

# **AGENDA**

## **Kent County Council**

### **THE KENT COMMUNITY SAFETY PARTNERSHIP**

**Tuesday, 3rd July, 2012, at Darent Room,  
Sessions House, County Hall, Maidstone  
at 2.00 PM**

**Ask for: Geoff Mills**

**Telephone: 01622 694289**

#### **A. General Matters**

**A1. Apologies**

**A2. Declarations of Interest**

**A3. Minutes of the meeting held on 6 March 2012 and Matters Arising** (Pages 1 - 6)

#### **B. Matters for Decision**

**A1. Kent and Medway Strategic Plan for reducing Reoffending 2012-2015** (Pages 7 - 22)

**A2. Preparations for the Police and Crime Commissioner** (Pages 23 - 28)

**A3. Joint Commissioning Framework** (Pages 29 - 38)

**A4. Kent Independent Domestic Violence Advisors (IDVAs) Critical Funding Requirement** (Pages 39 - 102)

#### **C. Matters for Information**

**A1. Listening and Learning: Improving Support for Victims** (Pages 103 - 184)

**A2. Domestic Homicide Reviews** (Pages 185 - 188)

**A3. Putting Victims First - Moore Effective Responses to Anti-Social Behaviour** (Pages 189 - 194)

**A4. Kent Community Safety Agreement Update Performance Monitoring and Annual Review** (Pages 195 - 204)

**A5. AOB**

**A6. Date of next meeting - Thursday, 1 November 2012 at Sessions House, County Hall, Maidstone commencing at 2.00 pm.**

**Monday, 25 June 2012**

**Mike Hill, OBE**

**Tenterden;**

## KENT COUNTY COUNCIL

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### KENT COMMUNITY SAFETY PARTNERSHIP

MINUTES of a meeting of the Kent Community Safety Partnership held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 6 March 2012.

PRESENT: Mr P M Hill, OBE (Chairman), David Coleman (Vice-Chairman), Mrs V Coffey, Zena Cooke, Mr R Hales, Ms N Hussain, Cllr M Rhodes, Cllr M O'Brien, Mr P Jackson, Gavin Stedman, Ch. Insp. Bradley, Paul Carroll, Sarah Billiald, Mr G Hooper, Ch. Sup. Corbishley, Chief Inspector G Ellis, Mr S Griffiths, Mr G Brown, Ms D Exall, Ms M Peachey, Ms Mookherjee, Mrs L Andrews, Mr S Beaumont, Mr J Parris, Nick Wilkinson and Andrew Swan (Democratic Services)

### UNRESTRICTED ITEMS

#### **38. Apologies**

*(Item A1)*

Noted.

#### **39. Declarations of Interest**

*(Item A2)*

None.

#### **40. Minutes of meeting held on 26 September 2011 and Matters Arising**

*(Item A3)*

(1) The notes of the meeting held on 26 September 2011 were agreed as a true record and signed by the Chairman.

(2) The Partnership noted that the matter of representation on behalf of social landlords was still being pursued.

**Action:** Jim Parris

(3) The Partnership noted that a report would be brought to the next meeting on the outcome of the joint working group which had been tasked with drafting a funding mechanism to ensure appropriate resourcing of IDVA services and also to look at issues regarding location and management of those resources.

**Action:** Stuart Beaumont/Jim Parris

#### **41. Community Safety Agreement Update**

*(Item B1)*

*Report by Stuart Beaumont, KCC Head of Community Safety and Emergency Planning*

(1) This report summarised performance to date in relation to the priorities and cross-cutting themes identified in the Kent Community Safety Agreement for 2011-14.

(2) During the course of discussion Partnership members highlighted that, whilst this reporting should not become overly complex, it is linked to the monies available to support this work and so it is important to have a mechanism for measuring progress against the identified priorities, particularly in the context of the incoming Police and Crime Commissioner and future scrutiny of the role of the Partnership and the Community Safety Team.

(3) The Partnership AGREED the format and content of the appended performance monitoring report, and NOTED progress against the identified priorities.

#### **42. Domestic Homicide Review Update**

*(Item B2)*

*Report by Stuart Beaumont, KCC Head of Community Safety and Emergency Planning*

(1) This report provided an update on the delivery of Domestic Homicide Reviews across Kent and Medway, the financing of the review process and associated governance arrangements, and sought Partnership approval of a draft review report and a cross border action plan relating to a review completed by East Sussex County Council.

(2) During the course of discussion Partnership members were particularly concerned about longer term funding arrangements for these reviews, and it was agreed that there would be further discussion at future Partnership meetings on this. There had still been no response from the Home Office on this issue, and one suggestion was to engage local MPs to keep the debate going over the true cost of these reviews.

(3) The Partnership AGREED the following recommendations from paragraph 9 of the report (such agreement to include approval of the specific recommendations contained in paragraph 4 of the DHR1 Rochester review report (appendix A)) :

- NOTE that a pooled budget has been established for delivering Domestic Homicide Reviews
- NOTE that a small pool of suitably qualified independent chairs has been established to service Domestic Homicide Reviews over the forthcoming months
- NOTE the progress being made on the five Domestic Homicide Reviews that have been commissioned
- APPROVE the DHR1 Rochester review report (Appendix A) to enable the report to be forwarded to the Home Office for approval. (this to

- include APPROVAL of the specific recommendations made in paragraph 4 of the DHR1 Rochester review report )
- APPROVE that NHS Kent & Medway and KCC Families and Social Care be asked to devise action plans to meet requirements highlighted as part of the East Sussex Safer Communities Steering Group Domestic Homicide Review (Appendix B)

### **43. Preparing for Police and Crime Commissioners/Police and Crime Panels** (Item B3)

#### *Report by Kent Community Safety Team*

(1) This report was accompanied by a short presentation from Stuart Beaumont, and outlined the roles and responsibilities of the Police and Crime Commissioners and Police and Crime Panels. The report recommended that the Kent Community Safety Team be tasked with drafting a range of options to ensure positive relationships and engagement with these new bodies, for consideration by the Partnership at the next meeting in July.

(2) During discussion it was highlighted that the first shadow meeting of the Police and Crime Panel had been intended for March but no arrangements were in place.

#### **Action:** KCC Democratic Services

(3) Partnership members were concerned that there needs to be clarity about the mandate of the Police and Crime Commissioner so that the Partnership can feed into this and ensure that their products are commissionable. As the person who will support the new Police and Crime Commissioner, Graham Hooper reassured the Partnership that all emerging thinking around the Police and Crime Commissioner will be shared with the Partnership, and highlighted the need for constant dialogue with him over the coming months.

(4) Stuart Beaumont advised the Partnership that he would be happy to take this report to the Criminal Justice Board, and any other Boards, but that there was time to bring a final report back to the Partnership in July for approval before doing so.

(5) The Partnership AGREED that the Kent Community Safety Team should be tasked with looking at the specific matters raised in paragraph 5.3 (a-f) of the report as follows, and to report back to the Partnership at the next meeting in July:

(a) evaluate the partnership-working arrangements in Kent & Medway, with a view to simplifying and if necessary, streamlining the existing complex partnership structures in order to provide a single access point for engagement for the PCC

(b) initiate a joint communications campaign on behalf of all Kent CSPs to ensure PCC candidates are aware of CSP's capabilities, achievements, priorities and planning cycles.

(c) produce a welcome pack of information relating to community safety for the PCC

(d) the development of a joint commissioning framework across the force area

(e) design a single, joint strategic assessment or force wide summary document—considering partnership priorities, and the potential involvement and interests of the PCC

(f) Identify how CSP scrutiny and PCPs will relate to each other and to ensure they do not duplicate each other's work

**Action:** Kent Community Safety Team

#### **44. NHS Reform and the Impact on Community Safety**

*(Item C1)*

*Report by Meradin Peachey, KCC Director of Public Health*

(1) This report provided a summary of current and future NHS structures and health issues relating to the agenda of the Partnership, and describes both the public health and NHS health service issues affecting both victims and perpetrators of crime and the changes to the commissioning architecture that may impact on the community.

(2) The Partnership NOTED the report.

#### **45. Substance Misuse Services in Prisons**

*(Item C2)*

*Report by Angela Slaven, KCC Director of Service Improvement*

(1) This report was provided to the Partnership for information having previously been presented to the Kent Drug and Alcohol Action Team Board on 19 January 2012. The report detailed progress in relation to the retendering of substance misuse services across the Kent prison estate, Dover Immigration Removal Centre and Rochester Prison on behalf of Medway Council.

(2) The Partnership NOTED the report.

#### **46. Drug Testing on Arrest as part of the Drug Intervention Programme**

*(Item C3)*

*Report by Angela Slaven, KCC Director of Service Improvement*

(1) This report was provided to the Partnership for information having been presented to the Kent Drug and Alcohol Team Board on 18 October 2011 where the Board had agreed to the implementation of a Drug testing on Arrest pilot in Thanet.

(2) The Partnership NOTED the report.

#### **47. Public Safety CCTV in Kent**

*(Item C4)*

*Report by Chief Superintendent Steve Corbishley, Kent Police*

(1) This report summarised the challenges faced, and partnership arrangements, in relation to the continued provision of public safety CCTV systems in Kent.

(2) During discussion Partnership members highlighted the key issue of maintaining investment when full costs have to be met locally. There was reference to examples set in Sussex and Rotterdam, and also confirmation that formal partnership arrangements were now in place between Medway, Gravesham and Maidstone as referred to in paragraph 2.6 of the report.

(3) The Partnership NOTED the report and AGREED that an update report should come back to a meeting later in the year.

**48. 2012/13 Policing Plan measures and targets**  
(Item C5)

*Report by Chief Superintendent Steve Corbishley, Kent Police*

(1) This report provided details of 2012/13 Policing Plan measures and targets.

(2) The Partnership NOTED this report.

**49. Any Other Business**  
(Item C6)

(1) Sarah Billiald advised the Partnership that a report will be tabled at the July meeting regarding reducing re-offending.

**Action:** Sarah Billiald

**50. Date of next meeting**  
(Item C7)

**Tuesday 3 July 2012** - 2pm, Darent Room, Sessions House, County Hall, Maidstone.

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**AGENDA ITEM A1****KENT COMMUNITY SAFETY PARTNERSHIP****3<sup>rd</sup> July 2012**

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**Paper by Sarah Billiald, Chief Executive Kent Probation****Kent and Medway Strategic Plan for Reducing Reoffending 2012 – 2015****1. Purpose of report**

To provide Kent Community Safety Partnership with the opportunity to review and endorse the finalised Strategic Plan for Reducing Reoffending. With the intention of this plan being utilised at CSP and statutory partner level across the County as our core approach to Reducing Reoffending. This plan will also ensure a consistent focus on the key principles, priorities and target groups, and a clear framework for identifying and managing any specific areas of concern.

**2. Background**

As part of the Kent Community Safety Agreement 2011 – 2014 Reducing Reoffending is one of a number of cross cutting themes identified. As coordinating lead for this theme and with the agreement of the Medway Community Safety Partnership, Kent Probation has compiled a Strategic Plan for reducing reoffending for Kent and Medway bringing together and formalising the county wide ambition and approach.

Back in Summer 2011 Sarah Billiald wrote to the 13 CSP requesting information on their activities and priorities for Reducing Reoffending, the following CSP's responded:

Dartford / Gravesham

Tunbridge Wells

Thanet

Dover

Shepway

Swale

Canterbury

Ashford

Sevenoaks / Tonbridge and Malling

Medway

These responses were used to inform and shape the consultation paper prior to the finalised plan for e.g. Tunbridge Wells identified the key priority groups of ASB and Domestic Abuse, and Swale highlighted their support for a restorative approach.

The Integrated Offender Management Strategic Board also assisted with the development of the seven strategic principles with the support for a localised and holistic approach to working with offenders.

A 4 week consultation period has now taken place closing on 18<sup>th</sup> June, and 13 further partner agencies have provided feedback and comments, which we have now included in part into the final version of the plan.

**3. Over view of plan and consultation feedback**

The Strategic Plan will be a county wide multiagency plan, formalising the shared aims and ambitions to reduce reoffending.

It will include 7 principles to our approach that should underpin discussions and decisions of all agencies :

- Localised
- Integrated
- Targeted
- Individualised
- Evidence based
- Holistic
- Restorative

It details the priority groups to be targeted:

- IOM Cohort
- Troubled Families
- Young People (16-24)
- Women offenders
- ASB perpetrators
- Domestic abuse perpetrators

Then details the priority interventions identified and looks at the needs of offenders, the current provision for offenders in these areas and what our goals are for the future:

- Accommodation
- Employment
- Substance Misuse (Drugs and Alcohol)
- Mental and Physical Health

All CSP's will be accountable for delivering this plan with the governance channelled through the newly formed Reducing Reoffending Strategy Board (formally the IOMSB), which will report its findings to the Kent and Medway CSP's on an annual basis.

There will be a basket of measures to track and monitor performance on a quarterly basis, with the overall plan being reviewed annually.

There were 13 responses to the consultation paper from:

Rochester Prison  
Kent Police x 2  
Martin Alderman JP  
Kent Fire and Rescue  
Medway Council  
Dover CSP  
Tunbridge Wells CSP  
Shepway CSP  
Swale CSP  
Gravesham CSP  
Sevenoaks CSP  
University of Kent

A number of points raised by the responses have been included within the final version of the plan as follows:

- Requests for a basket of measures to be used to track effectiveness, and that these are reviewed quarterly rather than annually
- Inclusion of specific priority interventions linked measures to be included e.g. evidence of reduction of unemployment showing percentage of offenders in sustainable employment
- Various housing concerns – linked to changes to housing benefits and ensuring safe and suitable accommodation
- General clarity on both the delivery framework and the governance structures
- An extra section (H) on future development work has also been included so that there is the ability to continue to research areas that may impact the plan i.e. implications of PBR and any the new developments of IOM data

It was decided that some points raised were not relevant for inclusion as they would be picked up under other current Kent Community Safety Agreement priorities or cross cutting themes :

Preventing offending in general as opposed to just reoffending would be covered by the existing Acquisitive and Violent crime priorities

Behaviour affecting quality of life could also be covered by the ASB (incl environmental) and road safety priorities

Several of the cross cutting themes also cover points suggested regarding raising the profile of safeguarding children and young people, and vulnerable households and individuals.

## **5. Next steps**

An important next step will be to review the terms of reference for the newly formed Reducing Reoffending Strategic Board and to understand who the key attendees will now be to drive this plan forward.

The representation at a senior level to the current Integrated Offender Management Strategy Board is from the following organisations:

Kent Fire and Rescue

Kent Prisons

Kent Police

Kent Probation

Health

JPPB

Kent YOS and Medway YOT

Job Centre Plus

DAAT

KCC Community Safety

District Council – Chief Executive

For the new Board we can see some potential gaps at the moment with the current attendees. The following areas are currently identified as needing representation:

ASB – possibly a District Council Community Safety Manager

Women

RJ – possibly mediation services

Employment lead – possibly South East Region Employment and Offender Learning Skills

## 6. **Decision Requested**

We would like the Kent Community Safety Partnership to decide on the 4 following points:

- That they are happy to endorse the Kent and Medway Strategic Plan for Reducing Reoffending 2012 – 2015
- That they agree to review progress on the plan annually
- That they consider who would be appropriate for encouraging to join the newly formed Reducing Reoffending Strategic Board
- Agree on how this plan should be communicated to a wider audience

# Kent and Medway Strategic Plan for Reducing Re-offending

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2012 to 2015



# A) Introduction

As part of the Kent Community Safety Agreement 2011 – 2014 reducing re-offending is one of a number of cross cutting themes identified. As coordinating lead for this theme and with the agreement of the Medway Community Safety Partnership, Kent Probation has coordinated publication of a Strategic Plan for reducing re-offending in Kent and Medway bringing together and formalising the countywide ambitions and approach.

The current performance indicators for reducing re-offending show that there is room for improvement, and we should all take this opportunity to not only improve our performance but review our approach and principles as well. Preventing further offences reduces the number of victims and the damage done to local families and communities, and alleviates the cost to the tax payers and pressure on justice and support services

Although nationally and within Kent, crime rates are falling, the prison population is growing. A recent National Audit Office report estimated that re-offending by ex-prisoners cost the economy £9.5 to £13 billion per year, of which £7 to £10 billion a year can be attributed to former short-term prisoners. It also documents negative influences on the lives of offenders, families and communities including: homelessness, unemployment, mental and physical health problems and financial problems, and the long lasting damage that re-offending can have on individual lives, families and local communities. We know by tackling and focusing on these issues we can reduce the risk of re-offending.

# B) Strategic Aim

Our core aim will be to reduce re-offending of adults and young people in Kent in order to reduce crime and prevent further victims.

## C) Strategic Principles as to how we will Reduce Re-offending as a County

Rather than prescribe how we will reduce re-offending in Kent and Medway our approach is to adopt a number of principles. Those principles will then underpin discussions and decisions by individual agencies and in partnership and commissioning forums. We would expect them to be used by Community Safety Partnerships (CSPs) and other partnership forums to inform their annual business planning process.

Our seven strategic principles:

1. **Localised:** drive this plan forward at a district level supported by countywide agencies when appropriate to reintegrate offenders back into their local communities
2. **Integrated:** working together to reduce re-offending using co-commissioning where possible to increase joint accountability
3. **Targeted:** to where we can make the most impact on re-offending (for both frequency and seriousness of offending) to make the best use of tax payers money
4. **Individualised:** recognising that all offenders are different and we should support those who are ready to change and manage those who are not
5. **Evidence based:** using data on crime, risk and need together with emerging research on why people desist from crime, to develop appropriate responses in localities
6. **Holistic:** working with not just those who offend but their families and the communities in which they live, who will be crucial in supporting them to stop offending
7. **Restorative:** where the offender comes to recognise the impact of their offending and makes amends both to the victim and the broader community

## D) Multi- Agency Priority Groups

We will use the new Integrated Offender Management (IOM) cohorts as our primary way of targeting to reduce re-offending.

This group fits well with our strategic principles as they are high risk of re-offending, require a multi- agency approach and are committed to change. As a county this is likely to be a group of around 150-200 individuals. These priority groups have been informed by the most prevalent priority groups with the Community Safety Partnership responses combined with countywide agencies priority groups.

The Integrated Offender Management cohort consists of adults, young people and other individuals fitting the following selection criteria:

- What are the benefits of multi-agency management
- Is there an opportunity to reduce re-offending?
- Is there a benefit to the community e.g. reduced harm?
- Is there any other form of multi-agency management in place?
- Does the individual have the potential to engage and change?

Our other target groups to be included are identified below :

- Troubled Families, particularly those including offenders
- Young people (ideally 16–24) looking to bridge the transition to adulthood
- Women offenders: who have complex and different needs to male offenders
- Anti-social behaviour (ASB) perpetrators: clearly a priority identified by the Community Safety Partnership's responses
- Domestic Abuse perpetrators: another priority for Community Safety Partners

There will be a continuation of the successful critical work currently in place through Multi- Agency Public Protection Arrangements (MAPPAs) for the most dangerous offenders, in parallel with this Strategic Plan. Also Diversion of Young Offenders (DYO) has a plan overseen by the Integrated Offender Management Strategy Board.

All target groups will be reviewed on an annual basis to ascertain whether these continue to align with our principles and the over arching strategic aim to reduce re-offending.

## E) Multi- Agency Priority Interventions

The Multi- Agency priorities will be reviewed and agreed annually. Re-offending is a complex issue and research suggests there are a number of factors that are recognised key contributors to offending behaviour and the likelihood of re-offending as below:

- Accommodation
- Attitudes, Thinking and Behaviour
- Children and Families
- Drugs and Alcohol
- Education, Training and Employment
- Finance, Benefit and Debt
- Health

These factors were identified in the 2002 Social Exclusion Report on Re-offending as 'Pathways' to resettlement and out of offending. Using this research and applying the analysis from the individual Community Safety Partnership responses to how they are tackling re-offending at a local level, our priority multi- agency strategic deliverables for 2012-2013 are identified below:

- Accommodation
- Education and Employment
- Substance Misuse
- Mental and Physical Health

For each section we will detail the need, the current provision and our future goals in that specific area. The over arching forum for each section will also be identified, this is where we expect the delivery of these goals to be coordinated and championed.

# Accommodation

The coordinating key forums for accommodation are Kent and Medway's Joint Policy and Planning Board (JPPB) and the Integrated Offender Management Strategy Board (IOMSB)

## Need

Stable, suitable and affordable accommodation is essential to offenders to reduce their risk of re-offending, increase their equality of treatment within the Criminal Justice System, and enable inclusive and stable lifestyles within communities. Current data shows that between April 2010 and March 2011, 36% of offenders who started a community order in Kent or Medway were identified as having an accommodation need, this equates to 1,247 offenders.

## Current Provision

The Supporting People Programmes in both Kent and Medway provide a crucial mechanism to highlight and evidence the accommodation needs of offenders. Supporting People Programmes fund supported accommodation services for a range of vulnerable client groups, with specialist provision for offender bed spaces and offender floating support services.

Kent and Medway's Joint Policy and Planning Board co-ordinates the work of a range of relevant agencies, and provides the forum where strategic issues requiring joint working between health, housing and social care, can be raised and measures to address them.

## Goals

- All local authorities to strive to remove barriers to adopt a consistent approach to accommodation to include:
  - Following current protocols and policies already in place surrounding accessing and sustaining accommodation
  - Considering the implication of any housing benefit changes, ensuring that the possible increase of private unregulated housing is not detrimental to offering safe and suitable housing
  - Look at ways to introduce new service models for housing related support which are designed to provide more flexible and targeted services
- Ensure offenders are prioritised properly in order to meet their accommodation needs, especially the priority groups in section D
- Local authorities to continue to meet the specific accommodation needs of young people with the support of Youth Offending Services and Teams at a local level.

# Education and Employment

The coordinating key forum for education and employment is the South East Region Employment Offender Learning Skills

## Need

Employment plays an important role in the rehabilitation of offenders, ensuring that offenders have the skills, education and training necessary to help settle into sustainable employment is critical to reducing re-offending. From April 2010 to March 2011, 48% of offenders who started a community order in Kent or Medway were identified as having an employment or training need, this equates to 1,697 offenders.

## Current Provision

Once the initial skills assessment is undertaken for adults and young people, via the appropriate agencies, assistance is then provided with signposting to the applicable next step of support e.g. College, training provider or possible apprenticeships for young people.

The Work Programme via the Department of Work and Pensions, is also available to provide tailored support to help with effective job seeking via the local job centres, and to address basic skills gaps.

## Goals

- All agencies to improve signposting for young peoples services
- Increase number of offenders entering and completing education and training for employment
- Understand requirements and address lack of options for offenders with low level educational skills, literacy and numeracy
- Address how high risk offenders can be integrated safely into a learning environment
- Increase and improve links with local employers to drive up employment prospects
- Examine our respective organisations employment practices to remove barriers to employing ex-offenders wherever possible

# Substance Misuse (Drugs and Alcohol)

The coordinating forums for substance misuse are the Boards of the Kent and the Medway Drug and Alcohol Action Teams

## Need

Many offenders have very high levels of drug and alcohol related problems, with many also having mental and physical health issues as well. Appropriate diagnosis is key, before treatment and support can be provided. Offenders with substance misuse will also find it difficult to find and maintain employment and accommodation therefore increasing their likelihood of re-offending. Current data has identified 59% of offenders who started a community order in Kent or Medway between April 2010 and March 2011, had either a drug or alcohol need to be addressed, this equates to 2,073 offenders.

## Current provision

The Kent and Medway Drug and Alcohol Action Teams offer a wide range of services across Kent and Medway. There are also a number of interventions in place across Kent to address offenders needs to combat their drugs or alcohol problems.

## Goals

- Improved understanding of dual diagnosis issues between substance misuse and mental health problems
- Ensure demand and need is managed effectively to provide sufficient and accessible drug and alcohol services at a local level
- Introduce and roll-out Drug Test on Arrest across the county
- Understand impact of Payment By Results (PBR) on Drug and Alcohol Action Teams and consider implications for other areas

# Mental and Physical Health

The coordinating key forums for Mental and Physical Health are the Kent Criminal Justice Board and Integrated Offender Management Strategy Board (IOMSB).

## Need

As already identified, substance misuse for many offenders may be linked to or contribute to their mental or physical health problems, with knock on implications to both employment and accommodation. The effective diagnosis and management of their mental and physical health and wellbeing is critical to providing the appropriate treatment and support and ultimately helping them to stop offending. Recent data from April 2010 to March 2011, has shown that 27% of the Kent and Medway prison population were identified as having mental health problems of varying levels.

## Current provision

There are various agencies providing a range of treatments, help and support through the county currently, however it should be recognised that this is a complex topic in itself as multiple issues can be combined and often confused under mental and physical health. This area needs to be reviewed and improved in light of the recent and ongoing NHS health reforms, and a clear health strategy needs to be adopted for Kent and Medway.

## Goals

- Increase level of GP registrations from current level of 14% for statutory offenders in the community
- Introduce a clear provision of and routes into Mental Health Treatment Requirements
- Ensure a countywide Police Custody Liaison and Diversion Service with a Community Psychiatric Nurse to address the gap in this service in the Dartford Custody Suite
- Ensure a community provision for a Personality Disorder Unit to help offenders diagnosed with personality disorders or emerging personality disorders

These four key priorities will be reviewed on an annual basis to determine whether they still reflect the deliverables of the local Community Safety Partnerships and are indicative of the current research and findings.

# F) Assessment of Effectiveness

The Strategic Plan cannot be used as a scorecard against performance of reducing re-offending. However we can introduce a process to monitor progress and effectiveness against our strategic priorities and priority groups throughout the year.

There are currently various methods of analysis and performance measurements available across all agencies encompassing differing cohorts, criteria and time periods.

Therefore a basket of measures will be used to track performance as follows:

### i) National Indicator 18 (NI18) data

Published on a quarterly basis from the Ministry of Justice (MOJ) the NI18 data set covers adult re-offending rates for those under probation supervision.

## ii) Proven Re-offending data

Published on a quarterly basis from the Ministry of Justice, the Proven Re-offending data set covers a variety of cross sections, one of these data tables (Table 13c) provides key statistical information for adult and juvenile re-offending across Kent and Medway.

Integrated Offender Management data will not be used initially as it is currently in development, however we would want to also adopt this method in the future as it would be a clear indication of effectiveness against the primary priority group – see section H for future development work.

We will also include the headline measures for each of the strategic priority interventions as follows:

- Accommodation – % of statutory offenders in accommodation
- Education and Employment - % of statutory offenders in sustainable employment
- Mental and Physical Health - % of statutory offenders registered with a GP
- Substance Misuse - number of statutory offenders being discharged from treatment on completion of all their alcohol and/or drug interventions

It is important to also understand what each of the data sets is telling us in real terms. Higher reconviction rates may not necessarily point directly to greater re-offending but an increased detection rate of crime with more arrests and more crime being identified. This impact on the reducing re-offending rates would therefore need to be identified and accepted as part of the overall work that Kent and Medway are collectively doing to reduce crime across the county. The mechanism behind this and identifying other external influences needs to be more robust and holistic for this multi-agency strategic plan to be effective.

There will be a quarterly review of progress against this basket of performance measures, and this will be used as a check and balance with the annual review of the overall plan.

## G) Accountability

All Community Safety Partnerships have a statutory duty to reduce re-offending, and are required to formulate and implement their own strategies to reduce re-offending for both adults and young people. Because of this, Community Safety Partnerships should be able to demonstrate progress independently against this Strategic Plan. As such Kent's Community Safety Partnerships and Medway's Community Safety Partnership would therefore be accountable for the delivery of this plan. However to drive progress and coordinate delivery of goals and monitoring of performance the current Integrated Offender Management Strategy Board will broaden its remit to become the Reducing Re-offending Strategic Board.

This would allow this plan on a day-to-day basis to sit under that boards remit. The Reducing Re-offending Strategic Board will coordinate an annual 'stock take' against the strategic plan allowing an opportunity to ensure progress is monitored and measured, and areas of improvements can be captured and implemented where necessary. This will also allow a mechanism to communicate any changes of the key priority areas or target groups and enable a shift of focus for reducing re-offending both at a strategic and local level. It will report its findings annually to Kent and Medway's Community Safety Partnerships for decisions and escalations if necessary.

The terms of reference for the new Reducing Re-offending Board will need to be written, and consideration given to whether we need to broaden attendance.

In an effort to reduce duplication, the strategic priorities outlined in this plan that currently have an accountability and annual review process in place will maintain that accountability structure i.e.

**MAPPA** to MAPPA Strategic Management Board

**IOM** to IOMSB (which will become Reducing Re-offending Board)

**Young People** to Youth Justice Council

**Troubled Families** to Community Budget Multi-agency Steering Group

**Domestic Abuse Perpetrators** to Kent and Medway Domestic Abuse Strategy Group

Therefore Integrated Offender Management will now be a subgroup of the Reducing Re-offending Board.

The remaining priorities - Women offenders and Anti-social Behaviour Perpetrators could be channelled through the newly formed Reducing Re-offending Strategic Board unless people feel they should be allocated to a more appropriate governance forum.

## H) Future Development Work

The following are future emerging development areas:

- **Payment by Results (PBR):** There are currently a range of Ministry of Justice Payment by Results contracts underway that we could use to understand how best this new delivery model could help us to reduce re-offending
- **Police and Crime Commissioner:** The countywide strategic plan can be the initial understanding for the PCC on what Kent and Medway are doing to reduce re-offending. We also need to consider and understand the implications of the appointment of the new PCC to how we continue to deliver the goals of this plan
- **IOM analysis:** Kent Police and Kent Probation are currently joint funding a research analyst. As we move through the year, this extra research resource can help steer the addition of future target groups e.g hard to reach, diverse groups. It will also refine an IOM performance measure which can be added to the current measures of effectiveness in section F.



**Kent** Fire &  
Rescue Service



**Kent**  
**Police**



Changing Lives  
Reducing Crime





Item Number: A2

By: County Community Safety Team

To: Kent Community Safety Partnership

Subject: PREPARATIONS FOR THE POLICE AND CRIME  
COMMISSIONER

Classification: Open

## **FOR DECISION**

### **SUMMARY**

This report builds on the previous paper presented to the last Kent Community Safety Partnership on the 6<sup>th</sup> March 2012. It details the likely impact of the forthcoming Police & Crime Commissioner and Police & Crime Panel arrangements. It recommends a number of actions to assist with informing prospective candidates of the community safety landscape across the county and districts. It also highlights the ways in which countywide partnerships may wish to prepare themselves for the Commissioner and Panel. Lastly it provides an overview of how the engagement of the elected candidate may proceed.

### **RECOMMENDATIONS**

Members of the Kent Community Safety Partnership are requested to:

1. Approve the initial engagement process and the informing event proposed for August or September 2012(para 4).
2. Approve the arrangements for formulating an information pack covering the County and District partnerships (para 5).
3. Note the formulation of the CS Commission to review of the current community safety landscape structures in Kent, in the light of the forthcoming PCC and agree to the terms of reference of that task group (Appendix 1).
4. Note the approach to engagement with the PCC post election including the proposed Community Safety event on the 6<sup>th</sup> December 2012 (para 7).

LEAD/CONTACT OFFICER:

TELEPHONE NUMBER:

EMAIL:

BACKGROUND PAPERS:

## **COMMENTS**

### **Background**

1. The Police Reform and Social Responsibility (PR & SR) Act 2011 replaces police authorities with directly elected Police and Crime Commissioners (PCC) and Police and Crime Panels (PCP). The elections for the PCC will take place on the 15 November 2012 with the successful candidate being in place for a four-year term<sup>1</sup>. The closing date for nominations of PCC candidates is 19 October 2012, although prospective candidates are likely to emerge before this date. A Police and Crime Panel, which will scrutinise the actions of the PCC, must be in place by October 2012. In preparation for the formation of the PCP in Kent a shadow panel has been established.
2. There will be a clear link between elements of the PCC's role and community safety partnerships. For instance, the Police Reform and Social Responsibility Act places a mutual duty on PCCs and responsible authorities in CSPs to cooperate, to have regard to one another's priorities, and reduce crime, disorder and re-offending. Furthermore, the PCC and criminal justice bodies must also make arrangements for the exercise of functions so as to provide an efficient and effective criminal justice system for the police force area. PCCs can also require a representative from any or all of the CSPs in the Force area to attend a meeting to discuss their plans and priorities and has the power to require reports from CSPs about areas of concern.
3. Because of the broad range and number of organisations involved in county and district level community safety partnerships, it seems sensible that a collective approach to engagement with the Police and Crime Commissioner for Kent is developed. Following the paper to the last meeting, various discussions have taken place with district and county colleagues. Whilst there are a variety of perspectives amongst partners, the following is proposed as the collective means by which the process of preparation and engagement could be undertaken.

### **INITIAL PREPARATIONS FOR THE PCC**

4. It is important to all CSP partners that there is an understanding by the prospective PCC candidates of the community safety landscape across Kent. To address this, it is proposed that a prospective candidates' briefing event is organised. It is important for electoral purposes that the briefing sessions and information offered to candidates is purely factual, and that no attempt to offer opinions or appear in any way to have support for one particular approach.

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<sup>1</sup> Although the usual term of office will be four years, the first Commissioner's term will be slightly shorter than this to allow the subsequent elections to take place in May 2016.

5. The Kent Police Authority is offering a briefing in July and it is suggested that the community safety briefing be planned to take place shortly after this. This would provide the platform for countywide and district partnerships to highlight the work and successes that have been achieved, their priorities/plans and the emerging risks that are being identified. The event will also focus on the current structures for partnerships, the responsibilities of the various groups within those structures and their scrutiny arrangements. In an attempt to aid efficiency, it is proposed that other county partnership groups, for example Kent Criminal Justice Board and the Public Health Board are invited to be part of this event.
6. The event will be hosted and funded by the Kent Community Safety Partnership and will be open to all prospective PCC candidates. A detailed briefing pack will be collated with the opportunity for partnerships and organisations to include information within a relatively standard format. Those partnerships that wish to be included in the information pack should contact the County Community Safety Team, details will be circulated after this meeting. It should be noted that as this is a pre-election event the content of presentations and the details within the information pack will need to be controlled and should be strictly factual.
7. In support of the event it will be important to provide a detailed overview of current and emerging risks in the county. Given that the Police and Crime Commissioner will issue their Police and Crime Plan by the end of March 2013, this joint strategic assessment will be an important input to the planning process. To aid this, the refresh of the current county joint strategic assessment will be brought forward and consideration will be given to whether the information within the assessment will need to be extended to include other partnership's data.

## **POST PCC ELECTION**

8. It should be noted that the second phase of the process will involve direct and detailed discussions with the PCC about how they and community partnerships may wish to operate together. The Community Safety conference event proposed for the 6th December 2012 will be the first of such events. Following this, it is suggested that specific briefings are offered by the Chair of the KCSP on current and emerging issues.
9. One element of the ongoing engagement will be how an access point to partnerships can be achieved for the PCC. With the multitude and variety of levels to community safety and other partnership forums across the county, it is strongly recommended that discussions on options to address this issue continue prior to the appointment of the PCC. To assist with this and in light of the substantial reductions in funding opportunities for CS partnerships, it is proposed that a strategic county level commission is formed. This task group would be constituted from the seven county statutory partners and would look at how partnerships across the county can be more

effective in light of current and future environment in which they will operate. It should be noted that whilst there will be engagement with districts in the review process the Commission will not have any remit to consider or propose changes at this level. The terms of reference are attached for approval.

## **RECOMMENDATIONS**

Members of the Kent Community Safety Partnership are requested to:

1. Approve the initial engagement process and the informing event proposed for August or September (para 4).
2. Approve the arrangements for formulating an information pack covering the county and district partnerships (para 5).
3. Note the formulation of the CS Commission to review of the current community safety landscape structures in Kent, in the light of the forthcoming PCC, and agree to the terms of reference of that task group (Appendix 1).
4. Note the approach to engagement with the PCC post election including the proposed Community Safety event on the 6<sup>th</sup> December 2012 (para 7).

**DRAFT - Community Safety Arrangements in Kent  
TOR for a review in preparation for the PCC**

**Context**

The Kent Community Safety Partnership has commissioned a review of community safety arrangements in Kent as part of the preparation for the Police and Crime Commissioner. This review will be undertaken by a multi agency Community Safety Commission and will culminate in options for consideration by the KCSP.

**Membership of the Community Safety Commission (Task Group)**

A representative from each of the statutory partner agencies

District Council representative

Voluntary Sector representatives

**Timescales**

Review to be completed by End October 2012

Options to be presented to KCSP by December 2012

**Parameters**

The Commission is charged with a review of strategic, county level community safety arrangements. This could include associated partnership arrangements where they directly feed into these.

The Commission will not consider nor propose changes at a District level.

**Approach**

1. Mapping existing community safety arrangements.

Specifically this will include:

- Name and core remit of the group/body
- Status ie. statutory, voluntary, political etc.
- Governance
- Broad membership
- Meeting structure
- Key objectives
- Strengths
- Weaknesses
- Evidenced successes (this could include case studies &/or empirical data)
- Scrutiny arrangements
- Anticipated engagement/relationship with the PCC
- Approaches adopted elsewhere in the country
  
- Funding streams controlled
  - how could community safety be delivered with no ring fenced budget?

2. Consideration to be given to streamlining community safety arrangements in order to enhance efficiency and maximise the involvement of the PCC.

3. Options for future community safety arrangements to be presented to the KCSP.

*Whilst this review will be meaningful across Kent, it may be prudent to invite Medway to take part in this work in order to provide an inclusive and holistic community safety picture across the county as a whole.*

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## THE REPORT

Item

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**By:** Stuart Beaumont – Head of Service, Emergency Planning & Community Safety

**To:** Kent Community Safety Partnership July 3rd 2012

**Subject:** Joint Commissioning Framework

**Classification:** Unrestricted

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### 1. Purpose

- 1.1 To provide Kent Community Safety Partnership (KCSP) options for discussion and consideration regarding establishing a joint commissioning framework for community safety across Kent.

### 2. Background

- 2.1 In response to the regulations within the Police and Justice Act 2006, the Kent Community Safety Partnership was established in 2007 with the overarching purpose:-
- (i) To agree and performance manage a three year community safety agreement on behalf of the Responsible Authorities for Kent, refreshing it annually.
  - (ii) Through the collective focus of the Responsible Authorities and other partners to deliver Safer & Stronger Communities that will contribute to the three countywide ambitions set out in the vision for Kent, they being:-
    - To help the economy grow
    - To tackle disadvantage
    - To put the citizen in control
- 2.2 KCSP strategic responsibilities lie mainly in establishing joint systems so as to produce a county wide strategic assessment, to monitor performance and activity against the Kent Community Safety Agreement and to attract resources from appropriate funding streams.

- 2.3 Unlike other comparable upper tier CSPs across the south region, KCSP did not adopt a centralised, commissioning model in order to allocate the Home Office Community Safety Fund and any other available resources.
- 2.4 KCSP oversaw the proportionally allocated Community Safety Fund (using a Home Office formula – number of crimes per 1000 popn) to each of the District Authorities engaged with Community safety partnerships across Kent.
- 2.5 This current financial year the amount, including the DIP element, totalled £630,569 of which, £506,882 has been allocated to the CSPs.
- 2.6 Each district has received on average £38,198.
- 2.7 As of April 2013 this fund is transferred to the Police and Crime Commissioner, along with Youth Crime and Drugs Intervention grant.
- 2.8 Other small funding pots currently managed by some Responsible Authorities, such as the Victim Services Fund, the Drug Intervention main grant and Positive Futures grant, may also be transferred to the PCC at a future date.
- 2.9 As well as the above monies the Police and Crime Commissioner will have control of the police budget from when they take office in November 2012.
- 2.10 These differing funding streams will be collated into one PCC pot in 2014.

