



Victims and Survivors Delivery Model for 2017-2020

Policy Advice Paper

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Introduction

1. This advice paper sets out to examine the effectiveness of the current delivery model for victims and survivors and to ultimately make recommendations to the First and deputy First Ministers on how current provision can be improved.
2. In producing this advice the Commission has taken into consideration a number of recent research reports, ongoing consultation with the Victims and Survivors Forum (the Forum) over these issues, feedback from the workshops as part of the collaborative design process and ongoing engagement with the sector.
3. The collaborative design process led by the Executive Office (Department) and in conjunction with both the Victims and Survivors Service (VSS) and the Commission has been instrumental in developing this advice paper. The Department's Strategic Discussion paper, of June 2016 which reflected feedback from the sector during various co-design workshops provided a strong foundation to develop this advice.
4. The key research documents informing this advice includes:
 - Comprehensive Needs Assessment – Commission for Victims and Survivors (February 2012);
 - Advice on Jurisdictional Issues – Commission for Victims and Survivors (November 2013);
 - Independent Assessment of the VSS – WKM Solutions (February 2014);
 - Independent Assessment of the VSS – CIPFA (February 2014);
 - Advice on Individuals Under Threat – Commission for Victims and Survivors (June 2014);
 - The Impact of the Individual Needs Programme – Commission for Victims and Survivors (December 2014);
 - The Impact of the Victims Support Programme – Commission for Victims and Survivors (December 2014);
 - Personalised Budget Pilot Evaluation – Commission for Victims and Survivors (February 2016).
5. More recently the VSS has conducted evaluations of the Disability Aids Pilot scheme and an internal review of the Financial Assistance Scheme. These reviews alongside improved monitoring data for existing schemes have proved to be very informative to the development of this advice.

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6. The timing of this advice however cannot be viewed in isolation of other major opportunities to effectively deal with the long standing legacy issues. The Commission remains resolute that the proposed measures set out in the Stormont House Agreement should be implemented as soon as possible.
7. In the meantime, the support services offered by the VSS cannot be expected to fill the needs left by the absence of measures such as a pension for the severely injured, a fully operational Mental Health Trauma Service and broader forms of acknowledgement and reparation on offer through the proposed legacy institutions.
8. This advice also comes at a time of significant opportunity to avail of PEACE IV funding which would develop additional capacity within the sector to address advocacy support alongside the proposed legacy institutions; and also provide care and support to protect the health and wellbeing of victims and survivors engaged in these processes.
9. The most pressing issue facing the current service delivery model is sustainability. Simply, doing nothing has significant consequences. Based on current demand growth estimates on average of 25% per annum, the schemes in their current format are in danger of becoming meaningless to victims and survivors and costly to administer by the VSS.
10. The obvious alternatives are to either inject substantially more funding year on year into the VSS or to assess and prioritise complex needs, which inevitably means some victims and survivors receiving less financial support.
11. The best scenario for victims and survivors would be additional funding to meet the year on year growth in demand alongside an improved service delivery model for victims and survivors. However, in the current austerity climate this paper seeks to provide an evidence base underpinning a range of options which are affordable within the current VSS budget.
12. The Commission also acknowledges that the sustainability of support programmes is not just about funding alone. The co-design programme of work over the past 18 months has begun to embed new practices that will address the bespoke needs of individuals, realise better outcomes and hopefully lead to cultural change in how society and government looks after victims and survivors.

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13. This paper starts by outlining a series of recommendations to implement a new service delivery model for the VSS over the period 2017-20. This will bring the advice up to the end of the current Strategy for Victims and Survivors 2009-19 which is currently under review. The Commission cannot pre-empt the conclusions of this review and is therefore unable to make any further recommendations beyond this period at this stage.
14. Ultimately, difficult decisions will be required and the Commission strongly recommends that the current co-design approach continues with the Department, VSS and Commission engaging with the Forum, victims groups and individuals on any potential changes to the delivery model.

Recommendations for the Individual Needs Programme (INP)

15. The Commission recommends that the INP funding is maintained at the same budget of £5.312m p.a., and if required, an additional bid for transition funding of up to £1.1m is made for the three year period from April 2017 to March 2020.
16. The Commission acknowledges the three major criticisms of INP as being: the use of Disability Living Allowance (DLA) as qualifying criteria for supporting the injured; the use of financial means testing to access financial support; and the exclusion of siblings from support schemes. The Commission has therefore made a number of recommendations below that address these criticisms:
17. The Commission recommends a change to the current service delivery model for the INP and the adoption of two tiers of support for firstly meeting 'Self-Directed Needs'; and secondly meeting more 'Complex Needs' which require greater assessment and support from a dedicated Caseworker.
18. The Commission recommends that a Self-Directed support payment should be paid annually using the existing eligibility criteria for the INP and without any form of financial means testing.
19. The Commission recommends that this Self-Directed support should take the form of an annual cash payment of £1000 for bereaved widows, widowers and orphans; and those most severely injured (current clients on DLA High Rate Care). An annual cash payment of £500 should be made to all other victims and survivors currently eligible under INP.

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20. The Commission recommends that the VSS moves away from using DLA (subsequently PIP) as eligibility criteria for all new victims and survivors presenting with severe injuries and instead utilise the complex needs assessment with a focus on the permanency of injury.
21. The Commission would also have recommended the inclusion of siblings for this Self-Directed support payment, however this proves unaffordable within current budget constraints. Siblings should therefore be given the option of a complex needs assessment and support could therefore be provided under the Complex Needs Support schemes or the Discretionary Support scheme as outlined below.
22. The Commission recommends that individuals who cannot meet the eligibility criteria are signposted or referred to VSS funded organisations to potentially avail of support under the Victims Support Programme; and the relevant statutory bodies and voluntary groups.
23. The Commission recommends the establishment of a Discretionary Support Scheme for victims and survivors in a state of crisis to receive support. This scheme should be open to all victims and survivors regardless of whether or not they are eligible for a Self-Directed support payment. This scheme will require clear eligibility criterion and be able to respond to any unmet needs contained within the Comprehensive Needs Assessment, for example individuals in financial crisis or in need of personal/professional development.
24. The Commission recommends that all individuals who present with more complex needs should not be supported on the basis of their DLA entitlement and instead given the option of an Independent Needs Consultation which may be carried out by a Caseworker at the VSS or a funded group.
25. The Commission recommends that those individuals presenting with the greatest level of need under the areas of disability support, chronic pain, and psychological trauma should be assessed by an appropriately qualified individual in order to receive the appropriate support. Support for complex needs should not be capped in any year, however if budget constraints take effect, unmet needs may be logged for support in future years.
26. The Commission recommends that adequate procedures are put in place to refer individuals with significant mental health needs into health and social care services within the community, voluntary and statutory services,

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and ultimately, as part of the new mental health trauma service. The current work with Department for Health on developing Partnership Agreement is therefore critical in this regard.

