



Peace



Northern Ireland - Ireland

European Regional Development Fund

PEACE IV

**Guidance Note on
Health and Wellbeing Caseworker Network
(G14)/VSS**

Contents

Glossary of Terms..... 3

1. Introduction 5

2. Strategic and Policy Context 6

3. Organisations Employing Health and Wellbeing Caseworkers..... 14

4. Roles, Responsibilities and Reporting Mechanisms..... 15

5. Principles..... 18

6. Policies and Procedures..... 18

7. Monitoring and Evaluation 21

Annex 1: VSS Service Delivery Model 26

Annex 2: Health & Wellbeing Caseworker Monthly Reporting Template..... 28

Annex 3: Job Descriptions 30

Glossary of Terms

| | |
|--|--|
| CVS | Commission for Victims and Survivors |
| Health and Wellbeing Caseworker | The Health and Wellbeing Caseworker provides individual victims and survivors with support to access high quality, tailored services and assistance when considering their holistic health and wellbeing needs. The Health and Wellbeing Caseworker network is a programme within the voluntary and community sector funded by the PEACE IV Programme and supported by the VSS, enabling a team of Caseworkers across the region to deliver this assistance to victims and survivors in a coordinated way. |
| INC | Individual Needs Consultation: a proforma style framework to enable a guided conversation between a Health and Wellbeing Caseworker and an individual victim/survivor, to facilitate the sensitive discussion and identification of needs. |
| INP | The Individual Needs Programme: the funding delivered by the VSS on behalf of TEO to individual victims and survivors. |
| PEACE IV Programme | The EU Programme for Peace and Reconciliation in Northern Ireland and the Border Region of Ireland 2014-2020. |
| SEUPB | The Special EU Programmes Body: the Managing Authority for the PEACE IV Programme. |
| TEO | The Executive Office: the Sponsor Department of the VSS and CVS. |

VSP

The Victims Support Programme: the funding delivered by the VSS on behalf of TEO to organisations across Northern Ireland. This funding enables the delivery of services and support by organisations to individual victims and survivors.

VSS

Victims and Survivors Service

1. Introduction

This Guidance Note outlines the Operating Framework for the **Health and Wellbeing Caseworker Network** funded by the PEACE IV Programme.

Under this Programme, a network of Health and Wellbeing Caseworkers has been employed across the region to ensure that victims and survivors have their needs identified and addressed in a holistic and coordinated way, within a safe environment, and on a timely basis. The **VSS Service Delivery Model**, showing the key services and support available to victims and survivors in this context, is included at **Annex 1**.

As part of this network, new mechanisms including partnership arrangements, consultation processes, and referral and signposting between the VSS, statutory health service providers in Northern Ireland and the border region, and wider community and voluntary services will be established.

This work will be taken forward by Health and Wellbeing Caseworkers employed and line managed by the community and voluntary sector across the region. They will be supported and led by five Regional Health and Wellbeing Case Managers alongside a Casework Coordinator employed by the VSS.

This is a live working document which will be subject to review every 6 months or as and when required based on learning from implementation, policy, or related strategic developments.

This guidance note includes information on:

- Strategic and Policy Context
- Roles and Responsibilities
- Policies and Procedures
- Monitoring and Evaluation
- Principles and Code of Conduct

The VSS promotes a holistic approach to improving the health and wellbeing of victims and survivors. Therefore, the Health and Wellbeing Caseworker Framework cannot be operated in isolation of other services and should be read in conjunction with the VSS Guidance Notes and Operating Manual, in particular Guidance Note G15 Advocacy Support Framework and Guidance Note G2 Clinical Governance Framework.

As these documents are confirmed for circulation, they will be available for download from the VSS website at:

[Information and Useful Downloads for Funded Organisations | Victims and Survivors Service | Victims and Survivors Service Northern Ireland | VSSNI](#)

2. Strategic and Policy Context

The following contextual developments and resources have been key to the establishment of this framework:

2.1 *Stormont House Agreement (2014)*

This agreement states that as part of the transition to long-term peace and stability, an approach to dealing with the past is necessary. It notes the following:

- The Executive will take steps to ensure that Victims and Survivors have access to high quality services, respecting the principles of choice and need.
- The needs of victims who do not live in Northern Ireland are to be recognised.

2.2 *Strategy for Victims and Survivors 2009-2019*

This strategy recognises:

- The pain and suffering which has occurred and that this will not be forgotten;
- The long-term impact of violence on victims and survivors; and
- That victims and survivors are individuals, and that therefore there is no single approach to addressing need or the legacy of the Conflict/Troubles which will suit everyone.

The strategy names the VSS as the lead service delivery body for funding provided by government to victims and survivors.

The **Health and Wellbeing Caseworker Network** allows the VSS to expand the nature of services and support available and provided to victims and survivors living in Northern Ireland, the border region of Ireland, and in other areas. In addition, the caseworker model enables the development of innovative and tailored approaches to listening to victims and survivors, understanding their needs (in relation to both health and wellbeing and dealing with the past), and facilitating access to an increased and better networked choice of services and support.

