

VSS

Victims & Survivors Service

Peace



Northern Ireland - Ireland

European Regional Development Fund

VICTIMS SUPPORT PROGRAMME

&

PEACE IV

Guidance Note on Monitoring & Evaluation

G6/VSS

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Please note: in this document “Programmes” refers to both the Peace IV and the Victims and Survivors Programme. Peace IV refers to the EU Programme for Peace and Reconciliation in Northern Ireland and the Border Region of Ireland 2014-2020.

1.0 Introduction & Background

1.1. This Guidance Note should be read in conjunction with:

- The Standard Conditions of Grant, in particular Section 5.0

1.2 The Victims Survivors Service aims to improve and build upon the existing monitoring and evaluation systems currently in place within the Victim Support Programme (VSP) and Peace IV. This Guidance Note is therefore a live document, and any revisions/updates will be uploaded to the VSS Website.

1.3 Why is monitoring and evaluation important?

1 So you know whether your services & support are working

You want to know whether you are making the changes to people's lives that you want it to. You can't know how well it's working without monitoring and evaluating.

2 To help look after the people you work with

As well as for victims & survivors, internally you need clarity about who's doing what in your work. You won't know who really needs to be involved, who doesn't and who need more support unless you capture people's experiences.

3 To know *how* things are working

In order to know how things are working, to know which parts of your model are working the best, and which bits you need to change or improve. To do this you need monitoring and evaluation that allows you reflect on the different parts of the model

4 So you're aware of unintended outcomes

You need to know the unintended outcomes for your work, whether positive or negative. Positive unintended outcomes mean that more is happening than you thought, negative unintended outcomes means something needs changing. You won't capture these without monitoring and evaluation.

5 So you can be adaptable

As well as knowing the bigger picture, you want to be able to adjust how you are doing things. Creating real time monitoring feedback

helps you to develop your work to respond to needs of the people you're working with and the changing context you're working in.

6 To be better able to communicate the value of your work

It's vital to be able to communicate the value of your work in a way that people understand, for many reasons – securing funding, advocacy and collaboration to name a few.

7 To focus your work

Evaluation makes you focus on the key outcomes you want to have for the people you are working with. This is really important for keeping your project focus. It's too easy to get caught up in logistics and lose sight of the changes we're trying to make in people's lives.

1.4 What are the reasons for outcome based monitoring and evaluation?

The aims of implementing an outcome based monitoring and evaluation system are to:

- Demonstrate the impact/benefit/changes to individuals through engagement in funded services and activities.
- Capture the ongoing and complex needs of the individuals that you support.
- Align with the Northern Ireland Executive's Programme for Government Outcomes Framework.

1.5 What is an outcome based monitoring and evaluation system?

Outcomes refer to the **impact** that your services, whether they be counselling, complementary therapies or a social support activity such as a respite trip or befriending, has had on an individual.

Whilst counting numbers (outputs) is important, what is more valuable to capture is the **value** of the support – what difference does the funding that we allocate to groups actually make to individual victims and survivors?

Capturing information on **how** the support we fund improves individual's mental health and wellbeing and quality of life, will help us to continually improve our services.

2.0 Definitions, Outcomes, Outputs, Inputs, Activities

- 2.1 VSS recognise that when discussing monitoring and evaluation a range of terms are used which are often confusing.

In moving towards an outcome based approach, we are drilling down into thinking about the **actual difference** that the service you are delivering will make to the people you are supporting.

Outcomes are not actions, inputs or outputs but things that matter to the people who you are delivering services to. It is important that we all have a collective understanding of what the different terms mean.

2.2 **Outcomes**

Outcomes are the specific changes, benefits, learning and effects that actually happen or are expected to happen as a result of your activities. They can be wanted, unwanted, expected or unexpected.

Outcome Indicators

Outcomes indicators are useful to measure to what extent you have achieved change – How much difference have you made?

