

PACEC

Public and Corporate
Economic Consultants

Commission for Victims and Survivors

Personalised Budget Pilot – Evaluation Project

Final Report

February 2016

TABLE OF CONTENTS

1	EXECUTIVE SUMMARY.....	1
1.1	Background to the Research.....	1
1.2	Terms of Reference.....	1
1.3	Our Methodology.....	3
1.4	Conclusions & Recommendations.....	3
2	BACKGROUND TO THE RESEARCH.....	5
2.1	Introduction.....	5
2.2	Context to the research.....	5
2.3	Terms of Reference.....	7
2.4	Our Methodology.....	8
2.5	Structure of the Report.....	9
2.6	Acknowledgements.....	9
3	OVERVIEW OF THE PERSONALISED BUDGET PILOT.....	10
3.1	Introduction.....	10
3.2	The Assessment Process.....	10
3.3	The Case Worker Approach.....	11
3.4	The Personalised Budget Approach.....	13
4	REVIEW OF PILOT ADMINISTRATION AND DELIVERY.....	16
4.1	Introduction.....	16
4.2	Pilot Management Structure.....	16
4.3	Target Deliverables and Performance.....	17
4.4	Pilot Administration Costs.....	18
4.5	Pilot Expenditure.....	19
4.6	Monitoring and Evaluation.....	19
4.7	Profile of Pilot Participants.....	20
4.8	Complexity of Need.....	22
4.9	Client Expenditure.....	25
4.10	Individual Outcome Data.....	28
5	SURVEY OF INDIVIDUAL VICTIMS & SURVIVORS.....	30

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5.1	Introduction	30
5.2	Profile of Sample Group	30
5.3	Initial Survey of Individuals	31
5.4	Follow-up Survey of Individuals.....	37
5.5	Additional Comments	44
6	INTERVIEWS WITH INDIVIDUAL VICTIMS & SURVIVORS.....	46
6.1	Introduction	46
6.2	Initial Interviews	46
6.3	Follow-up Interviews.....	49
6.4	Conclusions	52
7	STAKEHOLDER FEEDBACK	53
7.1	Introduction	53
7.2	Strategic Stakeholder Feedback	53
7.3	Operational Stakeholder Feedback.....	54
7.4	Victims & Survivors' Forum Feedback	54
7.5	Pilot Case Worker Feedback.....	55
7.6	Health and Social Care Feedback.....	58
8	CONCLUSIONS	61
8.1	Introduction	61
8.2	Service User Experiences	61
8.3	Effectiveness of the Assessment Process	62
8.4	Meeting the Pilot's Guiding Principles	63
8.5	Cost of Administration	66
8.6	Resource Allocation System.....	67
8.7	Recommendations.....	70

Appendices

APPENDIX 1: INDIVIDUAL NEEDS CONSULTATION

APPENDIX 2: INITIAL SURVEY OF INDIVIDUAL VICTIMS & SURVIVORS - QUESTIONNAIRE

APPENDIX 3: FOLLOW-UP SURVEY OF INDIVIDUAL VICTIMS & SURVIVORS - QUESTIONNAIRE

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1 EXECUTIVE SUMMARY

PACEC, in conjunction with Dr Karen Jones (Personal Social Services Research Unit, University of Kent), were commissioned by the Commission for Victims & Survivors (CVS) to undertake this evaluation of the Personalised Budget Pilot.

1.1 Background to the Research

The genesis for the Pilot is located within a number of recommendations made within the Evaluation of the Individual Needs Programme (INP) Report produced by RSM McClure Watters on behalf of CVS in February 2015. These key recommendations are as follows:

Recommendation 7 stated that: 'OFMDFM, CVS and the Victims and Survivors Service (VSS) Pilot personalised budgets as a delivery mechanism for the INP during 2015-16. The Pilot should be reviewed and inform a decision on the use of personalised budgets as an option for future delivery of the INP.'

Recommendation 8 stated that: 'OFMDFM, CVS and VSS Pilot a Case Worker approach, whereby individuals are assigned to a dedicated member of VSS staff, alongside the personalised budget Pilot in 2015-16 on a cohort of INP beneficiaries. This should enable consistency in individuals contact with VSS. This should be reviewed following the Pilot and a decision taken on the Case Worker approach as an option for future delivery of the INP.'

In progressing the recommendations contained in the INP Evaluation Report and the collaborative work conducted around the development of the Individual Needs Consultation, the VSS initiated the Personalised Budget Pilot in July 2015, with an aim to conclude the Pilot in March 2016. The primary purpose of the Pilot is to test the appropriateness and utility of the Personalised Budget approach to assessing and addressing the needs of Pilot participants availing of support through the INP. The Pilot will also test the utility of assigning a Case Worker to each participant of the Pilot and the new assessment tool – the Individual Needs Consultation (INC).

1.2 Terms of Reference

The overall objectives for our evaluation, as set out in the Terms of Reference, are to:

- Evaluate the operation of the Personalised Budget Pilot in terms of the service user experiences of Pilot participants from each of the three sub-groups namely the bereaved, the injured and carers;
- Assess the effectiveness and appropriateness of the new assessment process (referred to as the 'Individual Needs Consultation') in the administration of the Personalised Budget.
- Examine the utility of the Case Workers in supporting individuals through the assessment process and coordinating clients into their chosen service pathway;
- Assess the extent to which the Personalised Budget Pilot adheres to the following guiding principles:
 - Victim-centred;
 - Openness and Transparency;

- Fit for Purpose;
 - Simplicity;
 - Sufficiency; and
 - Control.
- Conduct a cost-benefit analysis providing a breakdown of costs associated with the administration of the Pilot and projected costs associated with processing the total number of INP recipients for 2015-16 through a personalised budget approach. This should include:
 - Consideration of the costs associated with administering a Resource Allocation System on the data received from individuals processed through the Individual Needs Consultation; and
 - The identification of unmet needs and gaps in current provision of support and services and the associated costs of making provision for them.
 - Produce an interim evaluation report outlining the indicative findings and service user experiences of up to 50 individuals processed through the Personalised Budget Pilot. This should include indicative service user experiences of interaction with their Case Worker and the new assessment process; and
 - Produce a final report that will generate interim findings and recommendations based on the experiences of all individuals participating in the Personalised Budget Pilot evaluation. Recommendations should consider:
 - The appropriateness or otherwise of the Personalised Budget approach being rolled out across the INP; and
 - The appropriateness of Case Workers conducting both assessments of individual needs and providing post-assessment support.

It is anticipated that the evaluation will provide:

- Quality, empirical advice to the Commission, the Victims and Survivors Service and OFMDFM in establishing the effectiveness and appropriateness of the Personalised Budget approach to addressing the needs of participants of the Personalised Budget Pilot administered by the Victims and Survivors Service; and
- Advice and recommendations based on the service user experiences of Pilot participants relating to the Personalised Budget, interaction with a Case Worker and the assessment of their personal needs through the Individual Needs Consultation.

1.3 Our Methodology

Our methodology for undertaking the evaluation involved the following stages:

Review of operational data/information: Analysis of relevant information on the Pilot relating to management and administration, finance, resources, monitoring and evaluation and operational-level details. We will also consider the throughput and profile of all INP 2015-16 beneficiaries in order to compare this to the Pilot participants' profile.

Consultation with individual Victims and Survivors: A sample of Pilot participants will be consulted with at a number of stages throughout the evaluation in order to gather detailed quantitative and qualitative data on their experiences of the Pilot and emerging impacts. This will involve the following engagements:

- An initial survey will be conducted with 111 Pilot participants. This was completed as part of the initial meeting with the Case Worker (September & October);
- An initial interview with 20 Pilot participants soon after the initial meeting with the Case Worker (October)
- A follow-up survey with the same sample of 111 Pilot participants (November & December); and
- A follow-up in-depth interview with the same 20 Pilot participants.

Stakeholder consultations: Interviews with a range of strategic and operational stakeholder groups, namely: OFMDFM representatives, CVS, The Victims Forum, Health and Social Care Board, VSS staff and Case Workers.

Analysis and reporting: Data from each of the preceding stages has been analysed to address the objectives set in the Terms of Reference.

1.4 Conclusions & Recommendations

The overall findings of the evaluation suggest that Pilot has been successful in meeting both the expectations of service users and the guiding principles set for it:

- Victim-centred;
- Openness and Transparency;
- Fit for Purpose;
- Simplicity;
- Sufficiency; and
- Control.

Pilot participants provided positive feedback on all three aspects of the Pilot, namely:

- The Case Worker approach and the support received;
- The assessment of their needs through the Individual Needs Consultation; and
- The personalised budget approach and the flexibility this offered

The research considered the costs associated with the administration of the Pilot, and attempted to project the costs of processing the total number of INP recipients for 2015-16 through a personalised budget approach (based on a number of assumptions outlined in Section 8.5). The projected annual

administrative cost of processing all 3,074 INP recipients through a personalised budget approach (based on the INP 2015-16 figures for the number of Bereaved, Injured HRC and Injured MRC) would be circa £208,000.

Based on the evidence presented within this report, the following details the recommendations for the future delivery of the Pilot.

Recommendation 1: We recommend that OFMDFM, CVS and VSS conduct further research into the costs of implementing the approach whereby all Client Groups receive an annual payment of £500 and those with more complex needs are offered the opportunity to receive additional support through a personalised budget approach. This will also require a projection of the number of individuals with complex needs who are likely to require additional support.

Recommendation 2: We recommend that VSS develop a full list of skills required by a Case Worker to support individuals with the most complex needs. This is to be reflected in the Case Worker job description and will be used in the recruitment of any new Case Workers.

Recommendation 3: We recommend that all Case Workers should be employed by the VSS. Case Workers may be placed in Groups in order to be more geographically accessible to clients, but they will remain separate and independent to the Group in order to overcome any potential conflict of interest. The number of Case Workers required will be determined by the projected number of individuals with complex needs requiring additional support.

Recommendation 4: We recommend that the assessment process (conducted by a Case Worker) acts as the initial screening stage to prioritise individuals presenting with complex needs. These individuals will be triaged into groups – those whose needs can be addressed by Case Workers and those with greater levels of need. Procedures must then be put in place to refer individuals with the greatest level into health and social care services.

Recommendation 5: We recommend that the collated INC data gathered through the Pilot is used as the baseline to develop an initial RAS. This RAS should be tested with a cohort of INP (2016-17) beneficiaries, making any necessary iterations to the RAS as more information on the level and complexity of individuals' needs becomes known, before rolling out.

2 BACKGROUND TO THE RESEARCH

2.1 Introduction

PACEC, in conjunction with Dr Karen Jones (Personal Social Services Research Unit, University of Kent), were commissioned by the Commission for Victims & Survivors (CVS) to undertake this evaluation of the Personalised Budget Pilot.

This section provides an overview of the context in which the Pilot was developed, the Terms of Reference set for the research, our approach to completing the research and the structure of the report.

2.2 Context to the research

The genesis for the Pilot is located within a number of recommendations made within the Evaluation of the Individual Needs Programme (INP) Report produced by RSM McClure Watters on behalf of CVS in February 2015. These key recommendations are as follows:

Recommendation 7 stated that: 'OFMDFM, CVS and the Victims and Survivors Service (VSS) Pilot personalised budgets as a delivery mechanism for the INP during 2015-16. The Pilot should be reviewed and inform a decision on the use of personalised budgets as an option for future delivery of the INP.'

Recommendation 8 stated that: 'OFMDFM, CVS and VSS Pilot a Case Worker approach, whereby individuals are assigned to a dedicated member of VSS staff, alongside the personalised budget Pilot in 2015-16 on a cohort of INP beneficiaries. This should enable consistency in individuals contact with VSS. This should be reviewed following the Pilot and a decision taken on the Case Worker approach as an option for future delivery of the INP.'

In progressing the recommendations contained in the INP Evaluation Report and the collaborative work conducted around the development of the Individual Needs Consultation, the VSS initiated the Personalised Budget Pilot in July 2015, with an aim to conclude the Pilot in March 2016. The primary purpose of the Pilot is to test the appropriateness and utility of the Personalised Budget approach to assessing and addressing the needs of Pilot participants availing of support through the INP. The Pilot will also test the utility of assigning a Case Worker to each participant of the Pilot and the new assessment tool – the Individual Needs Consultation.

2.2.1 The Personalised Budget Approach

The Commission organised a study visit to Warrington in March 2015 to examine in detail the practical administration and implementation of personalised budgets in the Health and Social Care sector in England. Personalised budgets have been in operation in local authorities in England for twenty years and the study visit explored the experience and good practice currently being implemented in 152 local authorities.

The use of personalised budgets is suggested as a means of giving individuals greater choice, flexibility and control over how they use an allocation of funding to meet their personal needs. Such

personalised budgets can be used so that individuals have a choice over which service/activity they wish to purchase. The use of a Case Worker as part of this process was also examined.

The diagram below illustrates the various stages involved in support planning and brokerage:

Figure 2:1: Stages involved in support planning and brokerage



Source: CVS: *Developing the Assessment Tool, Personalised Budget and Case Worker approach for the delivery of services to individual victims and survivors* (taken from: *Age Concern Support Brokerage Providers Network*)

A strong recommendation emerging from the study visit was to clearly identify the guiding principles and outcomes for the personalised budget and Case Worker approach. Hence, the following guiding principles were proposed in relation to the implementation of the Pilot project:

- **Victim Centred:** Victims and Survivors are at the centre of this project and their participation is encouraged and valued. The process should be designed in consultation with victims and survivors and any process must enshrine the principle of choice for victims and survivors of

whether to engage with the mechanism or not. The expectations of victims and survivors must be considered to ensure that from the initiation of any process right through to the service delivery that victims and survivors are aware of what is deliverable and achievable;

- **Open and Transparent:** The methodology must be in the public domain and the transparency of information and effective communication will assist in the management of expectations;
- **Fit for purpose:** Any process must be appropriate and realistic. If it is not possible to deliver realistic and achievable outcomes, then expectations should be managed accordingly;
- **Simplicity:** The process must be simple and the individual must know how the decision was reached for them;
- **Sufficiency:** The service must publish clearly the outcomes they will enable people to achieve and the resources put in place must be enough to reasonably achieve these; and
- **Control:** The person must know the amount of money in their budget as early as possible in the process and be able to use the budget in ways and at times of their choosing to achieve agreed outcomes.

2.3 Terms of Reference

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- Produce an interim evaluation report outlining the indicative findings and service user experiences of up to 50 individuals processed through the Personalised Budget Pilot. This should

- include indicative service user experiences of interaction with their Case Worker and the new assessment process; and
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- An initial interview with 20 Pilot participants soon after the initial meeting with the Case Worker (October)
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- A follow-up in-depth interview with the same 20 Pilot participants.

Stakeholder consultations: Interviews with a range of strategic and operational stakeholder groups, namely: OFMDFM representatives, CVS, The Victims Forum, Health and Social Care Board, VSS staff and Case Workers.

Analysis and reporting: Data from each of the preceding stages has been analysed to address the objectives set in the Terms of Reference.

2.5 Structure of the Report

The remainder of this report is structured as follows:

- Section 3: Overview of the personalised budget;
- Section 4: Overview of Pilot administration and Delivery;
- Section 5: Survey of Individual Victims and Survivors;
- Section 6: Interviews with Individual Victims and Survivors;
- Section 7: Stakeholder Feedback; and
- Section 8: Conclusions.

2.6 Acknowledgements

The Research Team would like to thank all individuals who took part in the survey and gave their time to be interviewed. We would also like to thank VSS staff for providing information, and CVS staff who facilitated the research and provided assistance and support at all times. Finally, we would like to thank the Pilot Case Workers who facilitated access to individuals and helped complete evaluation surveys.

3 OVERVIEW OF THE PERSONALISED BUDGET PILOT

3.1 Introduction

The Pilot is intended to test three new approaches, namely:

- The Assessment Process: Testing of the assessment tool to establish appropriateness of questions, techniques and approaches;
- The Case Worker Approach: Establishment of the role of a Case Worker including key skills and experience, minimum standards, location and reporting structures; and
- The Personalised Budget Approach: The impact of a flexible and personalised budget approach, the benefits and drawbacks to the individual and identification of gaps in services.

This section details the how each of these approaches have been implemented.

3.2 The Assessment Process

The Independent Assessment of the VSS by WKM in February 2014 recommended that “The VSS offer streamlined, more focused and less intrusive, simple needs assessment process for victims and survivors”.

The Commission has been working with Supporting Justice (formerly WKM) and in consultation with the VSS, Department, HSCB, the Forum and Groups to develop a new assessment tool. This new assessment tool, the Individual Needs Consultation (INC), is now being tested as part of this Pilot.

3.2.1 The Individual Needs Consultation

The INC adopts a structured conversation approach between the Case Worker and the individual to ascertain the more complex needs of the individual and record these under the category headings established under the Commission’s Comprehensive Needs Assessment (a copy of the INC is included in Appendix 1):

1. Health and Wellbeing;
2. Social Support;
3. Individual Financial Support;
4. Truth, Justice and Acknowledgement;
5. Welfare Support;
6. Trans-generational Issues and Young People; and
7. Personal and Professional Development.

It also includes a section to record any risks that emerge during the conversation to ensure appropriate action and safeguards are put in place.

As the Case Worker is the first point of contact for the individual, it is vital that trust exists or is built between the both. An outline process for the structured conversation between individual and assessor was provided to Case Workers, based on the following set of principles:

- The environment should feel safe and comfortable;
- The conversation should remain focused throughout but not regimented and the client should feel an appropriate degree of control;
- Do not be afraid of silences – people often need time to formulate their thoughts;
- If clarification is needed then any clarification and exploration should be done sensitively;
- Inappropriate or unnecessary questions should not be used; and
- Questions should predominantly be open.

3.3 The Case Worker Approach

Case Workers are based within organisations funded under the Victims and Survivors Programme (VSP) (staff and/or volunteers) and the VSS¹. The Case Workers will be expected both to carry out the assessment of needs (i.e. conduct a structured conversation with the individual client) and to provide the post-assessment support in relation to maximising the use of the Individual Needs Programme award.

Supporting Justice have suggested the following principles that should be considered in relation to the role of the Case Worker:

- A fair and equitable service for every eligible individual;
- Individuals will be entitled to the services of a dedicated Case Worker;
- The Individual and dedicated Case Worker will, in consultation, establish need and share a written agreement of the resources and support services required;
- The dedicated Case Worker will ensure all necessary arrangements are made for referral to specialist interventions and the delivery of support services agreed;
- The Dedicated Case Worker will be responsible for ensuring the Individual is kept informed throughout the process;
- The Individual will be informed of the review date appropriate to the package of measures agreed;
- For the purposes of referral and review Individual information will be shared between the Dedicated Case Worker and specialist service providers on a "need to know" and "informed consent" basis;
- Unmet needs will be captured and prioritised to inform the development of future services.

¹ The VSP, administered by the VSS, provides funding for organisations that provide Health and Well Being services and Social Support to victims and survivors.

3.3.1 Skills and Competencies of Case Workers

Case Workers should have the appropriate skills and qualifications to undertake the work that is required by the Pilot. They are responsible for the implementation of the individual's personalised budget plan when it is agreed and will take responsibility for organising the plan, implementing the support and reviewing the effectiveness.

The following essential skills and competencies were set for Case Workers:

- An understanding of issues around trauma-related chronic pain and disability, including psychological injury and resultant complex needs, to include carers and those bereaved;
- Experience of working directly with victims and survivors;
- Trained in and experience of managing client risk;
- Experience of completing comprehensive needs assessments of clients presenting with complex needs and making recommendations to include a holistic package of support to meet identified need;
- Experience of working within established referral and signposting mechanisms;
- A broad knowledge of current support services available within the community and statutory sectors and to be able to effectively refer or signpost individuals to avail of and maximise all resources and support currently available; and
- Excellent communication skills and interpersonal skills.

Case Workers were also expected to make the following commitments:

- Participate in initial training;
- Be available to carry out the Pilot study throughout its duration;
- Identify potential individuals to partake in the Pilot within organisations they work;
- Meet as a collective body on a monthly basis to provide peer support, feedback and incremental changes to the Individual Needs Consultation form;
- Work in a positive and flexible way to support each other and ensure the success of the Pilot; and
- Be available to the CVS for any monitoring and evaluation during and post-Pilot.