2.3 VSS Strategic Outcomes – underpinned by Belfast Strategic Partnership TAKE 5 wellbeing initiative

The vision of the VSS is to *improve the health and wellbeing of victims and survivors*.

Our approach to achieving this vision is underpinned by the wider Belfast Strategic Partnership Take 5 Steps to Wellbeing initiative, which informs the nature of the services and support that the VSS funds across the region.

A number of strategic outcomes have been agreed between VSS and CVS in line with the new Programme for Government Outcomes Based Approach, to contribute to the achievement of our overarching vision. These are outlined in **Table 1** below.

Table 1: VSS Strategic Outcomes

| Thematic Area per Comprehensive Needs Assessment (published by the Commission for Victims and Survivors, 2012) | Strategic Outcome |
|---|---|
| Health and Wellbeing, Social Support | Improved health and wellbeing of victims and survivors |
| Personal Development | Improved access to opportunities for learning and development |
| Financial and Welfare Support | Victims and survivors, and those most in need, are helped and cared for |
| Truth, Justice and Acknowledgement | Victims and survivors, and their families, are supported to engage in legacy issues |

The strategic outcome regarding **Health and Wellbeing and Social Support** has been further defined. Specifically, the following outcome indicators have been established:

Table 2: VSS Strategic Outcome – *Improved health and wellbeing of victims and survivors*

| Thematic Area | Strategic Outcome | Potential Indicators | How will this be measured? |
|---|-------------------|----------------------|----------------------------|
| Comprehensive Needs Assessment (published by the Commission for Victims and Survivors, 2012) | | | |

Health and Wellbeing, Social Support and Transgenerational

Improved health and wellbeing of victims and survivors



1. Improved mental health
 2. Reduced risk
 3. Improved physical and social function
 4. Reduction of symptoms
 5. Positive Attitude
 6. Improved Integration
 7. Improved quality of life
 8. Reduced Isolation and improved social networks
 9. Improved family relationships
- **CORENET (Talking Therapies)**
Collects client reported outcome measures and uses this to manage therapeutic outcomes.
http://www.coreims.co.uk/About_Core_Tools.html
 - **MYMOP (Complementary Therapies)**
Client centred and individualised outcome questionnaire focusing on specific problems but also general wellbeing
<http://www.bris.ac.uk/primaryhealthcare/resources/mymop/>
 - Work and Social Adjustment Scale (WSAS)
A Client-centred self-report scale of functional impairment attributable to an identified problem
 - **TAKE 5** Monitoring Framework under development by Victims Practitioners Working Group

2.4 PEACE IV

a) PEACE IV Cooperation Programme

The PEACE IV Cooperation Programme sets out in detail the overall strategy for the PEACE IV Programme. The core objective of PEACE IV is to support actions that will develop and deepen reconciliation between divided communities, increase tolerance and respect, promote increased community cohesion and contact, enhance crossborder cooperation, and address the legacy of the past.

In recognition of the needs and level of service demand among those who have suffered as a result of the Troubles/Conflict, the PEACE IV Programme will add value to the existing provision for victims and survivors by building on and developing the proven expertise within the region, and increasing the capacity of the sector to respond to individuals identified to be in need, thereby investing in regional health and wellbeing services.

Further detail of the Programme can be found on the SEUPB website at the following link:

https://www.seupb.eu/sites/default/files/styles/file_entity_browser_thumbnail/public/PEACE%20Content%20Type/PIV_AdoptionByEC_30-11-2015.pdf

b) PEACE IV Citizens' Summary: PEACE IV Programme (2014-2021)

The Citizens' Summary provides a user friendly guide to the PEACE IV Programme. It is available for download at the following link:

https://www.seupb.eu/sites/default/files/styles/file_entity_browser_thumbnail/public/PEACE%20Content%20Type/PIV_CitizensSummary_English_Version11.pdf

Below is an extract from the PEACE IV Citizen's Summary relating to the Health and Wellbeing Caseworker Network:

Key outputs:

- *11,350 individuals in receipt of assessment, case work support and resilience support.*

The above outputs can be achieved through the following indicative actions:

- *Development of qualified assessors, health and well-being 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 one and level two mental health interventions;*
- *Development of the capacity of the sector through training and development (to meet national and regional standards), research and improved regulation.*

* In the terminology of this VSS programme: ‘qualified assessors’ and ‘case workers’ refers to the VSS Health and Wellbeing Case Managers and Health and Wellbeing Caseworkers.

c) VSS PEACE IV Business Plan

To secure the PEACE IV funding to establish the Health and Wellbeing Caseworker Network, the VSS developed a Business Plan outlining in detail the work that it will undertake to design, develop, and implement this new aspect of its service.

The following information has been extracted from a number of different sections of the PEACE IV Business Plan specifically relating to the Health and Wellbeing Caseworker Network Programme element:

The overall aim of PEACE IV – Shared Spaces and Services – Victims and Survivors is to improve the health and wellbeing of victims and survivors.

This programme will target hard to reach and marginalised individuals and communities that have suffered as a result of the Troubles/Conflict, through the development, implementation and co-ordination of a number of new and innovative initiatives. These are outlined in the diagram below:



The long lasting legacy of this project will be evident in:

- *The building of sustainable communities, partnerships, referral pathways and integration between the community, voluntary and statutory services.*
- *A safer and just society through the establishment of mechanism to deal with the past.*
- *Capacity building, learning and development through training, research and regulation.*
- *Improvements in services to victims and survivors through dissemination of learning from this holistic and partnership led approach.*

2.5 CVS Standards for Services Provided to Victims and Survivors

The CVS *Standards for Services Provided to Victims and Survivors* document was updated in November 2016 and can be found here: <https://www.cvsni.org/what-wedo/policy-and-research/standards-for-services/>

The VSS refers to this document as part of its routine checks in relation to the services delivered by organisations funded under the VSP.

A key premise of the PEACE IV Programme is improving outcomes for victims and survivors through improved standards and development of best practice. This specifically includes standards for Health and Wellbeing which include services such as counselling and psychological therapies, complementary therapies, and life coaching.

Support for training and development to increase the capacity and enhance the skills and best practice service delivery standards of our funded organisations will be provided under the PEACE IV Programme through the VSS **Workforce Training and Development Plan**. This will include, for example: Safeguarding Training, Mental Health First Aid, and an Introduction to Psychological Trauma.

3. Organisations Employing Health and Wellbeing Caseworkers

The VSS PEACE IV Business Plan identified a need at the planning stage (June 2016) for five Health and Wellbeing Regional Case Managers to be employed by the VSS, and 25 Health and Wellbeing Caseworkers to be employed by our funded community and voluntary organisations across the region.

Following an open call for applications in late 2016, funding was allocated initially to support the recruitment of 21 Health and Wellbeing Caseworkers. A further call for additional Health and Wellbeing Caseworkers was opened in summer 2017 and four further posts were allocated to meet identified strategic gaps in provision for victims and survivors.

The successful organisations and their Health and Wellbeing Caseworkers are outlined in **Table 3** below.

Table 3: VSS funded organisations employing Health and Wellbeing Caseworkers

| Organisation | Number of Health and Wellbeing Caseworkers |
|------------------------------------|--|
| Ashton Community Trust | 2 |
| Cunamh | 1 |
| Castlehill | 1 |
| Decorum NI | 1 |
| East Belfast Community Counselling | 1 |
| Families Moving On | 1 |
| Firinne | 1 |
| Lenadoon Community Forum | 1 |
| Omagh Support and Self Help | 1 |
| Relatives for Justice | 2 |

| | |
|---|-----------|
| South East Fermanagh Foundation | 3 |
| The Ely Centre | 2 |
| Tim Parry Johnathan Ball Peace Foundation | 1 |
| WAVE Trauma Centre | 7 |
| Total | 25 |

4. Roles, Responsibilities and Reporting Mechanisms

The monthly reporting framework for the Health and Wellbeing Caseworker Network is attached in **Annex 2**.

The Health and Wellbeing Caseworker Network includes the following six key roles:

4.1 Health and Wellbeing Case Manager (5 posts)

The Regional Health and Wellbeing Case Manager will be directly employed and line managed by the VSS. They will be responsible for key aspects of the assessment, co-ordination, implementation, and effective delivery of the Health and Wellbeing Case Work aspect of the PEACE IV Programme.

The Regional Health and Wellbeing Case Manager will be a clinical specialist who, if required, will carry out an initial assessment with an individual in order to ascertain the most appropriate referral pathway based on their primary needs. They will also support the Health and Wellbeing Case Worker to deliver their responsibilities, in line with the programme rules. This engagement between Case Manager and Case Worker will be premised on an ethic of supportive guidance, strengthening relationships across the network.

The Regional Health and Wellbeing Case Manager will also contribute to the development of a regional assessment and referral framework, representing the sector in the Regional Mental Trauma Network currently being developed by the Health and Social Care Board. A key role for the Case Manager will be to develop and manage relationships with stakeholders across the wider community, voluntary, and statutory sectors.

4.2 Health and Wellbeing Caseworker (25 posts)

The Health and Wellbeing Caseworker will be directly employed and line managed by a VSS funded organisation. However, they will be expected to report monthly on their activity to the VSS. This will allow VSS to report at a Programme level on key achievements, outcomes, and any gaps or issues.

The Health and Wellbeing Caseworker will work directly with individual victims and survivors and their families in a pro-active and innovative way to facilitate engagement with services and activities within the community, voluntary, and statutory sectors, in keeping with their needs.

The Health and Wellbeing Caseworker will coordinate and facilitate victims' and survivors' access to services, ensuring that their health and wellbeing needs are addressed by referral and signposting to relevant services within relevant community, voluntary, and statutory agencies. In doing so, the Health and Wellbeing Caseworker will take a proactive approach to researching relevant services, sharing this information with the wider Health and Wellbeing Caseworker Network.

4.3 Health and Wellbeing Casework Coordinator (1 post)

The Health and Wellbeing Casework Co-ordinator will be directly employed and line managed by the VSS. They will work directly with Health and Wellbeing Case Managers and Health and Wellbeing Caseworkers to ensure that victims and survivors are supported in a timely manner to discuss and identify their needs, and engage with relevant services on that basis.