### **3. Police and Crime Commissioner – Police & Crime Plans**

- 3.1 The Commissioner is required to issue a Police and Crime Plan as soon as practicable after taking office and in doing so, should prepare a draft in consultation with the Chief Constable. The draft plan should then be sent to the Police and Crime Panel, allowing a reasonable amount of time for it to be considered. The Commissioner must have regard and provide a response to any report or recommendations made by the panel.
- 3.2 The Police and Crime Plan should determine, direct and communicate the Commissioner's priorities during their period in office and set out for the period of issue:-
  - the Commissioner's police and crime objectives for the area;
  - the policing of the police area which the chief officer of police is to provide;
  - the financial and other resources which the Commissioner is to provide to the chief officer of police;
  - the means by which the chief officer of police will report to the Commissioner on the chief officer's provision of policing;
  - the means by which the chief officer of police's performance in providing policing will be measured; and
  - the crime and disorder reduction grants which the Commissioner is to make, and the conditions (if any) of those grants

- 3.3 Chief Officers of local, unitary, county and district authorities have a duty to co-operate with the PCC for the purpose of formulating Police and Crime Plans.
- 3.4 In turn, the Commissioner has a number of additional statutory responsibilities that they must consider when formulating the Police and Crime Plan.

These include a duty to:-

- Co-operate with Responsible Authorities in formulating and implementing local crime and disorder strategies and have regard to the relevant priorities of each Responsible Authority;
  - Make arrangements for engaging with local people;
  - Achieve value for money;
  - Co-operate with local criminal justice bodies to provide an efficient and effective criminal justice system for the police area;
  - Have regard to the need to safeguard and promote the welfare of children;
- 3.5 Partner agencies, particularly criminal justice, local authority and wider community safety partners, will also require a clear understanding of the Commissioner's objectives, details of any crime and disorder grants allocated and the conditions, if any, of such grants.
- 3.6 If the plan is developed with input from partners and underpinned by a joint understanding of need, it can be key planning document for all Responsible Authorities and the criminal justice system. Such an approach could also demonstrate how the priorities of other agencies have been taken into account in the production of the plan.

#### **4.0 Commissioning**

- 4.1 The Police and Crime Plan will be a key strategic commissioning vehicle for Police and Crime Commissioners and should include any crime and disorder reduction grants which the Commissioner is to make, including any conditions of such grants.
- 4.2 There are many mechanisms by which the Commissioner may be able to secure services or contribute to securing delivery against the police and crime objectives for the policing area. These might include for example, agreeing section 23 collaborations, entering into contracts, providing grants, aligning budgets with partners, pooling budgets and developing community budgets. The Commissioner should be aware of any existing good practice with regard to joint commissioning.
- 4.3 Importantly, it would seem sensible that Responsible Authorities should ensure that the cooperation and trust that has been built up over time between them can be maintained and developed.

Robust governance arrangements need to be in place to ensure that any commissioning activity:-

- Supports the effective delivery of the Police and Crime Objectives;
  - Responds to local need and is informed by local assessments of risk and threat;
  - Takes account of the views of the public and service users;
  - Is achievable and realistic within the resources available;
  - Has clear and transparent accountability arrangements;
  - Provides sufficient value for money; and achieving economies of scale through co and joint commissioning to meet shared partner priorities;
  - Is appropriately monitored and performance managed.
- 4.4 The PCC may wish to explore how existing joint commissioning initiatives, such as Drugs Intervention Programmes, Youth Offending Services, Integrated Offender management schemes can be further developed, and consider services that could be delivered by single providers across CSP areas.
- 4.5 The Commissioner may also wish to consider the skills and expertise required to fulfil this function and whether capability will be:-
- Developed 'in-house', via the Commissioner's Office or externally; or
  - Be supported by existing skills and expertise within the Constabulary, Community Safety Partnerships and other partners, including Probation, KFRS and Health.

## 5. Possible Community Safety Commissioning Models

- 5.1 Members of KCSP are more than familiar with the various types of commissioning frameworks and the process of specifying, securing and monitoring services to meet individuals' needs at a strategic level.
- 5.2 It's suggested there are at least 3 possible commissioning models that could be applied to a large and complex crime and community safety landscape such as Kent & Medway or, indeed, a combination of these approaches.
- 5.3 **Strategic commissioning approach** as the basis of negotiating Service Level Agreements and specific contract schedules with 'prime' providers. This would take time to build and may duplicate services that are already in place within other agencies, such as health and probation. (see appendix 1).
- 5.4 **Service level commissioning model** to secure new or revised services (often, though not exclusively, through competition). This may not make full advantage of the potentials for pooling funding – e.g. there are separate pots of funding for victims work held by probation, police etc. (See appendix 2).
- 5.5 **Co-commissioning or Joint Commissioning** model (see appendix 3) which is a process of aligning strategies for using resources with one or more external commissioning bodies. Each may retain their separate funding or create a formal pooled budget.

- 5.6 The Co-commissioning or Joint Commissioning model is favoured by several of the Responsible Authorities in Kent as it brings together the expertise of a wide range of commissioners and is more likely to achieve the value for money and economies of scale previously referred to. Using a mix of commissioning bodies would allow agencies to be brought together according to the nature of what is being commissioned. Different organisations could lead on each commissioning process.

## **6. Considerations**

- 6.1 The PCC may wish to take a different approach in year one than they do in subsequent years of office. A PCC may initially be preoccupied with getting to grips with policing in the first instance, and then turn to the topic of commissioning at a later stage. This will, however, be dependent upon their knowledge and understanding of the policing and community safety issues.
- 6.2 The commissioning models above assume the Force is not a service provider - on one school of thought, when the community safety fund and main police grant are combined, the PCC can commission community safety and policing services from wherever they see fit. This makes the police force one of the many potential providers.
- 6.3 It is worthwhile considering that there might be a difference between grant giving and commissioning for the PCC. The PCC may wish to issue grants to certain organisations using one model, and undertake a full commissioning approach on another.
- 6.4 It is also worth noting that a PCC might not wish to come to a joint commissioning table if other agencies are not prepared to commit funds as well. Why should others assist the PCC in spending his/her money if they can't help you spend yours!
- 6.5 A PCC is unlikely to want a 'bitty' approach to commissioning – its probable that they'll want a one size fits all model that is easy to engage with.
- 6.6 Therefore careful consideration should be given to KCSPs relationship with the Kent Criminal Justice Board given that the PCC has a wider role around criminal justice and any commissioning model may not be sustainable without their inclusion.
- 6.7 The same point applies to the inclusion of Medway CSP.

## **7. Options for Consideration**

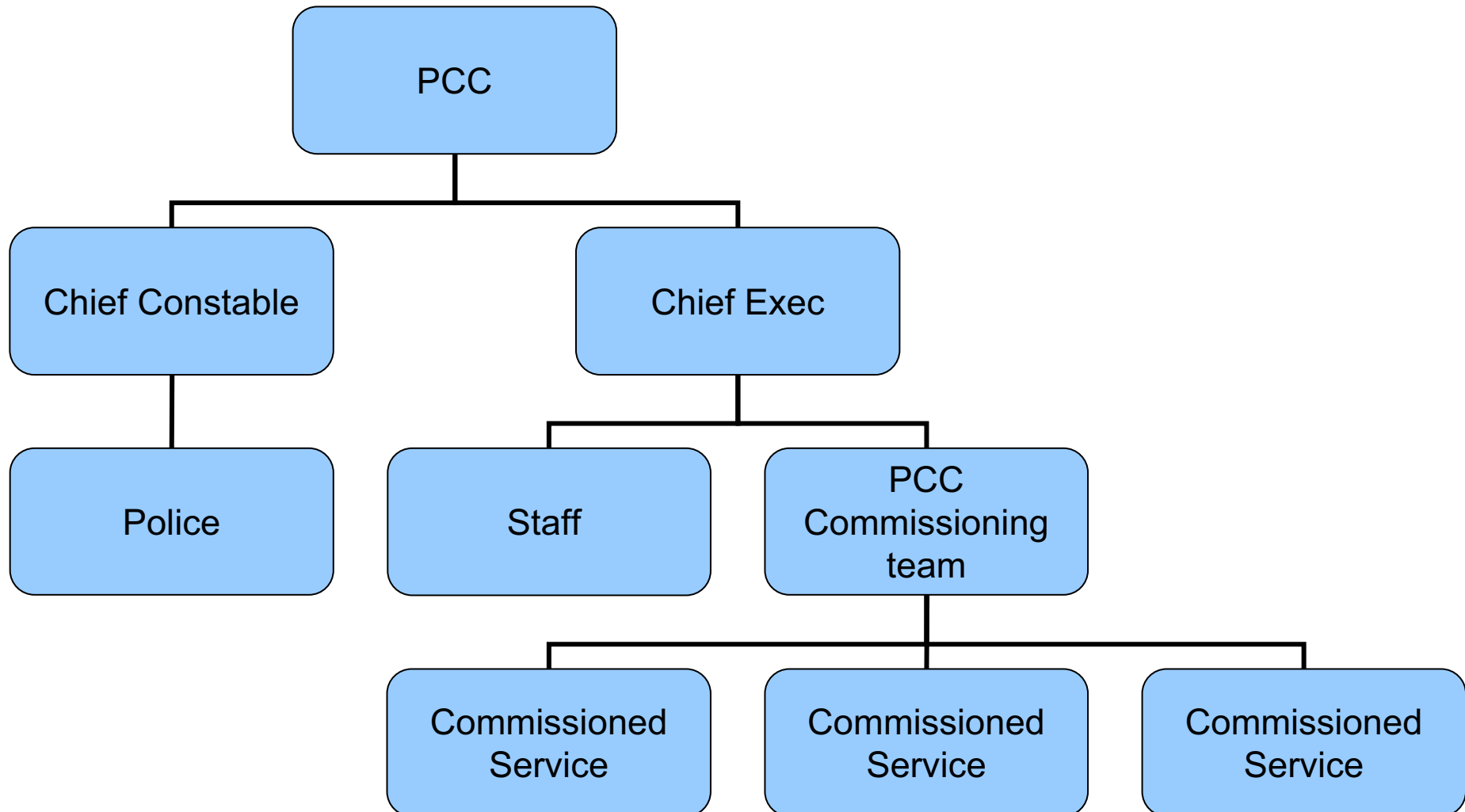
- 7.1 KCSP members are asked to consider whether the KCSP should position itself as a commissioning body or a provider of services.
- 7.2 If KCSP decides to adopt a commissioning role, should there be discussions with Medway Authority and the KCJB to consider establishing a joint Kent & Medway approach?

Stuart Beaumont

Head of Service, Emergency Planning and Community Safety, KCC

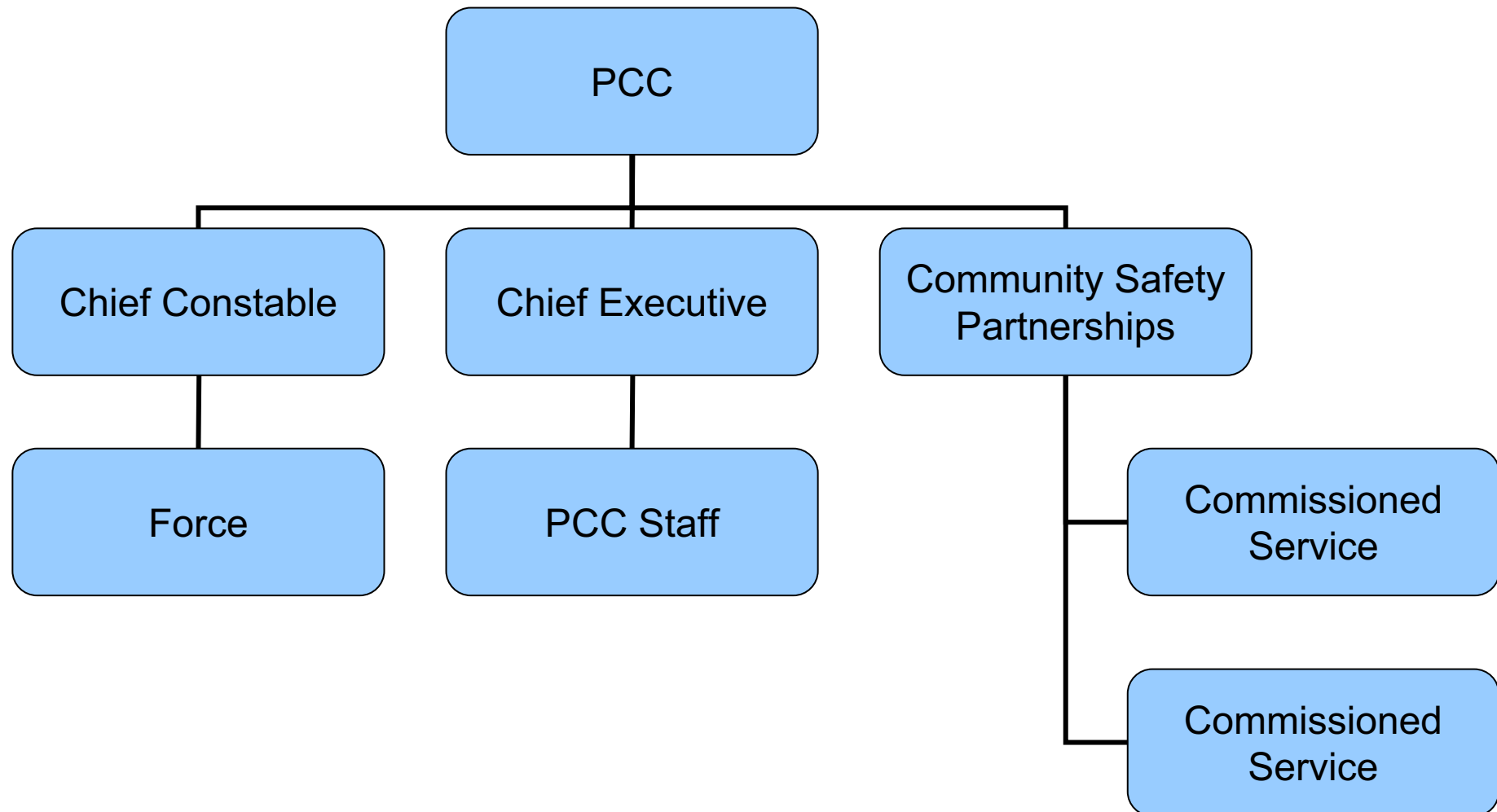
July 2012

# PCC as Strategic Commissioner



# Community Safety Service Level Delegated Commissioning

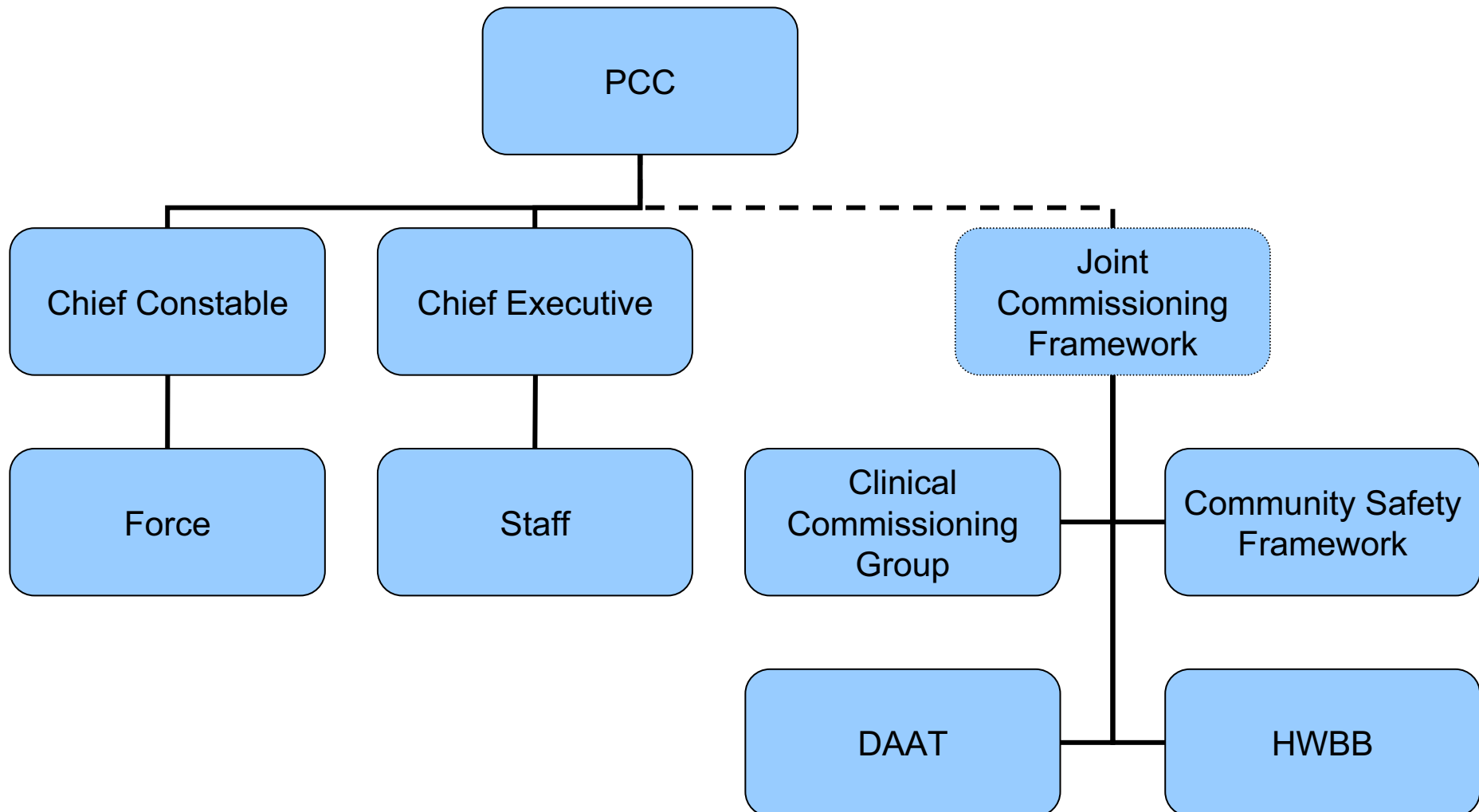
Appendix 2



# Community Safety Joint Commissioning

Appendix 3

Page 39



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26th June 2012

To: Kent Community Safety Partnership

Subject: Independent Domestic Violence Advisors (IDVAs) Critical Funding Requirement

### **Introduction:**

We last wrote to you in September 2011 highlighting the critical shortfall in IDVA funding and the risk this posed to our ability to support and protect 'high risk' victims of domestic abuse. *IDVAs work with 'High Risk' victims and this risk is defined as 'a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'*<sup>1</sup>

Describing the situation as 'critical' is not an exaggeration. A lack of funding has seen a 27% drop in IDVA numbers in 2012/13 to just under 17 fte (from 23.1 fte). Compare this drop to the 12 months ending March 2012 which saw 7 deaths as a result of domestic violence and at 956, a 25% increase in the number of high risk cases being presented at MARACs, and the critical nature of the situation is clear.

We have recognised for some time that funding arrangements for IDVA services are not stable or coherent. There are 10 third-sector agencies in Kent and Medway providing IDVA services all working independently of each other resulting in a patchy / postcode lottery coverage, variable working practices and constant competition for any funding streams available.

### **IDVAs Work:**

There is a reliable evidence base that indicates IDVA services have a dramatic impact on reducing re-victimisation and improving the safety of victims and their children.

A number of recent studies all agree that nearly two thirds of victims supported by an IDVA experience a complete or near cessation in the abuse they were suffering within 3-4 months of contact. In the third of cases where it did continue, it was at much lower levels.

Un-supported, 'high risk' cases are expensive for the public purse. CAADA calculates the direct costs of an average 'high risk victim to statutory agencies at over £10,000 per year. The average cost of supporting a 'high risk' victim is around £500 and the cost where all forms of abuse cease is under £1,000.

The current increases in the number of instances of domestic abuse being reported to the Police and the number of victims being assessed as high risk are showing no sign of slowing down. The human cost of not supporting a high risk victim is obvious and a failure to manage cases properly will only result in escalating costs to the public purse.

### **Actions Taken:**

The Kent CSP commissioned a Task And Finish Group, chaired by the Kent Fire & Rescue Service, to review the current situation and develop a sustainable strategy going forward. With the help of funding from Kent Probation and KFRS the group were able to buy in commissioning expertise and resource to help them with their work.

A number of other areas were contacted to see how they manage their IDVA provision. In summary, although there are a range of models in existence, most are moving towards

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<sup>1</sup> Offender Assessment System definition used by MAPPA Responsible Authorities

pooling and jointly commissioning services with centralised monitoring and clearly defined standards.

The group produced two reports which are attached. The first is a Needs Assessment which describes the high prevalence of domestic violence, an analysis of existing data and the unequal distribution of IDVA services across Kent & Medway. It shows that IDVA support to victims of domestic violence is an evidence based approach which shows a positive social return on investment e.g. £1 spent on IDVA services = £10 saved on managing DV cases across public sector organisations.

The second report is a Commissioning Report which shows the current complex and unsustainable arrangements for funding existing IDVA services and details of options considered.

### **Recommendation:**

The group concluded that the current arrangement will not improve by simply investing more money in it; we require a radical change to the way services are funded if IDVA provision is to become more robust, strategic and sustainable.

The group recommends that a jointly commissioned approach would help address the need for more flexibility, better value for money and more consistent standards and processes. A summary of the recommended option is as follows;

- Pool current public sector funding.
- Bid for funds to Police & Crime Commissioner and Health and Wellbeing Boards.
- Jointly, strategically commission an IDVA service across Kent and Medway
- Align services with MARACs rather than districts and target high risk clients
- Use longer term contracts/agreements so services can plan and develop
- Invite consortia bids to avoid losing existing skills and links developed by current small, localised providers.
- Commission for outcomes rather than posts
- Encourage providers to continue to access charitable funds to supplement the core IDVA service so that they can develop the outreach and volunteer base to provide a more appropriate level of support for cases which are not high risk (preventing today's medium risk becoming tomorrow's high)

Based on research, we know that the average cost to support a high risk victim is £500. From the Needs Assessment we estimate the number of 'high risk' MARAC victims in 2013/14 will rise to 1,300. Based on this estimated number of victims plus the cost of 4 Court IDVAs the total fund required to commission this service would be £810k.

### **Questions for Discussion / Decision**

1. Are partners in agreement with the recommendation to develop a joint commissioning approach which focuses on managing 'high risk' victims referred to MARAC.

The medium and low risk cases will continue to be managed by the third-sector agencies.

2. If the recommendation is agreed, who should be contributing to the pooled fund?
  - a. The costs of managing domestic abuse, as detailed in the Commissioning Report shows that the main beneficiaries of a reduction in re-victimisation are the Health Partnerships, the CJS and Social Services Authorities. Based on the cost figures these 3 groups would apportion any funding in a ratio of 7:4:1.
  - b. What proportion should individual local authorities contribute? Currently 6 of the 13 authorities have made a contribution in this year totalling £190k of which over

half has come from Medway Council. Annex 1 uses the number of MARAC cases for the 12 months to end May this year to show the proportion that each authority would contribute if a proportionate model was used.

- c. Should other countywide agencies also make a contribution? Examples might include Kent Fire & Rescue Service, Housing Associations.
3. Who will take on the role of the commissioning body (a possibility could be the KCC Commissioning Team) and take the recommendations forward. Who will approach the PCC and Health & Wellbeing boards to bid for their contribution to the fund?

To facilitate these decisions a presentation has been prepared for the CSP to explain the process we have gone through and the recommendation in more detail.

Sarah Billiald  
Chair, Kent Criminal Justice Board  
Chief Executive Kent Probation Trust

## Annex 1

### Local Authority MARAC Cases – 12 months to end May 2012

Area	No. of Cases	% of Total Cases	Proportion per £100,000
Ashford	67	6.4%	£6,400
Canterbury	63	6.0%	£6,000
Dartford	45	4.3%	£4,300
Dover	46	4.4%	£4,400
Shepway	72	6.9%	£6,900
Gravesham	51	4.9%	£4,900
Maidstone	81	7.8%	£7,800
Medway	247	23.7%	£23,700
Sevenoaks	29	2.8%	£2,800
Swale	69	6.6%	£6,600
Thanet	169	16.2%	£16,200
Tonbridge & Malling	52	5.0%	£5,000
Tunbridge Wells	52	5.0%	£5,000
Total	1043	100%	£100,000

## **Commissioning report**

### **Kent and Medway IDVA provision**

**June 2012**

## Contents

Commissioning report.....	1
Kent and Medway IDVA provision .....	1
June 2012 .....	1
Background .....	3
National policy background .....	3
Executive summary of needs assessment and equity audit .....	5
Prevalence, costs and expenditure .....	5
The current IDVA system and recent changes.....	6
Recommendations .....	6
Scope of needs assessment and commissioning report .....	7
Current IDVA funding arrangements .....	7
Options considered.....	9
Recommended commissioning options (Option 2 and Option 4) in more detail.....	13
Influencing potential funding bodies .....	15
Police and crime commissioners (PCCs) .....	15
Health and Wellbeing boards .....	16
Conclusion.....	17

## Background

The Kent and Medway Domestic Abuse Strategy Group have recognised for some time that funding arrangements for IDVA services have not been stable or coherent.

Fizz Annand has been commissioned to undertake two pieces of work for the Domestic Abuse Task and Finishing Group in relation to IDVA provision specifically in Kent and Medway. Firstly, to complete a needs assessment focussing on IDVA provision and how the capacity and coverage can be improved upon in the current economic climate; Secondly, following on from the needs assessment, to draft this commissioning report with recommendations to address the identified problems around funding and coverage of IDVA provision across Kent and Medway.

The needs assessment has been completed and focussed on IDVA provision specifically however a number of issues which are relevant to the wider domestic abuse support system were flagged up and are addressed to a certain extent in the recommendations.

### National policy background

The Home Office strategy document *'Call to end violence against women and girls: Taking action – the next chapter (2012)'* was an update which underlined the key themes of prevention, provision of services, partnership working, better justice outcomes and risk reduction which formed the main thrust of the Coalition Government's approach. It makes clear what is expected from local areas and partners. Of particular relevance to the Kent and Medway situation is the guiding principle that adequate levels of support should be made available where violence occurs. This principle should be demonstrated by the achievement of the following outcomes:

- Domestic abuse victims receive a good and consistent level of service wherever they live.
- Statutory agencies and NGO's get the response right the first time
- High quality commissioning processes and service provision at a local level

The Coalition Government has made clear that it is committed to devolving power, resources and accountability to local areas to decide their own priorities and how they deliver on these. Home Office part-funding for local IDVAs and MARAC co-ordinators will continue until the end of the spending review period (March 2015), although relatively little (£44k from Home Office and £73k from Ministry of Justice) of this funding has been received in Kent & Medway.

Reforms to policing, the NHS, public health arrangements and to the way victims' services more generally are commissioned locally, will lead to a shift in accountability for services to support the victims of domestic abuse.

Local area structures are changing: new Health and Wellbeing Boards are being established, and Police and Crime Commissioners will take responsibility for commissioning the bulk of victims' services from 2014. **The Government want to ensure that services to victims of violence against women and girls are protected and enhanced** under these new structures.

The Victims' Strategy *Getting it right for victims and witnesses* was launched in January 2012 subject to consultation. The strategy seeks to increase the sums of money available for practical support and advice for victims. It includes proposals to transfer responsibility for commissioning the majority of victims' services from central government to Police and Crime Commissioners. It is proposed that a

proportion of the additional income raised from offenders through the Victim Surcharge and other financial impositions will go to services for victims of domestic and sexual violence. The new arrangements for commissioning of services for victims should therefore ensure that the needs of victims of domestic abuse are taken into account.

The *Troubled Families programme*, launched in December 2011, commits the government to working with local areas to turn around the lives of 120,000 troubled families by the end of the Parliament. Based on past evidence it is expected a significant proportion of these families would suffer domestic violence problems.

## Executive summary of needs assessment and equity audit

### Prevalence, costs and expenditure

In Kent and Medway there will have been 54,773 ( $\pm$  11,000) women or girls (16-59) who have experienced domestic abuse in the last year.

Statutory responsibilities in relation to survivors of domestic abuse and their children are limited, to domestic homicide, child protection and patient safety. However, domestic abuse has been identified as a main driver for violent crime in Kent and Medway and a significant driver for the numbers of children using Specialist Children's Services.

The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

The total cost burden to different sectors can be split organisationally as shown below:

DOMESTIC VIOLENCE PROPORTIONATE COSTS MODEL		
Cost to Kent & Medway	Sector	Detail
£69m	health & mental health costs	Acute services (A&E), primary care, mental health treatment.
£44m	criminal justice costs	Policing, courts, prisons, probation
£8m	costs to social services	Safeguarding children, looked after children
£200m	other areas such as civil legal, housing etc.	Refuge, housing advice and support, housing services, legal advice re options and disposals,
<b>£321m</b>	<b>Total</b>	

The Health sector and the Criminal Justice System shoulder the greatest financial costs of domestic violence as single systems and stand to receive the greatest financial benefits of any prevention function that IDVA services deliver.

Financial information about what is being spent, by whom and to what effect has been previously lacking. This combined with the historical lack of robust activity and performance data has meant assessment of value for money has not been attempted.

In total around £611k is expected to be spent on IDVA services in 2012/13. Multiple council funding streams contribute to an overall expenditure of £190k from councils. A significant amount of funding for IDVAs comes from charitable sources, accessed by the provider agencies themselves (189k). Relatively little (30k) comes from the Criminal Justice System (police specifically) and zero directly from Health although it should be noted that Health are partners in Community Safety Partnerships and therefore indirectly have an involvement in the 39k that CSPs contribute. Children's services fund some DV services but not any IDVA posts directly

Funding sources	Expected IDVA funding 2012/13 (£000's)
Charitable funding sources	189
Medway council, Districts and KCC	190
Community Safety Partnerships	39
Central government departments	118
Housing associations	45
Children's services	0
Police	30
Health	0
<b>Total</b>	<b>£611,000</b>

Financial costs associated with this group of victims are particularly high for the health service and criminal justice system and failing to address high risk cases is expensive for the public purse. The charity Co-ordinated Action Against Domestic abuse (CAADA), calculates that **the direct costs of an average 'high risk' victim to statutory agencies is a minimum of £10,000 per year.**

**The actual cost of providing an IDVA for a high risk victim of domestic abuse is around £500 (<£1000 per successful outcome where all forms of abuse cease).**

**The costs vs. benefits ratio of IDVA provision is therefore 1:10 in cases where all abuse ceases.**

### **The current IDVA system and recent changes**

Kent and Medway Independent Domestic Violence Advisor (IDVA) services are a key element of the Coordinated Community Response to domestic abuse. They are part of a much wider system of services which make up a network of support. There is a small but reliable evidence base which shows that IDVA services can have a dramatic impact on reducing rates of re-victimisation and improve the safety of adult victims and their children.

Kent and Medway IDVA provision has historically been funded locally from public bodies such as district council CSPs, children's services, central government departments and local police, and from a range of charitable organisations, mainly with one off or short term funding. Ten separate providers operate IDVA services across the county. The provision varies in terms of both quality and capacity from one district to another and is not targeted at areas where most need, demand or the widest gap in provision is identified.

Whilst numbers of identified high risk cases presented at MARACs has increased by 25-33% per year, recent cuts in available funding have resulted in a significant drop in number of IDVAs from 23.1 f.t.e. to 16.84 f.t.e. in 2012/13; a 27% drop in IDVA numbers.

**Districts which will be least well served by the remaining IDVA provision in 2012/3 will be Dartford, Gravesham, Dover, Shepway and Ashford. In addition there is a gap in court IDVA support in Dover, Shepway and Ashford.**

A lack of standardised monitoring data has hampered a complete analysis of demand and activity, however it can be established that the current arrangement will not meet demand furthermore it is clear current resources are not equitably distributed in each district as needed.

### **Recommendations**

It is recommended that partners invest in a more strategic IDVA service, jointly funded and jointly commissioned, which would help to address the need for sustainability, more flexibility, better value for money, improved data for monitoring and planning purposes, and more consistent standards and processes.

A contract for a Kent and Medway-wide, sectorised (by MARAC area) service should be tendered which would also be able to address some of the other key gaps in the current service arrangement such as a single point of contact phone line and a lower tier of support for medium risk clients and volunteer domestic abuse (DA) support where appropriate.

Whilst improvements can be achieved by this kind of strategic commissioning approach to IDVA type services, it is also clear that the wider system of Domestic Abuse support services would benefit from a similar approach to needs assessment i.e. Clarifying what services are in place, where, identifying all funding streams, identifying overlaps, duplications and gaps in services, pooling resources and jointly commissioning agreed priorities that are flexible and sustainable and that meet assessed needs.

## Scope of needs assessment and commissioning report

This report and the needs assessment aim to provide partner organisations with sufficient background information and analysis on which to justify and agree priorities, identify likely funding bodies and take commissioning decisions.

**The main aim of the commissioning recommendations is to simplify and rationalise the commissioning and delivery of IDVA services and ensure they are more sustainable in the future.**

It is envisaged that a considerable amount of planning, work and effort will be needed from partner organisations to make the recommended changes and it is crucial that a senior level *Domestic Abuse Champion* takes responsibility for driving the change processes in 2012/13 and onwards into the following years, as changes are embedded.

In many areas of public services there is an increasing need for commissioning across public bodies. In considering options for improvement to the current IDVA provision an approach based on elements of *a guide to commissioning for maximum value*<sup>1</sup> has been used; the principles of which are around clarity about what changes or outcomes are needed and incorporating social, economic and other costs and benefits into decision making. In doing so it is hoped that contributions to change can be harnessed from multiple parties, both funders and providers. There are opportunities to collaborate at a funding, strategic and provider level. The approach also takes account of the potential impact of expenditure on areas of interest to various parts of the public sector.

**Spending on IDVA or other Domestic Abuse support services is justified by the current need shown in the needs assessment and the benefit (reducing re-victimisation) which will reduce a future need to intervene and further expenditure on health, crime and other social issues.**

## Current IDVA funding arrangements

Accurate financial information has been difficult to obtain however a spreadsheet showing the total funding has been drawn up. The difficulties appear to have been around funders not having detailed records of what or who exactly they fund and no central financial recording, as well as somewhat vague grants being given to organisations for DV work generally, which then is difficult to attribute to IDVA work specifically as providers use grants fairly flexibly.

As mentioned in the needs assessment providers spend significant amounts of energy and time making funding bids to various potential charitable and public sector sources. This has resulted in a substantial charitable input to the funding framework which supplements the public funds which are largely short term or one off funding 'pots'.

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<sup>1</sup> Prepared by the Social Return on Investment (SROI) Network as part of the National Programme for Third Sector Commissioning for LGA.

Some funding from public sector (police, CSP etc) has been described as being awarded in a 'hand to mouth' fashion in as much as it comes as one-off payments from organisational under-spends and as such there is little ongoing commitment and often only serves to temporarily 'prop up' an agency in financial difficulty or at risk of losing posts.

## Options considered

During the process of developing the needs assessment and commissioning report, a range of options have been discussed and considered. These are summarised below.

Option	Potential advantages	Potential disadvantages/risks	Recommended?
<p>1. <u>Do nothing new</u></p> <p>Leaving third sector IDVA providers to pursue funding for themselves, as they have historically, from a range of funding 'pots' on an ad hoc basis.</p>	<p>No financial risks to public sector organisations in terms of commitment to funding services.</p>	<p>Services will continue to reduce in size as funding streams shrink or cease whilst numbers of reported incidents continue to rise. <b>Capacity to support victims will reduce and risk of escalation of abuse in cases where victims are unable to gain support could have serious consequences (violence, homicide, health issues, child protection) as well as the <u>increased costs</u> associated with managing these cases.</b></p> <p>No strategic coverage or standardisation of quality.</p> <p>No activity data or shared performance framework.</p> <p>Potential reputational risks to commissioning organisations if no action is taken to address needs.</p>	<p>No</p>
<p><u>Costs</u></p> <p>Estimated additional immediate costs to partners Zero, however there would be financial implications of managing increasing numbers of cases in generic services.</p>			
<p><b><u>Recommended short term option (2012/13)</u></b></p> <p>2. <u>Fund extra IDVA capacity in areas with biggest gap in provision.</u></p> <p>i.e. Dartford, Gravesham, Dover, Shepway and Ashford to cover expected MARAC numbers for North and South Kent MARACs.</p> <p>Total 5 community + 1 court IDVA.</p>	<p>Relatively small extra cost ensures a minimum cover is provided to areas of highest demand and clients at highest risk.</p>	<p>This measure would only provide a short term fix and would do nothing to make the system work better or become more sustainable in the longer term.</p>	<p>Only as a short term measure in 2012/13</p>

Option	Potential advantages	Potential disadvantages/risks	Recommended?
<u>Costs</u> Estimated extra costs to partners approximately £240,000			
3. <u>Bolster current arrangement</u>  Fund 13 IDVAs, one per district including Medway to supplement current provision and provide a minimum level of cover/capacity for each district plus 3 court IDVAs as per suggestion in KCJB report 26 <sup>th</sup> September 2011 plus one new court IDVA for Dover, Ashford, Shepway.	Overall capacity of IDVA system would be boosted.	Takes no account of differential demand and need for flexibility to provide service where most needed. Does not address need to improve data, performance framework, standardisation of processes and other qualitative issues.	No
<u>Costs</u> Estimated additional cost to partners £730,000			
<u>Recommended long term option (2013/14 onwards)</u>  4. <u>Pool resources and strategically, jointly commission IDVA services</u>  Pool current public sector funding to IDVAs and bid for funds to supplement this to Police Crime Commissioner and Health and Wellbeing Boards. Jointly, strategically commission an IDVA service across Kent and Medway based on identified levels of need and demand, and allowing flexibility to address areas of highest demand.	Would provide better value for money due to lower overheads, management and on costs, better flexibility, coherent monitoring, provide a core funding basis on which bids could be made for charitable or 'match' funding from elsewhere. A more standardised approach could be used and gaps addressed such as the need for a single	Potential for loss of some smaller, local third sector services along with associated experienced/trained staff. Potential loss of charitable contributions to IDVA services.	Yes

Option	Potential advantages	Potential disadvantages/risks	Recommended?
<p>Ensure services are aligned with MARACs rather than districts and target high risk clients. Use longer term contracts/agreements so services can plan and develop. e.g. 3 year contracts with potential for extension. Invite consortia bids. Commission for outcomes rather than posts. Encourage providers to continue to access charitable funds to supplement the core, IDVA service dealing with high risk clients. Develop the outreach and volunteer base across the county and Medway to provide a more appropriate level of support for cases which are not high risk. Clarify the model of the domestic abuse support system – ensuring generic workers are contracted, trained, confident and supported to identify and address needs of victims, referring on to limited specialist services as appropriate and IDVA services are targeted on high risk cases.</p>	<p>point of contact. Existing providers could take the opportunity to merge or become partners.</p>		
<p><u>Costs</u>          Estimate of costs to partners</p> <p>To commission a community IDVA service with a capacity for 1300 clients (from expected MARAC figures) would cost £650,000. An estimate of £500 per client unit cost has been used as per national research literature. An additional £40,000 per court IDVA (4) would require £160,000 (£810k grand total).</p>			

Option	Potential advantages	Potential disadvantages/risks	Recommended?
<p>A Pooled fund should be created specifically for jointly commissioning strategic IDVA provision. If current levels of council, CSP and police funding can be maintained and pooled (259k) this leaves £551,000 to be funded from PCC and HWBs.</p> <p>If the 'proportionate costs model' shown on page 3 were applied to the total amount required the split between Health, CJS and Social services would be 7:4:1 i.e. Health £321k:CJS £184k:Social services £46k</p>			

## Recommended commissioning options (Option 2 and Option 4) in more detail

1. Option 2. Partners should pool resources to make short term, 'in year' funding available for 2012/13 to existing providers in MARAC areas where current capacity of IDVAs does not meet the need of MARAC referrals as shown in the needs assessment. These areas are Dartford, Gravesham, Dover, Shepway and Ashford . In total 5 community + 1 court IDVA at a rate of £40,000 per IDVA. £240,000 in total.
2. Option 4. Identify and pool public sector resources as of 2013/14 to create a strategic IDVA budget.
  - a. Some funding sources which have been identified in 2012/13 will be absorbed into the PCC budget and therefore will need to be flagged, 'pooled' and retained for the strategic IDVA budget in the following years.
  - b. Negotiation will need to be undertaken with other police, district and Medway budget holders so that other existing IDVA funding streams from the districts and Medway can be added to the 'pool' in 2013/14
  - c. Identify senior level Domestic Abuse champions (one 'health' and one 'CJS') to approach PCC and Health and Wellbeing boards with a business case, based on the IDVA needs assessment and commissioning report, for supplementing the identified existing funds to strengthen IDVA provision in a strategic manner.
  - d. Jointly commission a Kent and Medway-wide IDVA and Outreach service. Avoiding the current multiple agency arrangement, cutting overheads, management costs and on costs.
  - e. Specify acceptable levels of on costs/overheads in tender documentation.
  - f. Specify the capacity required as per the needs assessment and standards required. Include a single point of contact as a requirement.
  - g. Develop the volunteer based, less costly, DV outreach support services for medium/lower risk cases within the specification and exploiting the third sector's ability to attract charitable funding sources and 'match funding'.
  - h. Ensure specification for service is sectorised rather than district based to allow flexibility in provision and covers IDVA, outreach and volunteer based support services.
  - i. Consider using a 'sustainable commissioning model'<sup>2</sup> where commissioners specify outcomes required, and potential bidders describe how they will deliver and develop services to achieve target outcomes within the available budget.
  - j. Give notice to existing agencies as soon as possible and inform them of the approach that will be taken. Tender, welcoming consortia bids so existing agencies can partner up, merge or work with other agencies and present a more cost effective, sustainable approach demonstrating the cost benefits of collaboration and clear management structures and accountability.