3.3.2 Recruitment of Case Workers

The VSS Client Assessor, who was already in post and is operating as the Pilot Project Co-Coordinator, is also operating as a Case Worker. A further VSS Case Worker was recruited for the duration of the Pilot.

The VSS invited VSP-funded groups to nominate an existing member of staff as a Case Worker within their organisation. It was outlined that this member of staff must meet the necessary level of skills and expertise (as outlined above), but that failure to nominate a Case Worker would not preclude their clients from being involved in the Pilot (either through referral to the VSS or another organisation with a Case Worker). A total of 12 groups nominated at least one member of staff to take part in the Pilot as a Case Worker (outlined in the table overleaf).

A total of 18 Case Workers delivered the Pilot (16 existing staff within groups, an existing member of staff within the VSS and one newly recruited within the VSS). The number of Case Workers in each organisation is detailed in the table below.

Table 3:1: Number of Case Workers by Organisation

Group	No. Case Workers
VSS	2
WAVE	3
Omagh Support and Self Help	2
SEFF	2
Cunamh	1
Ely Centre	1
Families Moving On	1
VAST	1
Decorum NI	1
FASA	1
REACT	1
West Tyrone Voice	1
Ashton Community Trust	1
Total	18

3.3.3 Case Worker Training

VSS facilitated a training seminar on 23rd July for the nominated Case Workers. This covered the processes to be implemented in the Pilot, including the assessment tool (the Individual Needs Consultation).

3.4 The Personalised Budget Approach

It is not intended that this Pilot will allow individuals to avail of additional funding, but rather to allow a personal plan to be put in place to include signposting and referrals to support services. The Pilot

will also allow funding from the INP to be used in a more personalised way. There are no restrictions on what the funding can be used for as long as it is in line with Managing Public Money NI and not provided by another service provider².

The use of the funding must also be directly linked with contributing to the outcomes measures, based on the seven categories identified in the Comprehensive Needs Assessment, outlined in the table below:

Table 3:2: Pilot Outcomes Measures

Area	Outcome
Health and Wellbeing	<ul style="list-style-type: none"> • Improved Health & Wellbeing of the individual; • Improved confidence and self-esteem; • Improved motivation/aspiration; • Positive attitude/confidence in the future; • Increased mobility; and • Increased assistance in coping with a debilitating injury.
Social Support	<ul style="list-style-type: none"> • Improved social interaction; • Increased communication and social skills; and • Improved integration/taking part in community activity.
Financial Support	<ul style="list-style-type: none"> • Improved financial support; and • Greater sense of responsibility and independence in addressing practical needs.
Truth, Justice & Acknowledgement	<ul style="list-style-type: none"> • Increased engagement with historical legacy investigations.
Welfare Support	<ul style="list-style-type: none"> • Increased access to benefits.
Trans-generational Issues	<ul style="list-style-type: none"> • Improved relationships with family; and • Improved relationships with friends.
Personal & Professional development	<ul style="list-style-type: none"> • Increase in access to mainstream opportunities, such as education and training; • Increase in new opportunities; and • Being valued.

Source: CVS: Developing the Assessment Tool, Personalised Budget and Case Worker approach for the delivery of services to individual victims and survivors

² Managing Public Money NI, published by the Department of Finance and Personnel, provides guidance on a wide range of issues, relating mainly to the proper handling and reporting of public money. It sets out the main principles for dealing with resources used by public sector organisations in Northern Ireland.

The levels awarded to individuals on the Pilot are the same as those on the INP (2015-16), as outlined in the table below.

Bereaved individuals are entitled to an award of £500, while injured individuals receive either £500 or £1,500 depending on the rate of Disability Living Allowance (DLA) they are in receipt of. DLA is paid at different rates depending on how a disability affects an individual.

Table 3:3: Pilot Support Levels

Support Scheme	Assistance available to eligible individuals
Support for the Bereaved	£500
Support for the Injured - Individuals in receipt of DLA High Rate Care (HRC)	£1,500
Support for the Injured - Individuals in receipt of DLA Middle Rate Care (MRC)	£500

Source: VSS

4 REVIEW OF PILOT ADMINISTRATION AND DELIVERY

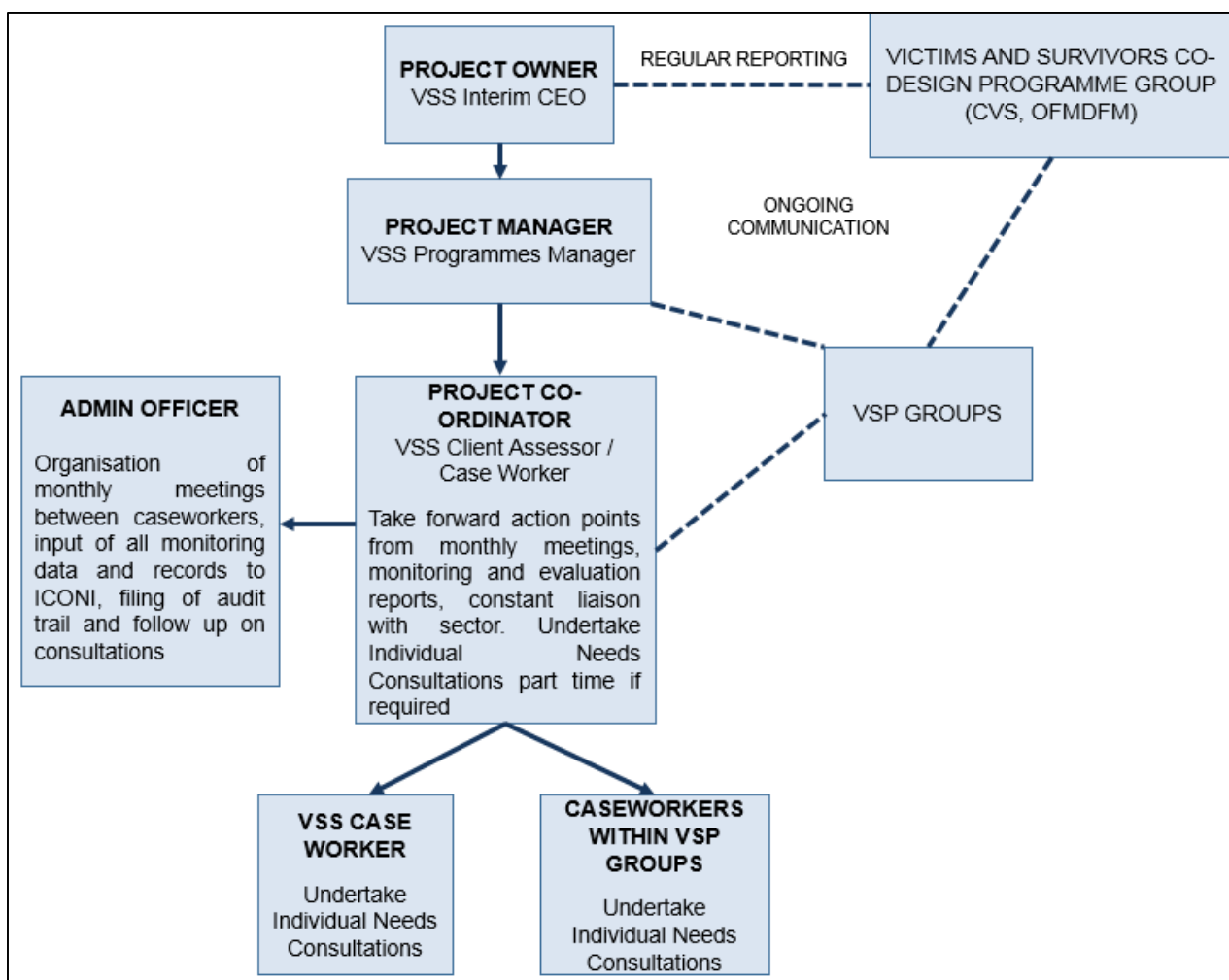
4.1 Introduction

This section provides an overview of the Pilot administration and delivery, including staff and resources, Pilot costs and expenditure, performance against deliverables, monitoring and evaluation arrangements and a summary of evaluative impact data collected to date.

4.2 Pilot Management Structure

The Project Manager of the Pilot is the VSS Programmes Manager, supported by a Project Co-ordinator (currently a VSS Client Assessor). The figure below outlines the management structure and personnel resources in place to deliver the Pilot.

Figure 4:1: Pilot Management Structure



Source: VSS

4.3 Target Deliverables and Performance

A number of target deliverables were set for the Pilot. The following constraints that could potentially impact on delivery were also identified at the outset:

- The recruitment, selection and training of Case Workers will depend on a sufficient number of groups coming forward to participate in the Pilot and VSS recruitment;
- The Pilot depends on individuals volunteering to take part; and
- The short timeframe will mean that any monitoring and evaluation of the Pilot will be based on short term data and will likely focus on whether or not there is improved access to services for the individual and the appropriateness of the assessment tool. The initial impact of the personalised budget approach on the individual will be established, with the long term benefits and impact continuing to be reviewed during and after the Pilot.

The table below shows performance against the Pilot’s target deliverables and reasons for any variance.

Table 4:1: Pilot Deliverables, Timescales & Progress to Date

Deliverables	Status
<p>Consultation with the Sector to ensure clear understanding of the following:</p> <ul style="list-style-type: none"> • The scope and desired outputs of the project; • The target populations; and • The required skills and experience of the Case Workers. 	<p>Completed</p> <p>Consultation was carried out through:</p> <ul style="list-style-type: none"> • Co-Design workshops in April and June 2015; • VSS update on INP 2015/16 and next year in Dungannon and Belfast in May 2015; • VSS direct engagement with groups in June 2015 re: this Pilot and implementation plan.
Recruitment and selection of Case Workers	<p>Completed</p> <p>18 Case Workers selected (16 in groups and 2 in the VSS).</p>
Training the Case Workers to deliver the Individual Needs Consultation	<p>Completed</p> <p>VSS facilitated a Case Worker training seminar on 23rd July</p>
Participation of individual victims and survivors: VSS expects up to 400 individual victims and survivors may volunteer to be included in the Pilot (on the basis of 30 participating VSP organisations, with on average 10 individual volunteers each, plus up to 100 VSS clients).	<p>Completed</p> <p>At the time of reporting, 410 individuals had been recruited onto the Pilot. The majority (321) of these have come through the VSS with only 89 coming through the 8 Groups.</p>
Establishment of a schedule and network of regular monitoring and feedback meetings to:	<p>Completed</p>

Deliverables	Status
<ul style="list-style-type: none"> support the Case Workers and document their experience, findings, and emergent recommendations; and Facilitate the ongoing monitoring and evaluation of the Pilot. 	Monthly Case Worker meeting has taken place in August, September, October and November.
Ongoing communication with the Sector at least every 4 weeks to ensure all stakeholders are kept up to date with the project's progress.	Completed Monthly reports were provided to CVS on Pilot progress.

Source: VSS

4.4 Pilot Administration Costs

All administration costs were located in the VSS as the groups had volunteered to be on the Pilot. The operational costs for the Pilot are shown in the table below. The costs for the Pilot management (i.e. the Project Manager and Project Co-ordinator) were met through the Corporate Budget Line as these two members of staff were already in place in the VSS. Therefore, the main resource requirement for the Pilot was the additional Case Worker (budgeted at Staff Officer Grade) and a part-time Admin Officer, both based in VSS.

The total budgeted administration costs for the Pilot were £34,000 for the financial year. As at 1st December, £15,700 had been committed.

Table 4.2: Pilot Administration Costs (as at 1st December, 2015)

	Budget	Committed (Apr-Nov) ¹	Variance
Management	£0	£0	£0
Staff Officer	£25,000	£13,000	£12,000
Admin Support	£9,000	£2,700	£6,300
Total	£34,000	£15,700	£18,300

¹ Figures are rounded as November management accounts had not yet been completed at the time of reporting.

Source: VSS

4.5 Pilot Expenditure

Expenditure on the Pilot, as at 1st December, was £199,416. Clients can make a number of claims for different goods/services up to the value of their award. The table below details the expenditure by client group. It is important to note that this relates to the number of claims rather than claimants, as clients can claim more than once for different items under their award (Section 4.8 considers what clients spent their awards on in more detail). At the time of reporting:

- 305 clients had submitted invoices and goods received;
- 102 clients had completed consultation but had yet to submit invoices against their award;
- 7 Carers were registered with the Pilot Scheme, but do not need to submit invoices and so are not included in the financial reporting;
- 1 Chronic Pain client has used their award for dental treatment (chronic pain clients have not been included in the Pilot and this was an exceptional case); and
- 4 awards were currently under review.

Table 4.3: Pilot Claims & Expenditure (as at 1st December, 2015) by Client Group

	Total no. claims	Total amount claimed
Bereaved	159	£53,246
Injured (HRC)	316	£131,076
Injured (MRC)	52	£15,094
Total	527	£199,416

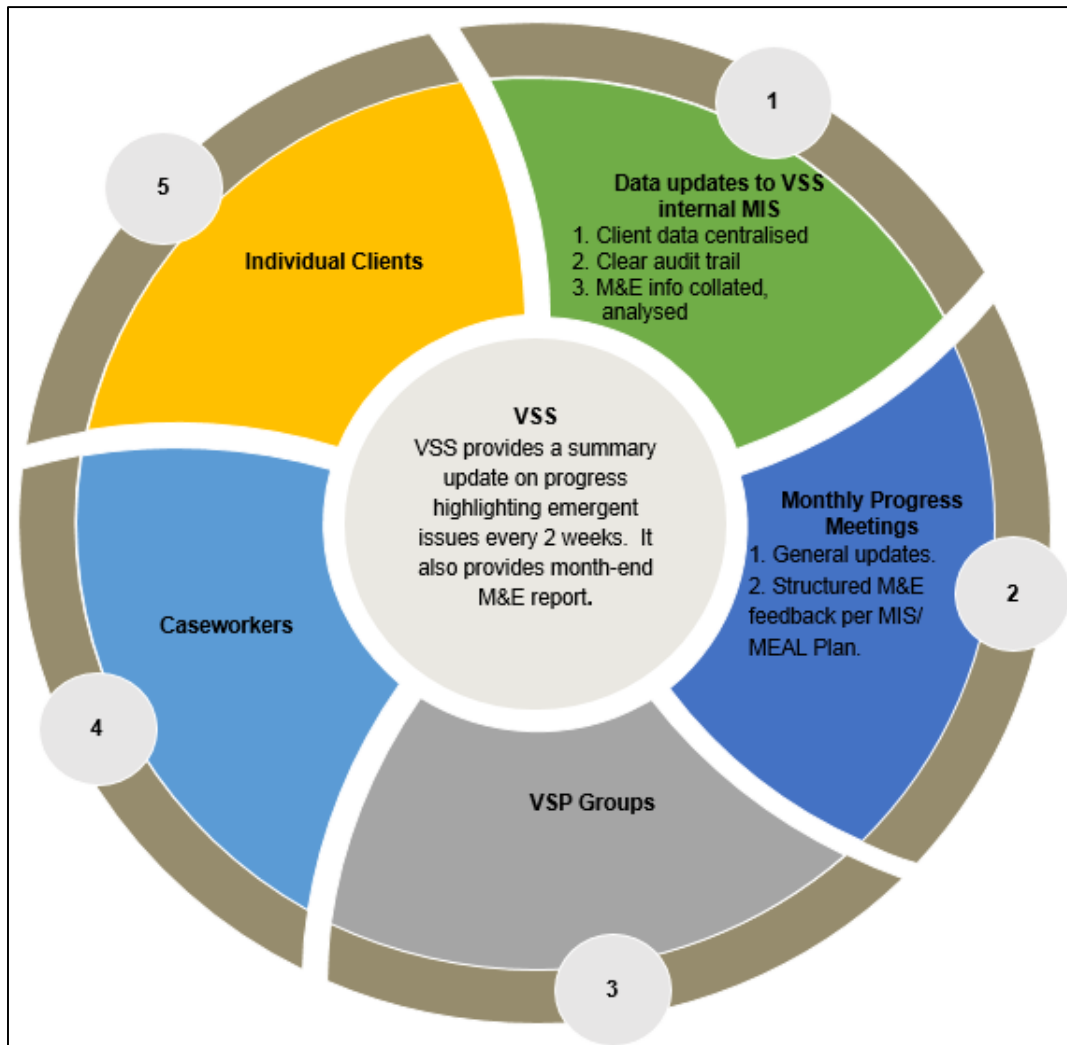
Source: VSS

4.6 Monitoring and Evaluation

The figure overleaf outlines the monitoring and reporting framework for the Pilot.

Monthly meetings took place between the Project Manager, the Project Co-ordinator and the Case Workers with the aim of learning, sharing findings and to feedback on how the process is working. The meetings also allowed the identification of any issues arising. Where issues were identified could potentially block progress, Case Workers had the flexibility to make any necessary changes to the process in order to improve the client experience. In the event that the Pilot was having a severe detrimental impact on clients' wellbeing, there was an appropriate referral route out of the Pilot.

Figure 4:2: Pilot Monitoring and Reporting Framework



Source: VSS

4.7 Profile of Pilot Participants

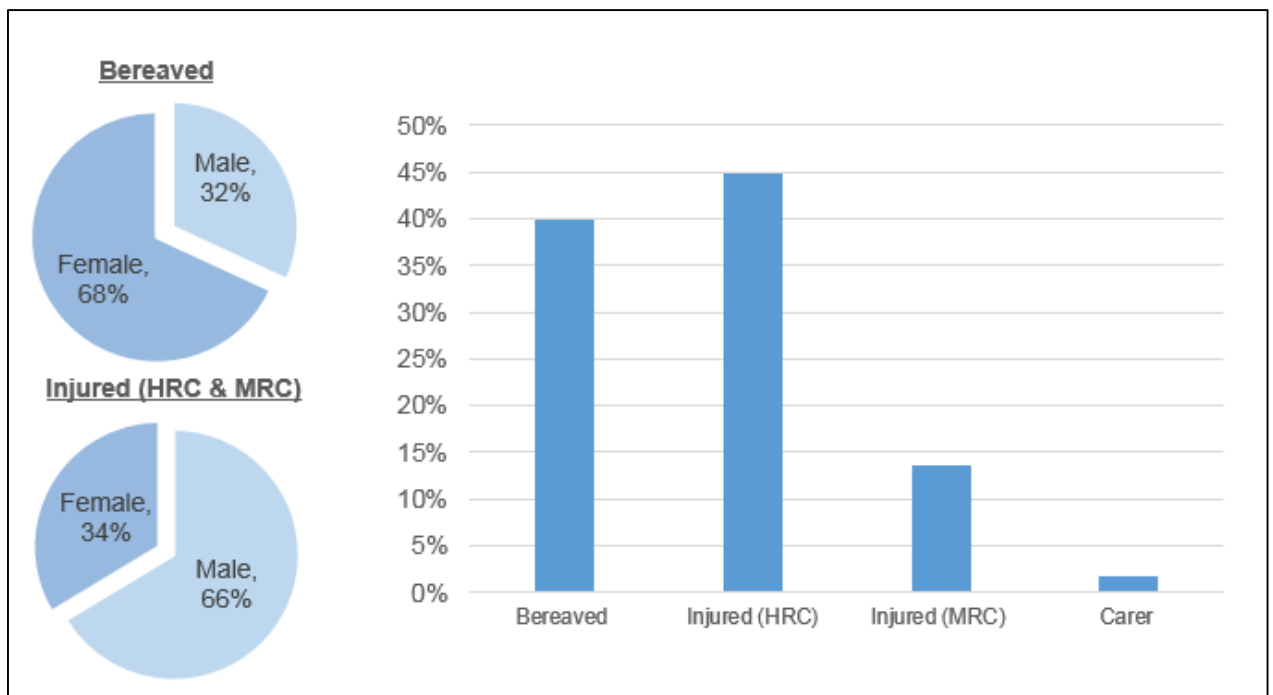
A total of 419 individuals were recruited onto the Pilot³. Of these, 330 were recruited through the VSS and 89 through groups. The profile of Pilot participants is outlined in the figure overleaf.

The largest proportion (59%) fall within the injured client group (45% HRC and 14% MRC), while 40% are in the bereaved client group. Just 2% (or 7 individuals) are carers and so any analysis relating to this group should be treated with caution. Overall, 52% of Pilot participants are male and

³ At the time of reporting. In the interest of fairness, clients wishing to access the support on offer through the pilot were still entitled to.