27. The Commission recommends that eligibility queries on the verification of ‘conflict-related incidents’ should continue to be addressed by the Commissioner on a case-by-case basis as opposed to setting a definitive policy position.
28. The Commission recommends that the PEACE IV funding bid and associated timeframe is reviewed to ensure that the new service delivery model (which is heavily dependent on new health and wellbeing caseworkers being in position) is deliverable in 2017/18. If not, the new delivery model should be deferred until 2018/19.
29. The Commission recommends that a change management plan and associated communications plan is developed well in advance of any changes taking affect and agreed within the co-design group.

Recommendations for the Victims Support Programme (VSP)

30. The Commission recommends that the VSP funding continues at the same budget of £6.139m p.a. and goes out to an open call for new applications in November 2016 for a three year period from April 2017 to March 2020.
31. The Commission recommends that the threshold for the Small Grants programme is reduced from £75k to £30k alongside a proportionate reduction to the information required in the application form and monitoring and evaluation requirements. The Large Grants programme should therefore be amended to include all applications over £30k.
32. The Commission recommends that the VSP be strategically aligned to the PEACE IV call for applications hence making it less onerous on groups to make applications.
33. The Commission also recommends that groups from outside the jurisdiction should be eligible to apply for this funding stream thus to both the VSP and PEACE IV Programmes simultaneously. The funding decision should however be based on the cost-effectiveness of any application. To benchmark this, further research should be carried out in advance of the call for applications on the efficacy of outreach support for individuals from groups based in Northern Ireland.

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34. The Commission recommends that collaboration and partnership working within the sector continues and that these new opportunities are maximised in the call for new applications and in the scoring criteria for both VSP and PEACE IV programmes.
35. The Commission recommends that further research is required on the increased demand for Welfare Advocacy services and that the VSS take this into consideration when designing the call for applications to ensure that sufficient capacity exists in the sector.
36. The Commission recommends that, when the Service Standards are finalised, they form an integral part of the call for applications under the VSP and PEACE IV Programmes. They should also be part of the Letters of Offer/contractual arrangements as part of the conditions of grant aid under both programmes.
37. The Commission recommends that ongoing work in improving and enhancing the monitoring and evaluation process continues to evolve. The VSS should become the hub of a significant data set that informs the need for services on a more strategic basis. A commitment to supply agreed monitoring data should also be part of the Letters of Offer/contractual arrangements as part of the conditions of grant aid under both programmes.

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Background and Context

38. The provision of services and support for Victims and Survivors has been evolving since the Victims and Survivors Service was established in 2012 and took over the roles from the Community Relations Council and the Northern Ireland Memorial Fund. Since that time the Individual Needs Programme and the Victim Support Programme have been developing steadily and improving over the last three years.
39. It has been well documented how Northern Ireland is emerging from 40 years of conflict. The Troubles have had a significant impact on society and its people and as a result today we see evidence of high levels of trauma, high levels of mental health problems and suicide, high levels of unemployment and benefit dependency. Eighteen years after the Good Friday Agreement our society is still divided along sectarian lines and this in the main has a negative impact on economic, social and political development.
40. The Commission is aware that change is unsettling for individuals and will try to keep the impact of any changes to a minimum. However, changes are required in order to take account of feedback from victims and survivors, improve the quality of the services provided and also to adapt to the current situation of increasing demand for schemes and the need for better outcomes.
41. This advice on future funding and service provision for victims and survivors comes at a time when there are other significant strategic initiatives happening that will have to be taken into consideration. These include the development of a new Programme for Government; the ongoing bid for €17.6million PEACE IV funds for the victims and survivors sector and the implications of the BREXIT vote on this; and the potential political agreement on the outstanding legacy issues of the Stormont House Agreement.
42. A bid for PEACE IV funding is currently going through the application stages and if successful will result in an investment of €17.6m over the next five years. The referendum decision to leave the EU will have major implications for this funding, particularly the duration of the programme. The VSS as lead partner has developed funding scenarios around this and regardless of the funding source, the Commission's view is that the full programme should be implemented.

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43. The five areas currently identified to benefit from this investment, if successful, are transitional justice Advocacy Support, Health and Wellbeing Caseworkers, Resilience Support, Training and Development Support and Research. PEACE IV funding is an additional resource to invest in building the capacity of the sector. However, it is important that current programmes also align strategically with the PEACE IV Programme in order to ensure the maximum synergy between the two programmes is achieved and that the maximum benefits are accrued for individual victims and survivors.
44. The Commission was encouraged by the measures identified to address the legacy issues in the Stormont House Agreement. These were broadly in alignment with the Commission's Advice on Dealing with the Past submitted to Ministers in August 2014. However, the exclusion of these measures from the Fresh Start Agreement in November 2015 resulted in enormous disappointment across the victims and survivors sector.
45. The VSS programmes are about assisting those who suffered most in the conflict and doing what we can to address their needs. After a ten day visit in November 2015, the UN Special Rapporteur on transitional justice, Pablo de Greiff, commented in his *"Preliminary observations and recommendations"* paper that:

"Reparations accompanied by an acknowledgement of responsibility do not seem to have been undertaken...It is clear, however, that although various programmes are in place, they seem to be uneven in coverage, and to impose heavy burdens even on qualifying recipients, quite aside from the fact that again, they do not seem to have been designed as reparations programmes, so this is an area which in spite of investments almost everything remains to be done."
46. The Commission, however, remains encouraged that consensus was achieved in relation to the majority of measures for addressing the past and is hopeful that political agreement can be achieved in the short term. If agreement is reached early in the new Assembly, this will have a significant impact on the demand for service provision in relation to victims and survivors engaging with the Historical Investigations Unit, the Independent Commission for Information Retrieval and the Oral History Archive.

Sustainability of Programmes

47. A key issue of concern facing the Victims and Survivors sector over the next three years is that of sustainability. As highlighted in this paper the biggest challenge is the quantum of individuals presenting for services and support to the VSS and funded groups. Current data shows that over 5,000 individuals benefit from the Individual Needs Programme and over 12,000 individuals benefit from the Victims Support Programme.
48. Analysis would suggest that if current trends continue the current service delivery will become unsustainable in the short term. Thus, there is a need to consider how best we can provide these services on current resources in order to best meet the needs of victims and survivors.
49. The Commission acknowledges that sustainability is not just about funding alone and the work of the co-design process over the past 18 months has sought to address the issue of sustainability, not just in terms of reviewing eligibility and growing demand for services, but also in terms of improvements to service delivery practice and processes.
50. There have been a number of significant improvements made to sustain funding programmes and schemes, centred around three themes:
 - Assessing and addressing more complex needs in a bespoke way giving greater control, choice and flexibility to the individual. This has shown that the seven broad categories of need presented in the Comprehensive Needs Assessment are still valid but the relative prioritisation of these needs should be agreed with the individual;
 - Realising the best outcomes for victims and survivors through ongoing progress with monitoring and evaluation systems and also articulating the benefits realised in health improvements, social development and economic opportunities. This will provide an opportunity for victims and survivors to demonstrate the major contribution they can make to the new draft Programme for Government 2016-21; and
 - Changing the culture and attitudes associated with legacy issues to a more progressive narrative which is not only ‘victim centred’ but enables society and government to care for those most in need and integrate better services in the longer term.

