li> </ul>	<ul style="list-style-type: none"> <li>-Improved quality of services and care</li> </ul>	<ul style="list-style-type: none"> <li>- Number delivery plans and budgets agreed.</li> <li>- Quarterly Feedback Reports.</li> </ul>	<p>Monthly</p>	<p>April 2019– March 2020</p>

<b>STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 &amp; 9)</b>						
<b>REF</b>	<b>Key Actions</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>How will this be measured?</b>	<b>How frequently will this be measured?</b>	<b>Target date</b>
	national rules and legislation.	<ul style="list-style-type: none"> <li>- Progress against overall PEACE IV outputs (11,350 HWN Assessments, 6,300 Advocacy – over full project life)</li> <li>- Regular meetings between VSS and its PEACE IV Partners (CVS &amp; WAVE)</li> </ul>	<ul style="list-style-type: none"> <li>-Error rate of less than 2%</li> <li>- Effective management of PEACE Partnership</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly / Six monthly support visits.</li> <li>- CORENet</li> <li>- MYMOP</li> <li>- WASA</li> <li>- ULCA</li> <li>- Volunteer Impact Tool</li> <li>- The 5 Framework – Social Support.</li> <li>- Achievement of claim and report submission within SEUPB deadlines</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly / Six monthly</li> <li>Quarterly</li> </ul>	
<b>MANAGEMENT INFORMATION SYSTEM (MIS) and MONITORING &amp; EVALUATION</b>						
<b>30</b>	Carry out a review of Management Information Systems across the VSS with a view to integration and consolidation with outcomes based monitoring and evaluation strategy and GDPR requirements.	<ul style="list-style-type: none"> <li>- Reduction in office storage requirement by allowing records to be stored off-site/archived.</li> <li>- Increased digitisation of paper records</li> <li>- Audited updated policies &amp; procedures in relation to GDPR</li> </ul>	<ul style="list-style-type: none"> <li>- Improved access and quality of information.</li> <li>- Improved quality control and consistency of records.</li> <li>-Compliance with GDPR requirements</li> </ul>	<ul style="list-style-type: none"> <li>- Number of paper based forms/templates which have been digitised.</li> </ul>	Quarterly	Ongoing to March 2020

<b>STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 &amp; 9)</b>						
<b>REF</b>	<b>Key Actions</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>How will this be measured?</b>	<b>How frequently will this be measured?</b>	<b>Target date</b>
		- Implementation of HR & Recruitment systems				
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>						
<b>31</b>	Implement communication and engagement plan.	<ul style="list-style-type: none"> <li>- Current and accurate framework of stakeholders.</li> <li>- Strong communication with relevant agencies &amp; sectors.</li> <li>- Strong and relevant key messages.</li> <li>- Updated publicity and communications information.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved communication and engagement with key stakeholders</li> <li>- Informed and dynamic engagement with key stakeholders that is responsive to changing views and emerging concerns.</li> </ul>	<ul style="list-style-type: none"> <li>- Updated actions and key messages.</li> <li>- Accuracy of stakeholder map.</li> <li>- Engagements diary, corporate calendar.</li> <li>- CEO, Board and MLA. Correspondence Registers.</li> <li>- Monitoring of implementation of Communication Plan.</li> <li>- Stakeholder satisfaction with levels of information provided – feedback from FSWG, VSPWG and individual clients.</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly and as required</li> <li>Weekly</li> <li>Weekly and monthly updates for VSS Board and SMT</li> </ul>	March 2020
<b>32</b>	Continue to develop an effective workforce	<ul style="list-style-type: none"> <li>- Staff development plan</li> <li>- Appropriate provision of training</li> <li>- Staff succession plan</li> <li>- VSS Staff H&amp;WB Programme</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced reliance on key staff</li> <li>- Highly skilled VSS workforce with evolving skillsets aligned to VSS activities and objectives</li> </ul>	<ul style="list-style-type: none"> <li>- Staff training records</li> <li>- Staff feedback</li> <li>-</li> </ul>	Quarterly	Mar 2020
<b>CLINICAL GOVERNANCE</b>						
<b>33</b>	Agree and embed the VSS Clinical governance Framework with VSS staff	- All interventions delivered in line with best practice guidelines.	- Increased staff confidence and competence	<ul style="list-style-type: none"> <li>- CORENet</li> <li>- WSAS</li> <li>- MYMOP</li> </ul>	Monthly	Ongoing to March 2020

<b>STRATEGIC OUTCOME 5: AN EFFICIENT AND EFFECTIVE ORGANISATION (PfG Outcomes 4, 7, 8 &amp; 9)</b>						
<b>REF</b>	<b>Key Actions</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>How will this be measured?</b>	<b>How frequently will this be measured?</b>	<b>Target date</b>
	<p>and VSS funded organisations.</p> <p>Audit of clinical governance policies/procedures and standards with associated report</p>	<ul style="list-style-type: none"> <li>- A transparent and consistent approach to addressing the needs of victims and survivors.</li> <li>- Robust policies and procedures in place to ensure safety of victims and survivors and the staff who are engaged with them.</li> </ul>	<ul style="list-style-type: none"> <li>- 80% of VSS staff feel supported in their work</li> <li>- 80% of staff across the sector report an increased understanding or trauma and evidence based practise</li> <li>Confidence that clinical governance is embedded in practice and consistently applied</li> </ul>	<ul style="list-style-type: none"> <li>- CVS Standards</li> <li>- audit of compliance to framework</li> <li>- Supervision processes and records.</li> <li>- Other measurement tools appropriate to need.</li> <li>- Staff Survey</li> </ul>		