2.3 **Outputs**

Outputs are all the detailed services and tangible products that your organisation actually delivers.

Output Indicators

Output indicators are used to measure to what extent you have delivered your services and quantify the activities that you have delivered.

2.4 **Inputs**

The resources within the project which will be used to deliver services.

2.5 **Activities**

What has been done to achieve the change?

- 2.6 We have compiled a “**Jargon buster**” which will help to define what we mean. This is attached at **ANNEX 1 – Monitoring and Evaluation Jargon Buster**.

3.0 VSS Monitoring and Evaluation Tools

3.1 We will measure the individual impact of the services and activities delivered primarily through VSS Programmes below:

- Talking Therapies (VSP)
- Complementary Therapies (VSP)
- Other Social Support services (VSP)
- Health and Wellbeing Caseworker Network (Peace IV)
- Advocacy Support Programme (Peace IV)

3.2 Monitoring and Evaluation systems have been established for talking therapies, (CORENet) and complementary therapies (MYMOP).

A framework for other services within the social support work plans will be developed within the 2017/18 funding year.

Both the VSP and PEACE IV Programme are **OUTCOMES FOCUSED**. This means that **ALL** projects must demonstrate how they contribute to the achievement of specific outcomes for victims and survivors as outlined in **ANNEX 2 – Monitoring and Evaluation Outcomes Framework**.

This will specifically include the Health and Wellbeing Casework Network, Advocacy Support Programme and Resilience programmes under Peace IV.

4.0 Guidance for Talking Therapies – CORE Net

Organisations delivering talking therapies including counselling and life coaching shall be required to use the CORE Net system.

CORE Net

This is a client self-report questionnaire designed to be administered by practitioners before, during and on completion of therapy. The items of the measure cover four dimensions:

- Subjective well-being
- Problems/symptoms
- Life functioning
- Risk/harm

CORE Net is an online information system which will be accessible to all organisations delivering counselling, talking therapies and life coaching funded by VSS.

Training has been provided to all organisations prior to the implementation of the CORE Net system. It was a requirement that a minimum of one member of

staff attended the training with a view to cascading it throughout the organisation to all employed staff, sessional staff and volunteers.

Each organisation has a nominated CORE Net lead. This is an individual who is the key contact for each organisation for all CORE Net matters. Staff and volunteers should direct all queries to their nominated CORE Net lead in the first instance. The CORE Net lead will be responsible for overseeing data quality and ensuring that all protocols are followed.

It is a requirement for each organisation to provide the relevant details of staff delivering counselling/talking therapy services funded by VSS in order for VSS to setup user accounts for each member of staff on the CORE Net system.

A full CORE Net user guide is available on the CORE Net website for those who have registered their details with VSS.

Refresher training alongside a “lessons learnt” session will take place on an annual basis or as appropriate.

5.0 Guidance for Complementary Therapies - MYMOP

5.1 Organisations delivering complementary therapies shall be required to use the MYMOP evaluation processes.

5.2 MYMOP

Organisations delivering complementary therapies shall be required to use the MYMOP evaluation processes.

The MYMOP (Measure Yourself Medical Outcome Profile version 2) developed by The University of Bristol – Centre for Academic Care, is a client-generated problem specific measure that allows the client to select the most important problem(s) to them that they want to address. It is a free to use, clinically useful measure.

Practitioners must record client data on the template forms during the initial consultation and before the final consultation treatment session.

All completed data i.e. clients who have completed their treatment plan, should then be entered onto the password protected VSS MYMOP 2.0 spreadsheet.

Completed VSS MYMOP 2.0 spreadsheets will be provided to VSS on a monthly basis to the designated email address mymop@vssni.org.

The MYMOP procedures manual can be requested from any member of the monitoring and evaluation team.