48% are female, with differing gender profiles within each client group (NB: all individuals within the carer client group were female).

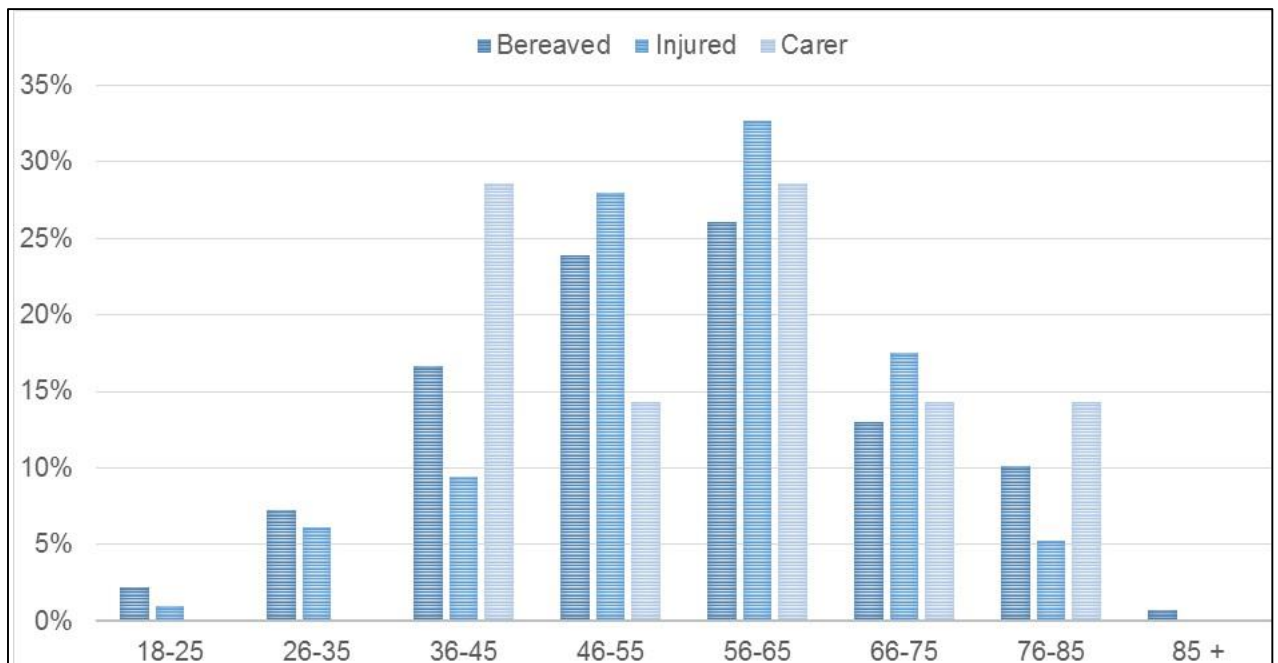
Figure 4:3: Pilot participants by Client Group and Gender



Source: VSS

The age profile of Pilot participants is included in the figure overleaf. In keeping with the profile of the wider victims and survivors sector, this shows that the majority of Pilot participants fall into older age categories, with half (or more) of individuals within each client group aged 56 or over (bereaved: 50%; injured: 55%; and carer: 57%).

Figure 4:4: Pilot participants by Client Group and Age



Source: VSS

4.8 Complexity of Need

The INC gathered information on complexity of needs among Pilot individuals, based on a scale of: Not complicated, Complicated, or Highly Complex under the seven category headings established under the Commission’s CNA. This section analyses the information collected through the INC on the complexity of needs presented by Pilot individuals by client group (NB: at the time of reporting, information from 150 INCs was available under the categories of Health & Wellbeing and Social Support).

The table overleaf summarises the complexity of need within the Bereaved client group (n=55). There were no highly complex needs identified and the majority had needs that were categorised as not complicated.

The following Health & Wellbeing needs were identified in 8 individuals that were categorised as complicated:

- Client has learning difficulties - Engaged with trust services;
- Client falls getting in and out of the bath;
- Depression - Prescribed Anti-depressants, Attends the Everton centre for counselling. Client attending statutory mental health services.
- Heart Condition, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Attends clinic at RVH, Chest clinic and diabetic nurse;
- Arthritis, Anxiety/PTSD, Client is engaging with Counselling services at Everton Complex.
- Attending Neuro Clinic at RVH for a brain virus and non-malignant tumours;

- Mental Illness - Depression, anxiety attacks; and
- Physical and mental health needs. Attends clinics/psychiatrist for mental health needs.

The following Social Support needs were identified in 2 individuals that were categorised as complicated:

- Client keeps to himself and has a few friends that he trusts. He reports he would be unable to attend groups for support due to trust issues.
- Client doesn't feel comfortable living in community since her son's death. She keeps to herself. One daughter lives in England and she has a volatile relationship with her other daughter who lives nearby.

Table 4:4: Complexity of Needs within Bereaved Client Group

	Health & Wellbeing		Social Support	
	Number	%	Number	%
Highly complex	0	0%	0	0%
Complicated	8	15%	2	4%
Not complicated	47	85%	53	96%
Total	55	100%	55	100%

Source: VSS

The table overleaf summarises the complexity of need within the Injured (HRC) client group (n=83). Again, the majority of this client group had needs that were categorised as not complicated. However, a significant proportion (43%) did have Health & Wellbeing needs that were identified as complicated.

The following Health & Wellbeing needs were also identified in 3 individuals that were categorised as highly complex:

- COPD, Heart Failure, Renal Distress, Diabetes are all physical conditions the client suffers from. She attends appointments regularly to relevant clinics;
- Client suffers from arthritis - Knee/Hip replacement client is a wheelchair user. Husband reports she is suffering from an early stage of dementia; and
- Neurosurgery, Diabetes, Anxiety, and depression. Client has a range of issues physical and mental relating to her trauma.

Table 4:5: Complexity of Needs within Injured (HRC) Client Group

	Health & Wellbeing		Social Support	
	Number	%	Number	%
Highly complex	3	4%	0	0%
Complicated	36	43%	2	2%
Not complicated	44	53%	81	98%
Total	83	100%	83	100%

Source: VSS

The table overleaf summarises the complexity of need within the Injured (MRC) client group (n=12). Again, the majority of this client group had needs that were categorised as not complicated. There were no highly complex needs identified and the majority had needs that were categorised as not complicated.

The following Health & Wellbeing needs were identified in 5 individuals that were categorised as complicated:

- Attends GP for depression. Suffers from arthritis. Client has seen GP to be referred for Counselling;
- Back and Arm Injuries as a result of gunshot wounds, suffers from depression. Client sees her GP on a regular basis. Client has attended counselling in the past. She has isolated herself from society over the years but her outlook is more positive at present;
- Anxiety & Depression, PTSD, OCD, Client has engaged with Trust Services, Bridge of Hope and FASA for Counselling;
- Poor Mobility - Client has splinters and has to get specially adapted footwear; and
- Attends GP Regularly for review of medication. Waiting for a referral to specialist at Ulster Hospital for surgery on foot

Table 4:6: Complexity of Needs within Injured (MRC) Client Group

	Health & Wellbeing		Social Support	
	Number	%	Number	%
Highly complex	0	0%	0	0%
Complicated	5	42%	0	0%
Not complicated	7	58%	12	100%
Total	12	100%	12	100%

Source: VSS

4.9 Client Expenditure

This section analyses at how individual victims and survivors choose to meet their needs. This is based on the 305 individuals who had submitted invoices and received services/goods at the time of reporting. These individuals made 527 claims in total.

Just over half (54%) of all individuals claimed for home heating. Other categories of expenditure relating to individuals' homes were also common, including home furnishings (25% of individuals, totalling £41,269), home improvements (25% of individuals, totalling £41,438), household bills (6% of individuals,) and household items (5% of individuals).

Table 4:7: Categories of Spend by all Individuals (n=305)

Category	Number of Claims	% of Claimants	Claimed Amount
Home Heating	165	54%	£38,375.36
Home Furnishings	77	25%	£41,268.92
Home Improvement	75	25%	£41,437.96
Electrical Items	70	23%	£28,385.87
Respite	53	17%	£20,045.24
Health & Wellbeing	42	14%	£8,990.99
Household Bills	17	6%	£6,651.93
Household Items	15	5%	£8,208.43

Category	Number of Claims	% of Claimants	Claimed Amount
Education/Training	8	3%	£3,271.25
Clothing	2	54%	£210.05
Motoring Costs	2	25%	£2,071.00
Small Goods	1	25%	£499.00
Total	527	-	£199,416.00

Source: VSS

The table below shows how the 122 individuals within the bereaved client group chose to spend their awards – individuals in this group are eligible to receive £500. Of the 159 claims made by this group, the overall average claim size was £344.88. The most common categories of spend were home heating (43% of individuals), electrical items (26% of individuals) and home furnishings (25% of individuals).

Table 4:8: Categories of Spend by Individuals in Bereaved Client Group (n=122)

	Number of claims	% of claimants	Claimed Amount	Average per claim
Home Heating	52	43%	£11,882.09	£228.50
Electrical Items	32	26%	£12,086.93	£377.72
Home Furnishings	30	25%	£12,080.94	£402.70
Home Improvement	13	11%	£5,428.96	£417.61
Respite	10	8%	£4,068.41	£406.84
Health & Wellbeing	8	7%	£3,101.19	£387.65
Household Bills	8	7%	£2,253.84	£281.73
Education/Training	3	2%	£843.75	£281.25
Household Items	3	2%	£1,500.00	£500.00
Total	159	-	£53,246.11	£334.88

Source: VSS

The table overleaf shows how the 140 individuals within the injured (in receipt of DLA High Rate Care Component) chose to spend their awards – individuals in this group are eligible to receive £1,500. Of the 316 claims made by this group, the overall average claim size was £414.80. The most common categories of spend were home heating (71% of individuals), home improvements (36% of individuals) and home furnishings (28% of individuals). Relatively high proportions of individuals within this group also claimed for respite breaks (28%) and health and wellbeing supports (23%).

Table 4:9: Categories of Spend by Individuals in Injured (HRC) Client Group (n=140)

	Number of claims	% of claimants	Claimed Amount	Average per claim
Home Heating	99	71%	£24,396.73	£246.43
Home Improvement	51	36%	£31,839.12	£624.30
Home Furnishings	39	28%	£25,873.98	£663.44
Respite	39	28%	£14,895.76	£381.94
Health & Wellbeing	32	23%	£5,475.87	£171.12
Electrical Items	28	20%	£13,409.80	£478.92
Household Items	11	8%	£6,208.43	£564.40
Household Bills	8	6%	£4,023.45	£502.93
Education/Training	4	3%	£2,172.50	£543.13
Motoring Costs	2	1%	£2,071.00	£1,035.50
Clothing	2	1%	£210.05	£105.03
Small Goods	1	1%	£499.00	£499.00
Total	316	-	£131,075.69	£414.80

Source: VSS

The table overleaf shows how the 43 individuals within the injured (in receipt of DLA Middle Rate Care Component) chose to spend their awards – individuals in this group are eligible to receive £500. Of the 52 claims made by this group, the overall average claim size was £290.27. The most common categories of spend were home heating (33% of individuals), home improvements (26% of individuals), electrical items (23% of individuals) and home furnishings (19% of individuals).

Table 4:10: Categories of Spend by Individuals in Injured (MRC) Client Group (n=43)

	Number of claims	% of claimants	Claimed Amount	Average per claim
Home Heating	14	33%	£2,096.54	£149.75
Home Improvement	11	26%	£4,169.88	£379.08
Electrical Items	10	23%	£2,889.14	£288.91
Home Furnishings	8	19%	£3,314.00	£414.25
Respite	4	9%	£1,081.07	£270.27
Health & Wellbeing	2	5%	£413.93	£206.97
Education/Training	1	2%	£255.00	£255.00
Household Bills	1	2%	£374.64	£374.64
Household Items	1	2%	£500.00	£500.00
Total	52	-	£15,094.20	£290.27

Source: VSS

4.10 Individual Outcome Data

As part of the Pilot monitoring and evaluation framework, the VSS developed an access database to capture the details emerging from the Pilot, including individuals' anticipated outcomes both pre and post Pilot. Anticipated outcomes were loosely based around the areas identified in the CNA.

At the time of reporting, 131 clients had completed both the pre and post evaluations. Their responses are outlined below, which gives some insight into how clients felt the Pilot met their expectations.

At the outset, the largest proportions of clients were expecting the Pilot to offer improved financial support and a greater sense of responsibility and independence in addressing practical needs (92% respectively). These categories were still the most commonly reported following the Pilot. However, a slightly lower proportion felt the Pilot had actually offered improved financial support (87%) while 95% believed it offered a greater sense of responsibility and independence in addressing practical needs.

The largest variation in pre and post Pilot outcomes was in the improved health and wellbeing category, with 60% of clients stating that the Pilot had improved this, as opposed to 36% who were expecting it to at the outset.

Table 4:11: Pre and Post Evaluation Outcomes

		Pre	Post	Variance
Health and Wellbeing	Improved Health and Wellbeing	36%	60%	24%
	Improved Confidence and Self-esteem	14%	19%	5%
	Improved Motivation/Aspiration	9%	8%	-1%
	Positive Attitude/confidence in the future	11%	12%	2%
	Increased Mobility	9%	15%	5%
	Increased Assistance In Coping with an injury	11%	11%	0%
Social Support	Improved Social Interaction	8%	7%	-1%
	Increased Communication and Social Skills	7%	8%	1%
	Improved Integration/taking part in community activity	5%	5%	1%
Financial Support	Improved Financial Support	92%	87%	-5%
	Greater sense of responsibility and independence in addressing practical needs	92%	95%	3%
Truth Justice and Acknowledgement	Improved experience of dealing with unresolved troubles-related issues	1%	1%	0%
Transgenerational	Improved relationships with family	1%	1%	0%
Welfare Support	Improved awareness of the benefits system	6%	7%	1%
Personal and Professional Development	Increase in access to mainstream opportunities	2%	2%	-1%
	Increase in new opportunities	4%	1%	-3%
	Being Valued	5%	2%	-4%

Source: VSS

5 SURVEY OF INDIVIDUAL VICTIMS & SURVIVORS

5.1 Introduction

A sample of 111 individual victims and survivors participating on the Pilot were surveyed at two stages in the evaluation:

- 1) A short paper-based questionnaire was designed to gain insight into individuals' motivation for taking part in the Pilot and what they hope to achieve from their participation (a copy of this questionnaire is included in Appendix 2). This questionnaire was distributed to all Case Workers and completed with sample individuals at their initial meeting;
- 2) A follow-up questionnaire was designed to gather further information on the impact of the Pilot on individuals and their views on the Pilot processes (a copy of this questionnaire is included in Appendix 3). This questionnaire was completed by telephone approximately three months after individuals had joined the Pilot.

This section summarises the results of both surveys.

5.2 Profile of Sample Group

All individuals in the sample had taken part in the INP last year (i.e. 2014-15). The majority (62%) were male and 38% were female. The table below outlines the client group(s) that individuals involved in the sample identify with. A total of 37% had lost a member of their immediate family through bereavement, while 53% had been physically or psychologically injured in the Troubles/Conflict. A further 8% identified themselves as both injured and bereaved. Just 2% were the registered primary carer for an immediate family member who has been injured.

Table 5:1: Sample client groups

	Response Percent	Response Total
Bereaved	36.9%	41
Injured	53.2%	59
Injured & Bereaved	8.1%	9
Carer	1.8%	2

Base: 111

The majority (81%) of the sample accessed the Pilot through the VSS, while the remaining individuals (19%) accessed through a Group. These individuals were asked the name of the group, 18 provided responses:

- Wave Trauma Centre x 15;
- Families Moving on Omagh x 2; and

- West Tyrone Voice x 1.

The table below shows how the profile of the sample group compares to that of the overall Pilot population. The sample is broadly representative in terms of route onto the Pilot (i.e. through the VSS or group) and client group (excluding the sample individuals who identified themselves as both injured and bereaved) and age. However, it is less representative of gender with a slighter higher proportion of males, and lower proportion of females represented in the sample than the overall Pilot population.

Table 5:2: Profile of Pilot population compared to sample

	Pilot	Sample
Accessed through VSS	78.3%	80.9%
Accessed through Group	21.7%	19.1%
Bereaved	39.8%	42.6%
Injured	58.5%	58.3%
Carer	1.7%	1.9%
Male	51.7%	58.2%
Female	48.3%	41.8%
18-25	1.4%	0.0%
26-35	6.5%	3.4%
36-45	12.6%	12.1%
46-55	26.1%	27.6%
56-65	30.1%	34.5%
66-75	15.7%	13.8%
76-85	7.3%	8.6%
85 +	0.3%	0.0%

Source: VSS & PACEC Survey of Individuals

5.3 Initial Survey of Individuals

The following sub-sections outline the findings of the initial survey of individuals, undertaken at their initial meeting with their Case Worker.

5.3.1 Motivation for Pilot Participation

Individuals were asked the reasons why they decided to take part in the Pilot (see table below). The most commonly cited reason was to have more choice in the type of support received (86%), while 54% thought it would help them to be more independent and 49% wanted more control over the type of support received. Relatively small proportions decided to take part in the Pilot as a result of an unfavourable experience of the INP - 26% felt they couldn't get the type of support they needed through the INP and just 3% weren't happy with their experiences of the INP.

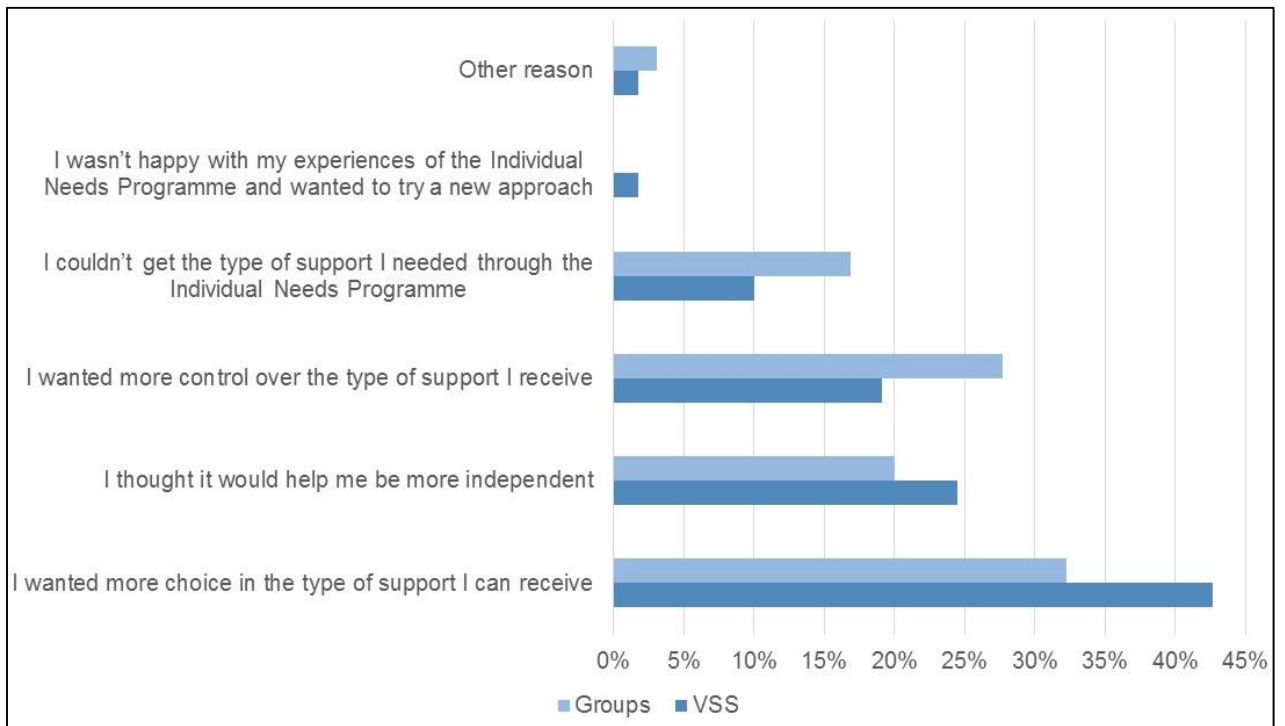
Table 5:3: Reasons for wanting to take part in the Personal Budget Pilot (multiple response question)

	Response Percent	Response Total
I wanted more choice in the type of support I can receive	85.59%	95
I thought it would help me be more independent	54.05%	60
I wanted more control over the type of support I receive	48.65%	54
I couldn't get the type of support I needed through the Individual Needs Programme	26.13%	29
I wasn't happy with my experiences of the Individual Needs Programme and wanted to try a new approach	2.70%	3

Base: 111

The figure overleaf shows individuals' reasons for why they decided to participate in the Pilot, based on whether they accessed through the VSS or a group. This shows general consensus in the reasons to enter the Pilot, irrespective of whether the individual came through the VSS or a group. Those coming through a group were slightly more likely to state 'wanting more control' as a reason, and that the INP did not offer the type of support they need.