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51. In the last four years the level of budget made available to the VSS was as follows:

Table 1: VSS Budget 2013-2017

Year	Budget £'m
2013/14	12.404
2014/15	12.600
2015/16	13.683
2016/17*	13.266

* In year monitoring allocations for 2016/17 to include capital increase budget to £14.016m

52. The Commission welcomes the continued commitment of Ministers to protect funding for victims and survivors. It is anticipated that demand pressure on this budget will continue to increase over the next number of years.

Individual Needs Programme (INP)

Background

53. The Individual Needs Programme (INP) was launched by Ministers in March 2013. It replaced the Northern Ireland Memorial Fund schemes. The Victims and Survivors Service currently delivers funding and funded services via the INP directly to individual victims and survivors.
54. The INP was originally delivered through six Schemes, namely;
- Scheme 1: Education and Training;
 - Scheme 2: Chronic Pain;
 - Scheme 3: Care for Carers;
 - Scheme 4: Disability Support;
 - Scheme 5: Respite Breaks; and
 - Scheme 6: Financial Assistance.
55. The six INP schemes were combined in various ways to provide four packages of support (Support for the Bereaved; Support for the Injured; Support for Carers; and Support for Spouses/Partners and Children of Individuals Living with Injuries). Access to all of the options listed in each package was not guaranteed in every case, but was determined on the basis of an Individual Needs Review (INR) to establish the need for such support and services.
56. In terms of the financial assistance provided to eligible clients within this programme, the expected outcomes of the INP were:
- Improved quality of life;
 - Positive Attitude; and
 - New opportunities addressing poverty and vulnerability.
57. During the last three years amendments have been made to the delivery of these schemes to improve client experience and reduce bureaucracy. Therefore, the INP 2016/17 is being delivered under four headings, namely;
- Support for the Bereaved;
 - Support for the Injured;
 - Support for Carers;
 - Financial Assistance (means tested).

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Budget

58. The budget for the INP over the last four years is set out in Table 2 below:

Table 2: INP Budget 2013-2016

Year	Budget £'m
2013/14	4.395
2014/15	4.282
2015/16	5.052
2016/17	5.312

59. A detailed analysis of the 2015/16 is highlighted in Table 3 below. It shows that 5,111 individuals benefited from this funding in the various INP schemes. It confirms that of these 5,111 individuals 39% (1,984) were injured, 51% (2,614) bereaved and 10% (513) were carers. The table also shows that each individual on average received approximately £971 of funding with injured receiving £1,296, bereaved receiving £794 and carers receiving £615 on average.

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Table 3: Baseline Analysis of 2015/16 Budget

BASILINE ANALYSIS BY CATEGORY OF VICTIMHOOD IN 2015/16

VICTIMHOOD	No.s	%	Support Schemes			Support and Financial Assistance			Financial Assistance Only			TOTAL £	%	Average Award £
			No.s	Award £	Total £	No.s	Award £	Total £	No.s	Award £	Total £			
Injured High Rate Care	675	34%	68	1,500	102,000	526	2,320	1,220,320	81	820	66,420	1,388,740	54%	2,057
Injured Middle Rate Care	606	31%	234	500	117,000	372	1,320	491,040	0	-	-	608,040	24%	1,003
Injured Financial Assistance	659	33%	-	-	-	-	-	-	659	820	540,380	540,380	21%	820
Injured Chronic Pain	44	2%	30	500	15,000	14	1,320	18,480	0	-	-	33,480	1%	761
TOTAL INJURED	1,984	39%	332		234,000	912		1,729,840	740		606,800	2,570,640	52%	1,296
BEREAVED	2,614	51%	1,676	500	838,000	938	1,320	1,238,160	-	-	-	2,076,160	42%	794
CARERS	513	10%	439	500	219,500	71	1,320	93,720	3	820	2,460	315,680	6%	615
TOTAL	5,111	100%	2,447		1,291,500	1,921		3,061,720	743		609,260	4,962,480	100%	971

This analysis is based on recent VSS data and excludes disability aids pilot scheme.

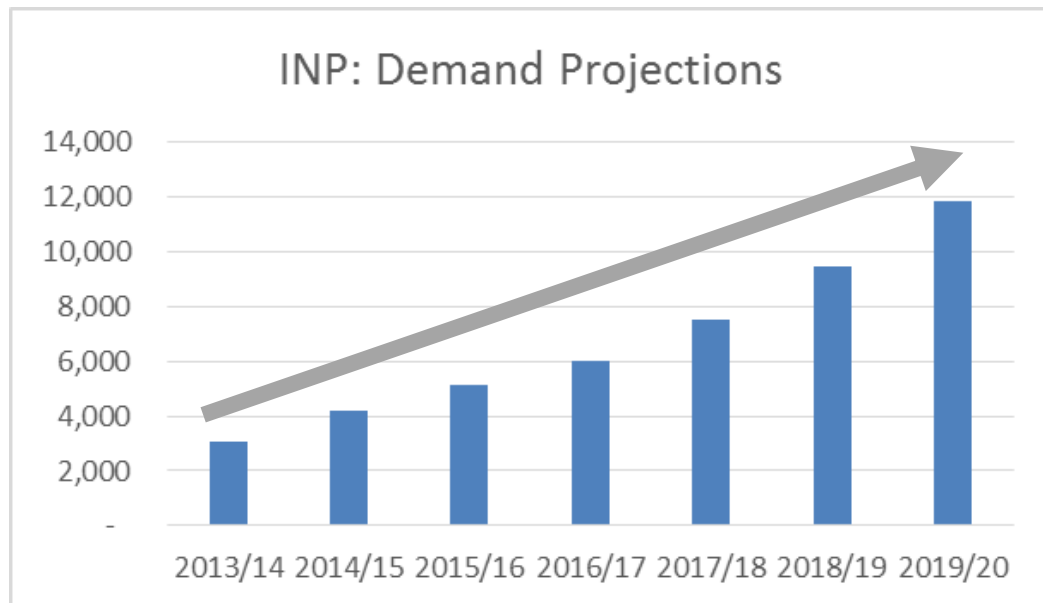
60. Further analysis of the INP data generated over the last three years has identified a number of issues in relation to this funding and these are now outlined in the paragraphs below.