5.3 Submitting information to VSS - Schedule of Dates for Returns

MYMOP COMPLEMENTARY THERAPY REPORTING 2017/18	TO BE SUBMITTED ON OR BEFORE:
APRIL 2017	FRIDAY 12 TH MAY 2017
MAY 2017	FRIDAY 9 TH JUNE 2017
JUNE 2017	FRIDAY 14 TH JULY 2017
JULY 2017	FRIDAY 11 TH AUGUST 2017
AUGUST 2017	FRIDAY 8 TH SEPTEMBER 2017
SEPTEMBER 2017	FRIDAY 13 TH OCTOBER 2017
OCTOBER 2017	FRIDAY 10 TH NOVEMBER 2017
NOVEMBER 2017	FRIDAY 8 TH DECEMBER 2017
DECEMBER 2017	FRIDAY 12 TH JANUARY 2018
JANUARY 2018	FRIDAY 9 TH FEBRUARY 2018
FEBRUARY 2018	FRIDAY 9 TH MARCH 2018
MARCH 2018	FRIDAY 13 TH APRIL 2018

Updated spreadsheets should be returned to VSS via email by 5pm on or before the dates indicated in the table below. The following schedule highlights the dates for the period 2017/18. Future schedules will be provided annually by email in advance.

6.0 Guidance for Health & Wellbeing Caseworkers

PEACE IV Health & Wellbeing Caseworkers will be required to use the **Work and Social Adjustment Scale (WSAS)** as a monitoring tool. The WSAS is a simple 5 item self-report measure which provides an experiential impact of a disorder from the Victims and Survivor's point of view. It looks at how issues may impair the individual's ability to function day to day across 5 key areas.

Questions will relate to the individual's:

1. Ability to work
2. Home management
3. Social and leisure activities
4. Private leisure activities
5. Close relationships

The WSAS should be used where appropriate. This will include most cases under:

PEACE IV Resilience - (One to One Literacy & Numeracy, Volunteering, and Trauma-Focussed Physical Activity); and

Needs Based – (Disability Aids, Persistent Pain Management, Education & Training, and Psychological Therapies).

7.0 Guidance for Social Support Services

Social Support services and activities include:

- Welfare Support
- Personal, Professional Development
- Befriending
- Respite Support, Social Inclusion Activities & Drop-In Services
- Trans-generational, Young People

The monitoring and evaluation systems for social support may include (but may not be limited to) focus groups, online questionnaires, qualitative evaluation reports and quarterly support visits. This will be based on the type of monitoring and evaluation techniques identified within your Letter of Offer which are used to monitor and evaluate services and activities detailed in your Delivery Plan.

8.0 Guidance for Advocacy Support Programme

The monitoring and evaluation systems for the Advocacy Support Programme (truth, justice an acknowledgement) are currently under development. This may include (but may not be limited to) case studies, one-to-one interviews and internal and external periodic evaluations.

This section of this Guidance Note will be updated in Version 2 (early 2018).

9.0 Quarterly outcomes based Monitoring and Evaluation Reporting

Organisations are required to closely monitor the delivery and success of VSS funded activities and interventions throughout the funding period to ensure that the aims and objectives of the programmes are being met and demonstrate the achievement of both their outputs and the impact of support and services being delivered.

Quarterly feedback reports (**Annex 3**) should be submitted to VSS on or before the dates indicated below. The schedule below highlights the dates for submission 2017-2018. Future schedules will be provided annually by email in advance.

- Quarter End June 2017 Friday 7th July 2017
- Quarter End Sept 2017 Friday 6th October 2017
- Quarter End Dec 2017 Friday 5th January 2018
- Quarter End March 2018 Friday 6th April 2018

Annex 1 – Monitoring and Evaluation Jargon Buster

We have compiled the following “**Jargon buster**” which will help to define what we mean. We hope you find it useful.