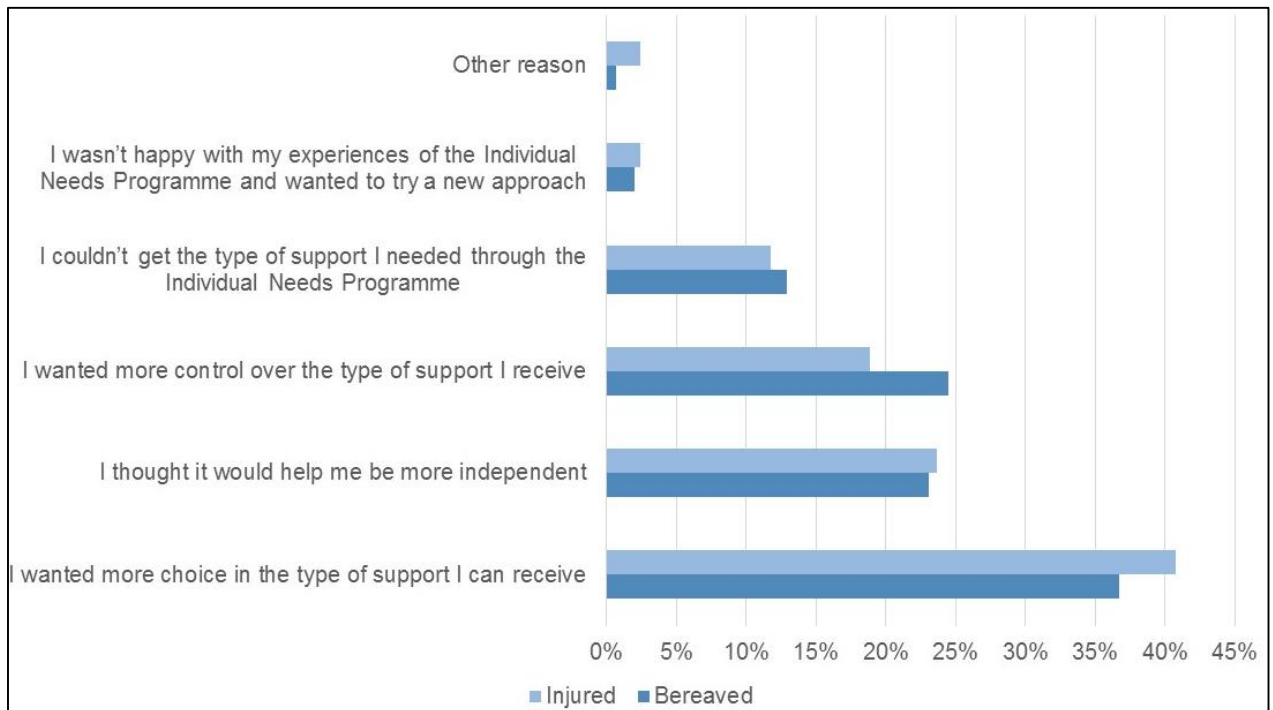
Figure 5:1: Reasons for wanting to take part in the Personal Budget Pilot by route onto Pilot (multiple response question)



Base: 111

The figure overleaf shows the individuals' reasons for participation, based on the client group they belong to (NB: carers have been omitted from the analysis due to the small sample size). There are no significant differences between bereaved and injured clients in their reasons for participating in the Pilot.

Figure 5:2: Reasons for wanting to take part in the Personal Budget Pilot by client group (multiple response question)



Base: 109

5.3.2 Anticipated Outcomes

Individuals were asked what outcomes they hoped to achieve through participating in the Pilot (see table overleaf). The largest proportions were hoping to achieve an improvement in their quality of life (82%), their financial situation (77%) and their emotional/mental health and wellbeing (57%).

Table 5:4: Outcomes hoped to be achieved through the Personal Budget Pilot (multiple response question)

	Response Percent	Response Total
Improvement in my quality of life	82%	91
Improvement in my financial situation	77%	85
Improvement in my emotional/mental health and wellbeing	57%	63
Improvement in my physical health & wellbeing	41%	46
Improvement in relationships with my family and/or friends	22%	24
Opening up new opportunities in my life	15%	17
Enabling me to get more involved in social/community life	14%	15

Base: 111

A number of individuals stated that they were hoping to achieve an outcome other than those listed above. Many of these individuals' responses were focused on the flexibility of the Pilot and their hope that this would better address their needs:

“An opportunity to spend the grant on items that I choose that will benefit my situation and bring me greater dignity”

“Freedom of choice”

“Financial flexibility”

Other individuals cited specific outcomes they were hoping to achieve:

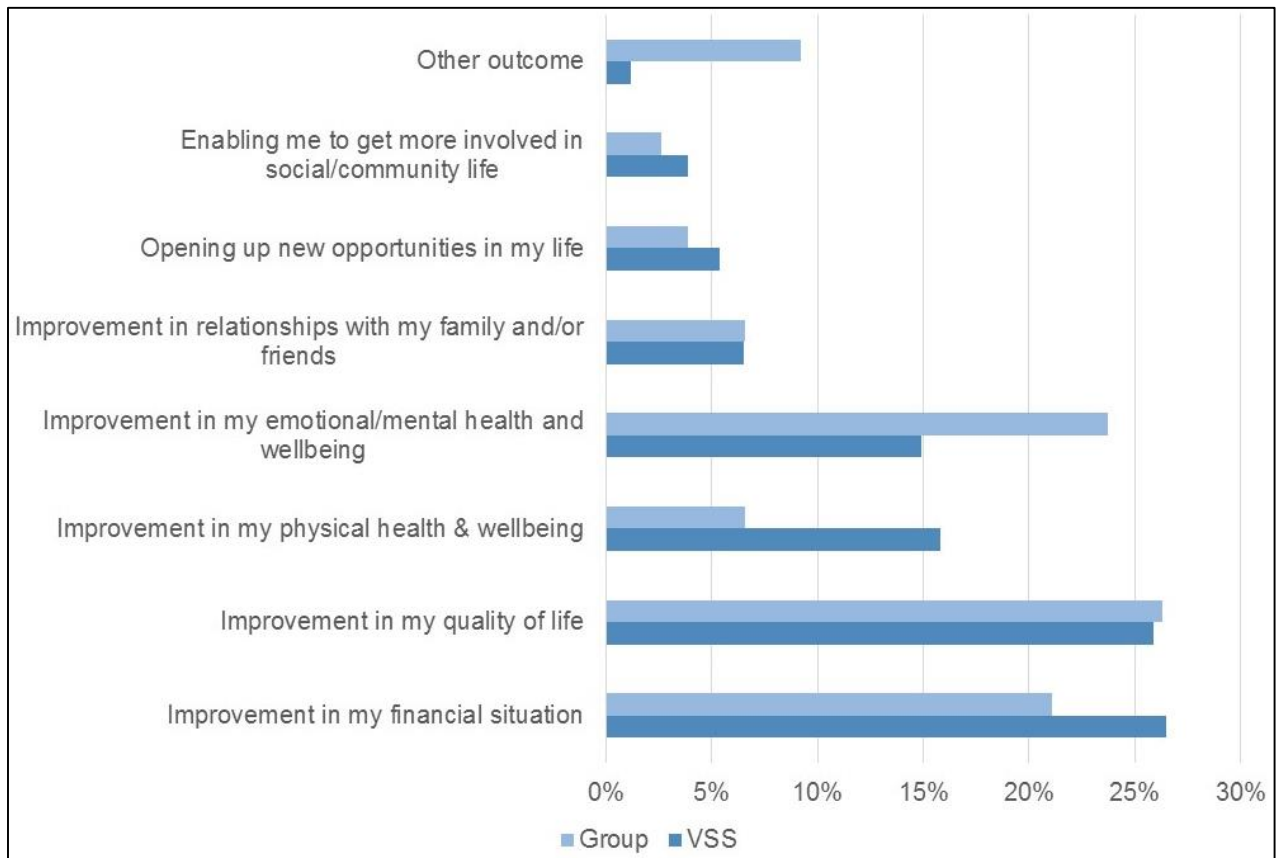
“Develop increased IT skills for myself and my daughter”

“Increased mobility”

“Support towards the cost of spectacles”

The figure overleaf shows the outcomes that individuals hope to achieve, based on whether they accessed the Pilot through the VSS or a group. Again, there is general consensus among individuals, with the exception of a higher proportion of those coming through the VSS hoping to improve their physical health, and a higher proportion coming through a group hoping to achieve an improvement in their emotional/mental health and wellbeing.

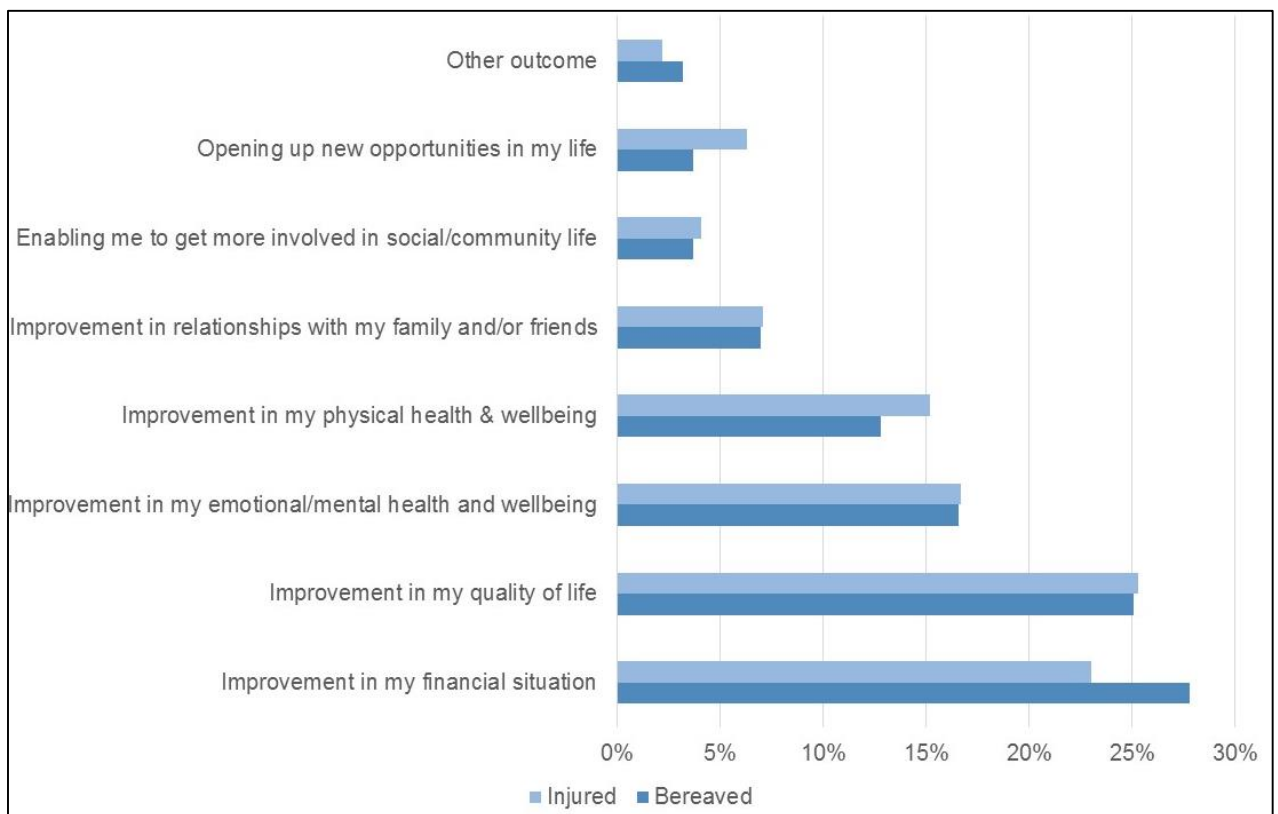
Figure 5:3: Outcomes hoped to be achieved through the Personal Budget Pilot by route onto Pilot (multiple response question)



Base: 111

The figure overleaf shows the outcomes that individuals hope to achieve, based on the client group they belong to (NB: as before, carers have been omitted from the analysis due to the small sample size). There are no significant differences between the outcomes that bereaved and injured clients hope to achieve.

Figure 5:4: Outcomes hoped to be achieved through the Personal Budget Pilot by client group (multiple response question)



Base: 109

5.4 Follow-up Survey of Individuals

The following sub-sections outline the findings of the follow-up survey of individuals, undertaken approximately three months after joining the Pilot.

5.4.1 Contact with Case Worker

Individuals were asked if they felt their views were fully included when deciding what support they needed when first interviewed by their Case Worker. Feedback was positive with 90% agreeing that their views were either very much or mostly taken into account (57% and 33% respectively).

A small number of individuals (7) stated that the views were not fully included when deciding on the support. These individuals were asked why they felt this was – all 7 indicated that this was because they already knew what support they needed, and so did not need the Case Worker’s input.

Table 5:5: Extent to which individuals' views were included in deciding on support needed

	Response Percent	Response Total
Yes, very much	56.86%	63
Yes, mostly	33.33%	37
A little	3.92%	4
No, not really	5.88%	7
No, not at all	0.00%	0

Base: 111

Sample individuals were also asked if they had any follow-up contact with their Case Worker (other than the initial meeting) – 39% reported that they had while the remaining 61% did not have any further contact. Of those who had made contact, all reported that that this been on one or two occasions for a range of the following reasons:

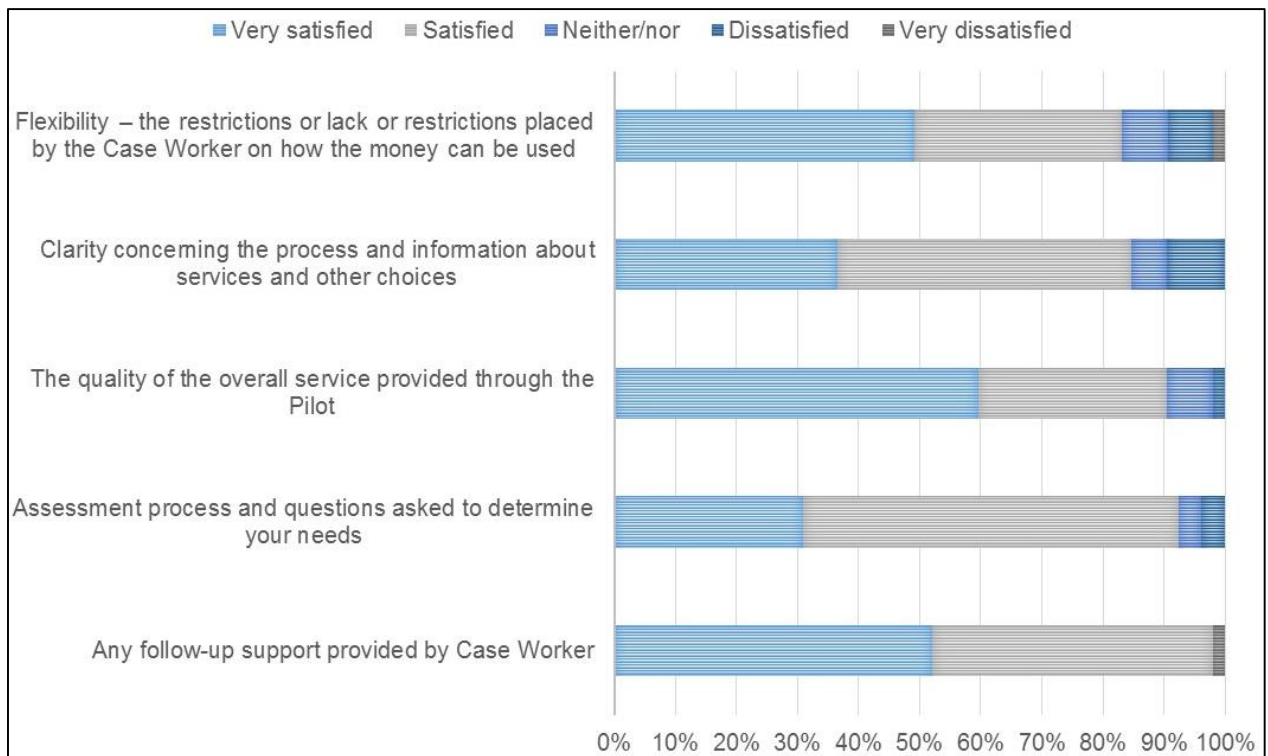
- General follow-up / informal chats;
- In relation to invoices / other payment process-related matters;
- Help with finding services / supports; and
- Help with making decisions on what to spend award on.

5.4.2 Satisfaction with Pilot

Individuals were asked to rate how satisfied they were with a number of aspects of the Pilot. As shown in the figure overleaf, very high levels of satisfaction were reported with the vast majority (over 80%) of individuals reporting satisfaction with:

- Any follow-up support provided by Case Worker (NB: this question was only asked to those who reported contact following the initial interview. 53% very satisfied, 47% satisfied);
- The assessment process and questions asked to determine needs (31% very satisfied, 62% satisfied);
- The quality of the overall service provided through the Pilot (60% very satisfied, 31% satisfied);
- Flexibility of how the money can be used (49% very satisfied, 34% satisfied); and
- Clarity concerning the process and information about services and other choices (37% very satisfied, 48% satisfied);
- The time taken to receive money and/or service (27% very satisfied, 56% satisfied).

Figure 5:5: Satisfaction with various aspects of the Pilot



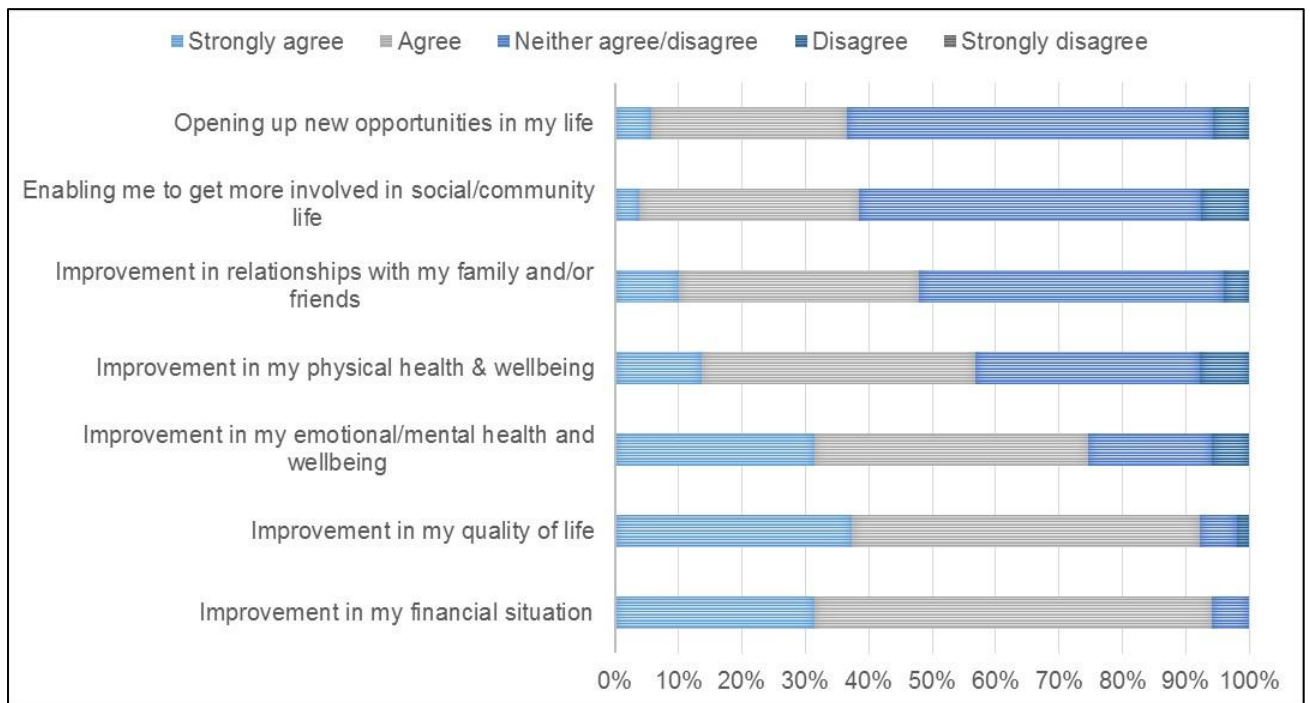
Base: 111

5.4.3 Pilot Outcomes

Individuals were asked to what extent the support and/or services received through Pilot had impacted on a range of outcomes. The majority (over 50%) of individuals agreed that the Pilot had contributed to an improvement in:

- Their financial situation (31% strongly agreed, 63% agreed);
- Their quality of life (37% strongly agreed, 55% agreed);
- Their emotional/mental health and wellbeing (31% strongly agreed, 43% agreed); and
- Their physical health & wellbeing (14% strongly agreed, 43% agreed).