Issue 1: Increasing numbers and demand for the INP

61. As the VSS has matured as an organisation and as processes have been improved, there has been a marked increase in the number of eligible individuals accessing the INP since it opened in April 2013.
62. Based on these figures and, in particular, on the increase in individuals coming forward to access the INP Programme, the Commission would project an unsustainable increase in individuals presenting to the VSS in the next three years. If the current trend continues, the demand for the schemes could increase to almost 12,000 individuals by the end of the 2019/20. Diagram 2 below highlights this trend:

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Diagram 2: Growing Demand for INP



63. Table 4 below adds further details to Diagram 2 by highlighting this increasing trend, but also adds further projected figures in terms of numbers if the average demand trend was to continue at the 25% level until 2019/20.

Table 4: Demand for INP Schemes

BASELINE: INP DEMAND (ALL SCHEMES)					
Status	Year	Individuals	Growth 25%	Budget £'m	Av. £ Per Head
Actual	2013/14	3,056	0	£ 4,395,747	£ 1,438
Actual	2014/15	4,189	37%	£ 4,282,495	£ 1,022
Actual	2015/16	5,111	22%	£ 5,052,997	£ 989
Current est.	2016/17	6,000	17%	£ 5,312,500	£ 885
Projected	2017/18	7,530	25%	£ 5,312,500	£ 706
Projected	2018/19	9,449	25%	£ 5,312,500	£ 562
Projected	2019/20	11,858	25%	£ 5,312,500	£ 448

The average demand trend is likely to continue with 286 new registrations in Quarter 1, 2016/17.

64. Analysis shows that based on the current trends by 2020 almost 12,000 eligible individuals could present to the VSS to benefit from the INP Schemes and if this transpired, the average award to each individual would decline to approximately £448, which is less than a third of the average award in 2013/14.

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65. This increase in numbers of individuals or hidden victims coming forward to the VSS can be interpreted as a positive outcome with more and more clients coming forward and receiving services and support. However, this also has the effect of increasing the pressure on the INP budget allocation. Therefore, the increasing demand and numbers presenting is a challenge to respond to and it will require a change in approach in either the service delivery model, changing the eligibility criteria for those schemes or increasing the amount of funding available for the INP schemes.

Issue 2: The Financial Assistance Scheme

66. The Financial Assistance scheme is currently the biggest scheme in terms of monetary value that the VSS operates. It is the only financially means-tested scheme administered by the VSS and only one award is made per household. Eligible households include:
- Individuals living with injuries;
 - Bereaved partners/spouses, bereaved parents, or children who have lost a parent; and
 - Carers.
67. To access Financial Assistance, individuals complete an application form and return it to the VSS. The VSS uses this application form to conduct a means-tested assessment of the individual's circumstances. Applicants who are on the Care Component of the Higher Rate Disability Living Allowance (or the equivalent benefit) are not subject to a means test. The budget for the last three years is set out in Table 5 below:

Table 5: Last three years of Financial Assistance

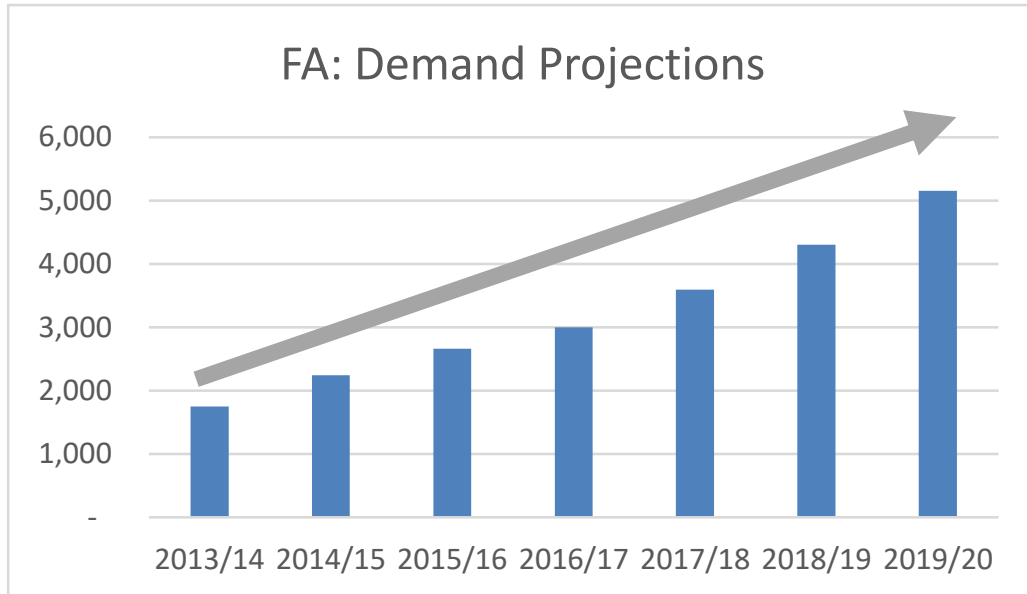
Year	Individuals	Growth	Budget	Payment
2013/14	1,754	Baseline	£1,824,160	£1,040
2014/15	2,248	28%	£2,248,000	£1,000
2015/16	2,664	19%	£2,184,480	£820

68. The budget for Financial Assistance has remained at approximately £2.2m for the last two years whilst the number of individuals who are eligible has increased therefore reducing the payment that individuals received to £820 in the 2015/16 financial year.

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69. If the current trend in demand continues the Commission estimates that the number of eligible individuals could more than double in the next three years. Diagram 3 below outlines this projected demand:

Diagram 3: Financial Assistance Projected Demand



70. Table 6 below provides further analysis of the current trends and what a static budget with increasing numbers of eligible individuals would mean for individuals in receipt of financial assistance.

Table 6: Financial Assistance Projected Growth

BASELINE: FINANCIAL ASSISTANCE DEMAND					
Status	Year	Individuals	Growth 20%	Budget £'m	Av. £ Per Head
Actual	2013/14	1,754	0	£ 1,824,160	£ 1,040
Actual	2014/15	2,248	28%	£ 2,248,000	£ 1,000
Actual	2015/16	2,664	19%	£ 2,184,480	£ 820
Current est.	2016/17	3,000	13%	£ 2,184,480	£ 728
Projected	2017/18	3,593	20%	£ 2,184,480	£ 608
Projected	2018/19	4,303	20%	£ 2,184,480	£ 508
Projected	2019/20	5,153	20%	£ 2,184,480	£ 424

Current estimates for 2016/17 based on 3,567 applications currently being processed and not confirmed until October 2016.

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71. Based on the information above it is clear that the Financial Assistance scheme in its current format of a static budget and increasing eligible individuals coming forward will only ever be able to make a decreasing contribution to those in financial need in the next three years. Projections show that this could reach approximately £424 in the 2019/20 financial year or less than half the award paid in 2013/14. Therefore, a decision has to be made on whether or not to continue with the Financial Assistance Scheme.

Issue 3: Eligibility Issues

72. The current eligibility criteria for support from the schemes and for services continues to attract criticisms from individuals, groups and the Forum. The main concerns expressed include:
- The exclusion of siblings/grandchildren from the Support for the Bereaved;
 - The use of means testing for the Financial Assistance Scheme;
 - The use of DLA criteria to qualify for Support for the Injured;
 - The perception of the lack of support for the Bereaved;
73. The eligibility and the verification of ‘conflict related incidents’ has also been raised prior to individuals gaining access to INP:
- Post 1998 incidents and PSNI verification; and
 - Individuals under Threat or Intimidation.
74. In order to explore how some of these issues could be further addressed the Commission carried out two pieces of primary research in order to inform the debate around these difficult issues. The first research report was *The Impact of the Individual Needs Programme* completed in December 2014. Following its recommendations a further piece of research was carried out into the *Personalised Budget Pilot Evaluation* that was completed in February 2016.
75. The Impact of the INP study found evidence of the increasing demand for the INP schemes and also highlighted the chronicity and complexity of both physical and mental health issues in individuals presenting through the INP that pointed towards the necessity to provide for a holistic assessment of client needs. The report concluded that, “At the core of its recommendations is a revised service delivery model that aims to identify and address the high priority needs of victims and survivors on an individual

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basis.” The report also recommended further research on the use of personal budgets and a holistic assessment by a Case Worker.

76. The second research report, therefore, provided more information on the piloting of a personalised budget and the use of the Case Worker within the VSS and certain funded groups. The overall findings suggest the Pilot has been successful in meeting both the expectations of service users and contributing to the guiding principles of:
- Victim-centred;
 - Openness and Transparency;
 - Fit for Purpose;
 - Simplicity;
 - Sufficiency; and
 - Control.
77. Pilot participants provided positive feedback on all three aspects of the Pilot:
- 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.
78. Many individuals 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 the Carers Scheme). For many individuals, this will be sufficient and will permit independence and dignity in addressing their needs and remove bureaucracy and administration.
79. Under this approach, any individual with more complex needs (that cannot be addressed through an award of £500) could then opt to 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.
80. Under the approach proposed above, only individuals with more complex needs will go through an assessment process. This assessment process

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must, therefore, be sufficiently robust to determine individuals' health and wellbeing needs, including physical health and mental health need.

81. 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 and a holistic assessment of health and wellbeing.
82. 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".

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Preferred Service Delivery Model

83. **The Commission recommends that Option 4 – New Service Delivery Model** for supporting Self Directed Needs and Complex Needs is operated by the VSS over the period 2017-20. The new approach is assessed further below in terms of affordability and its practical implementation.

Level 1: Self-Directed Support

84. Level 1 support would consist of a cash payment as a Self-Directed support payment. This would suit individuals who have basic needs and only want a transactional relationship with the VSS.
85. Eligibility criteria is key here in order to manage the numbers of people who may wish to avail of such an award. The scheme could be managed by capping the number of awards and thus committing to a maximum budget for the scheme, however this is too arbitrary and has been discounted.
86. Whilst the Commission’s preferred scenario would be to include siblings, this proves unaffordable within current budget constraints and recognition would therefore be required in other ways. A feasible option may be to provide an opportunity for siblings to avail of a complex needs assessment at Level 2 and/or apply for support under the proposed Discretionary Support Scheme (see further details below).
87. The preferred scenario on the annual payment which differentiates on the basis of perceived basic needs would be a higher Self-Directed support payment of £1000 for bereaved widows, widowers and orphans; and those most severely injured (currently on DLA High Rate Care); and a lower Self-Directed support payment of £500 for all other victims and survivors currently eligible under INP. The projected uptake and budget for this scenario is summarised below.

Table 13: Self-Directed Support Payment – Cash payment per annum & projected demand growth

	No.s	Payment Per annum	Total 2017-18	No.s 25%	Total Budget 2018-19	No.s 25%	Total Budget 2019-20
Bereaved Widows/Widowers	540	£ 1,000	540,000	540	540,000	540	540,000
Severely Injured	675	£ 1,000	675,000	675	675,000	675	675,000
All others	3,896	£ 500	1,948,000	4,870	2,435,000	6,088	3,043,750
INP (excl. Siblings)	5,111		3,163,000	6,389	3,650,000	7,986	4,258,750

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88. It is difficult to project the growth rate for uptake on this Self-Directed support payment. The assumption used above is that the majority of bereaved widows/widowers/orphans and severely injured have already come forward to VSS and that the ‘all others’ category would continue to grow at the current average demand rate of 25% per annum.
89. If new victims and survivors presenting with severe injuries continue to come forward the Commission recommends that the VSS move away from using DLA (subsequently PIP) as eligibility criteria and instead utilise the complex needs assessment with a focus on the permanency of injury.
90. Overall sustainability may become an issue in later years and this would need carefully monitored from a budgetary perspective and may require in-year monitoring bids. Ultimately, the budget for this programme will need careful management to ensure that the balance is struck between Self-Directed payments and funding those with more complex needs.
91. Based on the above projections there would therefore need to be a front-loading of budget to address more complex needs to allow for greater numbers of Self-Directed support payments to be made in later years.
92. Eligibility queries in relation to verifying ‘conflict-related incidents’ will continue to be addressed by the Commissioner on a case-by-case basis as opposed to setting a definitive policy position.

Level 2: Complex Needs Support

93. Level 2 support would consist of an Individual Needs Consultation carried out by a Case Worker located within the VSS or within a funded group. Once again, the individual client choice would be paramount in deciding whether and where to undertake the assessment.
94. At Level 2 individuals with more complex needs will go through an assessment process, similar to that piloted during the Personalised Budget Pilot, known as an Independent Needs Consultation. The lessons learned and feedback from the pilot study would need to be taken into account before the new service delivery model is implemented.
95. The Commission recommends that this assessment process, conducted by the Case Workers, acts as a screening stage to prioritise individuals presenting with complex needs. These individuals will be triaged into groups, those who can be addressed by Case Workers and those with

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greater levels of need. If successful, the PEACE IV funding will provide the opportunity to appoint 30 Health and Wellbeing Caseworkers to deal with the regional volume of assessments and to improve overall capacity and standard of service delivery for victims and survivors.

96. Those with greatest level of needs under the areas of disability support, chronic pain, and psychological trauma should be professionally assessed using Occupational Therapists, Specialist Pain Consultants and Clinical Psychologists respectively in order to receive the appropriate support. Support for needs should not be arbitrarily capped in any given year, however where budgetary constraints take effect, unmet needs will be logged for assistance in future years.
97. Procedures must then be put in place to refer individuals with the greatest level of need into health and social care services. If the issues are relating to mental health then a synergy can be developed as part of the ongoing development of the new Mental Health Trauma Service. The current work with Department for Health on developing a Partnership Agreement is therefore critical in this regard.
98. A detailed process map of the client journey is provided on page 29.

Discretionary Support Scheme(s)

99. The Commission recommends the establishment of a Discretionary Support Scheme(s) for victims and survivors in a state of crisis to receive support. This scheme should be open to all victims and survivors regardless of whether or not they are eligible for a Self-Directed support payment.
100. These schemes will require clear eligibility criterion and be able to respond to any unmet needs contained within the Comprehensive Needs Assessment, for example, financial crisis and personal/professional development.

Potential Impact on Current Clients

101. The VSS carried out an analysis of the perceived financial impact of moving to a Self-Directed cash payment.
102. Overall, 85% of current individuals supported by the VSS will see no impact or a positive impact. However, there is a potential that 15% of current

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individuals supported by the VSS could perceive this negatively as highlighted in Table 14 below;

Table 14: Impact on Current Recipients

Category	Positive Impact	Same Impact	Potential Negative Impact
Bereaved	1656	218	717
Injured- High Rate Care	0	675	
Injured- Middle Rate Care	234	372	
Injured Means Tested	659		
Chronic Pain	44	0	0
Education & Training	0	23	0
Carers	0	442	71
Total	2593	1730	788

103. It is acknowledged that some individuals will receive less funding than they have received in previous years, however, if they feel their needs have not been met by the Self-Directed support payment they can progress on to Level 2 for Complex Needs assessment and more significant support if required.
104. On the basis of identified and assessed need through the Complex Needs, support can and will vary on an annual basis. The expectation is that those individuals with greater needs should attract greater support and resources overall when compared to current levels of financial assistance under INP.
105. The VSS has developed some useful case studies from the Disability Aids Pilot scheme to illustrate the positive outcomes realised through an Individual Needs Consultation, assessment by an Occupational Therapist and a bespoke intervention to meet more complex needs (see Appendix 4).
106. The Commission recommends that a transition fund of up to £1.1m may be required for the period 2017-20 to mitigate against the maximum financial loss associated with the closure of the Financial Assistance Scheme as outlined in Table 15 below;

Table 15: Worst Case Negative Financial Impact with Self-Directed Support Payment

Category	Negative Impact	£	Scheme
Bereaved	717	435,945	FA
Injured- High Rate Care	675	410,408	FA
Injured- Middle Rate Care	372	226,181	FA
Carers	71	43,169	FA
TOTAL	1,835	1,115,703	

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107. The uptake and demand for a transition fund is very difficult to project, however if a new service delivery model is implemented this should be carefully monitored by the VSS. This transition funding could be met potentially through in-year monitoring bids and could be administered under the Discretionary Support Scheme and funded on a sliding scale to ease the financial impact on those individuals most impacted.

Proposed Service Delivery Model

108. The affordability and practical implementation of the proposed service delivery model has been considered above and refined to address many of the issues with the current INP in terms of sustainability, use of DLA, means testing, lack of support for bereaved and the exclusion of siblings. Furthermore the proposed model is aimed at improving the client experience and ultimately delivering better outcomes for victims and survivors.
109. The overall budget for the preferred service delivery model over the period 2017-20 is set out in table 16 below:

Table 16: Budget for the preferred service delivery model over the period 2017-20

	2017/18	2018/19	2019/20	Total
Self-Directed Support Payment	3,163,000	3,650,000	4,258,750	11,071,750
Complex Needs Support:				
Chronic Pain	400,000	400,000	400,000	1,200,000
Disability Aids	693,000	462,000	231,000	1,386,000
Psychological Services	-	-	-	-
Total Complex Needs	1,093,000	862,000	631,000	2,586,000
Discretionary Support (balancing fund)	1,056,500	800,500	422,750	2,279,750
Assumed Budget	5,312,500	5,312,500	5,312,500	15,937,500
Transition Budget (as required)	557,851	371,901	185,950	1,115,703
Total Budget	5,870,351	5,684,401	5,498,450	17,053,203

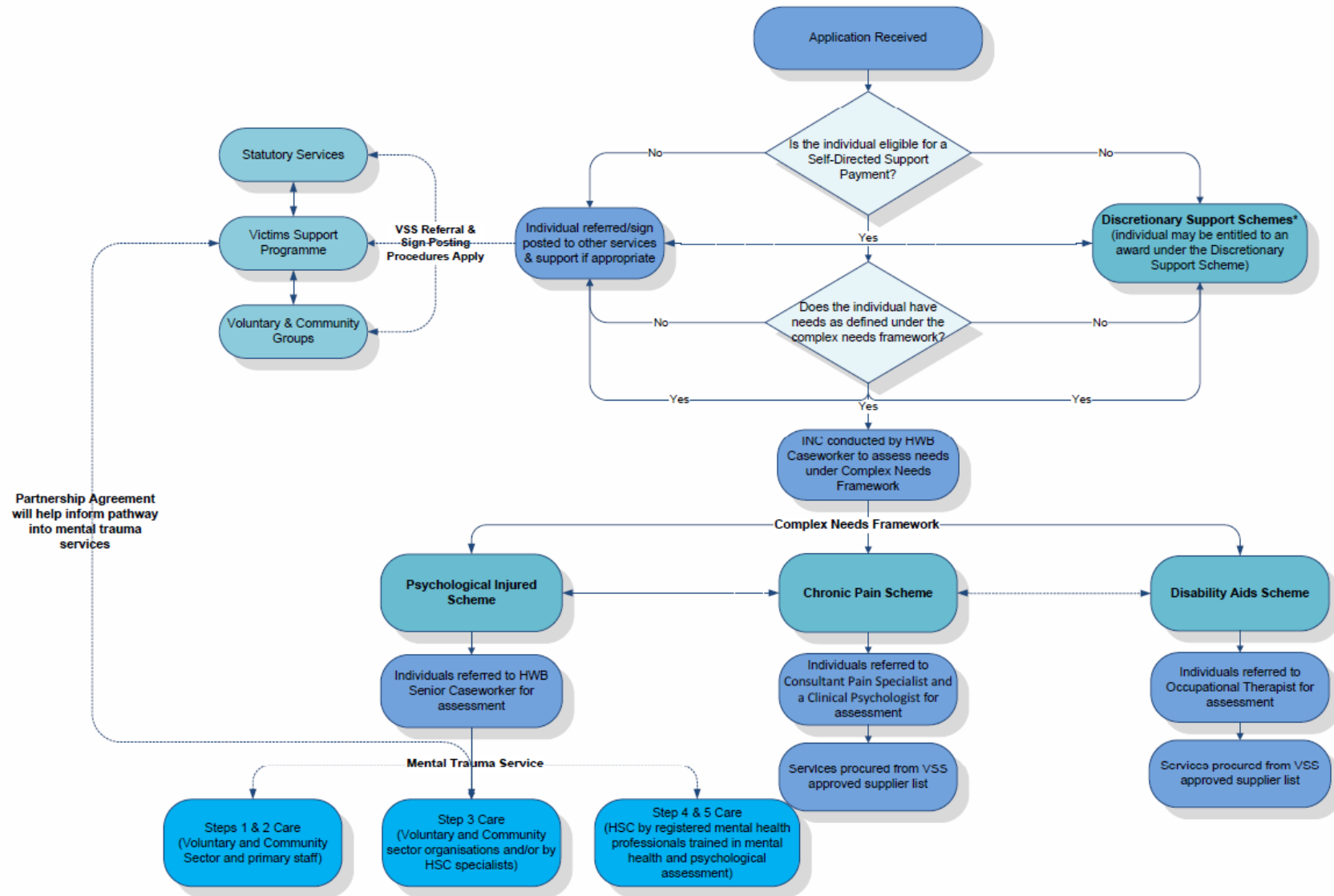
110. The total budget required is £17m over the 2017-20 period. This assumes an annual budget of £5.3m fixed over the three years and as required an additional £1.1m transition funding for the three years post implementation.

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111. The assumptions underpinning the complex needs are based on historic levels of uptake for disability support and chronic pain schemes and data from the pilot for Disability Aids Scheme. The Discretionary Support Scheme is effectively a balancing figure to fully utilise the assumed budget of £5.3m p.a.
112. The psychological services have not been allocated any budget from within VSS at this stage as significant additional resource is to be secured through PEACE IV (5 regional caseworkers/qualified assessors) and the Department for Health (new partnership agreement).
113. As noted above, the budget for this programme will need careful management to ensure that the balance is struck between Self-Directed payments and funding those with more complex needs. Therefore there is a front-loading of budget to address more complex needs to allow for greater numbers of Self-Directed support payments to be made in later years.

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Diagram 4: Victims and Survivors Service
Proposed New Service Delivery Model April 2017



* Complex Needs Framework & Discretionary Support Scheme:
VSS will engage with relevant statutory services/organisations to ensure that there is no duplication of services/funding.

Victim Support Programme (VSP)

Background

114. The VSP delivers funding to organisations that provide Health and Wellbeing services and Social Support to victims and survivors. The VSP opened in April 2013, replacing the previous Strategic Support Fund and Development Grant Scheme, which were administered by the Community Relations Council. The VSP is constituted by two main funding streams:

- Large Grants (more than £75,000); and
- Small Grants (up to £75,000).

Budget

115. The budget for the VSP has remained consistent over the last four years at approximately £6m.

Table 17: VSP Budget 2013-2016

Year	Budget £'m
2013/14	6.085
2014/15	5.955
2015/16	6.361
2016/17	6.249

116. In December 2014 the Commission published an evaluation of the VSP entitled “*Impact of the Victims Support Programme Research Project*”. The evaluation was positive overall and the main findings were:

- In the first year of the VSP (2013/14), the level of demand for VSP funded support was significantly higher than that originally projected within the original VSS Business Case. 27,680 beneficiaries received VSP funded services, i.e. over twice the target identified within the Business Case;
- Despite the absence of programme-wide impact data, stakeholder feedback and impact data provided by a number of funded organisations suggests that services funded by VSP are effective and contribute to a range of positive (health and social) impacts; and
- Based on the output and input figures presented, the VSP Health and Wellbeing costs compare favourably to statutory sector costs (albeit there are significant limitations with this comparison) and the VSP

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appears to be an efficient mechanism for providing services to victims and survivors.

117. The research also highlighted a range of issues impacting on the efficiency, effectiveness and sustainability of the sector, including:
- The cost of training, which is a significant barrier to the development of practice;
 - A limited level of partnership working between victims and survivors organisations and between victims and survivors organisations and the statutory sector;
 - The emergence of addictions and trans-generational therapy as key areas of unmet need; and
 - Short-term funding, which presents a significant challenge to service planning and delivery within the sector.
118. A number of recommendations were outlined in the report that provide an opportunity to significantly enhance the efficiency and effectiveness of the sector in the medium to long term and to equip the VSS so that it can effectively support the sector in achieving these goals.
119. The Co-design process has addressed many of the key strategic recommendations made in the report. The VSS has also addressed or is addressing the operational recommendations.
120. However, there is still further work to be continued in the areas of: strategic allocation of funding, PEACE IV funding, partnership working, geographical mapping of services, welfare advocacy, improving standards, and monitoring and evaluation processes. These issues are considered in more detail in the paragraphs below.

Strategic allocation and longer term funding

121. Improving information in relation to need, impact and the supply of services should be considered further when making considerations concerning the strategic allocation of funding. PEACE IV also represents a significant opportunity to secure additional resources for the sector for the period 2017-2021. The VSP and the PEACE IV programmes need to strategically align in order to maximise the impact and benefits to individuals.
122. Short-term (annual) funding was noted as a significant challenge to those in the sector in relation to planning and delivering services. This short-term nature created significant difficulties for service providers in relation to

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retaining experienced staff and planning services as efficiently as possible. The instability of the funding and therefore staffing also had a negative impact on a highly vulnerable client group.

123. Therefore, to achieve the optimum benefits the Commission would recommend that as a minimum VSP funding should be allocated for a three year period from April 2017 to March 2020.
124. In order to reduce bureaucracy for small grant applications, particularly where no staff are employed and assistance is only sought for programme and operational costs the small grants threshold should be lowered.
125. The Commission recommends that the threshold for the Small Grants programme is reduced from £75k to £30k alongside a proportionate reduction in the information required in the application form and monitoring and evaluation requirements. The Large Grants programme should therefore be amended to include all applications over £30k.

PEACE IV Programme

126. The VSS, in partnership with the Commission and other partners, had made a bid to the PEACE IV programme for €17.6m with the overall objective of improving the health and wellbeing of victims and survivors through a number of key interventions. These interventions include;
 - **Advocacy Support Programme (Truth, Justice and Acknowledgment)** – 23 trained advocacy workers assisting 6,300 beneficiaries to contribute to a society that acknowledges and deals with the past, is cohesive, fair and safe. (Five ‘case managers’ and 18 ‘case officers’ employed by the community and voluntary sector);
 - **Network of Health and Wellbeing Caseworkers and Resilience Programme** - Integration and co-ordination of the community, voluntary and statutory sector to assist 11,360 individuals to develop and build positive relationships, and independence. Recruitment and training of 30 HWB staff and 1,000 resilience interventions. Five regional HWB managers employed by the VSS and 25 HWB officers employed by the community and voluntary sector;
 - **Research, Regulation and Standards** - Development of standards, research and regulation in line with national and international best practice to ensure victims and survivors are

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receiving quality services, in a consistent and standard way irrelevant of location and to avoid the transmission of the trauma.

127. It also should be noted that proposals contained within this advice in relation to the new service delivery model are dependent on PEACE IV funding becoming available from April 2017. The Brexit vote has cast major doubt on EU funding, particularly for a five year timeframe. If EU funding through PEACE IV was no longer available then this advice would need to be re-examined in light of the removal of this significant amount of funding.
128. Working on the assumption that the PEACE IV bid is successful and a five year programme is implemented, the funding for the Health and Wellbeing Case Workers is an integral element to ensuring that both the VSS and the Groups have qualified staff to carry out the Individual Need Consultation with individuals as part of the new service delivery model.
129. It should also be noted that these Caseworkers are expected to be in post for the start of the financial year 2017/18. If these posts are not in place there is a high risk of delay in the implementation of the new service delivery model from April 2017 and a mitigation plan would need to be in place.

Mapping and Jurisdictional issues

130. A key priority identified by stakeholders under the co-design programme was to examine the geographical positioning of groups in Northern Ireland, assess the current service provision and identify potential gaps to ensure resources are directed to those most in need.
131. A sub group with representatives from the Department, (including departmental statisticians), the VSS and the Commission was established to discuss the mapping requirements. Based on the terms of reference, it was agreed that mapping of individuals receiving support through the individual needs programme broken down by scheme should be produced, along with details of the location of groups funded through the victim support programme. It was also agreed that details broken down by service provisions to assess and identify any potential gaps or over provision should be provided.
132. The sub group agreed that a suite of maps outlining the distribution of 2015/16 service provision by VSP groups and INP recipients would be produced to analyse the current service provision. This would include a breakdown against each of the INP schemes as well as zoned mapping concentrating on Belfast, Derry, Omagh and Armagh.

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133. VSS provided data on the 2015/16 INP recipients which was used to create a visual map of the spread of distribution of funding via the INP programme across Northern Ireland along with details of the 2015/16 funded VSP group locations. The maps have been produced using Super Output areas to ensure that no individual addresses can be identified from the mapping exercise (Appendix 3).
134. The analysis of this mapping exercise indicates a good coverage of services across Northern Ireland with no major gaps identified. The cross reference of data from the INP against the locations of groups also provided a sense of current demand for services which has added to the mapping of incidents and deaths previously prepared by the Commission. There are also some obvious areas of concentrated services which mirrors the intensity of incidents.
135. Whilst the mapping exercise demonstrates the adequacy of support services across the region in terms of physical presence of services it should be noted that current INP individuals may have a direct correlation with the location of VSP groups, given that individual referrals are made between groups and VSS.
136. The Commission has provided the Department with advice on jurisdictional issues in February 2014. This advice concluded that the current policy position is inconsistent when considering the eligibility of groups and individuals to apply for funding to the VSS. A precedent currently exists in that individuals outside of Northern Ireland have in the past received, and are currently in receipt of, INP funding.
137. The Commission also recommends that groups from outside the jurisdiction should be eligible to apply for this funding stream thus to both the VSP and PEACE IV Programmes simultaneously. The funding decision should however be based on the cost-effectiveness of any application. To benchmark this further research should be carried out in advance of the call for applications on the efficacy of outreach support for individuals from groups based in Northern Ireland.

Partnership and Collaborative working

138. The evaluation recommended embedding partnership working within the sector to enable groups to deliver services to their client group in a more efficient and joined up way. The Commission recognises that there has been significant progress in relation to collaborative working within the

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Victims and Survivors Sector. It is considered a core element of the VSS business which is used to support the day to day business delivery of services to victims and survivors.

139. Partnership and collaborative working within the Victims and Survivors Sector will continue to be encouraged, however, in doing so we also must remain mindful and respectful of the individual's right to receive support and services from the VSP group of their choice.
140. It is essential that the work already undertaken to strengthen networks, relationships and sharing of best practice between victims groups and the VSS, and victims groups continues. The Victims and Survivors Practitioners Working Groups are a vital vehicle in facilitating key stakeholders in the Victims and Survivors Sector in coming together to play a role in overseeing the provision of an effective care/support service to victims and survivors and their families and sharing best practice.
141. Additionally, the PEACE IV Programme and the development of the new Mental Health Trauma Services will present further opportunities for partnership development and working within the sector. The Commission recommends that this work continues and that these new opportunities are maximised in the call for new applications and in the scoring criteria for the VSP.

Welfare Advocacy Support

142. Given the introduction of significant changes as part of Welfare Reform in Northern Ireland, the Commission anticipates an increase in the amount of victims and survivors seeking assistance and advice. A number of groups already provide this service, funded through VSP.
143. The Commission recommends that further research is required on the increased demand for Welfare Advocacy services and that the VSS take this into consideration when designing the call for applications to ensure that sufficient capacity exists in the sector.

Service Standards

144. The Commission is currently updating Standards in relation to the provision of services to victims and survivors. These standards will be finalised prior to the call for applications in autumn 2016 and part of the PEACE IV programme will be utilised to assist the sector in meeting the required standards for service delivery.

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145. When the Standards are finalised, the Commission recommends that they form an integral part of the call for applications under the VSP and PEACE IV Programmes. They should also be part of the Letters of Offer/contractual arrangements as part of the conditions of grant aid under both programmes.

Monitoring and Evaluation

146. The development of robust monitoring and evaluation procedures to measure the outcomes associated with the allocation of resources and services to victims and survivors is essential to enable strategic policy decisions on the provision of future resources and services to be made. However, this must be balanced against ensuring monitoring and evaluation tools are reasonable and proportionate and support the recording of useful and important data to support future development of services.
147. This was recognised in the INP evaluation that recommended a robust monitoring and evaluation framework should be established in line with the aims and objectives set in the business case. Additionally, the VSP impact report recommended the development of robust monitoring and evaluation processes/procedures in order to help to enhance the understanding of the most effective treatments for addressing conflict-related mental health conditions.
148. The VSS has made significant progress with regard to establishing an agreed framework for Health and Wellbeing Services. Working closely with both VSP funded organisations and external stakeholders in the statutory Health and Social Care sector, MYMOP (Measure Yourself Medical Outcome Profile) has been adopted as the monitoring framework for Complementary Therapies, along with CORENET, an outcomes based tool for Counselling and Psychological Therapies.
149. Strategically the collection of meaningful monitoring and evaluation data and information is vitally important to the future of service delivery within the Victims and Survivors Sector. The implementation in 2016-2017 of a bespoke VSS Management Information System (MIS) and qualitative evaluation tools such as CORENET (for counselling support) and MYMOP (for complementary therapy support) and a range of evaluation tools including online surveys and Focus Groups gives the scope to compile information for both VSP and INP which can be analysed more strategically, both in terms of qualitative and quantitative information.

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150. The Commission recommends that this work in improving and enhancing the monitoring and evaluation process continues to evolve. The VSS should become the hub of a significant data set that informs the need for services on a more strategic basis. A commitment to supply agreed monitoring data should also be part of the Letters of Offer/contractual arrangements as part of the conditions of grant aid under both programmes.

END.