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<sup>2</sup> Sustainable commissioning model developed by NEF/LB Camden. See 'Commissioning for maximum value', LGA.

3. Partners should consider which organisation is best placed to jointly commission new IDVA services on behalf of all contributing partners. KCC commissioning team may be appropriate leaders in this respect given their expertise and experience in joint commissioning and the alignment between their existing responsibilities (drugs and alcohol and supporting people) and domestic abuse.
4. Undertake a similar needs assessment approach for the wider Domestic Abuse services system and consider a more strategic commissioning based approach using a wider needs assessment, across the board, to develop a robust 'model' of service which clearly prioritises key elements of the Combined Community Response. Identify duplications and areas where funding can be released to contribute to the strategic approach to commissioning services across Kent & Medway (IDVA and other)
5. Ensure that IDVA and DV needs assessments inform the strategic assessment for the Police and Crime Plan once Police and Crime Commissioners are in place. Equally, ensure that the Joint Strategic Needs Assessment which informs Health and Wellbeing Boards commissioning priorities, includes a comprehensive section on domestic abuse and its impact on health inequalities.

## Influencing potential funding bodies

### Police and crime commissioners (PCCs)<sup>3</sup>

In November 2012, voters will go to the polls to elect Police and Crime Commissioners (PCCs) for the first time. The election of Police and Crime Commissioners will mean changes in the structures of partnerships. Commissioners will be given a range of funding streams. It will then be up to them to decide what community safety related services they want to commission in their area which should be based on the pledges and priorities on which they were elected.

The PCC will have similar functions to police authorities, one of which will be to work with partners and fund community safety activity to tackle crime and disorder.

In the first instance the PCC will inherit the existing staff that directly supports the police authority. The current chief executive of the police authority will become the chief executive of the PCC's staff. The staff of the police authority will be transferred to work for the PCC just after the election, and it is with these individuals that the Kent and Medway Domestic Abuse Strategic Group (KMDASG) should invest time and effort raising awareness of DV and IDVA in particular, prior to the election in order to bear fruit once the PCC is in place. Although these staff could be replaced by the PCC, it is likely that in the early days of the PCC's regime they will have a key role in the induction of the PCC, briefing them on key issues, and introducing them to key partners and the wider community safety landscape. Forging strong relations over the next year with these police authority staff will be an important task in order to be well placed to work closely with the PCC from the outset.

Perhaps of most interest is that the PCC will inherit all grant funding previously awarded to CSPs from government. The PCC will be responsible for setting the force budget, making community safety grants, and setting the local precept. The community safety fund, which will have been reduced by 60 per cent from April 2012, will be paid to PCCs from April 2013 at the latest, alongside funding such as the Home Office elements of drug intervention programme money as well as funding for services to address violence against women and girls. It is likely that any ring-fencing around these grants will be removed, enabling the PCC to deal with a truly pooled budget, giving them maximum flexibility to tackle the issues relevant to their community.

The KMDASG will need to identify a Domestic abuse champion to bid for funding from the PCC if the option of jointly commissioning a strategic IDVA service is taken up. If it is, the onus will be on the bidder to provide an outcomes-based, well evidenced business case in support of their request for funding, the IDVA needs assessment will provide essential information in this respect.

By establishing a framework by which activity is commissioned jointly and procured where necessary through a single portal (e.g. KCC Service improvement department, Commissioning team), partnerships can make significant savings. Provided formal agreements are in place between partnerships in advance of offering services, this should be attractive to a PCC; it excuses them the task of recruiting and providing for their own commissioning and procurement service, and also brings the PCC closer to the council's community safety partnerships when it comes to decision-making about commissioned services.

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<sup>3</sup> From: *Police and crime commissioners: a guide for councils*, LGG Sept 2011 & *Police and crime commissioners: a guide for community safety partnerships*, LGA, Feb 2012.

## Health and Wellbeing boards

Health and wellbeing boards will be a forum for key leaders from the health and social care system to work together to improve the health and wellbeing of their local population and reduce health inequalities.

Health and wellbeing boards will be operating in *shadow* form during 2012-13. Boards will take on their statutory functions from April 2013. Each top tier and unitary authority will have its own Health and Wellbeing Board. Board members will collaborate to understand their local needs, agree priorities and enable commissioners to work in a more joined up way. The aim is that patients and the public should experience more joined-up services from the NHS and local councils in the future.

The idea behind health and wellbeing boards is to strengthen working relationships between health and social care, and encourage the development of more integrated commissioning of services. Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care. This is key to the joint commissioning approach recommended in this report.

Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. It is essential therefore that there is a well researched and coherent section which addresses domestic abuse, as this document will guide commissioning decisions. The JSNA will include recommendations for joint commissioning and integrating services across health and care.

The Health and Social Care Bill mandates a minimum membership of:

1. one local elected representative
2. a representative of local Healthwatch organisation
3. a representative of each local clinical commissioning group
4. the local authority director for adult social services
5. the local authority director for children's services
6. the director of public health for the local authority

To bolster chances of domestic abuse services being prioritised it will be necessary to raise members awareness of the issues, the impact of domestic abuse on health inequalities, and costs/benefits of domestic abuse support services particularly IDVAs, outside of the board meetings, as well as formally via the JSNA.

A bid for funding from the Health and Wellbeing boards will be required if the option of jointly commissioning a strategic IDVA service is taken up. If it is, the onus will be on the bidders to provide an outcomes-based, well evidenced business case in support of their request for funding, the IDVA needs assessment will provide essential information in this respect and should help to inform the JSNA which will inform the commissioning priorities of the Health and Wellbeing boards.

## Conclusion

To conclude, it is clear the current IDVA funding arrangement is unsustainable if adequate support is to be available to victims of domestic violence into the future. There is no quick or cheap fix to this long standing problem.

Better value for money in publicly funded services is a priority for national and local policymakers and the longer term commissioning approach described in the recommendations of this report provides an opportunity to invest in strategically commissioned services which have the potential to save money longer term for all strategic partners.

The recommended long term approach requires leadership and willingness to pool funds, as well as a strategic commissioning approach and an increase in investment.

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# **Kent & Medway Independent Domestic Violence Advisors**

## **Needs assessment, equity audit and initial recommendations**

**May 2012**

## Table of Contents

Executive summary .....	3
Introduction .....	5
Domestic abuse .....	5
National definition of IDVA work .....	5
Rationale for the needs assessment .....	6
Scope of needs assessment .....	6
Methodology and sources .....	6
Evidence base and financial rationale for IDVA work .....	7
‘Strategic fit’ of IDVA work .....	8
Data and analysis .....	10
Population, prevalence and cost of domestic abuse in Kent and Medway .....	10
MARAC data .....	11
MARAC Performance .....	12
Children affected by domestic abuse .....	13
Children affected by domestic violence in Kent .....	13
Domestic abuse system, map and description .....	15
IDVA Coverage and capacity .....	16
2012/13 IDVA coverage and difficulties in estimating required capacity .....	19
IDVA providers activity data .....	21
Funding, changes and consequences .....	23
Further issues highlighted in consultation process .....	24
Operational issues .....	24
Court IDVA .....	24
Data .....	25
Strategic issues .....	25
IDVA services in other areas .....	26
Recommendations .....	27

## Executive summary

In Kent and Medway there will have been 54,773 ( $\pm$  11,000) women or girls (16-59) who have experienced domestic abuse in the last year. In 2011/12 there were 7 domestic homicides in Kent and Medway. The previous year there were 3.

The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

Statutory responsibilities in relation to survivors of domestic abuse and their children are limited, to domestic homicide, child protection and patient safety. Domestic abuse has been identified as a main driver for violent crime in Kent and Medway and a significant driver for the numbers of children who use Specialist Children's Services.

Kent and Medway Independent Domestic Violence Advisor (IDVA) services are a key element of the Coordinated Community Response to domestic abuse. As such they are part of a much wider system of services which make up a network of support. There is a small but reliable evidence base which shows that IDVA services can have a dramatic impact on reducing rates of re-victimisation and improve the safety of adult victims and their children.

Whilst financial costs associated with this group of victims are particularly high, especially to the health service and criminal justice system, **the actual cost of providing an IDVA for a high risk victim of domestic abuse is around £500 and the cost per successful outcome (i.e. where all forms of abuse cease), is less than £1,000** which is very low in comparison. Failing to address high risk cases is expensive for the public purse. The charity Co-ordinated Action Against Domestic abuse (CAADA), calculates that **the direct costs of an average 'high risk' victim to statutory agencies amounts to over £10,000 per year** this is represented by a 1:10 ratio of costs vs. benefits in cases where all abuse ceases.

Kent and Medway IDVA provision has historically been funded locally from public bodies and from a range of charitable organisations mainly with one off or short term funding. Ten separate providers operate IDVA services across Kent and Medway. The provision varies in terms of both quality and capacity from one district to another and is not targeted at areas where most need, demand or gap in provision is identified.

Whilst numbers of identified high risk cases presented at MARACs has increased by 25-33% per year, recent cuts in available funding have resulted in a significant drop in number of IDVAs from 23.1 f.t.e. to 16.84 f.t.e. in 2012/13; a 27% drop in IDVA numbers.

A paucity of standardised monitoring data has hampered a complete analysis of demand and activity, however it can be established that the current arrangement will not meet demand and it is clear resources are not equitably distributed. Equally, a dearth of financial information historically from both providers and funders has resulted in some difficulty identifying exactly what is being spent, by whom and to what effect.

A more strategic, jointly commissioned approach would help to address the need for more flexibility, better value for money, improved data for monitoring and planning purposes, and more consistent standards and processes.

A contract for a Medway and Kent -wide, sectorised service could also address some of the other key gaps in the current service arrangement such as a single point of contact phone line, lower tier of support for medium risk clients and volunteer domestic abuse (DA) support where appropriate.

Whilst improvements in IDVA provision can be achieved by a more strategic commissioning approach, it is also clear that the wider system of DA support services would benefit from a similar approach to needs assessment i.e. Clarifying what services are in place, where, identifying all funding streams, identifying overlaps, duplications and gaps in services, pooling resources and jointly commissioning agreed priority services that are flexible and sustainable and that meet assessed needs.

## Introduction

### Domestic abuse

Domestic abuse is serious and pernicious. It ruins lives, breaks up families and has a lasting impact. It is criminal<sup>1</sup>. It has been with us for a very long time and in Kent and Medway, reported incidents are rising. Research shows that nationally:

- Nearly 1 million women experience at least one incident of domestic abuse each year<sup>2</sup>
- At least 750,000 children a year witness domestic violence<sup>3</sup>
- Two women are killed each week by their partner or ex-partner<sup>4</sup>
- Victims of domestic violence are more likely to experience repeat victimisation than victims of any other types of crime<sup>5</sup>
- 76 per cent of all DV incidents are repeat incidents<sup>6</sup>
- Women experience an average of 35 incidents of domestic violence before reporting an incident to the police<sup>7</sup>

These statistics are shocking and demonstrate that women are still more at risk of violent crime at home than anywhere else. In Kent and Medway in 2010/11 around 22,000 domestic abuse incidents were reported to the police. A range of services exist including Independent Domestic Violence Advisors (IDVAs) to support victims of domestic abuse to reduce their risks and bring perpetrators to justice.

### National definition of IDVA work

The following definition and explanation of IDVA work is from CAADA<sup>8</sup>.

*The main purpose of independent domestic violence advisors (IDVAs) is to address the safety of victims at **high risk** of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients **from the point of crisis** to assess the level of risk, discuss the range of suitable options and develop safety plans.*

*They are **pro-active** in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other*

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<sup>1</sup> Speech by Keir Starmer QC. CPS website accessed at [http://www.cps.gov.uk/news/articles/domestic\\_violence\\_-\\_the\\_facts\\_the\\_issues\\_the\\_future/](http://www.cps.gov.uk/news/articles/domestic_violence_-_the_facts_the_issues_the_future/)

<sup>2</sup> 2009/10 British Crime Survey data: <http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf> as reported in latest cross-government VAWG strategy <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-paper?view=Binary>

<sup>3</sup> DoH, (2002) Women's Mental Health : Into the Mainstream, accessed at: [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Closedconsultations/DH\\_4075478](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4075478) p.16

<sup>4</sup> Womens Aid (March 2011) accessed at: <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1280>

<sup>5</sup> British Crime Survey Reports

<sup>6</sup> Flatley, Kershaw, Smith, Chaplin and Moon (July 2010) BCS - Crime in England and Wales 2009/10, Home Office, accessed at <http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf> p24

<sup>7</sup> Yearnshaw 1997, accessed at [http://safer.sthelens.gov.uk/SITEMANV2/publications/40/0901316LeafletsforDVVictims\\_3.pdf](http://safer.sthelens.gov.uk/SITEMANV2/publications/40/0901316LeafletsforDVVictims_3.pdf)

<sup>8</sup> CAADA – Coordinated Action Against Domestic Abuse

*organisations. IDVAs support and work over the short- to medium-term to put them on the path to **long-term safety**. They receive specialist accredited training and can hold a nationally recognised qualification.*

*Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.*

*Studies have shown that when high risk clients engage with an IDVA, there are **clear and measurable improvements in safety**, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.*

### **Rationale for the needs assessment**

The Kent and Medway Domestic Abuse Strategy Group recognised for some time that funding arrangements for IDVA services has not been stable or coherent. There are 10 third sector agencies in Kent and Medway providing IDVA services all of which have multiple, mainly short- term funding streams. None of the IDVA services are strategically commissioned across the area which has resulted in patchy coverage, variable working practices, constant bids for 'bits' of funding and competition between the agencies for any funding streams identified.

### **Scope of needs assessment**

Fizz Annand has been commissioned to undertake two pieces of work for the Domestic Abuse Task and Finishing Group in relation to IDVA provision specifically in Kent and Medway.

Firstly, complete this needs assessment focussing on IDVA provision and how the capacity and coverage can be improved upon in the current economic climate. Secondly, following on from the needs assessment, draft a report with recommendations to address the identified problems around funding and coverage of IDVA provision across Kent and Medway.

### **Methodology and sources**

This needs assessment has been carried out during March, April and May 2012 using information and relevant data where this exists. Obtaining comprehensive data from all relevant sources has proven somewhat problematic. This issue is taken up later in the document.

Stakeholders from a range of provider and public sector agencies have been consulted either face to face or by telephone to obtain qualitative descriptions of the current system, where the gaps lie and potential solutions.

A number of other county areas were contacted to find out how their IDVA services were funded.

## Evidence base and financial rationale for IDVA work

Kent and Medway IDVA services have not been evaluated locally however a number of reputable research and evaluation projects have been undertaken in the UK, a selection of which are mentioned here.

The Crown Prosecution Service (CPS) recently commissioned CAADA (Coordinated Action Against Domestic Abuse) to carry out further analysis of their recent survey of 1,247 victims. CAADA has trained over 1000 Independent Domestic Violence Advisers (IDVAs) and their findings are of significant interest. Not only were there successful outcomes in 73 per cent of the domestic violence cases where an IDVA supported the victim but also 66 per cent of all victims supported, regardless of the outcome of the case, reported a cessation or reduction of domestic violence as a result<sup>9</sup>.

IDVA services are one component of the Coordinated Community Response (CCR) along with Multi-Agency Risk Assessment Conferences (MARACs) and Specialist Domestic Violence Courts (SDVCs) and other specialist and generic agencies as advocated by central government. A recent research report *Islands in the stream 2011*<sup>10</sup> evaluated four London based IDVA services. It found that levels of repeat referrals and further incidents of domestic violence were very low, with two thirds of service users stating there had been no further violence since contact with the IDVA scheme. It also found that the effectiveness of IDVA schemes was dependent on the availability of other **specialised** services to refer on to.

In 2009 a multi-site evaluation of IDVA services was undertaken and a report '*Safety in numbers*<sup>11</sup>', showed the results. It followed the cases of 2500 'high risk' women over two years as they received intensive support from IDVA services in seven services around the country.

'High risk' means 'a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'<sup>12</sup>

The average outcomes were striking with 57% of all victims supported by an IDVA experiencing a complete or near cessation in the abuse they were suffering following only 3-4 months of contact. Where it did continue, in 43% of cases, it was at much lower levels. The approach was also effective in some of the hardest cases i.e. where victims experienced the most severe levels of abuse, multiple forms of abuse and abuse that was escalating in severity and frequency. 79% of victims said that they felt safer after support from an IDVA. **Crucially, the improved safety applied not just to adults but also to their children and especially so where the IDVA support was most intensive** (frequent contact). The report concluded that whilst financial costs associated with this group of victims are particularly high, especially to the health service and criminal justice system, **the actual cost of providing an IDVA for a high risk victim of domestic abuse is around £500 and the cost per successful outcome (i.e. where all forms of abuse cease), is less than £1,000** which is very low in comparison. Given this there is a strong case for commissioning IDVA services using a common framework, tightly defined and delivered.

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<sup>9</sup> CPS website (See footnote no.1)

<sup>10</sup> 2011. Coy M and Kelly L. *Islands in the Stream: an evaluation of four London independent domestic violence advocacy schemes*

<sup>11</sup> 2009. Howarth E, Stimpson L, Barran D and Robinson A. *Safety in numbers – A multi-site evaluation of IDVA services*

<sup>12</sup> Offender Assessment System definition used by MAPPA Responsible Authorities.

Failing to address high risk cases is expensive for the public purse. The charity Co-ordinated Action Against Domestic abuse (CAADA), calculates that **the direct costs of an average 'high risk' victim to statutory agencies amounts to over £10,000 per year**. This is made up of half a dozen police call outs, a similar number of trips to the A&E department, eight GP visits and anti-depressants, 12 nights in a refuge, and a prosecution. It excludes costs to voluntary services (other than refuges), assumes no children are involved, and does not include indirect costs, such as lost employment days and emotional costs<sup>13</sup>.

### 'Strategic fit' of IDVA work

As domestic abuse is a cross cutting issue strategically, it is relevant to the priorities and objectives of a number of organisational and departmental strategies and plans. For example:

- Reducing health inequalities is a key priority for Public Health strategies nationally and locally. Physical and mental health consequences of gender-based violence constitute a major public health problem in the UK and a source of significant health inequality<sup>14</sup>. Domestic abuse is specifically recognised in Kent's Public health report; *Mind the Gap 2012*.
- Kent and Medway police priorities and objectives include protecting the public from serious harm, reducing domestic violence and providing a victim focussed approach to investigation of domestic violence.
- Kent and Medway domestic abuse strategy's Delivery Plan is broken into the three key themes: prevention and early intervention; protection and justice; support for victims. This strategy sits beneath the umbrella of the Kent county council's Framework for Community Safety.
- The 'troubled families' initiative', of which Kent is an early adopter, makes mention of domestic violence as a contributing factor which may be present in families with multiple social and health problems.
- A review of 41 different studies<sup>15</sup> provided research evidence that domestic violence causes rather than follows mental health problems, it showed:
  - A large association between domestic violence and different signs of mental distress (depression, post traumatic stress, self-harm and substance use)
  - Mental health symptoms occur after, not before, the domestic violence starts
  - The more severe or frequent the violence, the greater the risk of mental distress
  - When violence stops, mental health improves; and if violence returns, mental health gets worse.

Domestic abuse services therefore are important to prevention and improvement of mental health difficulties which The Improving Mental Health in Kent & Medway (Live it Well) strategy, commits to address. This is specifically relevant under the commitment heading of reducing the number of people with common mental health problems; such as depression or anxiety.

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<sup>13</sup> 2008. Järvinen J, Kail A and Miller I. *Hard Knock life – violence against women a guide for donors and funders*

<sup>14</sup> 2007. Humphreys C. *A health inequalities perspective on violence against women*. Health & Social Care in the Community. Volume 15, Issue 2, pages 120–127, March 2007

<sup>15</sup> Golding, J. (1999) Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *Journal of Family Violence*, 14(2), 99-132

- Domestic abuse has an impact on Fire and Rescue Services. Kent police data shows there is a link between arson or threats of arson and domestic abuse, where domestic abuse is the motivating factor. In 2010/11 there were 16 crime reports for domestic abuse where arson or attempted arson was reported.
- Drug and alcohol misuse can be both an aggravating factor and a result of domestic abuse. There is a well established (non-causal) association between drug and alcohol misuse both by perpetrators and victims of domestic violence. One study showed that for almost two thirds of survivors drawn from domestic violence agencies they began their problematic substance use following their experiences of domestic violence<sup>16</sup>. Kent and Medway have a well established network of drug and alcohol treatment services with which the importance of links with domestic abuse services cannot be overemphasised.

IDVA services are primarily preventative as their main objective is to reduce the risk and consequently reduce the risk of re-victimisation. Success in achieving this objective has an obvious knock on effect in reducing costs to health, social services and the criminal justice system. The development of new priorities for Police and Crime Commissioners and Health and Wellbeing Boards during 2012/13 and onwards provides an excellent opportunity to 'thread' domestic abuse through each priority to ensure that the joint responsibilities of all organisations within partnerships are addressed.

#### Key Points

1. There is a reliable evidence base that indicates IDVA services, backed up by other specialised services, have a dramatic impact on reducing re-victimisation and improving safety of victims and their children
2. A basic cost/benefit analysis shows a very high *social return on investment* with the cost of an IDVA for a high risk case is around £500 (or less than £1000 where all abuse ceases), whereas the estimated direct costs of an average 'high risk' victim to statutory agencies amounts to over £10,000 per year.
3. IDVA services and domestic abuse generally 'fit' under the umbrella of a number of organisational and departmental strategies and priorities including police, public health, safeguarding children, mental health and wellbeing, community safety and others .

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<sup>16</sup> Humphreys, C. & Regan, L., 2005. *Domestic Violence and Substance Use: Overlapping Issues in Separate Services, Final Report*

## Data and analysis

### Population, prevalence and cost of domestic abuse in Kent and Medway.

The Home Office provides an estimation tool (ready reckoner) to demonstrate prevalence and costs of domestic abuse by area. It uses regional data from the British Crime survey on which to base its estimates. It estimates:

In Kent and Medway there will have been 54,773 ( $\pm 11,000$ ) women or girls (16-59) who have experienced domestic abuse in the last year.

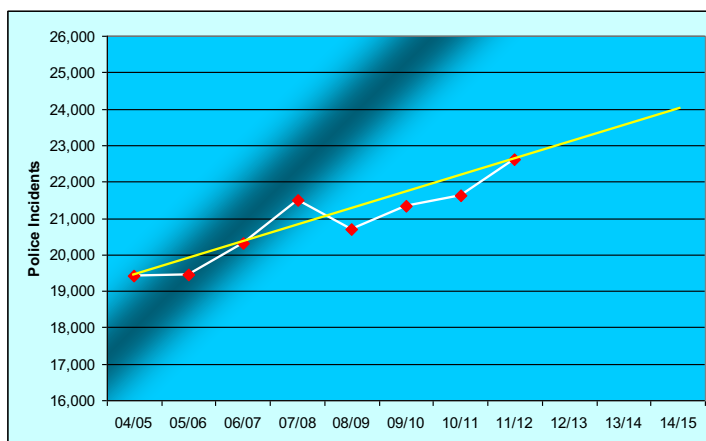
The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

This can be separated into;

Cost to Kent & Medway	Sector
£69m	health & mental health costs
£44m	criminal Justice costs
£8m	costs to social services
£200m	other areas such as civil legal, housing etc.
<b>£321m</b>	<b>Total</b>

Police data shows that of the estimated 54,773 cases, only a proportion are reported to the police.

In 2010/11 around 22,000 domestic abuse incidents were reported to the police; an increase of around 500 from the previous 12 month period. In 2011/12 BIU data shows 22,509 domestic abuse incidents in total were reported to the police, an increase of around 350 on the previous year.



Based on previous years, the number of Police Calls will rise to 24,000 in the next 3 years. That's an increase of 4 incidents to attend per day.

The number of charges made for domestic abuse in 2010/11 was 1296.

## MARAC data

Referrals to MARAC<sup>17</sup> of cases categorised as 'high risk' for 2010/11 amounted to 764.

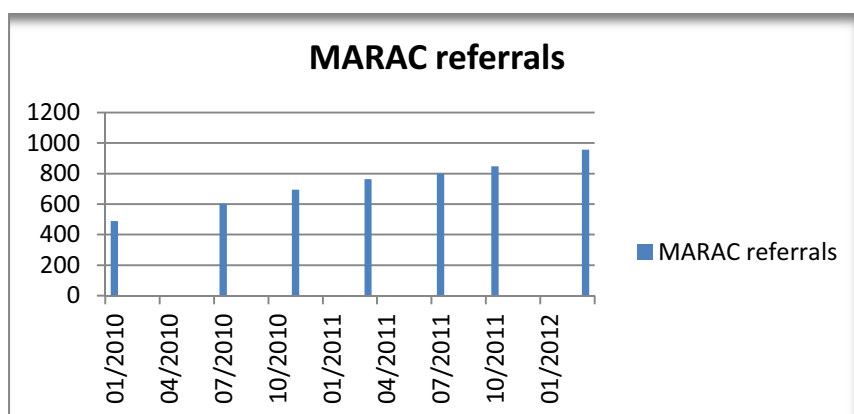
The estimates of prevalence and activity data from police and MARACs show a distinct 'funnelling' shape to the data.

Data stream (2010/11)	Number
Estimated prevalence (females)	54,773
Police domestic abuse reports	22,000
Charges	1296
MARAC (high risk) cases	764

From this data analysis, it is clear that the 'high risk' cases reported to MARACs and supported by IDVAs represent only the 'tip of the iceberg' in terms of the overall level of domestic abuse in Kent and Medway.

As MARACs have been established over recent years, numbers of high risk cases referred to them have gradually increased, almost doubling over the period for which data is available (Jan 2010 – March 2012). From July 2010 – July 2011 (13 months) there was an increase of 33%. For the one year period between November 2010 and October 2011 an increase of 22% is shown.

Date	MARAC referrals (rolling 12 month period)	
Jan 2010	489	
July 2010	603	
Nov 2010	695	
March 2011	764	
July 2011	802	
October 2011	847	
March 2012	956	95.5% increase from Jan 2010 (27 months)



<sup>17</sup> MARAC – Multi-Agency Risk Assessment Conference -meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim

The increasing trend shown in MARAC referrals is likely to continue as MARACs become more established and agencies systematically refer cases on to them.

Recent changes in the structure of the police service have reportedly resulted in a 'dip' in MARAC and IDVA referrals from police staff. There are concerns that this is coinciding with a reduction in IDVA capacity in Kent and Medway and that victims may be more vulnerable as a result.

CAADA<sup>18</sup> estimates the number of expected MARAC cases for Kent and Medway to be **3140**<sup>19</sup>. MARAC referrals come mainly from the police (51%) with IDVA referrals making up 26% to the MARAC.

### MARAC Performance

CAADA provides an analysis of MARAC data in comparison with average regional and national performance. The table below uses data covering January to December 2011.

Indicator	Kent & Medway MARACs	Kent most similar forces group (53 MARACs)	South East (36 MARACs)	National
Number of cases	843			
CAADAs expected number of cases	3140			
% non-police referrals	49.2%	33%	32.1%	36.9%
Number of children	1275			
Cases per 10,000 adult female population	13.2	25.6	19.3	26.5
% repeat referrals	18.9%	21.2%	24.4%	22.4%
% B&ME referrals			12.7%	
% LGBT referrals	0.2%	0.6%	0.7%	0.6%
% referrals where victim has a disability	1.1%	2.9%	2.8%	3.1%
% referrals with a male victim	1.3%	4.1%	3.1%	3.6%

The figures show that the actual level of MARAC reporting in Kent and Medway is significantly lower than expected in relation to CAADAs expected level and also in comparison with other similar areas and regional and national averages. Furthermore, referrals to MARAC who are LGBT, male or have a disability are lower than the average regionally and nationally. A percentage figure of B&ME referrals for Kent and Medway as a whole is not provided however with the exception of Ashford and Gravesend districts, all districts have significantly lower percentages of referrals of B&ME clients than live in the South East (12.7%) generally.

<sup>18</sup> CAADA – Coordinated Action Against Domestic Abuse are a national charity who are funded by the Home Office to provide support to MARACs in the South East with guidance on performance management and quarterly data reports analysing MARAC's performance to help monitor outcomes for victims.

<sup>19</sup> Based on the expected level of 40 cases per 10,000 of the adult female population. This has been established from work carried out by CAADA combined with police reporting rates and what is known about the likelihood of high risk victims of domestic abuse reporting to the police.

The percentage of non-police referrals is comparatively high. This may be because non police agencies are skilled and confident about assessing risk and know when to refer, or police risk assessments need some attention in terms of training if they are not identifying high risk cases and referring on. Further investigation on this point may be needed.

### Children affected by domestic abuse

UNICEF provides a report about children who are exposed to violence in the home<sup>20</sup> which describes how children may suffer a range of severe and lasting effects. Children who grow up in a violent home are more likely to be victims of child abuse. Those who are not direct victims have some of the same behavioural and psychological problems as children who are themselves physically abused.

Children who are exposed to violence in the home may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety. Children in the earliest years of life are particularly vulnerable. Several studies also reveal that children who witness domestic violence are more likely to be affected by violence as adults – either as victims or perpetrators<sup>21</sup>

Recent research shows that 70% of IDVA cases have children<sup>22</sup>.

### Children affected by domestic violence in Kent

The 956 MARAC referral cases in Kent and Medway in 2011/12 had 1,275 children between them.

Data from teams around the family indicate that in a significant number of cases where there is a CAF in place, domestic abuse is a factor. There are issues around recording domestic abuse as the primary concern on a CAF, but monitoring systems currently being put in place will ensure that teams are better placed to quantify the number of children and families being supported through a CAF where domestic abuse is a major issue

Specialist Children's Services work with children who are in need of protection (safeguarding) or are categorised as being 'in need'. In 2011/12 the ICS database in Kent Specialist Children's Services, showed **2087 cases where domestic abuse was the primary issue. This amounts to 12.4% of all referrals received.**

Furthermore, in 2011/12, **4469 Domestic Abuse Notifications (DANs) were received from the police to the Kent County Duty Team** (now CRU). These notifications can progress on to the Specialist Children's Services teams, if they are not known to services already.

Clearly then, domestic abuse is a major issue for Children's Services and efforts to reduce the risks that children are exposed to as a result of domestic abuse in their lives, should be a priority.

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<sup>20</sup> UNICEF. 2006. Behind closed doors: The impact of domestic violence on children

<sup>21</sup> World Health Organization, 'World Report on Violence and Health', ed. By Krug, Etienne G., et al., Geneva, 2002; James, M., 'Domestic Violence as a Form of Child Abuse: Identification and Prevention', Issues in Child Abuse Prevention, 1994; Centers for Disease Control and Prevention, and Calverton, MD, ORC Macro, 'Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report', Atlanta, GA 2003; Indermaur, David, 'Young Australians and Domestic Violence', Trends and Issues in Crime and Criminal Justice, No. 195, Canberra, 2001.

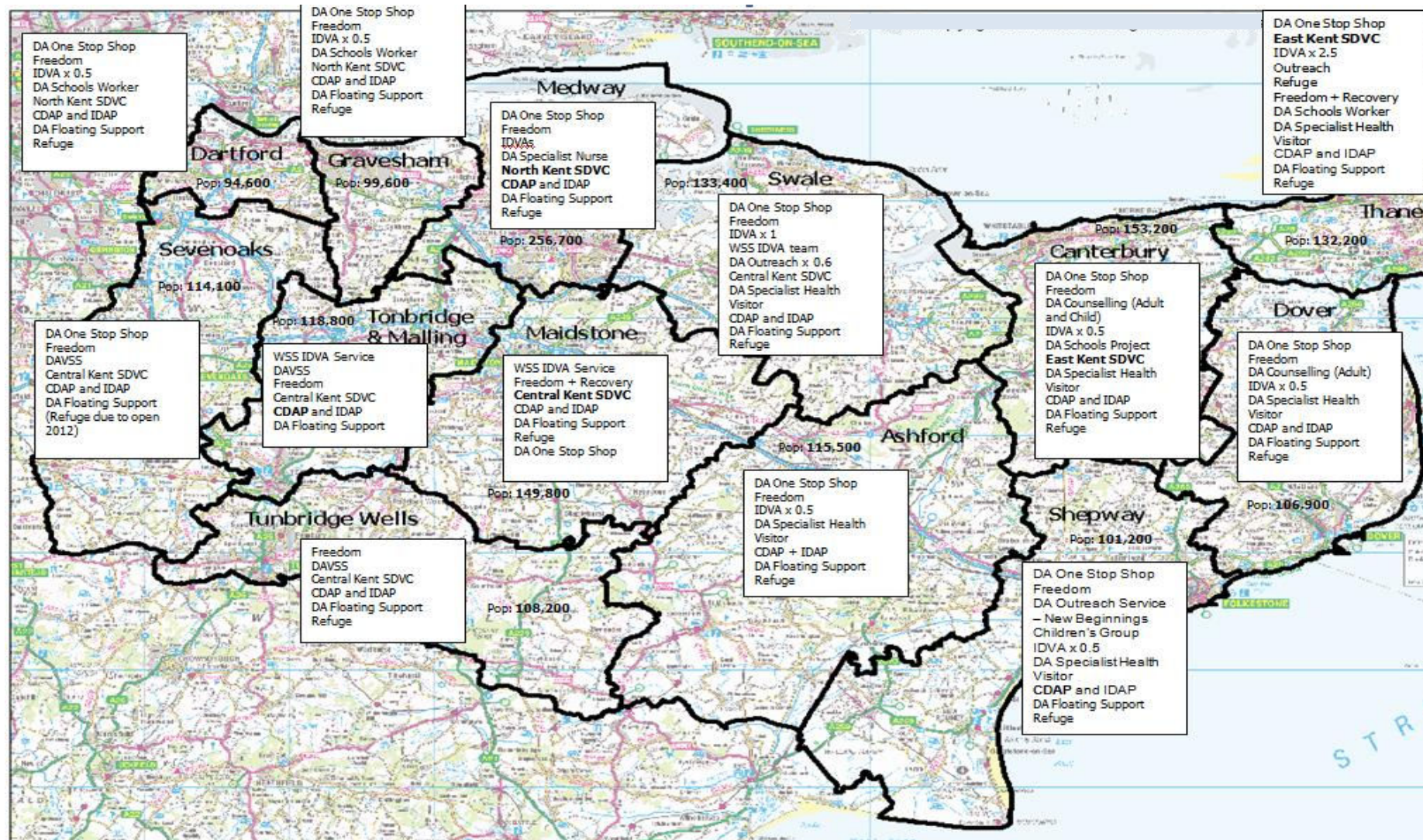
<sup>22</sup> Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009). Safety in Numbers: A Multisite Evaluation of Independent Domestic Violence Advisor Services. London: The Henry Smith Charity.

### Key Points

1. In Kent and Medway there will have been 54,773 ( $\pm$  11,000) women or girls (16-59) who have experienced domestic abuse in the last year.
2. The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.
3. Only a small proportion of domestic abuse incidents are referred to MARACs. However the number is rising year on year by around 25-33%. These represent the 'tip of the iceberg' in relation to the total number of domestic abuse incidents.
4. A significant number of children are affected by domestic abuse and dealing with children and families where domestic abuse is an issue constitutes a major burden on children's services.

## Domestic abuse system, map and description

The map below shows the distribution of domestic abuse services across Kent and Medway. Of note is the uneven range of services in each district.



## IDVA Coverage and capacity

The table below shows the 6 MARACs and 13 districts alongside the **IDVA coverage of each provider organisation for 2011/12**. (See the following page for a key to the colour codes on the table)

MARAC	Districts	Total incidents 11/12	MARAC referrals 11/12	Medway CAB		DA Vol support service	Refuge	Swale DV forum	N.Kent Women's aid	Kent Advocacy service	K-dash	CAB Mstone	Rising sun	Oasis	2011/12 IDVA Total per district
Medway	Medway	4248	233	0.33 North SDVC	1 housing IDVA						3				4.33
North Kent	Dartford	1377	92	0.33					0.5						0.83
	Gravesham			0.33					0.5						0.83
South Kent	Dover	4326	181				0.5			0.5					1
	Shepway						0.5								0.5
	Ashford									0.5					0.5
East Kent	Canterbury	4332	200										2	0.5 East SDVC	2.5
	Thanet													0.5	2.5
Mid Kent	Maidstone	3824	137								3	0.2 Central SDVC			3.2
	Swale							1.2			0.4	0.2			1.8
West Kent	Tonbridge & Malling	3108	113								2	0.2			2.2
	Tunbridge wells					1						0.2			1.2
	Sevenoaks					1						0.2			1.2
														Total	23.1

Key to colours on previous chart

- IDVA provision remains in place for 2012/13
- Reduced IDVA provision for 2012/13
- IDVA provision ceases in 2012/13

**Changes in total IDVA provision**

**Total IDVA numbers 2011/12 ~ 3 court IDVAs + 20.1 community IDVAs = 23.1**

***Estimated IDVA numbers 2012/13 ~ 3 court IDVAs + 13.84 community IDVAs = 16.84***

**2012/13 IDVA location and size of provision (f.t.e.)**

Funding for community IDVA posts in 2012/13 is being pursued by providers individually and therefore the position re potential numbers of IDVAs in place has been stated as of quarter 1 2012/13 and may change.

Page 79

District	Medway CAB		DAVSS	Refuge	Swale DV forum	NKWA	KAS	Kdash	CAB Maidstone	Rising sun	Oasis		Total
2012/13 Total funded IDVAs (FTE)	1 housing IDVA	1 court IDVA	2	1	0.5 +1 new post	0 (from May 2012)	0	4.85	1 court IDVA	1	2.5	1 court IDVA	
Medway	1	0.33						1.75					3.08
Dartford		0.33											0.33
Gravesham		0.33											0.33
Dover				0.5									0.5
Shepway				0.5									0.5
Ashford										0.5			0.5
Canterbury										0.5		0.5	1
Thanet											2.5	0.5	3
Maidstone								2	0.2				2.2
Swale					1.5			0.1	0.2				1.8
Tonbridge & Malling			0.4					1	0.2				1.6
Tunbridge Wells			0.8						0.2				1
Sevenoaks			0.8						0.2				1
												<b>Total</b>	<b>16.84</b>

The table above shows the approximate location and full time equivalence of IDVAs as of 2012/13 – when compared to the previous table; it clarifies where the decrease in provision has occurred and which districts are affected most by the decrease.