Figure 5:6: Extent to which Pilot impacted on individual



Base: 111

Individuals were also asked if they had experienced any outcomes / impacts other than those listed above. A number of individuals who purchased laptops through the Pilot reported that it is assisting with their university education, their children’s education, and has enabled them improve IT skills. One individual who used their award on home improvements reported that he is no longer ashamed to bring friends and family into his home now, which has led to an improvement in relationships and also to his own wellbeing. Another had added security through building a new fence and so now feels safer in his home.

One individual used their award to pay for physiotherapy that would otherwise have been unavailable to them:

“I am in constant pain. I could never have paid for the treatment myself, I am on benefits. The NHS do what they can, but they won't cover regular treatments. This has been a God send”

One individual spoke about achieving a sense of empowerment through making their own choices and decisions:

“Having more choice in what you can spend money on makes you feel like you have a voice as a victim, not just some someone looking for money. Making decision about what I need made me feel good about myself”

Other individuals spoke about how the award had impacted on their wider family:

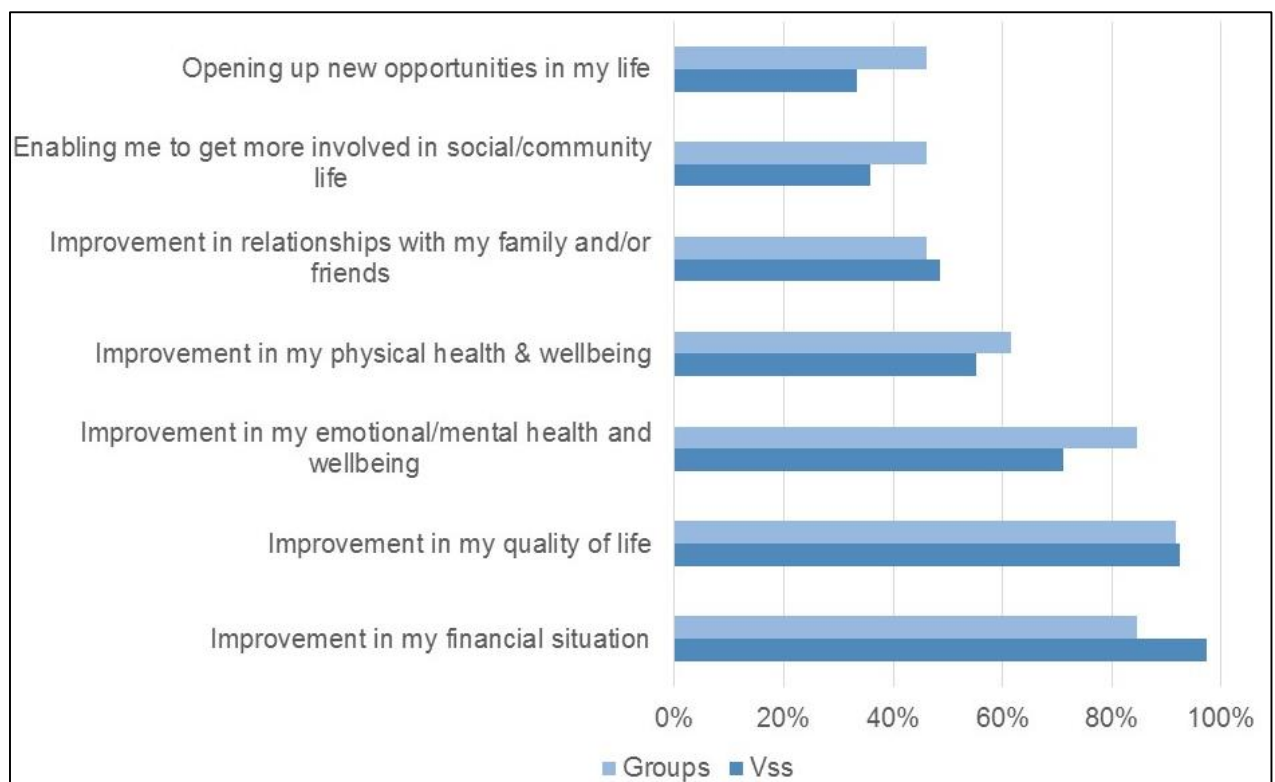
“As a result of support, I am able to take the family on more affordable holidays now”

“I feel better about myself, so the support has also benefitted my ill sister who I look after”

The figure below shows the outcomes achieved by individuals, based on whether they accessed the Pilot through the VSS or a group. This shows a number of variations between the two cohorts:

- Those coming through a group are proportionately more likely to report: an improvement emotional/mental health and wellbeing (85% compare to 71% coming through the VSS); the opening up of new opportunities in their life (46% compared to 33%); and being enabled to get more involved in social/community life (46% compare to 36%); and
- Those coming through the VSS were more likely to report an improvement in their financial situation (97% compare to 85% coming through groups).

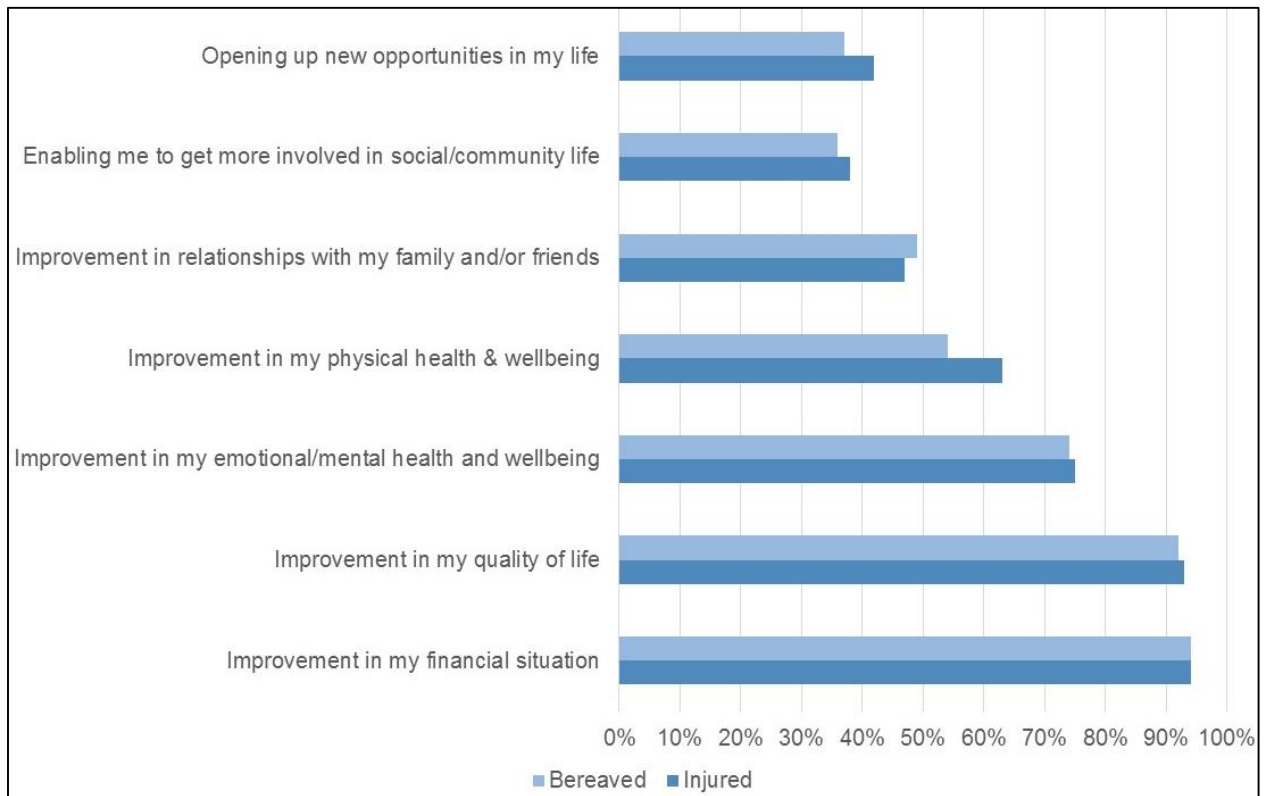
Figure 5:7: Outcomes achieved through the Personal Budget Pilot by route onto Pilot (multiple response question)



Base: 111

The figure overleaf shows the outcomes achieved by individuals, based on the client group they belong to (NB: as before, carers have been omitted from the analysis due to the small sample size). This shows that there are no significant differences between the Pilot outcomes for bereaved and injured clients.

Figure 5:8: Outcomes achieved through the Personal Budget Pilot by client group (multiple response question)



Base: 111

5.4.4 Anticipated Vs Actual Outcomes

In the initial survey, individuals were asked what outcomes they hoped to achieve through participating in the Pilot. The proportions of individuals who anticipated specific outcomes is shown the table overleaf, compared to the proportion who stated that they experienced that outcome in the follow-up survey. This shows that the proportion of individuals experiencing outcomes is significantly higher than they anticipated across all the areas.

Table 5:4: Anticipated Vs actual outcomes

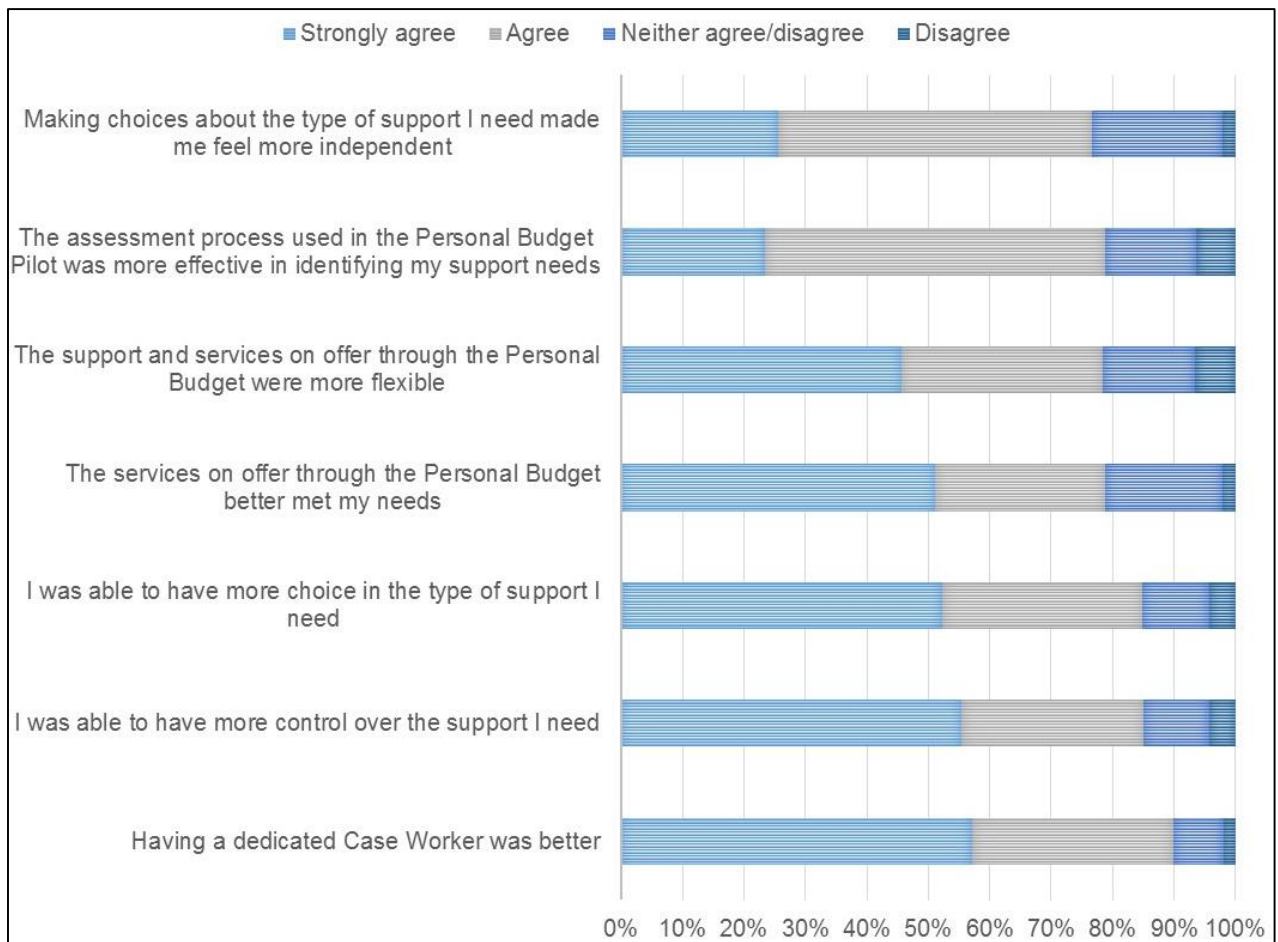
	Anticipated	Actual	Variance
Improvement in my financial situation	77%	94%	+17%
Improvement in my quality of life	82%	92%	+10%
Improvement in my emotional/mental health and wellbeing	57%	75%	+18%
Improvement in my physical health & wellbeing	41%	57%	+16%
Improvement in relationships with my family and/or friends	22%	48%	+26%
Enabling me to get more involved in social/community life	14%	38%	+24%
Opening up new opportunities in my life	15%	37%	+22%

Base: 111

5.4.5 Comparison with INP

Individuals were asked to compare their experiences of the Pilot to that of the INP the previous year. As shown in the figure below, individuals rated various aspects of the Pilot very highly compared to the INP. In particular, individuals agreed that having a dedicated Case Worker was better (90% strongly agreed or agreed), that the Pilot offered them more control over the support they need (85%), and that they were able to have more choice in the type of support they need (85%). Over three quarters (79%) of individuals were also in agreement that the services on offer through the Pilot better met their needs and that the assessment process was more effective in identifying these needs.

Figure 5:9: Comparison of Pilot to INP (2014-15)



Base: 111

5.5 Additional Comments

Individuals were asked if they had any further comments on their overall experiences of the Pilot. The following responses are indicative of the key themes arising.

5.5.1 Case Worker Approach

Many individuals used this opportunity to reiterate how helpful they had found having a dedicated Case Worker:

“I find it difficult talking with new people so I preferred having a Case Worker, it’s more of a one-to-one basis. Talking directly to someone you know, and knows you, is more comfortable and lets you ask questions about anything you don’t understand”

“I prefer having the personal Case Worker so I don’t have to constantly explain who I am and my background when I phone them”

Individuals also spoke about how their Case Worker had sign-posted them onto other services:

“The Case Worker was great. She knew all about the type of help I could get elsewhere, not just about my immediate needs, but things like benefits and housing. She really helped”

“My Case Worker made it very clear that I could speak to her at any time if I needed to. She also made me aware of other services that are available such as therapy and counselling”

5.5.2 Suggested Changes / Improvements

Issues surrounding invoicing, specifically the need to provide invoices/receipts upfront, and payments was raised by a number of individuals:

“The invoicing and receipts procedure should be looked at. If VSS are busy then there can be delays which can leave victims in an awkward position if they've already paid for the product/service”

“Payment in advance would really help me as I don't normally have the money available to buy the item first and then apply for money back. It can also be very difficult for a business to invoice VSS, when they want the money at time of sale and they are not familiar with VSS”

“I would like to see the grant being paid upfront for people to spend as they require without the need for invoicing. This would be a more dignified approach”

Other individuals would like to see even more flexibility on offer, with some suggesting annual cash payments in place of a specific programme:

“Moving forward, the VSS need to be more open minded to people's needs and let them spend the money they're entitled to on their own. Unless the VSS has reason to believe that someone is misusing the money I don't see why they shouldn't trust the person”

“The support from [Group] has helped my mental health greatly. The lack of flexibility can be demeaning, the budget approach has been slightly more flexible but there should be even more. Flexibility is good for mental health”

“I had requested the grant upfront to pay for a respite break as I did not have the money available and I wanted a break with my husband. That was impossible to invoice in advance as we wanted to have a day in part of Donegal, stay over the night and move on the next day to another part of the county. I believe that victims should receive the grant up-front to spend as necessary by them at that time without the need for invoicing afterwards, particularly for those who do not have funds readily available to them”

“It [the Pilot] should be extended to everyone. If everyone has their own Case Worker then the Case Worker should know that they genuinely need the support and aren't going to waste it”

6 INTERVIEWS WITH INDIVIDUAL VICTIMS & SURVIVORS

6.1 Introduction

Within the overall evaluation sample of 111 individuals, 20 individuals were selected for in-depth interview at two stages:

- 1) An initial interview was conducted soon after the initial meeting with Case Workers. Individuals were asked about their motivations for taking part in the Pilot, their initial views on the assessment process, the support they have received to date and what they expect to achieve through their involvement in the Pilot; and
- 2) A follow-up interview was conducted approximately three months after individuals had joined the Pilot. This interview was to assess their progress to date, and to evaluate their current perception of the Pilot compared to when they were first interviewed. Individuals were asked about the support they had received thus far, their thoughts on the Case Worker approach, the impacts which the Pilot has had on their everyday lives, how the Pilot compared to the INP previously run and their opinion on the main strengths and weaknesses of the Personal Budget Pilot.

The following groups of individuals were interviewed:

- 10 individuals who had been injured: 8 male and 2 female; and
- 9 individuals who had been bereaved: 4 male and 5 female.
- 1 individual who had been bereaved and injured: male.

This section summarises the salient points emerging from these interviews.

6.2 Initial Interviews

6.2.1 Motivations for Participation

Individuals were asked a number of questions relating to their reasons for participating in the Pilot, including what information they were given that helped inform their decision, and their existing knowledge of a personalised budget and what this typically entails.

The majority (15) of individuals were informed about the Pilot through an initial conversation with their Case Worker. It was explained that the Pilot was a new scheme which differed from the INP which was in place the previous year. Conversations with their Case Workers highlighted that a Personal Budget meant individuals could have a greater choice in what they were able to spend the money awarded on and not be restricted to certain areas. This was something which individuals thought would be beneficial. Many individuals (12) also spoke highly of the information that was delivered by their Case Workers. Individuals stressed that their Case Workers were very helpful and took the time to explain this new approach and how it could be of benefit to them and this was a major factor in their decision to take part in the Pilot.

Whilst no individuals had heard of a personal budget approach before, they indicated that they believed that it was a good option. In particular, the flexibility of the approach was something which individuals thought highly of. All individuals believed that this would enable them to have a greater

choice and gain access to goods and services which were suitable to their needs. It was believed this approach would have a personal impact on their lives.

Two individuals also expressed that schemes like this were extremely beneficial and helpful to victims and survivors. These individuals highlighted that they were keen to take part in the Pilot as it had the possibility of improving their quality of life. However, one individual did highlight that a lack of consistency each year in what was provided for victims and survivors was confusing. Another individual also suggested that their involvement in the Pilot would give them an opportunity to voice their views and opinions on what type of support is suitable for people. It was highlighted that involvement in this Pilot would help shape appropriate support for victims and survivors in the future.

6.2.2 Expectations of Pilot Participation

Individuals were asked about their expectations in terms of what they hoped to achieve through participating in the Pilot. They were also asked if they expected the Pilot to be different to the INP.

All individuals indicated that they were optimistic about their involvement in the Pilot. Individuals suggested that the financial support gained through their participation in the Pilot was something which they deserved due to their experience of being a victim and survivor. A few participants stressed that they expected their experience in the Pilot would help improve their quality of life. Key to these potential improvements was having a greater choice in what they could access with the financial support gained. Another individual highlighted that they expected the Pilot would make their life a little less stressful and provide much needed support.

All individuals expected the Pilot would be different to the INP. The key difference highlighted was that it would facilitate greater choice in how individuals could spend the assistance received compared to the INP which was viewed as being very rigid and restrictive. One individual highlighted that they believed that they would be able to gain access to the services which they wanted to through this Pilot, which they were unable to access through the INP. All individuals believed that the flexibility of the Pilot was a better approach. One person suggested that this flexibility was key as they believed the needs of victims and survivors could not be 'pigeon-holed' into categories, as in the case of the INP. Individuals (6) also suggested that the Pilot would have a more relaxed approach and this would be easier for them to manage as the INP was deemed to be confusing.

6.2.3 Assessment Approach

Individuals were asked for their views on the assessment process (i.e. the INC) used in the Pilot. Specifically, they were asked if the approach adequately assessed their support needs, if there were any gaps in the questions asked, and how it compared to the assessment process used in the INP.

All individuals spoke highly of their assessment used for the Personal Budget. Individuals highlighted that their Case Workers were very approachable and pleasant. This was identified as being key to putting people at ease. Case Workers were viewed as being extremely helpful, particularly in terms of explaining how the Pilot would work and be beneficial to people.

Overall, all individuals indicated that the assessment process adequately assessed their needs and that all areas were covered in this assessment. Individuals expressed that they were comfortable

speaking to their Case Worker. One individual suggested that the approach in the Pilot gave them an opportunity to express their views and opinions, without feeling like they were begging for help. One individual also stated that the approach used in the Pilot meant they “felt like a person” and not just a number. Another highlighted that the approach used was not intrusive, but did suggest that the Pilot could go further in its assessment to ensure that people are getting the utmost out of the assessment.

When compared to the approach used in the INP last year, all individuals felt that this approach was less formal and this meant they were more relaxed. One individual highlighted that the approach used in the INP was “closed off” and another stated it was “too structured”, whereas the approach in the Pilot was viewed as being more open and flexible which helped put participants at ease and made them feel listened to. However, one individual did highlight that the problem with the approach used in the INP last year was not the length of the examination and the questions asked, but the repetitiveness in the process. It was suggested that getting the right questions would be key to the assessment approach.

6.2.4 Case Worker Approach

Individuals were asked for their initial views on the Case Worker approach used in the Pilot. It should be noted that these initial consultations were conducted early in the process and therefore, other than their initial interview, most individuals did not have any contact with their Case Worker at this stage.

Of those who had contact with their Case Worker (3 individuals), this was a relationship which they thought very highly of. Two individuals highlighted that their Case Worker was very easy to talk to and they had a very close relationship. Another said they would phone their Case Worker to speak about any worries they had. This individual stressed that having someone to listen to them was extremely beneficial.

6.2.5 Support Received

Individuals were asked about the services/supports they decided to access through the Pilot in order to meet their needs. They were also asked if their Case Worker helped in reaching this decision and if is, if they felt their views were fully taken into account.

Whilst not all individuals had decided what support / services they were going to access to meet their needs at this stage, all individuals had initial thoughts about what would be most appropriate to their needs.

In most instances, individuals decided what they were going to use the Personal Budget for themselves. However some individuals indicated that they discussed what services and supports they were going to access with their Case Worker. All highlighted that their Case Worker listened to their views and provided them with advice. They also felt that their views were fully taken into account. Generally, individuals spoke highly of their Case Worker. They were viewed as providing compassionate and diplomatic advice. One individual highlighted that the personal approach with their Case Worker meant that they were more comfortable speaking about their needs and did not

feel like they were being judged. Another suggested that they felt like they were listened to and felt supported in their decision.

Overall, all individuals indicated that the services and supports offered meet their needs. However one individual did highlight concerns they had in relation to the provision of psychological services. This individual stressed that they were unsure if the financial support they gained would be enough for them to access psychological support. This individual noted that this type of support was key to victims and survivors and highlighted concerns the Pilot would mean individuals may not have enough money to spend on this area.

At this stage, not all individuals had accessed services and supports. Of those who did not (2), most indicated that they would be able to source the services / supports themselves. One individual suggested that they would seek more advice from their Case Worker at a later stage.

Of those who accessed services and support (13), a range of impacts were cited by individuals:

- One individual had a new bathroom fitted. This individual believed this would really help with their arthritis, improving their quality of life;
- Another individual who also had a bathroom fitted indicated that this made their life a lot more comfortable and was a “weight off their shoulder”. It was highlighted that seeing the improvements in their house helped improve their mood;
- One individual purchased a treadmill. This individual indicated that exercise helped them relax;
- Another individual used the Pilot for respite and a bed. This individual believed that respite helped them relax and reduced the stress they were experiencing, whilst the bed helped with the physical side of their injury;
- One individual used the support received to decorate their home. This individual highlighted that this helped improve their quality of life; and
- Another individual used the Pilot for counselling sessions. This individual indicated this made a significant improvement to their mental health.

Of those who had not yet accessed any services and supports (7), the main reason was because they were still deciding what they would like to spend the money on.

Overall, all individuals believed the Pilot was a good scheme which they hoped would improve the quality of life of victims and survivors in the future. The Pilot was viewed as important as it removed restrictions and opened more doors and opportunities for people.

6.3 Follow-up Interviews

6.3.1 Support Received

Individuals were asked about the services / support they decided to access through the Pilot in order to meet their needs. Further to this, individuals were asked if they decided themselves which services / support to access or if this decision was made following discussion with their Case Worker, and if so, did they feel their views were fully taken into account when discussing services / support with their Case Worker.

The support / services which the individuals chose were varied and included:

- New bathrooms;
- Orthopaedic beds;
- Oil / heating;
- Gas / electric;
- Counselling;
- Respite; and
- Home improvements.

In most instances, the individuals chose their support / services based on their immediate needs and did not require help from the Case Worker in making this decision. However, there were some cases in which the Case Workers assisted the individuals in choosing which support / services to access, for example, one individual stated that they intended to purchase a laptop through the Pilot, but difficulties arose in obtaining an invoice and the Case Worker helped them select alternative support. Most of the individuals highlighted that the Case Workers fully listened to them carefully and provided clear and relevant information to aid them in making decisions. However, one individual stated that although the Pilot was an improvement on the INP, they were still left with a number of unanswered questions in relation to which support / services they could access.

6.3.2 Case Worker Approach

Individuals were asked how satisfied they were with the help and support they received from their Case Worker. The Case Workers were praised for their personal approach and for listening and understanding the individuals, with just one individual reporting that they were dissatisfied with the service. A number of the individuals highlighted that their Case Worker sign-posted them to other services or support including counselling, therapy and physiotherapy. When asked if there was any further support which they would have liked to receive from their Case Worker, the majority of individuals indicated that they had received all of the support they require, with just two individuals reporting that they would have liked further clarity and flexibility regarding the support and services which could be accessed.

One individual stated that their Case Worker put them at ease and as such they felt comfortable opening up to them which they found to be a great reflection on the Case Worker as they hadn't been comfortable enough to do this in previous programmes. This individual continued to say that although the financial assistance was welcomed, the support from the Case Worker was invaluable and the most important aspect of the Pilot for them personally.

Approximately half of the individuals indicated that they had further contact with their Case Worker following the initial meeting. The majority of the further contact was through telephone calls for a number of reasons including follow-ups and some individuals had contacted their Case Worker for further advice. One individual reported that their Case Worker had visited them in their home for a follow-up, which they were very appreciate of as they have mobility issues.

6.3.3 Impacts

Overall, all of the individuals reported that the Pilot and the support / services accessible through it had met their needs, with the exception of two individuals. These individuals stated that they were

unable to obtain the support they required and their Case Worker was not able to provide further assistance. Of those individuals who did believe their needs had been met, a number of reasons were provided to explain. These reasons included: being able to access the support they needed; greater flexibility and choice of support and services; the personal approach of the Case Worker improved the service; and the Pilot was much simpler and clearer than the INP.

A range of impacts were cited by the individuals, most of which fell under the themes of physical health, mental health, quality of life, financial situation and relationships with family and friends. Some examples of the impacts on the individuals' lives are listed below:

- Two individuals had a new bathroom fitted. Both of these individuals required a bathroom which was easier to access due to limitations with their injuries and as such, the new bathroom has greatly improved their quality of life;
- One individual felt their physical health had been improved as they had used the support to purchase a treadmill for their home;
- One individual has used the Pilot for support in the form of respite and an orthopaedic bed. This individual reported that the respite helped them to relax and relieve some stress whilst the orthopaedic bed helped with the physical element to their injury;
- One individual stated that their relationship with the Case Worker and the trust which they had built had enabled them to talk about their situation and the counselling services which were recommended further helped. Being able to talk about the situation has helped them come to terms with some of what has happened to them, and they have also seen an improvement in their relationship with their mother as a result;
- A number of individuals used the support for home improvements and decorations, which improved their quality of life and lifted their mood; and
- The majority of the individuals reported that participation in the Pilot has improved their financial situation, and critically, they would not have been able to access the support they required without the assistance received through the Pilot.

6.3.4 Comparison to Individual Needs Programme (INP)

Individuals were asked to compare their experiences of the Pilot to the INP (2014-15) in three key areas:

- The assessment process;
- Having a dedicated Case Worker; and
- Having more choice and flexibility in the type of support they could access.

All of the individuals indicated that the assessment process of the Pilot was much simpler than the INP in the previous year. It was not overly time-consuming and it was clear in what information was required. The individuals indicated that the assessment process was aided by the Case Workers as they were understanding, patient and made the individuals feel like they weren't "just a number or another applicant".

Having a dedicated Case Worker was generally thought to be a much more efficient process than the INP, many of the individuals raised the point that under the previous system, if the individuals needed to contact the VSS, they would have to speak to a different person every time and would

have to constantly explain who they were and their situation and they found that system to be frustrating and at times acted as a deterrent to contacting the VSS. One of the individuals reported that having a personal Case Worker did not improve communication with the VSS as they were unable to contact their Case Worker and as such were left without anyone to contact for advice.

The majority of individuals found the Personal Budget Pilot to be more flexible than the INP as the choice of support and services was greatly expanded and most of the individuals were able to access the support they needed. There were a few cases where individuals reported that the Pilot lacked clarity concerning which support they could access and one individual indicated that they could not access the support they wanted as they could not obtain an invoice from any of the shops they approached.

6.3.5 Weaknesses of the Pilot

One weakness of the Pilot was highlighted by several individuals was the process of having to obtain an invoice prior to accessing their award as this is not always feasible. Individuals also highlighted that the alternative option, to purchase the good/service and use receipts to be reimbursed, is not always possible due to financial constraints (NB: this process is also a requirement and is also implemented under the INP, this is not specific to the Pilot).

One individual highlighted that a major weakness of the programme is the lack of clarity regarding which support and services they were able to access. This individual believes that there should be even further flexibility and the process could be much smoother when it comes to using their award.

6.4 Conclusions

The majority of individuals interviewed have benefitted from participating in the Pilot. When asked if they would access support through a Personal Budget approach again if given the choice, all but one of the individuals stated that they would. The personal approach of the Case Workers is one of the vital components to the Pilot as the individuals highlighted that they were able to develop relationships based on trust which made them feel more comfortable using the service and more open to asking for help.

One reason given for possibly choosing a Personal Budget approach was that asking for help and support could make the victims “feel like children, especially if they have to keep going back to hand in receipts” and the other reason is that they believe the process takes too long for the individual to receive the support.

7 STAKEHOLDER FEEDBACK

7.1 Introduction

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

7.2 Strategic Stakeholder Feedback

Consultations were undertaken with senior staff members from OFMDFM's Victims Unit. The following summarises the main areas discussed:

- Services must ultimately meet the needs of victims and survivors. The INP was designed to address needs, but individuals' needs are often complex and fall across more than one of the INP Schemes – this provided the rationale for testing a new approach;
- The design of the Pilot was an inclusive process, with the involvement of OFMDFM, CVS, VSS and the Victims and Survivors Forum; and
- The Pilot offers the opportunity to be more flexible and innovative in meeting individuals' needs (within the limits of accountability). Allowing an individual to choose what best meets their needs and circumstances can lead to greater value for money in the long term.

A number of areas were raised to consider when deciding on the future roll-out of the Pilot:

- Does the Pilot address the needs identified in the CAN? Any intervention for victims and survivors should be based on, and designed around, the CAN as this provides the strategic focus for the sector;
- Is the design of the Pilot is the most efficient model of delivery – does every individual need to be processed the Case Worker approach, or only those with higher support needs?
- The expertise of the Case Workers needs careful consideration – this would need to be reflected in job descriptions and any future recruitment;
- There are potential conflict of interest issues with Case Workers being employees of a funded Group. All Case Workers should be employed by (although not necessarily based in) the VSS;
- Does the INC adequately assesses mental health needs? The original iteration of the Individual Needs Review (implemented in the INP 2013-14) was the first attempt to fully assess needs and identify gaps in provision, but this was considered to be too intrusive. There needs to be a balance struck in the assessment process in order to ensure needs (particularly physiological needs) are being assessed and subsequently addressed; and
- A robust RAS will be necessary to inform budgetary planning.

7.3 Operational Stakeholder Feedback

Consultations were undertaken with a number VSS members of staff at various stages throughout the evaluation, including the Acting CEO, the Programmes Manager (and acting Project Manager on the Pilot) Health & Wellbeing Co-ordinator (and acting Project Coordinator and Case Officer on the Pilot). The following summarises the main areas of discussion:

- Having a Case Worker and going through INC creates a positive impact in itself as the individual feels they are being listened to and having their thoughts/feelings taken into account;
- The INC is not designed to assess highly complex cases of psychological trauma – this is not the remit of VSS. Where complex cases are picked upon, they should be referred onto specialist health and social care services. Those with lower level needs (i.e. mild trauma - level 1/2) can be referred into the funded groups delivering relevant services;
- The Pilot has the potential to better meet needs than the INP as there is more choice for people; and
- The Pilot is meeting immediate practical and financial needs, but is it addressing longer term needs and helping people to move on?

A number of areas were raised to consider when deciding on the future roll-out of the Pilot:

- Many individuals know how they want to spend their award, are capable of controlling it themselves and so do not need the support of the Case Worker. Is it therefore necessary for all individuals to be interviewed by a Case Worker, or should they just receive the annual payment (assuming they have already met an eligibility check)?
- There cost of rolling-out the Pilot (as it stands) to all individuals is not viable without changing other schemes, such as Financial Assistance. This is something that the VSS are currently modelling to better understand the implications;
- Peace IV has funding for a number of Health & Wellbeing workers to be based regionally. This may be potential for tying these into the role of Case Workers; and
- Welfare reform could impact on the number of people presenting to the VSS as a victim and survivor. This could put even more financial pressure on their already stretched budget.

7.4 Victims & Survivors' Forum Feedback

A group session was held with members of the Victims & Survivors Forum. Members were asked their views on the need for a different approach in the provision of services to individual victims and survivors and the effectiveness of the Pilot approach and its constituent parts. The following summarises the key points made by Forum members.

Forum members were of the consensus that a different approach was needed, particularly with the forthcoming welfare reform changes (e.g. DLA and PIP). They would also like to see individuals receive support based on their level of need, whereby those with more complex need receive more. However, members were of the opinion that 'victim choice' should be the most important factor in the design of services – some individuals are happy to receive support through schemes (as in the INP) while others would prefer more choice in how to spend their award.

Two members of the Forum had participated on the Pilot. Although having gone through the assessment process relatively recently at the time of consultation, they did not feel able to speak of impacts as yet. They were, however, able to speak about their experiences of the assessment process and the Case Worker Approach.

No major concerns were raised with the assessment process. The two members thought the questions were sufficient to assess need and that the interview was 'friendlier and 'more relaxed' than the INP assessment process.

The Case Worker approach was also thought to be generally beneficial. Having a dedicated person to contact, if needed, is more efficient. Signposting onto other services will also help people and so the Case Workers should be knowledgeable of the organisations and services/supports on offer. However, one Forum member did raise a concern that people were being pushed into Group services when this was something they didn't want.

Forum members were generally in favour of rolling out the Pilot approach (i.e. the assessment process, Case Worker, and increased flexibility) to all individuals. However, a number of potential concerns were also raised, which Forum members believe need further consideration:

- The cost effectiveness of rolling-out of the approach would need to be justifiable;
- There is a potential conflict of interest with Case Workers being a Group employee – they should be independent;
- The system used to decide levels of support (i.e. the Resource Allocation System) would need to be transparent and clear to everyone;
- Under a Resource Allocation System Case Workers shouldn't be responsible for making the final decision on the level of support individuals get. They should do the assessment of need and then pass recommendations onto an independent panel to make this decision;
- Geographical spread and the question of whether resources are following demand; and
- That all potential 'loop holes' are closed in order to prevent misuse and allowing ineligible people into the system.

7.5 Pilot Case Worker Feedback

Case Workers were consulted through a group session at one of their monthly meetings. The consultation questions were also circulated to all Case Workers following the meeting to enable them to provide any further comments. Feedback from the Case Workers is summarised below.

7.5.1 Need for Pilot

All the Case Workers recognised the need amongst clients for a different approach while commenting that the increased flexibility under the Pilot was a better approach compared to the INP. Case Workers noted that the support provided under the INP was not always in line with what their clients actually needed and that they preferred the opportunity to use their support on what they really need.

Case Workers said that clients have been interested in participating in the Pilot, mainly to allow them the flexibility to meet their own needs more effectively but also because of the strong relationship and trust clients had built with the Case Worker.

Three Case Workers described reasons their clients have not been interested in participating in the Pilot, two of these Case Workers said that some clients already felt well supported and were happy to spend their support on the list of eligible items offered through the INP. One Case Worker also commented that some people had heard about the Pilot too late in the year and had already used their award (NB: VSS highlighted that, at the time of launching the Pilot, only 10% of individuals had used their award).

7.5.2 Assessment Process

All Case Workers said that, overall, the INC was adequate to assess clients' needs. Most reported using the form as a tool to guide the discussion, rather than a 'tick box' exercise. Some also reported that, although they know their clients very well, completing the INC occasionally allowed them to identify issues that had not been expressed before.

Case Workers made the following suggested changes/amendments to the INC:

- The clarity of the forms was also called into question by a number of Case Workers with one suggesting a change in the terminology used regarding the levels of need, commenting that if the client and Case Worker have not worked closely together before then the form is not easily comprehended;
- A space on the top right for Groups to insert VSS Coding;
- Removal of the complicated/not complicated box and removal of the second question – “Are they currently receiving any support which is not meeting needs”
- Swap page 3 and 4 so Case Workers can see the client's details on the front;
- Attach the monitoring form to the INC so it can be sent in one piece to VSS.

7.5.3 Assisting Clients in Making Decisions

All Case Workers (who had processed clients onto the Pilot) said that they assisted the client throughout the Pilot; from explaining the process to assisting clients with completing the INC form and identifying their needs. Case Workers helped clients by leaving the decision of what to use their award on up to the individual and providing them with any support they needed to make their decision for example discussing the client's financial needs and giving them examples of what other clients had asked for to help them make a decision.

7.5.4 Impact of Pilot on Case Workers

All Case Workers believed they are adequately trained to carry out the Pilot. While some commented that they did not necessarily need training specifically for the Pilot, they believe that they were capable of meeting clients' needs with one even commenting that they do not think in-depth training would be needed unless a Case Worker does not have prior experience of working with victims and survivors.

Two Case Workers made the following suggestions in relation to additional support they would like:

- Providing case studies that can be given to new Case Workers to show best practice;
- Basic awareness training and information on what support is available within the sector for each area of need and who is delivering for example some Case Workers who specialised in health and wellbeing could not comment on legacy support and so had to get advice from VSS Case Workers; and
- A directory of voluntary groups/victim groups in NI including what service/support the group provides.

Case Workers were asked how the Pilot had impacted on their day-to-day workload. All Case Workers that had direct involvement with clients said that the Pilot had increased their work load with one Case Worker going on to say:

“It was rewarding to discuss and meet clients’ needs. It is obviously very motivating both for client and Case Worker if the client can spend the award as they had hoped for”

One Case Worker who said their workload had increased a lot as a result of the Pilot commented that:

“The interview itself wasn’t so much the issue, it was the scanning, photocopying, emailing to VSS; telephone calls to suppliers when issues arose, and the need to assist some vulnerable clients with this as they did not have the capacity”

Another Case Worker said that if the approach used in the Pilot were to be rolled out for all those receiving support through the INP and all users needed the one-to-one support offered under the Pilot, then this would likely result in staffing issues.

7.5.5 Risks Associated with Pilot

Case Workers were generally of the consensus that by giving clients more freedom to spend their award on what they actually need, there is less incentive for clients to behave fraudulently. While one of the Case Workers was confident that the checks carried out by VSS payments team should uncover any fraudulent behaviour. However, some Case Workers acknowledged that all schemes involve unavoidable risks in relation to fraud:

“With every assessment there is the potential for untruthfulness which cannot be eradicated”

One Case Worker commented that through the assessment interviews the Pilot has helped to reduce risk; where it was detected that an individual’s mental health had deteriorated to such an extent that urgent support was needed.

A number of Case Workers felt that there are risks associated with raising clients’ expectations and then not meeting them saying that any process needs to be clear.

7.5.6 Gaps in Provision

Case Workers were asked if there are any gaps in current provision, or areas of unmet/emergent need. Many Case Workers felt that individuals should be given a cash award to spend as they wish. They feel that if clients meet the criteria and are eligible for a particular grant then unless there is a

change in circumstances, this client should receive the grant annually without any further processes other than signing the letter of offer, and this could take away potential anxiety for clients:

“Some clients feel as if they are begging and obtaining receipts/invoices is not always easy without divulging their personal circumstances”

Other gaps highlighted were:

- More support could be provided to those on a low income, particularly the bereaved, often these clients would prefer cash payments; and
- Gap in the market for social inclusion for those under 65, some clients wish to engage in social inclusion programmes that are not specifically related to the NI troubles.

7.5.7 Suggested changes/improvements

Case Workers provided the following suggested amendments to help improve the Pilot:

- Criteria for eligibility should be explored and widened as there are people working or not in receipt of middle/high rate DLA that have great needs;
- The huge financial differential in the grants between the injured and the bereaved was questioned with the Case Worker saying that in some cases there was no justification for the injured receiving such comparatively high grants. In the interests of equity this Case Worker believes that the bereaved and injured should receive the same value of grant with the same flexibility. In addition, two parents in the same household can each claim a bereavement grant for losing a child, this seems unfair when a couple who lost one child receive a higher grant than a single mother that lost three children;
- Clients that did not have the money to pay for goods up front felt embarrassed asking for an invoice, payments made up front should be seriously considered; and
- Some changes to the INC particularly regarding wording and clarity.

7.5.8 Roll out of Pilot

All Case Workers consulted believed that the Pilot should be rolled-out to all individual victims and survivors. One Case Worker noted that while the Pilot is more person-centred and better catered to meeting clients’ needs than the INP:

“... the implementation of this would need to be explored with individual groups to look at the capacity for a Case Worker within an organisation and the best way to implement this”

7.6 Health and Social Care Feedback

Discussion with Health and Social Care Board (HSCB) representatives centred on the roll-out of Self-Directed Support (SDS), which is a new initiative for delivering social care. SDS aims to put service users in control of their care, empowering them to make their own choices and allowing them to be as independent as possible. It adopts a holistic, person centred approach, demonstrating strength based thinking and working in partnership with individuals. The assessment highlights the individual’s personal outcomes and explore existing resources and community networks. This outcomes focused assessment is in tune with relationship based practice showing how the views of

the individual, carer, assessor and agency are brought together to negotiate, agree and record outcomes.

It is currently in its second year of implementation in Northern Ireland and it follows a roll-out of the initiative in England, Wales and Scotland over the last few years. The initiative was initially piloted in the Southern Trust Area before being introduced on a regional basis.

SDS in Northern Ireland provides users with a range of options to access service provision, namely: via direct payments/personal budgets; a managed budget (where monies are paid directly to service providers by the HSC Trusts); via traditional service provision; or through a mix of these different options.

The discussion with HSCB identified the following key points that are of particular relevance to the Personalised Budget Pilot:

- Personalisation has been a growing movement within the health and social care sector for many years. It is characterised by providing service users with control and flexibility over their care. The key test of personalisation's success is the extent to which it improves the lives of service users and their carers;
- The SDS initiative represents a transformational change in the approach to Social Care provision. Implementation of the initiative is being supported by a comprehensive programme of training for social care professionals, to ensure that a common consistent approach to SDS is applied across Northern Ireland;
- The support planning process is outcomes focused and is tailored to meet service user's priorities. Effective delivery requires the application of flexibility and creativity in meeting service user's needs;
- Effective engagement with service providers is another key element of the approach, to allow the development of service options and to realise the potential and creativity of personal budgets;
- User input to the development of the initiative has been critical. This has been achieved through a robust process of engagement and on-going communication with service users and practitioners;
- Continuous improvement is central to the initiative. SDS is regarded as being a 'live' and ongoing process, whereby systems and processes are regularly amended to incorporate service improvements. This process of improvement is achieved via ongoing engagement with service users;
- An effective interface with other projects/ services (both within the health and social care system and with external services) is key to effective delivery. Signposting clients to other services and providing advocacy support for users is central to the personalised approach; and
- A monitoring and evaluation framework for the measurement of outcomes is currently being trialled in association with the Personal Social Services Research Unit at the University of Kent. The approach utilises ASCOT (the Adult Social Care Outcomes Toolkit), which has been informed by international best practice and is used elsewhere, thereby providing comparability and compatibility with approaches in other jurisdictions. This system will be trialled in the South Eastern Health and Social Care Trust in May/June 2016.

The above highlights that the Personalised Budget Pilot is in keeping with a broader movement towards personalisation within health and social care sector, and that the SDS reflects the guiding principles that have been applied to the Personalised Budget Pilot.

It also highlights that a personalised approach should include: user input in the development and ongoing improvement of support provision; staff capacity building /skills development, to ensure consistency and professionalism of approach; effective signposting and advocacy support; effective engagement with service providers to realise the potential and creativity of personal budgets; and the need for investment in robust outcome measurement.

8 CONCLUSIONS

8.1 Introduction

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

8.2 Service User Experiences

This section outlines the key findings in relation to the service users' overall experience of the Pilot – overall and broken down by client group. Service users' experiences of other operational aspects of the Pilot (i.e. the assessment process and the Case Worker approach) are discussed in the subsequent sections.

In terms of their motivation for participating in the Pilot, surveyed individuals' most commonly cited reasons were:

- To have more choice in the type of support received (86%);
- To be more independent (54%);
- To have more control over the type of support received (49%); and
- They felt they couldn't get the type of support they needed through the INP (26%).

When comparing individuals' reasons for participation by client group, there were no significant differences between bereaved and injured clients.

These individuals also reported that the support and/or services received through the Pilot had impacted on a range of outcomes. The majority (over 50%) of individuals agreed that the Pilot had contributed to an improvement in:

- Their financial situation (31% strongly agreed, 63% agreed);
- Their quality of life (37% strongly agreed, 55% agreed);
- Their emotional/mental health and wellbeing (31% strongly agreed, 43% agreed); and
- Their physical health & wellbeing (14% strongly agreed, 43% agreed).

Again, when comparing individuals' outcomes based on the client group they belong to, there were no significant differences between bereaved and injured clients.

A very small proportion of surveyed individuals decided to take part in the Pilot as a result of an unfavourable experience of the INP (just 3% weren't happy with their experiences of the INP in the previous year). Individuals also rated various aspects of the Pilot very highly compared to the INP:

- 85% agreed that the Pilot offered them more control over the support they need;
- 85% agreed that they were able to have more choice in the type of support they need; and
- 79% of agreed that the services on offer through the Pilot better met their needs.

Overall, individuals reported very high levels of satisfaction with various aspects of the Pilot, including:

- The quality of the overall service provided through the Pilot (60% very satisfied, 31% satisfied);

- Flexibility of how the money can be used (49% very satisfied, 34% satisfied);
- Clarity concerning the process and information about services and other choices (37% very satisfied, 48% satisfied); and
- The time taken to receive money and/or service (27% very satisfied, 56% satisfied).

8.3 Effectiveness of the Assessment Process

This section highlights the key findings from the research in relation to the new assessment process and the INC, based on the feedback provided by both service users and Case Workers.

Individuals who were interviewed spoke positively of their experiences of the assessment process. Overall, all individuals indicated that the assessment process adequately assessed their needs and that all areas were covered in this assessment.

When compared to the approach used in the INP, all individuals felt that the Pilot approach was less formal and more flexible, helping them feel at ease and listened to, as compared to the INP approach which was “closed off” and “too structured”. One individual highlighted that the approach used was not intrusive, but did suggest that the Pilot could go further in its lines of questioning to ensure that people are getting the utmost out of the assessment.

Surveyed individuals were also asked a number of questions about their views on the assessment process:

- The vast majority were satisfied with the assessment process and the questions asked to determine needs (31% very satisfied, 62% satisfied); and
- Over three quarters (79%) of individuals were also in agreement that the assessment process used in the Pilot was more effective in identifying their needs than in the INP.

Case Workers’ feedback on the INC was broadly positive. They felt it was a useful tool to guide the discussion and that it was adequate to assess clients’ needs. Others (based in groups) found that the assessment process enabled them to identify new needs within their existing client base.

Case Workers did raise concerns around terminology used regarding the levels of need and the fact that it may be confusing and also unrealistically raise clients’ expectations. A number of others suggested changes/amendments to the INC were made, which were largely presentational.

8.3.1 Effectiveness of the Case Worker Approach

Individuals consulted through the evaluation spoke very highly of their Case Worker. Of those surveyed:

- 90% agreed that having a dedicated Case Worker was better than the INP approach; and
- Of those who had follow-up contact with their Case Worker (i.e. other than the initial survey), all were satisfied with the support received.

Individuals who were interviewed were also very positive about their relationship with their Case Worker. The following are examples of the type of feedback received:

- The Case Worker very easy to talk to, very approachable and pleasant;
- Having someone to listen to them was extremely beneficial;
- Case Workers were viewed as being extremely helpful, particularly in terms of explaining how the Pilot would work and could be beneficial to people;
- Case Workers listened to individuals and provided clear and relevant information to aid their decision making;
- Case Workers sign-posted individuals onto other services or support including counselling, therapy and physiotherapy; and
- Having a dedicated Case Worker was a much more efficient process than the INP, many of the individuals raised the point that under the previous system, if the individuals needed to contact the VSS, they would have to speak to a different person every time and would have to constantly explain who they were and their situation and they found that system to be frustrating and at times acted as a deterrent to contacting the VSS.

When asked if there was any further support which they would have liked to receive from their Case Worker, the majority of individuals indicated that they had received all the support they require, with just two individuals reporting that they would have liked further clarity and flexibility regarding the support and services which could be accessed.

8.4 Meeting the Pilot's Guiding Principles

This section examines the extent to which the Pilot adheres to each of the guiding principles.

8.4.1 Victim Centred

Guiding Principle: Victims and Survivors are at the centre of this project and their participation is encouraged and valued.

All Pilot participants chose to partake in the Pilot and it was made clear that their decision to partake (or not) would not impact on the level of support they received.

Overall, all individuals interviewed in the course of the evaluation believed the Pilot was a good scheme which they hoped would improve the quality of life of victims and survivors in the future. The Pilot was viewed as important as it removed restrictions and opened more doors and opportunities for victims and survivors. This sentiment was enshrined in the following comment from one individual who spoke about achieving a sense of empowerment through making their own choices and decisions:

“Having more choice in what you can spend money on makes you feel like you have a voice as a victim, not just some someone looking for money. Making decisions about what I need made me feel good about myself”

8.4.2 Open and Transparent

Guiding Principle: The methodology must be in the public domain and the transparency of information and effective communication will assist in the management of expectation.

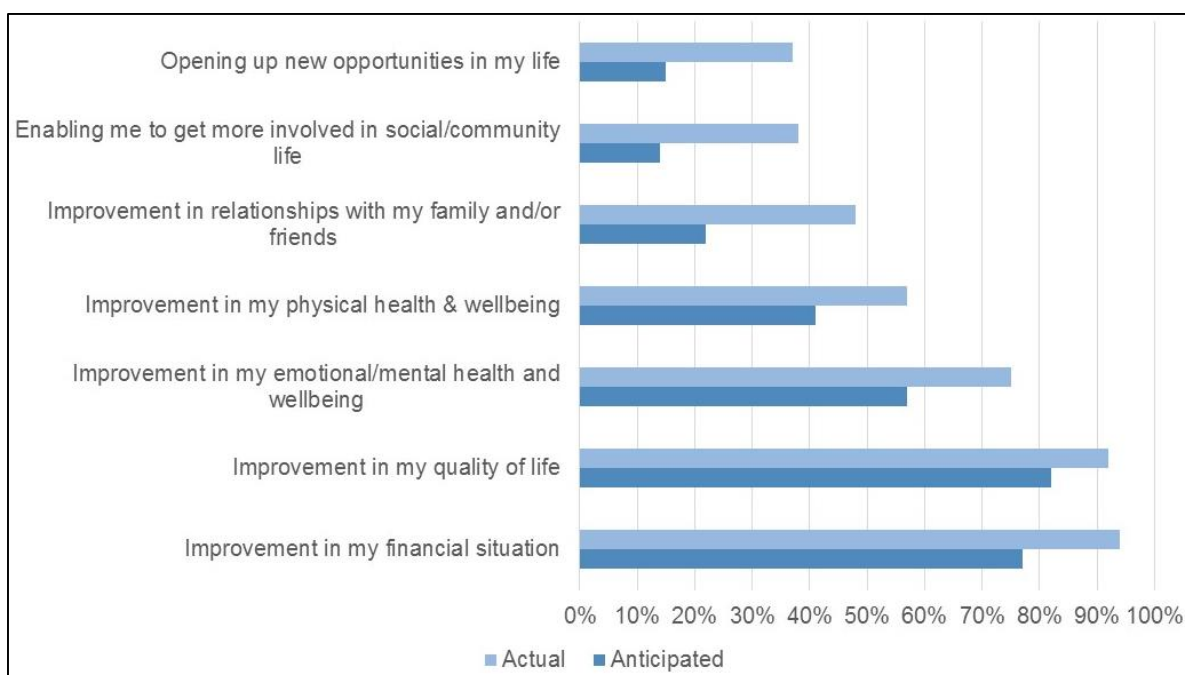
The vast majority (85%) of individuals who were surveyed reported satisfaction with the level of clarity concerning the process and the information provided about services and other choices. There were a small number of cases where individuals reported that the Pilot lacked clarity concerning which support they could access and one individual indicated that they could not access the support they wanted (this was due to not being able to obtain an invoice from any of the shops they approached). However, these cases were in the minority.

8.4.3 Fit for purpose

Any process must be appropriate and realistic. If it is not possible to deliver realistic and achievable outcomes, then expectations should be managed accordingly.

In the initial survey, individuals were asked what outcomes they hoped to achieve through participating in the Pilot. The proportions of individuals who anticipated specific outcomes (as stated in the initial survey) compared to the proportion who stated that they experienced that outcome (in the follow-up survey) is shown in the figure below. This shows that the proportion of individuals experiencing outcomes is significantly higher than they anticipated across all the areas, suggesting that the Pilot exceeded individuals' expectations.

Figure 8:1: Anticipated Vs actual outcomes



Base: 111

Of the individuals interviewed, all but two reported that the Pilot and the support / services accessible through it had met their needs. The reasons for this included: being able to access the support they needed; greater flexibility and choice of support and services; the personal approach of the Case Worker improved the service; and the Pilot was much simpler and clearer than the INP. A range of impacts were cited by the individuals, most of which fell under the themes of physical health, mental health, quality of life, financial situation and relationships with family and friends.

8.4.4 Simplicity

Guiding Principle: The process must be simple and the individual must know how the decision was reached for them.

Individuals were asked if they felt their views were fully included when deciding what support they needed when first interviewed by their Case Worker:

- Of those surveyed, 90% of those interviewed agreed that their views were either very much or mostly taken into account; and
- Of those interviewed, most decided what they were going to use their award for themselves. However some individuals indicated that they discussed what services and supports they were going to access with their Case Worker. All highlighted that their Case Worker listened to their views and provided them with advice.

A small number of individuals (7) stated that their views were not fully included when deciding on the support. However, all these individuals indicated that this was because they already knew what support they needed, and so did not need the Case Worker's input.

Case Workers' feedback was similar with most stating that they assisted clients in making decisions wherever needed, but in the majority of cases, the client knew what they wanted.

In terms of simplicity, all individuals interviewed found that the assessment process used in the Pilot was much simpler and straightforward than the INP in the previous year. They found that it was not overly time-consuming and it was clear in what information was required.

8.4.5 Sufficiency

Guiding Principle: The Service must publish clearly the outcomes they will enable people to achieve and the resources put in place must be enough to reasonably achieve these.

As part of the Pilot monitoring and evaluation framework, the VSS developed a set of measures to capture individuals' anticipated, and actual, outcomes. These outcomes were loosely based around the areas identified in the CNA and covered measures under the following categories:

- Health and Wellbeing;
- Social Support;
- Financial Support;
- Truth Justice and Acknowledgement;
- Transgenerational;
- Welfare Support; and

- Personal and Professional Development.

Pilot participants were asked to complete a monitoring form both pre and post Pilot, with the results and collated in a Microsoft Access database. The results provide an insight into how clients felt the Pilot met their expectations.

8.4.6 Control

Guiding Principle: The person must know the amount of money in their budget as early as possible in the process and be able to use the budget in ways and at times of their choosing to achieve agreed outcomes.

Flexibly and control were central themes in the feedback received from individuals. Of those surveyed

- 85% agreed that the Pilot offered them more control over the support they need; and
- 78% agreed that the support and services on offer through the Pilot were more flexible.

The majority of individuals interviewed also found the Pilot to be more flexible than the INP as the choice of support and services was greatly expanded and most of the individuals were able to access the support they needed.

8.5 Cost of Administration

This section provides a breakdown of the costs associated with the administration of the Pilot, and projected costs associated with processing the total number of INP recipients for 2015-16 through a personalised budget approach.

It is important to note that in order to project the costs of processing all INP recipients through a personalised budget approach, a number of assumptions have been made:

- The costs of administering the Pilot covers the costs of one Case Worker (there were two Case Workers based in the VSS, with the cost of one being met through the Corporate Budget Line as this member of staff was already in place). Project Management costs, staff costs (payments processing etc.) and operating costs are not included as it is assumed this will be met through the Corporate Budget Line;
- The annual staff costs of one Case Worker is £26,000; and
- We have assumed that this one Case Worker was responsible for processing 200 individuals coming through the VSS within a six-month period. Therefore, one Case Worker could process 400 individuals within 12 months.

Based on these assumptions, the table overleaf estimates the number of Case Workers required, and the associated cost, to process varying levels of individuals through a personalised budget approach.

Table 8:1: Potential Number of Case Workers and Administration Costs

No. of Individuals	No. of Case Workers Required	Case Worker Costs
1,000	3	£78,000
2,000	5	£130,000
3,000	8	£208,000
4,000	10	£260,000

Therefore, the projected annual administrative cost of processing all 3,074 INP recipients through a personalised budget approach (based on the INP 2015-16 figures for the number of Bereaved, Injured HRC and Injured MRC) would be circa £208,000.

This is a conservative estimate and does not include provision for management costs, staff costs (payments processing etc.) or operating costs.

8.6 Resource Allocation System

A RAS is a way to determine what resources a funder can make available to meet an individual's identified support needs and to achieve agreed outcomes. A RAS works by connecting a particular level of need with a particular level of money. The benefits of a RAS are that it enables people to know quickly how much funding is available for their support. It is a fairer and transparent system, as people with similar levels of need will receive a similar resource allocation. Any approach should share the same three components⁴:

- **Budget:** The funding identified by a funding agency to support a group of individuals who share a broad set of linked support needs;
- **Eligibility:** A clear explanation of what makes an individual eligible for funding from this budget; and
- **Purpose:** A clear statement of the outcomes which this funding must support the delivery of, by meeting support needs identified through the assessment process.

This section considers the potential costs associated with administering a RAS, based on the data received from individuals processed through the INC.

Again, it is important to note that in order to project the costs of processing all INP recipients through a similar approach, a number of assumptions have been made. The analysis is also limited as it is based on the 305 individuals who had returned claims at the time of reporting.

In order to project the costs of administering a RAS across all INP recipients, the average claim in each category of spend by client group and the proportion of clients claiming this has been analysed.

⁴ In Control (2013): Understanding the Resource Allocation System.

It is assumed that this is representative of the needs of each client group and that similar proportions on INP recipients would claim for the same categories.

Based on these assumptions, the tables below/ overleaf show how many INP recipients would claim under each category of spend and how much this cost in total, by client group.

Table 8:2: Categories of Spend by Individuals in Bereaved Client Group (Pilot and INP)

Category of Spend	Pilot		INP	
	% of claimants	Average per claim	No of claimants	Total Cost
Home Heating	43%	£228.50	967	£220,877.24
Electrical Items	26%	£377.72	584	£220,769.79
Home Furnishings	25%	£402.70	562	£226,317.40
Home Improvement	11%	£417.61	247	£103,266.60
Respite	8%	£406.84	180	£73,166.11
Health & Wellbeing	7%	£387.65	157	£61,000.60
Household Bills	7%	£281.73	157	£44,333.03
Education/Training	2%	£281.25	45	£12,645.00
Household Items	2%	£500.00	45	£22,480.00
Total	-	£334.88	-	£984,855.77

Source: VSS

Table 8:3: Categories of Spend by Individuals in Injured (HRC) Client Group (Pilot and INP)

Category of Spend	Pilot		INP	
	% of claimants	Average per claim	No of claimants	Total Cost
Home Heating	71%	£246.43	299	£73,712.49
Home Improvement	36%	£624.30	154	£186,741.51
Home Furnishings	28%	£663.44	118	£198,449.12
Respite	28%	£381.94	118	£114,246.44
Health & Wellbeing	23%	£171.12	97	£51,185.66
Electrical Items	20%	£478.92	85	£143,255.23

Category of Spend	Pilot		INP	
	% of claimants	Average per claim	No of claimants	Total Cost
Household Items	8%	£564.40	33	£168,824.13
Household Bills	6%	£502.93	24	£150,437.14
Education/Training	3%	£543.13	12	£162,461.82
Motoring Costs	1%	£1,035.50	6	£309,740.24
Clothing	1%	£105.03	6	£31,416.72
Small Goods	1%	£499.00	3	£149,261.59
Total	-	£414.80	-	£1,739,732.11

Source: VSS

Table 8:4: Categories of Spend by Individuals in Injured (MRC) Client Group (Pilot and INP)

Category of Spend	Pilot		INP	
	% of claimants	Average per claim	No of claimants	Total Cost
Home Heating	33%	£149.75	131	£19,648.59
Home Improvement	26%	£379.08	103	£39,080.50
Electrical Items	23%	£288.91	94	£27,076.91
Home Furnishings	19%	£414.25	75	£31,059.12
Respite	9%	£270.27	37	£10,131.98
Health & Wellbeing	5%	£206.97	19	£3,879.48
Education/Training	2%	£255.00	9	£2,389.88
Household Bills	2%	£374.64	9	£3,511.16
Household Items	2%	£500.00	9	£4,686.05
Total	-	£290.27	-	£141,463.68

Source: VSS

8.6.1 Areas of Unmet Need

Individuals were asked if they had any areas of unmet need when completing the INC. Of the data available at the time of reporting, based on 150 completed INCs, five individuals identified the following unmet needs:

- Refurbished mobility scooter - £500; and adaptations to bathroom - £1,500;
- Short Break - client feels that having to use the money towards essential fees/costs they were unable to take a short-break. If this was a standalone award you would be more like to use it.
- Referral to [VSP Group] for Social Support;
- Client was referred to a VSP Group for services but preferred to attend his GP; and
- Deep vein massage; help with costs for maintenance/refurbishment; adaptations for cars & wheelchair replacement.

Individuals consulted through the evaluation were asked if there were any gaps in the current provision – none were identified. It should be noted, however, that this is based on the evaluation sample of 111 individuals and may not be reflective of all individuals. As noted by the VSS, multiple disability aid requests are made that cannot be met through current allocation.

Case Workers were also asked if there are any gaps in current provision, or areas of unmet/emergent need among their clients. Many Case Workers felt that if clients meet the criteria and are eligible for a particular grant then they should receive the grant annually, unless there is a change in circumstances. Other gaps highlighted were:

- More support could be provided to those on a low income, particularly the bereaved, often these clients would prefer cash payments; and
- Gap in the market for social inclusion for those under 65, some clients wish to engage in social inclusion programmes that are not specifically related to victims and survivors.

8.7 Recommendations

This section presents a number of recommendations for the future delivery of the Pilot, based on the findings of the evaluation.

The overall findings suggest that Pilot has been successful in meeting both the expectations of service users and the guiding principles:

- Victim-centred;
- Openness and Transparency;
- Fit for Purpose;
- Simplicity;
- Sufficiency; and
- Control.

Pilot participants provided positive feedback on all three aspects of the Pilot, namely:

- The Case Worker approach and the support received;
- The assessment of their needs through the Individual Needs Consultation; and
- The personalised budget approach and the flexibility this offered.

However, there are a number of issues for consideration if the three elements of the Personalised Budget approach are to be rolled out across all INP recipients, as outlined below.

8.7.1 Personal Budget Approach

The personal budget approach is more a more time-intensive approach than the INP due to the time taken to process individuals through the assessment process and the ongoing support provided by dedicated Case Worker (if required). There will clearly be an administration cost associated with this if rolled out across all INP recipients. Many of the individuals consulted through the evaluation stated that they already knew how they intended to spend their award and so did not require the assistance of the Case Worker in this respect. This was also confirmed by Case Workers. The cost effectiveness of processing all INP recipients through the personal budget approach might therefore be questioned.

Many individuals and stakeholders consulted through the evaluation suggested that all individuals (meeting the eligibility criteria) should receive an annual cash payment of £500 to spend as they wish (as is currently the case for Carers. For many individuals, with lower-level needs, this may be sufficient.

Under this approach, any individual with more complex needs (that cannot be addressed through an award of £500) could then opt to apply for additional support through a Personalised Budget approach. This individual would enter an assessment process (conducted by a Case Worker) and receive additional support based on their level of assessed need. The Case Worker would then remain the individual's dedicated point of contact throughout the process.

Recommendation: We recommend that OFMDFM, CVS and VSS conduct further research into the costs of implementing the approach whereby all Client Groups receive an annual payment of £500 and those with more complex needs are offered the opportunity to receive additional support through a personalised budget approach. This will also require a projection of the number of individuals with complex needs who are likely to require additional support.

8.7.2 Case Worker Approach

Under the approach proposed above, Case Workers would be assessing those individuals with the most complex needs. The qualifications and skills of Case Workers would therefore need to sufficiently robust to manage these individuals and provide adequate support.

Recommendation: We recommend that VSS develop a full list of skills required by a Case Worker to support individuals with the most complex needs. This is to be reflected in the Case Worker job description and will be used in the recruitment of any new Case Workers.

Feedback from individuals (who accessed the Pilot through a Group) suggests that they appreciate the 'local' nature of Case Workers located in Groups. However, the independence of Case Workers may be an issue. The Evaluation of the Individual Needs Programme Report produced by RSM McClure Watters on behalf of CVS in February 2015 highlighted that there is conflict of interest when the assessor (or Case Worker in this instance) is also a provider of services.

Recommendation: We recommend that all Case Workers should be employed by the VSS. Case Workers may be placed in Groups in order to be more geographically accessible to clients, but they will remain separate and independent to the Group in order to overcome any potential conflict of

interest. The number of Case Workers required will be determined by the projected number of individuals with complex needs requiring additional support.

8.7.3 Assessment Process

Under the approach proposed above, only individuals with more complex needs will go through an assessment process. This assessment process must therefore be sufficiently robust to determine individuals' health and wellbeing needs, including physical health and mental health need.

As highlighted in the Evaluation of the Individual Needs Programme Report, the chronicity and complexity of both physical and mental health needs in individuals presenting through the INP necessitates the use of a multi-disciplinary assessment to conduct a holistic assessment of clients' health and wellbeing. The Independent Assessment of the VSS in 2014 also made the following recommendation in relation to the effective screening of need at the assessment stage:

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

Recommendation: We recommend that the assessment process (conducted by a Case Worker) acts as the initial screening stage to prioritise individuals presenting with complex needs. These individuals will be triaged into groups – those who needs can be addressed by Case Workers and those with greater levels of need. Procedures must then put in place to refer individuals with the greatest level into health and social care services.

8.7.4 Resource Allocation System

Due to constraints on the data available at the time of reporting, we were not able to compare levels of need versus expenditure for all individuals processed through the INC. We are therefore not in a position to make recommendations on the costs associated with administering a RAS.

However, we have taken a number of learnings from the National Evaluation of the Individual Budgets Pilot Programme (Social Policy Research Unit, University of York, 2008), which explored the issues around the implementation of the RAS system within the study's pilot sites.

The Evaluation found that, although pilot sites took differing approaches, the development of RASs was regarded as the most challenging task within the pilot and considerably slowed the process of implementation. The evaluation concluded that developing a RAS is an iterative process. Most sites reported that their RAS underwent continual evolution over the period of the pilot, which was aimed at making them more sensitive to the variety and complexity of service users' needs, which suggests that the level of interpretation involved could either increase or decrease as systems developed.

The evaluation outlined the following principles that underpinned the pilot RASs:

An individual's level of need across a series of domains is scored to give a total number of points; the individual scores of, say, 100 people are aggregated; and the global budget is divided by the total number of points to obtain a cash value for each point. An individual's budget is therefore a product of their total number of points and the price per point that is derived from this process.

Repeated iterations of the process may be required to balance the competing requirements for an equitable redistribution of resources between people with similar levels of need, the allocation of sufficient resources for people with particularly high or low level needs, and the overarching requirement to remain within existing budgets. Individual budget levels calculated through these processes may subsequently be adjusted following discussions between care managers and potential users. A panel of senior managers was involved in either determining or signing-off the indicative amount.

The INC should, in principle, provide the necessary data to begin the development of a RAS. This scores individuals' needs on a scale of 1 -3 (Not complicated, Complicated, or Highly Complex) across the seven CAN categories.

Recommendation: We recommend that the collated INC data gathered through the Pilot is used as the baseline to develop an initial RAS. This RAS should be tested with a cohort of INP (2016-17) beneficiaries, making any necessary iterations to the RAS as more information on the level and complexity of individuals' needs become known, before rolling out.

APPENDIX 1: INDIVIDUAL NEEDS CONSULTATION

Consent

Trust and confidentiality is really important throughout this process and in this section I will explain what we do with your information.

Please feel free to ask any questions you have about this section.

We have a confidentiality policy and we abide by the Data Protection Act 1998. This means we treat information with respect and in accordance with the law.

We always ask for our individual's permission to obtain and hold information about them.

We will ensure that:

- Your confidentiality is respected, we will not tell people about the information that you have given to us.
- Your records are held in secure conditions. This means we will keep your information safe both online and paper based.
- Your information is clear and accurate, so that it can be easily read and relied upon by those who provide you with care.
- We will tell you if someone asks for your information as part of a legal process.
- You can request a copy of any information we hold about you at any time.

Limits of Confidentiality

We will always keep your information safe and private. However, on occasion we may need to share certain information with other professionals. For example, we would have to share certain information about you in the following situations:

- If it seems that you might do something that would put you in danger, or put others in danger;
- If we consider a child is at risk of being harmed;
- If a crime has been or will be committed; or
- If you are involved in any criminal activity.

Informed consent: permission to hold and use data

Some of the information we gather will be used by the Victims and Survivors Service to record patterns that will help us to deliver better services. This includes VSS Pilot projects. For example, the number of men or women who need services, the kind of support that people need, etc. Please be assured that information gathered for this purpose is anonymous. There will be no information gathered that could in any way identify you.

Informed consent: permission to communicate with agreed organisations about my case

We work with a number of other organisations to deliver different services and support. We may find that one of these organisations can offer you support. We will only refer or signpost you to an organisation that you have agreed is a good choice for you and your needs. If we do this, we will ask for your permission to share relevant information with them.

Declaration

This section has been explained to me. I understand how my information will be used.

I understand that my information will be stored securely. I expect my information to be treated with respect and in accordance with the relevant laws.

I understand that in some cases, some details about me could be shared. For example, if I or someone close to me was in danger, my Case Worker may have to share information about me with the relevant authorities.

I agree that my information may be shared with organisations who can contribute to my care.

I understand that some of my information may be used by VSS to record patterns that will help inform better delivery of services. This includes VSS Pilot projects, for which I agree to be contacted for feedback.

I understand that I have the right to tell my Case Worker what details may be shared with specific organisations. I also understand that this may affect the organisation's ability to provide full services for me.

I understand that I may change my mind about all of this at any time. I also understand that this may affect my Case Worker's ability to provide full services for me.

I am happy with these details. I give my consent for the organisation to hold and use information that I give them.

I understand that all of this applies to all of my information, including any sensitive information that I may share with the organisation.

Signature (Individual): _____ **Date** _____

Date of initial consultation and name of Case Worker	
Individual's consent to share relevant information: Yes/No	
Review date	

Individual's Name				Eligibility checked?		
Address						
Postcode		Date of Birth		Gender	M	F
Home Tel No Permission to leave a message (yes/no)		Mobile Tel No Permission to leave a message (yes/no)				
Email Address		Preferred Method of Contact				

Would the individual like to nominate significant person to be contacted in emergency and/or nominated as a personal supporter?			
Name	Address	Relationship	Contact Number

Client's GP	
GP Surgery	
Address	
Telephone number	

Issues discussed:

Has the individual received any relevant support in the past?

Yes

No

If yes, please record details of the specific support and whether it was helpful.

Does the individual have needs in the following categories?

1. Health and well being

Yes

No

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

2. Social support

Yes **No**

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

3. Individual financial support

Yes **No**

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

4. Truth, justice and acknowledge

Yes

No

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

5. Welfare support

Yes

No

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

6. Trans-generational issues and young people

Yes

No

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

7. Personal and professional development

Yes

No

Are these needs:

Not complicated(1)	Complicated(2)	Highly Complex(3)
---------------------------	-----------------------	--------------------------

If yes, please record details

Is the individual currently receiving any support that is not meeting need?

Please note any details

Risk

Does the individual present any risk/safeguarding issues? If so, what action will be taken?

(Follow your organisational policies and procedures as appropriate)

Anticipated Support Package

(To be completed by Case Worker after consultation)

Proposed Route

- VSS directly (INP Support Schemes)
- Funded-group (VSP)
- Statutory sector
- Disability Aids

Unmet Needs

Case Worker _____

Date _____

APPENDIX 2: INITIAL SURVEY OF INDIVIDUAL VICTIMS & SURVIVORS - QUESTIONNAIRE

Q1.	To which of the following do you identify? Please tick all that apply	
	I have lost a parent, spouse/partner, or child through bereavement	<input type="checkbox"/>
	I have been physically or psychologically injured	<input type="checkbox"/>
	I am the registered primary carer for an immediate family member who has been injured	<input type="checkbox"/>
	I am the child or spouse/partner of someone who has been physically or psychologically injured	<input type="checkbox"/>

Q2.	Did you access support through the Individual Needs Programme last year (i.e. 2014)?	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

Q3.	Did you access the Personal Budget Pilot through...	
	The Victims and Survivors Service (VSS)	<input type="checkbox"/>
	A group that provides services to victims and survivors?	<input type="checkbox"/> Please specify name of group

Q4.	Do you remember the name of your Case Worker (the person who interviewed you and helped to decide on the support you need)?	
	Yes	<input type="checkbox"/> Please specify name _____
	No	<input type="checkbox"/>

Q5.	Why did you want to take part in the Personal Budget Pilot? Please tick all that apply	
	I couldn't get the type of support I needed through the Individual Needs Programme	<input type="checkbox"/>
	I wasn't happy with my experiences of the Individual Needs Programme and wanted to try a new approach	<input type="checkbox"/>
	I wanted more control over the type of support I receive	<input type="checkbox"/>
	I wanted more choice in the type of support I can receive	<input type="checkbox"/>
	I thought it would help me be more independent	<input type="checkbox"/>
	Other reason(s), please specify:	

Q6.	Which of the following outcomes are you hoping to achieve through the Personal Budget Pilot? Please tick all that apply	
	Improvement in my physical health & wellbeing	<input type="checkbox"/>
	Improvement in my emotional/mental health and wellbeing	<input type="checkbox"/>
	Enabling me to get more involved in social/community life	<input type="checkbox"/>
	Opening up new opportunities in my life	<input type="checkbox"/>
	Improvement in my quality of life	<input type="checkbox"/>
	Improvement in relationships with my family and/or friends	<input type="checkbox"/>
	Improvement in my financial situation	<input type="checkbox"/>
	Other outcome(s), please specify:	

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

APPENDIX 3: FOLLOW-UP SURVEY OF INDIVIDUAL VICTIMS & SURVIVORS - QUESTIONNAIRE

Q7.	Gender [office use only]	
	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>

Q8.	Did you access the Personal Budget Pilot through...	
	The Victims and Survivors Service (VSS)	<input type="checkbox"/>
	A group that provides services to victims and survivors?	<input type="checkbox"/> Please specify name of group

Q9.	Have you used your award yet?	
	No <input type="checkbox"/>	Why is this?
	Yes <input type="checkbox"/>	What did you use your award on?

Q10.	When you were first interviewed by your Case Worker, do you feel that your views were fully included when deciding what support you needed?	
	Yes, very much	<input type="checkbox"/>
	Yes, mostly	<input type="checkbox"/>
	A little	<input type="checkbox"/>
	No, not really	<input type="checkbox"/>
	No, not at all	<input type="checkbox"/>

Q11.	Have you had any further contact with your Case Worker, other than the initial meeting?	
	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	By telephone – How many times?	
	In Person – How many times?	
	For what reason?	

Q12. How satisfied were you with the following aspects of the Personal Budget?						
	Very satisfied	Satisfied	Neither/nor	Dis-satisfied	Very dissatisfied	
Assessment process and questions asked to determine your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarity concerning the process and information about services and other choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexibility – the restrictions or lack or restrictions placed by the Case Worker on how the money can be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The time taken to receive money and/or service (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any follow-up support provided by Case Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The quality of the overall service provided through the Pilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other impact(s), please specify:						

Q13.	To what extent do you agree that the support and/or services you have received through the Personal Budget have impacted on each of the following? Please tick all
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<i>that apply</i>						
	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	
Improvement in my physical health & wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Improvement in my emotional/mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enabling me to get more involved in social/community life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opening up new opportunities in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Improvement in my quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Improvement in relationships with my family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Improvement in my financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other impact(s), please specify:						

Q14. Thinking back to your experiences of the Individual Needs Programme last year (i.e. 2014), how did the Personal Budget approach compare to this in each of the following? <i>Please consider the following statements and select one on each row</i>						
		Strongly agree	Agree	Neither/ nor	Disagree	Strongly disagree
	The assessment process used in the Personal Budget Pilot was more effective in identifying my support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Having a dedicated Case Worker was better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I was able to have more control over the support I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I was able to have more choice in the type of support I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The support and services on offer through the Personal Budget were more flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Making choices about the type of support I need made me feel more independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The services on offer through the Personal Budget better met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. If you were given the choice again, would you want to access support through a Personal Budget approach?	
	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	Not sure <input type="checkbox"/>
Please explain your reasoning for this:	

Q16.	Can I ask what age you are?

Q17.	Do you have any further comments on your experiences of the Personal Budget Pilot?