Key Term	Definition	Examples
Inputs	The resources (time, money, staff) used to create the services offered	<ul style="list-style-type: none"> • Staff Salaries • VSS grant funding • Other funding, external or from own resources • In Kind Funding e.g. use of training rooms/volunteer
Outputs	The services and products made service users e.g. counselling sessions/ therapy sessions /respite trips/befriending visits	<ul style="list-style-type: none"> • Number of Counselling sessions delivered • Number of Complementary therapy sessions delivered • Number of Befriending visits • Number of drop in coffee mornings held.
Outcomes	The changes (benefits), learning that happen /are expected to happen as a result of the activity (outputs)	<ul style="list-style-type: none"> • Improvement in health and wellbeing: • Improvement in anxiety/stress/sleep • Friendships built • Members feeling less socially isolated
Indicators	Well defined qualitative or quantitative measures that demonstrate progress towards achievement of outputs and outcomes	<p>Output indicators eg</p> <ul style="list-style-type: none"> • Number of people receiving a service • Number of sessions held <p>Outcome indicators eg</p> <ul style="list-style-type: none"> • Increased number of victims and survivors who report an increase in their health and

		<p>wellbeing as a result of completing talking therapies through VSS funding.</p> <ul style="list-style-type: none"> Increased number of victims and survivors who report an improvement in anxiety/stress/sleep as a result of availing of complementary therapies funded through VSS.
Targets	A performance measure agreed in advance. May relate to inputs outputs or outcomes	<p>Output targets</p> <ul style="list-style-type: none"> 25 sessions of counselling will be delivered by March 2016 50 members will attend 2 respite trip during 2015-2016 <p>Outcome target</p> <ul style="list-style-type: none"> 60% of clients will report an increase in their health and wellbeing by the end of their counselling sessions
Milestones	Intermediate stages and key points which indicate progress towards the achievement of outcomes or outputs	<ul style="list-style-type: none"> Recruitment of volunteers Training provided for staff Publicity materials produced

Annex 2 – Monitoring & Evaluation Outcomes Framework

Thematic Area per Comprehensive Needs Assessment (Commission for Victims & Survivors, 2012)	Strategic Outcome	Potential Indicators	How will this be measured?
Health & Wellbeing Social Support	Improved health and wellbeing of Victims and Survivors	<ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • CORE Net (Talking Therapies) <i>Collects client reported outcome measures and uses this to manage therapeutic outcomes.</i> http://www.coreims.co.uk/About_Core_Tools.html • MYMOP (Complementary Therapies) <i>Client centred and individualised outcome questionnaire focusing on specific problems but also general wellbeing</i> http://www.bris.ac.uk/primaryhealthcare/resources/mymop/ • Work & Social Adjustment Scale (WSAS) <i>A Client-centred self-report scale of functional impairment attributable to an identified problem</i> • TAKE 5 Monitoring Framework under development by Victims Practitioners Working Group
			
Personal Development	Improved access to opportunities for learning and development	<ol style="list-style-type: none"> 1. Enhanced self esteem and self worth 2. Enhanced opportunities to contribute to wellbeing of others 	<ul style="list-style-type: none"> • Case Studies • Surveys (pre and post training) • Other measurement tools
Financial & Welfare Support	Victims and Survivors, and those most in need,	<ol style="list-style-type: none"> 1. Improved Financial Support 2. Greater sense of responsibility and independence in addressing practical needs 	<ul style="list-style-type: none"> • Surveys • Welfare Changes and Support reporting • Other measurement tools

Thematic Area per Comprehensive Needs Assessment (Commission for Victims & Survivors, 2012)	Strategic Outcome	Potential Indicators	How will this be measured?
	are helped and cared for	3. Increased access to benefits and support	
Truth, Justice & Acknowledgement	Victims and Survivors, and their families, are supported to engage in legacy issues	<ol style="list-style-type: none"> 1. Renewed relationships and trust within families and communities 2. Improved mental health and social networks 3. Agreed narrative with families and agencies around the incident 4. Increased confidence and reduced isolation due to being acknowledged and supported 	<ul style="list-style-type: none"> • Case Studies • 1 to 1 interviews • External and Internal periodic evaluations • Other measurement tools