### Court IDVA coverage and capacity

<b>2012/13 funding</b>	<b>Court IDVAs - Full time equivalents 2011/12</b>	<b>Charges<sup>23</sup></b>
ok	North Kent SDVC 1fte	320
Ok until 3/2014	East Kent SDVC 1fte	324
ok	Central Kent SDVC 1fte	343
<b>Not in place</b>	<b>Dover/Ashford/Shepway no SDVC</b>	<b>309</b>

The table above shows the court IDVA provision only, in relation to the number of charges for each specialist domestic violence court area. There is a gap in specialist DV court coverage for the Dover/Ashford/Shepway area (South Kent MARAC). These areas are also the areas least well served/covered by community IDVAs.

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<sup>23</sup> Charges data for 2010/11 – at time of writing 2011/12 data unavailable. This will need updating.

### **Total IDVA activity by MARAC 2011/12**

<b>MARAC/districts</b>	<b>Total IDVAs (2011/12)</b>	<b>MARAC referrals 11/12</b>	<b>Cases per year per IDVA 11/12</b>
Medway	4.33	233	54
Dartford & Gravesham	1.66	92	55
Dover , Shepway, Ashford	2	181	90
Canterbury & Thanet	5.5	200	36
Maidstone & Swale	5	137	27
Tonbridge & Malling, T.Wells & 7-Oaks	4.6	113	25
<b>Total</b>	<b>23.1</b>	<b>956</b>	<b>41 (average)</b>

The table above shows the total number of court and community IDVAs in 2011/12 against the number of MARAC high risk case referrals. CAADA recommends a maximum IDVA caseload of 80 – 100 high risk cases per year. The table shows that although the overall capacity of IDVA provision for the 13 districts allows caseloads to be well within these maximum benchmarks, the spread of provision across Kent and Medway is inequitable.

Using the CAADA caseload benchmark the total capacity within the system for 2011/12 was for 1,848 – 2,310.

### **2012/13 IDVA coverage and difficulties in estimating required capacity**

Due to the changes in funding for 2012/13 the numbers of IDVAs estimated to be in place decreases significantly from 23.1 to 16.84 in total. In 2012/13 based on the estimated decrease in IDVA numbers the capacity will decrease to 1347 – 1684.

**Districts which will be least well served by the remaining IDVA provision in 2012/3 will be Dartford, Gravesham, Dover, Shepway and Ashford.**

The following table shows a projection of MARAC numbers dependent on different levels of increase in referrals. Should the current IDVA numbers stay constant going forward (16.84), It can be seen that the total capacity, if it were realisable, would be exceeded.

<b>Year</b>	<b>+20%</b>	<b>+25%</b>	<b>+33%</b>
2013/14	1,147	1,195	1,271
2014/15	1,376	1,494	1,690
2015/16	1,651	1,868	2,248

These figures represent a significant increase in workload for IDVA providers and for partners agencies involved in managing MARAC cases. Although the overall IDVA capacity appears to be just inside the acceptable benchmark for 2012/13, three key issues mean the calculations do not show the whole picture and the **total system capacity cannot be realised**.

1. IDVA services are restricted to where they work which has resulted in inequitable coverage between the districts i.e. the services are not targeted at areas with higher numbers of high risk cases.
2. Not all 'high risk' cases are referred to MARACs (See next section – IDVA provider's activity data). IDVAs may be able to work quickly with cases and obtain good outcomes without making a MARAC referral. This means the MARAC figures represent an undercount of high risk cases.
3. Some IDVAs work with medium and lower risk cases, due to the lack of coverage of 'outreach' or lower tier support in their area. Outreach support is similar but less intensive and is felt to be almost as important as IDVA support because medium and lower risk cases can quickly become high risk cases. Therefore addressing and reducing the risks for this group is important to prevent escalation of risk.

## IDVA providers activity data

IDVA activity data has not been collected centrally previously. As part of this needs assessment a request for data to all IDVA providers was made and the table below shows the data retrieved.

**Data health warning** - Different definitions and recording systems are used - there are no shared data definitions or recording systems across the systems therefore these totals should be seen as *indicative rather than accurate*. Community and court IDVAs data are included here.

### IDVA figures 2011/2012 April to March (except where shown, different dates)

	IDVA Provider agency	Referrals			Source of referrals						Total no. referrals
		High risk	Medium risk	Lower risk	Self	Police	Health	Soc. services	MARAC	Other	
1	DAVSS	50	120	0	56	42	3	10	7	50	168
2	Kent advocacy service	171	3	0	3	106	11	17	37		174
3	WSS/KDASH	531	228	0	279	151	23	66	1	239	759
4	Maidstone CAB SDVC	79	186	35	4	179	0	0	2	189	374
5	North Kent Women's Aid	80	6	0	4	0	8	6	39	26	83
6	Oasis (Aug 2010 - July 2011)	118	305	13	5	292	3	10	100	25	435
7	Refuge	76	5	0	4	46	9	2	20	0	81
8	SATEDA Swale (Jan - Dec 2011)	180	0	0	9	31	15	20	20	85	180
9	Rising sun	50	67	26	35	20	12	16	45	9	137
10	Medway CAB Court (Sept 2011- April 2012)	289				289					289
	Medway CAB housing IDVA	226	88	75						389	389
	Totals	1850	1008	149	399	1156	84	147	271	1012	3069

There are a few obvious key points to pick out from the provider's activity data:

1. The providers have worked with considerably more high risk cases (1850) than the MARAC figures (956) have indicated.
2. The largest percentage of referrals comes from the police.
3. The data shows that IDVA services are working with considerable numbers of medium risk clients (1008) and some lower risk clients as well as the high risk clients. The fact that IDVAs, which are supposed to work only with high risk cases, work with this group, indicates a shortage of lower tier (outreach/DV support) provision. This medium risk group is an important group to consider the needs of because they may be only just below the high risk score, but can quickly escalate resulting in further, more serious violent incidents. Some of these medium risk cases have previously resulted in domestic homicides.
4. Relatively few IDVA referrals come from MARACs (~10%). MARAC figures also showed conversely, relatively few MARAC referrals come from IDVAs (only 26%). This might indicate the need for closer alignment between IDVA services and MARAC.

It is worth reiterating the issue about the data not being completely reliable due to differing recording practices, and systems. Some providers have given numbers of referrals whether or not they engaged with IDVA support whereas others have only provided numbers who actually were supported by IDVAs. Of crucial importance in any commissioned service will be the need to ensure a shared dataset, definitions and recording practices.

#### Key Points

1. The distribution of IDVA provision across the districts is inequitable and untargeted.
2. The total capacity of the IDVA provision 2011/12, using CAADA benchmarks was 1848 – 2310 cases. This was well in excess of the number of MARAC referrals for the year (956).
3. The capacity of the IDVA provision for 2012/13 will drop to 1347 – 1684 which just covers the estimated number of MARAC referrals expected for the year. **This capacity is however not realisable** because:
  - a. The IDVAs are restricted to where they work due to their funding arrangements
  - b. The number of high risk cases worked with reportedly exceeds the MARAC referral numbers; however the MARAC dataset is the only complete dataset on which to base an estimate.
  - c. Some services also work with medium and low risk clients who may easily become high risk clients if left unsupported.
4. IDVA service data shows higher numbers of high risk cases than MARACs and also work with a significant number of medium risk clients which may indicate a need for more, lower tier DV support.

## Funding, changes and consequences

IDVA services have not been commissioned strategically across the Kent and Medway and have been funded by multiple, short term funding streams. A range of public sector and charitable funding streams are accessed individually by each agency on an ongoing and ad hoc basis. Local providers have approached various district, Medway and Kent county-wide funders on a regular basis requesting further funding to ensure IDVA services meet local need, however no specific needs assessment has been undertaken until now.

The consequences of this approach to funding services include an network of IDVA services poorly matched to local demand, persistent approaches to public bodies for further funding, uncertain future of services, an inordinate amount of voluntary sector management time spent 'chasing' funding with agencies competing against each other for small amounts of funding. Furthermore, the services funded vary from location to location dependent on which agency delivers the service, activity and performance data is not collected centrally or gathered consistently in each agency, value for money unknown given the range of salaries, on costs, management and venue costs each agency charges.

As a result of central government funding streams cessation and local funding ceasing over 2011/12 and 2012/13 there has been a reduction in funding to local IDVA services resulting in a drop from 23.1 to 16.84 IDVAs across Kent and Medway, as per the previous section.

The current funding levels and sources are not clear and are being investigated. They will form a section in the commissioning report following this needs assessment.

### Key Points

- Clarity is needed about exactly what funding is 'going in' to the IDVA services and the DV support system generally.
- Funding levels have dropped significantly from 2011/12 to 2012/3
- Historically funding has been from a complicated mixture of short term or one off funding arrangements, often making use of 'underspends' from various budgets.

## Further issues highlighted in consultation process

Whilst it's clear changes need to be made in order to improve the sustainability and coverage of IDVA services it is equally important to highlight the energy and experience demonstrated by the current providers of IDVA services whose enthusiasm and passion has driven the delivery of existing IDVA services locally. The range of smaller, more local services provides a visible presence and has established local links.

Alongside the statistical and financial analysis in this needs assessment a consultation process has been carried out with key stakeholders including third sector provider agencies and public sector officers in key roles. A number of qualitative issues regarding the current IDVA arrangements and the current and future needs have been expressed which are bulleted below:

### Operational issues

- Each service is operating in its own way, resulting in differing processes and quality of service received by service users.
- Some providers provide 'extras' on top of their IDVA service such as groupwork, promoting awareness and training.
- Managers make exhaustive and never-ending efforts to gain more funding. This becomes a major element of what they do.
- Each service has its own entry points, phone lines and duty systems.
- Some services only work with women clients.
- Services are restricted to where they work according to their funding streams.
- Court based and community IDVAs are separate and consequently court IDVAs can be isolated, duplications can occur and there may be a lack of consistency of contact for clients when referred from one to another.
- The financial viability of providers is not known.
- Evaluation of services or value for money has not been calculated.
- There is competition between provider agencies for funding and nervousness about sharing issues/information for commercial reasons.
- Some IDVA services work with high and medium risk cases as there is a perceived lack of 'lower tier' support and it is acknowledged that medium risk cases can quickly become high risk if not provided with options/support.
- Distribution of IDVA provision is inequitable across the districts.

### Court IDVA

- There is a gap in Specialist Domestic Violence Court provision (and court IDVA cover) for the Folkestone/Ashford/Shepway area.
- If IDVA cover is not provided in court there is a high risk of fewer successful prosecutions due to victim retractions and probably more victims will be subpoenaed.
- Court IDVAs can be isolated, good practice advice promotes IDVA provision as best delivered from an 'IDVA team'.
- Some community IDVAs don't know what court IDVAs do.
- There may be a case for integrated court/community IDVA cover and provision for crown court.

## Data

- There is no shared data system across all agencies, however some (n=5) have just purchased Paloma Modus which will allow better, more consistent recoding and reporting as well as limited client information sharing between those agencies signed up.
- There is no standardised monitoring framework across the system.
- Historically, there has been no centralised data collection and analysis other than from MARACs.

## Strategic issues

- There is a lack of clarity about the overall 'shape' or model of Domestic Abuse services for Kent and Medway expressed by some providers.
- Domestic abuse is a cross cutting issue across a number of public organisations and structures, it is seen as 'everyone's issue' which has unfortunately led to the perception that no one having taken a lead. The perceived lack of senior level strategic leadership or a DV champion is seen as one reason why progress on development of IDVA provision and DA services generally has been difficult. 'Who owns the strategy?' Was asked.

### Key Points

1. A clearer understanding is needed about the shape and model of DA services across the whole system.
2. A partnership DA champion at a senior level is required to ensure progress is made in driving the changes that are needed.
3. Data and monitoring needs to be improved to assist in quality assurance, performance management and planning.
4. Integration of court and community IDVA services may be necessary to ensure a more consistent and coherent approach to support.
5. There is a gap in Dover/Shepway/Ashford in SDVC provision. If developed, IDVA cover will need to be provided.
6. Each service is operating in its own way, resulting in differing processes and quality of service received by service users.
7. Each service is pursuing funding independently and in competition with each other. This takes an inordinate amount of management time and results in multiple, small, largely short term funding streams which make services unsustainable.

## IDVA services in other areas

A number of other areas were contacted to find out if there were any examples of good practice or ideas that could be shared that would assist in addressing the issues identified in Kent and Medway. The table below summarises their feedback.

Area	Feedback
Buckinghamshire	Commissioning model used, funding 2 providers across the whole county. Currently considering future commissioning options.
West Sussex	Not using a commissioning model currently. Have started a two year consultation process to envision future services. There is an IDVA service which is one provider, Worth services.
Surrey	Services are funded via multiple funding streams – council, police, NHS, local district councils, and local CSPs. In the past districts have commissioned their own services/providers. This year police and council have pooled funds and funded the providers. Next year there will be a single SLA covering all four districts and the providers will form a consortium with one lead provider – providing a seamless service across the county. Providers can and do access extra funding or match funding from charities/Trusts. This benefit is enhanced by having ‘core funding’ from the public sector. The new arrangement will be monitored via a small central monitoring group which reports back to the Communities and Public Safety Board.
East Sussex	A commissioning model is used. They are currently tendering for refuges and IDVA services.
LB Camden	6 IDVAs are employed ‘internally’ by the council and line managed via the community safety team. They are funded by the local authority and co-located within the police. Borough analysts access anonymised data and report performance to the CSP strategic partnership.
Cumbria	Cumbria jointly commission IDVA services from pooled funding from the Council, health and police. CAADA ‘insights’ are used to performance manage the service. A specification for the service has been provided. They have a combined IDVA and DA support (outreach) £800k over two years. Targets re activity levels for high and medium risk clients and standards are set.
Nottingham	Multi-agency funding – one provider.
Lincolnshire	DA services are funded separately by different departments and agencies. IDVAs are funded by the Community Safety Partnership. They hope to ‘pool’ funding streams in future and jointly commission services to get a more joined up, strategic approach with providers having longer contracts i.e. 2-3 years.

### Key Points

1. In summary, a range of models exist however most areas are now moving towards pooling funding and jointly commissioning services with centralised monitoring and clearly defined standards.

## Recommendations

1. Make short term funding available for 2012/13 to existing providers in MARAC areas where current capacity of IDVAs does not meet the need of MARAC referrals where shown in the data analysis.
2. Identify and **pool public sector resources** as of 2013/14 and **commission a strategic Kent and Medway-wide IDVA and Outreach provision**. Avoiding the current multiple agency arrangement, cutting overheads, management and on costs. Specify acceptable maximum levels of on costs/overheads.
  - a. Specify the capacity required as per the needs assessment and standards required. Include a single point of contact as a requirement.
  - b. Develop the volunteer based, less costly, DV support services for medium/lower risk cases within the specification and/or the Kent and Medway DA system model.
  - c. Approach Police Crime Commissioning board and Health and Wellbeing Boards as appropriate, for additional funding as required.
  - d. Ensure specification is sectorised rather than district based to allow flexibility in provision and covers different tiers of support i.e. IDVA, outreach and volunteer based support services.
  - e. Consider using a 'sustainable commissioning model'<sup>24</sup> where commissioners specify outcomes required, and potential bidders describe how they will deliver and develop services to achieve target outcomes within the available budget.
  - f. Give notice to existing agencies as soon as possible and inform them of the approach that will be taken. Tender, welcoming consortia bids so existing agencies can partner up, merge or work with other non-DV agencies e.g. Housing Associations and present a more cost effective, sustainable approach demonstrating the cost benefits of collaboration and clear management structures and accountability.
3. Undertake a similar needs assessment approach for the wider Domestic Abuse services system and consider a more strategic approach, across the board, to develop a robust 'model' of service which clearly prioritises key elements of the CCR. Identify duplications and areas where funding can be released to contribute to the strategic approach to commissioning services across Kent & Medway (IDVA and other)

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<sup>24</sup> Sustainable commissioning model developed by NEF/LB Camden. See 'Commissioning for maximum value', LGA.

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# **Kent & Medway Independent Domestic Violence Advisors**

## **Needs assessment and commissioning recommendations**

### **Kent Community Safety Partnership July 2012**

# Rationale for IDVA work

- Positive results: low rates of re-victimisation, improved safety to victims and their children.
- Average cost of £500 per case for an IDVA.
- £10,000 (min) costs to public services of one high risk victim PER YEAR.

# Prevalence and costs of DV

- In Kent and Medway there will have been 54,773 ( $\pm$  11,000) women or girls (16-59) who have experienced domestic abuse in the last year.
- The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

Note: These figures relate to woman and girls only and therefore total figures will be higher with men included.

# Data

<b>Data stream (2010/11)</b>	<b>Number</b>
Estimated prevalence (females)	54,773
Police domestic abuse reports	22,000
Charges	1296
MARAC (high risk) cases	764*

\* In 2011/12 the number of high risk cases was 956 an increase of 25% in 12 months

# Changes in total IDVA provision

- **2011/12**

3 court IDVAs + 20.1 community IDVAs = 23.1

- **2012/13 (est.)**

3 court IDVAs + 13.84 community IDVAs = 16.84

- Districts which will be least well served in 2012/3 will be **Dartford, Gravesham, Dover, Shepway and Ashford.**
- In addition there is a gap in court IDVA support in Dover, Shepway and Ashford.

# Consultation issues

- Model of DA support system unclear
- Lack of senior champion
- Poor data/monitoring
- Separation of court & community IDVAs
- All doing their own thing
- Competition for funding
- Services for male victims

# Summary of current funding

Funding sources	Expected IDVA funding 2012/13 (£000's)
Charitable funding sources	189
Medway council, Districts, KCC and Community Safety Partnerships	229
Central government departments	118
Housing associations	45
Children's services	0
Police	30
Health	0
<b>Total</b>	<b>£611,000</b>

# Recommendations and options

- The main aim of the commissioning recommendations is to simplify and rationalise the commissioning and delivery of IDVA services and ensure they are more sustainable in the future.

# Option 2

<p><b>Option</b>  <b>Recommended short term option (2012/13)</b></p> <p>Fund extra IDVA capacity in areas with biggest gap in provision. i.e. Dartford, Gravesham, Dover, Shepway and Ashford to cover expected MARAC numbers for North and South Kent MARACs. Total 5 community + 1 court IDVA.</p>	<p><b>Advantages</b></p> <p>Relatively small extra cost ensures a minimum cover is provided to areas of highest demand and clients at highest risk.</p>	<p><b>Disadvantages</b></p> <p>This measure would only provide a short term fix and would do nothing to make the system work better or become more sustainable in the longer term.</p>	<p><b>Recommended?</b></p> <p>Only as a short term measure in 2012/13</p>
<p><u>Costs</u></p> <p>Estimated extra costs to partners approximately £240,000</p>			

## **Option 4 - Long term option (2013/14 onwards)**

- **Pool resources and strategically, jointly commission IDVA services**
- Pool current public sector funding
- bid for funds to Police Crime Commissioner and Health and Wellbeing Boards.
- Jointly, strategically commission an IDVA service across Kent and Medway.
- Align services with MARACs rather than districts and target high risk clients.
- Use longer term contracts/agreements so services can plan and develop.
- Invite consortia bids.

## Option 4 cont.d

- Commission for outcomes rather than posts.
- Encourage providers to continue to access charitable funds to supplement the core, IDVA service. So that...
- Providers can develop the outreach and volunteer base across the county and Medway to provide a more appropriate level of support for cases which are not high risk.

# Option 4 Costs

## Costs

### **Estimate of costs to partners**

- IDVA service with a capacity for 1300 clients would cost £650,000.
- Plus 4 court IDVAs would require £160,000 (£810k grand total).
- A Pooled fund should be created specifically for jointly commissioning strategic IDVA provision.
- Using 'proportionate costs model' the split between Health, CJS and Social services (KCC and Medway Council) would be 7:4:1
- Consideration should be given to what other agencies can contribute to total costs i.e. district councils, KFRS etc



# What Next?

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## Contents

1. Executive summary
2. Introduction
3. What we learned
4. The service needs of victims of crime
5. Delivering services to victims: issues identified & what can be done to address them
6. Appendices
7. References

*"I got very mixed support. Some people get excellent support but for me, I had a mixed experience. So I felt I had to give something back and tell my story. It's important that we – the victims – play a role in getting a better service for all."*

**Male victim of anti-social behaviour**

## 1 Executive summary

This report was researched and written by the victims' services advocates (VSA) project.

The VSA project was commissioned by the former Victims Commissioner in anticipation of the arrival of the police and crime commissioner (PCC) for Kent.

Introduced by the Police Reform and Social Responsibility Act 2011, elected PCCs will replace police authorities across England and Wales from November 2012.

This report aims to:

- summarise current support for victims in Kent
- identify what victims need from local services
- propose a course of action by the PCC to meet these needs.

1.1 The report was commissioned to look particularly at the needs of the following groups:

- victims of anti-social behaviour
- victims of domestic abuse
- victims of sexual violence
- victims of hate crime
- people bereaved by murder and manslaughter
- young victims of crime.

1.2 Five sources of information contributed to the findings of this report:

- a mapping exercise to identify current services for victims in Kent (see appendix 6 for a list of organisations mapped)
- the contribution of local organisations and stakeholders
- focus groups and interviews with victims of crime
- a review of statistical data, mainly from the British Crime Survey
- existing local evidence and research on victims of crime.

1.3 This information told us that:

1.3.1 Kent has a complex network of statutory and voluntary organisations working to help victims. The voluntary sector provides a lot of specialist support services and help is also available from a number of statutory agencies, in the main relating to anti-social behaviour, hate crime and domestic abuse. There are also a number of effective strategic and operational partnerships, with representation from all sectors. Despite a reduction in staff resources in many organisations, working together in the interest of victims and witnesses remains a key priority.

1.3.2 Victims told us that there is some good practice throughout Kent, in respect of their treatment in the criminal justice system and in the support available. They were also honest about the things that had not worked well and rather than simply complain, they were hugely keen to suggest improvements and ensure their experiences were not in vain.

1.3.3 Within the last two years, there seems to have been little local research undertaken which was relevant to our research; potentially due to the lack of available staff to resource such work in the current downturn. That said, national research and local knowledge abound, and we were able to draw out some immensely useful information to support our work.

1.3.4 The statistics provide evidence that crime in Kent continues to impact greatly on the community. However, when considering the British Crime Survey satisfaction data, 57% of those surveyed in Kent believe that the police are doing a good job in their area and 70% said

they have confidence in their local police.<sup>1</sup>

1.3.5 The present financial uncertainty has clearly had an enormous impact on all the organisations we spoke to. Staff cuts see victim services stretched, yet providers are still striving to meet demand and ensure a quality service. Perhaps more than previously, there is a keenness to work collaboratively, to share resources and work together more effectively, in order to protect key support services to victims and witnesses.



1.4 Looking in more depth at the needs of Kent victims and witnesses in the key crime categories, we further identified that:

1.4.1 There is effective multi-agency work to reduce anti-social behaviour in Kent but funding cuts are already impacting on the ability of these services to deliver. Kent Police have introduced a harm-based approach, which is intended to 'wrap around' victims of anti-social behaviour, including those who are most vulnerable. The key will be publicity, to ensure that anti-social behaviour victims are equally able to benefit from this approach.

1.4.2 Kent has many specialist domestic abuse services. These are often underfunded and understaffed, with patchy provision of Independent Domestic Violence Advocates. Some services

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<sup>1</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social Research, British Crime Survey; 2010-11*, Colchester, Essex: UK Data Archive (distributor). Crown copyright material is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.

are developing useful partnership working to adapt to the financial climate. Kent also has effective partnerships in place such as the Kent and Medway Domestic Abuse Strategy Group. Kent Police have developed a new means of assessing domestic abuse referrals but there have been concerns over this model.

1.4.3 Many victims of sexual violence need long-term, specialist counselling yet it is currently inadequately resourced and Kent only has two Independent Sexual Violence Advisers. Kent is also the only county in the South East not to have a fully-functioning Sexual Assault Referral Centre, which falls far short of Department of Health recommendations.

1.4.4 There is a need for local investment in specialist services to those bereaved by homicide, particularly as counselling, for example, is often needed in the longer-term.

1.4.5 Victims of hate crime do not always know what hate crime is and what their rights are. Despite agencies such as Kent Police making concerted efforts to contact vulnerable communities, there is a need to engage more proactively with such communities, consulting them. Victims of hate crime want to be taken seriously, want regular police follow up, and want to be more involved in the criminal justice process.

1.4.6 Specialist services for young victims are limited and investment into this area of work is needed. Young people do not want to be judged and stereotyped. They need emotional support and want police to engage with them.



1.5 Taking into account the findings of this report and the duty on PCCs to obtain the views of victims of crime before setting

their policing plan, this report proposes the following actions to address the issues identified in this report:



## 1.6 Proposed actions

1.6.1 The PCC should lead a police and partnership process to ensure that there is a service which meets the needs of each individual victim. This includes meeting the needs of those who do not report to the police by ensuring that there is a non-police reporting service able to meet their particular needs. More efforts need to be made to contact victims and communities who experience access barriers to services and those who do not wish to report.

1.6.2 The PCC and police should improve engagement and consultation with victims. The PCC and criminal justice partners should make a measurable commitment to improve communication with victims and adhere to it.

1.6.3 The PCC should work with partners to ensure that support for victims is available from the outset, taking them through the entire victim's journey and beyond, when required. This will include working with other commissioners of services to agree prioritisation. This is about ensuring that the varying needs of each individual victim are respected and met.

1.6.4 The PCC should make it a priority to carry out more detailed work into the specific needs of vulnerable victims and the needs of victims' services across Kent. Building on the VSA project, the PCC should find every gap in service provision in Kent. This will mean working with stakeholders, reporting back on gaps and delivering actions to fill these gaps. A directory of victims' services is also

recommended to encourage further joined up working and access for victims to services.

1.6.5 The PCC should lead on a commissioning process for funding vital support organisations within the Police Force Authority. The PCC should work with other commissioners to securely fund services which are shown to provide support needed for victims. Key services for victims should exist equitably across the area.

## 2 Introduction

### 2.1. Police and crime commissioners

Introduced by the Police Reform and Social Responsibility Act 2011, elected police and crime commissioners (PCCs) will replace police authorities across England and Wales from November 2012. In London the Mayor's Office for Policing and Crime took on this role from January 2012.

PCCs will be elected by the public to hold chief constables and their force(s) to account. PCCs will be responsible for setting the police force's strategic priorities, cutting crime and ensuring that policing is efficient and effective. PCCs will also be responsible for appointing the chief constable.

PCCs will be expected to work with a range of public, private and voluntary partners working in criminal justice, community safety and public protection. They will have a significant role to play in the commissioning of some local services<sup>2</sup> which may include services for victims of crime<sup>3</sup>.

PCCs will also have a specific duty to obtain the views of victims of crime<sup>4</sup> before setting the local policing plan. This gives an unprecedented opportunity for victims to influence the services they get.

### 2.2. This report

This report was researched and developed by the victims' services advocates (VSA) project. The project was commissioned by the

former commissioner for victims and witnesses in anticipation of the arrival of PCCs, and delivered by Victim Support. Victim Support is the national charity giving free and confidential help to victims of crime, witnesses, their family, friends and others affected across England and Wales. This report was written for Kent and aims to:

- provide a picture of current support for victims in Kent
- identify what victims need from local services
- propose a course of action by the PCC to meet these needs.

The report seeks to present the views of victims and service providers in Kent.

While the project took great care to explore the full range of issues concerning victims' services in Kent and to consult a wide range of local stakeholders and partner organisations, it is acknowledged that there may be issues that the report has not been able to cover, given the timescales and scope. It is also acknowledged that, given the complexity of the subject area, in some cases issues are raised which do not have straightforward solutions. These will require close partnership working across systems and agencies to deliver change.

The report was commissioned to look particularly at the needs of the following groups:

- victims of anti-social behaviour
- victims of domestic abuse
- victims of sexual violence
- victims of hate crime
- people bereaved by murder and manslaughter
- young victims of crime.

Victims' services advocates were recruited to identify and research the needs of victims of crime, and to identify and research issues of

<sup>2</sup> Police and Crime Commissioners: Have you got what it takes? Home Office, 2011

<sup>3</sup> At the time of writing, the government is consulting on proposals to devolve responsibility for commissioning local services to victims and witnesses to PCCs (Getting it right for victims and witnesses, Ministry of Justice, January 2012)

<sup>4</sup> Introduced by The Police Reform and Social Responsibility Act 2011

concern to those who provide services to victims.

This is one of 42 local reports, covering every police area in England and Wales.<sup>5</sup> Delivery of the reports has been overseen by colleagues from the Home Office, which funded the project, and the Ministry of Justice. Ownership of all 42 reports sits with the Home Office.



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<sup>5</sup> Including the Metropolitan Police, but not the City of London Police, which is unaffected by the reforms.

### 3 What we learned

Five sources of information contributed to the findings of this report:

- a mapping exercise to identify the services that currently exist for victims in Kent (see appendix 6 for a list)
- consultation with local organisations and stakeholders
- focus groups and interviews with victims of crime
- a review of statistical data from sources including the British Crime Survey
- existing local evidence and research.

This chapter outlines what we learned from these different sources about what victims need from local services.



#### 3.1. Mapping services to victims in Kent

The victims' services advocates (VSA) project undertook a mapping exercise to identify services for victims in Kent. This involved:

- desk based research into local services
- discussions with key local organisations – including police, local authority and third sector agencies – about services available
- feedback from local victims of crime.

What was in scope?

This was a time-limited project, spanning a 12 month period. The project focused primarily on services for:

- victims of anti-social behaviour
- victims of domestic abuse
- victims of sexual violence

- victims of hate crime
- people bereaved by murder and manslaughter
- young victims of crime.

It also included services for witnesses if offered as part of a combined victim/witness service.

We acknowledged at the outset that a single organisation may provide a range of individual services, so this exercise set out to map services, not organisations.

#### What was out of scope?

The research did not include services offering more generic support – for example services offering general support around housing, or drug and alcohol support. It is acknowledged however that some victims may not seek help from specialist victims' services, and therefore that we may not have included the full range of services accessed or required by victims.

Further research would be required to assess the full range of services used by victims, especially those in the most vulnerable circumstances, whom services can find harder to reach.

This mapping exercise should not be seen as comprehensive or exhaustive. It should also be noted that, as with any such exercise, the landscape can change rapidly. To the best of our knowledge, the information contained in this report was correct at the time of writing.

#### The landscape of services to victims in Kent

Kent is socio-economically diverse with relatively more affluent western areas and more deprived eastern areas. It is policed by Kent Police, who have three divisions. These are the North Division, West Division, and the East Division.

The county is administered by Kent County Council, and the unitary

authority area of Medway by Medway Council. Below Kent County Council are twelve district councils. Each district has a community safety partnership (CSP). These were established by the Crime and Disorder Act of 1998 to deliver partnership crime and disorder interventions for local areas.

Kent CSPs coordinate, at a county level, community safety initiatives and actions involving domestic violence, anti-social behaviour, hate crime and substance misuse. They either deliver services themselves or contract service providers to do so.

Kent also has a criminal justice board, which includes members from each of the criminal justice agencies in Kent, including Kent Police and the Crown Prosecution Service. The Kent Criminal Justice Board therefore represents many of the agencies which play a part in the victim and witness journey through the criminal justice system.

### **The Code of Practice for Victims of Crime**

Kent Police are committed to compliance with the Code of Practice for Victims of Crime, which sets out minimum requirements for updating victims of crime between 1-5 days depending on the trigger point and vulnerability of the victim. According to the 2010/11 British Crime Survey, however, 77% of people in Kent had never heard of the Code of Practice for Victims of Crime before undertaking the survey.<sup>6</sup> This is higher than the national average of 72%.

### **Kent Police User Satisfaction Survey**

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<sup>6</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social Research, British Crime Survey; 2010-11*, as above.

Like all police forces, Kent Police carries out a regular User Satisfaction Survey with victims and witnesses of crime. The User Satisfaction Survey for the rolling year ending September 2011 says that 95.9% are satisfied with how they are treated, 87.3% are satisfied with police actions, and 78.7% are satisfied with police follow-up. This data shows that for the rolling year ending September 2011, Kent Police was in the top ten police forces for satisfaction with actions and satisfaction with treatment. It was 13<sup>th</sup> out of 43 police forces for satisfaction with follow-up.<sup>7</sup>

User Satisfaction Surveys exclude people under 16 years old, however it should be noted that Kent Police engages with young people in many ways, including having a Youth Panel composed of 11 - 16 year olds. The Kent Police Authority also has a number of consultation methods underway to engage with young people, and already targets young people across Kent through a school programme, through social media and through summer road shows.



### **Summary of service mapping in Kent**

The service mapping exercise revealed a complex network of statutory and voluntary organisations working to help victims in Kent. There are many services for victims of domestic abuse in particular, with police coordination of Multi Agency Risk Assessment Conferences (MARAC), domestic abuse forums and excellent support services. As elsewhere in the country, there is patchy Independent Domestic Violence Advocate (IDVA) provision, with often precarious

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<sup>7</sup> Kent Police also came out in the top ten police forces for rolling year ending September 2011 for satisfaction with making contact and overall satisfaction.

funding. As of March 2012, Kent had 23.9 IDVAs, provided by ten agencies.<sup>8</sup>

Sexual violence also has excellent support services. Kent's Sexual Assault Referral Centre (SARC), however, does not meet Department of Health recommendations and there are only two Independent Sexual Advisers (ISVAs) for Kent, far less than the Department of Health recommend.

In general, victims' services in Kent are already suffering from funding cuts. Police Community Safety Units, for instance, which help victims of anti-social behaviour, are having to scale back vital services. Domestic abuse and sexual violence services are losing funding for services essential to the recovery of victims, such as self-help groups.



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<sup>8</sup> Please refer to Appendix 2 for further details on IDVA provision in Kent.

### 3.2 What victims in Kent told us

From autumn 2011 we held a series of focus groups and interviews with victims of crime in Kent. Some but not all had also been witnesses; some had had no contact with the criminal justice system at all.

We recruited people to the focus groups and interviews through:

- 'gateway' organisations, i.e. organisations whose services the victims' services advocate had already had contact with through the mapping exercise. Victim Support, as the host organisation for the project, was one such organisation
- partner organisations in the criminal justice system, especially the police
- advertising using bespoke publicity materials
- publicity in local media.

All participants had generally experienced the crime in the last two years. We sought to ensure from the outset that their feedback was based on recent experience and relevant to current services. The exception to this was some victims of sexual abuse who had experienced the crime up to five years previously but had received services relating to that experience more recently.

The project did not interview people bereaved by murder and manslaughter. Instead, the project has referred to the 2011 report by the then commissioner for victims and witnesses on the service landscape for people bereaved by murder and manslaughter<sup>9</sup>.

The project was also asked to consider the needs of young people as victims of crime. In many police force areas, there are very few specialist services for young victims. Evidence also suggests that young people are very reluctant to report crime in the

first place, making it more difficult to identify and respond to their needs. To ensure that young people, including young victims, had a voice in this report, the project visited a youth group and interviewed a group of young people about their perspectives on being a victim of crime and the kinds of services they would consider useful.

To avoid singling young people out within focus groups, the VSA did not ask individual young people whether or not they had been victims of crime. This means that it is not possible for us to say that the views expressed apply to young victims *per se*.

Further specialist research would be required in order to determine the specific service needs of young victims of crime.

#### What we learnt from victims in Kent

This report focuses on victims of anti-social behaviour, victims of four crime categories, and on the views of children and young people on children and young people as victims of crime. It recognises that there is room for further research on other types of victim, including those with a disability and those affected by mental health problems.

In the course of conducting interviews and focus groups with victims of different crime types and anti-social behaviour, common themes quickly emerged. The interviews and focus groups allowed victims to discuss a range of matters such as what they would like from the police, what support they received or would like to receive, and any experiences they had of the criminal justice system.



#### Listening and understanding

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<sup>9</sup> Review into the Needs of Families Bereaved by Homicide, Louise Casey CB, July 2011

A common theme that emerged is that victims want to feel listened to, understood and believed. Victims explained that where this happened, they felt valued, reassured and taken seriously. It also gave them more self-confidence as well as belief that the police would be able to help them. Where they felt this did not happen, they felt more vulnerable, frustrated, perhaps isolated and – in some cases – more prone to mental health difficulties. Victims also emphasised the importance of being immediately believed because it may have been very hard to report in the first place. Domestic abuse victims, for instance, discussed the complex dilemma of whether to report or not to report, emphasising that it can take weeks, months and even years for a victim of domestic abuse to report in the first instance.

### **Tailored support**

Victims also feel that services need to consider the impact of crime and anti-social behaviour on each individual, and act accordingly. Victims of anti-social behaviour, for instance, spoke of the impact of years of such behaviour on them, and how it can affect every aspect of one's life, including the ability to work. Victims feel they should receive flexible, tailored support to support them from initial report through to when that need ends. They also want services to fully understand the complexity of crimes committed against them, for instance understanding that domestic abuse is not just physical; also to consider the needs of individuals from black, minority and ethnic backgrounds.

### **Communication**

Another common theme that emerged was victims want to be able to rely on and trust services which help them. They want promises to be kept, want to be informed of support they are entitled to, want criminal justice processes explained to them, and want to be

regularly updated regarding their case. They also want to be able to access support easily and directly over the phone from the same person or people. Most of the victims spoken to did not feel they had been updated as much as they should have been and did not always feel that processes had been explained to them. Some spoke of promises being broken, for instance where a victim of anti-social behaviour was told a police car was en route, only to later be told that the car had not yet been sent.

### **Services working together**

Finally, victims want services to work together to help them. This means ensuring that they refer victims between themselves, as with the police and specialist services, that they share important information and that they give consistent advice. Where this happened, victims felt more of their needs were met and felt reassured that something was being done to help them.

*"You just want to be believed, respected and taken seriously. Getting these things right would automatically improve things massively for victims of crime."*

(Male victim of race hate crime)



### **3.3 What the data tells us about victims and witnesses in Kent**

A number of sources of data are used throughout this report to give a more comprehensive picture of crime in Kent. We have drawn on data from the British Crime Survey (BCS) to understand the true extent of personal crime, because the survey includes crimes that are not reported to, or recorded by, the police.

Police recorded crime is an important indicator of the

workload for local police forces and also includes crime categories that are not covered by the BCS, including homicide.

### **Crime in Kent**

In 2010/11, there were 105,638 recorded crimes in Kent, or 63 per 1000 population. This compares to the national average of 76 per 1000 population.<sup>10</sup> The 2010/11 British Crime Survey (BCS), which includes data on unrecorded as well as recorded crime, estimates there were 145,734 personal crimes in Kent, or 865 per 10,000 population.<sup>11</sup> The national average for this is 837 personal crimes per 10,000 population. The 2010/11 BCS also estimates that there were 175,510 household crimes in Kent, or 2,547 per 10,000 households.<sup>12</sup> This compares to the national average of 2,496 crimes per 10,000 households.

### **Perceptions of the local police and council**

According to the British Crime Survey in Kent, 57% of people think the police are doing a good or excellent job. 56% of people also believe that the police are dealing with local concerns.

When questioned about whether the police and council are dealing with issues in their area, 46% of victims agreed or strongly agreed. When asked whether the police and council seek people's views about

issues in their area, 44% agreed or tended to agree. 43% of people in Kent agreed that the police and local council keep people informed about how they are dealing with issues that matter in their area.

### **Satisfaction with the police and the CJS**

The BCS records overall confidence in the police, rather than satisfaction. 64% of victims in Kent say they have confidence in the police. 58% of victims think that the police do a good or excellent job in their area, as compared to 12% who think they do a poor or very poor job. 38% of victims say that the police can be relied on to be there when they need them. The survey also shows that high levels of people feel the police treat them with respect (80%) and treat everyone fairly (66%).

54% of victims were confident that the criminal justice system was fair. This fell to 39% of victims when looking at confidence that the criminal justice system, as a whole, is effective.

When asked what is the most important thing the criminal justice system could to improve their confidence, most people (26%) emphasised imposing tougher sentences. This was followed by tackling anti-social behaviour and minor crime (17%) and reducing the level of re-offending (12%).

When asked whether the criminal justice system takes into account the views of victims and witnesses 70% of respondents felt that it did. When asked whether the criminal justice system gives victims and witnesses the support they need, 58% of victims felt that it did.

### **Referrals from Kent Police to Victim Support**

Victim Support (VS) work with local police to support victims and witnesses. Referral to VS used to be optional for victims, but now all victims of the crime

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<sup>10</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social Research, British Crime Survey; 2010-11*, as above.

<sup>11</sup> Personal crimes relate to all crimes against the individual and only relate to the respondent's own personal experience (not that of other people in the household). An example of a personal crime would be an assault. Published BCS data for 'all personal crime' excludes sexual offences (except for 'wounding with a sexual motive') as the number of sexual offences picked up by the survey is too small to give reliable estimates.

<sup>12</sup> Household crimes are considered to be all vehicle and property-related crimes and respondents are asked whether anyone currently residing in the household has experienced any incidents within the reference period.

categories referred to VS are contacted and offered support. These categories include assault (and murder), sexual assault, domestic abuse and burglary. Referral rates vary between forces and work is currently under way to increase referrals to VS, as, for instance, only 40% of racial offences (assaults and harassment) in 2011 were referred to VS.



### **3.4 What partner organisations and stakeholders in Kent told us**

This report could not have been produced without the generous contribution of service providers throughout the voluntary and statutory sectors in Kent, including criminal justice agencies.

Their contribution has been invaluable in:

- mapping service provision
- recruiting participants for focus groups and interviews
- obtaining evidence and research
- reviewing our findings and recommendations
- publicising the project and helping the victims' services advocates develop their network of contacts.

Feedback from different partner organisations and stakeholders, including service providers, was diverse. This reflected the different groups of victims they come into contact with, the different crimes those victims have experienced, and the different points in those experiences at which they come into contact with victims. However, some common themes did emerge.

It was apparent that the economic downturn has had an enormous impact on the ability for all sectors to deliver services to victims and this was a common

theme reiterated by most organisations.

The statutory sector felt that although there had been cuts to staff resources, there was still an expectation from partners and public to deliver the same level and quality of service. The voluntary sector was more focused on the future of services, the issues around a lack of sustainable funding affecting development, staff retention and the problem of offering long-term support with short-term money. The voluntary sector also raised the challenges they face in ensuring they meet the needs of clients before those of funders. As the agencies' goal posts move to accommodate change, it seems that there is often an expectation that the services they fund should amend their path in order to reinforce the statutory service, potentially at the cost of the support of victims.

Some statutory agencies considered there was sometimes a lack of effective collaboration within the statutory sector, impacting on partnership working. The voluntary sector considered that many statutory agencies lack knowledge and understanding of issues such as domestic abuse and hate crime, which impedes effective service delivery to the victim.

- people bereaved by murder and manslaughter.

After the initial mapping exercise, it was agreed that the project should also consider:

- victims of hate crime
- young victims of crime.

This chapter considers all the information gathered over the lifetime of the project and aims to draw some conclusions about the priority service needs of each of these groups of victims in Kent. These conclusions have been informed by existing evidence and research, both national and local.

#### **4.1. Victims of prolonged antisocial behaviour**

##### **What is anti-social behaviour?**

*"Behaviour that causes, or is likely to cause, harassment, alarm or distress to one or more persons not of the same household as the perpetrator."*<sup>13</sup>

Her Majesty's Inspectorate of Constabulary (HMIC) produced the 'Stop the Rot' report on anti-social behaviour in September 2010.

This stated that, "ASB is a blight on the lives of millions who are directly affected; on the perceptions of millions more for whom it signals neglect in their neighbourhoods and the decline of whole towns and city areas; and the reputation of the police who are often thought to be unconcerned or ineffectual".

Addressing anti-social behaviour incidents can be a long and drawn out process, requiring a coordinated approach from a range of agencies. Victims can find the process confusing if it is not properly explained, which may result in them losing confidence in the process.

## **4 The service needs of victims of crime**

This project was initially commissioned to focus on:

- victims of prolonged anti-social behaviour
- victims of domestic abuse
- victims of sexual violence

<sup>13</sup> Crime and Disorder Act 1998



## Anti-social behaviour in Kent

Anti-social behaviour is a county wide strategic priority as well as a priority for each of the community safety partnerships across Kent. It covers a range of incidents and offences and for the purposes of this report, the BCS measures of perception of anti-social behaviour and recorded anti-social behaviour incidents were used.<sup>14</sup> These figures provide an indication of levels of anti-social behaviour.

In 2010/11 there were 78,431 police recorded incidents of anti-social behaviour in Kent. This represents a 4% decrease in the level of incidents from 2009/10, compared with a national decrease of 8%.<sup>15</sup>

The 2010/11 BCS indicates that 13% people in Kent perceived there to be high levels of anti-social behaviour in 2010/11.

The user satisfaction survey carried out by Kent Police reported that 75% of victims who reported anti-social behaviour incidents to the police were satisfied with the police response.

However, the British Crime Survey, which surveys those who do and do not report to the police, identified that 44% of victims in Kent were confident that authorities in the area are effective at reducing anti-social behaviour. 37% of victims agreed that the police and local council seek people's views about the anti-social behaviour and crime issues that matter in their area.

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<sup>14</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social Research, British Crime Survey; 2010-11*, as above.

<sup>15</sup> Ibid.

It would appear that in a climate where anti-social behaviour has reduced, the public still view it as a serious concern:

*"Anti-social behaviour can have a terrible impact on people and it needs to be taken very, very seriously."*



## What else do we know about anti-social behaviour in Kent?

There are a number of organisations in Kent working towards the resolution of anti-social behaviour and some good practice has developed over recent years, which includes multi-agency action groups and increasing visible policing through Police Community Support Officers.

Kent's socio-economic make up is very diverse and – broadly speaking – West Kent is more affluent than East Kent. This is reflected to some degree in anti-social behaviour across Kent, with high problems of anti-social behaviour in East Kent in particular. Swale, for instance, has a large level of deprivation, a high level of social housing and a large youth population, some of whom will be adversely affected by reductions in direct service delivery by Kent Youth Service.

In 2010, HMIC undertook research into what works when dealing with anti-social behaviour. Its report 'Anti-Social Behaviour: Stop the rot' emphasised four factors, any one of which indicate significant risk where anti-social behaviour is involved but, when combined, may lead to very significant problems. These were repeat victims, illness and disability, people who are at home for lengthy periods, and areas of particular deprivation.<sup>16</sup>

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<sup>16</sup> HMIC, 'ASB: Stop the Rot', 2010

As in other parts of the country, these factors ring true in Kent.

Although demand for support against anti-social behaviour remains high, professionals have also noted that perceptions, or fear, of anti-social behaviour is greater than the incidents that happen. There is also a public discernment of young people as perpetrators of it, which combined with low tolerance for minor incidents, create tension in neighbourhoods.

Kent has also seen a relatively high influx of immigration from Eastern Europe and other countries, which has sometimes led to further tension in deprived areas, such as Dover.

#### **Support for victims of anti-social behaviour**

Kent Police's policing plan for 2011 - 2014 says:

"We are committed to effectively tackling anti-social behaviour to minimise both the harm it can cause and the adverse impact it can have on individuals, groups and communities. Guided by our recently updated Anti-Social Behaviour Strategy, we will be taking a new approach to its management over the coming year. This will be based upon assessing the level of harm that anti-social behaviour causes to individuals and communities and using this information to prioritise our attention where it is most needed." <sup>17</sup>

Kent Police now assesses risk to a victim of anti-social behaviour as soon as they report, while also identifying repeat and vulnerable victims. This is in line with the 2010 HMIC report, which recommended a harm-based approach.

Kent Police also works closely with local and unitary authority

partners in district-level Community Safety Units to share data and intelligence, to try to find effective solutions to problems and to take joint action. Their neighbourhood policing teams are designed to act according to the needs of individuals and communities, particularly taking into consideration the needs of vulnerable people.

A common theme expressed by all Community Safety Units is how funding reductions are having a negative impact on their ability to deal with anti-social behaviour. Ashford, for instance, is concerned over how it will be able to afford to pay for repairs of CCTV equipment installed in one area, which has had particularly high anti-social behaviour problems. Sevenoaks is concerned over how it will be able to fund services to help young people and their families around anti-social behaviour. Swale's community safety officer, who delivered a series of projects to reduce anti-social behaviour, could not be funded after March 2012.

#### **Feedback from victims of anti-social behaviour in Kent**

Participants in the Kent Police Force Area had different views based on their individual circumstances. There was a clear understanding from those who were experiencing ongoing anti-social behaviour that the powers of the police to take action were very limited and that the onus of action fell on their landlords, who were mainly social housing landlords. Throughout the research, all participants emphasised the importance of being kept informed about what was going on and the importance of police managing expectations. A quick response to a call was deemed very necessary, firstly for peace of mind and to make people feel safe, but also to show the perpetrators that if they broke the law and the police were called they would come:

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<sup>17</sup> Kent Police and Kent Police Authority, 'Policing Kent 2011/2014', 2011

*"We waited for the police and were then called and told no-one could come until the next day. It would be nice to have a report back from the police."*

A consistent approach was felt necessary by nearly all participants researched. They felt that it could be a case of 'pot luck' on what action would be taken depending on the officer that was called to the scene and on what their level of knowledge of a) the local area and b) anti-social behaviour was.

Victims also repeatedly emphasised the importance of police seeing the 'bigger picture', which Kent Police's still-relatively-new harm-based approach now considers:

*"I really feel that if there are victims, who are very vulnerable, there's a bigger picture that needs to be seen - if it's a huge campaign of anti-social behaviour against such vulnerable people."*



#### **Case study: male victim of anti-social behaviour**

Soon after Kevin's new neighbours moved in, his quality of life began to suffer.

At first, music would be played all night and at a very high volume. Shortly afterwards, people would appear at his neighbour's. It was clear they were there to take drugs and to join in the nightly 'party'.

Kevin reported to the police and community safety officers turned up, warning the neighbours. This happened several times. He was also impressed by them, when they spoke with him:

*"The officers that have come to my home have been lovely. And they've been kind, and they've listened, and I did feel that they were listening to what I was saying."*

Kevin became frustrated, however, because nothing appeared to change and the police did not always get back to him:

*"All the times I've been to the police it's been really necessary and when they don't get back to you, you think 'Now what do we do'."*

He felt that each incident was logged separately and that, although he was offered helpful advice, these were "suggestions for one thing", rather than about "the bigger picture". At times, environmental health and the police both suggested he contact the other respective agency.

Eventually, Kevin managed to persuade other neighbours to complain as well. It was then that the police and local housing association officers became more involved and the anti-social behaviour stopped.

Today, Kevin just wishes that it had been stopped earlier and that he'd been given a "plan of what to do if it continues. Step one: we'll do this, and so on."

#### **Case study: Ashford Community Safety Unit**

Ashford Community Safety Unit delivers a wide range of services to people who report anti-social behaviour. It brings together police community safety officers, environmental health, housing officers and community wardens to assess and develop solutions. Support includes referrals to Joint Family Management Programme Officers, Parenting Early Intervention Programme Officers, and Youth Intervention Support Programme Officers.

The unit also actively engages with people across Ashford's community. It goes into schools, offering advice around victims of youth crime, and - via its Safety in Action programme - advice around issues including drugs and alcohol and anti-social behaviour. In 2011, 1000 Year 6 pupils

engaged with 9 different Safety in Action workshops. It also organises and funds diversionary activities with support from partners such as Kent Youth Service and Parish Councils, and members of the public are invited in to have property and cycle marking undertaken. Finally, it holds community engagements throughout the year, advising the public about issues such as home security and property/cycle marking.

Between 4<sup>th</sup> January 2011 and 21<sup>st</sup> December 2011, 2,858 ASB incidents in Ashford were reported to the police and 16 were reported to Ashford Borough Council. The unit has also had increasing self-referrals and housing provider referrals for mediation. At the same time, the work the unit carries out faces an uncertain future, as funding cuts come in and so many of its services, such as its mobile CCTV vehicle, largely, or exclusively, depend on this funding.

## Conclusions

It is apparent that police and agency efforts are working effectively to reduce anti-social behaviour in Kent and that there is an intention to continue along this vein, however, not all the public are aware of this commitment, nor of much progress and this needs to be addressed if levels of confidence and satisfaction are to be raised. Most of the victims spoken to, for instance, spoke of the need for authorities to see the 'bigger picture' and to consider the impact on each victim, while Kent Police is in fact currently rolling out a 'harm-based' approach to tackling anti-social behaviour.<sup>18</sup>

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<sup>18</sup> The harm-based approach follows recommendations contained in HMIC's 'Stop the rot' report (2010). It encourages identification and greater understanding of cases where there is a risk of harm to individuals caused through criminal or nuisance behaviour.

It is also important that this approach ensures that reported incidents are not taken in isolation and that ongoing victimisation and hotspot locations are identified, thus ensuring that resources are targeted effectively and that victims get the support they need.

As with other crime areas, victims of anti-social behaviour need to have regular follow-up from agencies. They want to be able to rely on services as this makes them feel reassured. Regular contact can help to alleviate, or reduce the likelihood of, feelings of isolation and of mental health difficulties.

Community Safety Units have developed a variety of effective means of dealing with anti-social behaviour yet many are already feeling the effect of funding cuts and some vital services supplied by them have already been cut. This in turn may hinder the success of services in tackling the 'bigger picture' of anti-social behaviour.

Frontline staff responding to incidents of anti-social behaviour need to be aware of the services that are available to victims, how those organisations can help and how a victim can access their support.

Getting all of this right has the potential to hit anti-social behaviour hard. Victims will be more willing to report it, knowing they are justified in doing so and that services will 'wrap around' them. Public confidence will be improved. Perpetrators will be duly warned that anti-social behaviour will not be tolerated.

The key however, once this new approach is in place, will be effective publicity to ensure that the public are aware, understand and utilise this approach.

## 4.2. Victims of domestic abuse

## What is domestic abuse?

'Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'<sup>19</sup>

Domestic abuse is not a type of crime in itself but describes the context in which types of crime can occur. The types of crime most commonly 'flagged' by police as domestic abuse when victims are referred to Victim Support are actual bodily harm, common assault and harassment.

The British Crime Survey 2010/11 includes a self-completion module on intimate violence. This covers emotional, financial and physical abuse by partners or family members, as well as sexual assaults and stalking experienced by 16-59 year-olds.

Women are more likely than men to have experienced all types of intimate violence. Overall, 30 per cent of women and 17 per cent of men had experienced domestic violence since the age of 16. These figures were equivalent to an estimated 4.8 million female and 2.8 million 16-59 year-old male victims of domestic violence in England and Wales.<sup>20</sup>

In addition 7% cent of women and 5% of men reported having experienced domestic violence in the last year, equivalent to an estimated 1.2 million female and 800,000 male victims in England and Wales.<sup>21</sup>

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<sup>19</sup> Home Office

<sup>20</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social Research, British Crime Survey; 2010-11*, Colchester, Essex: UK Data Archive [distributor]. Crown copyright material is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.

<sup>21</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social*

Much has changed in how the police and other agencies view victims of domestic abuse. The creation of multi-agency risk assessment conferences (MARACs) and independent domestic violence advisers (IDVAs) has led to improvements in the services victims receive.

The domestic abuse charity Co-ordinated Action Against Domestic Abuse (CAADA) estimates that for every £1 spent on MARACs at least £6 of public money can be saved on direct costs to agencies every year.<sup>22</sup> This represents potential savings to the public purse of a national MARAC programme are over £740m annually, although it should be acknowledged there have been calls for further research to verify these figures.

The government's Action Plan to End Violence against Women and Girls, published in March 2011, contains 35 wide-ranging proposals, which require partnership working with and between government departments. It is too early to comment on the effectiveness of the action plan, but a review of IDVAs in 2009 estimated that there were less than half the number of trained advisers needed to give adequate coverage for all high risk cases in the UK. Research undertaken for this report indicates that there are still gaps. This is a continuing cause for concern.<sup>23</sup>

A recurring theme in our conversations with victims of domestic abuse was that their first experiences with a support agency were a key factor in determining whether they would continue with any action that had

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*Research, British Crime Survey; 2010-11*, Colchester, Essex: UK Data Archive [distributor]. Crown copyright material is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.

<sup>22</sup> CAADA, 2010

<sup>23</sup> Safety in Numbers - A Multi-site Evaluation of Independent Violence adviser Services, CAADA 2009

been initiated, and whether they would report any future incidents.



### **Domestic abuse in Kent**

According to Kent Police data for 2010/11 on number of domestic abuse incidents reported to Kent Police, domestic abuse is most reported in Medway (3879 incidents), followed by Thanet (2616 incidents). Sevenoaks has the lowest amount of reported incidents (837 incidents).

The same data shows that in 2010/11, Ashford, Shepway, Dover, and Tonbridge & Malling had the highest percentage of repeat domestic abuse victims reported to the police. 25.3% of Ashford's reported domestic abuse victims, 24.5% of Shepway's, and 24.3% of Dover's and Tonbridge & Malling's were repeat victims. By contrast, Canterbury and Sevenoaks had the lowest number of repeat victims reported to the police: 22% of Canterbury's domestic abuse victims and 23.1% of Sevenoaks'.

Based on regional data from the BCS, the estimate for an area the size of Kent is that over 43,000 women and girls aged 16-59 have been a victim of domestic abuse in the past year.<sup>24</sup> These estimates also suggest that 54,000 women and girls aged 16-59 were victims of stalking in Kent in 2010/11.<sup>25</sup> Kent Police recorded 18,509 incidents with female victims in 2011/12.

It is important to acknowledge that, as elsewhere in England, there are also significant numbers of male victims of domestic abuse in Kent. Kent Police recorded 4,117 incidents with male victims in 2011/12. Kent also does not have a domestic abuse service for male victims only. There is room

for further research on this type of victim in Kent.

There are a wide range of statutory and voluntary agencies in Kent dedicated to supporting victims of domestic abuse. However, service provision varies. Some areas have a variety of services in place, whilst others struggle to provide any specialist services. Traditionally the majority of domestic abuse services have been provided by voluntary sector agencies, with a shift occurring over the past few years from grant giving to commissioning. A significant amount of funding for domestic abuse services is secured for only 12 month periods at a time, for example, Community Safety Partnership funding. Only a few service providers manage to secure more medium / long-term 3-5 year funding, such as a Supporting People Grant, Comic Relief or National Lottery Grants. Agencies often have to pool their resources and expertise.



### **What else do we know about domestic abuse in Kent?**

In 2011, a pilot Kent Domestic Abuse Partnership took place in Canterbury. This was undertaken with the view that establishing a domestic abuse multi-agency team would improve the current fragmented and confusing domestic abuse services environment. The pilot was to include an Independent Domestic Violence Advocate (IDVA), a Domestic Abuse Outreach Worker, a Domestic Abuse Housing Officer, and a Police and Domestic Abuse Health Professional. The idea was that if the pilot was successful, over time, teams comprising the various professionals available in each area could be established across Kent and Medway if agencies are willing to work in this new collaborative way. The pilot, however, has not yet been formally evaluated. This is primarily

<sup>24</sup> Violence Against Women and Girls Ready Reckoner.

<sup>25</sup> Ibid.

because agencies struggled to commit staff to the project and to record outcomes, and because Kent Police pulled out of the project in November 2011 due to Kent Police's restructure.

Work with offenders is also of immense value in the fight to reduce domestic abuse incidents. The Kent Probation Service runs the Integrated Domestic Abuse Programme (IDAP) which provides an opportunity for male offenders to challenge their behaviour in a peer group setting with a view to reducing the risk of them reoffending. The IDAP in Kent has 1.4 Women's Safety Workers.

Acknowledging that organisations are facing considerable difficulty due to budget reductions and funding cuts, the Audit Commission produced a domestic abuse self-assessment tool in September 2011.

<sup>26</sup> This enables partnerships to undertake an audit, to assess the situation in their area and identify the characteristics of a successful service, recognise local priorities and offer guidance on how to make practical changes. It suggests that organisations 'will want to show existing managers as well as new health and police commissioners how domestic abuse services can support mainstream statutory work and save money for partners as well as helping victims.'

### **Support for victims of domestic abuse**

The Kent and Medway Domestic Abuse Strategy Group run by the Kent and Medway Domestic Violence Co-ordinator, brings together a range of statutory and voluntary agencies, including Kent Police. It has four ambitions: to reduce domestic abuse and change attitudes, to provide support to victims of domestic abuse, to protect victims of domestic abuse, and to continue to improve joint

working between agencies. In May 2012 it set up its own website, which provides domestic abuse general information and resources, and enables people to search for information on specialist services by postcode, town name or council area. There is also a domestic abuse co-ordinator in Swale district.

Since January 2012, all reported domestic abuse incidents are assessed by Kent Police's Central Referral Unit. High risk victims are dealt with by Combined Safeguarding Teams, medium risk victims are dealt with by Neighbourhood Policing Teams, and standard risk victims are signposted to non-police services. Multi Agency Risk Assessment Conferences (MARAC) operates across the area to deal with high risk cases and Independent Domestic Violence Advocates (IDVAs) support high risk victims. Kent also has local domestic abuse forums, which bring partnerships together to tackle local issues, domestic abuse one-stop shops, and three Specialist Domestic Violence Courts (SDVCs) at Maidstone, Margate and Medway.

Kent's provision of IDVAs is very patchy. All are in very high demand, sometimes sharing areas, with one in Medway, for instance, having 360 clients in March 2012. Provision does not fall in line with the government's Violence Against Women and Girls Strategy (VAWG) and funding is usually precarious, with three IDVA posts under threat at the time of writing.<sup>27</sup>

There are also a range of different locally-based organisations who deliver support to domestic abuse victims. Funding streams for these organisations vary and very few have stable funding. These organisations provide essential support services to victims:

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<sup>26</sup> <http://www.audit-commission.gov.uk/nationalstudies/communitysafety/domesticabuseservices/Pages/Default.aspx>

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<sup>27</sup> HM Government, 'Call to End Violence Against Women & Girls', 2011

*"I could not have managed it without the support they gave me. They gave me the building blocks."*

### **Feedback from victims of domestic abuse**

Victims interviewed in the project had varying experiences with the police. Some victims were entirely satisfied how they were dealt with:

*"The police were really supportive. They found me a refuge and contacted me a lot."*

Other victims felt that they had a mixed experience:

*"When I spoke to female police officers they were a lot more sympathetic and understanding than the male police officers I spoke to."*

One clear message was, *"You need to be believed. You don't normally call the police the first time."*

From the research it is clear that victims want the police to turn up when they say they will, want action to be taken in an appropriate way, want the police to keep their promises and want to be kept informed.

All victims made it very clear that support is needed. There was variation as to when that support would be needed, depending on an individual's need, but a tailored service which provides support for victims should be available to victims from initial report to whenever that need ends, which is not necessarily when a court case ends.



### **Case study: female victim of domestic abuse**

At first, Jane's marriage seemed very happy. The couple had a young baby and also lived with

Jane's daughter from a previous relationship. Then, gradually, her husband began to exert more and more financial control.

*"He was doing nothing violent. He knew the line to tread. There was no arrestable offence."*

Jane's husband stopped the heating and electricity. It became so cold in the winters that Jane's daughter began to suffer from chest complaints. Her baby son also got sick.

Any money left in the house would also disappear. Jane began to question her daughter and they argued, her daughter maintaining that they were being manipulated.

It became so bad that Jane's husband suggested she get checked by mental health services.

One day, Jane's GP referred her to a support service for women experiencing domestic abuse, and their children. The service helped Jane to realise the true nature of the situation she was in:

*"They listened. They gave me charts to do and encouraged me to keep a diary. They advised me where to have letters sent to."*

Jane's support worker helped her and her children to move into a refuge. The support worker also helped Jane access legal aid and supported her through a divorce case, which ended with the family courts granting divorce and recognising that Jane had experienced domestic abuse.

On the service which helped her, Jane says:

*"They saved my life. I don't know how much it would have cost otherwise. My daughter would have ended up in a youth offending cycle and I would have had a nervous breakdown."*

**Case study: K-DASH – Kent Domestic Abuse Support and Help (previously known as Women's Support Service)**

K-DASH is a registered charity that provides independent advocacy services for people at risk of domestic abuse within the Mid Kent and Medway areas. The service supports high-risk victims with an average of 12 weeks Independent Domestic Violence Advocacy (IDVA) and runs support groups to help survivors develop the skills to ensure they are able to live independently, free from domestic abuse.

K-DASH offers an open access service through a local helpline, one stop shops and drop-in centres. They support around 600 clients a year and provide training for multiple agencies on recognising the signs, and handling incidents, of domestic abuse.

Small independent providers are struggling to survive the current reductions in funding streams; however K-DASH has taken an innovative approach to these challenges by actively leading on improving and increasing access to its services through new ways of working. A Transition Fund grant awarded in 2011 has helped the charity to develop remote working, and improve its capacity for partnership working. As a result it has introduced new public access points across the area, such as One Stop Shops, and new IDVA services at Medway's Accident and Emergency department began in May 2012.

Working in partnership with other independent voluntary sector providers has also been critical to K-DASH. The organisation has led on jointly procuring a web-based client management system and has reduced overall costs for its partners as a result. The new client system not only helps senior staff to monitor qualitative outcomes and quality assure case work, but also enables the IDVAs to work flexibly, carrying out their duties at key access points where crucial intervention opportunities are

essential in reducing future incidents of domestic abuse.



## Conclusions

There are many services throughout Kent for victims of domestic abuse and their families, however most of these are far from adequate in that they are often reliant on short-term funding, are understaffed and are unable to expand and develop in the current climate in order to meet the needs of victims. These services clearly have a tremendously positive effect on domestic abuse victims and victims spoke highly of the variety of services on offer, often particularly praising Independent Domestic Violence Advocates. Some services have developed innovative means of approaching the climate, for instance in developing remote working and working with other voluntary domestic abuse services to procure a web-based client management system. Domestic abuse incidents are also now assessed by Kent Police's Central Referral Unit.

Kent has effective partnership working, led chiefly by The Kent and Medway Domestic Abuse Strategy Group. There are also domestic abuse forums and regular Multi-Agency Risk Assessment Conferences. Partnership working has also started to feel the impact of funding cuts. A pilot Kent Domestic Abuse Partnership in 2011, to establish a domestic abuse multi-agency team, struggled to receive staff from agencies because of competing demands and, in Kent Police's case, because of restructuring.

DA services and victims spoken with emphasised the need for all agencies to understand the complexity of domestic abuse and for referral and frontline staff to understand the magnitude of someone reporting domestic abuse

for the first time. As with other crimes, domestic abuse victims also explained that they need to be believed and need to rely on services. Otherwise, they too can succumb to feelings such as isolation. They need strong, effective support.

There is a large amount of research and literature on the needs of victims of domestic violence, and this report cannot fully reflect the evidence it provides. Further investigation of the issues highlighted here, and thorough consultation with both victims and local service providers from all sectors, will be essential for providing the police and crime commissioner with a comprehensive picture of the needs of victims of domestic abuse in Kent.

### 4.3. Victims of sexual violence

What is sexual violence?

In this report, 'sexual violence' refers to the full range of sexual offences recorded by the Home Office.<sup>28</sup>

Sexual violence can affect people of all ages, genders, sexual preferences and cultures.

The British Crime Survey 2010/11 includes a self-completion module on intimate violence. This covers emotional, financial and physical abuse by partners or family members, as well as sexual assaults and stalking experienced by adults aged 16 to 59.

Nineteen per cent of women and two per cent of men reported having experienced sexual assault (including attempts) since the age of 16. In addition, around three per cent of women and one per cent of men had experienced some form of sexual assault (including attempts) in the last year.

For a variety of reasons, sexual violence often goes unreported.

The government response to Baroness Stern's 2010 review of how rape complaints are handled by public authorities in England and Wales observed that "despite progress in recent years, it is estimated that up to nine in ten cases of rape go unreported and 38 per cent of serious sexual assault victims tell no one about their experience."<sup>29</sup>

Research such as the 2009 Rape Experience Review by then Victims' Champion Sara Payne highlights the importance to victims of the first response they receive when they disclose an offence, whether to the police or anyone else:

<sup>28</sup>

<http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/counting-rules/count-sexual?view=Binary>

<sup>29</sup> The Government Response to the Stern Review, March 2011

"The women I spoke to were clear that if they are not treated with dignity when first reporting rape, it is unlikely they would continue to support a prosecution. Women felt that the attitudes and response of police officers need to change and rape needs to be treated more seriously; they wanted a greater investment in ensuring that the police provide a believing, sensitive and consistent response."<sup>30</sup>

Since this review was undertaken, the number of rape crisis centres and sexual assault referral centres in England and Wales has increased. In Kent, the SARC is housed within the grounds of Darent Valley Hospital

Police and criminal justice responses to victims of serious sexual violence have increased considerably.

Nationwide, many forces now have specially trained police officers (STOs) to act as a link between the victim and the investigation team, and to attend court with the victim.

Many areas also have independent sexual violence advisers (ISVAs) who operate in a similar fashion to independent domestic violence advisers (IDVAs), but their numbers are far fewer.

In addition to these changes, all agencies recognise that there is still room for improvement.



### Sexual violence in Kent

In 2010/11, there were 1,402 recorded sexual offences in Kent. This reflects no significant change on the number of incidents recorded in the previous year.<sup>31</sup>

<sup>30</sup> Rape: The Victim Experience Review, Sara Payne, November 2009

<sup>31</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social*

Under-reporting of sexual offences is well documented and it can be assumed that recorded crime figures do not offer an accurate indication of the number of victims of sexual violence in Kent. Based on regional data from the British Crime Survey, the estimate for an area the size of Kent is that over 18,000 women and girls aged 16-59 have been a victim of sexual assault in the past year.<sup>32</sup>

In 2010/11, 56% of all sexual offences reported to the police were referred to Victim Support. This compares to approximately 55% nationally.

The BCS for 2010/11 also identifies that 84% felt that they would be treated with respect by the police, a reassuring factor for a survivor of sexual violence, when considering approaching the police to make a report:

*"I was raped by my partner and I didn't contact the police because of the fear I wouldn't be believed."*

Survivors' experiences of reporting crime have differed considerably in respect of the treatment they received from police. If survivors are to be encouraged to report and have confidence in the system, then more work is needed:

*"I didn't feel that supported by the police. They took me to the hospital, got me to make a statement, then shut the door on me. But I know other women who had a better experience."*

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Research, British Crime Survey; 2010-11, as above.

<sup>32</sup> British Crime Survey 2010/11 op. cit., and British Crime Survey, 'Ready Reckoner,' 2011. It is also important to acknowledge that, as elsewhere in England, many men experience sexual violence in Kent. There is room for further research on this subject.

## **What else do we know about sexual violence in Kent**

Kent is now the only county in the South East without a 24/7 dedicated Sexual Assault Referral Centre (SARC). Instead, male and female rape victims are subjected to forensic examination in two rooms in the Darent Valley Hospital (opened by police and examining doctors) or in vulnerable victims suites.

There is also an available emergency contact number that is published on their websites facility does not qualify as a SARC against Department of Health criteria, for instance it has no dedicated staff and has no permanent Crisis Workers to offer independent support to victims. Instead, crisis workers are only available at weekends. The centre is also not advertised, thus there are few self-referrals making access to post assault HIV prophylactics and STI tests. It is also difficult for victims to access unless they report to police, and there is limited access to a female forensic examiner.

Kent Police still make use of Victim Suites for some forensic examinations. These have been described by one stakeholder, prominent in sexual violence services in Kent, as "dark and gloomy".

The same stakeholder went on to say:

*"The matter is not one of insufficient funds - there have always been insufficient funds - this is about priorities...is the appropriate care and support of rape victims a priority or not?"*

Kent also has two ISVAs, which falls short of recommendations from the government's Violence Against Women (VAWG) strategy.<sup>33</sup>

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<sup>33</sup> HM Government, 2011, op. cit.

In addition, these ISVAs at times struggle to get referrals from the police, despite the 1,402 recorded sexual offences in Kent (as cited above). The ISVA service of Family Matters for instance, which covers six districts in North and West Kent, received 48 new referrals between 1<sup>st</sup> February 2010 and 31<sup>st</sup> January 2011 and received only 28 new referrals between 1<sup>st</sup> February 2011 and 21<sup>st</sup> January 2012. Kent also does not follow government recommendations to have an ISVA supporting children and young people specifically.



### **Support for victims of sexual violence**

Most adult rapes are investigated locally by the Reactive Crime Teams, who are responsible for investigating all serious crime in that area. 'Stranger' rape, for example, which are those cases involving an assailant unknown to the victim, are generally investigated by the Major Crime Department.

Kent Police's Public Protection Department (PPD) deal with child abuse, vulnerable adult abuse and domestic abuse. A decision on whether to follow the Crown Prosecution Service lead and the HMIC recommendation to create a dedicated rape investigation unit is currently under consideration.

The Kent and Medway Sexual Assault Operations Group, which includes Kent Police, the CPS, Family Matters and East Kent Rape Line discusses issues relating to rape and the associated support provision, and the Kent and Medway Sexual Assault Strategic Group was set up to create a SARC in line with Department of Health criteria. Now that funding cuts are required by Kent Police, however, it is unlikely that a full SARC facility will be developed in the next 3-5 years. This has been confirmed by the Kent Criminal Justice Board.

There are three sexual violence services in Kent but they are in high demand and provide a variety of services such as helplines and counselling. Family Matters and East Kent Rape Line each have one ISVA, covering, respectively, West Kent and East Kent. Family Matter's ISVA supports both adult and children and young people survivors of rape and sexual assault. Action for Children runs the North Downs Project and the Oak Tree Project, which support children and young people up to the age of 18 years, who have been sexually abused or who are presenting sexually concerning behaviour.

### **Feedback from victims of sexual violence**

A theme from the research is that of survivors having a mixed experience with the police.

*"They were lovely, they were gentle, they were professional. It made me feel that I was gonna be safe, that I was gonna be believed, and that something would be done, but then after about a month there wasn't any contact with me whatsoever."*

Survivors explained that they want to be informed, even if to say nothing has changed. They also praised the work of ISVAs:

*"I think there need to be loads more ISVAs. They're a lifeline."*

Regarding current SARC provision, one victim said:

*"The doctor at the SARC was lovely. It was straight through the main hospital. Everyone could see you. It was intimidating. It was in a little room. You go in with police officers and everyone's looking at you."*

The same survivor went on to express what other survivors said:

*"Rape doesn't happen from nine to five. You need someone there and then. If it happens at ten at night you want to be taken somewhere you can be interviewed that's nice, relaxed and"*

*comfortable. Not a police station."*

It is clear that sexual violence survivors need a SARC which follows the department of health recommendations, is comfortable, is available 24/7 and has independent Crisis Workers to explain options, procedures and support the survivor.



### **Case study: female victim of sexual violence**

Rachel was referred to the Family Matters ISVA service when she was 17. She had been seen by a highly experienced Forensic Examiner, who noted on the referral form that in all of her years as a practising medical doctor, she had never seen injuries sustained from a sexual attack as horrendous as those seen with Rachel.

On top of this, Rachel has both physical and learning disabilities. Her Asperger's Syndrome made it very difficult to express her feelings and emotions, or understand concepts like vulnerability, risk, or danger. Her physical disabilities often caused her huge pain, difficulties with mobility, and severely compromised her independence - a source of much anguish to Rachel, who wanted nothing more than to live a normal life.

At first, Rachel was very uncommunicative but through slow, gentle, collaborative work, Rachel's ISVA found a way for Rachel to accurately express herself through photography. Gradually, Rachel began to produce photography projects to explain how she was feeling. These projects led to discussions which helped Rachel feel more confident in expressing herself verbally.

Today, Rachel's verbal communication has dramatically improved and she is much more independent as she is able to

understand which actions and behaviours may constitute risk and vulnerability.

Once only considered suitable for completely dependent living arrangements, Rachel is now to enter supported living accommodation:

*"I know I'll always need my family around me, but at least I can look forward to shutting the door and getting some peace from them - at least until the next day!"*



### **Case study: Family Matters**

The Gravesend-based charity Family Matters is one of the UK's largest providers of specialist therapy and support for victims of childhood sexual abuse and rape of all ages across the county of Kent and 4 boroughs in South East London.

Started by survivors of sexual violence in 1990, it has grown and developed a support system born out of the needs of its users. It is open to all - men and boys, women and girls and is uniquely delivered by outreach. Its 30 or so specially trained therapists travel to a network of by-the-hour rented 'High Street' type venues to provide 12 session contracts of therapy that seek to promote independence and at the same time be accessible and often anonymous.

Family Matters also provides an Independent Sexual Violence Adviser (ISVA) service offering non-therapeutic support for rape victims across North and West Kent and Medway. This includes risk assessment to avoid regarding victimisation, emotional support, housing, compensation and advocacy communicating with all elements of the Criminal Justice System including court support.

Family Matters also runs a helpline - taking some 2,500 calls

a year across the UK, and most recently it has been providing out-of-hours, on-call Crisis Workers at weekends to improve the support of rape victims visiting the Sexual Assault Referral Centre (SARC) at the Renton Clinic.

Last year Family Matters therapists and the ISVA service saw 920 clients, 734 of those in Kent alone. 107 rape clients were aged between 13 and 16.



## Conclusions

The survivors who participated told us how it was months, and years in some cases, before they could return to their work or studies, or go out and enjoy socialising again. Many had not shared what had happened with close family or friends. Clearly, sexual violence causes considerable isolation and without the opportunity to talk through their experience, this will continue. This explains why survivors see long-term specialist counselling as extremely important to their recovery, yet it is currently inadequately resourced, and Kent has only two Independent Sexual Violence Advisers (ISVA).

Kent is also the only county in the South East without a dedicated Sexual Assault Referral Centre (SARC). The current SARC falls short of Department of Health recommendations in many ways including not having permanent Crisis Workers, not being available 24/7 and not being advertised. Kent Criminal Justice Board has also confirmed that it is unlikely that a full SARC facility will be developed in the next 3 - 5 years.

As with other crimes, survivors emphasised the need to be able to rely on the police. This includes receiving regular follow up contact, which was not received by some of the victims spoken with.

Sexual violence is highly under-reported in Kent, as in other parts of the country. It is clear that if survivors are to be encouraged to report more and if Kent seriously intends to meet the needs of sexual violence survivors, then there must be greater ISVA provision and a fully resourced SARC which meets Department of Health standards.

#### 4.4. People bereaved by murder and manslaughter

##### What are murder and manslaughter?

Murder and manslaughter are defined as:

- murder
- manslaughter
- infanticide.

This report also considers the needs of those bereaved as a result of culpable road traffic incidents.

The local data available on services for those bereaved by murder and manslaughter, including services for those bereaved as a result of culpable road traffic incidents, has been limited because most services we mapped deliver on a national rather than on a local basis.

For example, the charity Brake is a national provider of emotional support, information, help and advocacy to people bereaved and seriously injured in road crashes. This is delivered through a UK-wide helpline and via partnerships with police family liaison officers, who distribute Brake's support packs for people bereaved in road crashes, *Advice for family and friends following a death on the road*.<sup>34</sup> Brake's packs and helpline offer emotional comfort, guidance on practical matters, and signpost to further sources of support, including locally available help.

We have tried to include all services accessible to victims in Kent, but may have missed some of them.

We did not hold focus groups or interviews with people bereaved by

murder and manslaughter. Instead, the project has referred to the 2011 report by the former Commissioner for Victims and Witnesses, Louise Casey, on services for secondary victims of murder and manslaughter.<sup>35</sup> This called for, among other things:

- a dedicated casework service to help [bereaved families] with practical problems and support families in the early weeks and months following a bereavement. Where aspects of a case include complex and specialist areas of law, there should be arrangements in place for families to access additional assistance.
- trauma and bereavement counselling as necessary.
- an offer of peer support through a national network of peer support/self help.
- age-appropriate services for children.<sup>36</sup>



##### Murder and manslaughter in Kent

In 2010/11, there were 7.1 homicide offences per million population in Kent, compared to 11.5 offences per million population in England and Wales.

##### What do we know about murder and manslaughter in Kent?

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004), which was brought into force on 13<sup>th</sup> April 2011. The statutory requirement for initiating and undertaking a DHR is now the responsibility of the Community Safety Partnership in which 'the victim was normally resident' or where 'the victim was

<sup>34</sup> These packs are produced by Brake and funded by the Ministry of Justice for use by families bereaved by road crashes in England and Wales. Support literature for bereaved children, serious injury victims, and those affected by road death in other parts of the UK is available from Brake.

<sup>35</sup> Review into the Needs of Families Bereaved by Homicide, Louise Casey CB, July 2011

<sup>36</sup> Review into the Needs of Families Bereaved by Homicide, Louise Casey CB, July 2011

last known to have frequented.' To conduct a Domestic Homicide Review, it is necessary to appoint an Independent Chair.

Where there is a sudden bereavement, the family left behind can find themselves with the additional worry of finance. It may be that the victim brought income into the home which will now stop, affecting day-to-day living, or that there had been no thought previously about making provision for funeral costs. Many funeral directors now request a large deposit, or in some cases payment in full, before they will collect the body.



### **Support for people bereaved by murder and manslaughter**

Kent Police has a team dedicated to the support of people bereaved through murder and manslaughter and other serious crime.

The Senior Investigating Officer (SIO) has the responsibility of constructing and monitoring the family liaison strategy throughout the course of an investigation and a Family Liaison Co-ordinator will ensure strategic and tactical support to the SIO and Family Liaison Officer (FLO).

The FLO will have direct interaction with the individual or bereaved family, ensuring that they are kept informed and updated about the case and they work closely with the SIO to ensure families are treated appropriately.

Victim Support's Homicide Service is a nationally managed service made up of five teams based in five locations around England and Wales. Each team consists of a team leader, five case workers and a support worker.

The Homicide Service supports adults and children who are

affected by murder, manslaughter and infanticide, though they are not able to take referrals of road death.

Every homicide in the area is notified to the Homicide Service and when they have consented, the FLO will arrange for the bereaved individual or family to meet with the Caseworker.

On receiving a referral from the police Family Liaison Officer, a Homicide Caseworker carries out a needs assessment and work begins to support the bereaved in a range of ways. Often the help at the start is very practical: help with the funeral, meetings with the police, child care, and benefits, typically reinforced by emotional support as the relationship between the bereaved and the caseworker develops. The Caseworker can also commission a number of specialist interventions such as trauma support and support for bereaved children.

The Homicide Services and Cruse Bereavement Counselling have a service level agreement in respect of the referral of clients with additional needs.

Cruse Bereavement Counselling provides a service across Kent. However, having established a service level agreement with the Homicide Team, they will support those referred anywhere within England and Wales. Adults and children suffering bereavement can access counselling from a team trained to support following homicide.

In respect of support to those bereaved through road death, Victim Support in each district has specially trained volunteers who are able to provide support to the individuals or families affected, for as long as needed.

There are a small number of national organisations who also provide support to people bereaved through homicide, providing help by way of peer support and trauma care, for example.

The provision of specialised counselling for those bereaved by homicide is very limited, particularly in respect of children and young people. As counselling in such cases can be needed in the long-term, places are usually very limited and long waiting lists are commonplace. Private counselling can be very costly, particularly over a long period and, as families may potentially have lost income due to the death, this can simply be unaffordable.

Cruse Bereavement Counselling survive solely on donations from service users, and though a less expensive alternative to a private counselling service, can still prove costly to the individual or family, particularly where an income has been lost. Cruse identify that the high cost of training counsellors prohibits taking on more in order to meet demand.



## **Conclusions**

Cases of homicide are relatively infrequent in Kent, however, the fact that it is not a prolific crime does not negate the need for investment in services to meet the needs of those left behind. As such, commissioning does need to be apportioned to the few services which are able to help in these circumstances, ensuring that when they are needed, they are able to meet the demand and provide services for as long as required.

ignore it because it's not worth it. But when they threw the brick - that's too far."<sup>39</sup>

Hate crime does not only affect the targeted individual. It affects victims' families and the wider community, and can lead to further violence and aggressive behaviour.

Hate crime was included in the victims' services advocates project's work when our initial mapping of local services showed that providers across England and Wales were concerned that victims of this crime were still under-recognised and under-supported. A particular issue that emerged from our focus groups and interviews across England and Wales was that the boundaries between antisocial behaviour and hate crime can be blurred. It is important that victims are treated according to their individual needs, rather than according to a crime category which they appear to fit into.

It is hoped that some of these issues will be addressed by the Home Office hate crime action plan, 'Challenge it, Report it, Stop it' published in March 2012. This outlines the new national strategy for tackling hate crime by focussing on prevention, early intervention and improving the response to victims. Aiming, among other things, to achieve better multi agency working to identify and support victims, and to reduce the grey area between anti-social behaviour and hate crime, the strategy includes the following actions:

- working with police forces, councils and housing providers to improve handling of public calls about anti-social behaviour, to identify possible hate crime and victims at risk

#### 4.5. Victims of hate crime

##### What is hate crime?

*"Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a personal characteristic."*<sup>37</sup>

In 2007, the police, Crown Prosecution Service (CPS), the National Offender Management Service) and other agencies that make up the criminal justice system agreed a common definition of monitored hate crime to cover five 'strands,' in particular - disability, gender-identity, race, religion/faith and sexual orientation. Primarily, this was to ensure a consistent working definition to allow accurate recording and monitoring.<sup>38</sup>

Hate crime can have a huge impact on victims - not only because of how the incident itself has affected the person, but also because bringing the offenders to justice can involve the victim having to reveal very personal and private aspects of their life.

"They were calling me the usual names like 'speccy' and I tried to

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<sup>37</sup> Challenge it, Report it, Stop it: The Government's Plan to Tackle Hate Crime. HM Government, March 2012

<sup>38</sup> Challenge it, Report it, Stop it: The Government's Plan to Tackle Hate Crime. HM Government, March 2012

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<sup>39</sup> Quote from victim (Equality and Human Rights Commission report, 'Promoting the safety and security of disabled people', 2009).

- publishing risk assessment tools that allow police and other call handlers to identify victims of hate crime earlier in the reporting process
- engaging with communities at risk of hate crime to raise awareness of the law on hate crime, and increase reporting
- putting Safeguarding Adults Boards on a statutory footing, to increase the awareness, detection and prevention of abuse and exploitation of adults in vulnerable circumstances.

In 2010, 47, 229 hate crimes were recorded by police forces in England and Wales. Of these:

- 38,670 were racist crimes;
- 4,736 were based on sexual orientation;
- 1,959 were religious hate crimes;
- 1,512 targeted disabled people; and
- 352 targeted transgender people.<sup>40</sup>

Hate crime is believed to be under-reported.<sup>41</sup>

### **Hate crime in Kent**

In 2010/11, Victim Support received referrals from Kent Police for 40% of recorded victims of racially and religiously aggravated assault and harassment.

Hate crime can be reported to the police as well as to an anonymous 24/7 pan-Kent non-police hate crime reporting line. The Kent Police website provides useful information for victims of Hate Crime, including on Kent's reporting options. These also include a police text service for persons who are deaf or speech-impaired. The website also includes a link to the website of

True Vision, a national hate crime service owned by the Association of Chief Police Officers (ACPO). The True Vision website allows victims of hate crime to complete an online reporting form anonymously, if a victim wishes.

Kent Police are also signed up to Mencap's 'Stand by me' police promise, which shows that they are committed to standing by people with learning difficulties and ending disability hate crime. They also launched a hate incident reporting line, specifically for hate incidents.

The majority of hate crime victims who participated in the research said that taking hate crime seriously was most important concerning how the police dealt with reports. Victims who felt their report had been taken seriously said that they had felt confident that the matter would be dealt with; whereas victims who considered they hadn't been taken seriously felt that the police would take no action and were left feeling isolated:

*"I felt trapped in a corner and as if my case didn't matter that much. I wanted it to be taken seriously."*



### **What else do we know about hate crime in Kent?**

Services which support victims of hate crime and hate incidents have said that hate crime and hate incidents are under-reported and under-recorded in Kent. One stakeholder suggested that this is because of reasons such as the 'features' subject of a hate incident not being seen as protected characteristics, or the victim/family/witnesses not being aware of reporting procedures or lacking the confidence to report an incident.

<sup>40</sup> ACPO (2011) Recorded Hate Crime Data for 2010 for England, Wales and Northern Ireland: [http://www.report-it.org.uk/files/acpo\\_hate\\_crime\\_data\\_for\\_2010.pdf](http://www.report-it.org.uk/files/acpo_hate_crime_data_for_2010.pdf)

<sup>41</sup> Challenge it, Report it, Stop it: The Government's Plan to Tackle Hate Crime. HM Government, March 2012

Service providers also said that there is a need for hate crime and hate incident reports to reflect the true picture of incidents in Kent. They emphasised that the quality, accuracy and relevance of the information reported and recorded should enable more effective action to be taken against wrongdoers, be it punitive, restorative or educational. This would in turn lead to fewer incidents and less individual reoffending.

One stakeholder informed us that Kent Learning and Development has been working with Kent Police and other relevant organisations to develop a hate crime / hate incident awareness training package, which can be delivered to statutory and voluntary services and other public groups.

The object of the training is to reduce the potential for hate crime and hate incidents in Kent by increasing people's awareness and understanding of hate crime and hate incidents and the negative impact that such behaviour has on victims, their families, other individuals and communities. The intention is to educate and inform people so that they will change their perceptions and views, thereby reducing the occurrence of hate crime and hate incidents whilst increasing people's confidence to challenge and report such behaviour. It is thought that those who would most benefit from the training will be the victims and potential victims of hate crime and hate incidents and those closely associated with them. Kent County Council cannot at present, however, afford to provide this training.

### **Support for victims of hate crime**

The Kent Police Strategic Independent Advisory Group (SIAG) has members appointed for their specialist knowledge, experience and/or links with particular minority groups or other special interests. Part of its remit is to build community confidence, and

in recent years it has focused upon areas such as hate crime and disability.

Kent Police have centrally controlled public protection teams who deliver partnership working and interventions around areas including hate crime. Community Liaison Officers reach out to marginalised groups and individuals, encouraging people to report hate crimes or incidents to the police or to Kent's county-wide anonymous Hate Crime Reporting Line.

The force also has Diversity Action Groups, which implement the diversity objectives of The Equality Standard for The Police Service. Some of these have representation from statutory organisations, such as Kent County Council.

The Disability Action Group works on areas such as confidence to report hate crime. There's also a Disability Involvement Forum, which allows people with a disability, carers of persons with a disability or members of groups that represent disabled people to discuss matters including disability hate crime and dealing with disabled people as victims and witnesses of crime.

The Gay, Lesbian and Bisexual Action Group's action plan has included recommendations made by Stonewall's British Gay Crime Survey around hate crime, as well as recommendations based on an LGB needs assessment of Kent.

The Gypsy and Traveller Action Group helps ensure that the force engages with Kent's gypsy and traveller communities, for instance working with Kent County Council engaging with young people from these communities.

The People and Culture Action Group aims to help people of diverse religions and beliefs, people from minority and ethnic backgrounds, immigrants and asylum seekers.

The Keeping Safe Group works on behalf of the Kent Learning Disability Partnership Board to help raise awareness of hate crime, to educate and train people and to ensure people with learning disabilities can be safe in Kent.

Kent also has a number of local support groups for its minority communities, such as the Tunbridge Wells Filipino Association.



### **Feedback from victims of hate crime**

A common theme from interviews with hate crime victims is that they want to be taken seriously and they want to be involved in decision-making around the perpetrator:

*"I believe that whatever the police do, whatever action they take, the victim should be part of it. They should act to protect the victim."*

Some victims thought highly of mediation or of restorative justice:

*"I give us my view, give us his own view, we solve everything rather than they deal with the matter on my behalf and they say to me, 'We've dealt with the matter.'"*

Other victims, however, explained that the impact of the crime on them had been so great that they would not want to meet the perpetrator again and would not believe restorative justice was sufficient:

*"I kept breaking down. I kept crying. I became very isolated."*

All victims felt that the police were "very helpful" after incidents, with most thinking, *"If in the future it should happen again, I would call the police."*

However, all hate crime victims also need regular follow-up from the police and emotional support to reassure them and make them feel they belong again, and for some of the victims spoken with, this had not been the case:

*"After the incident happened, I had no support from anyone. I had no-one come round to my house to see me and I was entirely on my own."*

Victims also emphasised that they feel many vulnerable black, minority and ethnic individuals and groups would not report to the police, sometimes because of lack of understanding of their rights and perhaps because of fear of repercussions in their communities. They felt that the police should do more to make themselves more accessible to communities and improve efforts to reach them.



### **Case study: male victim of race hate crime**

Afolabi was walking home from his job at a newsagent when a man called out racist abuse at him.

Turning around, Afolabi was confronted and intimidated by a large middle-aged man who told him to get out of the UK and who made threatening gestures at him.

Feeling distraught, Afolabi quickly got away, went home and called the police. He was visited shortly afterwards:

*"The police officer who saw me was very polite. The policeman was great; he was good at his job."*

With renewed confidence, Afolabi waited for a positive outcome.

Weeks later, a letter arrived, explaining that the matter had been dealt with and the perpetrator had apologised.

Afolabi felt he had not been taken seriously and that the impact of the crime had not really been understood by the police. Reflecting, he felt that, *"I would have loved it if they'd asked me if I'd like to press charges or not"*. The matter had not been discussed with him.

Afolabi would like to have been involved in the process more:

*"An apology would have gone down well, discussing things. If he'd said, 'I never meant to say such things, I was angry or something, I'm very sorry, I won't say that again.' Just a handshake and then we sit down in that peaceful atmosphere."*

Today, Afolabi feels he would call the police again but is wary having been, he feels, dismissed. He would also have liked to have been offered emotional support to deal with the impact on his sense of belonging.

### **Case study: the Keeping Safe Group**

The Keeping Safe Group, (formerly the Hate Crime Focus Group), works on behalf of the Kent Learning Disability Partnership Board.

The aim of the Keeping Safe Group is to ensure people with learning disabilities feel as safe as possible in Kent. It looks to achieve this through working with partners to help raise awareness of learning disability issues including hate crime. The group also works at achieving creative solutions in, and for, mainstream public services.

The group has been meeting for approximately 5 years and meets every two months. Public services and people with learning disabilities work together to look at issues and to explore ways to support local services to address these issues. Partners can share any problems that have recently occurred and the group decides on the best way to deal with these. The group also provides an

opportunity for members to share individual experiences and concerns. The information is also taken and shared with the district groups, and issues are looked at from a local angle as well.

The partners of this group include people with learning disabilities, Kent Police, Valuing People Now, KCC Community Safety Unit, Kent Fire and Rescue, Public Transport Operators, advocacy services and service providers such as the Skillnet Group.

Stuart Beaumont, Head of KCC Community Safety, and Sam Holman jointly chair the group. Sam has a learning disability and is also the chair of the Gravesend District Partnership Group.

Vulnerability on public transport is very often a concern at the group meetings. Like many of the issues the group has worked on, changes to public services cannot always be achieved at a local or Kent level and may need changes to legislation; members have been involved in lobbying at a local and central government level.

The group itself is not funded; however Kent Police & all community safety partnerships in Kent contribute towards the county-wide non-police hate crime reporting line. Contribution is £2,000 per district.



### **Conclusions**

As in other parts of the country, hate crime and hate incidents are under-reported in Kent. Victims spoken with emphasised that they feel this may be because vulnerable black, minority and ethnic individuals and groups do not necessarily know their rights. Victims also explained they do not know what hate crime is. Agencies such as Kent Police do, however, make concerted efforts to access

communities, to help people report hate crimes and hate incidents, and there are numerous groups devoted to different communities.

It is clear that victims also want to be taken seriously and want to be involved in decision making around the perpetrator. Some are also keen on restorative justice. Some victims spoken with felt that they had not been involved at all. Also, as with other crime types, victims explained that they need regular follow-up in order to feel reassured and taken seriously. Victims need to be able to rely on agencies so that they can belong again - hate crime has a big impact on a victim's confidence and sense of belonging and not being taken seriously can leave a hate crime victim feeling very isolated.

The potential to support hate crime and hate incident victims in Kent is being impacted on by the current climate around lack of funding. A multi-agency training package on hate crime and hate incident awareness, as developed by Kent Learning and Development for instance, would likely have a positive impact on reducing the potential for hate crime and hate incidents but Kent County Council cannot at present afford to provide this training.

#### 4.6. Young victims of crime

The British Crime Survey estimated that there were 878,000 crimes affecting 10-15 year-olds in England and Wales in 2010/11. Of these, two-thirds (576,000) were violent crimes (77 per cent of which resulted in injury to the victim, mainly minor bruising or black eyes). Most of the other third (275,000) were thefts of personal property. A much smaller number of children (27,000) experienced vandalism of personal property.

Over a third of all reported rapes (36%) are against children under 16 years old,<sup>42</sup> and one in six teenage girls reported intimate partner violence.<sup>43</sup>

Indirect victimisation is also common among children and young people. In a recent study, almost one in five young people (22% of girls and 13.5% of boys) said they had experienced cyber bullying.<sup>44</sup> Given the widespread use of social networking, this type of crime can be especially difficult to police or prevent.

Though many young people are affected by crime, they are less likely than adults to report it, seeing it more 'as a fact of life'.<sup>45</sup>

A 2011 study of young people's experience of the police and criminal justice system by the charity Catch 22 found particular barriers to young people reporting crime, including:

- lack of trust in the police
- tensions between young people and the police

- fear of being perceived as 'a grass' or fear of retaliation.<sup>46</sup>

Crime perpetrated in school can be difficult to identify and to address as teachers are not always trained to deal with issues beyond bullying. Young people can be vulnerable to further abuse and repeat victimisation if they speak about what has happened to them. Those in same sex relationships are reluctant to report for fear of homophobia from classmates or teachers.<sup>47</sup>

Victim Support's 2007 report, *Hoodie or Goodie*, highlighted the fact that young victims and young offenders are often one and the same. This report recommended that policy-makers and practitioners should, with young people, create more initiatives to build young people's confidence in adult authority figures, particularly in relation to reporting crime and getting support.<sup>48</sup>

Without a clear idea of the protection available, young people will often keep quiet.<sup>49</sup> When they do speak up about their experiences, they are more likely to tell their peers than an adult. Although peer support and counselling schemes have been established in a number of UK schools, their remit does not always extend beyond bullying.<sup>50</sup>

Catch 22 found<sup>51</sup> that young victims need help in three main areas:

- feeling unsafe after reporting a crime
- dealing with living around the offender after the crime

<sup>42</sup> Call to End Violence Against Women and Girls, Home Office, November 2010

<sup>43</sup> NSPCC, 2009

<sup>44</sup> O'Brien, N., Moules, T. and Walker, S. (2011) *The Impact of Cyber Bullying on Mental Health* London: NSPCC and Anglia Ruskin University

<sup>45</sup> NSPCC, 2009

<sup>46</sup> Catch 22 (2001) *What works: Developing a welfare approach to supporting young victims*. London: Catch 22

<sup>47</sup> NSPCC 2009

<sup>48</sup> Victim Support (2007) *Hoodie or Goodie* London: Victim Support

<sup>49</sup> Firmin, C. (2011) *This is it, This is my life: Female Voice in Violence* London: ROTA

<sup>50</sup> NSPCC 2009

<sup>51</sup> Catch 22 (2001) *What works: Developing a welfare approach to supporting young victims*. London: Catch 22

- lacking confidence and feeling unable to trust others.

It recommended that a variety of support be made available to young victims, from updates and information from the police to intensive mentoring and counselling.

### **Children and young people as victims of crime in Kent**

Safeguarding and promoting the welfare of children is a shared responsibility and a high priority for Kent agencies. It includes protecting children from abuse and neglect and ensuring that they grow up safely, having the best life chances to enter adulthood successfully.

Children and young people who engaged with the research overwhelmingly felt they were negatively stereotyped by the police. As a result, they did not consider that they would be keen to engage with the police if they were the victim of crime. Some also considered that this would prevent them from reporting a crime if they witnessed one, though in many cases this related also to not wanting to be seen as a 'grass'.

*"People think adults are more mature. They're just going to think teenagers trash the place. The police aren't going to treat young people with more respect."*

Additionally, they felt it fairly unlikely that the police would take their report seriously or actually deal with the case if it just involved young people.



### **What else do we know about children and young people in Kent?**

From NSPCC data the number of children in England subject to a child protection plan (that is, identified as at risk of serious

harm) has risen steadily from 2007 (27,900) to 2011 (42,700). This reflects the significant increase of awareness of abuse and perhaps more of a risk-averse approach from professionals.<sup>52</sup>

A recent inspection by Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI) and HMIC found young people were not being properly supported within the criminal justice system:

*"Their experience is sometimes good, sometimes reasonable but too often poor, with some of the poorest experiences occurring in the most serious cases. Young people are being left to flounder in an imperfect system".*<sup>53</sup> It found that special measures were often not properly provided, or failed to be considered at all. Although a report had been published in 2009 suggesting ways that young victims and witnesses could be supported when giving evidence, the recent report discovered that most of the recommendations had been ignored.

### **Support for children and young people**

The respective Kent and Medway Safeguarding Children Boards are responsible for coordinating and ensuring the effectiveness of local work to safeguard and promote the welfare of children in Kent. Both are multi-organisational, with the Medway board including, for instance, Medway Council, all Medway health bodies, Kent Police, Medway schools, voluntary organisations and other agencies. Kent Police also work closely with Kent's Local Children's Partnerships and with the Kent Children's Trust.

Both boards also have websites, which bring together information on safeguarding children for children and young people, their

<sup>52</sup> NSPCC, 'Child protection registers statistics', 2011

<sup>53</sup> HMCPSI and HMIC, 'Joint Inspection Report on the Experience of Young Victims and Witnesses in the CJS', February 2012

parents and carers and for staff working with children and young people and their families.

Kent Police also engage with young people in various ways, for instance, they have a Youth Panel, composed of 11-16 year olds. The Kent Police Authority also has a number of consultation methods underway to engage with the young (and old). The Authority runs a countywide school programme that targets 11-15 year olds to find out their views on policing in the local area. Young people are also consulted through social media via the Authority website and as part of the summer road shows that last year saw 3000 people having their say.

There are a number of organisations across the area which provide support for young people who either go missing or who are at risk of sexual exploitation. These charities provide invaluable support for young people. Catch 22, for instance, runs 16Plus, a service which provides support for young people in Kent leaving care between the ages of 16 and 21 (or up to 24 if they are still studying). Catch 22 says that 85% of care leavers who use the 16Plus service are in education, training or employment. It also runs a Vocational Skills Centre in North Kent, which supports young people who have been or are at risk of being excluded from school and who wish to learn practical skills and undertake motor vehicle qualifications.

### **Feedback from children and young people**

The main theme that came out of focus group research with young people in Kent is that they want to be taken seriously and not judged and stereotyped:

*"I don't feel we are listened to as much as adults. If we're in the streets you get loads of people walking away and phoning up*

*the police and saying it's a gang."*

They went on to say:

*"You get some young people who have been praised for doing something great. There are people outside who don't see that."*

There was also discussion around creative ways of engaging with young people, many of which Kent Police do already. These included meeting young people in schools, at youth clubs and at community centres.

Another common theme that emerged is the need for emotional support after a crime, although there was ambivalence over where this would be sought, with some young people saying *"friends and family"* and a minority citing other agencies.

It was also interesting that these young people all thought the police were stretched, for instance, thinking that *"The police have got more important things to do"* with regard to reporting anti-social behaviour.

When asked whether they would report a crime to the police, there was no clear consensus on whether they would or not, with one young person saying *"It would depend on the crime"*, another saying *"It's a waste of time"* and another again thinking that the police would be too busy to help:

*"There's bad cases out there and they're not gonna focus on you."*



### **Case study**

In order to put some context into the discussion, the group of young people were given a scenario, so they could think about how they would deal with that type of incident if it happened to them. This scenario is used below, however the actions expressed

after the scenario are those that the young people would take or expect to happen.

*'Alex is standing at a bus stop when a group of youths approach him/her and knock Alex to the ground, causing him/her to have an injury and their mobile phone taken.'*

The group was then asked what action they would take and what support they felt they would need. They said that they would want the people responsible to be caught, and to get their phone back. They were also quick to point out the initial problem of not being able to phone anyone, as their phone had been stolen, and there seem to be fewer public phones available to be used by the public to make calls.

Most of the group thought they would call the police but some were wary of doing so. They thought it would be helpful to be kept informed of what is happening and thought it was important that the police took account of their individual differences.

Some of the group felt that emotional support might be unnecessary, 'prolonging' the feeling of being a victim; however, most of the group thought they would seek emotional support. The group did not know any specific emotional support groups but thought of turning to family, friends, teachers, the police, youth workers and The Samaritans. They also thought medical help might be needed, and thought it was important that the area of the crime had good street lighting and CCTV. Finally, they thought education in schools could be helpful and engaging with young people in places they feel safe, such as youth clubs, could be helpful in teaching children and young people how to be streetwise and mindful of their safety.

## Conclusions

Specialist services for young victims are limited and investment into this area of work is needed.

The Kent and Medway Safeguarding Children Boards also carry out excellent work to support the welfare of, and safeguard, young people in Kent.

Young people spoken with felt strongly that they are judged and stereotyped. They emphasised that they want to be taken seriously and valued as much as adults. They acknowledged that some young people cause crime but felt that many young people also achieve much, which is not necessarily as widely known. So, they felt that perceptions of young people are often skewed.

Victims also made it clear that they need emotional support after a crime. Some felt they would call the police and other agencies, while others felt that they would speak with friends and family.

Young victims additionally explained that they would like the police to engage with them by approaching them in places they feel respected and secure, such as youth clubs and community centres. It should be acknowledged that Kent Police do already engage with young people in various ways, such as through a Youth Panel composed of 11-16 year olds.





## 5 Delivering services to victims

### 5. Issues identified and what can be done to address them

Police and crime commissioners (PCCs) have a duty to obtain the views of victims of crime before producing their policing plan.

They also have the potential to play a key role in championing the needs of victims in their local area.

This gives victims an unprecedented opportunity to have a real voice in influencing and shaping the services they receive at local level.

This report builds on the considerable work already done by partner organisations in Kent. It gives a snapshot rather than a forensic examination of the service needs of victims in Kent, and there is room for further research.

We hope that this evidence will encourage the incoming PCC for Kent to understand and respond to the needs of victims in Kent, and to prioritise their needs accordingly. We propose the following actions to address the issues identified in this report:

#### Proposed actions

*"Support has to be victim centred, not driven by targets or put to the hot topic of the month. That's my concern about services being decided by the police."*  
(Female victim of domestic abuse)

5.1 The PCC should lead a police and partnership process to ensure that there is a service which meets the needs of each individual victim. This includes meeting the needs of individual victims who do not report to the police by ensuring that there is a non-police reporting service able to meet their individual needs.

Victims generally receive services based on what crime type they have suffered. This overlooks vulnerability and victims' individual needs, which could be identified earlier. It is important that impact of the crime and repeat victimisation are taken into account.

More efforts need to be made to contact victims and communities who experience access barriers to services and those who don't wish to report.

5.2 The police should keep victims updated, keep them informed of the progress of their case, and should be fully conversant in how best to communicate with diverse individuals and communities and with victims of different crime types.

The PCC and police should improve engagement and consultation with victims. This could include working with partner organisations where appropriate and utilising innovative communication methods such as Facebook, as has already been tried with young people in Kent.

This recommendation is about the PCC and criminal justice partners doing more than just monitoring compliance with the national standards of the Victims Code of Practice in Kent. It is about them making a measurable commitment to improving communication with victims and adhering to it.

5.3 The PCC should work with partners to ensure that support for victims is available from the outset, taking them through the entire victim's journey and beyond, when required. This will include working with other commissioners of services to agree prioritisation.

This is about ensuring that the varying needs of each individual victim are respected and met. Each individual responds differently to a crime and it is essential that services are able to support them as and when they need that support. It is

therefore vital that support services exist from incident, to recovery, to court, and beyond.

5.4 The PCC should make it a priority to carry out more detailed work into the specific needs of vulnerable victims and the needs of victims' services across Kent. Although this project revealed many examples of excellent service provision, it also revealed many gaps. The project was also time-limited and it has not been possible to assess the needs of every type of victim and of every service. It is highly likely that there will be other gaps. The PCC should find every gap in Kent. This will mean working with stakeholders to constantly and consistently gather and update information on active services and their coverage, by area, crime type and victim demographic.

It will also mean reporting back regularly on where gaps have been found and making it clear what actions will be taken to fill these gaps.

The VSA project has also highlighted the range and diversity of services available to victims across Kent. There is no comprehensive, updated, publicly available directory of services and it is recommended that there should be one, to encourage further joined up working and access for victims to services.

It should also be noted that while many of the services victims need and are likely to need will require the commissioning of funds, there is also willingness amongst partners to work collaboratively and share resources in the best interests of victims.

5.5 The PCC should lead on a commissioning process for funding vital support organisations within the Police Force Authority. The PCC should work with other commissioners to securely fund services which are shown to

provide support needed for victims.

Support services for all victims should exist equitably across the area.

There is a patchwork of services depending on which area the victim lives in, such as IDVA provision and anti-social behaviour support. Any commissioning role the PCC has could give an opportunity to improve service provision across the whole area.

## 6 Appendices

### Appendix 1: Methodology

The Kent VSA used a variety of research methods and data to investigate issues explored in this report and address the overall aims of the project. These comprised qualitative and quantitative elements and involved conducting primary research and drawing on existing research (secondary research).

Five methods of enquiry were employed:

#### 1. Mapping victim services in the local Kent

The first exercise we undertook in this project was to 'map' existing services available to victims in Kent. This was done to establish a baseline understanding of the local service landscape and to build a network for the victims' services advocates to draw on throughout the rest of the project.

We mapped provision for victims in each of the crime categories considered by this report, and further separated these into the sub-categories of:

- statutory sector
- voluntary sector
- structures/partnerships (to include representative bodies such as local criminal justice boards or regular meetings of different agencies with a service focus, such as MARACs).

We mapped services rather than organisations, in recognition of the fact that the same organisation can offer a range of services. We only mapped services that explicitly supported victims as victims, rather than those that supported a wider client group in which victims might be highly represented. This was decided in recognition of the limited time and capacity of the project but it is acknowledged that by defining the scope of the exercise in this way, some services may be missed, particularly for those victims who do not report crime. Drugs and alcohol services are a possible example of this. We mapped services for witnesses of crime mainly where witnesses were also victims.

We sought information on services including:

- geographical coverage
- summary of services offered (including who provides support to whom and whether there is a focus on a specific crime type)
- any restrictions on services available (e.g. only offer support to 11-15 year olds)
- client group
- referral routes
- number of clients supported
- local issues of concern
- sustainability (e.g. how long are they are funded for)
- current funding source.

Not all the services mapped were willing to provide all the information requested; this was particularly true of questions around funding.

The mapping exercise was conducted by a mixture of phone and desk-based research, with some meetings. It was mainly collected between June and August 2011 and ongoing updating of the maps continued on an ad hoc basis for the remainder of the project period.

Many local stakeholders and organisations requested copies of the maps. The project steering group agreed in January 2012 that the maps could be circulated with the more sensitive pieces of information, such as funding information and 'local issues of concern' removed.

All services contained within the map were asked to confirm that the data contained about their services before the maps could be published. The maps are due to be published by the end of May 2012, again, with information on funding or 'local issues of concern' removed.

There were a number of limitations to this element of our research, including:

- **time-sensitiveness:** the maps were initially baselined in early September 2011, since which time many services will have emerged, developed or reduced their activities, or ceased to operate, therefore the map can only offer a 'snapshot' in time and will quickly become out of date
- **representing the full range of services:** because completing the maps placed a call on the time of those services we contacted, or relied on information available online, it may have favoured larger organisations with the capacity to assist us or those with an online presence. This may mean that smaller organisations were not mapped
- **significance of apparent 'gaps' in provision:** many of the service providers we spoke to talked about gaps in provision, citing that there was no service for a certain group in the local area. We were cautious not to draw conclusions about supply versus demand on the basis of this anecdotal evidence alone, recognising that factors such as the level of need in a local area, provision in neighbouring areas and the specific needs of victims with certain characteristics should be considered in drawing such conclusions.

A textual analysis of conclusions from the mapping exercise in Kent can be found at appendix 6.

## **2. Consultation with stakeholders and organisations**

Following the mapping exercise, we consulted stakeholders and colleagues in service delivery organisations to access feedback on the needs of experiences of a wider range of victims. We wanted to talk to representatives from these organisations because, as they work with large numbers of victims every year, they are able to:

- form opinions based on the experiences of a wide range of service users
- note patterns, gaps and needs
- understand the limitations on services' ability to meet these needs - from a service provider's perspective
- explain what has been tried before, and what they would like to see tried in future, based on a realistic understanding of current political trends and financial constraints
- explain what works for victims and what doesn't
- offer strategic proposals for solving the problems experienced by victims.

We found it particularly valuable to consult stakeholders and organisations supporting victims we struggled to recruit to focus groups and interviews for qualitative research. Talking to professionals was one way of ensuring that victims we found harder to reach could be represented in the research. Many of these organisations offered additional help in signposting us to others which could provide additional information.

We consulted stakeholders and organisations individually throughout the project, and collectively towards the end, in drafting the proposed actions listed in chapter five of this report. We held a 'roundtable' discussion with stakeholders seeking their feedback on the draft text of these and making amendments in response to their feedback. One of the limitations of this approach was that not all stakeholders invited to contribute were willing or able to, and, where a consensus did not appear, not all could have their views represented in the final proposed actions or wider body of the report. Therefore managing expectations was key to this element of our research.

### **3. Review of existing research and reports**

We reviewed a selection of existing literature exploring the experiences of victims and provision of victim services. The aim of this was to gain greater knowledge and understanding of the issues and to identify how the project fits with and compares to the existing body of knowledge.

We generally only considered literature published since 2008 to the present day. Where there was a lack of recent data on certain issues (female genital mutilation, for example), we have referred to the most up to date sources. This decision was taken to ensure that the literature identified remained relevant to the current experiences of and services for victims. The time constraints of the project also meant that we had to limit our review to literature from a relatively short time period. Literature we reviewed included local and national research reports from statutory and voluntary sector agencies, as well as academic bodies; it also included the published strategies, action plans and force plans from government departments and agencies including the Home Office and individual police forces.

The search for literature was completed electronically using online search engines such as Google. In addition organisations identified in the mapping of victim services in each police area were consulted about research or publications they were aware of or had produced themselves. Hard copies were also made available to us by stakeholders.

In total 27 reports were identified and cited in this report.

This review was limited in scope as it did not use a range of search strategies to identify literature. It is therefore likely that many relevant publications were not identified. In particular the review omits empirical research not freely available online e.g. studies published in academic journals requiring subscription.

### **4. Secondary analysis of the British Crime Survey 2010/11 dataset**

We analysed data from the British Crime Survey 2010/11 in order to understand the scale of need and the perceptions of victims and non-victims in Kent.

The data set used was the British Crime Survey 2010/11, non-victim user form.

Access was through the Economic and Social Data Service via special licence<sup>54</sup> and analysis was completed following the BCS user guide,<sup>55</sup> using SPSS software.

We extracted data against a selection of questions in the British Crime Survey which would tell us what victims in Kent thought of the police, the criminal justice system, and other services.

We analysed the data using the following methods:

- cross-tabulation of public perception data at the Kent level
- calculation of average incidence rates for key crime categories at the Kent level

We did not carry out significance testing of BCS data. Therefore the figures are quoted based on observed difference rather than proven statistical significance.

## **5. Qualitative semi-structured interviews and focus groups**

The aim of the qualitative element of the research was to explore the experiences and perspectives of individuals who had been a victim of one of the crime categories in the last two years. This was done by conducting 1-1 interviews and focus groups with victims of crime in Kent.

The focus groups conducted with children and young people differed slightly from the other four crime categories as participants were not required to have been a victim of crime in the past two years. This option was taken firstly because there are very few dedicated services for young victims of crime from which participants could be recruited and secondly because, when talking to groups of young people per se, such as youth groups, we did not want to single young people out as victims. Most importantly, we did not want the lack of dedicated young victims' services to prevent young people having their voices heard in this research.

As a consequence the topic guide was not designed to focus on personal experiences but instead used scenarios to draw out opinions and perspectives in a sensitive and safe way. More detailed information about the part of the project is found in Appendix 2.

### **Rationale for the approach:**

We used a variety of methods of research to enable us to examine the issues through a number of different lenses and achieve a deepening and a widening in understanding. We wanted to ensure that we triangulated our findings from these different research methods and data to give our findings validity.

There were also more pragmatic reasons for using a variety of methods. The project's aims could not be addressed using a single method of inquiry. For example, while qualitative interviews with victims provided information about their individual experiences, opinions and access to services, these did not provide an effective and systematic method for mapping all the existing services in Kent. Similarly, consulting professionals about the needs and experiences of victims would provide some information about the needs and experiences of victims, however this

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<sup>54</sup> <http://www.esds.ac.uk/government/bcs/>

<sup>55</sup> <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/user-guide-crime-statistics/user-guide-crime-statistics?view=Binary>

would be from the perspective of the professional rather than victims themselves. It is also worth noting that, as is the case with all projects, the research methods were in part shaped by the time and resource constraints of the project.

## **Appendix 2: Qualitative semi-structured interviews and focus groups with victims**

The following provides more detail about the qualitative element of the research which was designed to explore the experiences and perspectives of victims of crime.

### **The approach:**

The aim of the qualitative element of the research was to capture the experiences and opinions of victims in the five crime categories: victims of anti-social behaviour, domestic abuse, sexual violence and hate crime and young people affected by crime – whether or not they had been victims themselves. The use of an in-depth qualitative approach enabled participants to raise issues that were important to them, drawing on their own experiences and using their own words. The data collected through a qualitative approach is useful for understanding individuals' perspectives on particular issues and the meanings that they attach to their experiences and behaviour.

The limitations of qualitative research have been well documented. While qualitative research can provide rich, in-depth data, it can also be small in scale and dependent on context. Because of this, generalisations cannot be made about the experiences of the wider population on the basis of this research. In addition qualitative research can be seen as more subjective than quantitative data both in terms of data collection (researcher influence) and data analysis. We hoped to overcome these limitations to some extent by the use of different methods to explore the issues of concern to this study i.e. consultation with professionals as well as victims, analysis of the 2010/11 British Crime Survey, review of relevant literature and mapping existing services for victims.

### **Design of research tools:**

A semi-structured topic guide was developed in consultation with Victim Support's research manager. This helped to ensure that key issues were explored with each participant and gave interviewers the flexibility both to adapt their style to meet the needs of individual participants and to probe and explore issues in detail and with sensitivity. The topic guide was piloted with five participants initially to test out questions, gain feedback and make appropriate modifications. A copy of the topic guide used is provided at Appendix 4.

### **Conduct:**

Originally the project planned to use focus groups as the sole qualitative method for investigation. This decision was in part influenced by the time constraints of the project, whereby it was envisaged that the use of focus groups would enable the project to reach a greater number of victims in a restricted time period allocated for fieldwork. In addition the use of focus groups was decided upon because the method for recruiting participants was primarily via gateway organisations and it was felt that it would be beneficial to make use of pre-established groups, as these would have the advantage of being able to provide victims with support before and after a focus group should they require it. It was also felt that the group dynamic of a focus group would enable participants collectively to develop creative ideas to put to police and crime commissioners.

Early on in the data collection stage it became clear that the data collection methods needed to be flexible to account for the needs of victims and ensure everyone who wanted to participate could do so. For

example many prospective participants were not comfortable taking part in a focus group for a variety of reasons (e.g. nervousness about speaking in groups, not wanting others to hear about their experiences etc) however they were happy to participate in a face to face interview. Others were unable to gather easily in one central location due to the limitations of geography, particularly in rural areas. The needs and requirements of the participants therefore dictated the use of a combination of focus groups and interviews.

For similar reasons, while the majority of interviews were conducted face to face with the interviewer, some were conducted over the telephone in order to meet the needs of the participant and facilitate the participation of those who were unable or unwilling to participate in a face to face interview. For some a telephone interview enables more control over the situation and provides a certain anonymity and privacy not available in a face to face interview.

With the permission of the participants, the interviews/focus groups were recorded using a digital recording device. Where permission was not granted the researcher took notes. The recordings were retained for a maximum of ten days and during this time the interviewer inputted information into the framework developed for sorting the data prior to analysis. The reason for this was to ensure that no data captured on the recording devices that could potentially identify participants was retained unnecessarily. In addition, between recordings being made and the data being entered into the framework analysis, recording devices were kept in locked cabinets so that the data they contained could not be accessed.

### **Criteria for participation:**

Except in the case of children and young people, criteria for participation were that:

- the prospective participant had been a victim of at least one of the crime types in the last two years (except in the case of historic sexual abuse, victims of which often do not access services or report the crime until many years after it took place), and
- the prospective participant was aged over 18 years.

We decided to focus on experiences that occurred in the last two years to ensure the relevance of those experiences to the existing provision of services in the local area and to avoid difficulties and inaccuracies in recall. The age restriction was put in place as it was agreed early on in the project to focus on the experiences of children and young people as a distinct part of the project and to reflect the additional ethical, safeguarding and welfare considerations of working with those under the age of 18 (see more information about children and young people below).

### **Sampling:**

The aim was to reach a minimum of five participants in each local police force area in each of the crime categories. Inclusivity of participants across diversity strands was attempted by applying the conclusions of an equality impact assessment conducted at the beginning of the project.

### **Recruitment of participants:**

Participants were recruited primarily through gateway organisations that were already providing or had provided support to the participants. This was partly dictated by pragmatic considerations (e.g. the gateway organisations already had access to the individuals that the project was

looking to consult and could identify those who met the participation criteria) and partly due to ethical considerations (e.g. the gateway organisations were there to provide support to the participants after the research was completed and already had an understanding of their needs.) Host organisation Victim Support was also treated as a gateway organisation and trained Victim Support staff and volunteers offered immediate emotional support to participants drawn from both Victim Support networks and beyond. Participants were also recruited through local organisations and stakeholders. The interviews and focus groups took place between October 2011 and March 2012.

### **Ethical considerations:**

The wellbeing and safeguarding of participants were paramount in the conduct of the interviews and focus groups. Key elements of the ethical approach taken included:

- providing prospective participants with the information needed to make an informed decision about whether to take part or not
- recording participants' decisions to take part via a consent form and providing them with the opportunity to withdraw consent
- explaining carefully to participants the steps taken to maintain confidentiality and the limitations to preserving confidentiality in accordance with Victim Support policies
- maintaining participant anonymity by removing all information that could potentially identify an individual
- minimising distress to participants during fieldwork e.g. conducting interviews and focus groups in a private and safe space; researcher sensitivity to the needs of participants, having a trained Victim Support staff member or volunteer available during the fieldwork to provide support if and when required etc.
- making referrals to specialist support services should further support be required by the participants
- recruitment of interviewers (victims' services advocates) with experience of working with victims of crime and/or other vulnerable groups
- the provision of detailed guidelines, briefings and training sessions to all researchers to prepare them for the role and taking into account areas of possible sensitivity (specific training was delivered to prepare VSAs for working with children and young people and victims of sexual violence)
- mandatory safeguarding training and Criminal Records Bureau checking of all interviewers before they could conduct interviews or focus groups.

### **Children and Young People**

We took a different approach to researching the experiences of children and young people firstly in recognition of the fact that there are few dedicated services for young victims around the country.

We wanted to make sure that we did capture the views of children and young people but did not consider it to be within the capability of the project to recruit one-off focus groups specifically of young victims of crime outside the support systems that a gateway organisation, such as a youth group, would provide. We therefore contacted existing groups and requested the opportunity to hold a focus group as part of an existing, planned session.

We did not want to ask the young people to talk about their personal experiences or indeed to single young people out as victims in a group

environment so we used a fictional character 'Alex' as a point of discussion and asked the young people to explain how Alex might feel as a victim of crime.

An amended topic guide was used for these sessions and can be found at appendix 3. This was developed with the advice of specialist young people's workers within Victim Support. Findings from the research with young people were captured on a separate framework to that used for adult participants and therefore data from the young people cannot be compared with that from the adults in a meaningful way.

### **Analysis:**

The analysis of the interviews and focus groups was undertaken using a framework analysis approach. This approach was chosen as it offered a transparent and systematic method for analysing qualitative data which enables the research to stay focussed on the specific priorities of the study. The transparent procedural approach of framework analysis is valuable as it would allow another researcher to repeat the process in order to verify findings. It is also a relatively straightforward approach which could easily be explained and adopted by all the researchers working on the project and which did not require the use of complex and expensive computer assisted qualitative data analysis software.

The first stage involved the researchers familiarising themselves with the data (through reading notes and/or listening to recordings) and then systematically sifting, summarising and sorting the data from each interview or focus group into a pre-designed thematic framework. The framework comprises a series of subject charts in Excel. The broad theme headings that made up the thematic framework used for this research were:

- impact of victimisation
- support needs of victims
- experience of the police, experience of other criminal justice system agencies
- experience of other agencies
- barriers and facilitators to accessing support, and
- recommendations.

These broad themes were broken down further into sub-themes and there was also space within the framework for researchers to record information that did not fit into these themes but might still be important to the study. This meant that emerging and unexpected themes could be identified and recorded.

Researchers also recorded verbatim quotations from participants in the framework. Basic context information about each interview or focus group was recorded including whether it was a focus group or interview, the number of people participating, the crime type area and basic demographic detail.

Once the data was summarised and sorted in the framework then in depth analysis was conducted. Like all qualitative data analysis this was an iterative process and involved the researcher:

- reviewing the summarised data
- systematically, comparing and contrasting the different accounts, experiences and perspectives
- searching for patterns, contradictions or connections within the data
- seeking explanations for patterns and associations

- making interpretations grounded in the data.

Each crime type area was analysed separately initially to identify the concerns and issues specific to that victimisation experience. Where time was available all victim crime types were analysed together to identify where there were issues and concerns relevant to all victims interviewed.

### **Limitations of the qualitative research**

As with all research this approach had certain limitations. Some of these were inherent in the methodology and others related to the specific response achieved for this study. Some of the limitations have been considered here:

- **Recruitment:** this was largely through gateway organisations and therefore may not have reached those victims that had not accessed services at all and may have the greatest needs/most unmet needs
- **Diversity of sample:** because of the small numbers of victims involved, we aimed to be inclusive rather than fully representative of all victims locally who had experienced each crime type. Generalisations about all victims representing a particular diversity strand cannot therefore be drawn on the basis of this research
- **Complexity of hate crime as a crime category:** because hate crime can be motivated by hostility on the basis of multiple diversity strands, it was not possible, with the small sample interviewed by this research, to gain the views of people affected by all types of hate crime. In Kent, we spoke to victims affected by racist and disability-motivated hate crime. We were not able to speak to victims of homophobic, religiously-motivated, or transphobic hate crime, so this research can only give a partial picture of the impact of hate crime locally.
- **Combination of interviews and focus groups:** because, led by the needs of participants, we conducted our research in a combination of group sizes, there is a risk of overstating data captured in interviews as it is more detailed and in depth
- **Retrospective views and past experiences:** because we were reliant on the recall of victims, there is a risk that this recall can be flawed, especially if events took place some time ago
- **Interviewer effect:** as with any research captured in person, there is a risk that interviewers will represent victims' views through a filter of their own personal perspective
- **Social desirability:** particularly in a group setting, there may be a risk of participants saying what they think is socially acceptable rather than what they really think.
- **Bias of self-selection:** those who have had negative experiences with services may have been more motivated to take part, especially if they were likely to feel more strongly or want to have the opportunity for redress. Victims who had had more positive experiences may have felt less inclined to come forward
- **Only one part of the story:** because we didn't hold focus groups asking the same questions of agencies providing services to victims, we were unable to capture the same level of detail from their perspective about the challenges and difficulties facing agencies or the criminal justice

system in meeting the needs of victims, However it was beyond the scope of this project to investigate this in detail as our priority was capturing the voice of victims.

## Appendix 3: Children and Young People topic guide

### Topic Guide – VSA research (CYP)

#### Materials needed:

- Flipchart and pens
- Flashcards
- Post it notes
- Parental and young people consent forms (distributed by gateway organisations)
- Dictaphone
- Incentives e.g. pizza.

#### o Introduction

The group leader should introduce the VSA to the group, set ground rules and be on hand for any challenges that may arise throughout the session. Ground rules should be provided by the gateway organisation where possible; if they do not already have a list of ground rules then VSAs should use the ground rules document in the CYP toolkit.

"Good Afternoon/Evening. Thank you all for letting me take some of your time. I would like to start by introducing myself and explaining a little about the work I am doing which I hope you will be able to help me with.

My name is [insert name] and I am Victims' Service's Advocate for Kent. Part of my role is looking at what help and support there is available for victims and witnesses of crime and looking at ways that things may be improved for those affected by crime. I am here today to get your thoughts and opinions on policing and crime to help feed into this work.

This is connected to a big change that is coming up in how police are run – Police & Crime Commissioners (PCCs), who will be elected in November 2012 in each of the 42 police force areas in England & Wales.

PCCs will be responsible for setting what the police in the local area should focus their efforts and money on. They will also be responsible for deciding whether to start or support other services relating to crime, including services/support for victims of crime.

We want to try and make sure that one of the things they focus on is looking after victims. So part of my job is to write a report in a few months time on what the PCC should do to support victims of crime – including young victims.

**Please be aware that I am not here to talk about any experiences personal to yourself,** I am just looking at how you feel about some of the issues identified by victims and witnesses of crime. If over the course of the session you do wish to discuss something personal then please do discuss with the group leader after the session [confirm this with group leader].

Finally, anything that we do discuss will be in confidence and we will not be using anyone's names in the report we write. The only time we will break confidentiality will be if we believe you or someone else is in danger of harm. Please also respect the confidentiality of each other and do not disclose what is discussed in this focus group to others. "

- **Opening the discussion - 5 minutes**

- **Ice breaker:** Ask young people to introduce themselves - their name and what they enjoy doing in their spare time (or similar)  
**N.B. This should be facilitated by the group leader with the VSA as participant**

- **Support needs - 15 minutes**

- **Case Study: Alex**

- This is Alex (VSA draws picture of a boy on flip chart)
- How old is he? (elicit feedback and write down answer on flip chart)
- What does he like to do? (elicit feedback and write down answer on flip chart)

- **VSA reads:**

- Alex was out with some friends one evening. Whilst waiting at the bus stop with a friend a group of lads came up to them and demanded their phones and money.
- Alex refused and when he did one of the lads punched him in the face badly cutting his lip.
- Alex and his friend handed over all their money and phones and when the lads had gone they ran to a nearby phone box to call the police.

**Q. What would they need from the police?**

Prompts could include:

- Regular update on progress
- Signposting
- Sensitive to your needs
- Quick response.

**Q. What other support might they need?**

Prompts could include:

- Emotional support
- Specialist support
- Medical help
- Safer community (lighting, CCTV etc)

**Q. Where could they get that support from?**

Prompts could include:

- Local organisations
- Family and friends
- GP

**Agree/Disagree - 10 mins**

- Everyone stands in the centre of the room and **Agree** and **Disagree** signs are placed on either side of the room
- The facilitator reads out a specific point of view from the **CYP statement flashcards** on policing and crime e.g. "There is no point reporting abusive neighbours; nobody does anything about it anyway!"
- Ask people to move according to how far they agree or disagree with the statement; and ask why

**What things do you think would help young victims of crime like Alex? - 5 minutes**

- Make a list of things the young people think the PCC should do to help victims of crime. Include things such as 'better communication with the victim' and 'provide more funding to local organisations' etc
- Once the list is compiled split the young people into groups (max of 4 per group) and give each group a few post-it notes, then ask them to put down the three things they personally would like to see the PCC focus on. They can use items from the list or think of their own
- Collect them in, make a definitive list of main priorities on the flipchart and elicit a response from each group as to why these things are important

**Conclusion**

- Thank young people for their time and contribution
- Ask if there are any final questions or comments
- Ask if the young people are interested in seeing the report / being kept informed of progress - advise this will be available via the gateway organisation
- Communicate that a report will be available from May 2012

**Closing the discussion (optional) - 5 minutes**

A closedown activity (similar to the opening icebreaker) is recommended to close down the discussion.

**N.B. This should be facilitated by the group leader with the VSA as participant.**

**A closedown activity example is as follows:**

- Ask everyone to stand in a circle.
- Each person says what they had for breakfast
- The next person then repeats what has already been said and adds their own For example: "This morning I had 1) an apple 2) a bowl of cereal and 3) an xxx for breakfast"
- This continues until everyone has had their go; the VSA should be the last person in the sequence

## **Appendix 4: Adult focus group topic guide**

Materials needed:

- Flipchart and pens
- Consent forms
- Dictaphone
- Change for reimbursing travel.

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### ***Introduction – 10-15 minutes***

Introduce yourself

- Go over VSA project and purpose of focus groups:
- This is connected to a big change that is coming up in how police are run – Police & Crime Commissioners (PCCs), who will be elected in November 2012 in each of the 43 police force areas in England & Wales
- PCCs will be responsible for setting what the police in the local area should focus their efforts and money on. They will also be responsible for deciding whether to start or support other services relating to crime, including services/support for victims of crime
- We want to try and make sure that one of the things they focus on is looking after victims.
- This research is being done as part of a project to identify what victims in each area need in terms of services and support, so that the PCCs can know where they should focus police resources in relation to services and support for victims
- What you tell us in this group will be used to make a briefing paper for the incoming Police & Crime Commissioner for your area, aimed at highlighting what victims most need and influencing them to act to better meet that need

### **Confidentiality**

Explain that:

- All the information provided will be treated confidentially – it will be kept secure and only be seen by members of the VSA research team. It will not be shared with other VS staff, the gateway organisation (if relevant) or anyone else
- They will not be identified in the report – we may cite their experience or views and quote them in the report but we would not use their name, and would change any details which might identify them
- Participants should respect the confidentiality and anonymity of each other and not disclose what is discussed in the focus group to others
- Emphasise the limits of confidentiality i.e. if someone shares something which suggests a vulnerable adult or a child is at risk, or they are at risk, the researcher has an obligation to share this information the relevant Victim Support manager, who may have to inform social services

### **Practical issues**

Explain that:

- The focus group will last around 2 hours
- There will be a 5-10 minute break half-way through
- Travel expenses will be reimbursed at the end

- They do not have to answer questions if they do not want to
- They can leave at any time and for whatever reason
- They will be given information about support services available (where applicable) and the name and contact details of a volunteer who will be available to talk to them about any issues or queries they have. If needed they are also on hand if they should wish to go out and talk to someone
- Ask permission to record the interview
- Housekeeping – fire procedure, toilets etc
- Ask them to give each other a chance to speak, respect each other's views and try not to talk over each other

## **Consent**

- Check if they have understood the above
- Hand out consent forms and ask to sign
- Emphasise that consent can be withdrawn at any point and they would need to inform the researcher if they wanted to do so

### **1 Opening the discussion – 15 minutes**

*Icebreaker:* ask people to introduce themselves – their name and what they had for breakfast (or similar). Ask participants to each tell a little bit about their experience of being a victim of crime: explain they can share as much or as little as they want but would be useful if they included whether the crime was reported to the police and, if it was, what the outcome of the investigation was (e.g. no-one caught – case dropped, offender charged – sentenced).

### **2 Support needs for dealing with the police and CJS – 30-40 minutes**

*First, we want to look at the service that victims of [relevant crime type] get from the police – what do victims need from police and why?*

#### **EXERCISE 1: WHAT VICTIMS NEED FROM THE POLICE**

*Draw line down piece of flipchart with header 'WHAT' on one side and 'WHY' on the other.*

*We want to find out from you what you think it is most important that police do when dealing with victims of [relevant crime type], and why.*

*So first, what is most important about how the police deal with victims of [relevant crime type]?*

*MODERATOR INSTRUCTION: Note in the 'WHAT' column, if participants also say why it is important, note in 'WHY' column.*

#### **PROBE:**

- Responding to report of crime quickly
- Taking incident seriously
- Taking (quick) action to investigate
- Explaining process / next steps
- Keep victim updated and informed about what they were doing
- Being understanding and responsive to concerns of victim
- Treating victim with consideration and respect
- Linking victim to other support services

*Why are these things important?*

*MODERATOR INSTRUCTION: Note in the 'WHY' column. Ask if the police did do any of these things in their case, and if they did, what was valuable about it for them.*

PROBE:

- Reassurance
- Understanding of process / what to expect
- Able to access other support
- 'Closure'

Ask if the police did not do these things in their case and, if they didn't, what effect that had on them.

PROBE:

- Worsens distress
- Felt alone/isolated/unsupported
- Emotional wellbeing deteriorates/self-doubt/stress/possibly ill mental health
- Made fear for safety
- Affected trust/confidence/loss of respect in police
- Made less likely to report crime or engage with police in future

Ask each if they could say which of these things are the most important for victims of [relevant crime type] overall (in their view).

So we now have a list of things that victims of [relevant crime type] want or need from police: how well do you think police in this area meet these needs?

What could they do to improve?

PROBE:

- Manner - more understanding, respectful etc
- Information and communication with victim - updating on progress and outcome, explaining process and next steps etc
- Linking with other services - e.g. referring to information and support services like VS

*Independent organisations are sometimes able to help victims deal with the police e.g. by explaining what rights/entitlements they have as victims and how the process works, or by helping to get information from police officers such as updates on their case.*

Did you have any independent support to help with the police? Would you have found it useful to have this in your experience of dealing with the police? (or perhaps you did get it?)

PROBE:

- How do you think such support might have helped you in dealing with the police?

Do you think victims of [relevant crime type] generally would benefit from this type of support to help deal with the police and other criminal justice agencies? PROBE:

- Why/why not?

Does anyone have experience or views of other criminal justice agencies that they want to share e.g. CPS, courts?

PROBE:

- Good points
- Bad points

## **BREAK - 5-10 minutes**

### **3 Support needs for dealing with impact of crime - 30-40 minutes**

*In the next part we want to look beyond the police at what victims of [relevant crime type] need to deal with the impact on their lives. We know that being a victim of crime can have all sorts of effects on your life: it can be traumatic and affect your emotions and confidence; it can affect your employment, your finances, your health; and, as well as dealing with strictly policing matters, the Police and Crime Commissioners will be able to do something about these things as well, through commissioning services and support for victims.*

#### **EXERCISE 2: SUPPORT NEED**

On flipchart make 4 columns headed 'WHAT', 'WHY', 'WHEN', 'WHO'.

We want to find out from you what aspects of your life being a victim of [relevant crime type] had the biggest impact on, and what type of help you needed to deal with it.

Ask each person in turn to say what, if anything, they most needed help with in terms of dealing with the impact of the experience on their life. Note in the 'WHAT' column. *NOTE: prompt, using support type list if necessary*

PROBE:

- Why was this needed? - note in the 'WHY' column
- Was there a particular point that it was needed? - note in the 'WHEN' column

Ask each: what forms of help do you think is most important for victims of [relevant crime type] overall?

So we have what, why and when. What about 'who'? Who would you want this type of support from?

PROBE:

Is there a certain organisation or type of organisation that's most appropriate or best placed to provide this support?

Which, if any, of the following do you think are important for *these* types of services (services identified by the participants in the previous question):

- To be independent of police or government
- To be specialists in supporting victims
- To be specialists in supporting victims of [relevant crime type]
- To be specialists in supporting people from under represented communities e.g. with disabled people, people with mental health problems, people from an ethnic minority group
- Have legal knowledge/knowledge of how system works

Is this type of help available in this area?

Were you aware it was available?

Would you know how to find out about it?

PROBE if yes:

- How? - leaflet, website, word of mouth etc

Do independent services link up well enough - so if you were supported by an independent service did it link in with other support services to assist you?

Was the quality of the support good enough?

- Why/why not?

#### **4 Overall messages on victim needs - 10-15 minutes**

*Finally, we want to see if we can distil what we've discussed into some key messages to take to the PCCs.*

If you could tell the new PCC one thing about what they should be doing for victims of [specific crime type], what would that be?

If you could tell the new PCC one thing about what they should be doing for victims generally in Kent, what would that be?

#### **5 Conclusion - 5 minutes**

- Thank participants for their time and contribution
- Ask if there are any final questions or comments
- Give out information sheet and reiterate that follow-up support is available

Ask if people are interested in seeing the report / being kept informed of progress - take contact details of those who are. Communicate that a report will be available from May 2012

## **Appendix 5: List of victims consulted**

The VSAs consulted the following victims when researching this report:

### **Anti social behaviour**

1 x focus group: participants 5 men; 5 women

### **Hate crime**

4 x interviews with victims of racially motivated hate crime: participants  
4 men

### **Domestic abuse**

2 x focus groups with women: 11 participants

### **Sexual violence**

4 x interviews with women

### **Children and young people**

1 x focus group: participants 8 young men, age 16-17; 1 young woman, age  
17.

## Appendix 6: Mapping Summary of local organisations and stakeholders mapped

### 1. Breakdown

The following is a breakdown of the mapping exercise we undertook and represents the picture of service provision we found across Kent at that time. We endeavoured to map all services providing direct support to victims or witnesses of crime, but we will have missed some.

We also recognise there are many other more general services that would provide support to victims in a less targeted way. Youth services, church groups and general support for older people are examples of services we did not map as their target service users do not explicitly include 'victims of crime'.

Furthermore, the funding climate means many services we mapped will have since changed in scope, been cut or maybe even grown. This should be borne in mind in drawing conclusions on the basis of our mapping.

We mapped 40 direct support services to victims of crime. In addition, we mapped partnerships and/or consortium arrangements that provide support to victims. These include:

- Kent and Medway Domestic Abuse Strategy Group
- Kent and Medway Safeguarding Adults Board
- Kent Community Safety Partnerships
- Kent Criminal Justice Board
- Kent Domestic Abuse Forums
- Kent Safeguarding Children Board
- Kent Voluntary Sector Emergency Group
- Medway Safeguarding Children Board
- Multi-Agency Risk Assessment Conferences (MARACs)
- Specialist Domestic Violence Courts Group
- The Keeping Safe Group
- The Local Performance and Delivery Group.

Please note that the position of the person we spoke to varied and so the views given were not necessarily the view of the service or organisation.

Of the services we mapped, we spoke to 22 on the phone about their main issues of concern, both for their service users and their organisations. The position of the person we spoke to varied and so the views given were not necessarily the view of the organisation. The following tables provide a breakdown of organisations we spoke to.

### 2. List of organisations mapped

The following is a list of all the organisations we mapped; those in **bold** we spoke to in more depth either face-to-face or by telephone.

Action for Children

Amicus Horizon

**Canterbury Women's Refuge and the Rising Sun Domestic Violence and Abuse Service**

Casa Refuge and Floating Support Catch 22 16Plus

Cruse Bereavement Counselling

**Domestic Abuse Volunteer Support Services**

**East Kent Rape Line**

**Family Matters**

Golding Lifeline  
 Home Start – Shepway New Beginnings  
 Hyde Housing  
**K-DASH – Kent Domestic Abuse Support and Help  
 Keeping Safe Group**  
 Kent Advocacy Service  
 Kent and Medway Domestic Abuse Strategy Group  
 Kent and Medway Safeguarding Adults Board  
 Kent Community Safety Partnerships  
**Kent County Council**  
**Kent Criminal Justice Board**  
 Kent Domestic Abuse One Stop Shops  
 Kent Domestic Violence Forums  
**Kent Police Authority**  
**Kent Police**  
**Kent Probation**  
**Kent Safeguarding Children Board**  
 Kent Safe Schools Project  
 Kent Sanctuary Schemes  
 Kent Voluntary Sector Emergency Group  
**Medway Safeguarding Children Board**  
 MHS Homes Group  
 Neighbourhood Watch  
 New Romney Counselling Services  
**North Kent Women's Aid**  
**Oasis Domestic Abuse Service**  
**Ravi Refuge**  
 Refuge  
**Rubicon Cares**  
**Shepway Lifeline Domestic Abuse Service**  
 Specialist Domestic Violence Courts Group  
 The Dove Project  
**Tunbridge Wells Bangladeshi Welfare Association**  
**Tunbridge Wells Filipino Association**  
**Victim Support Homicide Service**  
**Victim Support Kent**  
 West Kent Domestic Abuse Helpline and Advocacy Service  
 West Kent Lifeways  
 West Kent Women's Refuge  
 Winston's Wish.

### **3. Overview of support and services**

#### **Overview of support for victims of crime in Kent**

Victim Support provides volunteer support to anyone affected by crime, whether or not the crime has been reported; this includes victims and witnesses, their friends, family and other people caught up in the aftermath. Practical and emotional support and information are provided over the phone and in person by a victim care officer.

#### **Support services for victims of anti-social behaviour**

There are no voluntary sector services in Kent aimed specifically at helping victims of anti-social behaviour. Instead, community safety units across Kent provide a wide variety of services for their local communities, many of which support victims of anti-social behaviour.

### **The concerns of anti-social behaviour support organisations**

Staff in the units we spoke to were concerned about how funding reductions are negatively impacting on their ability to deal with anti-social behaviour. Some services provided by units, which have been making a positive impact, have already been cut.

There is broad concern across the units in relation to youth crime, underage drinking and a lack of youth facilities. Teams also typically deal with anti-social behaviour relating to drugs, neighbour nuisance and environmental crime.

All teams spoke of high levels of perception of anti-social behaviour, where, in fact, anti-social behaviour is typically decreasing in Kent.

Units in East Kent were particularly concerned about what effect ongoing high unemployment might have on anti-social behaviour in their areas.

Units also emphasised that Kent has anti-social behaviour difficulties related to tension around a high immigrant population.

### **Support services for victims of domestic abuse**

As elsewhere in England, provision of Independent Domestic Violence Advocates (IDVAs) is patchy in Kent. Most IDVAs in Kent are based with services specifically for victims of domestic abuse. Some are also based with local citizens' advice bureaus.

As of March 2012, Kent's IDVA provision was:

- Oasis Domestic Abuse Services: 3.5
- Maidstone Citizen's Advice Bureau: 1
- K-DASH: 8.4
- The Rising Sun Domestic Violence and Abuse Service: 2
- Kent Advocacy Service: 1
- North Kent Women's Aid: 1
- Swale Domestic Violence Forum: 2
- Refuge: 1
- The Domestic Abuse Volunteer Service: 2
- Medway Citizens' Advice Bureau: 2.

Kent has a wide variety of voluntary services, which support victims of domestic abuse. The majority of these support female victims only. There is no service solely for male victims of domestic abuse. Ravi Refuge supports BME/Asian Women only.

### **The concerns of domestic abuse support organisations**

Most domestic abuse support organisations are concerned about funding cuts. Many are already reliant on short-term funding. IDVAs rely on particularly precarious funding and at the time of writing 3 IDVAs faced job losses.

Organisations are also keen to emphasise the need for all agencies to understand the complexity of domestic abuse and for referral and frontline staff to understand the magnitude of someone reporting domestic abuse for the first time.

## **Support services for victims of sexual violence**

Kent has three organisations devoted to victims of sexual violence – Family Matters, East Kent Rape Line and Action for Children. Action for Children supports children up to the age of eighteen. These organisations provide a variety of services such as helplines and counselling.

Family Matters and East Kent Rape Line each have 1 ISVA, covering, respectively, West Kent and East Kent. Family Matter's ISVA supports both adult and children and young people survivors of rape and sexual assault.

## **The concerns of sexual violence support organisations**

There is major concern about current Sexual Assault Referral Centre (SARC) provision. This currently falls short of Department of Health recommendations.

Kent also falls short of recommendations from the government's Violence Against Women (VAWG) strategy in only having two ISVAs.<sup>56</sup>

In addition, these ISVAs at times struggle to get referrals from the police, despite the 1,402 recorded sexual offences in Kent in 2010/11 according to the BCS.<sup>57</sup>

There is also concern that Kent does not follow government recommendations to have an ISVA supporting children and young people specifically.

## **Support for people bereaved by murder or manslaughter**

The homicide service is a nationally managed service made up of five teams based in five locations around England and Wales. Each team consists of a team leader, five case workers and a support worker. There is a National Homicide Manager, completing the team of 36. On receiving a referral, a homicide caseworker carries out a needs assessment and work begins to support the bereaved person in a range of ways. Often the help at the start is very practical: help with the funeral, meetings with the police, child care, and benefits, typically reinforced by emotional support as the relationship between the bereaved and the caseworker develops. The caseworker can also commission a number of specialist interventions such as trauma support and support for bereaved children. The homicide service was the first service that Victim Support developed and rolled out as a national, rather than regional, service.

In addition, the organisations Cruse Bereavement Counselling and Winston's Wish were mapped in Kent. It should be noted, however, that these organisations provide general bereavement counselling, rather than a service specific to those bereaved by murder and manslaughter.

## **Support services for victims of hate crime**

All efforts were made to contact organisations which support victims of hate crime in Kent. However, it was only possible to map two of these, in addition to the 24/7 pan-Kent non-police hate crime reporting line, run by Shepway Lifeline. These organisations are:

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<sup>56</sup> HM Government, 2011, op.cit.

<sup>57</sup> Victim Support analysis based on Home Office: Research, Development and Statistics Directorate and BMRB, *Social Research, British Crime Survey; 2010-11*, as above.

- Tunbridge Wells Bangladeshi Welfare Association
- Tunbridge Wells Filipino Association.

It should also be noted that these organisations provide general support to members of their respective communities, rather than services dedicated to support victims of hate crime specifically.

Further research is required to map hate crime services in Kent.

### **The concerns of hate crime support organisations**

Due to the low number of mapped organisations specifically for victims of hate crime, it is not possible to draw conclusions on the concerns of such hate crime organisations across Kent. However, concerns from statutory organisations, which support victims of hate crime, include concern about the impact of funding cuts on the potential of services to support hate crime and hate incident victims in Kent.

### **Support services for young victims of crime**

There are several services which support young victims of crime in Kent which have been mapped. These are crime-type specific and do not exist for each crime type. It should also be noted that the vast majority of these do not solely help young victims of crime. There are some exceptions, such as Action for Children, for instance, which runs two projects in Kent, supporting children and young people up to the age of 18 (as above).

### **Concerns of organisations working with young people**

There are few specialist services for young victims and investment into this area of work is needed. Further research is required to focus upon the specific concerns of organisations which work with young people in Kent.

## **Appendix 7: Glossary**

*Anti-social behaviour* – Defined by the Crime and Disorder Act 1998 as “behaviour that causes, or is likely to cause, harassment, alarm or distress to one or more persons not of the same household as the perpetrator.” Anti-social behaviour includes conduct that is and is not

already covered by existing criminal offences, such as criminal damage and harassment.

*British Crime Survey (BCS)* - a systematic victim study, currently carried out by BMRB Limited on behalf of the Home Office. The BCS asks people aged 16 and over living in households in England and Wales about their experiences of crime in the last 12 months. These experiences are used to estimate levels of crime in England and Wales.

*Black and minority ethnic (BME)* - a term used to describe any minority race, nationality or language & culture in the UK.

*Criminal Justice System (CJS)* - the system of practices and institutions of governments directed at upholding social control, deterring and mitigating crime, or sanctioning those who violate laws with criminal penalties and rehabilitation efforts, includes policing, courts and corrections services.

*Crown Prosecution Service (CPS)* - the Government Department responsible for prosecuting criminal cases investigated by the police in England and Wales.

*Domestic abuse* - Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

*Female genital mutilation (FGM)* - a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting.

*Her Majesty's Inspectorate of Constabulary (HMIC)* - independently assesses police forces and policing across activity from neighbourhood teams to serious crime and the fight against terrorism.

*Independent domestic violence adviser (IDVA)* - provide proactive independent support to victims; involving the assessment of risk, safety planning and facilitating effective partnership working within multi-agencies, throughout the victims engagement with the criminal justice process.

*Independent sexual violence adviser (ISVA)* - An independent sexual violence adviser offers confidential advice and support to both males and females who have been the victims of sexual violence.

*Lesbian, gay, bisexual and transgender (LGBT)* - an acronym that collectively refers to lesbian, gay, bisexual, and transgender people.

*Multi-agency risk assessment conference (MARAC)* - meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim.

*Police and crime commissioner (PCC)* - elected by the public to hold chief constables and the force to account; effectively making the police answerable to the communities they serve. Police and crime commissioners will ensure community needs are met as effectively as possible, and will improve local relationships through building confidence and restoring trust. They will also work in partnership across a range of agencies at

local and national level to ensure there is a unified approach to preventing and reducing crime.

*Police force area* – the area for which a designated police force has responsibility for providing policing services and enforcing criminal law.

*Police Reform and Social Responsibility Act 2011* – legislation setting out reform for police accountability and governance, including the creation of the MOPC and replacing police authorities with directly elected Police and Crime Commissioners.

*Sexual assault referral centre (SARC)* – specialist services for people who have been raped or sexually assaulted. Provides medical care and forensic examination following assault/rape, counselling and in some locations, sexual health services. SARCs are mostly able to assist in the immediate aftermath of an assault but do not offer long term services that are provided by Rape Crisis Centre.

*Sexual offences investigation team (SOIT)* – specially trained officers, who have to attend a rigorous training course. They ensure that the immediate physical, mental and welfare needs of the victim are met. They will explain the criminal justice process and gather evidence and information from the victim to support the investigation.

*The Code of Practice for Victims of Crime (VCOP)* – code which governs the services to be provided in England and Wales by organisations in regards to victims of criminal conduct which occurred in England and Wales.

*Victims' services advocate (VSA)* – individual employed by the victims' services advocates project to research and promote the service needs of victims of crime in preparation for the introduction of elected police and crime commissioners and, in London, the MOPC.

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## Listening and learning: improving support for victims in London

### Introduction:

The report was researched and written by the victims' services advocates (VSA) project. The VSA project was commissioned by the former Victims Commissioner in anticipation of the arrival of the Police Crime Commissioner (PCC).

Introduced by the Police Reform and Social Responsibility Act 2011, elected PCCs will replace police authorities across England and Wales from November 2012.

This report aims to:

- summarise current support for victims
- identify what victims need from local services
- propose a course of action by the PCC to meet these needs.

### Purpose and methodology:

The report was commissioned to look particularly at the needs of the following groups:

- victims of antisocial behaviour
- victims of domestic abuse
- victims of sexual violence
- victims of hate crime
- people bereaved by murder and manslaughter
- young victims of crime.

### Information sources:

Five sources of information contributed to the findings of this report:

- a mapping exercise to identify current services for victims and the contribution of local stakeholders and partner organisations
- focus groups and interviews with victims and witnesses of crime
- a review of statistical data from the British Crime Survey
- existing local evidence and research on victims of crime

This information told us:

- Mapping of services for victims across London found that inconsistencies arose due to the different commissioning models in the 32 different boroughs. For example there were wide variations in the hate crime and domestic abuse support available by ethnicity and sexual orientation. It also found a significant London-wide lack of provision of services to young victims.
- While this report was commissioned to look in depth at certain crime types, a clear message emerged that victims' needs cannot be assumed from the type of offence they had experienced. Victims told us that they want the police to both to recognise that they are victims, to respond to them as individuals, and to offer a level of service based on an understanding of their vulnerabilities, not just the crime type they have experienced.
- A review of existing research produced by police bodies, academics and the voluntary sector<sup>1</sup> found a strong call for more focus on the individual needs of victims and the risk of harm they face. This should be done through

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<sup>1</sup> A full list of references can be found in chapter 7.

developing a greater understanding of victims' needs and vulnerabilities and a more strategic, coordinated response.

- The statistical data we analysed highlighted issues such as:
  - London has a higher incidence rate than the national average for both personal and household crime, meaning more demand for support for victims
  - Victims in London are in almost every respect less positive about and less satisfied with in the police and Criminal Justice System than non-victims
  - The vast majority of London victims, and more than the national average, have never heard of the Victims' Code of Practice
- Stakeholders told us they want to work with the MOPC to ensure there is proper analysis of victims' needs across London to ensure support services are adequately commissioned and resourced to meet them. They also want to work more in partnership with the police and other statutory services to protect victims.

### **The needs of victims and witnesses:**

Looking in more depth at the needs of victims and witnesses in the key crime categories, we further identified that:

- There is a need for better communication about what will happen when a victim reports both criminal and non-criminal ASB. This must be in place for all members of the community even before they become victims. Access to independent support services is also too dependent on this distinction between criminal and non-criminal ASB, as well as the type of housing the victim lives in.
- Victims of rape and sexual assault want the police to take them seriously, to believe them, to investigate their case properly and to keep them updated throughout the case. They also need on-going access to emotional support.
- Victims of domestic abuse want the police to respond quickly, even if they have dialled 999 before, and to take action to protect them. They also want the police to work more closely with support agencies to help them to access information about what can be done to protect them.
- People bereaved by murder and manslaughter in London have the same need for consistent provision of support as victims of any other crime and there is a need to support young victims in particular. It is important that police recognise all bereavement, both within and outside the family.
- Hate crime needs to be better understood, especially less well-known forms such as learning disability hate crime. It should be recognised that some victims prefer to receive support from specialist organisations for victims with certain characteristics, such as ethnicity, religion or sexual orientation. The same is true for non-police reporting, the full potential of which has not yet reached the levels envisioned by the report of the Stephen Lawrence Inquiry in 1999. More tailored consultation and communication with a wide range of hate crime victims is also needed.
- External research that we have reviewed<sup>2</sup> has begun to expose the extent of crime experienced by young people and the link between victimisation and becoming a perpetrator, particularly in relation to gang and serious youth violence. A more integrated approach by police and services is needed to ensure early identification of risk factors and intervention to prevent harm to young people.
- Young people told us they want the police and other services to develop a deeper understanding of their needs, to communicate with them in a more age-appropriate and empathetic way, and for the police to work with young people, support organisations and schools to carry out more preventative work.

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<sup>2</sup> A full list of references can be found in chapter 7.

## Proposed actions:

Taking into account our findings and the duty on the PCC to obtain the views of victims of crime before setting their policing plan, this report proposes the following actions to address the issues identified in this report.

- **The MOPC should adopt an approach to victims of crime based on their needs as individuals. This approach should apply both to how the police respond to crime and ASB, and how victims' support services are provided and delivered in the capital.**

This means treating victims both as victims and as individuals, with different risks of harm. There should be no "one size fits all" response to victims, as each experiences crime differently. An individual's risk of harm will be a result of their particular circumstances and vulnerabilities, as much as of the crime type experienced.

Victims of those crimes perceived to be least serious are not necessarily those in need of the least support; we know the cumulative effect of minor offences can be devastating.

Adopting a harm-based approach also means developing a more thorough understanding of victim vulnerabilities and consequently intervening to address the on-going risk of harm a victim faces.

Police and other statutory services can develop this understanding through effective training, and through listening to victims and their advocates. Insight into how vulnerability might affect victims' behaviour will allow the police to work in partnership with agencies to support victims, increase their safety and ensure more effective prosecution of perpetrators.

This proposed action is relevant to all victims of crime and ASB but particularly those who are more vulnerable and repeat victims.

- **The MOPC should pro-actively develop a victim consultation strategy that aims to learn about what victims' needs are and whether these are being met. It should go beyond process-orientated goals.**

This means planning and coordinating ways to open up consultation options to more groups of victims, including ASB victims, young people, older people, the sexually-exploited, those with insecure immigration status or without English as a first language, a wider range of hate crime victims, and victims with disabilities, including learning disabilities.

The MPS should consider extending the group of victims included in the User Satisfaction Survey.

This will also mean closer working with victims' services as a way of garnering victims' views. Many victims' services hold information about the needs of their service users, as well as information about the prevalence of crime that is never reported which can help the MOPC develop a more informed picture of how best to consult victims in London.

The MOPC should examine MPS' performance in this area more closely, looking at indicators beyond the User Satisfaction Survey such as complaints against police for incivility.

This proposed action is relevant to all victims of crime and ASB.

- **The MOPC should ensure that all new initiatives on communication with victims are designed to meet victims' evidenced needs, and that the MPS are publicly held to account on them.**

Such initiatives must go beyond the Victims' Code of Practice to include commitments not only to frequency but also quality of communication.

Examples would include tailoring letters and phone calls to those with communication difficulties, using plain English and avoiding jargon.

There should also be a high-profile awareness-raising campaign on the standards victims can expect from Total Victim Care when it is rolled out in 2012 including but not limited to their rights under the Victims' Code of Practice, and regular public reporting back on how the MPS are performing on these obligations.

This proposed action is relevant to all victims of crime and ASB, particularly those with learning disabilities, English as a second language and young people.

- **The MOPC should oversee the development of a London-wide analysis of victims' and witnesses' support needs and services' capacity to meet them. Steps should then be taken to address unmet need.**

This means that the MOPC should work with statutory and voluntary sector services to develop a detailed picture of victims' needs across London. Service providers hold information about levels of crime and barriers to reporting unless actively sought, might not come to light. They also have an in-depth understanding of victims' needs that should add to the MOPC's own consultation strategy.

This, combined with information gathered on active services and their coverage, by area, crime type, victim demographic and on-going capacity to meet identified needs, should provide an analysis of need across London. This is especially important in the current economic climate as it will enable those responsible for commissioning to efficiently resource support services where they are needed.

This analysis should be done at borough and city-wide level as although some crime types will not require specific services at a very local level, there will be cumulative need for a London-wide support service. One example may be for victims of trafficking. It should also be kept up to date so that emerging gaps are quickly identified and addressed.

This proposed action is relevant to all victims of crime and ASB.

- **The MOPC should lead on a strategy to ensure London-wide access to appropriate non-police reporting services. All services must ensure that appropriate support is offered to help victims reporting crime this way.**

This means ensuring that face-to-face and 24-hour services are available and properly funded as needed. It also means ensuring adequate provision for victims who would prefer to be supported by services specific to certain client groups, when reporting.

It also means ensuring that the MPS works with all services to develop best practice in both handling the information and supporting the victims.

This builds on the recommendation made in the report of the Stephen Lawrence Inquiry, by going beyond race-related hate crime and by emphasising the need for victims to be supported when reporting. At present there is inconsistent availability and practice in non-police reporting across London, meaning that some victims may not receive an appropriate service; some may not even be able to access non-police reporting in certain areas or outside office hours at all. The fact that neither the MPS or the Home Office apparently keep track of non-police reporting services in London may have contributed to this patchy provision.

The challenge of providing 24-hour reporting services may appear particularly daunting if interpreted as a need to fund face-to-face services around the clock, but telephone helplines can be an effective way to meet demand outside office hours as long as there are appropriate referrals to ensure that victims' support needs are adequately met. Existing face-to-face services might also be resourced to add out-of-hours services, perhaps using volunteer capacity.

This proposed action is particularly relevant to victims who face more barriers to reporting, often as a result of historical poor relationships between the police and certain groups of victims, including young people, gang-associated victims, victims with learning disabilities, LGBT victims, victims of rape, victims working in prostitution and those with insecure immigration status.

This list is not exhaustive, as any individual may find themselves vulnerable and in need of additional support to report a crime, making this recommendation relevant to all victims of crime and ASB.

- **The MOPC should ensure that services to support victims, including consortia and multi-organisation partnership working, are properly resourced. Resources should be allocated on the basis of a service or partnership's demonstrated ability to meet victims' and witnesses' identified needs.**

This means recognising there are multiple victim needs in any given area and no single agency or service delivery model can provide for all victims; this is a way for the MOPC to ensure that both universal and more specific support remains available as needed. Many such partnerships and consortia are already in existence and can evidence their ability to meet the diverse needs of local victims.

This also means giving organisations appropriate time to complete funding bids in order to ensure the best bids from a variety of individual organisations or group bids. Funding should be awarded to organisations or partnerships with an evidenced ability to meet victims' needs.

This proposed action goes hand in hand with previous recommendation to work in partnership with organisations to develop a thorough analysis of victim need in London. It is relevant to all victims of crime and ASB, including those who wish to receive support that is specific to certain characteristics, such as their ethnicity or sexual orientation.

- **The MOPC should ensure the MPS works with all boroughs to develop and publicise a comprehensive guide to reporting ASB.**

This must help victims to understand the differences between how criminal and non-criminal ASB is treated, and to ensure that they still receive appropriate support even when experiencing the latter, despite the fact that the Victims' Code of Practice does not apply.

It should cover who is responsible for dealing with both forms, how to report, what actions can be taken, how vulnerable and repeat victims will be identified, how victims will be kept updated under the new approach, how

the agencies involved are held accountable, and details of local services that can offer independent support, advocacy and advice.

It also means the MPS working with boroughs to ensure that all Londoners are aware of the guide, including socially-housed residents, private tenants and owner-occupiers, and that all are referred to appropriate, independent support services.

The proposed action is relevant to victims of ASB; since there is often crossover between ASB and crime such as low-level hate crime and domestic abuse, it applies to these victims too.

- **The MOPC should work with the MPS to coordinate a public awareness-raising campaign around the law on all forms of violence against women and girls, homophobic and transphobic abuse and hate crime.**

This means the MOPC should build upon previously successful MPS and voluntary sector awareness-raising campaigns to pro-actively target groups at higher risk of more hidden crimes.

The law in these areas is not always well understood by victims or perpetrators, for a variety of reasons, including cultural factors, language barriers, age and a lack of clarity between offences and non-offences. Some victims do not even know that the treatment they have experienced could constitute a criminal offence, and consequently do not report it to the police or other services either quickly or at all. Information should therefore be available in different languages so that those without English can be made aware of the law, accessing help from the police and wider support available.

Raising awareness should result in an increase in referrals to the police and other services allowing victims to access support earlier. It should of course be recognised that this will have a knock-on effect on the level of need for services.

This proposed action is particularly relevant to victims of all forms of violence against women and girls, male and transgender victims of all forms of domestic and sexual abuse, victims of forced marriage, victims who do not have English as a first language, foreign nationals and victims of all forms of hate crime, particularly the least-understood forms such as learning disability hate crime.

- **The MOPC should place early intervention with young people at risk of victimisation on an equal footing as work with those at risk of offending.**

This means the police and other agencies developing a better understanding of the vulnerabilities of young people and the nature of exploitation. It means a commitment to working together to identify risk factors and take action to intervene early to prevent victimisation.

It also means the MOPC making a commitment to support services that carry out preventative and educational work, especially in schools, to develop programmes that help young people, parents and teachers to recognise risk factors for victimisation.

Such work is particularly important in order to prevent young people becoming perpetrators of crime in an effort to protect themselves, or seek revenge in situations where they feel unprotected, or that they did not receive justice.

This proposed action is relevant to young victims and potential victims of crime, including young perpetrators of crime who are or have been victims too.

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By virtue of paragraph(s) 1, 7 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Agenda Item C2

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**By:** **Stuart Beaumont – Head of Emergency Planning and Community Safety**

**To:** **Kent Community Safety Partnership – 3<sup>rd</sup> July 2012**

**Classification:** **For information**

**Subject:** **PUTTING VICTIMS FIRST – MORE EFFECTIVE RESPONSES TO ANTI-SOCIAL BEHAVIOUR**

**Summary:**

This report provides a brief summary of the government White Paper 'Putting Victims First, More Effective Responses to Anti-Social Behaviour (ASB).' The report provides an update on the proposed changes to the powers and tool available to tackle anti-social behaviour.

## **1.0 BACKGROUND**

The coalition government White Paper proposes a radical overhaul of the powers available to tackle anti-social behaviour. In 2003, the report, Respect and Responsibility was the catalyst for the government to provide local authorities and the police with a wider, more flexible range of powers to tackle nuisance crime and low-level criminality. The result was the introduction of the Anti-social behaviour Act 2003 which included a total of 19 powers. The new powers see current arrangements reduced to 6.

The proposed changes are considered to put a greater emphasis on the need of the victims. The government states that much of what has become classed as anti-social behaviour is in fact crime and should be treated as crime. The view is that the present 'one size fits all' model does not work as antisocial behaviour is a local issue, one that looks and feels different in every area, in every neighbourhood and to every victim. There are more than three million incidents of anti-social behaviour recorded by the police each year, with many more likely to go unreported. As recent tragic cases have shown, it is often the most vulnerable in our society who are at greatest risk. The various consultations on the paper highlighted that victims had three key requests: their problem to be taken seriously, to receive an efficient service and a quick response, and for the problem to stop.

The government are confident that these reforms are essential to achieve the needs of the victims.

### **1.1 Putting victims first:**

Local agencies will be supported in putting the victim first in the following ways:

- a) Agencies to identify and support high risk victims, drawing specifically upon the experience of the call handling and case management trials. The trials with eight policing areas worked towards ensuring the police and their partners get it right the moment a call comes in and that they identify and manage high-risk victims effectively and take their problems seriously. Kent County Council are currently working with Kent Police to establish a partnership ASB case management system and countywide protocols, it is envisaged that this will be trialled in the late summer 2012.
- b) Giving frontline professionals more freedom, to use their discretion, using informal measures such as restorative or reparative approaches. The evidence suggests that these measures provide faster relief for victims.

- c) Improving our understanding of the experiences of victims, for example moving away from a measure based on perceptions to one based on people's actual experience. This will provide a more accurate picture of what is happening across the country, and a better understanding of the impact that anti-social behaviour has on victims' quality of life.

### **1.2 Empowering Communities**

Communities will be supported in establishing what is and isn't acceptable locally and hold agencies to account, they will be more empowered to do that in the following ways:

The introduction of the Community Trigger will give victims and communities the right to require action to be taken where a persistent problem has not been addressed. Local authorities, police and health will have a duty to deal jointly with complaints raised by members of the community. Private registered providers of social housing would also have a duty to co-operate with this group. The trigger will be trialled in Manchester, West Lindsey and Brighton & Hove before national implementation.

Community Harm Statement (CHS) is a new tool to help social landlords highlight the impact of, and harm caused by ASB on a community. It will ensure that voices are heard in the court room and will inform agencies' decisions on what action to take.

### **1.3 Swift Effective Action**

The revised powers are designed to ensure that professionals have what they need to deal with the persistent anti-social behaviour which causes serious harm to victims or their community. 19 current tools will be replaced with 6. Appendix 1 details the changes to existing powers.

### **1.4 Long term solutions**

Anti-social behaviour (ASB) cannot be addressed long term by dealing reactively. ASB must be prevented from happening in the first place by tackling the risk factors that can drive it across society. The government plan to tackle the underlining risk factors through many measures, just a few are highlighted here:

#### Tackling problem drinking:

Many existing policies are in place to tackle this issue which are detailed within the national Alcohol Strategy. In addition, Baroness Newlove announced the creation of a new £1m Alcohol Fund to support local communities tackle the crime and anti social behaviour caused by binge and underage drinking. In Kent, Maidstone Borough Council was successful in their bid into the funding which will be spent over a two-year period.

#### Stopping illicit drug use.

The Government's Drug Strategy will deliver the £10 million Positive Futures programme, which will deliver prevention and diversionary activities that target and support vulnerable 10-19 year olds to stop them from becoming drawn into ASB, crime and substance misuse.

#### Addressing the problems caused by troubled families

The Government's Social Justice Strategy sets out the importance of the family as the first and most important building block in a child's life. However, the Government recognises that even with an increased focus on early intervention there will be some families whose lives are blighted by crime, worklessness, substance dependency, low aspirations and educational failure. A new Troubled Families Team based within the Department for Communities and Local Government has been established. Their aim is to ensure that these families are supported into education and employment, that their crime and ASB are tackled. A total of £448 million will be made available from the existing budgets of six Departments to meet this commitment over the next three years. £420 million of this will fund

action and interventions in areas across England by local authorities and their partner agencies, and £28 million will be used to boost Department for Work and Pensions support for Troubled families.

#### Addressing mental health and other health needs

There are strong links between ASB or criminal behaviour and certain health needs. This is recognised in 'No Health Without Mental Health'. The key aims include improving the population's mental health and improving mental health services. The government is currently developing a liaison and diversion service for adults and young people at a number of sites around the country. These pathfinder sites are being used to build up evidence of the effect of these services on both health and reoffending outcomes, with the aim being to have services in place nationwide by November 2014

### **2.0 Future Considerations**

Concerns have been expressed about abolishing the current powers before it is clear that the new ones provide effective replacements. Much still depends on the detailed drafting of the necessary legislation and importantly how it is interpreted in practice by the courts.

There is little guidance as to how the Community Trigger should be implemented. It will be left to district council level or above to decide and publish the thresholds, criteria, process (including a single point of contact) and reporting mechanism they intend for use locally. It would be beneficial if the mechanism that is decided was incorporated into the countywide ASB protocols for Kent to ensure consistency across the county.

There would be a role for the directly elected Police and Crime Commissioner to ensure democratic accountability. Responses to ASB will be locally driven, overseen by the elected Police and Crime Commissioners. Existing processes and channels of communications should be used where possible to minimise bureaucracy and would ensure that areas could join up across local authority boundaries if they wanted to.

Changes in funding streams highlight the concern that some Community Safety Partnerships may have reduced staff resources to effectively implement the proposed changes. Kent is a diverse county with some districts suffering more than others in terms of ASB, however this does not mean that resources would not be required in less problematic neighbourhoods.

The changes in the ASB toolkit should be seen as an extra opportunity for community safety partners across Kent to work closer together. The new powers will greatly affect our partners in Housing Associations and may have a greater impact upon the Troubled Families Agenda than first anticipated. Consistency and communication between partners is fundamental in ensuring that the residents and victims of ASB in Kent are not subject to a postcode lottery response, but a high level service where the needs of the victim are at the forefront of decision making processes.

### **3.0 Recommendations**

That the changes highlighted in the "White Paper" Putting Victims First – More Effective Responses to Anti-Social Behaviour are noted.

## Appendix 1

Existing powers	New powers
<b>PEOPLE</b>	
Anti-Social Behaviour Order (ASBO) ASBO on conviction Drink Banning Order Drink Banning Order on conviction ASB Injunction Individual Support Order Intervention Order	Criminal Behaviour Order Crime Prevention Injunctions
<b>PLACES</b>	
Litter Clearing Notice Street Litter Clearing Notice Graffiti/defacement Removal Notice Designated Public Place Order Gating Order Dog Control Order Premises Closure Order Crack House Closure Order Noisy Premises Closure Order S161 Closure Order	Community Protection Notice Community Protection Order (public space) Community Protection Order (closure)
<b>POLICE POWERS</b>	
S30 Dispersal Order S27 Directions to leave	Directions Power

**By:** **Stuart Beaumont – Head of Emergency Planning and Community Safety - KCC**

**To:** **Kent Community Safety Partnership – 3<sup>rd</sup> July 2012**

**Classification:** **For information**

**Subject:** **Anti-Social Behaviour – Community Safety Agreement Priority Update**

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**Summary:**

This report provides a brief update on the work associated with the delivering the agreed project outcomes around Anti-Social Behaviour (ASB) that were included within the Kent Community Safety Agreement Delivery Plan. This report also provides a brief update regarding the progress towards developing a shared Anti Social Behaviour (ASB) Case Management system.

## **1.0 BACKGROUND**

Reducing anti-social behaviour is a government priority and is also a concern for community safety partners across Kent. Nationally, high profile cases have highlighted the need for local public services to work more closely together to better understand the needs of vulnerable persons subjected to ongoing ASB. Sharing information and insight is vital to ensure that individual's needs are met whilst resolutions are sought. The coalition government have recently released the White Paper, Putting Victims First – More Effective Responses to Anti-social Behaviour, which details the intent to overhaul the current ASB toolkit of powers. The victim of ASB will be at the forefront of any response. Public bodies and their partners are now being encouraged to draw upon the experience of the call handling and case management trials. The trials with eight policing areas worked towards ensuring the police and their partners get it right the moment a call comes in and that they identify and manage high-risk victims effectively and take their problems seriously.

The 11 community safety partnerships in Kent have all identified ASB as a priority for their districts. This priority was echoed in the Kent Community Safety Agreement (CSA), which is an amalgamation of the local assessments.

The action plan for this CSA priority highlighted two main areas of activity:

A Countywide ASB Protocol, which could provide the guiding principles that all agencies follow when seeking to tackle anti-social behaviour, and the implementation of an ASB IT case management system. The CSA agreement has been approved by the Kent Community Safety Partnership where there was further acknowledgement and support for a shared IT resource.

Kent Chiefs requested KCC and Kent Police to lead on the delivery of the ASB work-stream key outcomes that were included within the Community Safety agreement delivery Plan. A project team has been established utilising KCC and Kent Police staff resources.

In terms of Case Management various options were available and In some counties off the shelf case management solutions have been implemented and in others considerable resource has been used developing solutions, most costing in excess of £40k per year for development, maintenance and ongoing support etc.

The favoured option in Kent was to build upon current developments, using "in-house expertise" to deliver a cost effective solution that is affordable and can be maintained within existing resource constraints. A bid was made to the Kent Community Safety Partnership for funding to begin the initial case management system development. Medway Council have also contributed financially to this initial start up process.

## **2.0 Current Progress**

The Project Team meet on a monthly basis to review the progress of the project. In addition, there is a fortnightly meeting between the dedicated Kent Police Inspector resource and KCC Community Safety staff member. The Project Team have identified the appropriate Single Point of Contact (SPOC)s in each district for this project, and each person has been engaged by the project team to ensure good communications are maintained.

Kent Police have appointed an IT developer to work with the Project Team over the forthcoming weeks. The partnership consultation day which was held in May, provided partners with an opportunity to input to the development of the case management specification. It was well attended with representation from all Community Safety Partnerships. The outcome of the consultation will be shared with the IT developer so that partner's opinions are considered in detail as the specification of the system develops.

## **3.0 Future Considerations.**

The introduction of Police & Crime Commissioners in November 2012 is likely to see ASB remain a high priority for the county. The role of the Home Office appointed Victims Advocates has been to prepare the ground for the incoming PCC's. The Home Office Victims Advocates have been working with ASB victims to determine their local needs and priorities and in support of this work KCC Community Safety submitted a 'profile' regarding the work of the Keeping Safe Group. The work of the Victims Advocates is now being passed to Victim Support and a recent presentation of the analysis carried out in Kent highlighted ASB as a priority.

Work is also progressing on the development of an ASB Partnership protocol that can be adopted by all partners across the County. Initial consultations have already taken place with Kent Chiefs regarding a proposal to adopt a set of minimum standards of service delivery and this has been supported by a Kent Police "Lean Event". The "Lean Event" redesigned Kent Police delivery processes at a community safety unit level. It is proposed to build on the Kent Police process redesign work with the incorporation of clear partner processes that can be supported by the case management approach that is currently being developed. There will be ongoing consultation with partners over the next few months regarding the draft protocols with a view to seek approval and formal adoption of the minimum standards and protocols at the September meeting of the Kent Community Safety Partnership.

## **4.0 Recommendations**

That the progress in relation to the development of an ASB Case Management system and the adoption of associated partnership protocols and a minimum standard is noted.

**By:** Stuart Beaumont, Head of Community Safety & Emergency Planning

**To:** Kent Community Safety Partnership – 3<sup>rd</sup> July 2012

**Classification:** For Information

**Subject:** Kent Community Safety Agreement Update  
– Performance Monitoring and Annual Review

**Summary:** This report outlines progress in relation to the Kent Community Safety Agreement including a review of the countywide priorities.

## 1.0 Background

- 1.1 The Crime and Disorder Act 1998 gave statutory responsibility to local authorities (KCC/District/Boroughs), Kent Police and key partners to reduce crime and disorder in their communities. Under this legislation Crime and Disorder Reductions Partnerships (now CSP's) were required to carry out 3 yearly audits and to implement crime reduction strategies. A formal review of the 1998 Act took place in 2006, with the result that three year audits were replaced with annual partnership strategic assessments and rolling partnership plans, whilst in two tier authority areas a statutory County Community Safety Agreement was introduced.

## 2.0 Introduction

- 2.1 The Kent Community Safety Agreement (CSA) outlines the countywide community safety priorities for 2011-14, along with the cross-cutting themes that support the identified priorities. This agreement received approval from the Kent Community Safety Partnership (KCSP) in May 2011.

### Priorities

- Anti-Social Behaviour
- Domestic Abuse
- Substance Misuse
- Acquisitive Crime
- Violent Crime
- Road Safety

### Cross Cutting Themes

- Early intervention, prevention & education
- Priority Neighbourhoods/Geographic Focus
- Vulnerable Households & Individuals
- Safeguarding Children & Young People
- Reducing Re-Offending

- 2.2 The above priorities and cross-cutting themes resulted from the strategic assessments undertaken by each local community safety partnership (CSP) in 2010/11 with additional input from partners at a county-level. Whilst the CSA covers a three year period, it was agreed that the priorities would be reviewed annually and refreshed as appropriate based on any emerging community safety issues identified in the latest CSP strategic assessments.

### 3.0 Review of the County Priorities

- 3.1 During late 2011- early 2012 the local community safety partnerships (CSPs) undertook their annual strategic assessment process. KCC's Community Safety Unit sourced data from statutory partners, collated information and produced data packs for use by the local CSPs. Utilising this data and in conjunction with locally sourced information, the CSPs reviewed the progress of their existing priorities and identified key priorities for the forthcoming year.
- 3.2 The resulting priorities identified by the district strategic assessments reflect those already included within the Kent Community Safety Agreement with domestic abuse and anti-social behaviour again being the most commonly identified issues. The county strategic assessment also supports these findings and it is recommended that the CSA priorities and cross-cutting themes remain unchanged at this time.
- 3.3 Alongside the strategic assessment process and in support of the '*Priority Neighbourhoods/Geographic Focus*' cross-cutting theme, ward-level data collated for use by the local CSPs was also analysed by Kent Police. This process enabled potential focus areas to be identified in relation to the CSA priorities at both a district and county level.
- 3.4 Whilst the initial results of the Police analysis were shared with the CSPs as part of the strategic assessment process, the information was also used at a county level to identify focus areas for further analysis. These priority wards are being reviewed using consumer demographic data (mosaic) to produce area profiles.
- 3.5 The area profile reports will include a variety of maps, graphs and contextual information to help provide a greater understanding of the local communities and how we can better engage with the residents. Once complete, these profiles will be available to partners via the Safer Communities portal in Kent Connects.

### 4.0 Progress towards the County Priorities

- 4.1 Partners are continuing to work towards all of the actions identified in the Community Safety Agreement (CSA) action plan and good progress is being made. All of the actions are classified as 'in progress' (amber) and there are no actions at this time which are unlikely to be completed (red).
- 4.2 The attached report (Appendix A) provides details of the actions undertaken so far, however the following provides an example of some of the work being done to tackle the priorities:
  - The development of a website portal for domestic abuse services in Kent and Medway is progressing well and it is anticipated it will be available in the next few months;
  - A conference aimed at raising awareness of the solutions to alcohol related issues took place in June 2012 at Police HQ with over 100 people from across Kent and Medway attending;
  - A new fire bike has been brought into operation as part of the Firebike scheme and is being used to promote motorcycle safety at events/courses around the county.

## **Kent Community Safety Agreement – Performance Monitoring and Annual Review**

- 4.3 In addition to the actions, many of the proxy measures chosen to represent the CSA priorities have shown an improvement compared to the same period in the previous year, although there are a few exceptions in relation to domestic abuse, substance misuse and acquisitive crime. Whilst partners do not have direct control over the indicators it is hoped the actions taken to tackle the priorities will contribute to improvements across the county.

### **5.0 Next Steps**

- 5.1 The CSA action plan will be reviewed and revised to assess progress and determine whether any new actions need to be included. Details of any changes will be presented to the next KCSP meeting.
- 5.2 The area profiles (mosaic) for the potential focus wards will be completed and placed on the Safer Communities portal of Kent Connects and relevant partners will be notified.

### **6.0 Recommendations**

- 6.1 The existing priorities and cross-cutting themes within the Kent Community Safety Agreement 2011-14 should remain unchanged.

#### **Attachments:**

Appendix A: CSA Performance Monitoring

#### **For Further Information:**

Jim Parris  
Assistant Manager  
Community Safety Unit, KCC  
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## Appendix A: CSA Performance Monitoring

**Priority: Anti-Social Behaviour including Environmental**

**Lead: TBC**

Proxy Measure / Indicator		Baseline '10/11	Apr - Mar		Diff.
			2010/11	2011/12	
Percentage of people who perceive a high level of ASB in their local area (KCVS) <i>(Kent excluding Medway)</i>		4.5%	as baseline	2.4%	▼ 2.1
<p>The percentage of people who perceive a high level of ASB in their local area has decreased across Kent with four districts (Dartford, Sevenoaks, Shepway and Tunbridge Wells) showing a slight increase in concern. The greatest improvement in perception of ASB has been reported in Thanet, with 2.3% of the population perceiving a high level of ASB compared to 11.2% in the previous year.</p> <p>A greater emphasis is now placed on a harm based approach to ASB and part of this is to monitor satisfaction levels via the ASB satisfaction survey. One of the key performance indicators (as referenced in the Policing Plan) is to increase the 'percentage of those reporting ASB who are satisfied with the overall service'. At year-end 2011/12, 78% of people were satisfied with the service with a target to increase this to 79.3% by the end of 2012/13.</p>					
Aims / Actions		Progress			
1	Countywide ASB Case Management system established to enable data sharing across all agencies of incidents and actions taken				
Develop a countywide case management system:- Piloted in a designated Area; and subsequently rolled-out countywide		A case management system is being developed with partner agency project management and financial support. Funding has been secured. The initial development phase will prepare a product description of what is needed, utilising knowledge/products from existing systems. Phase two will be to develop a sustainable in-house solution for both Police and Partner agencies. Consultation with partners regarding what needs to be recorded on the system has been undertaken and the development phase is continuing.			
2	Countywide ASB protocols established to ensure consistency in reporting and dealing with ASB issues across all agencies				
Develop a countywide multi-agency protocol agreed by all partners		A white paper has recently been published by the coalition government entitled 'Putting Victims First, More Effective Responses to Anti-Social Behaviour (ASB)', which provides an update on the proposed changes to the powers and tools available to tackle ASB. A report providing a summary of the changes will be presented to the KCSP in July 2012. The current draft protocols will be revised accordingly and it is currently proposed to consult and seek approval for the new protocols at the next KCSP meeting.			

### Key to Progress against Actions:-

	Complete		In Progress		Incomplete
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## Appendix A: CSA Performance Monitoring

**Priority: Domestic Abuse**

**Lead: Stuart Beaumont (Chair of Kent & Medway Domestic Abuse Strategy Group)**

Proxy Measure / Indicator	Baseline '10/11	Jun - May		Diff.
		2010/11	2011/12	
Number of Domestic Abuse Incidents (Kent excluding Medway)	17,748	17,933	18,140	▲ 1.2%
% of repeat victims of Domestic Abuse (Kent excluding Medway)	23.8%	23.6%	23.9%	▲ 0.3
% of repeat MARAC cases (Multi-Agency Risk Assessment Conference) (Kent excluding Medway)	14.9%	15.4%	20.6%	▲ 3.7

At the end of the financial year 2011/12, the number of domestic abuse incidents reported to Kent Police increased in nine of the twelve districts/boroughs across Kent compared to the previous year, with Dartford, Gravesham and Swale showing a decrease. The most significant increase in both number and percentage of incidents during 2011/12 was in Ashford, Thanet and Tunbridge Wells, with Thanet also having the highest total number and frequency of incidents per 1,000 population.

In Kent over the last 12 months (Jun '11 – May '12) there have been 796 Multi-Agency Risk Assessment Conferences (MARACs) with 164 repeat cases (20.6%). Compared to the same period in the previous year there have been an additional 167 MARACs in Kent and an increase in the percentage of repeat cases from 15.4%. Approximately half of all referrals to the MARACs came from the Police, however, the number of referrals from other agencies continues to increase across Kent.

Please note, since the requirement to conduct Domestic Homicide Reviews (DHR) came into effect on 13<sup>th</sup> April 2011 seven Domestic Homicides have been commissioned across Kent and Medway. Five occurred in 2011/12 (3 in Kent and 2 in Medway) and at the time of writing this report a further two DHRs took place in Kent during the current year (2012/13). All seven cases are currently under review. In addition, East Sussex have completed a review which has recommendations for Kent based agencies.

Aims / Actions		Progress
<b>3</b>	<b>Provide support to victims of domestic abuse through one generic pathway for all involved in domestic abuse to provide and access advice and support</b>	
Create a website portal for all domestic abuse services for Kent and Medway	Funding has been secured from the Community Safety Fund; a multi-agency working group has been established; a developer has been commissioned; and development of the portal is well underway with initial testing in progress. The portal will be available later in the year.	
<b>4</b>	<b>Protect victims of domestic abuse through support and development of specialist support services to help victims of domestic abuse through both criminal and civil justice routes.</b>	
Ongoing training for staff; Increased provision of Specialist Domestic Violence Courts (SDVC); and Delivery of Parenting Information Programme (PIP)	<p>North Kent Specialist Domestic Violence Court (SDVC) opened at Medway Magistrates Court in Sept 2011. There is now an SDVC in all 3 Court Areas across Kent. All magistrates and court staff covering SDVCs have received specialist DA training. Ongoing training and further development of SDVCs is being monitored/implemented by the County SDVC Project Board.</p> <p>Rising Sun Domestic Violence and Abuse Support Service have developed and delivered a specialist DA parenting programme in Canterbury and are awaiting evaluation of the programme. The Families and Social Care (FSC) directorate is currently in process of commissioning domestic abuse childrens and families services.</p>	
<b>5</b>	<b>Work with agencies to secure a sustainable level of financial and operational commitment to address domestic abuse issues.</b>	
Establish a sustainable, domestic abuse budget with a centralised joint commissioning process	<p>A Task and Finish Group was established to look at issues of domestic abuse funding (specifically IDVA* funding). A report on IDVA commissioning has been completed and will be fed back to the KCSP group in July 2012.</p> <p>*IDVA – Independent Domestic Violence Advisors</p>	

## Appendix A: CSA Performance Monitoring

**Priority: Substance Misuse**

**Lead: Lesley Andrews (Head of Kent Drug and Alcohol Action Team)**

Proxy Measure / Indicator		Baseline '10/11	Apr - Mar		Diff.
			2010/11	2011/12	
Number of drug users completing treatment successfully		896	as baseline	887	▼ 1%
Number of alcohol users completing treatment successfully		887	as baseline	958	▲ 8%
			Q1 2011/12	Q2 2011/12	
Proportion of drug users completing treatment successfully who do not re-present to treatment within 6 months.		N/A	83%	88%	▲ 5
Quarter 4 2011/12 experienced the highest number of drug users completing treatment successfully across the previous four quarters and there continues to be a strong performance of primary substance alcohol clients exiting treatment services free from dependence.					
Re-presentation reporting has recently been instigated by the National Treatment Agency and will be monitored as the information is increased. <i>Re-presentation reporting relates to those who have not re-presented to treatment within a 6 month period of successfully leaving treatment.</i>					
Aims / Actions		Progress			
6	Improve understanding of local prevalence of problematic drug use in Kent				
Central management and analysis of needle drops data, collected by each local authority and KCC waste management to assist with developing plans with local authorities and advising treatment providers on areas to target campaigns		Community Safety Partnerships (CSPs) continue to discuss actions and outcomes surrounding any drugs litter finds in their area, local commissioned treatment agencies ensure their involvement in resolving any problems.  KDAAT will be liaising with Community Safety to improve the central collation of needle drops/drugs litter to allow analysis.			
7	Increase the uptake of substance misuse services available for people with drug and/or alcohol problems				
Work with local police custody suites to increase numbers of detainees, prioritising trigger offenders, referred into the Drug Intervention Programme (DIP) and Alcohol Arrest Referral Service. As well as working with Probation, IOMU and DIP to target prolific offenders and encourage them to access treatment and building targeted interventions for offenders in the community.		Drug Intervention Programme (DIP) workers continue to attend the relevant CSP meetings in their area.  The number of referrals from DIP into structured treatment remain consistent from Q3 into Q4 however the proportion starting treatment intervention has increased by 5%.			
8	Increase the uptake of substance misuse services available for people with drug and/or alcohol problems				
Establish Alcohol and Cannabis Penalty Notice for Disorder (PND) diversion scheme		The diversion scheme is in place and running; KDAAT and Kent Police are monitoring activity and outcomes; reports will follow in Q1.			
9	Increase the uptake of substance misuse services available for people with drug and/or alcohol problems				
Community safety partnerships to promote and raise awareness of local substance misuse services		Commissioned Treatment Agencies continue to attend the relevant CSP meetings, promoting available services and referral routes, which in turn are promoted by the partner agencies attending the meetings.			

## Appendix A: CSA Performance Monitoring

**Priority: Acquisitive Crime**

**Lead: Steve Corbishley (Head of Partnership and Communities Command, Kent Police)**

Proxy Measure / Indicator		Baseline '10/11	Jun - May		Difference
			2010/11	2011/12	
Level of Theft and Handling Stolen Goods (exc. Medway)		24,150	24,054	23,927	▼ 0.5%
Level of Domestic Burglary (exc. Medway)		4,354	4,281	4,381	▲ 2.3%
<p>The May figures show North and West Police Divisions (with Ashford and Sevenoaks leading) having the highest percentage increase in recorded crime for burglary dwelling. The force responded to the rise in burglaries by targeting high volume offences and offenders by way of the National Intelligence Model (NIM) processes and management through Tasking and Coordination on Divisions and at Force level. Active criminal targeting was carried out by each of the divisions, with the most prolific of these being supported at a Force level through additional support coordinated through the Force Tasking &amp; Coordination Group (TCG). The high volumes of burglary dwelling experienced during October to December 2011 have since reduced, during April to May 2012 the force experienced a 1.3% reduction (-10 crimes) in burglary dwelling and a 4.2% reduction (-51 crimes) in Burglary other than dwelling.</p>					
Aim / Actions		Progress			
10	Reduce Burglary incidents both residential and non-residential				
Share information and target individuals committing crime; Increase security at vulnerable premises.		Crime Prevention Design Advisors (CPDA) now come under direct control of Kent Police Partnership and Communities Command. They are located in Community Safety Units across Kent. Extensive work is being progressed by the CPDA's in support of this action. In addition, Kent Police are prioritising Burglary in its county wide "STAY SAFE" campaigns. This included the Spring Campaign, and will continue in the Summer Campaign.			
11	Reduce levels of shoplifting and focus on prevention and deterrence.				
Provide advice on designing out crime; Pursue banning orders.		Crime Prevention Design Advisors as mentioned above continue to be a driving force in this action. In addition, we are in the process of training the majority of our Neighbourhood policing teams to be able to carry out crime prevention surveys in domestic household settings.			
12	Reduce theft of metal				
Participate in the metal days of action as lead by British Transport Police; Raise awareness with the public and educate Scrap Metal Dealers regarding the law; Raise awareness amongst the community and reduce the number of incidents of metal theft from places of worship and schools.		Kent Police continue to work with British Transport Police (BTP) and the national programme to tackle metal theft which has resulted in continued reductions. By way of example:- May 2012 compared to April 2012 saw a 43% reduction in such crimes and May 2012 compared to May 2011 saw a 62% reduction.  'Days of Action' continue on a monthly basis in Kent. In addition Kent Police have commenced a new project on metal theft reduction which is being led by a senior project manager in Kent Police.			

## Appendix A: CSA Performance Monitoring

**Priority:** Violent Crime

**Lead:** Steve Corbishley (Head of Partnership and Communities Command, Kent Police)

Proxy Measure / Indicator		Baseline '10/11	Jun - May		Diff.
			2010/11	2011/12	
Level of Violent Crime (exc. Medway)		18,404	18,459	17,828	▼ 3.4%
Level of Violence against the Person (VAP) (exc. Medway)		16,630	16,731	16,007	▼ 4.3%
The largest percentage decreases in reported crime have occurred in Dartford, Tonbridge & Malling and Tunbridge Wells. Violent Crime continues to be a priority area of business and Kent Police are working extensively with the Night Time Economy (NTE) Business Community to continually reduce crime in this specific time frame. The Kent Community Alcohol Partnership is the largest of its kind in the country. The work of this partnership focuses on responsible attitudes to drinking, and this impacts on alcohol related violent crime.					
Aim / Actions		Progress			
13	Reduce alcohol related violence.				
Ensure premises are being managed in accordance with legislation and make them safer by design to reduce the risk of confrontation; Encourage the licensed trade to use polycarbonate drinks vessels and bottles,		The strong intervention by partners through the Kent Community Alcohol Partnership and via Licensing Officers has continued to contribute to a robust control and monitoring ethos in Kent.  Awareness campaigns and requirements on licenses have produced a good take-up of safer drinking vessels. A conference aimed at raising awareness of the solutions to alcohol related issues took place on 22 <sup>nd</sup> June at Kent Police HQ. Over 100 people from across Kent and Medway attended this conference.			
14	Engage with young people as victims, citizens and offenders and share information in order to better understand the picture of violent crime involving young people.				
Progress youth engagement in schools and identify further media options for better communication with young people (e.g. social networking sites); Establish those young people who are at risk of becoming victims of violent crime and sexual exploitation and work with partners to take positive steps to divert them away from committing or becoming victims of violent crime.		80,000 students have been reached in the last two years with the Kent Police 'Is it worth it?' Anti-Social Behaviour School Tour. This message focuses on the impact of alcohol on ASB and on violent crime. This innovative school based programme continues in 2012 with the next tour taking place across schools in October 2012.  A new initiative, known as STATUS (stay Safe and Tell Us) commenced in Spring 2012. This includes a safe online website for young people and 24 engagement events across the county in 2012/13. Full details can be viewed on <a href="http://www.thisisstatus.com">www.thisisstatus.com</a>			
15	To prevent first time offending, prevent re-offending and reduce the risk of young people becoming victims of violent crime.				
Use education, diversionary and restorative approaches where appropriate as well as enforcement to protect young people from those who unlawfully sell or supply them with alcohol.		This is daily business for Kent Police who actively target under age sales in conjunction with Trading Standards. It is a key element of the Kent Community Alcohol Partnership. We also continue to work with retailers to progress the Challenge 25 initiative. There remains a significant issue with parents giving alcohol to their children and we are working to address this. In addition, the problem of "proxy sales" (adult buying for child) continues.			

## Appendix A: CSA Performance Monitoring

**Priority:** Road Safety

**Lead:** Steve Griffiths (Director Community Safety, Kent Fire and Rescue Service)

Proxy Measure / Indicator		Baseline (Jan-Dec '10)	May - Apr		Diff.
			2010/11	2011/12	
Number of all KSI casualties (Killed or seriously injured)		545	548	479	▼ 12.6%
<p>The overall KSI casualty figures have been on downward trend for a number of years now and this has continued so far into 2012. The most recent detailed analysis around trends and geographic hotspots was included in the RTC district profiles, these are currently being updated to reflect 2011 data. This showed that the CSPs with the most casualties per 10,000 population were Dartford followed by Ashford and that the ones with the least were Canterbury followed by Gravesham. For more detailed information including the identified priorities for each CSP please see the RTC district profiles.</p> <p><i>NB. All 2012 data is unvalidated and therefore subject to change - final figures will be released in April 2013</i></p>					
Aim / Actions		Progress			
16	Increase road safety amongst vulnerable and high risk road user groups				
Expand the License 2 kill programme; Promote road safety for powered 2 wheeled vehicles through programmes such as new fire bike; and Explore the possibility of establishing a Kent Road Safety Centre		Licence 2 Kill events being planned for delivery in November and has been expanded to include army recruits from Brompton Barracks The Firebike scheme has taken delivery of the new fire bike and is being used at events/courses alongside the existing fire bike and the new 'Biker Down' courses continue to be well received Preliminary work and discussions have taken place in regard to establishing a Kent and Medway road safety centre following the unanimous support previously received.			
17	Increase the opportunities for training for Kent's road users				
Increase the range of driver awareness courses available as an alternative to enforcement and penalties and improve the driver/rider training sessions		Various discussions have been held and research into other areas is underway and this is linked to establishing a Kent and Medway road safety centre			
18	Raise the profile of road safety amongst district and community safety groups				
Produce district profiles that detail high risk areas and individuals; Undertake a series of presentations to community safety groups to raise the importance of road safety and the impact it has on the Kent economy; and Expand Speed watch (parish led prevention activity)		District profiles have been completed and distributed to Community Safety Partnerships (CSPs) to help inform road safety actions within the CSPs. Meetings have also been undertaken with managers or co-ordinators from the CSPs to discuss/explain the profiles.			