The key objective of this role is to co-ordinate the seamless referral and signposting of victims and survivors from the VSS and VSS funded organisations to Health and Wellbeing Caseworkers for consultation, and where necessary, to Health and Wellbeing Case Managers for assessment and assistance to access services and support. A key responsibility of the Health and Wellbeing Casework Co-ordinator is to lead and co-ordinate the development and implementation of the monitoring and evaluation systems to be used by Health and Wellbeing Caseworkers to report on their activities.

4.4 VSS Programme Officer

The Programme Officer will be responsible for the development and oversight of quantitative and qualitative monitoring and evaluation systems for funding awarded under the VSP and PEACE IV Programmes. This position will provide support to build capacity within organisations to ensure the needs of victims and survivors as defined in the Victims and Survivors Order NI (2006) are met.

The Programme Officer will assist organisations to prepare, implement and monitor strategic and operational delivery plans in line with agreed targets set within the Terms and Conditions of their contract.

The Programme Officer will also play a key role in developing outcomes focussed monitoring and evaluation systems and processes for Programmes, in order to effectively analyse the impact of support to organisations and Victims and Survivors.

4.5 VSS Programmes Manager (as Lead Partner for PEACE IV)

The VSS Programmes Manager is responsible for key aspects of the management, implementation and effective delivery of EU Programme for Peace and Reconciliation (PEACE IV) funding for the Victims and Survivors, ensuring applications are assessed and processed in accordance with VSS policy, developing and managing systems for ensuring that all key programme targets are met, with respect to agreed outputs, outcomes, and financial targets as per the SEUPB Letter of Offer to the VSS.

The VSS is the key conduit and responsible for directly reporting to SEUPB on all aspects of the delivery of this contract.

4.6 SEUPB

The Special EU Programmes Body (SEUPB) is one of six cross-border Bodies set up between the Government of Ireland and the Government of the United Kingdom of Great Britain and Northern Ireland.

SEUPB manages cross-border EU structural funds programmes in Northern Ireland, the Border Region of Ireland and parts of Western Scotland including PEACE IV and INTERREG VA.

5. Principles

5.1 *Health and Wellbeing Caseworker Network Principles*

The health and wellbeing mechanisms in the Stormont House Agreement (SHA) are guided by two main principles:

- The Executive will take steps to ensure that Victims and Survivors have access to high quality services, respecting the principles of choice and need.
- The needs of victims who do not live in Northern Ireland to be recognised.

In October 2017, at the first meeting of the Health and Wellbeing Caseworker Network, the following operating principles were agreed:

- Respecting the diversity of opinion and practice;
- Encouraging a spirit of openness and transparency;
- Undertaking to do business in a professional manner;
- Enabling a culture of supportive learning and development.

5.2 *Code of Conduct*

Each organisation listed in **Table 3** above is responsible for establishing the values, expected behaviours, and code of conduct relevant to all employees, committee members and volunteers associated with the Health and Wellbeing Caseworker Network, including the Health and Wellbeing Caseworkers employed with PEACE IV funding.

These should be in line with the overall principles agreed for the Programme (see above), the Job Description outlined in **Annex 3**, and each organisation's vision, mission and values.

With regard to the five Regional Health and Wellbeing Case Managers and the Health and Wellbeing Casework Coordinator employed by the VSS: the same principles apply, and should be observed in line with VSS policies, procedures, and codes of conduct.

6. Policies and Procedures

Generally, all organisations are responsible for establishing and implementing a relevant suite of policies and procedures in line with the **Guidance Notes on Corporate Governance (G3) and Clinical Governance (G2)**, which are available on the VSS website at the following link:

[Information and Useful Downloads for Funded Organisations | Victims and Survivors Service | Victims and Survivors Service Northern Ireland | VSSNI](#)

These operating policies and procedures should be established and approved by the organisation's Board/Committee and should take into account the details outlined in Table 4 below.

Table 4: Operating Policies and Procedures – key considerations

| Ref Notes | |
|------------------|--|
| 1 | <p>Introduction and Background</p> <p>This should provide links to this VSS Guidance Note, and others on the VSS website – available for download here: Information and Useful Downloads for Funded Organisations Victims and Survivors Service Victims and Survivors Service Northern Ireland VSSNI</p> |
| 2 | <p>Principles</p> <p>Per section 5.1 above, these should be the starting position in establishing the policies and procedures for each organisation. This may also include additional principles relevant to your specific organisation.</p> |
| 3 | <p>Code of Conduct</p> <p>This should include values, behaviours and code of conduct relevant to all employees, committee members and volunteers associated with the Health and Wellbeing Caseworker Network.</p> |
| 4 | <p>Roles and responsibilities of the Health and Wellbeing Caseworkers</p> <p>This should be cross referenced to the Job Description (or this guidance note to avoid duplication) and any additional roles and responsibilities relevant to the organisation.</p> |
| 5 | <p>Procedures:</p> <ul style="list-style-type: none"> - Working with Individuals and Families <ul style="list-style-type: none"> • Initial Contact • Individual Needs Consultation Form • Information Gathering • Ongoing Contact and Communication |

- **Case Management**
 - Accepting a Case
 - Case Allocation and Prioritisation
 - Ongoing Case Management
 - Reporting on Cases
 - Case 'Closure'

- **Engaging with VSS funded organisations and other agencies**
 - Signposting
 - Referral
 - VSS funded organisations
 - Other voluntary organisations
 - Other community organisations
 - Statutory agencies

- **Complaints and Feedback**
 - Receiving complaints/feedback and next steps
 - Appeals process
 - Feedback recording and reporting

- **Media Management**
 - Media Guidelines
 - Media training

6 Referrals

This should outline the partnerships developed with others and the referral mechanisms and procedures.

7 Monitoring and Evaluation

This should be cross referenced to the requirement to Guidance Note (G6) provided by the VSS in addition to organisational requirements, IT systems, Data Protection etc.

8 Review

A mechanism should be built in to review all policies and procedures on a periodic basis as appropriate (usually annual).

7. Monitoring and Evaluation

As Lead Partner for the PEACE IV Programme funding for victims and survivors, the VSS must report to the SEUPB against key outputs, targets, results, and outcomes.

As part of the VSS PEACE IV Business Case, a monitoring and evaluation framework was established for this purpose. Table 5 below shows the key information that the VSS has committed to delivering in this regard.

Table 5: Monitoring and Evaluation of Health and Wellbeing Caseworker Network and related PEACE IV funded Activity

| OBJECTIVE: Improved Health and Wellbeing of Victims and Survivors | | | |
|--|---|---|---|
| OVERALL TIMEFRAME: April 2017-July 2021 – 52 months | | | |
| Project Element: Health and Wellbeing Caseworker Network | | | |
| KEY Outputs and Targets | | | KEY Specific Results and Outcomes |
| No of HWB Caseworkers | No of HWB Case Managers | Total number of individuals | |
| 25 | 5 | 11,350 | <ol style="list-style-type: none"> 1. Improved mental health, social networks and health behaviours 2. Enhanced motivation and confidence 3. Improved self-esteem and self-worth 4. Reduce depressive and anxiety symptoms 5. Introduce Victims and Survivors to shared spaces and services 6. Open up further opportunities for meaningful and productive activity |
| Project Element: Resilience | | | |
| Outputs | Owners | Results | |
| 1,000 interventions <i>*An Intervention is a single transaction e.g. gym membership, or a transaction for a series of classes e.g. one to one tuition. Interventions will vary in time and duration dependent on need. This will be closely monitored by the Regional Health & Wellbeing Caseworkers.</i> | VSS and VSP Funded Organisations, via Health and Wellbeing Caseworker Network | <u>Trauma-focused Physical Activity</u> <ol style="list-style-type: none"> 1. Reduce reliance (drugs and alcohol) 2. Reduce depressive and anxiety symptoms 3. Improve physical wellbeing/self-esteem 4. Facilitate healthy cortisol levels thereby helping an individual to regulate hyperarousal symptoms associated with PTSD 5. Introduce Victims and Survivors to shared spaces and services | |
| | | <u>One to One Adult Literacy</u> <ol style="list-style-type: none"> 1. Reduce shame associated with poor educational attainment as a result of the Troubles/Conflict | |

| | | |
|--|--|--|
| | | <ol style="list-style-type: none"> 2. Open up further opportunities for meaningful and productive 3. Introduce Victims and Survivors to shared spaces and services |
| | | <p><u>Volunteering Opportunities</u></p> <ol style="list-style-type: none"> 1. Improve self-esteem and self-worth 2. Improve ability to undertake activities of daily living 3. Provide opportunity to try something new 4. Improve confidence/sense of purpose 5. Improve job prospects 6. Introduce Victims and Survivors to shared spaces and services |

7.1 Monitoring and Evaluating the Impact of Health and Wellbeing Caseworker Support

Monitoring the impact of Health and Wellbeing Caseworker support includes implementation of both existing and new tools and measures.

The Health and Wellbeing Caseworker Network is designed to integrate with the existing provision of services and support for victims and survivors, referring and signposting individuals to these services and facilitating their access to them. Therefore the existing tools used to measure the impact of services funded under VSP will remain relevant. In addition, however, the VSS will need to demonstrate the impact of support that is not reflected in these existing measures.

7.1.1 Relevant tools within the existing VSS Monitoring and Evaluation Framework

In order to report in a consistent, consolidated, but sensitive way, the VSS, in conjunction with its funded organisations delivering health and wellbeing services, has already developed a framework of monitoring and evaluation tools underpinned by standardised measures.

- In developing and implementing this framework, the VSS has taken into account:
- Existing systems and processes;
 - The move towards Outcomes Based Accountability and Learning;
 - SEUPB requirements according to the PEACE IV Business Plan, Cooperation Programme and other Programme Rules; and
 - The VSS requirement to demonstrate a meaningful impact on victims and survivors and the effectiveness of the overall Programme.

Health and Wellbeing Services – Talking Therapies, Complementary Therapies

Under the existing VSS monitoring and evaluation framework, **CORENet** is used to measure outcomes for talking therapy services, and **MYMOP** is used to measure outcomes for complementary therapy services (see **Table 2**).

These tools will measure the impact of talking therapy and complementary therapy services that Health and Wellbeing Caseworkers support individuals to access.

Social Support Services – e.g. Befriending, Personal and Professional Development Activities, Commemoration and Remembrance, etc.

Currently, the VSS monitors these services primarily in terms of outputs, rather than outcomes. Quantitative data is supported by qualitative reporting by the organisations funded under the VSP, in the form of narrative reports and case studies. This approach will continue for the foreseeable future.

As noted in Section 2.3 above, the delivery of these services is underpinned by the Take 5 approach to improving health and wellbeing. The Belfast Strategic Partnership is currently developing an outcomes based evaluation framework for Take 5. As this is established and implemented, the VSS will adopt the same framework to monitor outcomes of its funded social support services.

Taken together, these tools will measure the outputs and impact of social support services that Health and Wellbeing Caseworkers assist individuals to access.

7.1.2 New measures introduced to monitor impact of Health and Wellbeing Caseworker Support

Work and Social Adjustment Scale

In keeping with the principle of using standardised measures, the VSS has identified a third monitoring and evaluation tool to capture data in relation to the impact of the Health and Wellbeing Caseworker engagement with individuals, in cases where the individual will not go on to access services monitored by CORENet or MYMOP. This tool is the **Work and Social Adjustment Scale (WSAS)**.

The WSAS is a simple, reliable and valid measure comprised of five questions addressing impaired functioning across the following five key areas:

- ability to work
- home management
- social leisure activities
- private leisure activities
- close relationships

WSAS is a short, easily administered, sensitive and useful outcome measure offering the potential for readily interpretable comparisons across studies and disorders.

The VSS has integrated the WSAS measure into the existing guided conversation tool (the Individual Needs Consultation or INC), for use by the Health and Wellbeing Caseworker in cases where the individual will not be referred or signposted into services already covered by the VSS monitoring and evaluation framework.

Additional Qualitative Reporting

This measurement tool will be complemented by the development of qualitative case studies to further demonstrate the impact, benefits, and lessons learned in the implementation of this new service for individual victims and survivors. The Health and Wellbeing Caseworkers will work together with the Health and Wellbeing Case Managers to deliver this qualitative information.

7.1.3 Learning, developing and benchmarking best practice

In addition to the steps outlined above, and alongside the implementation of the Workforce Training and Development Plan, the Health and Wellbeing Caseworkers will work together with the Health and Wellbeing Case Managers to deliver feedback and monitoring information to demonstrate the learning, development, and best practice insights emerging from the implementation of the Health and Wellbeing Caseworker Network.

7.2 Minimum Data Capture

7.2.1 Monitoring of Beneficiaries

Each organisation will maintain records of beneficiaries and key aspects of their demographic information (including date of birth and gender). This will be reported to VSS on a monthly basis in an anonymised format.

The VSS will consolidate this and monitor against the target of 11,350 beneficiaries over the lifetime of the programme.

7.2.2 Monitoring of Health and Wellbeing Staff

During the quarterly verification process, the VSS will monitor the number of staff (Health and Wellbeing Caseworkers) in post and report this against the target of 25. Internally, the VSS will monitor the number of VSS-employed staff in post (Health and Wellbeing Case Managers, Health and Wellbeing Casework Coordinator) and report this against the target of five and one respectively.

7.3 Results and Outcomes

The VSS is committed to the empowerment of victims and survivors and ensuring any interventions or programmes have as positive an impact as possible on victims and survivors.

The measurement tools, strategies and anticipated key results and outcomes for this new network are outlined above in this Section 7.

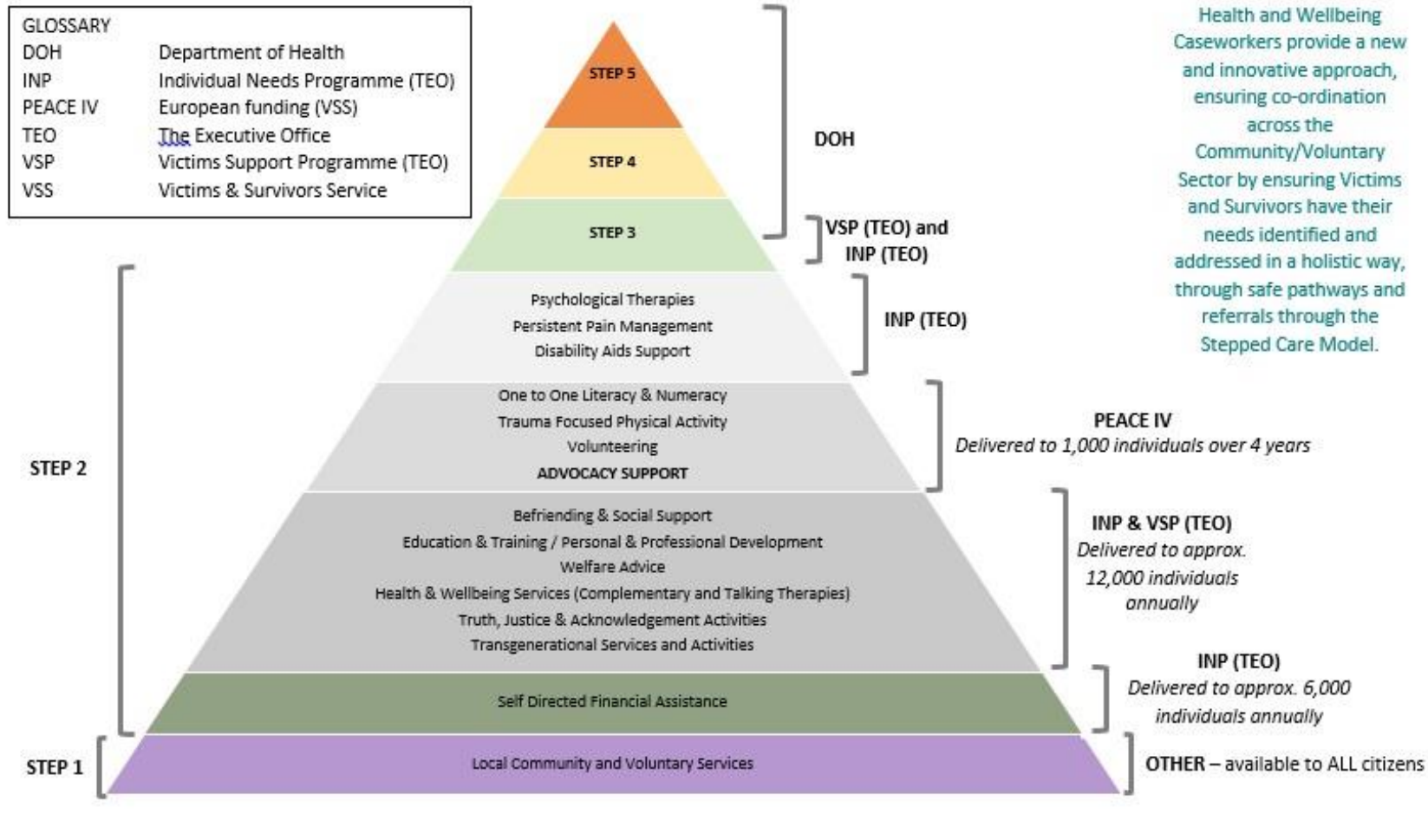
7.4 Monitoring of Service Delivery

The measurement tools and anticipated key results and outputs for this new network are outlined above in this Section 7. See also **Table 2**.

Annex 1: VSS Service Delivery Model

The VSS Service Delivery Model is aligned to the Stepped Care Model. For more information about the Stepped Care Model, refer to Note 1 overleaf.

Note 2: VSS Service Delivery Model



Note 1: Stepped Care Model and its relationship to VSS-funded services

| STEP | DESCRIPTION | Relationship to VSS-funded services |
|------|---|---|
| 1 | Self Directed Help services available to all citizens. | VSS-funded Health and Wellbeing Caseworkers are expected to establish a directory and network of pathways into existing local services. |
| 2 | Health & Wellbeing support. | Organisations funded under the Victims Support Programme deliver a range of services relevant at this step, including: Befriending Services, Complementary Therapies, Personal and Professional Development, Social Support, Talking Therapies, Transgenerational Services, Truth Justice and Acknowledgement Activities, and Welfare Support. Access to financial assistance, goods, and services under the Individual Needs Programme is also relevant to this step. This access is supported by VSS-funded Health and Wellbeing Caseworkers |
| 3 | Recovery focussed support. Support at this level usually involves responding to mental health problems which are adversely affecting the quality of life. Recovery focussed support and treatment will involve a combination of psychological therapies and or drug therapies. | Some organisations funded under the Victims Support Programme deliver psychological therapies. Access to these services is supported by VSS-funded Health and Wellbeing Caseworkers |
| 4 | Highly Specialist Condition Specific Mental Health Services. Support at this level provides care in response to complex/specific mental health needs and involves the treatment and delivery of specialist programmes of recovery focussed support. | VSS-funded services do not deliver support at this level. |

| | | |
|----------|---|---|
| 5 | <p>High Intensity Mental Health Services.</p> <p>Support at this level is usually provided in response to mental health needs which involves the intensive recovery focussed support and treatment provided at home or in hospital.</p> | VSS-funded services do not deliver support at this level. |
|----------|---|---|

Annex 2: Health & Wellbeing Caseworker Monthly Reporting Template

The Health & Wellbeing Caseworkers report on their activity to the VSS, monthly in arrears. A snapshot of the reporting mechanism (an excel spreadsheet) is provided below:

| Unique Ref ID | DOB | Gender | Postcode Area | WSAS Score Time 1 | WSAS Score Time 2 | INC | Referred/Signposted By | Home Organisation Services | Referred/Signposted To | Non-Complex need | Referred/Signposted To |
|---------------|-----|--------|---------------|-------------------|-------------------|-----|------------------------|----------------------------|------------------------|------------------|------------------------|
| | | | | | | | | | | | |

The key information collected using this template includes:

- The Individual’s Unique Reference Code (VSS specific ID, anonymous)
- Key demographic information: age, gender, postcode area (geographical location)
- Whether an Individual Needs Consultation has been completed with the individual
- The origin of the individual’s referral to the Health & Wellbeing Caseworker
- Detail of referral and signposting actions made to support the individual
- Key outcome data – Work and Social Adjustment Scale scores
- Additional qualitative information, facilitated by inclusion of a free text ‘notes’ section

All Caseworkers have undergone training in relation to the use of this reporting tool, and have an established schedule for submission of the completed record monthly in arrears.

The VSS uses the data collected in this record to report monthly to the VSS Senior Management Team on progress and key outcomes in this area of work, and quarterly to the VSS Board.

Annex 3: Job Descriptions

JOB DESCRIPTION: Health and Wellbeing Caseworker

| | |
|----------------------|---|
| Job Title: | Health and Wellbeing Caseworker |
| Organisation: | Subject to Open Call |
| Location: | To be Confirmed on appointment |
| Salary: | £25,871 - £27,271 |
| Reports to: | Service Manager (<i>Employing Organisation</i>) |

Background

(Background information as per employing organisation)

This post has been developed as part of the PEACE IV Programme which provides investment for cross-border health and wellbeing services by increasing the quality of care in the sector for victims and survivors and their families, and collecting information on victims' and survivors' needs.

Purpose of the Role

The Health and Wellbeing Caseworker will work directly with individual victims and survivors and their families in a pro-active and innovative way to facilitate engagement with services and activities within the statutory, community and voluntary sector in keeping with their needs.

Job Description

The key elements that constitute the role of Health and Wellbeing Caseworker are as follows:

Co-ordination and Delivery of Health and Wellbeing Services

- Proactively and innovatively engage with vulnerable and marginalised individuals.
- Keep up to date with relevant statutory, private and voluntary sector services available to victims and survivors and their families and work to ensure

pathways are seamless, responsive and mitigate against duplication of services.

- Identify any barriers to victims and survivors accessing the care and support they need and work with the individual and relevant agencies to remove or mitigate any adverse effect such barriers may pose.
- The first point of contact for stakeholder enquiries, liaising with other agencies in a professional manner, ensuring that complex and sensitive information is communicated with empathy and reassurance and within the boundaries of Data Protection legislation.
- Advocate on behalf of and if necessary accompany individuals to services/appointments/activities where low confidence, low motivation and diminished trust may have left them isolated and marginalised.
- Facilitate the process for victims and survivors to access personalised support through the PEACE IV Resilience Programme e.g. one to one literacy tutoring or a physical activity of choice.
- Introduce victims and survivors and their families to shared spaces and services.

Business Improvement and Quality Management

- Ensure adequate and appropriate record keeping and that relevant databases are updated on a regular basis.
- Record, monitor and evaluate client progress according to measurable goals described in their individual support plan.
- Ensure that all support plans, records and associated processes are maintained to the standard required for auditing and monitoring and evaluation by VSS.
- Manage the security/processing of sensitive and confidential client information in keeping with the requirements of the Data Protection Act.
- Report any risks, issues and/or concerns to (employing organisation).
- Actively encourage participation of victims and survivors and their families in reviewing and modernising current services and in service development.

- Promote a culture of continuous service improvement through the appropriate sharing of constructive feedback and work with relevant statutory, private and voluntary sector organisations to implement improvements.

Personal Development, Performance and Professionalism

- Ensure the ongoing confidence of the public by maintaining high standards of personal accountability and ethical practice.
- Facilitate liaison with professional and senior management within stakeholder organisations.

The foregoing is a broad range of duties and is not intended to be a complete description of all tasks. It is important to note that the responsibilities may change to meet the evolving needs of the Victims and Survivors Service.

Role Competencies

Essential Criteria:

By the closing date for applications, candidates must:

1. Possess a University Degree, Professional Qualification or equivalent qualification in a relevant area.

OR

Possess 5 GCSE's grades A – C, including English language AND have 2 years voluntary/paid experience equivalent to 16 hours per week in a community/voluntary/statutory environment working with individuals with mental health and/or physical health issues.

OR

NVQ Level 3 or equivalent AND have 1 year's voluntary/paid experience equivalent to 16 hours per week in a community/voluntary/ statutory environment working with individuals with mental health and/or physical health issues.

AND

2. Demonstrate experience of effectively engaging with and building positive relationships with clients in situations where they have been vulnerable.

3. Demonstrate experience of liaising with a broad range of service providers.
4. Demonstrate experience of providing progress reports and management information in clear and agreed formats, in line with a reporting schedule.
5. Demonstrate experience of successfully prioritising and managing your own workload while also communicating effectively with colleagues and management.

Desirable Criteria:

1. Demonstrate experience of at least 1 year working with or in the interests of victims and survivors of the Conflict/Troubles.
2. Demonstrate experience of using or contributing to outcomes focussed monitoring and evaluation processes.