Annex 3 – Quarterly Report Template

QUARTERLY FEEDBACK REPORT

Period 2017-2018



<p>Funding Ref No:</p> <p>Group Name:</p> <p>Quarter End:</p>	<p>Delivery Plan Areas Funded (select all that apply with ✓)</p> <ol style="list-style-type: none">1. Talking Therapies2. Complementary Therapies3. Befriending4. Respite5. Social Support6. Personal & Professional Development7. Welfare Advice and Support8. Truth, Justice, Acknowledgement9. Transgenerational Issues & Young People10. PEACE IV – Casework11. PEACE IV – Advocacy
<p>Explanatory notes:</p> <p><i>The report, once completed, should be signed and dated by the staff member supported through the VSP (if no staff are supported then the Director) and then countersigned by a Committee Member (preferably the Committee Chair).</i></p> <p><i>The deadlines for 17/18 reports are as follows:</i></p> <ul style="list-style-type: none">• <i>Quarter End June 2017 – Friday 7th July 2017</i>• <i>Quarter End Sept 2017 – Friday 6th October 2017</i>• <i>Quarter End Dec 2017– Friday 5th January 2018</i>• <i>Quarter End March 2018 – Friday 6th April 2018</i>	

Work Area	Anticipated Outputs As per your Letter of Offer ANNEX 2 - Delivery Plan	<u>Reported clients at Quarter End</u>	<u>Anticipated clients as at 31/03/18</u>
<i>Eg Counselling</i>	<i>Eg 32 clients – 192 sessions</i>	<i>Eg 28 clients 150 sessions</i>	<i>Eg 34 clients – 210 sessions</i>

Should you have any difficulties in completing this report, please do not hesitate to contact your Programme Officer.

*This figure should match the numbers reported in MYMOP, CORE Net, and your Monitoring and Evaluation Spreadsheet monthly returns as appropriate

* Please copy and use further pages if necessary

Q1: Briefly describe the extent to which you feel that your organisation has been progressing towards achieving the objectives as outlined in **each** of the Letter of Offer ANNEX 2 - Delivery Plan areas of your VSS/PEACE IV funded services.

Q2: Are your projects outputs being achieved? Are these on target and within the agreed timeframes as set out in the Letter of Offer ANNEX 2 - Delivery Plan?

Q3: Please provide an update on how you are progressing with measuring your outcomes as outlined in outlined in your Letter of Offer ANNEX 3 – Monitoring and Evaluation Framework

- **Feedback should focus in the measurement tools outlined in your Letter of Offer ANNEX 3 – Monitoring and Evaluation Framework**

Q4: Have any unanticipated circumstances occurred during this quarter which has had a positive/negative effect on the delivery of any of your ANNEX 2 – Delivery Plan? Please detail below:

Q5: Do you have any concerns with any aspect of the delivery of your Letter of Offer ANNEX 2 – Delivery Plan?

- **Your Programme Officer will be in touch to discuss these concerns.**

Q6: Have you made any changes to your overhead budget? Please detail below:

(please note that this relates to VSP only – no changes of any value are permitted under PEACE IV)

Q7: Have you made any changes to your programme budget up to the value of £1,000? Please detail below:

- **Please note changes are cumulative**

(please note that this relates to VSP only – no changes of any value are permitted under PEACE IV)

Q8: Do you wish to request any budget changes over the value of £1,000 under programme costs?

- **If so, please complete a Budget Change Request form and return along with this form.**

(please note that this relates to VSP only – no changes of any value are permitted under PEACE IV)

Q9: Please use the space below to provide us with some participant feedback / news stories / case studies from this quarter.

- **This could be in the form of evaluation feedback / quotes / case studies etc.**

Report completed by:

Signed:

(Project Worker)

Dated:

Signed:

(Chairperson)

Dated: